

# Behavioral Health System for Future Generations (BHSFG)

March 11, 2026

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Administrator



DEPARTMENT OF  
**PUBLIC HEALTH &  
HUMAN SERVICES**

# Agenda

- Background
- BHSFG Near-Term Initiatives
- BHSFG Recommendations



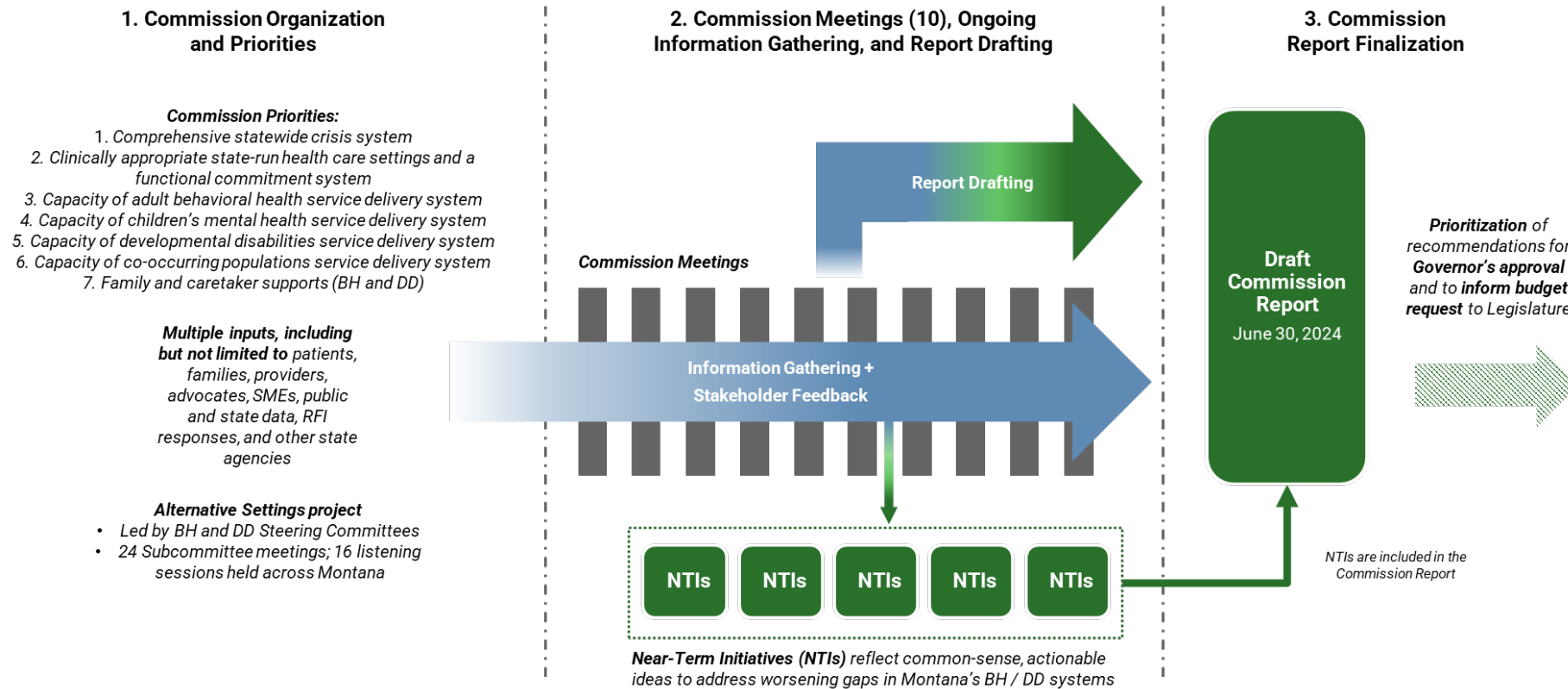
# BHSFG Background and Oversight



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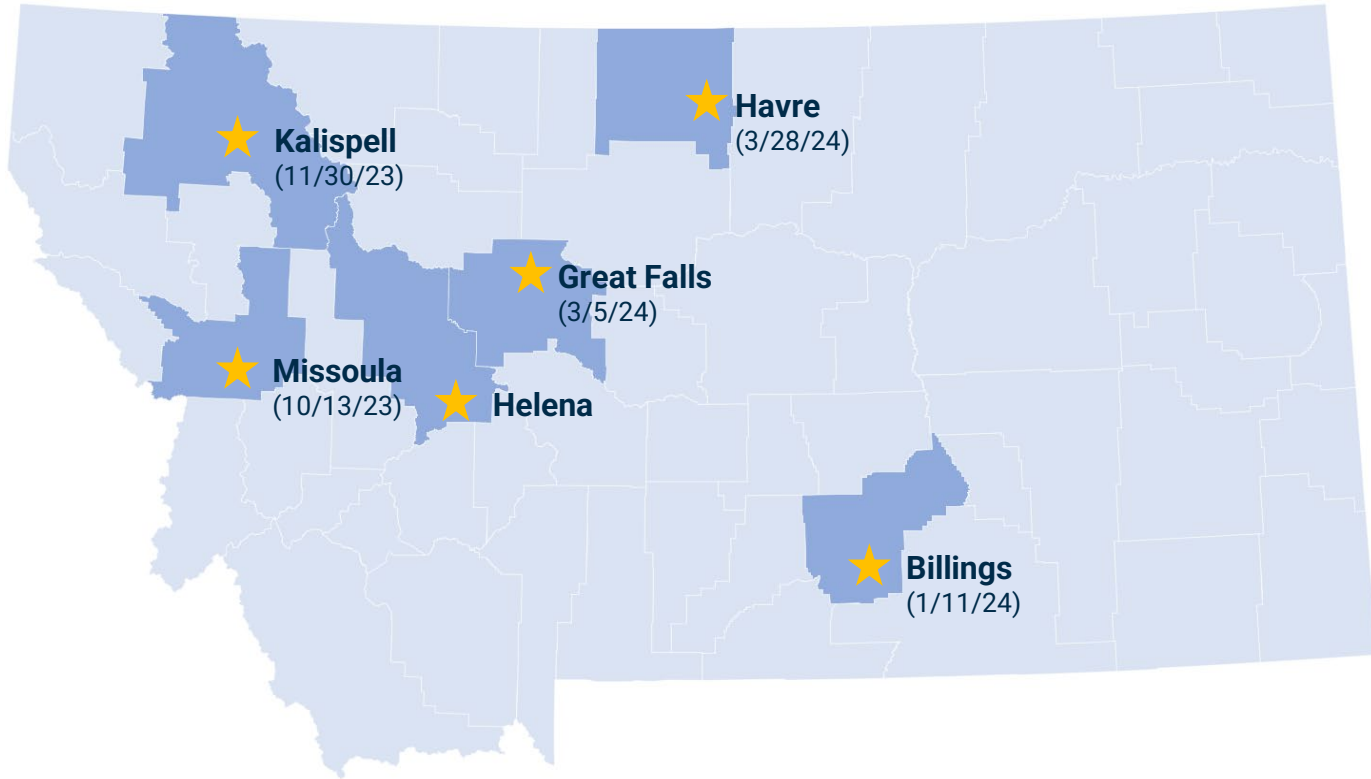
# BHSFG Recommendations: Commission Process

The diagram below visualizes how the Commission collected and synthesized information to develop its recommendations.



# BHSFG Recommendations: Commission Meetings Across Montana

Locations of BHSFG Commission Meetings



# Recommendation Prioritization: Proposed Approach

The Department and Commission anticipate following the approach outlined below to identify the highest-priority recommendations that will advance to the Governor's Office and the Legislature for final approval.



**1. Synthesize Commissioner and BHDD Staff Perspectives:** Gather and integrate the perspectives of Commissioners and BHDD subject matter experts, leveraging their understanding of constituent needs and domain knowledge, respectively.



**2. Estimate Implementation Complexity and Impact:** Estimate the complexity and positive impact of each recommendation's implementation in order to ensure effective Department resource allocation and maximize impact across communities in Montana.



**3. Map Dependencies and Sequence Recommendations:** Identify and map the dependencies of recommendations prioritized based on the steps outlined above, in order to develop a strategic sequence for implementing high-priority recommendations.



# HB 936 Sustainability Committee

The “Long-term sustainability of HB 872 study” establishes a committee during the interim period following the 69<sup>th</sup> legislative session to **develop sustainable funding mechanisms for the long-term objectives outlined in HB 872.** The committee is expected to present its findings to the executive branch and the legislative finance committee in preparation for the 70<sup>th</sup> legislative session.

## COMMITTEE MAKE-UP

- Chair of Health and Human Services Appropriations Joint Subcommittee (“Subcommittee”)
- Four (4) members of the Subcommittee
- Director of Department of Public Health and Human Services (or designee)
- Medicaid Bureau Chief
- Budget Director (or designee)

## SUPPORT AND OPERATIONS

- The Department of Public Health and Human Services will staff the committee and cover operational costs
- The Office of Budget and Program Planning and the Legislative Fiscal Division will provide research and analysis, upon request

## LEADERSHIP

- Committee leadership will elect a presiding officer and vice presiding officer from its legislative members

## MEETING DETAILS

- Meetings will commence June 1, 2025, and will occur every two (2) months—with the option for remote meetings
- Public comment will be encouraged, and time will be reserved for it at each meeting



# BHSFG Implementation Updates



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# Near-Term Initiatives



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# Near-Term Initiatives- Financial Snapshot and Projections

Project / Initiative	Commission Approved	Start Date	End Date
#1: COEs	\$1,000,000	7/01/2024	6/30/2026*
#1: Stabilization Grants	\$6,500,000	-	-
#2: Residential Grants	\$15,800,000	9/16/2024	9/16/2026*
#3: MCR	\$3,500,000	1/22/2024	6/30/2026*
#3: Crisis Receiving & Stabilization Services	\$4,000,000	7/1/2024	6/30/2027
#4: Crisis Curriculum	\$500,000	8/1/2024	6/30/2026
#5: Developmental Disabilities Workforce	\$600,000	6/21/2024	9/30/2026
#6: Family Peer Support	\$700,000	1/6/2025	1/5/2027
#7: Tribal and Urban Indian Health Organizations	\$6,500,000	1/1/2025	6/30/2026*
#8: Fair Market Rent	\$315,727	9/1/2024	6/30/2025
#9: Wellness Kiosks	\$1,084,273	TBD	6/30/2027
#10: OT Doctorate and PA Programs	\$4,000,000	2/1/2025	2/1/2027
#11: Local Innovations	\$2,500,000	6/1/2025	5/31/2027
*Many of these contracts have been or will be extended.		<b>Total</b>	<b>\$47,000,000</b>



# NTI #1: Incentivize Community-Based Court Ordered Evaluations

- Description
  - This NTI aims to reduce the backlog of court-ordered fitness-to-proceed evaluations by financing the completion of these evaluations as well as funding associated stabilization services at the county level.
- Updates
  - 151 COE invoices paid to date
  - 9 providers have been providing COE services through this NTI
  - Services have been provided in 23 counties
  - Stabilization RFP is being formally reviewed before being posted to emacs



# NTI #2: Increase Residential Bed Capacity

- Description
  - Grants of up to \$15.8 million will be awarded to community living providers to increase residential bed capacity for people with serious mental health or developmental disabilities. The grants, which can be used for new facilities, upgrades, staffing, and startup costs, aim to stabilize and grow residential services statewide.
- Updates
  - 72 projects have been billed to completion
  - Projects have been completed or are close to completion in 18 counties
  - 312 invoices have been received



# NTI #3: Support Mobile Crisis Response and Crisis Receiving and Stabilization Services

- Description
  - This initiative provides one-time grants to new and existing Mobile Crisis Response (MCR) and Crisis Receiving and Stabilization providers. The goal is to sustain mobile crisis programs and increase statewide capacity for crisis receiving and stabilization services.
- Updates
  - Lewis and Clark County, Flathead County, and Missoula County have spent their full MCR awards
  - Journey Home in Lewis and Clark County is expected to open Spring of 2026



# NTI #4: Development and Deployment of a Comprehensive Crisis Worker Curriculum and Certification Course

- Description
  - For this initiative, DPHHS contracted with the UM Center for Children, Families and Workforce Development to create and host a Crisis Worker Certification Course. This course intends to train crisis service providers in key areas such as suicidology, intervention strategies, and community resources.
- Updates
  - The curriculum is currently being reviewed by an SME cohort. The UM Center anticipates that it will launch the first public cohort this Spring.



# NTI #5: Healthcare and I/DD Workforce Training and Certification

- Description
  - This initiative provides funding to pilot a credentialing structure for Direct Support Professionals (DSP), creating career advancement opportunities to help stabilize the workforce. This is through NADSP. The other component of this recommendation will be used to enhance training for health care professionals on how to support individuals with intellectual and developmental disabilities (IDD) by sponsoring 500 spots in an IDD Health care e-learning course (IntellectAbility).
- Updates
  - IntellectAbility
    - 128 individuals have registered for the e-learning course. There are still over 100 seats available.
  - NADSP
    - 92 DSPs have enrolled in the credentialing program.



# NTI #6: Family Peer Support Pilot Program

- Description
  - This initiative awarded one-time grants to AWARE, Inc., Mental Health American of Montana, Montana Rescue Mission, and St. John's United to create a family peer support pilot program. The goal is to give Montana families and caretakers access to a cost-effective support solution.
- Updates
  - Approximately 110 families served in year one
  - Anecdotal reports indicate Family Peer Support has increased connection between youth and families and allowed parents and caregivers to focus on stability and growth
  - Montana Rescue Mission closed its pilot program



# NTI #7: Support for Tribes and Urban Indian Health Organizations

- Description
  - This initiative provides up to \$6.5 million in one-time grants to tribal nations and Urban Indian Health Organizations (UIHOs) to support and improve behavioral health services in Native American communities. The funding can be used for facility improvements, mobile crisis response teams, and transportation to culturally relevant behavioral health facilities.
- Updates
  - Three awardees have completed their projects
    - All Nations
    - Native American Development Corporation
    - Butte Native Wellness Center



# NTI #8: Fair Market Rent

- This initiative originally allocated funding for a statewide study to determine the necessary funding to supplement housing costs for low-income Montanans in the behavioral health system.
- DPHHS and the Department of Commerce partnered to complete the study, which collected data on current rental rates to secure critical funding from HUD for Montana housing vouchers. Econometrica, Inc., and M. Davis and Company, Inc., conducted the research.
- Completed on time and under budget, the study secured over \$20 million in additional HUD funding for Montana housing vouchers, significantly supporting affordable housing efforts.



# NTI #9: Access to Naloxone and Fentanyl Test Strips (Wellness Kiosks)

- Description
  - This initiative will provide funding to combat the fentanyl and opioid crisis. The one-time funding will be used to install Wellness Kiosks statewide, dispensing life-saving resources like fentanyl testing strips and naloxone. These kiosks will be strategically placed in community-based programs, such as homeless assistance and drop-in centers, to ensure low-barrier access to these resources.
- Updates
  - The RFP for a Wellness Kiosk vendor closed on 3/5/2026. The goal is to have a contract in place by the end of SFY 26.



# NTI #10: Funding to Launch Occupational Therapy Doctorate and Physician Assistant Programs

- Description
  - In January 2025, the University of Montana (UM) and Carroll College were awarded funding to help launch new medical programs.
- Updates
  - UM's \$3.5 million in funding will support a new Physician Assistant (PA) and an Occupational Therapy (OT) doctorate program, expected to produce 25 PA and 30 OT graduates per year starting in 2028. Carroll College also plans to launch a PA program, with its first cohort of 34 students anticipated in May 2028, pending accreditation. These programs address the critical need for PAs and OTs, as a 2022 report estimated a shortage of 67 PAs and 33 OTs in Montana.



# NTI #11: Funding to Pilot Local Innovations in BH through Grants to Counties and Tribes

- Description
  - The program awarded 10 two-year grants of up to \$250,000 to rural and frontier tribes and counties throughout Montana. The initiative is structured into two distinct tracks: the System-Level Innovation track and the Local-Based Community Health Workers (CHWs) track.
- Updates
  - Seven applicants—the Chippewa Cree Tribe and Teton, Dawson, Pondera, Beaverhead, Jefferson, and Richland counties—have been awarded funding for the System-Level Innovation track. These awardees will partner with the Montana Public Health Institute to use its Behavioral Health Toolkit, which helps communities assess behavioral health issues, identify resources, implement new programs, and evaluate their effectiveness.
  - Three applicants—the Little Shell Chippewa Tribe and Garfield and Fallon counties—have been awarded funding for the Local-Based Community Health Worker track. They will hire and train Community Health Workers (CHWs) to connect community members with behavioral health services. These awardees will partner with Catalyst for Change, a company that provides training, clinical supervision, and access to a telehealth provider network.



# Recommendations



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# Recommendations- Financial Snapshot and Projections

Project / Initiative	Legislatively Approved	FY 26 Budget	FY 27 Budget
#1: 0208 Comprehensive Waiver Services Rates	\$5,026,803	\$437,503	\$4,589,300
#3: Expand Service Delivery (Complex Needs)	\$8,875,000	\$1,395,000	\$7,480,000
#4: Redefine and Reopen E&D Clinics	\$1,050,000	\$50,000	\$1,000,000
#6: Enhance Targeted Case Management	\$1,710,546	\$480,273	\$1,230,273
#8: Implement Care Transitions Program	\$1,239,576	\$41,650	\$1,197,926
#9: 988 Marketing Campaign	\$1,000,000	\$500,000	\$500,000
#17: Youth Residential Services	\$3,401,280	\$150,000	\$3,521,280
#18: School-Based Initiatives	\$3,528,290	\$1,764,145	\$1,764,145
#19: Workforce Incentives and Dual Enrollment	\$8,280,000	\$7,715,000	\$565,000
#22: CCBHCs	\$40,361,355	\$71,500	\$40,289,855
<b>Total</b>	<b>\$74,472,850</b>	<b>\$12,605,071</b>	<b>\$61,867,779</b>



# Recommendation #1: Refine and Reconfigure the Current 0208 Comprehensive Waiver Services Rates

Status and Progress Update	
Description	Updates
<p>This recommendation will refine and reconfigure the current 0208 Comprehensive Waiver Services rates by adjusting the rate methodology to better align each individual’s support needs with the resources they receive. This will include implementing a new rate methodology and increasing Medicaid reimbursement upon its implementation.</p>	<ul style="list-style-type: none"> <li>• The Department has finalized the list of services for acuity-based rates</li> <li>• We are currently developing the framework for administering the Supports Intensity Scale (SIS) pilot assessment.</li> <li>• The Department is engaged in contract negotiations with the American Association on Intellectual and Developmental Disabilities (AAIDD) for the Supports Intensity Scale Adult Version ® (SIS-A) assessment pilot.</li> <li>• Once the contract is initiated, the Department will work with AAIDD to begin scheduling the 500 pilot assessments, which will be conducted both in-person and virtually.</li> </ul>



# Recommendation #3: Expand the Service Delivery System to Support Individuals with Complex Needs

Status and Progress Update	
Description	Updates
<p>This recommendation will expand the service delivery system to support individuals with complex needs by establishing a more robust continuum of care. This will involve creating a Systemic, Therapeutic, Assessment, Resources, and Treatment (START) certified Resource Center and clinical team, providing technical assistance and crisis response to existing 0208 Comprehensive Waiver providers, and introducing a new residential habilitation service under the 0208 Comprehensive Waiver for individuals with complex behavioral and/or medical support needs.</p>	<ul style="list-style-type: none"><li>• <b>START Program Pilot:</b> The Department is partnering with the National Center for START Services (NCSS) to launch a certified pilot program. To ensure long-term sustainability, DPHHS is consulting with NCSS and other states on best practices. The Clinical Services RFP is currently under formal review.</li><li>• <b>Gap Analysis &amp; Expansion:</b> An RFI has been issued to identify necessary interventions for individuals in crisis who fall outside the initial START pilot or reside in other regions of the state.</li><li>• <b>Specialized Training:</b> DPHHS has partnered with IntellectAbility to develop training for staff and stakeholders. This curriculum focuses on recognizing, understanding, and intervening in crises involving individuals with IDD and complex needs.</li><li>• <b>Residential Development:</b> The team is drafting an RFI to engage stakeholders and workgroups in designing and implementing intensive, small-format specialized group homes.</li></ul>



# Recommendation #4: Redefine and Reopen E&D Clinics to Support Families More Effectively

Status and Progress Update	
Description	Updates
<p>This recommendation will redefine and re-open E&amp;D clinics to support families more effectively. These clinics will facilitate intake and eligibility activities for individuals with developmental disabilities seeking access to the 0208 Comprehensive Waiver, ensuring more efficient and effective support for families.</p>	<ul style="list-style-type: none"><li>• After completing an extensive review of recommendations and best practices from providers, schools, and stakeholders, the Department is moving into the drafting phase for a new Request for Proposal (RFP).<ul style="list-style-type: none"><li>○ The RFP is expected to be issued in late spring 2026 and we anticipate securing vendors for 3 E&amp;D Clinic locations.</li></ul></li></ul>



# Recommendation #6: Enhance Targeted Case Management (TCM)

Status and Progress Update	
Description	Updates
<p>This recommendation will enhance Targeted Case Management (TCM) by the following:</p> <ul style="list-style-type: none"> <li>• Reassessing the reimbursement model</li> <li>• Expanding program availability to address unmet needs</li> <li>• Piloting a value-based payment model to incentivize providers for improved outcomes</li> <li>• The TCM populations included are Youth SED, SUD Montana State Plan, SDMI Montana State Plan, SDMI Waiver, and DD 0208 1915C Waiver.</li> </ul>	<ul style="list-style-type: none"> <li>• The Department has developed a VBP Pilot proposal that will be presented to leadership in the next few weeks</li> <li>• The team is currently drafting a procurement for TCM start-up grants to expand program availability</li> </ul>



# Recommendation #8: Implement a Care Transitions Program- Critical Time Intervention

Status and Progress Update	
Description	Updates
<p>This recommendation will implement a tailored care transitions program, such as Critical Time Intervention (CTI), to support individuals discharged from institutional settings by providing intensive, time-limited assistance for reintegration into their communities.</p>	<ul style="list-style-type: none"> <li>• Following an RFI in November to assess provider capacity for Critical Time Intervention (CTI), the state has opted to staff the program internally.</li> <li>• The Department intends to launch this program in July 2026. This program will be launched in a phase approach in select communities.               <ul style="list-style-type: none"> <li>• <u>Phase 1</u>: Missoula, Yellowstone, Silver Bow and Gallatin Counties</li> <li>• <u>Phase 2</u>: Glacier, Flathead, Cascade and Lewis and Clark Counties</li> </ul> </li> </ul>



# Recommendation #9: 988 Marketing Campaign

Status and Progress Update	
Description	Updates
<p>This recommendation will launch a public awareness campaign to increase understanding of the 988 Lifeline and the behavioral health crisis support it offers, aiming to improve access to these critical services.</p>	<ul style="list-style-type: none"><li>• DPHHS is collaborating with other state agencies on a statewide master services agreement (MSA) RFP. The RFP will close on 3/12/2026<ul style="list-style-type: none"><li>○ Under this MSA, the Department will launch a Contractor Engagement Proposal (CEP) for the 988-marketing campaign. We anticipate this CEP will be posted sometime in Summer of 2026.</li></ul></li></ul>



# Recommendation #17: Redesign Rates to Improve In-State Youth Residential Services

Status and Progress Update	
Description	Updates
<p>This recommendation will redesign reimbursement rates for in-state youth residential services by creating a tiered structure that aligns resources with clinical needs, reducing reliance on out-of-state placements in psychiatric residential treatment facilities and therapeutic group homes.</p>	<ul style="list-style-type: none"><li>• DPHHS collaborated with the University of Montana and Juvenile Justice to design a 4-bed Therapeutic Group Home (TGH) model. This high-acuity framework prioritizes wraparound principles, unconditional care, and intensive family engagement.</li><li>• "No Eject, No Reject" (NENR) Strategy: A recent RFI surveyed youth mental health providers to gauge interest in operating under NENR policies.<ul style="list-style-type: none"><li>○ The goal is to mandate admission for eligible high-acuity youth and limit premature discharges, ultimately reducing reliance on out-of-state providers.</li></ul></li><li>• The Department is currently working with Guidehouse to redesign rates.</li></ul>



# Recommendation #18: Invest in School-Based Behavioral Health Initiatives

Status and Progress Update	
Description	Updates
<p>This recommendation will invest in school-based behavioral health initiatives by funding programs, expanding universal behavioral health screening, and collaborating with the Montana Office of Public Instruction (OPI) to adopt supportive policies and identify sustainable funding sources.</p>	<ul style="list-style-type: none"><li>• The Department has an executed contract with the Rural Behavioral Health Institute (RBHI) to continue administering self-reported mental health screening and referral to care in schools across Montana. This intervention is called Screening Linked to Care (SLTC).</li><li>• The Department has a contract with the UM Center for Children, Families and Workforce Development to implement the Early Identification System (EIS), which is data-driven decision-making tool that uses K-12 student and teacher input to identify early signs of behavioral and social-emotional risk factors.</li></ul>



# Recommendation #19: Incentivize Providers to Join the BH and DD Workforce

Status and Progress Update	
Description	Updates
<p>This recommendation will address workforce shortages in behavioral health (BH) and developmental disabilities (DD) by:</p> <ul style="list-style-type: none"> <li>• Establishing a tuition reimbursement program for case management staff and direct care workers</li> <li>• Creating dual enrollment programs for Montana high school students to earn tuition-free college credits in these fields.</li> </ul>	<ul style="list-style-type: none"> <li>• In December 2025, the Department launched two key initiatives to bolster the behavioral health (BH) and developmental disabilities (DD) workforce.               <ul style="list-style-type: none"> <li>○ First, a contract with the Western Interstate Commission for Higher Education (WICHE) was established to conduct a comprehensive statewide assessment of workforce resources and needs.</li> <li>○ Simultaneously, the Department partnered with the Office of the Commissioner of Higher Education (OCHE) to build a stronger talent pipeline through the development of dual enrollment and micro-credential programs.</li> </ul> </li> </ul>



# Recommendation #22: Expand and Sustain Certified Community Behavioral Health Clinics (CCBHCs)

Status and Progress Update	
Description	Updates
<p>This recommendation will expand and sustain Certified Community Behavioral Health Clinics (CCBHCs) to build a more integrated mental health and substance use treatment system with sustainable funding. There are four identified organizations that are working toward full CCBHC certification currently. They are:</p> <ul style="list-style-type: none"> <li>• Many Rivers Whole Health</li> <li>• Rimrock Foundation</li> <li>• AWARE Inc. (formerly known as Western Montana Mental Health Center or WMMHC)</li> <li>• Eastern Montana Community Mental Health Center</li> </ul>	<ul style="list-style-type: none"> <li>• The Department is working with contractors and providers to define the criteria and structure for the nine CCBHC core components. The specific areas of focus are: <ul style="list-style-type: none"> <li>○ Mobile Crisis Response (MCR), Crisis Receiving, TCM, care coordination, evidence-based programming, and identifying universal assessment tools for data reporting.</li> </ul> </li> <li>• Providers have submitted draft cost reports to develop the Prospective Payment System (PPS) reimbursement rate.</li> <li>• Some key dates include: <ul style="list-style-type: none"> <li>○ SAMHSA CCBHC Planning Grant ends: 3/31/2026</li> <li>○ SAMHSA CCBHC Demonstration Grant submission: 4/1/2026</li> </ul> </li> </ul>



# Questions



# Rural Health Transformation Program (RHTP)

March 11, 2026

Brett Carter, Strategy and Transformation Officer

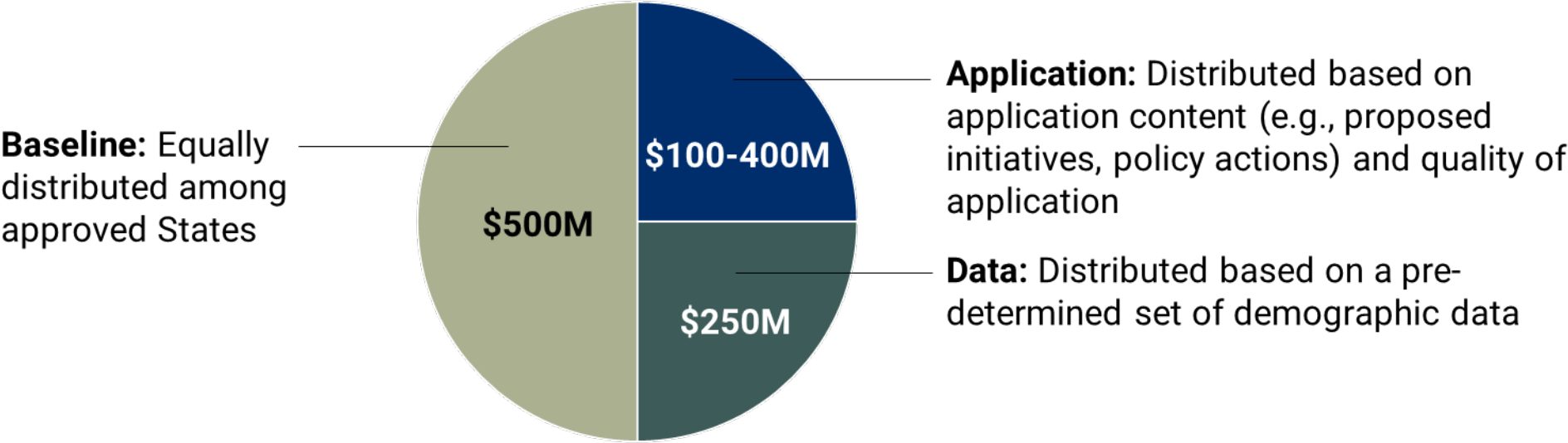


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# Summary of Funding Opportunity

RHTP will provide a \$50B total opportunity across states, with each state receiving funding based on a set of criteria.

## Potential Montana funding over the 5-year RHTP period (~\$1B)



# Stakeholder Consultation

The State consulted widely with stakeholders during application development.

## **During proposal development, the State:**

- Conducted 1:1 consultations with Montana Hospitals, tribes, and >20 other rural health stakeholders
- Hosted a webinar with nearly 900 registrants
- Reviewed more than 300 RFI responses

## **During implementation, the State will:**

- Continue to engage closely with stakeholders on specific initiatives
- Participate actively in a twice-annual stakeholder consultation hosted by the Montana Office of Rural Health



# Montana Received the Fourth Highest RHTP Funding Award Among all 50 States

- On December 29, 2025, CMS announced that **Montana will receive ~\$233M** for the first year of the five-year Rural Health Transformation Program
  - **Montana received the fourth-largest award**, behind Texas, Alaska, and California
  - The **award is allocated for the five initiatives submitted** as part of Montana's plan, with no ability to add or remove initiatives
- On February 19, 2026, CMS announced a **Notice of Award** for RHTP and **released Year One funding**

Source: Montana CMS RHTP Notice of Award



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# Montana is Committed to Five RHTP Initiatives

The \$233M CMS award for Year One must be used to support the five initiatives outlined in Montana's original application:

- 1. Develop workforce through recruitment, training, and retention**
2. Ensure rural facility sustainability and access through partnerships and restructuring
3. Launch innovative care delivery and payment models
- 4. Invest in community health and preventive infrastructure**
5. Deploy modern health care technologies to guide rural health interventions

# Initiative 1: Develop Workforce Through Recruitment, Training, and Retention

To attract more health care providers to rural and frontier areas in Montana, DPHHS plans to invest RHTP funds in:

- Recruiting health care providers by increasing access to local pipelines and apprenticeships, and reimbursing related instruction costs
- Increasing ability to train health care providers in rural and frontier areas by creating more physician residency slots, rural training tracks, and incentivizing and training supervisors
- **Supporting providers to stay in rural Montana and have ongoing training** for the skills they need to treat the rural population (e.g., primary care/behavioral health upskilling, provider supportive services)

Relevant metric	Baseline	Target
Provider mental health (e.g., burnout) <sup>1</sup>	TBD	TBD

1. Department of Labor and Industry is working to define the proper provider mental health metric by July 2026

Source: Montana CMS RHTP Project Narrative

# Initiative 4: Invest in Community Health and Preventive Infrastructure

Rural Montanans frequently lack access to preventive health care and infrastructure that promote healthy lifestyles. To address this, DPHHS plans to invest RHTP funds in:

- Increasing care in community-based settings by facilitating more primary care and behavioral health in schools through partnerships with FQHCs and other providers, purchasing/retrofitting mobile care vans to bring services to rural communities
- Launching the Community Health Aide Program (CHAP) and other workforce strengthening efforts in tribal communities
- **Repairing outdated rural health care infrastructure by funding minor renovations and repairs for facilities, and ensuring future Community Behavioral Health Clinics (CCBHCs) can provide crisis “safe spaces”**

Relevant metric(s)	Baseline	Target
Number of crisis safe spaces, according to SAMHSA definition	1	2 FY2028, 11 FY2031
Behavioral health ED admissions per 1,000 in counties with implemented crisis safe spaces	50.61 per 100K	-3% FY 2028, -6% FY 2031

Source: Montana CMS RHTP Project Narrative

# RHTP Website: [ruralhealth.mt.gov](http://ruralhealth.mt.gov)

Check the website for  
regular program updates,  
including on procurements



# Disclaimers

All plans presented here are preliminary and subject to change based on CMS guidance and program needs. DPHHS is committed to providing the public, including potential offerors, with fair lead time to prepare procurement responses. The latest information will always be posted on the **RHTP website**, including available procurement opportunities.

Primary contractors may choose to engage **subrecipients**. All recipients of RHTP funding, regardless of contract mechanism, are subject to **federal RHTP financial and program guidelines**; for example, the inclusion of Stevens Amendment language in all communications, and required review by CMS of all public-facing communications at least 48 hours prior to publication. DPHHS will work with partners to ensure understanding and compliance with these requirements.

All goods and services funded by RHTP must benefit **residents of rural communities**, broadly defined as residents of the 51 counties falling within HRSA's definition of rurality.<sup>1</sup> DPHHS will work with implementing partners to define appropriate operational and funding guidelines to ensure resources are channeled towards rural communities.

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1. Beaverhead, Big Horn, Blaine, Broadwater, Carbon, Carter, Chouteau, Custer, Daniels, Dawson, Deer Lodge, Fallon, Fergus, Flathead, Garfield, Glacier, Golden Valley, Granite, Hill, Jefferson, Judith Basin, Lake, Liberty, Lincoln, Madison, McCone, Meagher, Mineral, Musselshell, Park, Petroleum, Phillips, Pondera, Powder River, Powell, Prairie, Ravalli, Richland, Roosevelt, Rosebud, Sanders, Sheridan, Silver Bow, Stillwater, Sweet Grass, Teton, Toole, Treasure, Valley, Wheatland, Wibaux



# Conclusion

