



NEW JERSEY
RURAL HEALTH TRANSFORMATION

Invest Rural NJ Information Session

Presented by The Center for Health Equity and Wellbeing, New Jersey's Public Health Institute (CHEW-NJPHI)



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Session Agenda



**Welcome from New Jersey
Department of Health (NJDOH)**
Official welcome and opening remarks.



Introduction to Invest Rural NJ
Learn about the Invest Rural NJ program.



CHEW-NJPHI Introduction
An overview of the CHEW-NJPHI initiative.



Question and Answer
Opportunity for audience questions.



**Rural Health Transformation (RHT)
Program 2026**
Details about the RHT program.

Welcome from the New Jersey Department of Health (NJDOH)



Nashon Hornsby, JD, LLM

Deputy Commissioner, Population
Health Branch



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SECTION

CHEW-NJ PHI

Center for Health Equity and Wellbeing, New Jersey's Public Health Institute Overview

The CHEW Team



**Denise Anderson,
Ph.D., MPH**
Inaugural Executive
Director



**Darah Bagby-Prosser,
MHS**
Program Coordinator -
Workforce



**Consolata Mogeni,
MPH**
Program Manager -
Research and
Development



Adaobi Ndupu, MPH
Program Manager -
Health Opportunity
Zones

Center for Health Equity and Wellbeing, New Jersey's Public Health Institute (CHEW-NJPHI) Structure



- **Origins & Vision**

Founded on decades-long vision to enhance New Jersey's public health system and address health disparities, amplified by the urgency revealed by COVID-19's racial inequities.

- **Development & Incubation**

Developed through partnerships with The Nicholson Foundation, The Robert Wood Johnson Foundation, NJDOH, and the National Network of Public Health Institutes; incubated as an independent non-profit by Acenda Integrated Health.

- **Formal Designation & Mission**

Legally designated by Governor Phil Murphy and the NJDOH in 2025, CHEW-NJPHI now operates statewide across sectors to advance health equity and strengthen public health infrastructure.

CHEW-NJPHI works across communities, health systems, government, and partners statewide to advance health equity, strengthen public health infrastructure, and foster a healthier, more equitable future.



Mission and Vision

CHEW-NJPHI Mission and Vision

Our Mission:

We aim to actively promote collaborative and community-driven partnerships to effect policies and practices that improve health, strengthen public health infrastructure, leverage resources to foster collective impact and social justice, and systemically advance equity and quality of life for all.

Our Vision:

A New Jersey where every person and every community has a fair and just opportunity to experience health and quality of life to their full potential.

Guiding Principles for Our Work

Foundational Pillars



Equity

Ensuring the conditions in which everyone can be healthy; public health is what we do as a society.



Vitality (Population Health)

The public health system is essential in advancing individual, community, and population health.



Activation

Prioritizing elimination of disparities and community engagement, elevating advocates as leaders.



Integrity

Pursuing progress with independence and transparency through innovation, collaboration, and shared leadership.



Accountability

Data-driven work guided by communities, serving those most in need, and addressing social determinants.



Trustworthiness

A nonpartisan, inclusive, diverse, and committed team that fosters collaborative relationships.

Our Four Strategic Pillars



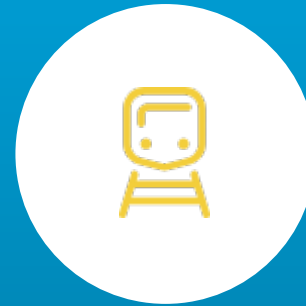
Health Equity (Health Opportunity Zones)

Advancing targeted, place-based strategies to reduce disparities.



Democracy & Health (Civic Engagement & Public Policy)

Strengthening non-partisan civic participation and health policy advocacy.



Public Health Infrastructure and Workforce Development

Building, training, and sustaining the next generation of public health leaders.



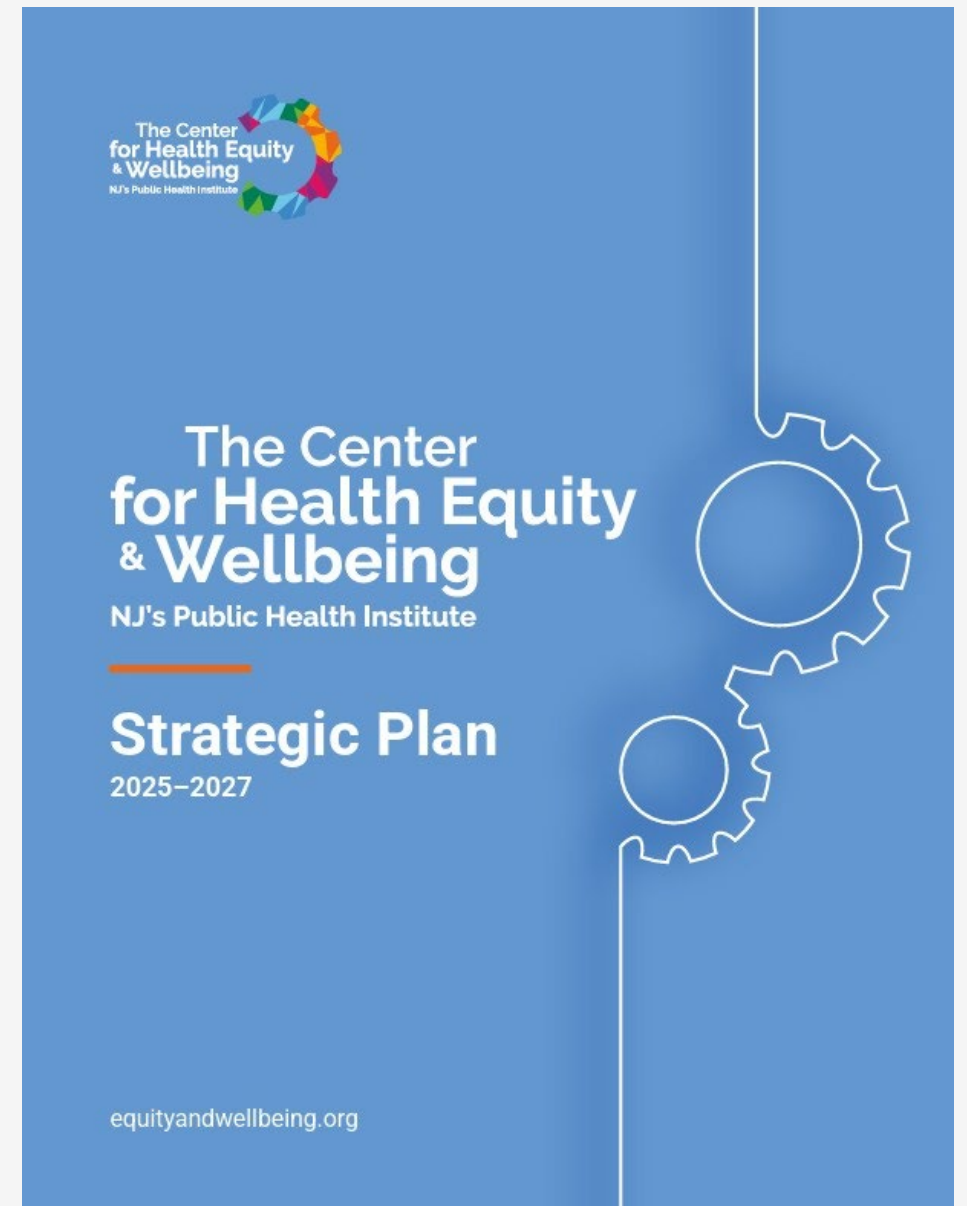
Trust in Science (Evidence-Based Action & Clinical Trials Diversification)

Advancing public trust through transparent, inclusive engagement with science.

Explore our comprehensive strategies and goals for 2025-2027.

Review the CHEW- NJ PHI Strategic Plan

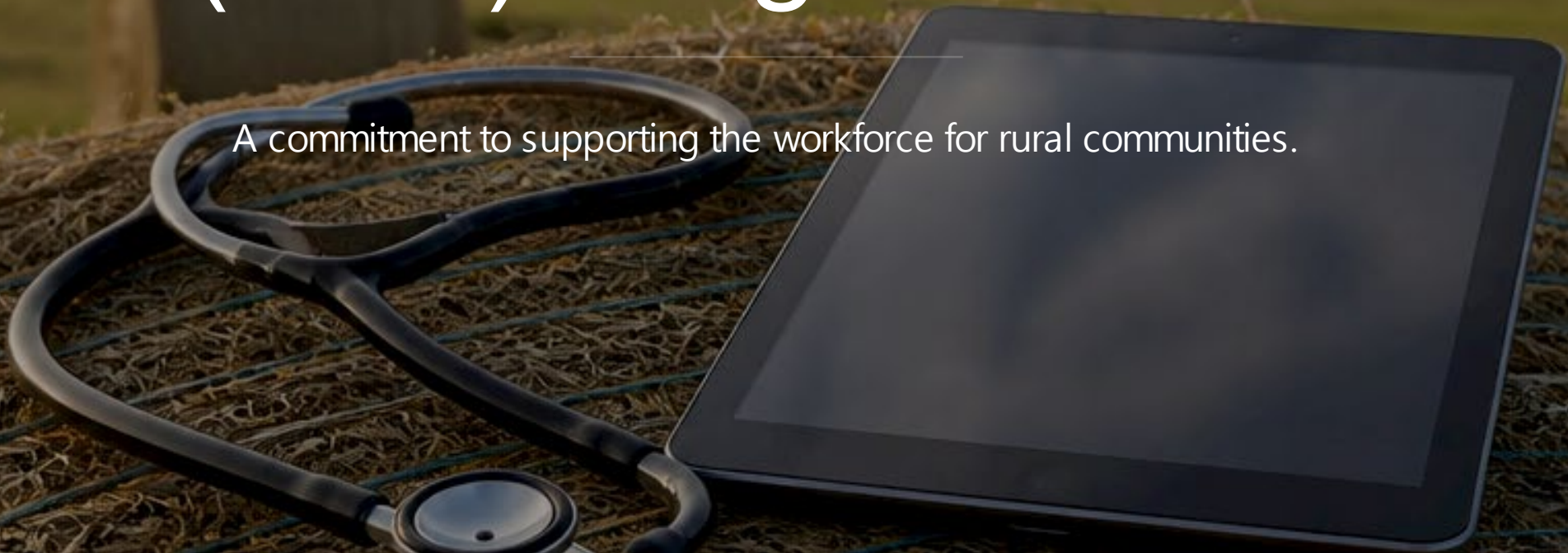
Explore our comprehensive strategies and goals for 2025-2027.



Visit: equityandwellbeing.org

Rural Health Transformation (RHT) Program 2026

A commitment to supporting the workforce for rural communities.



Rural Health Transformation (RHT) Program 2026



Program Authorization

Authorized by the One Big Beautiful Bill Act (OBBBA). Awards are subject to federal appropriations and program approval.



Funding Allocation

\$50 billion provided over five years (2026-2030) for state-led rural health transformation.



Funding Purpose

Supports long-term, sustainable improvements rather than short-term service expansion.



Award Contingency

Awards are subject to federal appropriations and program approval.

Strategic Goals of the Rural Health Transformation (RHT) Program 2026



- **Workforce Development**
Recruiting, training, and retention of a highly-skilled health care workforce.
- **Preventive Measures**
Evidence-based prevention efforts that maximize resources and drive long-term health improvement.
- **Infrastructure Development**
Build stability and capacity across the rural healthcare ecosystem.
- **Chronic Disease Monitoring and Control**
Integrated data and dashboards, competitive community grants, and chronic disease and wellness programs.
- **Tech Innovation**
Strategies to enhance care delivery beyond traditional brick- and-mortar settings.

Scope of Work

RFA - Advancing Technology, Prevention, and Workforce Capacity in Rural New Jersey



- **Activity A: Rural Preventive Health Initiatives**
Prevention programs, screenings, and health education to promote early detection and reduce disease progression.
- **Activity B: Technology Solutions, Telehealth, & Remote Patient Monitoring (RPM)**
Telehealth and RPM expansion to improve access to care. Digital tools to streamline care delivery and patient navigation.
- **Activity C: Training & Capacity Building**
Workforce training in health literacy, technology use, and program implementation. Cultural competency and stigma-sensitive care.
- **Activity D: Clinical Workforce Recruitment & Retention Initiative**
Recruitment, retention, and professional development of rural clinicians.

Clinical Workforce Recruitment and Retention

Supporting Rural Healthcare

- ✓ **Program Purpose**

Provide multi-year incentives to eligible clinical providers committing to at least 5 years of rural service, prioritizing uninsured and underinsured populations (no telehealth).
- ✓ **Application Framework**

Develop a standardized, tiered application framework for eligible providers and facilities.
- ✓ **Review Process**

Establish a transparent review process, including scoring, ranking, and payment structures.
- ✓ **Facility Standards**

Ensure facilities meet program standards, particularly in serving uninsured/underinsured patients.
- ✓ **Program Outreach**

Conduct outreach to promote the program to eligible professionals and facilities.
- ✓ **Financial Incentives**

Provide financial incentives to providers committing to 5-year service.
- ✓ **Compliance Verification**

Verify provider eligibility, service location, and compliance through contracts.
- ✓ **Enforcement Processes**

Develop and administer enforcement, including termination and recoupment for breach of contract.
- ✓ **Monitoring and Reporting**

Monitor and report workforce, service delivery, and compliance data for oversight and evaluation.

Activity D: Clinical Workforce Recruitment and Retention

CHEW-NJPHI's allowable use of grant funds

1

Direct Financial Incentive Payments

Payments to eligible providers over the 5-year service period.

2

Data Tracking, Reporting, and Compliance Monitoring

Essential for program oversight and adherence.

3

Technology or Platforms

To manage payments, service commitments, and overall program administration.

Important Note: Incentives CANNOT be applied to student or educational loan repayment.

Grant Funding - Prohibited Uses

- **Supplanting existing funds**
Using these funds to replace money already allocated or available from other sources.
- **Replacing billable/reimbursable services**
Funds cannot be used to substitute services that can be charged to clients or reimbursed by other payers.
- **Food, catering, or light refreshments**
Expenses for meals, snacks, or drinks are not permitted.
- **Fundraising activities or costs**
This includes events or expenses related to soliciting donations.
- **Personal use goods or services**
Funds are prohibited for items or services intended for individual, non-programmatic use.

- **Lobbying or legislative activities**
Cannot be used for influencing legislation or regulatory decisions.
- **Repayment of debt/interest**
Funds cannot be used to pay off loans or accumulated interest.
- **Promotional items, gifts, memorabilia, or souvenirs**
Prohibits expenditures on branded merchandise or tokens of appreciation.
- **Broadband/connectivity projects**
Cannot be used for initiatives related to internet access or network infrastructure.

- **Enhanced payment rates or incentives without outcome linkage**
Increased payments or bonuses are disallowed unless directly tied to measurable results.
- **Uncompensated care not tied to approved program initiatives**
Cannot cover costs for services provided without charge, unless part of an approved program.
- **Student/educational loan repayment**
Funds are not permitted for paying back student or educational loans.
- **Training towards a new certification or license**
Subject to 5-year commitment



NEW JERSEY
RURAL HEALTH TRANSFORMATION

SECTION

Invest Rural NJ

Invest Rural NJ

Incentives for Rural Clinicians

Workforce Incentive

Minimum annual incentive for new and existing rural clinicians.

Licensure

Must hold an active professional license.

Service Commitment

Mandatory 5-year commitment to providing services in a rural area.

Location Requirements

Services must be delivered in federally or New Jersey-recognized rural locations.

Impact Demonstration

Must show the need for services and the positive impact of service expansion.

Commitment to Rural Service

Requires evidence of dedication to serving rural communities.

Target Populations

Services must focus on high-need groups like Medicaid, Medicare, uninsured, or offer a sliding fee scale.

Site-Based Incentives

Available for shared or hybrid staffing models.

Invest Rural NJ: Clinician Eligibility



Tier 1

Physicians (MD/DO) and Dentists
(specialties included)



Tier 2

Nurse Practitioners (NPs), Physician
Assistants (PAs), Psychiatric NPs, Certified
Nurse Midwives



Tier 3

Registered Nurses (RNs) and Licensed
Practical Nurses (LPNs)

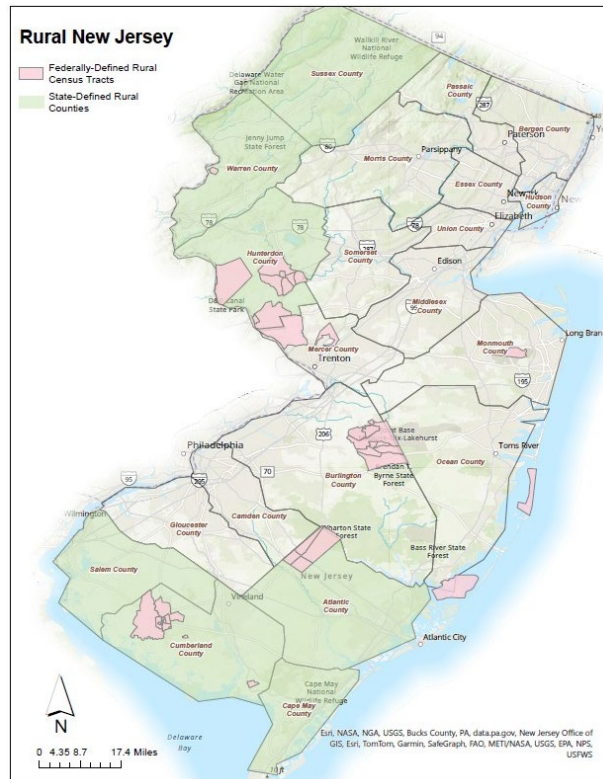


Tier 4

Licensed Clinical Social Workers (LCSWs),
Licensed Social Workers (LSWs), Licensed
Professional Counselors (LPCs), Licensed
Marriage and Family Therapists (LMFTs),
Licensed Associate Counselors (LACs),
Psychologists

Program design, eligibility criteria, funding structure, and implementation details are subject to change based on guidance and approvals from the Centers for Medicare & Medicaid Services (CMS) and at the discretion of the New Jersey Department of Health (NJDOH).

Invest Rural NJ: Eligible Areas & Entities



- **Eligible Rural NJ Areas**

Includes Federally-Defined Rural Census Tracts and State- Defined Rural Counties.

- **Eligible Entities**

Hospitals, Ambulatory Care Centers, FQHCs, CCBHCs, and Individual/Group Private Practices.

Program design, eligibility criteria, funding structure, and implementation details are subject to change based on guidance and approvals from CMS and at the discretion of the NJDOH.

An Alternative View of Rural Eligibility

New Jersey Rural Health Transformation (RHT) Program

Eligible Rural Areas – 2026

The RHT program in 2026 includes both federally-defined and state-defined rural areas in New Jersey. State-defined rural areas are based at the county-level, whereas federally-defined rurality is based at the census tract (CT) level. The table below presents all counties that have either full or partial rurality and the CTs that meet the federally-defined rurality criteria.

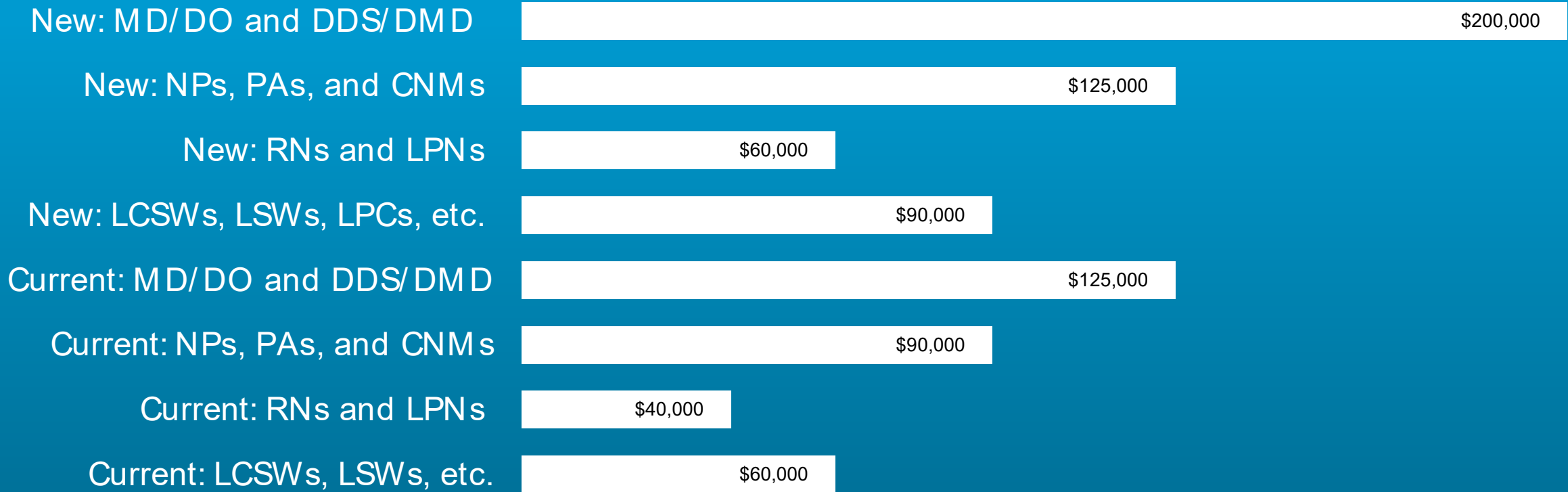
County	State Rural Definition*	Federal Rural Definition**	Federal Rural CTs	Non-Exclusive List of Townships within Federal Rural CTs
Atlantic	Full County	Partial (4 CTs)	108, 109, 110, 111	Hammonton
Burlington		Partial (9 CTs)	7021.01, 7022.06, 7022.07, 7022.08, 7022.09, 7022.1, 7048.01, 9821.11, 9822	Browns Mills, Fort Dix, Hockamik, New Hanover, Pointville, Upton
Cape May	Full County	-	-	-
Cumberland	Full County	Partial (12 CTs)	101.03, 104.02, 106, 107.02, 201, 202, 203.01, 203.02, 204, 205.02, 205.03, 206	Bowentown, Bridgeton, Dutch Neck, Harmony, Hopewell, Lakeside-Beebe Run, Laurel Heights, Shiloh, Silver Lake, West Park <i>[Also includes Bayside State Prison and Fairton Federal Correctional Institution]</i>
Hunterdon	Full County	Partial (9 CTs)	113.01, 113.03, 113.04, 113.05, 113.06, 114, 115, 118, 119	Barbertown, Flemington, Kingwood, Lambertville, Milltown, Point Breeze
Mercer		Partial (2 CTs)	33.04, 38	Ackers Corner, Bear Tavern, Coopers Corner, Harborton, Harts Corner, Princessville, Rosedale
Monmouth		Partial (1 CT)	8099.03	Naval Weapons Station Earle - Mainside
Ocean		Partial (2 CTs)	9800, 9801	Great Bay Boulevard, Island Beach State Park
Salem	Full County	-	-	-
Sussex	Full County	-	-	-
Warren	Full County	Partial (1 CT)	317	Belvidere

*State-Defined rural areas meet the criteria of a population density of less than 500 persons per square mile.

**Federally-Defined rural areas meet the criteria set by HRSA. HRSA's rural health grants eligibility analyzer provides an interactive platform to search and view all federally-defined rural areas. <https://data.hrsa.gov/topics/rural-health/rural-health-eligibility?tab=StateCounty>

Invest Rural NJ: Clinician Incentives

Minimum Incentive Amount by Tier Over the 5-Year Commitment Period



Program design, eligibility criteria, funding structure, and implementation details are subject to change based on guidance and approvals from CMS and at the discretion of the NJDOH.

How to Apply



Program staff may request clarifying or additional information during the application review and verification process.

Items Needed Before Initiating Clinician Application

Prepare these documents for a smooth application process.

1

Identification

A copy of your driver's license or passport.

2

Work Schedule

A copy of your current or proposed work schedule.

3

Professional License

A copy of your professional license or proof of license application submission.

4

Offer Letter

For new applicants, a signed offer letter if you are new to rural NJ.

5

Most Recent Paystub

For current applicants, your most recent paystub if you are currently working in rural NJ.

6

Proof of Address Change

If requesting relocation support, provide a lease agreement, mortgage statement, or utility bill.

7

Sliding Fee Scale/ Charity Care Policy/Managed Care Organization (MCO) agreement

A copy of your facility's sliding fee scale.

8

Proof of Hybrid/Shared Staffing Model

If applicable, provide an executed MOU, contract, or affiliate agreement between health systems and FQHCs/Free clinics, a shared staffing agreement outlining clinician deployment, and a joint employment or subcontracting agreement.

IRNJ Clinician Application Components

1. Screening

Initial review of applications.

2. Unique Participant Identifier (UPI)

Creation of a distinct identifier for each applicant.

3. Applicant Information

General personal details.

4. Professional Information

Clinician type, primary specialty, license details.

5. Rural Practice Site Information / Rural Workforce History

Experience and details related to rural practice.

6. Relocation

Information pertaining to relocation if applicable.

7. Commitment and Retention Narrative

Interest in rural practice, ties to rural areas, and factors supporting long-term commitment (250 words).

8. Site Need & Access Impact

Addressing vacancies, improving appointment availability, expanding services, and serving high-need populations (250 words).

9. Priority Populations / Equitable Access Description

Focus on underserved groups and equitable access (150 words).

10. Geographic Priority

Information on preferred or targeted rural locations.

11. Practice Readiness

Credentialing and preparation for practice.

12. FQHC & Free Clinics Hybrid Staffing Models / Participation

Details on involvement with these models.

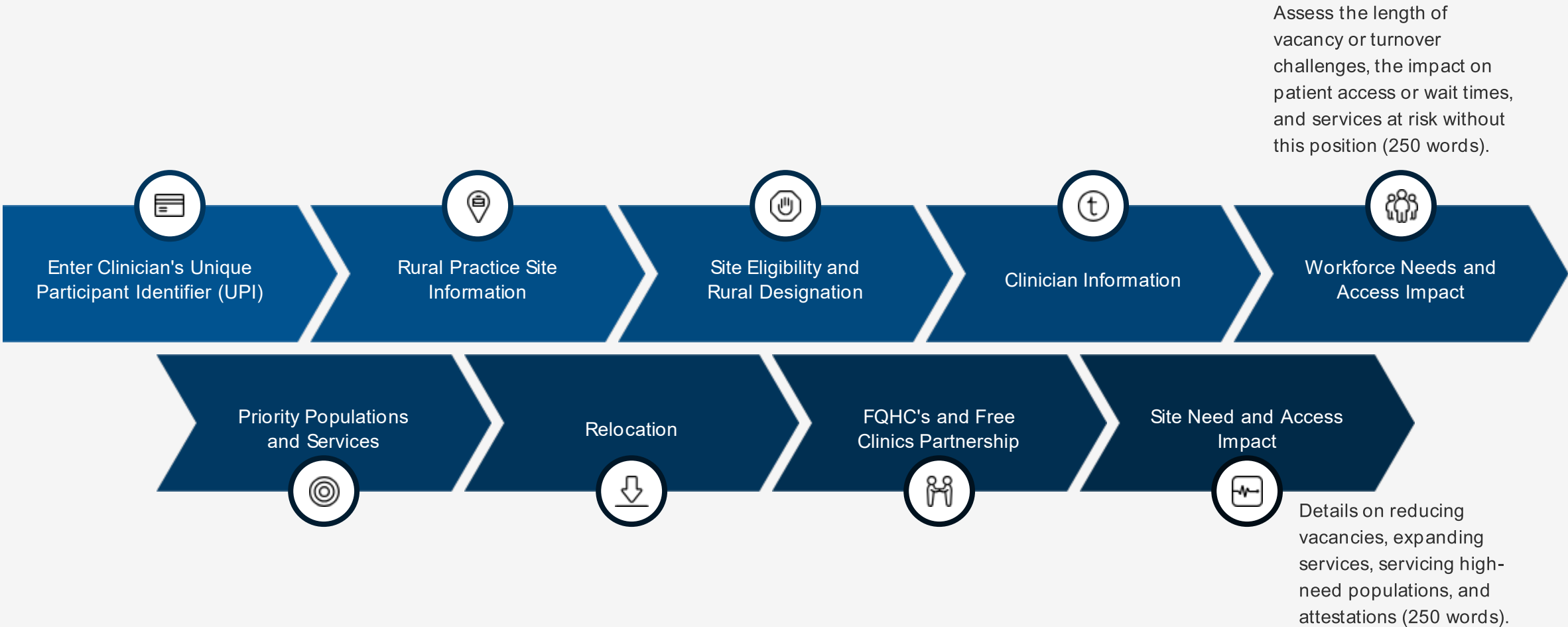
13. Attestations and Acknowledgments

Applicant's formal confirmation.

14. Files Uploading

Submission of required documents.

IRNJ Employer Companion Application



Program staff reserves the right to request clarifying and/or additional information during the application review and verification process.

Applicant Scoring Rubric

Criteria	Maximum Points
Rural Priority & Rural Entry	15
Clinical Scarcity & Tier Priority	20
Rural Site Need & Access Impact	15
Hybrid/Shared Staffing Model	15
Commitment & Retention Strength	15
Practice Readiness & Time-to-Service	10
Alignment with Priority Services/Population Impact	10

Rolling Applications

September 30th, 2026





NEW JERSEY
HEALTH CARE
**QUALITY
INSTITUTE**

SECTION

Partnership with New Jersey Health Care Quality Institute (NJ HCQI)

New Jersey Health Care Quality Institute



Our Mission

Improving the safety, quality, and affordability of health care for everyone.

Our Vision

A world where all people receive safe, equitable, and affordable health care and live their healthiest lives.

Our Members

Our members come from every sector of health care. Together we work on quality improvement, policy, and community health initiatives.

Our Work

The Quality Institute convenes a diverse membership of healthcare stakeholders and community leaders.



- **Core Program Areas**

Our work is organized across three core program areas: Policy, Quality Improvement, and Community Health.

- **Educational Programs Focus**

Our educational programs focus on workforce development, payment reforms, quality improvement, using data.

Invest Rural NJ

Workforce Integration and Rural Care Transformation

1

Virtual Learning Collaboratives

Engagement in virtual learning sessions and collaborative problem-solving.

2

Shape Learning Topics

Opportunities to influence the direction of learning content through needs assessments.

3

Evidence-Based Tools and Resources

Access to practical tools and resources specifically designed for rural healthcare settings.

4

Data Translation Support

Assistance in converting data into effective quality improvement strategies.

Invest Rural NJ - What to Expect

- Workforce Retention and Clinician Satisfaction

Focus on strategies to keep healthcare professionals in rural areas and ensure their job satisfaction.

- Burnout Prevention and Staff Wellbeing

Implement programs to prevent burnout and promote the overall well-being of healthcare staff.

- Team-Based and Integrated Care Models

Develop collaborative approaches to care delivery involving diverse healthcare teams.

- Improving Patient Access and Experience

Enhance patients' ability to access healthcare services and improve their overall experience.

- Continuous Quality Improvement and Performance Outcomes

Focus on ongoing enhancements to service quality and measurable performance results.



Clinician Interest Survey

Invest Rural NJ Program



- ✓ Scan the QR code
Scan the QR code on this slide to access the survey.
- ✓ Use the link
Use the link provided in the chat to access the survey.

Your response will help us better understand interest and inform ongoing program design and planning efforts.

Resources

Invest Rural NJ Resources

CHEW-NJPHI NJDOH Partnership Page (includes Invest Rural NJ):
<https://equityandwellbeing.net/njdoh-partnership-portfolio/>

Social Vulnerability Interactive (SVI) Map:
<https://www.atsdr.cdc.gov/place-health/php/svi/svi-interactive-map.html>

Rural Health Grants Eligibility Analyzer:
<https://data.hrsa.gov/topics/rural-health/rural-health-eligibility>

Health Professional Shortage Area (HPSA) Finder:
<https://data.hrsa.gov/topics/health-workforce/shortage-areas/hpsa-find>

Find Medically Underserved Area and Medically Underserved Population (MUA/P) designations:
<https://data.hrsa.gov/topics/health-workforce/shortage-areas/mua-find>

Join the Invest Rural NJ Listserv:
<https://mailchi.mp/1d332fdfeaa/irnj-subscription-page>

Contact Us: investruralnj@equityandwellbeing.org

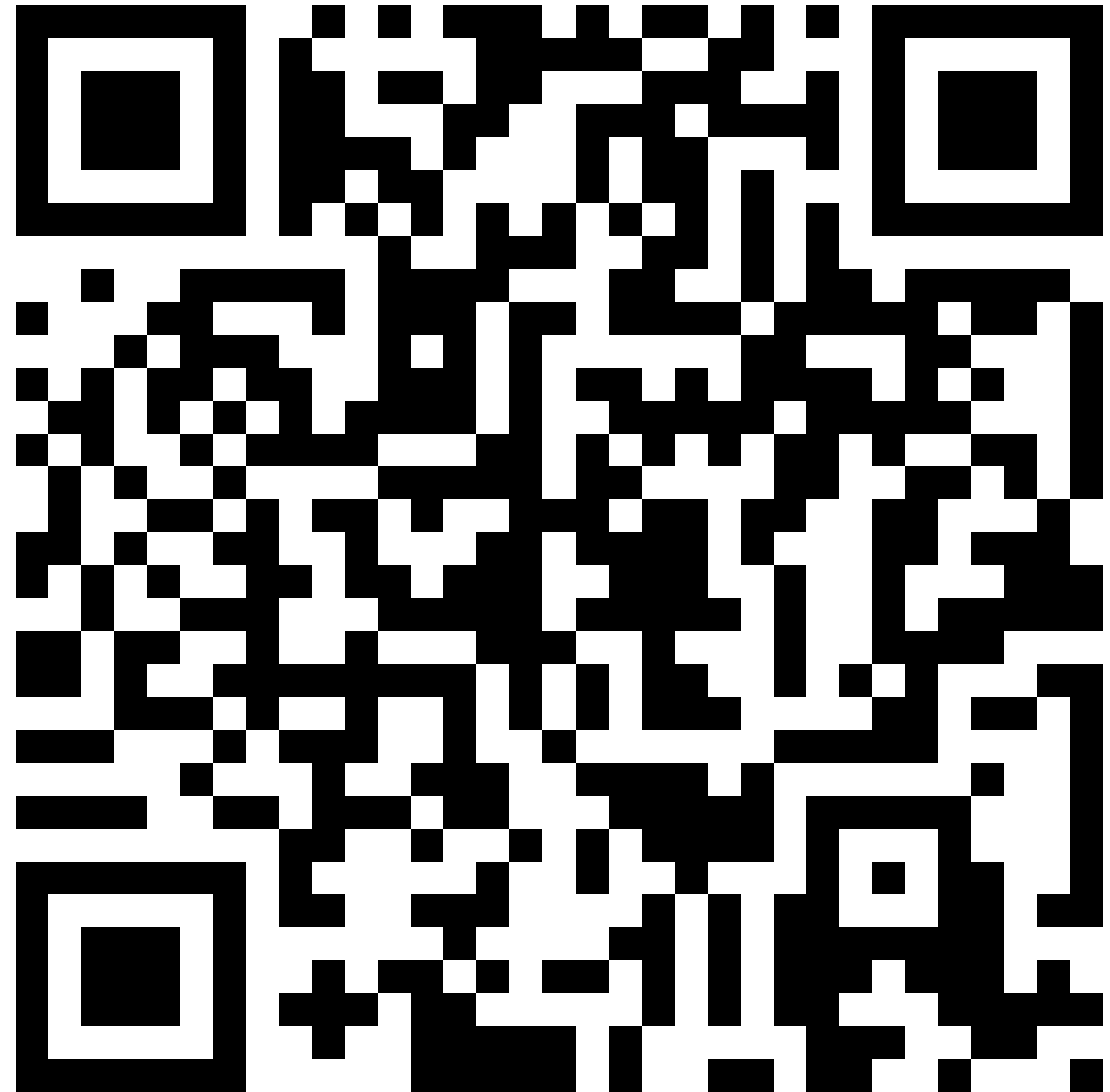
Frequently Asked Questions (FAQs): Coming soon!



How to Apply to Invest Rural NJ

Are you an eligible clinician with a signed offer letter for an eligible rural location, or an eligible clinician currently working in an eligible rural area and location?

If you meet these criteria and are interested in applying to the Invest Rural NJ program, please use the QR code on the screen or the link in the chat to begin your application.



Questions & Answers