



National Organization of  
**State Offices of Rural Health**

# **State Office of Rural Health Manual for New Employees**

October 2019



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## INTRODUCTION

Welcome! Congratulations on your position with the State Office of Rural Health (SORH). We are pleased you are now a member of the rural health family! The National Organization of State Offices of Rural Health (NOSORH) is the membership organization for all 50 SORH; here to help you by accomplishing our mission to increase the capacity of State Offices and key rural health stakeholders to improve health care in rural America, through leadership development, advocacy, education, and partnerships.

NOSORH works with SORHs and other rural health stakeholders to develop programs and support activities that strengthen each state's ability to:

- Improve access to quality health care;
- Expand the rural health workforce;
- Reduce health disparities;
- Strengthen rural hospitals and clinics;
- Broaden the reach of health information technology and telehealth services; and
- Enhance rural emergency services.

NOSORH strives to:

- Cultivate the next generation of SORH and community leaders;
- Strengthen the technical assistance capacity of SORHs;
- Facilitate partnerships that spur the development of rural health-related activities;
- Foster the exchange of rural health-related information and best practices; and
- Provide a collective voice on rural health issues.

### **Orientation Resources**

NOSORH makes available a number of resources at [www.nosorh.org](http://www.nosorh.org), that can help new staff members as they orient to their role. To access many of them, you'll first have to be able to log in to the website.

#### NOSORH Website Log-In

Username: pinetree  
Password: 50sorh

#### Members Only – New SORH Staff

In the members only section of the website, you will find a New SORH Staff page. From here, you can find a variety of resources, including:

- Brief introductory videos describing the various components of the SORH program, key stakeholders, and basic partners.
- Links to the Regional Representatives of the NOSORH Board, your direct link to raise all questions or concerns before your peers.
- Past New SORH Orientation Meeting resources, from a small gathering of SORH Directors and senior leadership at FORHP offices annually.

### **Peer-Driven Resources**

The strength of NOSORH is with the engagement of the volunteer membership and their willingness to share their thoughts and experiences to other members. As a technical assistance provider and membership association, NOSORH aims to make these strategies and best-practices available to all of the members. NOSORH highlights a promising practice

in the newsletter each month and provides time at all meetings for the exchange of ideas; however, some more formalized opportunities are available from NOSORH to help facilitate the transfer of knowledge and improve efforts in the core SORH functions.

#### NOSORH Educational Exchange Scholarship Program

Any NOSORH member may request travel scholarships to meet with another SORH to learn about a topic of importance to that member's SORH. Scholarships support travel which enable a NOSORH member to link with a peer at another SORH who will help that member develop or enhance his or her expertise and leadership skills; adopt a promising practice; and/or improve their program management or strategic planning/implementation effectiveness.

#### NOSORH Mentoring Program

The NOSORH Mentoring Program is an opportunity for new SORH Directors to participate in a mentoring experience with veteran SORH leaders from across the country. The experience is intended to last approximately six (6) months, engaging the mentor and mentee in identifying and achieving professional development goals.

As a component of this, mentees are required to attend the New SORH Orientation with FORHP and attend a "NOSORH 101" webinar with NOSORH staff. Mentors will work collaboratively with their assigned mentee to acclimate them to the [SORH Proficiencies framework](#), identify strategic goals for the mentoring experience, and offer support as appropriate.

Visit the Peer-Driven Resources page on NOSORH's website for additional details: <https://nosorh.org/peer-driven-resources/>

#### **NOSORH Governing Structure**

NOSORH is governed by a Board of Directors from the membership of the 50 SORH, which includes two regional representatives from each of the five FORHP regions. Regional Representatives act as a NOSORH ambassador to link NOSORH with SORH staff and partners. Reach out to your Regional Representative to discuss what committees to become involved with, based on your areas of interest. Regional Reps are resources to support you and link your needs with the current NOSORH Board of Directors, listed on the NOSORH website at: <https://nosorh.org/about-nosorh/board/>.

#### **NOSORH Initiatives**

##### National Rural Health Day

NOSORH sets aside the third Thursday of every November – November 21, 2019 – to celebrate National Rural Health Day. National Rural Health Day is an opportunity to celebrate the "Power of Rural" by honoring the selfless, community-minded, "can do" spirit that prevails in rural America. But it also gives us a chance to bring to light the unique healthcare challenges that rural citizens face – and showcase the efforts of rural healthcare providers, SORH, and other rural stakeholders to address those challenges.

NOSORH has many resources available to help you with your National Rural Health Day efforts. Please contact [Ashley Muninger](#) if you have any questions. More information can be found at [www.powerofrural.org](http://www.powerofrural.org)

## SORH Proficiencies

The *Core SORH Proficiencies* are a member-driven set of competencies and proficiencies which assist in helping to build the capacity of all 50 SORH; serving as a guide for the educational strategy of NOSORH. The Core Proficiencies include a set of four target areas and rubrics, an instructional Proficiencies Guide that includes definitions, a self-assessment, and a Benchmarking Report.

Additional proficiencies rubrics and self-assessments related to specific topical areas are available for SORH to evaluate their efforts to expand their internal capacity. *Topical SORH Proficiencies* should be considered in light of those efforts a SORH opts to undertake, in addition to their Core functions.

More information on the SORH Proficiencies can be found at:

<https://nosorh.org/sorhproficiencies/>

## TruServe

In conjunction with the University of North Dakota, NOSORH offers a web-based performance measures tool called TruServe. TruServe is a web-based tracking system that allows organizations to conveniently monitor and report progress. TruServe allows you to capture the activities of staff; information later used to provide detailed and accurate reports for staff, the organization, funders, decision makers, legislators and others. Each state enrolled in TruServe has a customized webpage used for tracking performance measures and other activities. Information within TruServe is always available and provides the ability to generate reports, maps, charts, and more. For more information on TruServe, please contact [Matt Strycker](#) or visit [www.truserve.org](http://www.truserve.org).

## NOSORH Newsletters

NOSORH produces 2 electronic newsletters to inform SORH of upcoming events, promising practices and other resources. The Branch is sent the first week of the month and offers news on NOSORH and partners' activities and resources. Roots is sent mid-month and provides news on the people of NOSORH and SORH. NOSORH strives to feature the work and leadership of each SORH throughout the year. We look forward to you sharing your work with your SORH colleagues. Please let [Trevor Brown](#), NOSORH Program Assistant, know if you do not receive these newsletters.

## Committees

NOSORH convenes committees to provide learning opportunities, plan programs and services and to advise the organization on how best to meet SORH needs. Committee activities are planned by SORH for SORH. They are a great place to learn more, get involved with the organization on a national level and to link with other SORH throughout the year. We encourage you to join a committee. More information on each committee can be found here: <https://nosorh.org/nosorh-members/nosorh-committees/>.

- The **Awards Committee** plans and promotes the NOSORH Awards program to showcase SORH work and the values of NOSORH. The committee supports collecting nominations and selects awardees for the annual NOSORH Awards.
- The **Communications Committee** guides the development and implementation of resources, activities and messaging for NOSORH, National Rural Health Day and the Power of Rural platform.

- The **NOSORH Innovation Development Committee** provides a future focus for how NOSORH can support SORH to best meet the evolving needs of rural communities. The committee identifies emerging trends and issues. It strategizes and seeks resources, for the development of new programs which positions the organization as a national leader in building the capacity of State Offices of Rural Health.
- The **Educational Strategy Committee** has the responsibility to identify and understand SORH learning needs and levels of proficiency. The committee strategizes educational resources, promotes mentoring and approves travel scholarships to build SORH leadership capacity. The committee collaborates with other committees to educate them on SORH needs and make recommendations for resources to meet the needs of SORH.
- The **Finance Committee** reviews NOSORH budget at least annually to help develop appropriate procedures for budget preparations and to check consistency between the budget and NOSORH strategic plan. Also provides oversight and assists the Treasurer to ensure that the organization's State and Federal legal responsibilities with respect to non-profit status are handled in an appropriate manner. The Committee assists in the development of policies and procedures related to the organization's budget and financial matters and monitors the investments of the organizations according to the financial policies and procedures
- The **Policy Committee** is responsible for ensuring the accomplishment of the organization's advocacy priorities, and informing NOSORH members, State Rural Health Associations and partners of these priorities. The committee ensures resources are provided to build support for these priorities. The committee tracks legislation of interest to the members and provides an opportunity for members to bring these issues forward for action by NOSORH. The Policy Committee informs the Program Analysis and Response Committee of emerging issues to ensure education or response to other relevant policy issues beyond its advocacy priorities.
- The **Primary Care Committee (PCC)** provides subject matter expertise and understanding of SORH, RHC and other primary care providers' needs. The committee shall guide NOSORH in the development of capacity building resources to sustain, support, strengthen primary care providers and SORH.
- The **Policy Analysis and Response Committee (PARC)** provides proactive scanning and assessment of regulatory changes which impact programs important to SORH and their stakeholders. The committee provides support for the organizational response to these changes, analysis of pertinent data and issue briefs to build capacity of SORH and their stakeholders to understand, communicate and act on the changing landscape of rural health. The committee links with the Policy committee and others to inform SORH leadership to improve rural health.

#### Upcoming Events

Throughout the year, NOSORH offers educational programs or "Institutes" on topics such as grant writing or working with Rural Health Clinics. Webinars are typically offered monthly on topics identified by the SORH-led Educational Exchange Committee. Annually, NOSORH holds Regional Meetings in all five regions of the country and hosts the NOSORH Annual Meeting for all 50 SORH in the fall. You can find out about upcoming events on our website at <https://nosorh.org/calendar-events/>.

## NOSORH Staff

If you have questions regarding NOSORH, please [contact](#) NOSORH staff members listed below:

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## WHAT IS RURAL HEALTH?

According to the Federal Office of Rural Health Policy (FORHP) website, up to 20 percent of U.S. residents reside in rural areas. Compared with urban populations, rural residents generally have higher poverty rates, have a larger elderly population, tend to be in poorer health, and have higher uninsured rates than urban areas. Correspondingly, rural areas often have fewer physician practices, hospitals, and other health delivery resources. These socioeconomic and healthcare challenges place some rural populations at a disadvantage for receiving safe, timely, effective, equitable, and patient-centered care. Rural health care consists of Critical Access Hospitals (CAHs), Certified Rural Health Clinics (RHCs), Federally-Qualified Health Clinics (FQHCs), EMS organizations and other providers dedicated to communities they serve.

### Defining the Rural Population.

There are two major definitions of “rural” that the Federal government uses, along with many variants that are also available.

U. S. Census Bureau definition identifies [two types of urban areas](#):

- Urbanized Areas (UAs) of 50,000 or more people;
- Urban Clusters (UCs) of at least 2,500 and less than 50,000 people.

The Census does not actually define “rural.” “Rural” encompasses all population, housing, and territory not included within an urban area. Whatever is not urban is considered rural.

The White House Office of Management and Budget (OMB) designates counties as Metropolitan, Micropolitan, or Neither. A Metro area contains a core urban area of 50,000 or more population, and a Micro area contains an urban core of at least 10,000 (but less than 50,000) population. All counties that are not part of a Metropolitan Statistical Area (MSA) are considered rural.

FORHP accepts all non-metro counties as rural and uses an additional method of determining rurality called the Rural-Urban Commuting Area (RUCA) codes. Like the MSAs, these are based on Census data, which is used to assign a code to each Census Tract. Tracts inside Metropolitan counties with the codes 4-10 are considered rural. More information on RUCA codes can be found on the [FORHP website](#).

Some states have also undertaken a process to define ‘rural’ specific to their state, which typically impacts state-based and not federal programs.

### **Collaboration is needed to address the barriers that remain.**

SORH, rural healthcare providers, and other rural health stakeholders continue to foster partnerships that improve the health status of the communities they serve. Some of the collaborative partnerships SORH build to address specific needs include:

- Partnering with CAHs that make up 30% of acute care hospitals but receive less than 5% of total Medicare payments to hospitals. More than 60% of CAH revenue comes from government payers. All payment reductions to Medicare or Medicaid have an immense impact on CAHs’ ability to provide access in rural communities.
- Collaborating with Emergency Medical Services (EMS) who are mostly volunteer dependent but are vital in rural America; where 20 percent of the nation’s population lives and nearly 60 percent of all trauma deaths occur.
- Connecting with rural workforce education and training programs to help recruit, retain and increase the number of well-qualified medical providers for rural veterans.
- Coordinating with FQHCs, CAHs and other health providers in rural areas that are working with their local communities to design health delivery systems, specifically for the population they are serving. In many cases these may be the only source of primary care in a community and their sustainability is key to continued access to health services.

## **WHAT IS A SORH?**

State Offices of Rural Health (SORH) have a rich history of creating partnerships, developing programs and providing resources and technical assistance that help each state address the healthcare needs of its rural citizens. All 50 states maintain a SORH. In 1987, the United States Congress identified a significant healthcare trend affecting many rural communities. Many rural hospitals were closing due to financial constraints. In response to this increasing compromised access for rural residents, the Congress created the FORHP in 1987 and the SORH grant program in 1991. Administered by the FORHP, this program enables rural America’s

communities to sustain and strengthen their healthcare systems through creation of collaborative partnerships that support rural health development.

### **State Offices of Rural Health by Organizational Type**

At the state level, the SORH location is based upon the Designation of the governor. Currently, there are 37 offices located in a State Agency, 10 offices within a University system and 3 offices operating as not-for-profit entities. Thirty-six offices are co-located with the State Primary Care Offices (PCOs). The location of the SORH is not permanent and has been changed previously in some states, to meet the needs of their rural communities.

Although each SORH varies in terms of size, scope and organization, they all share one common purpose: to help rural communities within their state build effective healthcare delivery systems. SORHs accomplish this by:

- Collecting and disseminating health-related information;
- Coordinating state rural health resources and activities;
- Providing technical assistance;
- Encouraging the recruitment and retention of health professionals; and
- Strengthening state, local, and federal partnerships.

### **SORH Grant Overview**

Authorizing legislation provides that each SORH must conduct the following activities:

- (1) Establish and maintain within the state a clearinghouse for collecting and disseminating information on:
  - (A) rural health care issues;
  - (B) research findings relating to rural health care; and
  - (C) innovative approaches to the delivery of health care in rural areas;
- (2) Coordinate the activities carried out in the state that relate to rural health care, including providing coordination for the purpose of avoiding redundancy in such activities; and
- (3) Identify federal and state programs regarding rural health and provide technical assistance to public and nonprofit private entities regarding participation in such programs.

The legislation also allows that each SORH may:

- Conduct activities pertaining to the recruitment and retention of health care professionals to serve in the rural areas of their states; and
- Provide sub-awards and contracts to public and non-profit organizations to carry out SORH activities.

### **Program Objectives**

#### **1. Collect and disseminate information.**

SORHs are the focal point and clearinghouse for rural health within their state. They collect and receive information about rural health issues, research findings and innovative approaches for the delivery of health care in rural areas from a wide variety of sources and disseminate that information through a variety of means to rural partners and stakeholders that can benefit from or utilize the information.

SORHs must list and discuss the various activities that will accomplish this objective. Examples include utilization of website (hits, requests etc.), list serves, print or electronic newsletters and updates, webinars, promotion of Rural Health Information Hub (RHHub) and Gateway websites and any other methods used to collect and disseminate information.

2. Coordinate rural health care activities in the state in order to avoid redundancy.

SORHs are the state rural health focal point and are to be aware of rural health activities occurring within state and coordinates such activities in order to avoid duplication of effort and inefficient utilization of limited resources. SORHs engage in state level activities and are a voice for the rural perspective. The SORH also strengthens partnerships and fosters communication and collaboration among rural health partners and stakeholders at the local, state, federal and national level.

SORHs must list and discuss the various activities such as participation or attendance at various rural health partner and stakeholder groups, boards, conferences, meetings and any other methods used to coordinate rural health activities. SORHs are required to annually attend three partnership meetings: 1) FORHP Regional, 2) National Rural Health Association, and 3) NOSORH.

Activities pertaining to recruitment and retention of the rural health workforce must be included in this section.

*Examples of Rural Health Partners / Stakeholders*

HRSA: Federal Office Rural Health Policy (FORHP), National Health Service Corps (NHSC), Bureau of Primary Health Care (BPHC), Bureau of Health Workforce (BHW) & Office of Regional Operations (ORO).

*Federal Offices:* Center for Medicare and Medicaid Services (CMS), Veterans Administration (VA) Office of Rural Health, U.S. Department of Agriculture (USDA), Centers for Disease Control (CDC) and Health Information Technology (HIT) exchanges.

*State:* Public Health Departments, Primary Care Associations, Medicaid Offices, Hospital Associations, Emergency Medical Services, Rural Health Associations, Quality Improvement Networks, Hospital Engagement Networks, Primary Care Offices and Regional Extension Centers and State Health Information Exchanges  
*National Associations:* Rural Recruitment and Retention Network (3RNet), National Organization of State Offices of Rural Health (NOSORH), National Rural Health Association (NRHA), American Public Health Association (APHA), Association of State and Territorial Health Officials (ASTHO), National Association of Rural Health Clinics (NARHC), American Hospital Association (AHA), and National Association of Community Health Centers (NACHC).

3. Provide technical assistance (TA) to public and non-profit private entities.

As a result of knowledge gained from the collection and dissemination of rural health information and coordination of rural health activities among partners and stakeholders, the SORH identifies federal, state and non-governmental (i.e. coalitions, networks, trusts, foundations) rural health opportunities (i.e. grants, programs, proposals, loans, training) and provides TA to public and non-profit entities regarding how to participate in or apply for such opportunities. Informational or educational TA on rural health related regulations, policies, and best practices may also be provided. The volume, intensity and diversity of TA provided vary among SORHs, correlating primarily with the degree of state rural need and the

capacity of SORH to provide specialized TA. TA may be provided by third-party (i.e. contractor) or non-SORH staff as long as SORH will be directly involved in funding, planning, or coordinating the TA.

SORHs must discuss the various types of direct TA activities they provide as well as the types of clients to whom they provide TA.

### Reporting Requirements

During a non-competitive cycle, SORH are required to submit three annual reports each year as part of their funding requirements.

- The non-competing continuation (NCC) progress report provides an update to the activities that have completed to date and offers plans for completing the remainder of the activities.
- The Federal Financial Report (FFR) is an annual review of the financial records to ensure compliance.
- The Performance Improvement Measurement System (PIMS) is the reporting of outcomes from the duration of the project period, using defined measures provided by FORHP.

SORH reporting is typically conducted through HRSA's Electronic Handbook (EHB) at defined times by the Federal Project Officer. Be sure to look at prior documentation for due dates and any additional expectations.

# FEDERAL, NATIONAL, STATE AND LOCAL PARTNERS

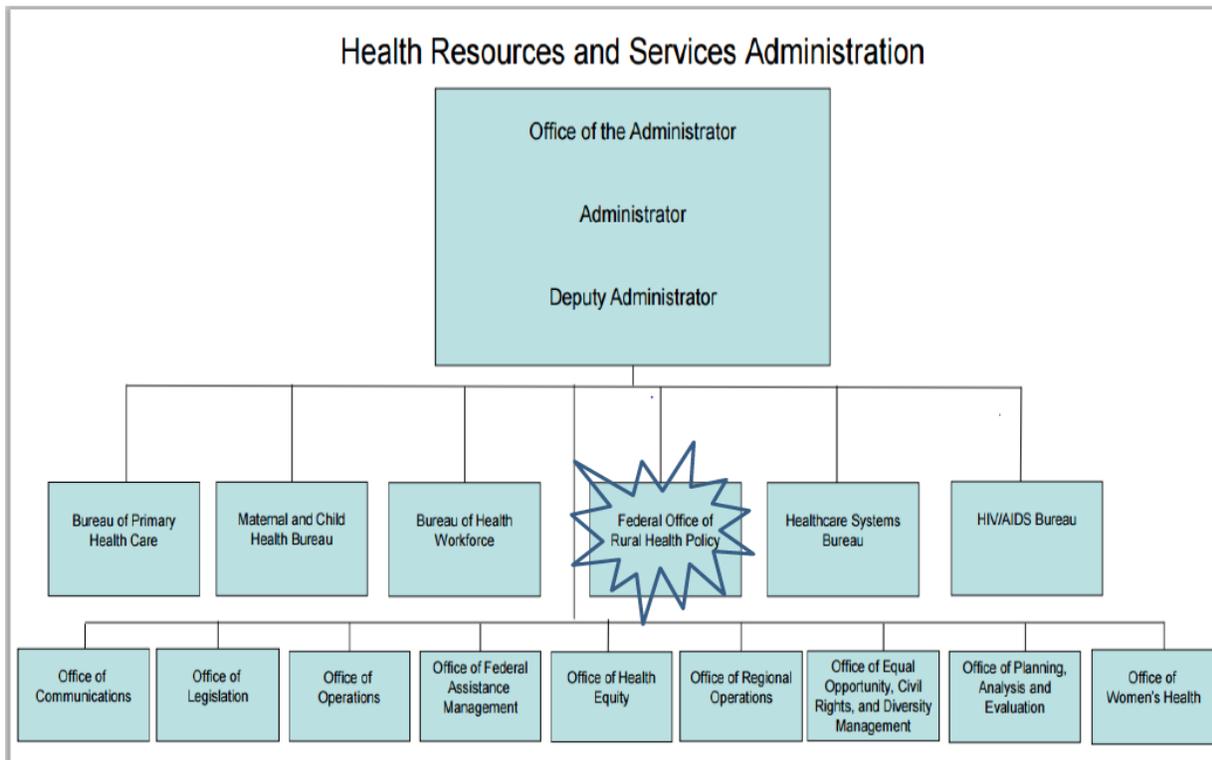
SORH achieve success, with limited resources, by collaborating with others to address rural health goals.

## FEDERAL PARTNERS

### Federal Office of Rural Health Policy

The [Federal Office of Rural Health Policy \(FORHP\)](#) coordinates activities related to rural health care within the U.S. Department of Health and Human Services. Part of the Health Resources and Services Administration (HRSA), FORHP has department-wide responsibility for analyzing the possible effects of policy on residents of rural communities. Created by Section 711 of the Social Security Act, FORHP advises the Secretary on health issues within these communities, including the effects of Medicare and Medicaid on rural citizens' access to care, the viability of rural hospitals, and the availability of physicians and other health professionals.

FORHP administers grant programs designed to build healthcare capacity at both the local and State levels. These grants provide funds to 50 SORH to support on-going improvements in care, and to rural hospitals through the Medicare Rural Hospital Flexibility Grant Program (Flex). Through its community-based programs, FORHP encourages network development among rural health care providers; upgrades in emergency medical services; and places and trains people in the use of automatic external defibrillators. FORHP also oversees the Black Lung Clinics grant program and the Radiation Exposure Screening and Education grant program. While these efforts are not solely focused on rural health issues, many of the populations affected reside in rural areas.



## FORHP Organizational Structure

FORHP programs are organized in five divisions:

- The [Community-Based Division \(CBD\)](#) grant programs provide funding to increase access to care in rural communities and to address their unique health care challenges. Most of CBD's programs require community organizations to share resources and expertise using [evidence-based models of care](#) in networks of two or more health care services providers.
- The [Hospital-State Division](#) supports grants and activities for State Offices of Rural Health, Medicare Rural Hospital Flexibility (Flex), and the Small Hospital Improvement Program (SHIP), and support technical assistance to small rural hospitals, including CAHs.
- The [Policy-Research Team](#) coordinates policy work impacting rural providers and beneficiaries, as well as fund research and analysis of key policy issues facing rural areas.
- The [Office for the Advancement of Telehealth](#) promotes the use of telehealth technologies for health care delivery, education, and health information services, and provides funding for telehealth grants and resource centers.
- The [Rural Communities Opioid Response Program \(RCORP\)](#) is a multi-year initiative supported by the Health Resources and Services Administration (HRSA) to address barriers to access in rural communities related to substance use disorder (SUD), including opioid use disorder (OUD).



## FORHP Program Coordinators

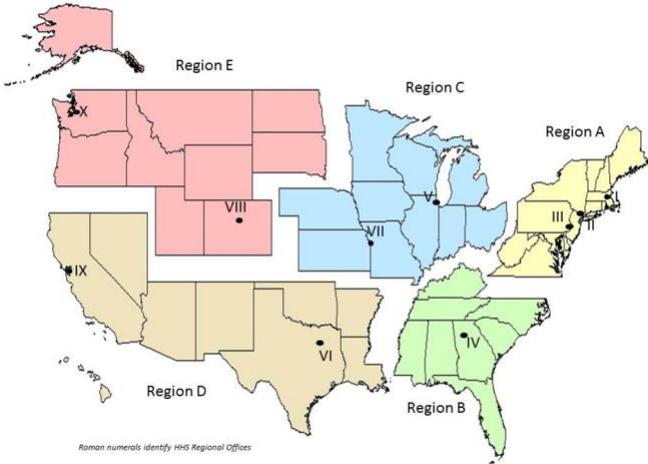
Program coordinators provide leadership and perform administrative and oversight activities that contribute towards the overall success of the grant program. They are responsible for preparation of grant guidance and coordination of the grant application, review and funding processes. Any questions related to the processing of the application, should be directed to the Program Coordinator.

Program	Coordinator
State Offices of Rural Health (SORH) Program	Suzanne Stack <a href="mailto:sstack@hrsa.gov">sstack@hrsa.gov</a>
NOSORH Cooperative Agreement	Victoria Leach <a href="mailto:vleach@hrsa.gov">vleach@hrsa.gov</a>

<b>Medicare Rural Hospital Flexibility (Flex) Program</b>	Sarah Young <a href="mailto:syoung2@hrsa.gov">syoung2@hrsa.gov</a>
<b>Small Rural Hospital Improvement Program (SHIP)</b>	Sallay Barrie <a href="mailto:sbarrie@hrsa.gov">sbarrie@hrsa.gov</a>
<b>Flex Monitoring Team (FMT) Program</b>	Owmy Bouloute <a href="mailto:obouloute@hrsa.gov">obouloute@hrsa.gov</a>
<b>Technical Assistance and Services Center (TASC)</b>	Kristi Martinsen <a href="mailto:kmartinsen@hrsa.gov">kmartinsen@hrsa.gov</a>
<b>Rural Quality Improvement Technical Assistance (RQITA)</b>	Natalia Vargas <a href="mailto:nvargas@hrsa.gov">nvargas@hrsa.gov</a>
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<b>Small Rural Hospitals Transitions Program</b>	Jeanene Meyers <a href="mailto:jmeyers@hrsa.gov">jmeyers@hrsa.gov</a>
<b>Delta Region Community Health Systems Development</b>	Rachel Moscato <a href="mailto:rmoscato@hrsa.gov">rmoscato@hrsa.gov</a>

**FORHP Project Officers**

Project Officers carry out the day-to-day work on the three Hospital State Division grant programs and are the main point of contact for SORH, SHIP and Flex questions from grantees. Building a collegial relationship with Project Officers is an important activity for SORH leaders. Project Officers can be a wealth of information and support to SORH in addition to the role they have for oversight and award of funds. If grantees have questions about the review of their application, how the grant funds can be used, potential changes to their program, or changes in staffing, they should contact their Project Officer. Project Officers provide technical assistance to the states by providing FORHP and other updates, organize regular regional conference calls and facilitate with the planning of regional meetings.



## Federal Office of Rural Health Policy Hospital State Division

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<b>Region C (10 States)</b>	<b>Victoria Leach</b>	<b>(301) 945-3988</b>	<a href="mailto:vleach@hrsa.gov">vleach@hrsa.gov</a>
	Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, Ohio, Wisconsin		
<b>Region D (9 States)</b>	<b>Rachel Moscato</b>	<b>(301) 443-2724</b>	<a href="mailto:rmoscato@hrsa.gov">rmoscato@hrsa.gov</a>
	Louisiana, Oklahoma		
	<b>Victoria Leach</b>	<b>(301) 945-3988</b>	<a href="mailto:vleach@hrsa.gov">vleach@hrsa.gov</a>
	Arizona, California, Hawaii, Nevada, New Mexico, Texas, Arkansas		
<b>Region E (10 States)</b>	<b>Rachel Moscato</b>	<b>(301) 443-2724</b>	<a href="mailto:rmoscato@hrsa.gov">rmoscato@hrsa.gov</a>
	Alaska; Colorado, Idaho, Montana, North Dakota, Oregon; South Dakota; Utah, Washington, Wyoming		

### HRSA Office of Regional Operations

The goal for rural health for the Health Resources and Services Administration (HRSA) Office of Regional Operations (ORO) is to improve the access to quality healthcare services in rural areas, enhance information exchange, and support rural HRSA grantees and stakeholders.

Common service offerings include:

- ORO will establish, renew and strengthen strategic partnerships with FORHP, Federal partners and rural health organizations to identify and optimize opportunities for rural engagement.
- ORO will engage rural health organizations in each region to assess needs, share resources, and provide technical assistance to address disparities, access to care, and improve their ability to successfully apply for HRSA funding.
- ORO will identify and report critical ground level communications and information learned through rural activities to inform agency operations, decision-making, and allocation of resources.



<https://www.hrsa.gov/about/organization/bureaus/oro/index.html>

Region 1	CT, ME, MA, NH, RI, VT
Region 2	NJ, NY, PR, VI
Region 3	DE, DC, MD, PA, VA, WV
Region 4	AL, FL, GA, KY, MI, NC, SC, TN
Region 5	IL, IN, MI, MN, OH, WI
Region 6	AR, LA, NM, OK, TX
Region 7	IA, KS, MO, NE
Region 8	CO, MT, ND, SD, UT, WY
Region 9	AZ, CA, HI, NV, AS, CNMI, FSM, Guam, Marshall Island, Republic of Palau
Region 10	AK, ID, OR, WA

### CMS - Rural Health

The **Centers for Medicare & Medicaid Services (CMS)** is a federal agency within the United States Department of Health and Human Services (DHHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the State Children's Health Insurance Program (SCHIP), and health insurance portability standards. In addition to these programs, CMS has other responsibilities, including the administrative simplification standards from the Health Insurance Portability and Accountability Act of 1996 (HIPAA), quality standards in long-term care facilities through its survey and certification process, and clinical laboratory quality standards under the Clinical Laboratory Improvement Amendments. The Centers for Medicare & Medicaid Services (CMS) have ten Regional Offices (ROs) reorganized in a Consortia structure based on the Agency's key lines of business: Medicare Health Plans Operations, Financial Management and Fee For Service Operations, Medicaid and Children's Health Operations, and Quality Improvement and Survey & Certification Operations. Each regional office has a rural health consultant, listed below.

<https://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/Downloads/CMSRuralHealthCoordinators.pdf>

Region 1	CT, ME, MA, NH, RI, VT
Region 2	NJ, NY, PR, VI
Region 3	DE, DC, MD, PA, VA, WV
Region 4	AL, FL, GA, KY, MI, NC, SC, TN
Region 5	IL, IN, MI, MN, OH, WI
Region 6	AR, LA, NM, OK, TX
Region 7	IA, KS, MO, NE
Region 8	CO, MT, ND, SD, UT, WY
Region 9	AZ, CA, HI, NV, AS, CNMI, FSM, Guam, Marshall Island, Republic of Palau
Region 10	AK, ID, OR, WA

Many SORH maintain regular contact with their CMS office to stay informed about emerging issues, regulatory changes or other information, which may impact rural providers. CMS also holds regular conferences calls called "[Open Door Forums](#)" on issues of interest to SORHs. The list includes:

- Special Open Door Forums
- Ambulance Open Door Forum
- Disability Open Door Forum
- End-Stage Renal Disease and Clinical Laboratories Open Door Forum

- Home Health, Hospice & Durable Medical Equipment Open Door Forum
- Hospitals Open Door Forum
- Low-Income Health Access Open Door Forum
- Medicare Beneficiary Ombudsman Open Door Forum
- Pharmaceutical, Pharmacy, and Device Manufacturers Open Door Forums
- Physicians, Nurses and Allied Health Professionals Open Door Forum
- Rural Health Open Door Forum
- Skilled Nursing Facilities/Long-Term Care Open Door Forum

Visit the CMS website to be notified when the next open door forums are scheduled - <http://www.cms.gov/OpenDoorForums/>.

## NATIONAL PARTNERS

### Rural Health Information Hub

The [Rural Health Information Hub \(RHlhub\)](#), then the Rural Assistance Center, was launched in December 2002 as the national clearinghouse of the Federal Office of Rural Health Policy. RHlhub helps rural communities and other rural stakeholders access the full range of available toolkits, programs, funding, and research that can enable them to provide quality health care to rural residents.

SORH often utilize or encourage constituents in their states to utilize the trained resource specialists available through RHlhub. RHlhub specialists staff a toll-free phone line, ready to answer questions and be a resource to your technical assistance work and support for your state partners. These specialists can be reached by dialing 1-800-270-1898. RHlhub resources are featured in NOSORH's monthly newsletters. Find out more at <https://www.ruralhealthinfo.org/>.

### National Rural Health Association

The National Rural Health Association (NRHA) is a national nonprofit membership organization with more than 20,000 members. The association's mission is to provide leadership on rural health issues. NRHA membership consists of a diverse collection of individuals and organizations, all of whom share the common bond of an interest in rural health. SORH benefit from attending their annual meetings and receiving policy information. More information can be found at <http://www.ruralhealthweb.org/>.

### National Rural Recruitment and Retention Network (3RNet)

3RNet is a national network of members dedicated to improving rural and underserved communities' access to quality health care through the recruitment and retention of health care professionals and community-based training. Over 30 of the 54 state members are a State Office of Rural Health (SORH). They offer a free, interactive website ([www.3RNet.org](http://www.3RNet.org)) that allows facilities to post jobs in dozens of professions and specialties and connect with candidates across the country. SORH staff are welcome to contact 3RNet directly for free technical assistance at 1-800-787-2512.

## Rural Health Research Centers and Analysis Initiatives

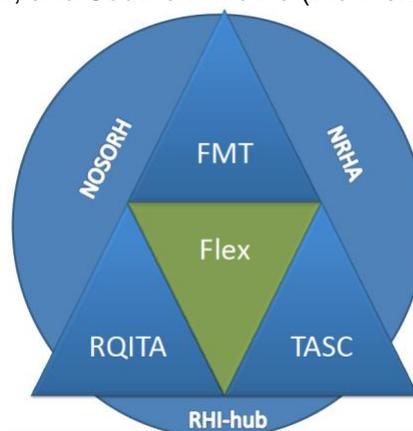
The [Federal Office of Rural Health Policy](#) (FORHP) currently funds seven rural health research centers and three rural health policy analysis initiatives. In previous funding cycles, FORHP has also funded [individual researchers](#) and [other research centers](#). The [Rural Health Research Gateway](#) (Gateway) provides easy and timely access to research and findings of the FORHP-funded Rural Health Research Centers, 1997-present. The goal of the Gateway is to help move new research findings of the Rural Health Research Centers to end users as quickly and efficiently as possible. SORH use the Gateway to orient themselves to specific rural health facts and findings.

### Current Research Centers & Areas of Expertise

- [Maine Rural Health Research Center](#)  
Health Insurance and the Uninsured, Long Term Services and Supports, Rural Health Clinics (RHCs), Mental Health, Substance Abuse
- [North Carolina Rural Health Research and Policy Analysis Center](#)  
Medicare, Medicaid and S-CHIP, Health Care Financing, Health Policy
- [North Dakota and NORC Rural Health Reform Policy Research Center](#)  
Health Policy, Health Services, Frontier health, Workforce
- [RUPRI Center for Rural Health Policy Analysis](#)  
Health Policy, Medicare, Medicare Advantage (MA), Health Insurance and the Uninsured, Health Services
- [Rural and Underserved Health Research Center](#)  
Substance Use Treatment, Primary Care, Emergency Department Access
- [Rural Telehealth Research Center](#)  
Telehealth, Health Information Technology, Technology
- [South Carolina Rural Health Research Center](#)  
Health Disparities, Minority Health, Health Services
- [Southwest Rural Health Research Center](#)  
Health Insurance, Maternal and Child Health, Aging, Diabetes, Substance Abuse
- [University of Minnesota Rural Health Research Center](#)  
Quality, Health Information Technology, Health Services
- [WWAMI Rural Health Research Center](#)  
Workforce, Health Services

### Flex Monitoring Team

The [Flex Monitoring Team](#) is a performance monitoring resource for state Flex programs, Critical Access Hospitals, States and Communities. The Rural Health Research Centers at the Universities of Minnesota, North Carolina-Chapel Hill, and Southern Maine (the Flex Monitoring Team) are the recipients of a 5-year cooperative agreement award from the Federal Office of Rural Health Policy to continue to monitor and evaluate the Medicare Rural Hospital Flexibility Grant Program (Flex Program). The monitoring project is assessing the impact of the Flex Program on Critical Access Hospitals and their communities and the role of states in achieving overall program objectives. SORH tap into the Flex Monitoring Team for reports on hospital financial and quality performance and to identify emerging issues impacting CAH. Additional resources include CAHMPAS and Population Health Evaluation. CAHMPAS (Critical Access Hospital



Measurement & Performance Assessment System) provides graphs and data, which allow you to compare CAH performance for various measures across user defined groups: by location, net patient revenue, or other factors. More information can be found at [www.flexmonitoring.org](http://www.flexmonitoring.org).

## **Technical Assistance and Services Center**

[Technical Assistance and Services Center](http://www.ruralcenter.org/tasc) (TASC) provides information, tools and education to Critical Access Hospitals (CAHs) and state Flex Programs to improve quality, finances, operations, health system development and community engagement. TASC is a key partner of all 45 Flex Programs and has a rich cadre of resources to support SORH. Examples of resources include Flex Core Competencies, TASC 90 Calls, State Flex Profiles, Population Health Portal, and enhanced site visits. More information can be found at [www.ruralcenter.org/tasc](http://www.ruralcenter.org/tasc).

## **Rural Quality Improvement Technical Assistance**

Rural Quality Improvement Technical Assistance (RQITA) is a cooperative agreement with the Federal Office of Rural Health Policy (FORHP) currently awarded to Stratis Health. The purpose of RQITA is to improve quality and health outcomes in rural communities through technical assistance to beneficiaries of FORHP quality initiatives, such as Flex Programs, Small Health Care Provider Quality Improvement grantees, CAHs, and other rural providers. Through RQITA, technical assistance is provided in the following areas: data collection and analysis, understanding measure specifications, benchmarking and target setting, developing and implementing efficient and effective improvement strategies, and tracking the outcomes of quality improvement efforts. Examples of resources include: direct or enhanced technical assistance, Rural Quality Advisory Council, data analysis of MBQIP, and Virtual Knowledge Groups. More information can be found at <https://www.ruralcenter.org/tasc/mbqip>.

## **Consortium of Telehealth Resource Centers**

Telehealth Resource Centers (TRCs) have been established to provide assistance, education and information to organizations and individuals who are actively providing or interested in providing medical care at a distance. Their objective from the Office for Advancement of Telehealth is to assist in expanding of the availability of health care to underserved populations. More information can be found at <http://www.telehealthresourcecenter.org/>.

## **Small Rural Hospitals Transition (SRHT)**

The SRHT program provides in-depth consultations to small rural hospitals in areas of persistent poverty to drive financial and quality improvements and help them prepare for the transition to value based care. <https://www.ruralcenter.org/rhi/srht>

## **Vulnerable Rural Hospitals Assistance Program (VRHAP)**

VRHAP provides targeted in-depth assistance to vulnerable rural hospitals struggling to maintain healthcare services with the goal for residents in those rural communities to continue to have access to essential health services. <https://www.optimizingruralhealth.org/>

## **Delta Regional Community Health Systems Development (DRCHSD)**

The DRCHSD program enhances healthcare delivery in the Mississippi Delta region through intensive, multi-year technical assistance to healthcare facilities in rural communities, targeted to the needs of each community. <https://www.ruralcenter.org/drchsd>

## **Rural Veterans Health Access Program (RVHAP)**

The RVHAP provides funding to states to work with providers and other partners to improve the access to needed mental health and other healthcare services to improve the coordination of care for veterans living in rural areas.

## **STATE PARTNERS**

### **Area Health Education Centers (AHEC)**

Area Health Education Centers enhance access to quality health care, particularly primary and preventive care, by improving the supply and distribution of healthcare professionals through community/academic educational partnerships. SORH often partner with AHEC to achieve rural health workforce development goals.

Search the RHIhub website (<https://www.ruralhealthinfo.org/>) for success stories, publications, and links to AHEC organizations.

### **State Primary Care Associations (PCAs) and State Primary Care Offices (PCOs)**

State Primary Care Associations (PCAs) and State Primary Care Offices (PCOs) are important partners for SORH. Operating through grant funds authorized by Section 330 of the Public Health Services Act, PCAs and PCOs are administered by the Bureau of Health Workforce in HRSA. PCAs and PCOs are charged with the responsibility of building appropriate relationships and collaborating in support of primary healthcare delivery to underserved populations.

#### Primary Care Associations (PCAs)

PCAs are private, non-profit membership associations that support and assist Bureau of Health Workforce programs and other providers of preventive and primary care to underserved groups. On behalf of Health Centers, PCAs bring together organizations and individuals to build coalitions and support the strengthening and improvement of primary care.

#### Primary Care Offices (PCOs)

PCOs are located within state health agencies or other sectors of state government that have primary responsibility for supporting and expanding access to health care. Unlike PCAs, PCOs work exclusively toward the enhancement of primary health care within the state. PCOs operate under cooperative agreements with the Bureau of Health Workforce (BHW). BHW's goals are the expansion of primary care access and the elimination of health disparities guide PCOs' activities. The state cooperative agreements behind the management of PCOs are particularly helpful in promoting collaboration between the private, local, State and Federal levels. PCOs' primary responsibilities are tailored according to state-specific needs and available resources. PCOs conduct research in an effort to understand state and community

needs and problems. Studies and other information enable PCOs to improve their methods and strategies for supporting underserved communities, addressing access barriers, and improving poor health outcomes and disparities across population and areas.

Other responsibilities of PCAs and PCOs are to gather data and document the effects of such programs as CHIP and welfare reform on underserved populations, locate communities and specific populations that do not have access to primary and preventive care, and identify populations with significant health disparities. This information assists in the development of programs that will enhance preventive and primary care to all populations.

## LOCAL PARTNERS

### Critical Access Hospitals

A Critical Access Hospital (CAH) is a hospital certified under a set of Medicare Conditions of Participation (CoP), which are structured differently than the acute care hospital CoP. Some of the requirements for CAH certification include:

- Having no more than 25 inpatient beds;
- Maintaining an annual average length of stay of no more than 96 hours for acute inpatient care;
- Offering 24-hour, 7-day-a-week emergency care;
- And being located in a rural area, at least 35 miles drive away from any other hospital or CAH (fewer in some circumstances).

The limited size and short stay length allowed to CAHs encourage a focus on providing care for common conditions and outpatient care, while referring other conditions to larger hospitals. Certification allows CAHs to receive cost-based reimbursement from Medicare, instead of standard fixed reimbursement rates. This reimbursement has been shown to enhance the financial performance of small rural hospitals that were losing money prior to CAH conversion and thus reduce hospital closures. CAH status is not ideal for every hospital and each hospital should review its own financial situation, the population it serves, and the care it provides to determine if certification would be advantageous.

The Medicare Rural Hospital Flexibility Program (Flex Program) was created by the Balanced Budget Act of 1997 and is intended to strengthen rural health care by encouraging states to take a holistic approach. The purpose of the Flex Program is to provide support for CAHs for quality improvement, quality reporting, performance improvements, and benchmarking; designating facilities as critical access hospitals; and the provision of rural emergency medical services. Through these activities the Flex Program ensure residents in rural communities have access to high quality health care services. State Flex funding for this three-year project period will act as a resource and focal point for strategic planning in the following program areas with an emphasis and priority on quality and financial and operational improvement:

1. Quality Improvement (required)
2. Financial and Operational Improvement (required)
3. Population Health Management and Emergency Medical Services Integration (optional)
4. Designation of CAHs in the State (required if requested)
5. Integration of Innovative Health Care Models (optional)

For support on the Flex Program, contact The Rural Health Resource Center Technical Assistance Service Center - <http://www.ruralcenter.org/tasc>

## **Community Health Centers (aka Federally Qualified Health Centers - FQHCs)**

Federally qualified health centers (FQHCs) include all organizations receiving grants under section 330 of the Public Health Service Act, certain tribal organizations, and FQHC Look-Alikes. FQHCs qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits. FQHCs must:

- Serve an underserved area or population
- Offer a sliding fee scale
- Provide comprehensive services
- Have an ongoing quality assurance program
- Have a governing board of directors

There are many benefits of being an FQHC. For FQHCs that are PHS 330 grant recipients, the biggest benefit is the grant funding. For new starts, funding up to \$650,000 can be requested. Other benefits include:

- Enhanced Medicare and Medicaid reimbursement
- Medical malpractice coverage through the Federal Tort Claims Act
- Eligibility to purchase prescription and non-prescription medications for outpatients at reduced cost through the 340B Drug Pricing Program
- Access to National Health Service Corps
- Access to the Vaccine for Children Program
- Eligibility for various other federal grants and programs

### **Additional Resources**

- CMS Federally Qualified Health Centers Center - <https://www.cms.gov/center/fqhc.asp>
- Overview of the FQHC Program - <https://www.ruralhealthinfo.org/topics/federally-qualified-health-centers>
- Fact Sheet - <https://www.cms.gov/MLNProducts/downloads/fqhcfactsheet.pdf>
- HRSA “The Health Center Program” <http://bphc.hrsa.gov/>
- FQHC Member Association – National Association of Community Health Centers (NACHC) - <http://www.nachc.org/>

## **Rural Health Clinics**

A Rural Health Clinic (RHC) is a federally qualified health clinic certified to receive special Medicare and Medicaid reimbursement. CMS provides advantageous reimbursement as a strategy to increase rural Medicare and Medicaid patients' access to primary care services.

The National Association of Rural Health Clinics (NARHC) is the only national organization dedicated exclusively to improving the delivery of quality, cost-effective health care in rural underserved areas through the RHC Program. More information can be found at [www.narhc.org](http://www.narhc.org).

CMS Rural Health Clinics webpage - <https://www.cms.gov/center/rural.asp>  
RHC Resources for SORH - <https://nosorh.org/member-resources/toolkits/>

## RESOURCES BY TOPIC

### Community Health Workers

Community Health Workers (CHWs) are frontline public health workers who have a close understanding of the community they serve. RHIhub has designed a toolkit to help you evaluate opportunities for developing a CHW program and provide resources and best practices developed by successful CHW programs. The toolkit is made up of several modules that concentrate on different aspects of CHW programs and include resources to use in developing a program for your area.

- [Module 1: Introduction to Community Health Workers](#)  
An overview of community health workers and their roles.
- [Module 2: Program Models](#)  
Elements of differing models for CHW programs.
- [Module 3: Training Approaches](#)  
Available training materials and procedures for CHWs.
- [Module 4: Program Implementation](#)  
Building a program from the bottom up.
- [Module 5: Planning for Sustainability](#)  
How to ensure your CHW program functions properly.
- [Module 6: Measuring Program Impacts](#)  
Methods that allow you to measure the effectiveness of your program.
- [Module 7: Disseminating Best Practices](#)  
Letting other people know what you have done with your program.
- [Module 8: Program Clearinghouse](#)  
Examples of and contacts for successful CHW programs

At a 2015 NOSORH Regional meeting, information on CHWs was shared in the Montana Frontier Community Health Care Coordination Demonstration Grant. The presentation can be found here: <https://nosorh.org/wp-content/uploads/2015/01/FCHIP-Care-Coordination-Community-Health-Worker-Program-Heidi-Blossom.pdf>

### Community Paramedicine

Community paramedicine (CP) is an emerging healthcare profession that allows paramedics and emergency medical technicians (EMTs) to operate in expanded roles to provide healthcare services to underserved populations.

RHIhub has prepared a topic guide that can be found here:  
<https://www.ruralhealthinfo.org/topics/community-paramedicine>

The National Association of Emergency Medical Technicians (NAEMT) has a great webpage with links to resources (on the left column), including a toolkit and the “knowledge center” link.  
<http://www.naemt.org/>

National Association of State EMS Officials (NASEMSO) offers a great compendium on the topic of Community Paramedicine, which can be found here:

<https://nasemso.org/?s=community+paramedicine>

## Working with Vulnerable Hospitals

States across the nation are experiencing an increase in hospital closure. The North Carolina Rural Health Research Program (NCRHRP) reports that more than 82 rural hospitals have closed their doors to patients in need of inpatient services from January 2010 through the present. The NRHA reports that 673 additional hospitals are vulnerable and could close. Of these, approximately 200 are at high risk for closure. In cooperation with FORHP, NOSORH prepared the [\*State Office of Rural Health Roadmap for Working with Vulnerable Hospitals\*](#). This document is filled with resources to assist SORH in identifying vulnerable hospitals to provide technical assistance. More information can be found on the NOSORH website at <https://nosorh.org/working-with-vulnerable-hospitals-and-communities/>

## Leading Change

[\*Leading Change: Best Practices in Technical Assistance for Rural and Frontier Health-Care Organizations in a Time of Transformation\*](#) is a toolkit designed to meet the specific needs of rural and frontier health service organizations and the capacity building organizations that offer technical assistance to facilitate change.

The toolkit was developed by the National Network for Rural and Frontier Capacity, consisting of the National Center for Frontier Communities, the University of New Mexico Office of Community Health, NOSORH, and the SORH in Hawaii, South Carolina, Pennsylvania, Ohio, and Montana.

## Rural Health Clinic

The NOSORH Rural Health Clinic (RHC) efforts began in 2009 as a task force to assess what types of support SORHs were providing for RHCs. The task force evolved into the RHC Committee in 2013 to focus on providing education for SORHs that are interested in providing technical assistance to RHCs and safety net providers. The committee began by surveying SORHs to understand the amount and type of technical assistance that was provided to RHCs. Since then, the Committee has used this information to help produce six modules:

- Module 1: An Introduction to the Rural Health Clinic Program
- Module 2: Learning About Certified Rural Health Clinics
- Module 3: Helping SORHs Make Decisions About Providing Technical Assistance and Support to Rural Health Clinics
- Module 4: Helping Rural Health Clinics Work Effectively with Other Key Rural Health Providers
- Module 5: Rural Health Clinic Performance Measurement and Quality Improvement
- Module 6: Incorporating Behavioral Health Services in the Rural Health Clinic

The Modules listed above may be access on the NOSORH web site by [clicking here](#) and scrolling down to the NOSORH Resources section.

## Veterans

NOSORH created an informative tool and “How-To” manual to support SORHs in addressing the health care needs of rural veterans.

The guide includes:

- Information about rural health initiatives of the Veterans Health Administration (VHA)
- Key questions to identify state-specific challenges for rural veterans on health issues
- Statistical data/facts about the health care needs of rural veterans
- Recent published literature related to the health care needs of rural veterans
- Information about the work of individual SORH related to addressing the health care needs of rural veterans
- Information on organizations engaging in veterans' health issues and their roles
- Potential solutions and best practices for addressing health care needs of rural veterans
- List of suggested activities SORHs may engage in to address the health care needs of rural veterans

You can find this toolkit and others on the NOSORH website at <https://nosorh.org/member-resources/toolkits/>.

### **Substance Use Disorder/Opioid Use Disorder**

NOSORH has worked collaboratively with FORHP to create resources and document lessons learned from rural-specific substance use disorder (SUD) and opioid use disorder (OUD) programs. With the designation of an epidemic in 2018, NOSORH compiled all of the SUD/OUD-specific resources into a single location of the website. More information on rural strategies on SUD/OUD can be found by visiting NOSORH's [rural opioid educational resources](#) page.

## ACRONYMS

### List of Common Acronyms

3R Net	National Rural Recruitment and Retention Network
ACF	Administration for Children and Families
ACL	Administration for Community Living
ADAP	AIDS Drug Assistance Program
AHA	American Hospital Association
AHRQ	Agency for Healthcare Research and Quality
ALF	Assisted Living Facility
AMA	American Medical Association
ARC	Appalachian Regional Commission
ASPE	Assistant Secretary for Planning and Evaluation
ATF	Bureau of Alcohol, Tobacco, and Firearms
ATSDR	Agency for Toxic Substances and Disease Registry
BBA	Balanced Budget Act of 1997
BBRA	Balance Budget Refinement Act
BCRS	Bureau of Clinician Recruitment and Services
BHPr	Bureau of Health Professions
BIA	Bureau of Indian Affairs
BIPA	Benefits, Improvement, & Protection Act of 2000
BLCP	Black Lung Clinics Program
BPHC	Bureau of Primary Health Care
CAH	Critical Access Hospital
CAP	Community Access Program
CARE	Comprehensive AIDS Resources Emergency
CBO	Congressional Budget Office
CDC	Centers for Disease Control and Prevention
CFO	Chief Financial Officer
CFR	Code of Federal Regulations
CHC	Community Health Center
CHGME	Children's Hospitals Graduate Medical Education
CIO	Chief Information Officer
CISS	Community Integrated Service Systems
CMS	Centers for Medicare and Medicaid Services
CNO	Chief Nursing Officer
CQ	Center for Quality (HRSA)
CSG	Council for State Governments
CSHCN	Children with Special Health Care Needs
Delta	Delta State Rural Development Network Grant Program
Denali	Denali Commission
DHHS	Department of Health and Human Services
DIR	Division of Independent Review
DOC	Department of Commerce
DOL	Department of Labor
DOT	Department of Transportation
DOT	Directly Observed Therapy
DRA	Delta Regional Authority
DSH	Medicare Disproportionate Share Hospital
EEOC	Equal Employment and Opportunity Commission
EIS	Early Intervention Services

EMA	Eligible Metropolitan Areas
EMSC	Emergency Medical Services for Children
EPA	Environmental Protection Agency
FAA	Federal Aviation Administration
FCC	Federal Communications Commission
FDA	Food and Drug Administration
FDIC	Federal Deposit Insurance Corporation
FEC	Federal Exchange Commission
FEMA	Federal Emergency Management Agency
FESC	Frontier Extended Stay Clinics
FHWA	Federal Highway Administration
FI	Fiscal Intermediary
FIMR	Federal and Infant Mortality Review
FLEX	Medicare Rural Hospital Flexibility Grant Program
FMFIA	Federal Managers Financial Integrity Act
FOH	Federal Occupational Health
FORHP	Federal Office of Rural Health Policy
FQHC	Federally Qualified Health Center
FTC	Federal Trade Commission
FTE	Full-Time Equivalency
FY	Fiscal Year
GHPC	Georgia Health Policy Center
GLMA	Gay and Lesbian Medical Association
GME	Graduate Medical Education
GMS	Grants Management Specialist
GPRA	Government Performance and Results Act
HAB	HIV AIDS Bureau
HEAL	Health Education Assistance Loans
HHS	Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act of 1996
HIPDB	Healthcare Integrity and Protection Data Bank
HMO	Healthcare Management Organization
HOPWA	Housing Opportunities for Persons with AIDS
HPSA	Health Professional Shortage Area
HRSA	Health Resources and Services Administration
HUD	Department of Housing and Urban Development
IGA	Intergovernmental Affairs
IHS	Indian Health Services
IME	Indirect Medical Education
INS	Immigration and Naturalization Services
IOM	Institute of Medicine
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
LTCH	Long Term Care Hospital
MACRA	Medicare Access and CHIP Reauthorization Act of 2015
MA	Medicare Advantage (aka Medicare Part C)
MAC	Medicare Administrative Contractor (Medicare Fiscal Intermediary)
MA-PD	Medicare Advantage Prescription Drug
MBQIP	Medicare Beneficiary Quality Improvement Project
MCTAC	Managed Care Technical Assistance Center
MDH	Medicare Dependent Hospital
MedPAC	Medicare Payment Advisory Commission

MMA	Medicare Modernization Act
MUA	Medically Underserved Area
MUP	Medically Underserved Population
MIPS	Merit-Based Incentive Payment System
PPACA	Patient Protection and Affordable Care Act
NAC	Rural Health and Human Services National Advisory Committee
NACHC	National Association of Community Health Centers
NACRHHS	National Advisory Committee for Rural Health and Human Services
NADO	National Association of Development Organizations
NCCC	National Center for Cultural Competence
NCHS	National Center for Health Statistics
Network Planning	Network Development Planning Grant Program
Network	Network Development Grant Program
NGA	National Governor's Association
NHSC	National Health Service Corps
NHTA	National Highway Traffic Safety Administration
NOSORH	National Organization of the State Offices of Rural Health
NPI	National Provider Identifier
NPRM	Notice of Proposed Rural Making
NRDP	National Rural Development Partnership
OA	Office of the Administrator
OAT	Office for the Advancement of Telehealth
OFAM	Office of Federal Assistance Management
OGM	Office of Grant Management
OL	Office of Legislation
OMB	Office of Management and Budget
OMH	Office of Mental Health
OMPS	Office of Management and Program Support
OPA	Office of Population Affairs
OPAE	Office of Planning and Evaluation
OSHA	Occupational Safety and Health Administration
ODU	Opioid Use Disorder
Outreach	Rural Health Care Services Outreach Grant Program
OWH	Office of Women's Health
PCA	Primary Care Association
PCO	Primary Care Organization
PFFS	Private Fee-for-Service
PHP	Public Health Preparedness
PHS	Public Health Service
PPO	Preferred Provider
PPS	Prospective Payment System
PQRI	Physician Quality Reporting Initiative
QIO	Quality Improvement Organization
RESEP	Radiation Exposure Screening and Education Program
RHC	Rural Health Clinic
RHN	Rural Health Network
RHlhub	Rural Health Information Hub
RHRC	Rural Health Research Center
RHWKS	National Center for Rural Health Works
RRC	Rural Referral Center
RUCA	Rural Urban and Commuting Areas

RUPRI	Rural Policy Research Institute
RWCA	Ryan White Care Act
SAMHSA	Substance Abuse and Mental Health Services Administration
SBA	Small Business Administration
SCH	Sole Community Hospital
SCHIP	State Children's Health Insurance Program
SCHPQI	Small Health Care Provider Improvement Grant Program
SEARCH	Student/Resident Experiences and Rotations in Community Health
SNF	Skilled Nursing Facility
SORH	State Offices of Rural Health
SRDC	State Rural Development Councils
SSA	Social Security Administration
SUD	Substance Use Disorder
USDA	United States Department of Agriculture
VA	Department of Veteran's Affairs
VBP	Value Based Purchasing
WIC	Women, Infants, and Children
WWAMI	Washington, Wyoming, Alaska, Montana, Idaho Research Center