Rural Veterans and the Rural Health Transformation Program: A State-by-State Reference, July 2026

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Introduction

The prompt for this document was the idea of looking at which states are doing RHTP work with Veterans in their published narratives. I was able to do that, based on a text-based review of the docs. In taking a closer look at all of the documents I've collected in the context of my Rural Health Transformation Grant Tracker project, including publicly available webinars, RFPs, vendor lists, LOI submissions, and so on, a more fulsome picture emerges.

This document organizes all of this the evidence via two lenses:

- Supply: what states wrote into their own plans
- Demand, how Veterans surface in the actual applications and in the pool of vendors and potential grantees

As this 5-year program moves forward, the demand side is where there may be opportunities to help shape program design and spending at the state level.

One fact for context: the RHTP is rebuilding the same rural hospitals, clinics, EMS, and telehealth networks where 4.7 million rural Veterans get care and where VA already pays community providers more than $36 billion a year. Only one state — Nebraska — has proposed wiring the two together.

Supply: direct mention in state planning (4)

Nebraska

NE Final Project Narrative RHTP 2025
$2M/yr (proposed estimate; no BP1 figure stated)
Initiative 2.4, "Veteran EHR Coordination," partners with the VA to integrate the External Provider Scheduling (EPS) system into up to 72 rural facilities (CAHs, RHCs). It prioritizes by claims data on where Veterans receive care, with an outcome metric of the "number of veterans using EHR to schedule appointments outside the VA."

Nevada

NV Rural Veteran Health Transformation RFA
$2,384,094 (BP1)
A dedicated "Rural Veteran Health Transformation" RFA with eligibility limited to the Nevada Department of Veterans Services. Applications closed 4/30/2026, and while decisions were promised by 5/15/2026, no award has been published.

Wisconsin

WI DHS RHTP Application Narrative
$2,000,000 (one-time, proposed)
Includes private telehealth rooms at the state's County and Tribal Veterans Service Offices, administered by the Wisconsin Department of Veterans Affairs (the only state Veterans agency named as an RHT recipient).

Texas

TX Rural Health Transformation Program
None stated (scheduled for Year 2 / BP2)
Mentions an intergovernmental agreement with the General Land Office to provide advancements to rural veteran nursing homes, included as a single sentence within a cybersecurity initiative (Initiative 5).

Supply: mention Veterans in passing (18)

These carry no funded Veterans work — a demographic figure, a payer-mix line, a facility inventory, a stock population list, or workforce language. The exact reference and its category:

State	Type of mention	Verbatim reference	Source
Alabama	CCBHC target-population list	"chronic disease patients, deserving veterans, and individuals in medically underserved areas."	ARHTP Project Narrative
Alaska	Demographic	"veterans make up about 10% of the adult civilian population in the state, the highest rate among all states."	AK RHTP Project Narrative
Florida	Payer list (TRICARE, not VA; "veteran" appears zero times)	"...Medicare, Medicaid, CHIP, TRICARE, insurance plans, AARP plans... or any other federal, state, or local programs"	FL RHTP Grant Application
Hawaii	Facility name (not a VA facility)	"Kauai Veterans Memorial Hospital"	Engage Hawaii RHTP
Idaho	Rhetorical line	"Idaho's rural families, farmers, veterans, and seniors deserve local, community-rooted care, not permanent government expansion."	Idaho DHW RHTP
Illinois	Payer-mix statistic	"...1% by military or Department of Veteran Affairs (VA)..."	IL RHTP Program Narrative
Maine	Stakeholder list + CCBHC boilerplate	"…Veteran's Administration (current mobile vans)…"; CCBHC "places special focus	Maine DHHS Rural Health

		on service members and veterans"	
Michigan	CCBHC "mandatory population" (inside a funding line)	"...services tailored to mandatory populations such as active-duty military and veterans."	MI RHTP Project Narrative
New Hampshire	Demographic comparison	"Rural rates are higher than non-rural rates for… veteran status (by 13%)."	NH RHTP Project Narrative
North Carolina	Need statistic	"the second-highest number of rural veterans in the nation (about 730,000)"	NC RHTP Application
North Dakota	Specialized-population list (behavioral health)	"This includes individuals reentering communities after incarceration, veterans, students, and families."	ND RHTP Project Narrative
Oklahoma	Braided-funding stream (aspirational)	"…braided funding that integrates streams including Medicaid, FTA Sections 5310 and 5311, the U.S. Department of Veterans Affairs (VA), Tribal transit…"	OK RHTP Project Narrative
Pennsylvania	Target-population list + partner list	"Target populations include older adults, individuals with disabilities, veterans, pregnant women…"	PA Rural Health Transformation Plan
Rhode Island	Governance seat	"Participating entities include… Office of Veterans' Services (OVS)…"	RI RHTP Project Narrative
South Dakota	Facility inventory + CCBHC boilerplate	"…three Veterans Administration hospitals, four IHS hospitals…"	SD RHTP Project Narrative

Vermont	Facility inventory table	"Veterans Affairs Hospital 1 1 0"	VT RHT Project Narrative
West Virginia	Workforce law (existing state policy, not RHTP-funded)	"the State has passed legislation to allow qualified military medics to receive recognition for paramedic licensure in West Virginia, expanding the EMS workforce"	WV Project Narrative
Wyoming	Payer/demographic (TRICARE & VA)	"Warren Air Force Base and the associated military retiree community in Cheyenne increases the urban percentage of VA and TRICARE."	WY Final Application

Two of the eighteen point somewhere useful: West Virginia's military-medic-to-paramedic pathway is the closest thing to a Veterans workforce channel in any of the eighteen (though it is pre-existing state law, not RHTP-funded), and North Carolina's 730,000 rural Veterans is the strongest unacted-on need statement. The other sixteen are scenery.

Supply: no mention of veterans (28)

Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Georgia, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, New Jersey, New Mexico, New York, Ohio, Oregon, South Carolina, Tennessee, Utah, Virginia, Washington.

Two are worth naming because the argument is already in their own plans: North Carolina cites "the second-highest number of rural veterans in the nation (about 730,000)" and proposes nothing; Alaska cites the highest Veteran share in the nation and proposes nothing.

Demand: the Veteran voice in application data published Alaska

Alaska is the only state whose applicant pool is visible. It solicited and published 1,787 Letters of Intent. Of those, seventeen substantively involve Veterans. Six advanced to an implementation application, eleven were deferred. Outcomes below are the state's,

recorded in the Alaska RHTP LOI tracker; "Advanced" means advanced to an implementation application, not funded.

Applicant	The Veteran element of the proposal	Outcome	Funding band
Southeast Alaska Independent Living (SAIL)	Participant-directed care that "keeps veterans home" instead of nursing homes ($40K/yr vs. $334K–$436K/yr); cites Alaska's nation-leading Veteran concentration. The most Veteran-centric LOI in the pool.	Advanced	$50K–$250K
Aleutian Pribilof Islands Association	Renovated space to host "Elder case management and Veteran suicide prevention services."	Advanced	$50K–$250K
Orca Labs	Dementia-care pilot whose technology partner (Alula / Vestality LLC) is service-disabled-veteran-owned.	Advanced	$250K–$1M
Alaska Stroke Coalition	Adds JBER as a referral site for "rural Alaskans who move through	Advanced	$250K–$1M

Applicant	The Veteran element of the proposal	Outcome	Funding band
	military and veteran systems." (JBER is a DoD installation, not VA.)		
Knik Tribal Council	"Veteran support services" named in the hub's service list.	Advanced	$1M–$5M
North Star Behavioral Health	"Specialized services for veterans and first responders" cited as evidence of statewide-hub status.	Advanced	$1M–$5M
Wisdom Traditions (Generative Healing)	Veterans named in the title; built around trauma, "military sexual trauma (MST)," and "veteran specific services."	Deferred	$1M–$5M
AMC Health	The only applicant in all 1,787 describing an operational role inside a VA program: "eight years... supporting Veterans through the VA Home	Deferred	$1M–$5M

Applicant	The Veteran element of the proposal	Outcome	Funding band
	Telehealth Program."		
Catholic Social Services	Proposed a formal referral pathway from the Supportive Services for Veteran Families (SSVF) program.	Deferred	$250K–$1M

Seven additional LOIs name Veterans only within a list of populations, referral sources, or coverage rules (Altair Community Health, Fairbanks Rescue Mission, Bee Well Chiropractic, Innovation Horizons, Jilkaat Kwaan Heritage Center, Mo On the Go Transport, Tanana Chiefs Conference). Three further "veteran" matches meant *seasoned* — a veteran consultant, a veteran educator, a 27-year FAA veteran — and are excluded.

As more states publish application data, we can track more Veteran demand for RHTP funds.

Demand: vendors and potential grantees

Another way to track demand is via vendor lists published by states. Organizations positioned to serve Veterans with RHTP money. Note the distinction: state agencies named in plans are near-certain recipients; vendors that self-registered on state directories or interest lists have **not** been selected.

Organization	What we know	State	Link
Wisconsin Department of Veterans Affairs	Named RHT award recipient; administers the $2M Veterans telehealth line.	WI	dva.wi.gov

Organization	What we know	State	Link
Nevada Department of Veterans Services	Sole eligible applicant for the $2,384,094 Veterans RFA.	NV	veterans.nv.gov
Rhode Island Office of Veterans Services	Holds a seat in Rhode Island's RHTP governance structure.	RI	vets.ri.gov
Providence VA Medical Center	Named as an RHTP stakeholder / HIT infrastructure prospect in Rhode Island; five clinical and engineering staff identified.	RI	va.gov
Mountain Veteran Solutions	Veteran-owned rural health data/IT vendor; self-registered on Montana's vendor directory.	MT (self-registered)	mountainvetsolutions.com
Arise Veteran Foundation	Clinical and social care coordination for Veterans and Alaska Native/American Indian families; self-registered, Montana.	MT (self-registered)	arise-veteranfoundation.org
Veterans Navigation Network	Rural Veteran resource navigation, case management, peer	MT (self-registered)	veteransnavigation.org

Organization	What we know	State	Link
	mentorship; self-registered, Montana.		
Lakeraven, LLC	Native-owned, veteran-led digital services consultancy; on Oregon's RHTP vendor interest list.	OR (vendor list)	lakeraven.com
Televeda	Reduces isolation in "rural, Tribal, women, Veteran, and historically underserved communities"; on Oregon's vendor list.	OR (vendor list)	televeda.com
Source One Serenity	Veteran purpose-and-recovery through land stewardship; on Oregon's vendor list.	OR (vendor list)	sourceoneserenity.org

Caveats

- Nothing has been awarded to a Veterans-serving entity in any state. Every figure above is proposed, fenced, or self-registered — none obligated.
- Nevada's award is unpublished as of July 17, two months past its own 5/15 decision deadline. Unpublished is not unmade; the question is open. RHTP@nvha.nv.gov.
- Nebraska and Wisconsin dollars are estimates in applications, not obligations. Neither has released a Veterans procurement. Nebraska's document states no Budget Period 1 figure.
- Texas is one sentence inside a cybersecurity initiative, scheduled for Year 2. The terms "Veterans Land Board," "Texas State Veterans Homes," and "Interagency

Cooperative Agreement" do not appear in the source; they are inferences that circulate in trackers.

- Alaska's deferrals were not necessarily deferred for being Veterans work. No scoring rationale is public; LOIs competed on many dimensions. The defensible statement is only that Veterans work arrived unsolicited and none advanced at scale — including the one applicant already inside a VA program.
- Vendor self-registration is not selection. Appearing on a state directory or interest list confers no award or endorsement.

Sources for the framing facts

- VA Office of Rural Engagement
- VA Community Care: External Provider Scheduling
- VA Community Care contributed more than $36B to local economies in FY 2025
- Rural Veterans and Access to Healthcare Overview — Rural Health Information Hub