

Project Narrative File(s)

* Mandatory Project Narrative File Filename:

Add Mandatory Project Narrative File

Delete Mandatory Project Narrative File

View Mandatory Project Narrative File

To add more Project Narrative File attachments, please use the attachment buttons below.

Add Optional Project Narrative File

Delete Optional Project Narrative File

View Optional Project Narrative File

Project Narrative

Introduction

South Carolina is driven by a commitment to advancing health in the State by addressing the persistent disparities in access, outcomes, and resources that affect rural areas. The Rural Health Transformation (RHT) program offers a once-in-a-generation opportunity to address the systemic barriers that have long hindered access to quality care in the state's rural communities. With nearly one-third of South Carolinians residing in rural areas, the state recognizes that improving rural health is not only a moral imperative but also a strategic investment in the state's future. South Carolina's approach is intentionally aligned with the RHT program's five strategic goals: **Make Rural America Healthy Again** through improved chronic disease management and health outcomes; ensure **Sustainable Access** by expanding care delivery points and digital infrastructure; advance **Workforce Development** through recruitment, training, and retention strategies; foster **Innovative Care** models that meet people where they are; and accelerate **Tech Innovation** to modernize systems and empower communities. This proposal outlines a bold, data-driven, and community-centered plan to transform rural healthcare delivery, one that builds on existing successes, leverages cross-sector partnerships, and prioritizes sustainability to create a resilient rural health ecosystem where every resident, regardless of geography, has the opportunity to thrive.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

Rural Health Needs and Target Population

Of South Carolina's more than five million residents, approximately 1.75 million (32.6%)ⁱ live in rural areas where access to quality health services is limited, resulting in significantly poorer health outcomes compared to their non-rural counterparts. South Carolina aligns with the Health Resources and Services Administration definition of rural for the purposes of the RHT Program.

Rural demographics: South Carolina's rural demographics paint a complicated picture largely due to a shift in industries over the last 50 years. Textile mills that once provided jobs are mostly closed, agricultural practices have changed, and interstate highways, like I-95, impact the economies of the towns they pass through or bypass.ⁱⁱ Additionally, rural towns face dwindling economic prosperity as few economic contributions come from older adults living on a fixed income and as young adults move to urban areas for jobs. Below is a snapshot of South Carolina's rural demographic data.

- **Population size:**ⁱⁱⁱ 1,750,000 (32.6%)
- **Median household income:**^{iv} \$54,000 (\$71,000 urban)
- **Poverty:**^v 19.8% (12.9% urban)
- **Unemployment:**^{vi} 3.8% (2.9% urban)
- **Educational attainment (college degree):**^{vii} 12.3% (20.6% urban)
- **Health insurance coverage (uninsured):**^{viii} 12.3% (10.9% urban)

Health outcomes: Rural South Carolinians also face a higher burden of disease and a higher overall death rate than their non-rural counterparts. Our rural communities are at greater risk of chronic conditions, including diabetes, heart disease, and stroke, and face worse maternal health outcomes than non-rural communities.^{ix} South Carolina's rural health outcomes data include:

- **Diabetes:** 13% (10% urban)^x, 31.7 age-adjusted death rate per 100,000 (25.3 urban)^{xi}
- **Heart disease:**^{xii} 216.5 age-adjusted death rate per 100,000 (175.9 urban)
- **Stroke:**^{xiii} 101 age-adjusted death rate per 100,000 (92 urban)
- **Maternal mortality:**^{xiv} 55.4 deaths per 100,000 live births (34.2 urban)

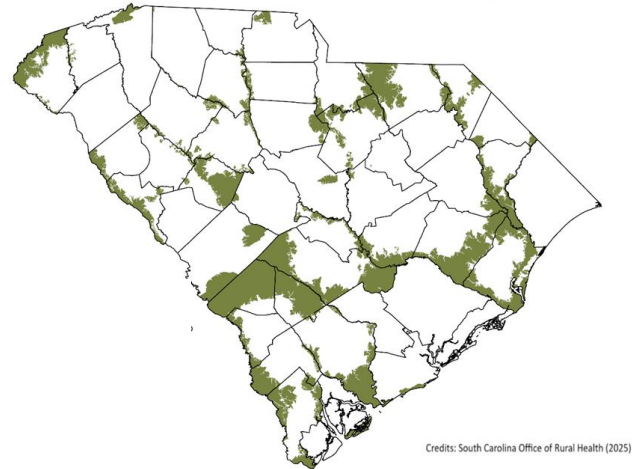
Healthcare access: Rural communities in South Carolina lack sufficient access to healthcare services, largely due to a lack of facilities, facilities in need of infrastructure improvements, an inability to recruit and retain providers, and the high cost of care for the uninsured.^{xv} South Carolina’s rural health access data includes:^{xvi}

- **Availability of healthcare providers:** 4.5 primary care physicians per 10,000 rural residents (6.8 urban)
- **Healthcare facility numbers and distribution:**
 - **Critical access hospitals:** 3
 - **Rural prospective payment system hospitals:** 21
 - **Rural health clinics:** 104
 - **Federally qualified health centers:** 23 (main sites)
 - **Rural emergency hospitals:** 0

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

Data from the South Carolina Office of Rural Health reveals many rural residents in South Carolina must travel more than 30 minutes to reach the nearest hospital, a challenge most pronounced in the lower Midlands and coastal regions, as illustrated in **Figure 1**. These extended travel times can have serious consequences during medical emergencies, particularly in cases of stroke, heart attack, or high-risk childbirth, where every minute is critical.

Figure 1: Rural Areas with >30 min Drive to a South Carolina Hospital



While public transportation exists to some extent in rural areas, it is not a reliable option, and individuals with mobility limitations may struggle to access or use these services.

Rural facility financial health: Six hospitals have closed since 2012 (listed below). According to the August 2025 brief from the Center for Healthcare Quality and Payment Reform, seven additional hospitals are at risk of closure, with four at immediate risk. South Carolina rural hospital closures have occurred mainly due to declining populations, a decline in inpatient revenue, aging infrastructure, and difficulty recruiting physicians. Rural hospitals can only afford a smaller number of services, which leads to out-migration of patients who seek care in urban centers, which leads to further revenue erosion for rural providers. This limited-service array further reinforces patient tendencies to bypass local, rural hospitals for the larger, brand-recognized health systems in the state.^{xvii} Current rural facility financial health data includes:

- **Number of rural hospital closures:**^{xviii}
 - *Williamsburg Regional Hospital (Critical Access Hospital) (2023)*
 - *Lake City Community Hospital (2022)*
 - *Fairfield Memorial Hospital (Critical Access Hospital) (2018)*
 - *Southern Palmetto Hospital (2016)*
 - *Marlboro Park Memorial Hospital (2015)*
 - *Bamberg County Memorial Hospital (2012)*

- **Rural Hospital Utilization data:** Rural hospital utilization data metrics, such as average daily census, patient days, and discharges, paint a picture of the unsustainable situation rural hospitals face. Hospitals have an average daily census as low as 1.1, highlighting the tendency of rural individuals to bypass these facilities and the incongruity of service offerings with community need. See [Appendix A](#).

Target populations and geographic areas: Improving access to quality healthcare services is a priority for improving health outcomes in rural South Carolina. Understanding the demographic factors that compound poor outcomes is equally important to ensure services are tailored to the population’s needs. As such, South Carolina will inject needed resources into all rural communities centering efforts around improving access, quality and outcomes for chronic disease—especially diabetes, heart disease, and stroke—and maternal care.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

RHT Plan: Goals and Strategies

Vision: To transform rural healthcare in South Carolina so that all communities may thrive.

Goal: To increase healthcare access and quality for improved chronic disease management and health outcomes for rural communities in South Carolina.

Figure 2: Rural Individual Profile

Ms. Florence Collette


Age: 83 | Residence: Rural Allendale County, South Carolina

Living Situation: Widowed, lives alone in a small single story home on family land, about 20 miles from the nearest hospital. Her daughter lives an hour away and visits twice a month.

Primary Health Conditions: high blood pressure, diabetes, and osteoarthritis, vision issues due to cataracts, poor balance

Presenting Challenges: limited access, technology gap, health literacy, social isolation, environmental factors

Ms. Collette has been deeply impacted by the rural hospital closures in her area over the years, the lack of home health and respite service availability in her area, underdeveloped transportation solutions, provider shortages and economic constraints.



A fictional citizen, Ms. Collette, illustrated in **Figure 2**, represents the type of community member who anchors South Carolina’s vision and strategic priorities for the funding available through this cooperative agreement. While the previous section outlines the challenges faced by South Carolinians, it’s equally important to recognize the significant strides the state has made through various health improvement initiatives. Building on this progress, South Carolina is committed to advancing rural health through long-term, transformative strategies.

RHT Strategic Plan Elements

South Carolina will use RHT funding to inject needed resources into rural communities and will support each of the RHT strategic objectives as follows:

Improving Access: South Carolina will enhance healthcare access by expanding the use of innovative information technology (IT) to better connect patients with providers and by increasing the number of service delivery access points that bring care directly into rural communities. In addition, strategic investments in provider recruitment incentives, facility renovations, and essential equipment upgrades will help boost both provider engagement and patient satisfaction.

Improving Outcomes: South Carolina will strengthen chronic disease management and health outcomes by enhancing both access to care and the quality of services delivered.

Technology Use: South Carolina will expand the use of telehealth, remote patient monitoring, digital health tools, and comprehensive IT system enhancements to improve care delivery. RHT program funds will offset the upfront investment costs, while ongoing maintenance expenses will be sustainably managed through existing operational budgets.

Partnerships: South Carolina will strengthen existing partnerships and cultivate new collaborations by engaging state agencies, health associations, community organizations, and academic institutions. These partners maintain direct, hands-on relationships with hospitals, clinics, and community-based programs across the state, making them essential allies in advancing rural health transformation.

Workforce: South Carolina will develop targeted incentive and training programs for healthcare providers, nurses, community health workers (CHWs), and other frontline professionals to enhance clinical competency, support workforce development, and strengthen recruitment and retention efforts across rural communities.

Data-Driven Solutions: South Carolina will support the adoption of electronic health records, enhance digital literacy among both providers and patients, and promote the use of data-driven insights to inform and improve the quality of care.

Financial Solvency Strategies: South Carolina will promote the financial solvency of rural providers by modifying service offerings, reducing bypass of rural facilities, and allowing for diversification of revenue streams. The activities within the plan will assist rural hospitals and other providers in identifying and providing appropriate care for their community.

Cause Identification: Rural hospitals operate on thin margins. This is exacerbated by the small service array they can offer, and patients choosing to seek care at larger hospitals with brand recognition. This cycle leads to a survival mentality, where hospitals are unable to invest in comprehensive strategic planning. South Carolina will partner with community providers to launch a masterclass, empowering high-performing hospitals to mentor and support under-resourced rural hospitals in implementing effective strategies and achieving long-term sustainability.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

Program Key Performance Objectives

By the end of federal fiscal year (FY) 2030, South Carolina aims to achieve measurable progress in transforming rural health through enhanced use of IT and digital platforms. Leveraging these solutions will better connect providers and patients, expand access points for high-quality service delivery, upgrade healthcare infrastructure, and strengthen provider competency and patient satisfaction. The state will also drive innovation to reduce health disparities, particularly in chronic disease management and health outcomes.

Key performance objectives include:

- Improved chronic disease management and health outcomes
 - *Advance performance in all prevention and treatment Healthcare Effectiveness Data and Information Set (HEDIS) metrics for South Carolinians residing in rural communities demonstrated through independent comparative analysis*
- Enhanced provider capacity to deliver high-quality care
 - *Increase and expand efforts to recruit, train, and retain key healthcare professionals providing services in rural communities for a more robust and sustainable rural health workforce.*
 - *Improve the ratio of physicians to residents in rural areas by 10%*
 - *Establish a baseline and target for the number of new providers recruited to deliver telehealth in rural areas through affiliation agreements*
- Elevated provider and patient experience
 - *Advance performance in all Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey response metrics for South Carolinians residing in rural communities demonstrated through independent comparative analysis*

- Increased innovation, digital literacy, and adoption of best practices in rural health
 - *Establish a baseline for and increase the number of rural clinics implementing at least one new clinical best practice or care delivery model (e.g. chronic care management programs, remote monitoring, or team-based care)*

Strategic Goals Alignment

Collectively, the strategies and objectives outlined above, and further detailed in the Initiatives section, align with and advance the RHT program’s five strategic goals: **Make Rural America Healthy Again, Sustainable Access, Workforce Development, Innovative Care, and Tech Innovation**. Each initiative was intentionally selected to ensure strategic alignment and to drive meaningful improvements in healthcare access, quality, and outcomes across rural communities.

SCDHHS’ Strategic Alignment with RHT Program Goals

The South Carolina Department of Health and Human Services (SCDHHS) is the single state agency that administers the state’s Healthy Connections Medicaid program. Given this role and reach, it is uniquely situated to lead the RHT program in South Carolina. Its strategic priorities and community-focused initiatives closely align with the five core goals of the RHT program. SCDHHS’ mission to be boldly innovative in improving the health and quality of life for South Carolinians and its vision of turning thought into action through evidence-based decision-making serve as a strong foundation for this leadership role.

The agency’s three overarching goals are providing a responsive member experience, purchasing access to needed health services, and properly aligning resources to enable success. Notably, the second goal—purchasing access to needed health services—directly supports all five RHT

strategic goals by emphasizing evidence-based decision-making, sustainability, workforce development, and innovation to improve health outcomes across rural communities.

SCDHHS’ community-driven initiatives, focused on expanding access and enhancing quality, as outlined in **Table 1**, and SCDHHS’ current rural health programs as outlined in **Table 2** are well-aligned with the five strategic goals of the RHT program. Building on their proven success, SCDHHS will strategically scale these initiatives to broaden their impact across the state.

Table 1: SCDHHS’ Quality Initiatives & RHT Program Strategic Goals

SCDHHS Quality Initiatives		RHT Strategic Goals
Alliance for Innovation on Maternal Health	National data-driven maternal safety and quality improvement initiative focused on improving maternal outcomes.	<ul style="list-style-type: none"> • Make Rural America Healthy Again • Innovative Care
Birth Outcomes Initiative	To improve health outcomes for mothers and babies in South Carolina, in collaboration with the South Carolina Hospital Association, Blue Cross Blue Shield of South Carolina, the South Carolina Department of Public Health, March of Dimes, the South Carolina Office of Rural Health and more than 100 stakeholders.	<ul style="list-style-type: none"> • Make Rural America Healthy Again • Sustainable Access • Innovative Care
Quality through Technology and Innovation in Pediatrics	In collaboration with the South Carolina Chapter of the American Academy of Pediatrics, this partnership is administered with the goal of improving the quality of children’s healthcare.	<ul style="list-style-type: none"> • Make Rural America Healthy Again • Innovative Care
Quality Achievement Program	A collaboration between managed care organizations (MCOs) and South Carolina hospitals that aims to improve health outcomes for Medicaid members.	<ul style="list-style-type: none"> • Make Rural America Healthy Again • Sustainable Access
Quality Assessment and Performance Improvement Program	SCDHHS mandates MCOs develop and manage a performance improvement project to achieve improvements in health outcomes and member satisfaction.	<ul style="list-style-type: none"> • Make Rural America Healthy Again • Sustainable Access • Innovative Care

Table 2: SCDHHS Managed Rural Programs

SCDHHS Current Rural Programs	
Rural and Medically Underserved Grant Program	To improve access to necessary medical services across the state, especially in rural and medically underserved areas and communities, SCDHHS created a \$48.2 million grant opportunity to support the creation and/or renovation of rural healthcare facilities.
Rural Physician & Dentist Program	This program, funded by SCDHHS and administered by the Medical University of South Carolina (MUSC) and the South Carolina Area Health Education Consortium, is designed to improve healthcare access in South Carolina’s rural and underserved communities. It provides financial incentives—such as grants and loan repayment assistance—to licensed primary care physicians, general surgeons, psychiatrists, physician assistants, advanced practice nurses, and dentists who commit to serving in these areas.
University of South Carolina (USC) School of Medicine Rural Outreach Program	This rural outreach program is aimed at improving healthcare access and quality in South Carolina’s rural and underserved communities. The program supports a range of initiatives including technical assistance for rural health clinics, emergency medical services training, recruitment of rural healthcare providers, and financial guidance for rural practices. It includes hands-on clinical and educational experiences for medical students in rural settings, telehealth development, and training in medical technologies.
The Clemson Rural Health Program	This program focuses on expanding preventive and primary care through fixed clinics, mobile health units, telehealth, and RPM. It also supports nutrition-based interventions like produce prescription programs, innovations in chronic disease management, and the development of a decentralized clinical research network.
Rural Health Network Revitalization Project	This initiative provides administrative and medical services to help rural communities improve healthcare delivery. It focuses on building evidence-based frameworks, offering technical assistance, engaging community organizations, supporting rural healthcare providers, and enhancing infrastructure.
University Specialty Clinics	This program funds a wide range of initiatives including rural clinical training, medical education scholarships, provider recruitment and retention, preventive medicine residencies, pharmacy residencies, and maternal-child health services. It also supports data-driven research, community health partnerships, and innovative care delivery models such as remote patient monitoring and pediatric subspecialty outreach.
South Carolina School Behavioral Health Academy	This is a statewide initiative that expands training, coaching, and workforce development to strengthen school-based mental health services, especially in rural districts, by equipping educators and mental health professionals with evidence-based practices and tools.
MUSC South Carolina Telehealth Network	This program expands access to healthcare across the state, particularly in rural and underserved areas, by funding and supporting hospitals, regional hubs, and partners to develop and operate a statewide telehealth infrastructure.

Rural Facility and Population Score Factors

The scoring factors for sections A.1 through A.7 reinforce many of the previously identified challenges, underscoring South Carolina’s commitment to expanding access to high-quality healthcare services in order to improve chronic disease and health outcomes.

Absolute Size of Rural Population in South Carolina (A.1)

1.75 million^{xix}, out of 5,373,555, South Carolinians reside in rural areas. Urban areas in South

Carolina are concentrated around major cities, depicted in light green in **Figure 3**, such as Columbia (the state capital),

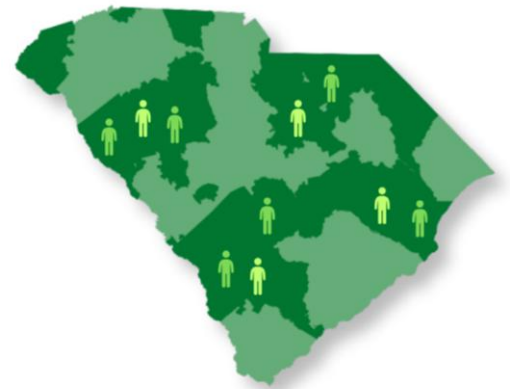
Greenville and Spartanburg in the Northeast region, Rock Hill and Fort Mill to the north, Sumter and Florence between Columbia and the coast, and the coastal hubs of Myrtle

Beach and Charleston. Current trends indicate that young adults are increasingly relocating from rural areas, depicted

in dark green in **Figure 3**, to these urban centers. This

migration pattern has left behind aging populations in rural communities, where chronic health conditions are more prevalent and access to care is more limited.

Figure 3: Rural Population in South Carolina



Proportion of Rural Health Facilities in South Carolina (A.2)

While urban areas in South Carolina have a greater overall number of health facilities (134), rural areas still maintain a significant share making up 44% (106) of total health facilities.^{xx}

However, many rural facilities face persistent challenges, including difficulties in recruiting and retaining physicians, as well as critical needs for IT upgrades and physical infrastructure improvements to adequately serve their patient populations.

Uncompensated Care in South Carolina (A.3)

Uncompensated care in South Carolina exceeds the standard benchmark of 3–4%, primarily due to patients’ inability to pay. As of 2020, total uncompensated care was \$857 million with 5.4% of hospital operating expenses as uncompensated.^{xxi} These financial barriers are especially pronounced in rural areas, where healthcare costs tend to be higher than in urban settings.

Percent of South Carolina in Rural Areas (A.4)

32.6% of South Carolinians reside in rural areas,^{xxii} exceeding the national average of less than 20%.

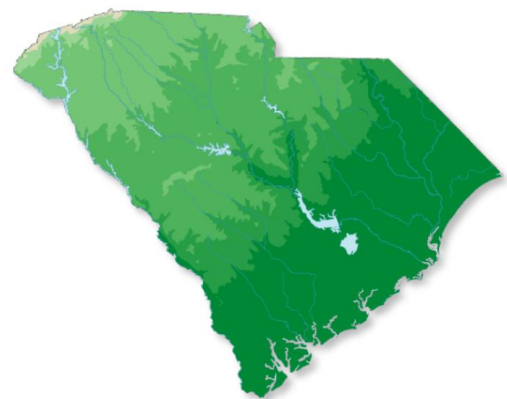
Frontier Metrics in South Carolina (A.5)

While South Carolina has rural areas, it does not have frontier areas according to federal definitions. The lowest-density counties (Allendale, McCormick, Jasper, and Williamsburg) have approximately 19-43 people per square mile.

Total State Area in South Carolina (A.6)

At 32,895 square miles, the vast majority of South Carolina's geography is land, with water bodies comprising only about 8% of the state's total area.^{xxiii} The state features a diverse landscape as shown in the topographical map in **Figure 4**, from the rugged Blue Ridge Mountains in the northwestern corner, to the rolling hills of the Northeast, which gradually transition into the Atlantic Coastal Plain, characterized by gentle slopes, sandy soils, swamps, and estuarine ecosystems.

Figure 4: Landscape of South Carolina



Hospitals Receiving Medicaid DSH Payments in South Carolina (A.7)

Out of 101 hospitals in South Carolina, 18 (about 18%) receive Medicaid Disproportionate Share Hospital (DSH) payments to help offset the high levels of uncompensated.^{xxiv} Most DSH hospitals are safety-net or public hospitals serving high Medicaid/low-income populations, including MUSC Medical Center, McLeod Health, and Prisma Health Hospitals among others.

Data-Driven Technical Score Factors

While technical score factors are weaved into initiatives and state policy actions in forthcoming sections, data-driven factors for E.2 and F.2 are below. South Carolina remains committed to supporting dual eligibles and high-quality data infrastructure:

Individuals Dually Eligible for Medicare and Medicaid (E.2)

According to the most recent Medicare Monthly Enrollment Data (June 2025) available on data.cms.gov, South Carolina had a total of 184,475 dually eligible Medicare-Medicaid beneficiaries in 2024. Of these, 152,924 were full dual eligibles, while 31,551 were partial duals. Developing a targeted plan to transition this population into Medicaid Managed Care is included as an initiative activity.

Data Infrastructure (F.2)

As of June 30, 2025, SCDHHS is one of 43 state Medicaid agencies that have met the targets for Critical Priority, High Priority, and Expenditures in the T-MSIS Outcome-Based Assessments.

State Policy Actions

Current State

South Carolina has demonstrated a longstanding commitment to ensuring sustainable access to high-quality healthcare for all residents, regardless of geographic location. State leadership has taken this responsibility seriously, convening ad hoc committees on rural health, engaging key stakeholders, gathering public input, and translating insights into meaningful legislative action and executive directives.

SNAP Waiver (B.3)

Recognizing the critical link between nutrition and chronic disease, state leaders have also taken bold steps to address the role of diet in long-term health outcomes, particularly in rural communities. Executive Order 2025-30 directed the South Carolina Department of Social Services (SCDSS) to apply for a Supplemental Nutrition Assistance Program (SNAP) waiver aimed at restricting the purchase of unhealthy foods. This initiative has received broad legislative support, as reflected in Senate Bill 589 and House Bill 4061. On September 23, 2025, South Carolina formally submitted the SNAP waiver request to limit the use of benefits on non-nutritious food items.

Certificate of Need (CON) (C.3)

In 2023, the South Carolina legislature passed Act 20 which marked a significant milestone, initiating the repeal of CON requirements for healthcare facilities, with full implementation set for 2027. Based upon this repeal, Cicero ranks South Carolina 22nd least restrictive, at 35 points.

Licensure Compacts (D.2) and Scope of Practice (D.3)

To expand access to care, South Carolina has enacted several measures aimed at strengthening the healthcare workforce. The state participates in the Nurse Licensure Compact, the Emergency Medical Services Compact, and the Psychology Interjurisdictional Compact, facilitating cross-state practice. Additionally, the scope of practice for dental hygienists has been expanded to include the administration of local anesthesia, application of sealants, and direct access to prophylaxis services.

Short-Term Limited-Duration Insurance (STLDI) (E.3)

Short-Term Limited-Duration Insurance policies sold in South Carolina are subject to the requirements and restrictions in SC Bulletin 2018-08 (Appendix B). The 2018 Bulletin does not restrict STLDI plans beyond the latest federal guidance. SC Bulletin 2018-08 allows for longer initial issuance periods and longer total duration periods than the 2024 federal guidance. The maximum allowable initial term in SC is 11 months, and the total duration is limited to 33 months, whereas the federal definition of STLDI limits the length of the initial contract term to no more than 3 months and the maximum coverage period to no more than 4 months.

Remote Care Services (F.1)

SCDHHS also supports Medicaid reimbursement for remote care services, including live video, store-and-forward (with communication technology-based service (CTBS) restrictions), and remote patient monitoring. The state has established telehealth licensing and registration processes, along with exceptions to in-state licensure requirements to further enable access to virtual care.

State Policy Action Commitments

South Carolina remains steadfast in its commitment to ensuring sustainable access and opportunity for all communities across the state. In a unified effort, legislative leaders and the Governor have advanced policy actions aimed at improving health outcomes, particularly in rural areas, but with benefits that extend statewide.

Proposed Initiatives and Use of Funds

South Carolina is proposing five transformative quality initiatives under the RHT program that are designed to directly and meaningfully impact rural residents and communities across the state. These initiatives—*Connections to Care*, *Leveling Up*, *Wellness Within Reach*, *Shoring Up to Sustainability*, and *the Tech Catalyst Fund*—are strategically aligned with the RHT program’s five strategic goals: make rural America healthy again, sustainable access, workforce development, innovative care, and tech innovation. Each initiative reflects a commitment to evidence-based, outcomes-driven interventions that improve healthcare access, quality, and outcomes through system transformation.

Together, these initiatives represent a comprehensive and integrated approach to rural health transformation, addressing nine of the statutorily approved uses of funds, including prevention and chronic disease management, workforce recruitment and retention, and consumer-facing technology solutions. South Carolina’s plan emphasizes innovation, strategic partnerships, infrastructure development, and workforce investment to ensure every initiative factor is addressed. Through this approach, the state seeks to build a resilient, sustainable rural healthcare ecosystem that delivers measurable improvements in health outcomes and long-term value for its rural populations. Ms. Collette, introduced in **Figure 2**, is not one individual, but a composite

profile illustrating the real challenges impacting rural South Carolinians. South Carolina’s application will explain how this funding can be used, through these initiatives and the projects that comprise them, to make real improvements for individuals like Ms. Collette.



Connections to Care – Expanding digital infrastructure by implementing electronic health records, remote patient monitoring, telehealth services and a statewide resource database platform to improve care coordination and access.

Description: Ensuring that rural residents have access to care and that rural providers are equipped with modern technology is essential to building and sustaining a healthier South Carolina. While telehealth continues to gain traction as a tool to expand access, rural hospitals often lag behind their urban counterparts in adopting these solutions. Additionally, many rural areas face challenges with implementing electronic health record (EHR) systems, contributing to disparities in care coordination and operational efficiency. These technologies can help rural providers reduce the per unit cost of delivering care, thereby making them more sustainable in the long term. This modernization also includes patient-facing technology upgrades, such as remote patient monitoring, telehealth, and assistive technology tools. For Ms. Collette, having blood pressure monitoring tools at home that her doctor can monitor remotely means avoiding costly and time-consuming hospital stays when she falls after her blood pressure drops too low. To close these gaps and promote quality healthcare access across both rural and urban communities, South Carolina will invest in telehealth, digital tools, and statewide IT modernization through the following activities:

- **Provider Technology Systems:** Implementing and enhancing technology systems in rural facilities will improve care coordination, reduce administrative burden, and support data-driven decision-making. Replacing outdated EHR systems and upgrading current systems across rural provider networks will allow for increased communication and expediency. This can include purchasing modular components, such as AI-Enabled tools that increase integration and automation and upgrading or purchasing systems enhancing cybersecurity capabilities. RHT funds will cover one-time costs for EHR adoption, updates and additions across rural practices, hospitals, and state agencies, including behavioral health providers and nontraditional centers of care.

Examples of funding include:

- *Assisting health care entities in transitions from a paper-based system to a fully electronic medical record system with integrated modules, to improve interoperability, reduce duplication, and support value-based care, as well as to improve care coordination and streamline admissions*
 - *Implementing a patient-facing digital intake platform in rural clinics to streamline documentation and identify drivers of health outcomes at the point of care*
- **Remote Patient Monitoring (RPM) and Assistive Technology:** RPM and assistive technology tools enable healthcare providers to track patients' health in real time, enhancing chronic disease management, improving post-discharge care, and supporting greater independence for individuals with developmental disabilities. RHT funds will support the purchase of devices and technology for use in rural communities. These investments also include the necessary infrastructure to ensure providers can receive and

act on this data, including the establishment of monitoring stations or centralized hubs, as well as training and technical assistance.

Examples of funding include:

- *Purchasing standards-based (to promote interoperability) RPM equipment for diabetes, hypertension, COPD, and heart disease patients, and the monitoring infrastructure for providers, with staff support for monitoring and troubleshooting*
- **Telehealth Expansion in Rural Hospitals and Schools:** Telehealth increases access to primary, specialty, and behavioral health services while reducing transportation barriers. RHT funds will support equipment purchases, IT upgrades, and training for providers and school staff to expand telehealth capacity in rural areas.

Examples of funding include:

- *Partnering with rural school districts to implement and expand telehealth services, through infrastructure, training, and technical assistance*
- *Ensuring accessibility of telehealth platforms for individuals with intellectual and developmental disabilities*
- *Purchasing tele-ICU equipment for rural hospitals to connect with a larger ‘command center’ for expert treatment and care management*
- **Statewide Resource Database:** While urban areas often have consolidated information about healthcare access points and community-based support, rural areas lack integrated resource information, preventing citizens from availing themselves of the services available to them. A resource database will connect rural individuals to essential services like food, housing, and transportation, in addition to information about healthcare. This

platform will improve care coordination and generate data to guide future investments. RHT funds will support statewide development and implementation.

Examples of funding include:

- *A statewide virtual engagement platform that connects rural individuals with available resources in their area*
- **Digital Literacy:** Individuals in rural areas are often less confident in and less likely to engage in digital health technologies. RHT funds will support training and technical assistance for both patients and providers to build confidence in using digital health tools, and to sustainably integrate them into clinical practice and care delivery workflows, therefore improving engagement and outcomes in rural communities.

Examples of funding include:

- *Train and deploy rural health care workers as digital health navigators to help patients access and use telehealth services confidently*

Main strategic goal: Innovative Care, Tech Innovation, Sustainable Access

Use of funds: A, C, D, F, G, H, J, K

Technical score factors: B.1, C.1, F.1, F.2, F.3

Key stakeholders: Rural health clinics, public schools located in rural counties, community-based organizations with an emphasis on those serving rural populations, rural community members

Outcomes:

- Establish a baseline for measurement of the number of rural healthcare providers using certified EHR technology that supports interoperability and increase usage over the course of the cooperative funding agreement
- Establish a baseline for telehealth service offerings, and increase the proportion of healthcare facilities offering telehealth services (e.g., video visits, remote consults) by 15%
- Increase the number of patients enrolled in RPM programs or utilizing assistive technology
- Establish and operationalize a statewide resource database, increasing the number of closed-loop referrals to state and community-based organizations by at least 50%

Impacted Counties: All counties

Estimated Required Funding: \$300 million

Sustainability: RHT program funding will be used to cover one-time investments in IT infrastructure, such as equipment installation, system enhancements, user training and technical assistance, that are often financially out of reach for hospitals, clinics, and community-based organizations.

By addressing these upfront barriers, South Carolina is enabling providers to implement long-lasting and sustainable improvements in patient care and care coordination. Once installed, these systems require minimal ongoing maintenance, which can be absorbed into existing operational budgets and workflows. This approach ensures that:

- Initial investments lead to durable infrastructure improvements;
- Ongoing costs remain manageable, supporting long-term use without additional grant funding;
- Providers are equipped with the tools and training needed to sustain improvements independently; and
- Health IT upgrades are integrated into routine operations, reducing reliance on external support.

By focusing on scalable, standards-based, cost-effective solutions, this strategy promotes sustained impact beyond the life of the grant.



Leveling Up – Scaling successful pilot programs statewide, focusing on chronic disease management, pediatric care quality, and workforce development.

Description: South Carolina has long invested in piloting and implementing innovative strategies to improve health outcomes and expand access to care. Providers, advocates, and community leaders have historically focused on targeted efforts that have often centered on chronic disease management, quality improvement, and expansion of access for underserved populations. While these initiatives have yielded measurable success, limited resources have prevented many from being scaled statewide. As a result, rural communities are often the last to benefit from promising models. Table 1 and Table 2 highlight some of these initiatives that could be expanded using RHT funding to reach and impact rural communities. These projects may need to be adjusted for success given the specific needs of rural communities. Small, rural hospitals may not be able to sustain a residency program alone, but individuals like Ms. Collette

would benefit from a partnership that establishes an external clinical rotation that brings talented residents to her local hospital.

This initiative leverages this once-in-a-generation funding opportunity to ensure the success of these innovative strategies reach the state's rural communities as well. South Carolina will focus on scaling proven, high-impact projects, ensuring that successful approaches reach residents statewide. Initial activities may include:

- **Enhancing Graduate Medical Education (GME) Programs:** Provide one-time funding to modernize and expand existing GME programs through infrastructure upgrades that enhance teaching capabilities and support rural training experiences. Investments may include hospital-based improvements and innovative solutions, such as housing for medical residents completing rural out-rotations, ensuring future providers are well-prepared to serve in underserved communities. Participation in these programs will require a five-year commitment to serve rural communities.

Examples of funding include:

- *Providing funding to enhance the equipment used for rural GME programs, such as robotic surgery, to augment and diversify the knowledge base of rural physicians*
 - *Incorporating a rural education component into existing programs through partnerships with rural hospitals, including nutrition education due to the prevalence of diet-related diseases in rural areas*
- **Scaling Proven Pilots:** Taking successful local or regional programs, such as care coordination models or school mental health programs, and expanding them statewide.

Examples of funding include:

- *Mental Wellness Through Schools Expansion: Scaling the successful school-based behavioral health model to additional school districts that serve the rural population, ensuring early identification of students' mental health needs and timely connection to appropriate supports.*
 - *Support school districts that serve the rural population in adopting the model by highlighting its impact on student well-being, academic performance, and long-term outcomes.*
- *Pediatric Quality Program Expansion: Extending the successful Quality through Technology and Innovation Program (QTIP) to additional rural providers, ensuring that children in underserved communities receive high-quality pediatric care.*
 - *Incentivize additional rural practices that serve the pediatric population to participate in QTIP program which has demonstrated proven successes in increases pediatric quality of care*
 - *Create a QTIP model for other provider groups, such as pediatric dentists*
- **Needs Assessments:** Conducting comprehensive assessments to identify gaps in access, infrastructure, and services, ensuring future investments are data-driven and sustainable.

Examples of funding include:

- *Conducting a rural needs assessment for each of the initiatives proposed in the application to strategically fund future grant cycles*

- *Contracting with an entity with knowledge of the population dually eligible for Medicare and Medicaid to provide a plan for transitioning this population into Medicaid Managed Care*
- **Chronic Disease Program Expansion:** Building on existing chronic care initiatives that have demonstrated improved outcomes in sickle-cell, diabetes, hypertension, and other high-burden conditions.

Examples of funding include:

- *Expanding upon existing innovative sickle cell treatment centers, establish a statewide access strategy with regional pain centers, gene therapy and transplant coordination, and tele specialty care, plus training for primary care and screening*

Main Strategic Goal: Make Rural America Healthy Again, Workforce Development

Use of Funds: A, D, E, G, H, K

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

Key Stakeholders: Rural hospitals, clinics, State agencies, community-based programs, schools, associations, rural community members

Outcomes:

- Complete a comprehensive community health needs assessment, inclusive of data collection, stakeholder engagement, and publication of a final report
- Increase the number of providers participating in pediatric care quality programs by 15%

- Increase the number of locations where a patient can receive treatment as part of a coordinated chronic care system
- Increase the number of GME programs including a rural education component

Impacted Counties: All counties

Estimated Required Funding: \$175 million

Sustainability: RHT funding will be used to cover one-time implementation costs for targeted, high-impact interventions. These upfront investments address a common barrier to scaling, the lack of capital, which inhibits them from having the capability to successfully achieve the expected project or program outcomes.

By using funds to launch or expand interventions that are designed to be embedded into existing operations and community infrastructure, South Carolina is ensuring that these efforts can be sustained over time without ongoing external support. Once established, these programs are expected to operate within existing budgets, staffing models, and workflows, making them both scalable and durable.

This approach ensures that RHT investments lead to lasting improvements in care delivery, access, and health outcomes across the state.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK



Wellness Within Reach – Deploying mobile health units, crisis response teams, and pop-up clinics to bring care directly to underserved populations.

Description: Rural South Carolina communities face persistent health inequities driven by social and economic barriers such as limited transportation, food insecurity, housing instability, and low health literacy. These challenges contribute to poorer outcomes, higher costs, and preventable hospitalizations. It is paramount to the health of the state that rural South Carolinians can receive high-quality care close to home. The modalities of care may be nontraditional, such as seasonal clinics or mobile units, but the importance of mechanisms that allow individuals to see a health care provider face-to-face cannot be understated.

While technology expands access, the state recognizes the need to bring care directly to communities. Although Ms. Collette’s chronic conditions may be well-managed through telehealth and RPM, she feels a lump in her breast and knows her daughter is unable to coordinate a time to take her to an appointment. The mobile mammography unit scheduled to be in town next week makes it possible for her to get screened in her own community. This initiative will strengthen rural health systems by expanding community-based access points and addressing transportation and location-based barriers through the following activities:

- **Mobile Crisis Response:** Mobile teams provide on-site behavioral and mental health support, reducing hospitalizations and improving outcomes for individuals in crisis. RHT funds will expand these services in rural counties through new unit acquisition.

Examples of funding include:

- *Funding additional behavioral health mobile crisis vehicles operated by SC Office of Mental Health to lower the mobile crisis response times in rural areas of the state*

- **Expand Community Care Sites:** To extend the reach of South Carolina’s healthcare system, RHT funds will support the development of new care delivery sites, including permanent clinics, seasonal pop-ups, mobile vans, and intermittent service locations. These flexible, community-embedded access points will offer primary and preventive care in underserved areas. Funding will support equipment purchases, renovation of underutilized spaces, and infrastructure enhancements to ensure high-quality care is available where it’s needed most.

Examples of funding include:

- *Providing equipment and supplies for seasonal pop-up clinics in rural areas*
- *Purchasing additional mobile health units that provide specialized care, such as mobile CT units, to rural areas*

- **Emergency Medical Services:** A community paramedicine program can deploy specially trained paramedics to provide preventive care, chronic disease monitoring, and post-discharge follow-up in rural areas. This model reduces unnecessary emergency department visits and hospital re-admissions while bringing care directly to patients’ homes or local community hubs.

Examples of funding include:

- *Funding equipment, training and technology upgrades for existing EMS units to provide care in the community*

- *Engage external technical assistance to complete a feasibility study on sustainable payment models for community paramedicine*
- **Community-Based Health Kiosks:** Health kiosks provide 24/7 access to screenings, prescription dispensing, and test kits, especially for individuals not regularly engaged with the healthcare system. RHT funds will support kiosk installation at key community locations.

Examples of funding include:

- *Fund the equipment and supplies costs to establish a 24-hour pharmacy kiosk that distributes necessary medications in rural healthcare locations*

Main Strategic Goal: Make Rural American Healthy Again, Innovative Care

Use of Funds: A, G, H, J

Technical Score Factor: B.1, B.2, C.2

Key Stakeholders: Hospitals, rural health clinics, federally qualified health centers, primary care clinics, pharmacies, emergency medical services, community-based organizations, rural residents

Outcomes:

- Increase number of healthcare access points
- Expand mobile health unit coverage in rural counties
- Increase the number of mobile crisis response teams
 - Establish a baseline for mobile unit crisis response time and reduce the average response time

- Complete a feasibility study on sustainable payment models for community paramedicine

Impacted Counties: All counties

Estimated Required Funding: \$250 million

Sustainability: RHT program funding will be used to cover one-time capital investments, such as the purchase or replacement of mobile units, vehicles, and essential equipment, as well as initial training and implementation support. These upfront costs are often a major barrier for hospitals, clinics, and community-based organizations, particularly in rural areas where capital is limited.

By using RHT funds to remove these financial barriers, South Carolina is enabling providers to:

- Expand or sustain services that align with their existing operational budgets and staffing models;
- Integrate new tools and workflows into day-to-day operations, ensuring long-term use without ongoing grant support;
- Build internal capacity through training and technical assistance, reducing reliance on external vendors or consultants; and
- Maximize return on investment by targeting interventions that are cost-effective, scalable, and aligned with community needs.

This approach ensures that once the initial investment is made, the services and infrastructure can be maintained and scaled using existing resources. It also supports organizational resilience, allowing providers to adapt and grow without needing continuous external funding.

By focusing on durable infrastructure, workforce readiness, and operational integration, this sustainability strategy positions South Carolina to achieve lasting impact well beyond the life of the RHT program.



Shoring Up to Sustainability – Strengthening rural healthcare systems through targeted investments in workforce recruitment and retention, facility upgrades, and provider training.

Description: South Carolina’s rural health system is at a critical juncture. Persistent provider shortages, aging infrastructure, and limited financial resources have left many rural hospitals and clinics struggling to meet the needs of their communities. In recent years, several facilities have closed, and many others operate on razor-thin margins, unable to invest in the upgrades or workforce needed to sustain long-term operations. These challenges are compounded by a disproportionate distribution of healthcare professionals, particularly in primary care, OB/GYN, and behavioral health, and a growing demand for services in underserved areas.

To reverse these trends and build a more resilient rural health system, South Carolina will make targeted, strategic investments in workforce development, training, and infrastructure. This initiative aims to stabilize and strengthen rural healthcare delivery, ensuring that communities across the state have access to high-quality, sustainable care for generations to come. For Ms. Collette, this means when she goes to her local, rural hospital, the facilities have had minor renovations to keep her safe, and there are sufficient staff to provide her with the necessary care. This effort will address provider shortages, improve chronic disease management and health outcomes, and create lasting access to care through the following activities:

- **Healthcare Workforce Grants:** Rural facilities face persistent challenges in recruiting and retaining providers. RHT funds will support a grant program offering incentives such as signing bonuses for rural practitioners building on the successes of the South Carolina Area Health Education Consortium (AHEC) model.

Examples of funding include:

- *Expand programs that have increased rural practitioners with additional funding*
 - *Fund rural health care organizations to provide one-time signing bonuses to recruit quality providers with a five-year commitment*
- **Facility Enhancements:** Many rural hospitals and clinics require basic infrastructure upgrades, such as HVAC, electrical systems, and equipment replacements to maintain safe, high-quality care. RHT funds will support minor alterations and renovations that enhance the functionality of the facility, improving service delivery and patient experience.

Examples of funding include:

- *Facilities with low inpatient utilization deciding to convert to Rural Emergency Hospitals to become financially stable may utilize funding to repurpose existing inpatient rooms to expand emergency, observation, or similar services*
- **Masterclass Training Series:** South Carolina leveraged state funding to prevent rural hospital closures by incentivizing the inclusion of these hospitals into existing systems. In many instances, these systems were able to come in and impart business practices that maximized the financial sustainability of these smaller hospitals. South Carolina learned through this initiative that often, small, rural hospitals and other providers lack the business development, billing, and finance expertise to adapt to changing times and

consumer needs. RHT program funds will be used to develop strategic partnerships and collaboratives for providers, leveraging the expertise of successful practitioners, familiar with South Carolina’s rural healthcare landscape, to expand and create institutional knowledge for rural providers.

Examples of funding include:

- *Create a partnership between a large hospital system and a nearby independent, rural hospital for assistance in developing a strategic plan*
- *Where innovative models are being expanded to rural communities, such as partnerships between rural family medicine physicians and OB/GYNs to create a prenatal care network, form a provider collaborative to assist new entities with planning and implementation*
- **Upskilling Workforce:** Rural counties across South Carolina continue to face severe shortages in primary care, OB/GYN, and mental health services, compounded by high levels of clinician burnout. Expanding the skill sets of existing healthcare professionals offers a practical solution to strengthen care coordination, health education, and access to social services, with a 5-year service commitment. RHT funds will be used to support targeted training programs that enhance workforce capacity and drive improved health outcomes in underserved communities, including innovative solutions to combat clinician burnout to retain practitioners.

Examples of funding include:

- *Provide funding for Community Health Worker training programs that focus on training current healthcare professionals such as pharmacy technicians*

- *Expand programs supporting training for non-clinical hospital staff in good standing to gain certifications such as Certified Medical Assistant*
- **Building Tomorrow's Workforce:** The workforce that supports healthcare quality and access is not limited to doctors and nurses. Skilled professionals are needed with varying educational backgrounds to ensure sufficient staffing and access to care in rural communities. RHT funds will support building programs that create a pipeline for individuals to enter the diverse career fields that support the healthcare system, through partnerships with high schools, technical colleges, and universities.

Examples of funding include:

- *Fund technology and infrastructure for rural high schools to expand life sciences programming to advance interest in and knowledge of health career pathways*

Main Strategic Goal: Workforce Development, Make Rural America Healthy Again, Innovative Care

Use of Funds: A, D, E, G, H, I, J, K

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

Key Stakeholders: Hospitals, rural health clinics, FQHCs, universities, technical colleges, high-schools, associations, licensing boards, rural residents

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

Outcomes:

- Implement or enhance workforce incentive programs
- Establish a baseline and annual metrics for improving clinician retention rates in rural areas
- Through community partners, develop and launch masterclass sessions
- Develop and deploy new or updated training programs for rural healthcare providers

Impacted Counties: All counties**Estimated Required Funding:** \$150 million

Sustainability: RHT program funding will support one-time investments in provider recruitment, retention, training, and critical facility upgrades, including equipment and infrastructure improvements. These upfront costs are often a major barrier for healthcare facilities, which may lack the capital or capacity to expand services on their own.

By covering these initial expenses, South Carolina is removing financial and operational barriers, enabling healthcare facilities to sustain and scale services that align with their existing budgets, staffing models, and workflows. The improved operational efficiency of automation and centralization will lead to lower time and labor costs, reducing per unit costs of care. This increased efficiency and efficacy will also enhance patient trust, reducing bypass of rural hospitals. Preventing this revenue bleed will allow these providers to reinvest in themselves, to fund the service lines their communities need that also create financial sustainability. This approach ensures that once established, services can be maintained without ongoing grant support, promoting long-term viability and impact across rural communities.



Tech Catalyst Fund – Supporting rural health technology startups and community-based innovations to drive long-term health and economic improvements.

Description: The Tech Catalyst Fund is a strategic, \$25 million initiative designed to accelerate innovation by supporting rural health tech startups and community-driven solutions that improve chronic disease management and health outcomes across South Carolina. This initiative will focus on promoting consumer-facing, technology-driven solutions, for which traditional government funding sources and private commercial incentives have proven inadequate or insufficient to drive development and innovation. By investing in local entrepreneurs and scalable technologies, this initiative will spark a cycle of health improvement, workforce development, and economic growth across rural South Carolina.

To ensure the Tech Catalyst Fund is implemented with maximum efficiency and impact, South Carolina will partner with the South Carolina Research Authority (SCRA). SCRA is a state-chartered entity that has a 40-year track record of building South Carolina's technology and innovation ecosystem. Chartered in 1983 by the South Carolina legislature, SCRA generated a \$1.33 billion economic impact in 2024, supporting 6,620 jobs and helping startup companies attract \$2.92 billion in follow-on funding. This partnership is a force multiplier. SCRA provides the infrastructure, additional non-dilutive seed funding, and business guidance to accelerate health-focused innovation, ensuring that the \$25 million Tech Catalyst Fund is channeled through a high-impact, established pipeline. To ensure full compliance with the RHT Program and federal grant regulations, the \$25 million TCF funding will be used exclusively for allowable costs, which include non-dilutive grants, technical assistance, and program administration.

The initiative will focus on three core goals:

- **Fuel Health Tech Startups:** SCRA will utilize its proven due diligence process to identify and scale high-potential ventures, offering non-dilutive grants (funded by RHT).
- **Strengthen Community Solutions:** Support local innovators integrating technology with cultural, social, and economic assets unique to rural settings.
- **Catalyze Rural Economic Development:** By leveraging SCRA's diligence process, the Tech Catalyst Fund is projected to attract significant follow-on funding, creating high-wage jobs with salaries 71% above the state average, and establishing SC as a premier health tech hub.

Main Strategic Goal: Tech Innovation

Use of Funds: A, C, F

Technical Score Factors: F.3

Key Stakeholders: Health systems, patients and consumers, academic institutions, private investors and venture capital firms, tech industry, state government entities

Outcomes:

- Increase the number of rural health tech start-ups receiving funding in South Carolina
- Increase high-wage jobs created by funded companies
- Improve clinical health indicators (e.g., A1C levels for diabetes, blood pressure control) for patients utilizing funded innovations
- Increase the number of rural patients utilizing telehealth or remote monitoring services provided by funded companies

Impacted Counties: All counties

Estimated Required Funding: \$25 million

Sustainability: This initiative will drive sustainable impact at the intersection of health, technology, and rural development. By investing in innovation, South Carolina is not only addressing immediate health challenges but also laying the groundwork for long-term resilience through:

- Workforce and skills development that equips communities with the tools to adapt and thrive in a digital health economy;
- Entrepreneurial pipelines that foster local talent and create new business opportunities rooted in community needs; and
- Reinvestment strategies that keep economic gains local, fueling continued growth and innovation.

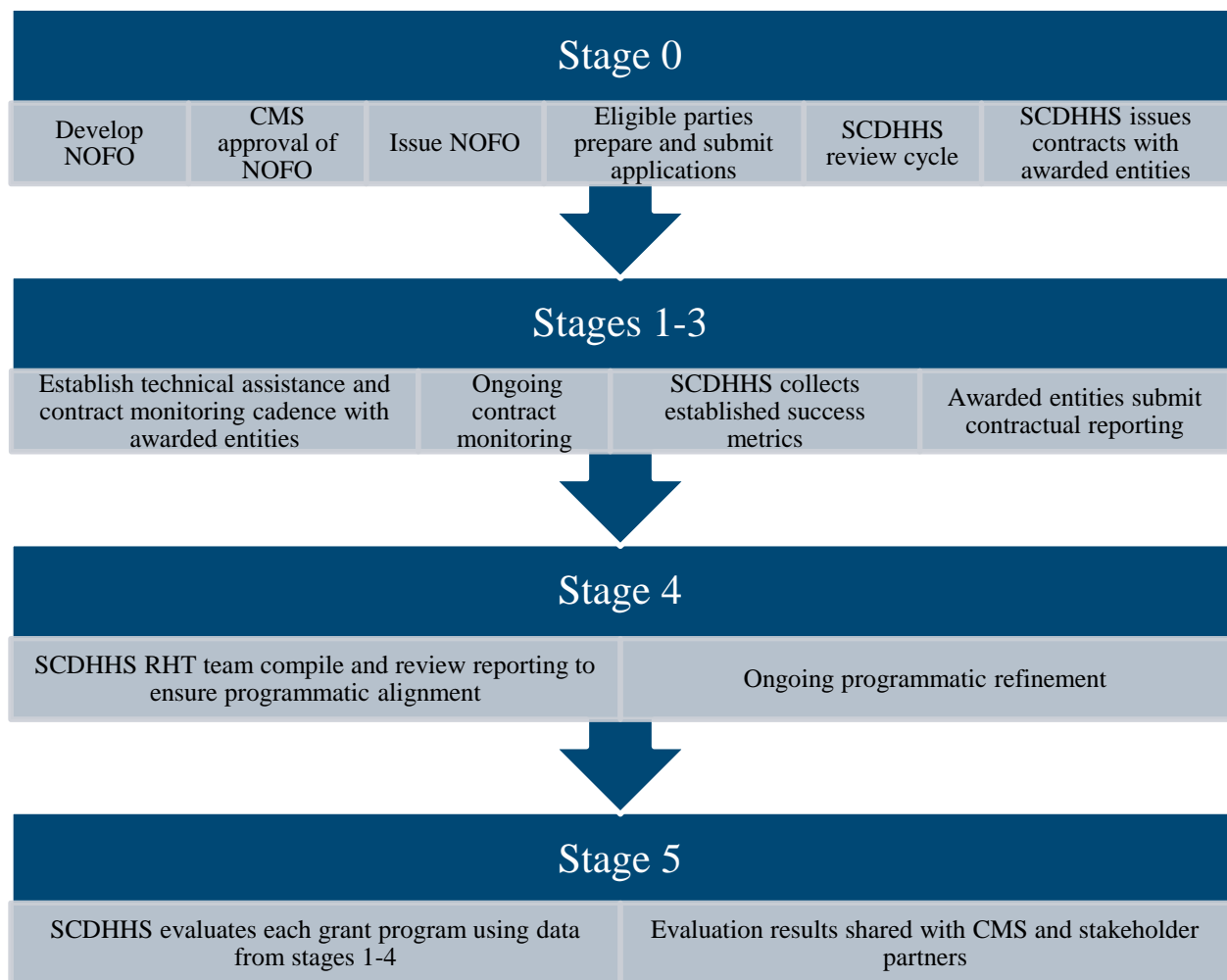
As rural communities build digital capacity, they will improve health outcomes, diversify local economies, reduce outmigration, and strengthen community identity and pride of place. This approach ensures that innovation is not a one-time intervention, but a self-sustaining engine for health and economic vitality.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

Implementation Plan and Timeline

To operationalize the initiatives outlined in this plan, the state will launch four targeted grant programs—*Connections to Care*, *Leveling Up*, *Wellness Within Reach*, and *Shoring Up to Sustainability*—across five annual grant cycles spanning FFY2026 to FFY2030. These programs will enable the state to contract with healthcare facilities, community-based organizations, academic institutions, and other eligible entities to implement projects aligned with the goals of each initiative. As illustrated in **Figure 5**, SCDHHS envisions the fourteen milestones for each of the five grant cycles.

Figure 5: Proposed SCDHHS-Issued Grant Cycle Stages



Building on the success of previous efforts, such as the issuance of more than \$305 million in state-funded grants since 2023, SCDHHS will utilize its established grant infrastructure to administer these programs. Each grant opportunity will clearly outline initiative-specific goals, expected outcomes, and allowable uses of funds.

At a minimum, applicants will be required to submit for each initiative:

- A detailed scope of work and timeline;
- A monitoring and evaluation plan with key performance indicators;
- Data to justify the proposed need;
- A comprehensive budget; and
- A sustainability plan.

All applications will be reviewed using standardized evaluation criteria established by SCDHHS and in alignment with RHT goals and guidelines. Awardees will be required to engage in regular technical assistance and monitoring activities to ensure compliance with all federal funding requirements. Additional deliverables may be requested to support transparency and outcome tracking.

In parallel, the Tech Catalyst Fund will follow a similar funding structure, with the added support of a tech incubator and a cross-sector advisory board, which will guide the selection and funding of innovative, technology-driven solutions through a competitive seed funding process.

Table 3 describes South Carolina’s proposed recurring annual activities. Table 4 provides a timeline for activities that South Carolina expects to be nonrecurring. This design seeks to ensure timely and strategic use of RHT funds in full compliance with CMS’ spending timeline and requirements. Recognizing the complexity of multi-year, multi-initiative activities, SCDHHS anticipates fluctuations and alterations to these timelines. SCDHHS will seek technical assistance from CMS to ensure strategic alignment in the implementation plan and timeline.

SCDHHS anticipates subsequent years of this cooperative agreement will be structured similarly to the implementation plan for year one, while allowing flexibility for tracking the advancement of each initiative. The proposed implementation plan and timeline for FY 2026 are included in **Table 3** below.

Table 3: SCDHHS Proposed Implementation Plan and Timeline: Annual Activities

Stage	Initiative	Annual Activity	Year 1 Anticipated Initiation	Year 1 Anticipated Completion	Stage Detail
Stage 0	Connections to Care	Stage 0 activities outlined in Figure 5	2026-01-01	2026-06-29	Grant Cycle
Stage 0	Wellness Within Reach	Stage 0 activities outlined in Figure 5	2026-01-01	2026-06-29	Grant Cycle
Stage 0	Leveling Up	Stage 0 activities outlined in Figure 5	2026-01-01	2026-06-29	Grant Cycle
Stage 0	Shoring Up to Sustainability	Stage 0 activities outlined in Figure 5	2026-01-01	2026-06-29	Grant Cycle
Stage 1-3	Tech Catalyst Fund	Develop seed funding opportunity in alignment with the Notice of Award (NoA) and with CMS approval	2026-03-31	2026-07-01	Programmatic
Stage 1-3	Tech Catalyst Fund	Announce the seed funding opportunity	2026-03-31	2026-07-01	Programmatic
Stage 1-3	Tech Catalyst Fund	Distribute seed funding to selected recipients	2026-03-31	2026-07-01	Programmatic

Stage 1-3	Tech Catalyst Fund	Initiate Quarterly Advisory Board Meetings	2026-03-31	2026-07-01	Programmatic
Stage 1-3	Connections to Care	Stage 1-3 activities outlined in Figure 5	2026-07-01	2026-12-31	Grant Cycle
Stage 1-3	Leveling Up	Stage 1-3 activities outlined in Figure 5	2026-07-01	2026-12-31	Grant Cycle
Stage 1-3	Wellness Within Reach	Stage 1-3 activities outlined in Figure 5	2026-07-01	2026-12-31	Grant Cycle
Stage 1-3	Shoring Up to Sustainability	Stage 1-3 activities outlined in Figure 5	2026-07-01	2026-12-31	Grant Cycle
Stage 4	Connections to Care	Stage 4 activities outlined in Figure 5	2026-10-01	2026-12-31	Grant Cycle
Stage 4	Wellness Within Reach	Stage 4 activities outlined in Figure 5	2026-10-01	2026-12-31	Grant Cycle
Stage 4	Leveling Up	Stage 4 activities outlined in Figure 5	2026-10-01	2026-12-31	Grant Cycle
Stage 4	Shoring Up to Sustainability	Stage 4 activities outlined in Figure 5	2026-10-01	2026-12-31	Grant Cycle

Table 4: SCDHHS Proposed Implementation Plan and Timeline: One-time Activities

Stage	Initiative	Activity	Anticipated Initiation	Anticipated Completion	Stage Detail
Stage 0	All	Establish All Baseline Data for Outcome Measurement and Benchmarking	2026-01-01	2026-12-31	Programmatic
Stage 0	Leveling Up	Assess rural landscape to identify practices interested in joining the pediatric quality program	2026-01-01	2026-03-31	Programmatic
Stage 0	Leveling Up	Develop requirements for a third-party vendor to support the transition of the dual population into integrated managed care plans	2026-01-01	2026-03-31	Programmatic
Stage 1-3	Leveling Up	Award contracts to rural practices that meet pediatric quality program requirements	2026-01-01	2026-03-31	Programmatic
Stage 1-3	Leveling Up	Issue contract with third-party vendor for the development of targeted transition plan for the dual population	2026-01-01	2026-03-31	Programmatic
Stage 1-3	Leveling Up	Third-party begins alignment of internal systems and policies to support dual transition	2026-01-01	2026-07-01	Programmatic

Stage 0	Wellness Within Reach	SCDHHS engages third party vendor to develop scope of work for community paramedicine feasibility study	2026-01-01	2026-12-31	Programmatic
Stage 0	Tech Catalyst Fund	Develop project charter, goals, and selection criteria for Advisory Board	2026-01-01	2026-03-31	Programmatic
Stage 1-3	Tech Catalyst Fund	Select Advisory Board participants	2026-01-01	2026-03-31	Programmatic
Stage 0	All	Hire SCRHT Program Staff	2026-01-01	2026-03-31	Programmatic
Stage 0	Leveling Up	Engage third party vendor to design and conduct rural needs assessment	2026-01-01	2026-12-31	Programmatic
Stage 1-3	Leveling Up	Monitor rural practices in the pediatric quality program through data reports and technical assistance	2026-07-01	2026-12-31	Programmatic
Stage 4	Leveling Up	Third-party vendor assists in phased transition of the dual population into integrated managed care plans and monitors outcomes	2026-07-01	2026-12-31	Programmatic

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

Project Management Structure

To ensure the successful implementation and long-term sustainability of South Carolina’s RHT program, SCDHHS will establish a dedicated, multidisciplinary team by Cycle 1, FY2026. This office will be fully staffed with eight full-time employees (FTEs), each with clearly defined roles and responsibilities aligned to the program’s five core initiatives.

Staffing Plan

RHT Program Director (1 FTE)

This role will provide executive leadership and strategic oversight for the RHT program, serving as the primary liaison to CMS and other federal partners. The project director will ensure alignment with state health priorities and oversee cross-initiative coordination.

RHT Program Data Analyst (1 FTE)

This role will be responsible for data integration, performance measurement, and outcome tracking across all initiatives. The data analyst will support data-driven decision-making and ensure timely submission of required data to CMS.

RHT Program Fiscal Analyst (1 FTE)

This role will manage all financial aspects of the grant, including budget tracking, expenditure monitoring, and fiscal reporting. The grant fiscal analyst will ensure compliance with federal grant management standards and supports audit readiness.

RHT Program Coordinators (4 FTEs)

This role will be assigned across the five RHT initiatives. These coordinators will manage day-to-day operations, vendor relationships, and implementation timelines. They will also facilitate stakeholder engagement and ensure initiative-specific deliverables and outcomes are met.

RHT Program Contracts Monitor (1 FTE)

This role will oversee grant application processes, vendor performance, and contract compliance. The contracts monitor will ensure that all third-party engagements meet state and federal requirements and are aligned with program goals.

Governance and Strategic Support

External Compliance and Reporting Partner

By Cycle 1, FY2026, SCDHHS will engage a qualified external firm with expertise in federal grant compliance, performance monitoring, and reporting. This partner will support the team in meeting CMS reporting requirements, conducting internal audits, and ensuring adherence to all programmatic and fiscal obligations.

Stakeholder Engagement Plan

South Carolina will build on a strong foundation of stakeholder engagement infrastructure to involve rural stakeholders in carrying out these initiatives. South Carolina has a highly rural population with distinct health needs requiring continuous engagement between stakeholders who play a role in ensuring care provision for our communities. As noted earlier in the application, SCDHHS is engaged in a multitude of statewide collaboratives. SCDHHS maintains an open-door policy for providers, with many entities holding recurring, quarterly check-ins, to

ensure the state is aware of any issues and abreast of new innovations and ideas. Legislative and gubernatorial officials regularly meet with providers, associations, community-based organizations, advocates, and individuals, in addition to regular meetings with cabinet agencies. This approach, whereby state and SCDHHS leadership maintain continuous contact and open lines of communication, prevents siloing between policymakers in the more urban areas and rural patients, providers, and communities.

The South Carolina Rural Health Transformation Plan is driven by the significant work the state of South Carolina has engaged in for decades dedicated to rural health. The wants and needs of rural South Carolinians have always been central to the mission of improving rural health in the state. Beyond the aforementioned rural health efforts anchored at SCDHHS, a few of the statewide actions which have put the needs of rural communities at the forefront include:

- Certificate of Need (CON) Rural Healthcare Study Committee: Following the repeal of Certificate of Need laws, the Legislature launched a statewide listening tour in rural areas to understand the impact on healthcare access.
- The South Carolina Rural Health Action Plan: Led by the SC Office of Rural Health, this cross-sector initiative developed targeted recommendations to address the root causes of poor rural health.
- South Carolina Public Health Delivery and Organization Study: A comprehensive review of state-led healthcare delivery identified opportunities to improve outcomes, with a focus on high-need rural populations.
- South Carolina Rural Hospital Transformation Fund: A \$40 million investment to support partnerships between large health systems and struggling rural hospitals to prevent closures.

- **Telehealth Innovation:** The SC Telehealth Alliance and MUSC Center for Telehealth expanded access to care through telemedicine in rural and underserved areas.
- **South Carolina Broadband Office:** Established to coordinate broadband expansion, especially in isolated rural communities, to support healthcare access and connectivity.
- **South Carolina Area Health Education Consortium Rural Provider Incentive Grant Program:** A grant initiative to attract and retain healthcare providers in rural and underserved areas, with measurable success.

RHT Application Stakeholder Engagement

When the Working Families Tax Cut Act was signed into law, SCDHHS was able to immediately utilize the relationships, collaboration and existing stakeholder meetings to garner initial reactions and stakeholder feedback regarding this cooperative funding opportunity. These organizations provide valuable insight into the experiences of patients and providers alike and help to shape the state's vision.

South Carolina also began engaging in direct, targeted meetings beginning July 4, 2025, to gain greater insight and direct feedback needed to develop its approach to the RHT. This included meeting with the leadership of all the State's independent rural hospitals; visiting several rural hospitals (both independent and part of larger systems) to gain a firsthand understanding of day-to-day operations and challenges; group and individual meetings with stakeholders on the development of this project; and additional visits to other providers in rural areas to see where innovative solutions are being piloted. Meetings included the named partners identified in the

Governor’s endorsement letter, as well as other provider associations, nonprofits, and tribal representatives.

As part of South Carolina’s RHT application development, SCDHHS hosted a statewide stakeholder engagement webinar on Sept. 24, 2025, to introduce the program’s vision and highlight the transformative potential of this federal funding opportunity. Ahead of the session, SCDHHS launched a stakeholder input form, inviting participants to submit ideas and priorities for how the state could best utilize RHT resources.

The response was overwhelming with more than 350 proposals submitted. Nearly 94% of the feedback aligned directly with what would become the program’s five core initiatives: *Connections to Care*, *Leveling Up*, *Wellness Within Reach*, *Shoring Up to Sustainability*, and the *Tech Catalyst Fund*. The remaining suggestions largely involved costs deemed unallowable under CMS guidelines.

This engagement process was instrumental in shaping a community-informed, needs-driven application that reflects the voices of providers, patients, and partners across South Carolina’s rural landscape.

Moving Forward

SCDHHS will leverage established formal stakeholder engagement infrastructure to provide regular updates and gather meaningful feedback on the RHT program. By utilizing existing advisory bodies, SCDHHS will ensure that diverse perspectives, from providers to patients, are integrated into program planning, implementation, and evaluation. This approach stimulates meaningful, targeted conversations while also promoting efficiency. These key engagement touchpoints include:

- **Medicaid Advisory Council:** This council is composed of healthcare providers, community-based organizations, and representatives from key state agencies, including the South Carolina Department of Public Health, SCDHHS, the South Carolina Office of Rural Health, and leadership from the Catawba Tribe. It will serve as a vital forum for monitoring the progress of the RHT program, identifying operational challenges, and aligning policy and implementation efforts. Through this collaborative structure, council members will contribute valuable insights that support cross-sector coordination and ensure that rural health transformation efforts are both inclusive and effective.
- **Beneficiary Advisory Council:** Made up of Medicaid members and their caregivers, many of whom reside in rural communities, this council ensures that the voices of those most directly impacted by the RHT program are heard. Their lived experiences will inform program design, service delivery, and equity-focused improvements.
- **Master Plan Advisory Committee:** This cross-sector committee includes leaders from commercial health plans, healthcare systems, universities, and executive state leadership. It will play a key role in evaluating the broader economic and systemic impacts of RHT investments, particularly in rural areas, and advising on long-term sustainability strategies.
- **Provider Collaboratives:** SCDHHS actively engages with provider collaboratives such as the Birth Outcomes Initiative (BOI) and the Quality Through Innovation in Pediatrics (QTIP). These collaboratives bring together hospitals, providers, payers, and community organizations to drive quality improvement and innovation in care delivery. For example, BOI, South Carolina’s perinatal quality collaborative, includes more than 100 stakeholders working to improve maternal and infant health outcomes. Similarly, QTIP

supports pediatric primary care practices in implementing evidence-based strategies to enhance care quality and outcomes. These collaboratives serve as critical platforms for aligning RHT goals with ongoing quality improvement efforts, fostering innovation, and ensuring provider voices are central to transformation efforts.

In addition to leveraging existing advisory bodies, SCDHHS will implement structured, cycle-based feedback loops for each initiative to ensure continuous stakeholder input throughout the life of the RHT program. At the conclusion of each grant cycle, program staff will collect, analyze, and incorporate feedback from stakeholders to inform adaptive planning and responsive implementation.

To promote transparency and accountability, key performance indicators, milestones, and progress updates will be shared publicly through reports and stakeholder briefings. This approach not only fosters trust but also empowers stakeholders to remain actively engaged in shaping the program's direction in alignment with the strategic priorities outlined in this narrative.

Ultimately, stakeholder engagement is not a one-time activity but a foundational pillar of South Carolina's RHT strategy. By embedding inclusive, ongoing, and transparent engagement practices into every phase of the program, SCDHHS will ensure that the voices of rural communities, providers, and partners are central to the success and sustainability of rural health transformation across the state.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

Metrics and Evaluation Plan

In addition to the following overall programmatic goals, South Carolina has contemplated initiative specific metrics and evaluation plans.

- Improved chronic disease management and health outcomes
 - *Advance performance in all prevention and treatment Healthcare Effectiveness Data and Information Set (HEDIS) metrics for South Carolinians residing in rural communities demonstrated through independent comparative analysis*
- Enhanced provider capacity to deliver high-quality care
 - *Increase and expand efforts to recruit, train, and retain key healthcare professionals providing services in rural communities for a more robust and sustainable rural health workforce.*
 - *Improve the ratio of physicians to residents in rural areas by 10%*
 - *Establish a baseline and target for the number of new providers recruited to deliver telehealth in rural areas through affiliation agreements*
- Elevated provider and patient experience
 - *Advance performance in all Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey response metrics for South Carolinians residing in rural communities demonstrated through independent comparative analysis*
- Increased innovation, digital literacy, and adoption of best practices in rural health
 - *Establish a baseline for and increase the number of rural clinics implementing at least one new clinical best practice or care delivery model (e.g. chronic care management programs, remote monitoring, or team-based care)*

To evaluate success, South Carolina will strive for the following outcomes per initiative:

Connections to Care: Together these outcomes focus on the provider and patient experience that will be improved by IT enhancements. An improved provider and patient experience should also lead to improved management of chronic disease and health outcomes.

- Establish a baseline for measurement of the number of rural healthcare providers using certified EHR technology that supports interoperability and increase usage over the course of the cooperative funding agreement
- Establish a baseline for telehealth service offerings, and increase the proportion of healthcare facilities offering telehealth services (e.g., video visits, remote consults) by 15%
- Increase the number of patients enrolled in RPM programs or utilizing assistive technology
- Establish and operationalize a statewide resource database, increasing the number of closed-loop referrals to state and community-based organizations by at least 50%

Leveling Up: Together these outcomes focus on scaling what works so all South Carolinians may benefit.

- Complete a comprehensive community health needs assessment, inclusive of data collection, stakeholder engagement, and publication of a final report
- Increase the number of providers participating in pediatric care quality programs by 15%
- Increase the number of locations where a patient can receive treatment as part of a coordinated chronic care system
- Increase the number of GME programs including a rural education component

Wellness Within Reach: Together these outcomes focus on increasing access points to improve health indicators and overall patient wellness.

- Increase number of healthcare access points
- Expand mobile health unit coverage in rural counties
- Increase the number of mobile crisis response teams
 - Establish a baseline for mobile unit crisis response time and reduce the average response time
- Complete a feasibility study on sustainable payment models for community paramedicine

Shoring Up to Sustainability: Together these outcomes focus on providers' ability to care for their patients in a facility that is equipped to provide the services needed by rural communities.

- Implement or enhance workforce incentive programs
- Establish a baseline and annual metrics for improving clinician retention rates in rural areas
- Through community partners, develop and launch masterclass sessions
- Develop and deploy new or updated training programs for rural healthcare providers

Tech Catalyst Fund: Together these outcomes focus on investing in South Carolina's health tech start-up field. This will bolster innovation in support of improved patient outcomes, with the potential to bolster economic prosperity for the state.

- Increase the number of rural health tech start-ups receiving funding in South Carolina
- Increase high-wage jobs created by funded companies
- Improve clinical health indicators (e.g., A1C levels for diabetes, blood pressure control) for patients utilizing funded innovations

- Increase the number of rural patients utilizing telehealth or remote monitoring services provided by funded companies

To effectively monitor outcomes, the state will require all grantees to develop detailed monitoring plans that include key performance indicators, measurable targets, and implementation timelines tailored to the specific needs of their communities or counties. These plans will serve as the foundation for progress reporting, ensuring that grantees are accountable while also allowing for local flexibility in setting realistic and meaningful goals.

In addition to grantee-reported data, SCDHHS will leverage existing state and federal data systems to track clinical health indicators and other relevant metrics. This dual approach will enhance data accuracy and reduce reporting burden.

To support comprehensive evaluation and continuous improvement, SCDHHS will also engage an independent consulting firm to conduct a formal evaluation of the RHT program. This evaluation will assess both process and outcome measures, providing actionable insights to inform future policy and programmatic decisions.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

Sustainability Plan

South Carolina is embedding sustainability into the foundation of its healthcare transformation efforts. By leveraging one-time funding for high-impact, upfront investments, the state is proactively eliminating the structural and financial barriers that often hinder hospitals, clinics, and community-based organizations from modernizing and expanding their services.

Recognizing that transformative change requires significant resources, South Carolina will utilize funding for resources like advanced mobile health units, health IT infrastructure, and workforce incentives to bring care directly to underserved and rural populations.

These strategic investments are designed not only to improve access and quality of care in the short term but also to build long-term capacity within the healthcare system. By focusing on scalable, sustainable improvements, South Carolina is positioning its healthcare infrastructure to better prevent and manage chronic diseases, enhance maternal health outcomes, and support thriving, resilient communities.

This forward-thinking approach ensures that the benefits of RHT investments will extend well into the future, creating a more sustainable, accessible, and high-performing healthcare system for all South Carolinians.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

Conclusion

South Carolina's RHT plan is designed to deliver measurable, lasting improvements in the health and well-being of rural residents. Through strategic investments in infrastructure, workforce, technology, and community-based care, the state will address the root causes of health disparities and strengthen the systems that serve its most vulnerable populations.

The outcomes South Carolina seeks are ambitious yet achievable:

- Improved chronic disease management and health outcomes
- Enhanced provider capacity to deliver high-quality care
- Elevated provider and patient experience
- Increased innovation, digital literacy, and adoption of best practices in rural health

These outcomes will be tracked through rigorous evaluation, stakeholder engagement, and data monitoring to ensure accountability and continuous improvement. With this initiative, South Carolina is not only investing in healthcare, but also in the future of its rural communities.

Endnotes

- ⁱ HRSA RUCA ZIP-level aggregation; Census 2023
- ⁱⁱ South Carolina’s Rural Health Action Plan. [RHAPFINALwebquality_11.9.17.pdf](#)
- ⁱⁱⁱ HRSA RUCA ZIP-level aggregation; Census 2023
- ^{iv} U.S. Census Small Area and Poverty Estimates 2023
- ^v U.S. Census Small Area and Poverty Estimates 2023
- ^{vi} USDA Economic Research Services 2023
- ^{vii} U.S. Census ACS 5-year estimates 2023
- ^{viii} U.S. Census Small Area Health Insurance Estimates 2023
- ^{ix} South Carolina State Health Assessment Companion Report 2023. [2023 SC SHA Companion Report, Final Electronic Version.pdf](#)
- ^x CDC 2024
- ^{xi} NIH 2023
- ^{xii} NIH 2023
- ^{xiii} CDC 2023
- ^{xiv} SC Maternal Morbidity and Mortality Review Committee 2021
- ^{xv} South Carolina State Health Assessment Companion Report 2023. [2023 SC SHA Companion Report, Final Electronic Version.pdf](#)
- ^{xvi} South Carolina Office of Rural Health
- ^{xvii} South Carolina’s Rural Health Action Plan. [RHAPFINALwebquality_11.9.17.pdf](#)
- ^{xviii} UNC Sheps Center
- ^{xix} HRSA RUCA ZIP-level aggregation + Census 2023 population
- ^{xx} CMS POS, Flex Monitoring CAH list, CMS RHC enrollments, HRSA Data Explorer (FQHC sites), and HRSA FORHP rural definition
- ^{xxi} CMS HCRIS Public Use Files (PUF), KFF State Health Facts – Uncompensated Care Costs, and Census Bureau population estimate
- ^{xxii} HRSA RUCA ZIP-level aggregation + Census 2023 population
- ^{xxiii} US Census
- ^{xxiv} CMS Medicaid DSH Allotment Files & Payment Data, KFF State Profiles / Medicaid Facts, and State Medicaid Agency Reports