

RHTP: Rural Eligibility Definition and Methodology

The Louisiana Rural Health Transformation Program (RHTP) adopts a multi-pathway rural eligibility methodology to balance federal alignment with program flexibility. This approach ensures that funding reaches both traditional rural providers and organizations that demonstrably serve rural populations, including through innovative delivery models.

Organizations may qualify as “rural” through one of three pathways: federally recognized rural location under HRSA criteria, CMS-designated rural hospital status, or a population-based approach demonstrating that a majority of patients served reside in rural areas as defined by RUCA methodology. This can be apply to the organization as a whole based on headquarters, or using a specific location (i.e., clinic, office, etc.) serving a rural population within that office.

This multi-pathway approach ensures alignment with federal standards while enabling inclusion of organizations that meaningfully serve rural populations regardless of physical location. Together, these pathways ensure alignment with federal standards while enabling inclusion of organizations that deliver meaningful care to rural populations regardless of physical location.

Eligibility Pathways

An organization is considered eligible as a rural-serving organization if it meets the conditions of at least one of the following pathways:

Pathway 1. HRSA Rural Designation (Federal Standard)

Organization is located in an area designated as rural under HRSA FORHP criteria, including:

- Non-metropolitan counties
- RUCA-aligned rural census tracts within metropolitan counties

Required Documentation

Organizations can determine their HRSA eligibility utilizing the [HRSA Rural Health Grants Eligibility Analyzer](#). Provide confirmation of HRSA eligibility with submitted proposals.

Pathway 2. CMS Rural Hospital Designation (Facility-Based)

Organization qualifies under CMS rural classifications, including:

- Critical Access Hospitals (CAH)
- Sole Community Hospitals (SCH)
- Medicare Dependent Hospitals (MDH)
- Hospitals in rural-designated areas

Required Documentation

Provide CMS designation documentation with submitted proposals.

3. RUCA-Based Patient-Serving Definition (Population-Based)

The USDA, Economic Research Service's (ERS) Rural-Urban Commuting Area (RUCA) codes are a classification scheme allowing for flexible, census tract delineation of rural and urban areas throughout the United States and its territories. Organizations or specific locations within the organization that can demonstrate that they serve greater than 50% of patients or recipients reside in ZIP codes classified as rural (RUCA 4–10).

Required Documentation

- 1) Patient ZIP code distribution data
- 2) RUCA crosswalk methodology
- 3) Calculation of rural population share

For more information on RUCA codes visit <https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes>

Program Considerations

The State reserves the right to validate all submissions using federal datasets to ensure consistency and integrity. This methodology is designed to align with HRSA and CMS standards while expanding eligibility to include high-impact providers that may not be geographically rural but serve rural populations, supporting innovative care models such as telehealth, mobile delivery, and regional hubs, and ultimately directing funding based on measurable rural patient impact.

For questions or additional clarification, applicants are encouraged to contact ruralhealthtransformation@la.gov.