



Rural Healthy Aging: Policy and Infrastructure Opportunities for the Rural Health Transformation Program (RHTP)

Opportunities for States to Integrate Aging Priorities in Rural Health Transformation

Rural communities are [aging faster than urban areas](#), with a [higher proportion](#) of older adults living alone and [managing multiple chronic conditions](#). Most rural residents [express a desire](#) to [age in place](#), yet face persistent barriers in care navigation, housing safety, transportation, workforce availability, social isolation, food insecurity, and digital access. The [Rural Health Transformation Program](#) (RHTP) provides an opportunity for states to coordinate existing aging infrastructure—such as [Area Agencies on Aging](#) (AAAs), [Aging and Disability Resource Centers](#) (ADRCs), [Community Care Hubs](#) (CCHs), and [Multisector Plans for Aging](#) - within broader rural health system redesign. More information on the RHTP is available on the [NRHA RHTP page](#).

Integrating healthy aging into rural transformation is a strategic alignment with rural demographic trends. By leveraging existing aging infrastructure—ADRCs, AAAs, CCHs, caregiver supports, technology investments, and long-term services and supports (LTSS) policy frameworks—states can enable older adults to age safely in their communities while strengthening the sustainability of rural health systems. Integrating aging priorities is not additive, but structural: it aligns health transformation strategies with demographic realities.

Key Resources:

- Connect with your state's agency on aging.
 - If you are not sure who to contact in your state, reach out to ADvancing States for assistance at Aging@advancingstates.org.
- Aging-focused organizations:
 - [American Association of Retired Persons](#) (AARP)
 - [Administration for Community Living](#) (ACL)
 - [ADvancing States](#)
 - [Aging and Disability Business Institute](#)
 - [Alliance for Aging Research](#)
 - [Center for Health Care Strategies](#) (CHCS)
 - [Center for Medicare Advocacy](#)
 - [Center of Excellence for Telehealth and Aging](#)
 - [Dementia Friendly America](#)
 - [Diverse Elders Coalition](#) (DEC)
 - [Institute for Healthcare Improvement](#) (IHI)
 - [LeadingAge CAST](#)
 - [National Academy for State Health Policy](#) (NASHP)
 - [National Alliance for Caregiving](#)
 - [National Conference of State Legislatures](#) (NCSL)
 - [National Council on Aging](#) (NCOA)
 - [National PACE Association](#) (NPA)
 - [Trust for America's Health](#) (TFAH) [age-friendly initiatives](#)
 - [USAging](#)
- Rural Health Information Hub (RHInhub) [Aging in Place Toolkit](#)
- National Rural Health Association [National Rural Age Friendly Initiative](#)
- [The John A. Hartford Foundation](#)

Strategic Opportunity Areas for Rural Healthy Aging

Topic	Opportunity	Resources
Policy Alignment and Planning Frameworks	<p>Consider the design and structure of state-funded programs for older adults to maximize the use of state dollars and more efficiently support older adults.</p> <p>Review existing Multisector Plans on Aging (MPAs), (sometimes called) Master Plans on Aging. An MPA is a comprehensive, 10+ year plan for restructuring state and local policies and convening a wide range of cross-sector stakeholders to address the needs of older adults. States may reference existing MPAs to align rural health transformation with existing aging strategies. Review best practices for MPAs.</p> <p>Review or reference existing Alzheimer's Disease Related Dementias Strategic Plans or Age-Friendly State Initiatives to align rural health transformation with existing strategies. States may review</p>	<p>Example: Maryland is consolidating three state-funded program into a new program called Supporting Older Adults with Resources (SOAR), to efficiently and effectively serve more older adults throughout the state.</p> <p>Multisector Plan for Aging – Map and links for states that have a MPA in place or in development</p> <p>Developing a Multisector Plan for Aging - Center for Health Care Strategies</p> <p>Age-Friendly State Initiatives Age Friendly States and Communities</p> <p>Alzheimer's Disease Related Dementias: Strategic Plans Alzheimer's Disease Program CDC</p> <p>Policy models may be sourced through national trackers:</p> <ul style="list-style-type: none"> NCSL Health & Aging Legislation Tracker NASHP Aging & Disabilities Policy Hub
Access & Navigation Infrastructure	<p>Partnering with existing aging access networks that serve as the centralized entry points for navigation, benefits counseling, and referrals. ADRCs and No Wrong Door (NWD) systems connect older adults to long-term services and supports (LTSS), home-delivered meals, transportation, assistive devices, and housing resources through information and assistance services, person-centered counseling, and referrals. ADRCs and NWD systems are primary access points for aging services, and as such understand the</p>	<p>NWD Technical Assistance (TA) Community – The Administration for Community Living's (ACL) NWD TA Community provides for collaboration across states' NWD communities. The website includes a promising practices hub; a robust search feature and tags to easily find resources; and a learning section where users can understand the essentials of a NWD system, learn about grant funded NWD projects outcomes, and access webinars, podcasts and a discussion board.</p> <p>Eldercare Locator is an excellent, one-stop shop for connecting older adults to social services provided by AAAs, ADRCs, and NWD systems across the U.S. https://eldercare.acl.gov/home</p>

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<p>Access & Navigation Infrastructure (cont.)</p>	<p>complex issues older adults experience and have built strong service networks to meet the holistic needs of their clients.</p> <p>Contracting between AAAs and other CBOs and health care organizations: Aging and Disability Business Institute has a wide array of resources, assessments, and resources for community-based organizations forming relationships with health care organizations, including some rural examples https://aginganddisabilitybusinessinstitute.org/</p>	<p>Title VI Native American Aging Programs: coordination between organizations that serve Tribal elders, resources include the native food directory, transportation, Tribal consultation, and more https://olderindians.acl.gov/home#gsc.tab=0</p> <p>Benefits counseling and enrollment: support for helping older adults understand their options for how to receive and pay for programs and services:</p> <ul style="list-style-type: none"> • SHIP Medicare counseling https://www.shiphelp.org/ • Success stories and program examples (including rural areas) https://aginganddisabilitybusinessinstitute.org/wp-content/uploads/2025/09/USAgging_SuccessStory_Benefits_508.pdf <p>Community Care Hubs (CCHs), mapped nationally by USAgging, serve as regional backbones for delivering evidence-based aging programs, coordinating community services, and administering social care programs</p>
<p>Caregiver & Direct Care Workforce Supports</p>	<p>Enhancing supports available to caregivers to help reduce and delay the need for more costly hospitalizations. Family caregivers of older adults in rural areas are usually the primary unpaid caregiver for their loved one and usually have no paid help. Nationally, one in three caregiver recipients lives in a rural location.</p> <p>Recent state strategies to support unpaid family caregivers include:</p> <ul style="list-style-type: none"> • Offering caregiver training and support services • Increasing respite services offerings • Implementing caregiver assessment tools • Offering caregiver tax credits 	<p>Examples:</p> <ul style="list-style-type: none"> • Implementing structured family caregiving services in Medicaid 1915(c) waiver programs (see a comparison across three states) • Overview of caregiver assessments and profile series from ACL, and assessment tools used in California, Massachusetts, Minnesota, and Washington State • 40 states used funding from the American Rescue Plan Act (ARPA) to implement initiatives related to the direct care workforce. Review lessons learned from ARPA HCBS Spending plans. <p>Resources</p> <p>From ADvancing States:</p> <ul style="list-style-type: none"> • Caregiver & Workforce Policy • National infographic on family caregivers • National infographic on direct care workforce

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<p>Caregiver & Direct Care Workforce Supports (cont.)</p>	<p>Direct care workers (e.g., personal care providers, home health aides) provide essential services and supports to older adults. Direct care workforce strategies may include rural pipelines, wage stabilization, portable credentials, and alignment with Medicaid HCBS workforce investments.</p> <p>Recent state strategies to support the direct care workforce include:</p> <ul style="list-style-type: none"> • Rural pipelines • Wage stabilization • Transportation support • Portable credentials 	<p>Direct Care Workforce Strategies Center PHI Workforce Data Center</p> <p>From AARP & National Alliance for Caregiving:</p> <ul style="list-style-type: none"> • Fact Sheet: The “Typical Caregiver of a Care Recipient Living in a Rural Area • Report: Caregiving in the United States 2020 <p>National Caregiving Strategy</p> <ul style="list-style-type: none"> • Caregiver Services and Supports National Caregiver Champion Collaborative and Innovations Hub https://www.usaging.org/national-caregiver-champion-collaborative • Caregiver Navigation Services https://www.usaging.org/caregivernavigation <p>Alzheimer's Disease and other Related Dementias resources and support</p> <ul style="list-style-type: none"> • Dementia Friendly America https://www.usaging.org/dfa • Innovations in Dementia Respite: Center for Dementia Respite Innovation (CDRI) https://www.alz.org/professionals/professional-providers/center-for-dementia-respite-innovation <p>Intergenerational connections:</p> <ul style="list-style-type: none"> • Grandfamilies & Kinship Support Network https://www.gksnetwork.org/ • Generations United https://www.gu.org/ <p>Volunteer efforts: Community Care Corps, non-medical caregiving https://www.communitycarecorps.org/</p> <p>Senior volunteering and employment:</p> <ul style="list-style-type: none"> • Senior Community Service Employment Program https://www.dol.gov/agencies/eta/seniors • AmeriCorps Seniors Retired and Senior Volunteer Program (RSVP) [Federal website not active – state and county examples linked below: • AmeriCorps Seniors Minnesota • AmeriCorps Seniors Retired and Senior Volunteer Program (RSVP) - promoting health and independence of older adults

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Digital Health & Technology for Aging	<p>Technology plays a growing role in extending independence, increasing access to care and reducing isolation.</p> <p>Strategies may include increasing access to:</p> <ul style="list-style-type: none"> • Telehealth • Remote patient monitoring • Medication reminders • Fall-alert devices • Digital literacy programs • Broadband • Intergenerational technology programs <p>Partnering with libraries, cooperative extension programs, or senior centers to expand device access and training for older adults.</p> <p>Increasing use and interoperability of health information technology to support coordination of care and services.</p>	<ul style="list-style-type: none"> • Enabling Technology Resources (ADvancing States) • National Council on Aging (NCOA) Technology Resources • Center of Excellence for Telehealth & Aging (CE4TA) • LeadingAge CAST – Technology Tools & Evaluation • Association of Assistive Technology Act Programs (ATAP) • Older Adults & Technology: OATS Senior Planet partnership https://oats.org/wp-content/uploads/2020/06/NoCo2020Report.pdf • Virtual Programming/telehealth support: Tips for organizations in implementing virtual programming <p>Health Systems Transformation: Including Social Care in data standards and documentation</p> <ul style="list-style-type: none"> • HL7 FHIR https://www.hl7.org/fhir/overview.html • Direct Trust https://directtrust.org/standards/ix4hs • Gravity Project https://thegravityproject.net/
Home Safety, Housing & Community Integration	<p>Safe housing and mobility supports are foundational to aging in place as are strategies that support reduction in social isolation and improve transportation options.</p> <p>States can explore home modification grants, fall-risk assessments, and coordination with housing and community development entities such as USDA Rural Development.</p> <p>Reducing social isolation and loneliness for older adults:</p> <ul style="list-style-type: none"> • Social Engagement programs • Volunteer programs (also see above) • Transportation partnerships 	<p>The Housing and Services Resource Center has many resources for housing services and supports for older adults, including rural examples: https://acl.gov/HousingAndServices</p> <p>Doors to housing for older adults: https://www.usaging.org/content.asp?admin=Y&contentid=1702</p> <p>engAGED The National Resource Center for Engaging Older Adults has resources and a list of innovations in social engagement programming, including a filter for rural programs and services https://www.engagingolderadults.org/</p> <p>Commit to Connect Social Connection National Network of Champions https://committoconnect.org/network-champions/</p>

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Home Safety, Housing & Community Integration (cont.)	<p>Implementation of evidence-based programs such as fall prevention and chronic disease self-management</p> <p>Transportation partnerships, volunteer driver networks, and rural senior centers may also support mobility and integration.</p>	<p>Evidence-based programs—including A Matter of Balance, Otago, and Tai Ji Quan—are supported by National Council on Aging (NCOA) and can be delivered through AAAs or CCHs.</p> <p>Coordinating Council on Access and Mobility Technical Assistance Center (CCAM-TAC) https://www.ccam-tac.org/</p> <p>Accessible Transportation Resource Center : https://acl.gov/TransportationCenter</p> <p>National Aging and Disability Transportation Center https://www.nadtc.org/</p> <p>Lutheran Services of America Rural Aging Action Network: Mobilizing Rural and Frontier Communities to Empower Older Adults and Caregivers https://lutheranservices.org/rural-aging-action-network/</p>
Integrated and Innovative Care Models	<p>Several states have been testing integrated care models to improve and streamline care for individuals who are dually eligible for Medicare and Medicaid. There are also opportunities to incorporate integrated services into value-based payment models.</p> <p>Examples include: Exercising contracting authority with Medicare Advantage dual-eligible special needs plans (D-SNPs) for improved coordination of benefits <i>For example:</i> States can leverage hospital admission, discharge, and transfer (ADT) data from D-SNPs to more quickly identify and intervene to support duals to transition home to the community and avoid more costly nursing facility stays.</p> <p>Implementing or expanding the Program of All-Inclusive Care for the Elderly (PACE).</p>	<p>PACE Resources and Examples:</p> <ul style="list-style-type: none"> • PACE Resources for States • PACE Model Integration • Two examples of rural PACE programs in VA: <ul style="list-style-type: none"> ○ ALLCARE for Seniors and Mount Rogers PACE ○ Mountain Empire Older Citizens (MEOC) <p>Medicare physician fee schedule: Resources from the Partnership to Align Social Care on new billing codes that support community health integration and principle illness navigation: https://www.partnership2asc.org/healthecho/implementation-resources/</p> <p>GUIDE Model: nationwide model test that aims to support people with dementia and their unpaid caregivers https://www.cms.gov/priorities/innovation/innovation-models/guide</p> <p>Rural Health Value: Catalog of Value-Based Initiatives for Rural Providers</p> <p>Mobile clinics: health care models for areas where there is limited transportation https://www.mobilehealthmap.org/clinics/</p>

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	PACE programs) demonstrate full coordination of health, social, and long-term care using capitated payments. While rural implementation may require adaptation, states may consider PACE expansion or applying PACE principles—adult day services, interdisciplinary teams, transportation coordination—via AAAs or CCHs.	Rural Palliative Care: <ul style="list-style-type: none"> • Rural Community-based Palliative Care Resource Center - Stratis Health • Washington Rural Palliative Care Initiative • Palliative Care MCRH Michigan State University

Sustainability Financing

To support ongoing implementation and sustainability of strategies from the RHTP, states may consider leveraging:

- [Medicaid HCBS policy authorities](#) to enhance or increase the delivery of in-home services, adult day care, and caregiver supports. Some states have also leveraged the 1915(c) and 1115 authorities to implement expedited LTSS eligibility processes.
 - 1915(c) waivers
 - [1915\(k\) Community First Choice \(CFC\)](#)
 - 1115 Demonstration waivers
- Medicaid administrative claiming (MAC) to access additional federal funds to support NWD/ADRCs, Long-term Care Ombudsman, and Adult Protective Services
- Medicaid 1915(c), 1915(k), or 1115 waivers to support in-home services, adult day care, and caregiver supports
- Housing partnerships via state housing agencies or USDA for home modification and accessibility
- Caregiver tax credits, respite grants, and dementia initiatives (examples in NCSL/NASHP trackers)
- Telehealth reimbursement for geriatric consultation, caregiver coaching, and remote monitoring
- Community Care Hub contracts to enable reimbursement of non-clinical aging services

This resource guide was compiled with input from a variety of partners including:

- ADvancing States
- Association of State and Territorial Health Officials
- National Consortium of Telehealth Resource Centers
- National Organization of State Offices of Rural Health (NOSORH)
- National Rural Health Association
- Rural Health Information Hub
- Stratis Health
- USAging

If you have suggestions for additional information that should be included in this guide, please contact Karla Weng at KWENG@stratishealth.org or Rebecca Yeboah at ryboah@ruralhealth.us

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