

**Centers for Medicare & Medicaid Services (CMS)  
Center for Medicaid and CHIP Services**

**Rural Health Transformation Program – State of Oklahoma**

**Budget Narrative**

<b>REQUIREMENT</b>	<b>APPLICANT RESPONSE</b>
<b>FUNDING OPPORTUNITY TITLE</b>	Rural Health Transformation Program – State of Oklahoma
<b>FUNDING OPPORTUNITY NUMBER</b>	CMS-RHT-26-001
<b>ASSISTANCE LISTING</b>	93.798
<b>FUNDING AGENCY</b>	Centers for Medicare & Medicaid Services (CMS) – Center for Medicaid and CHIP Services
<b>APPLICATION DUE DATE</b>	November 5, 2025
<b>SUBMITTING AGENCY</b>	Oklahoma State Department of Health 123 Robert S. Kerr Ave Oklahoma City, OK 73102
<b>AUTHORIZED ORGANIZATIONAL REPRESENTATIVE (AOR)</b>	Tracey Douglas, Director of Grants Management Financial Services 405.590.2108 <a href="mailto:tracey.douglas@health.ok.gov">tracey.douglas@health.ok.gov</a>
<b>DATE OF SUBMISSION</b>	<b>NOVEMBER 4, 2025</b>

## Budget Narrative – Oklahoma Rural Health Transformation Program

Reference: This narrative supports Form SF-424A.

### 1. Introduction and Overview

This Budget Narrative provides justification for all costs requested under the Rural Health Transformation (RHT) Program. It aligns with the SF-424A to demonstrate how requested funds support program objectives. The total request for FY 2026–FY 2030 is \$1,000,000,000. All estimates are based on the CMS recommendation to build toward a \$200M annual budget, and the Oklahoma State Department of Health (OSDH) is prepared to scale the funding allocation in alignment with the total award amount.

### 2. Key Personnel and Program Oversight

OSDH is in the process of identifying a Principal Investigator / Program Director for the RHT Program to provide oversight of the grant program and serve as a key point of contact for CMS. This FTE will spend 100% of their time on the effort, supported by a team that has legal, data analytics, and compliance expertise (described in detail in Section A. Personnel below). The estimated salaries for each position are in line with comparable roles existing at the State, and a rate of 55% for fringe benefits was applied for all positions, as is standard for OSDH and many Oklahoma State Agencies.

All funds explicitly described by cost category (excluding Category F) will be administered directly by OSDH as the lead agency. All line items included in Category F will be sub-awarded / subcontracted to another state agency, vendor, or other funded entity. All subrecipients, vendors, and funded entities will provide services, procure materials, or otherwise support the initiative in a manner clearly outlined in an agreement with the State and in alignment with the terms of the cooperative agreement signed with CMS.

### 3. Budget Summary by Fiscal Year

**Note:** Funding is reflected across five fiscal years (FY26 through FY30), with the expectation that funding will be disbursed through the following fiscal year, as allowed in the RHT Program NOFO.

**Note:** Fringe benefit, travel, and indirect cost numbers have been rounded to the nearest \$1000 for each budget period. Actual numbers based on current rates are reflected in Sections 4.B., 4.C., and 4.J. and may have slight discrepancies from the summary due to rounding in each budget period.

**Table 1. Summary of Total Budget by Fiscal Year and Cost Category**

Cost Category	Year 1	Year 2	Year 3	Year 4	Year 5	Total
A. Personnel	\$1,417,000	\$1,417,000	\$1,417,000	\$1,417,000	\$1,417,000	\$7,085,000
B. Fringe Benefits	\$752,000	\$752,000	\$752,000	\$752,000	\$752,000	\$3,760,000
C. Travel	\$155,000	\$155,000	\$155,000	\$155,000	\$155,000	\$775,000
D. Equipment	\$875,000	\$875,000	\$875,000	\$875,000	\$875,000	\$4,375,000
E. Supplies	\$16,000	\$16,000	\$16,000	\$16,000	\$16,000	\$80,000
F. Subrecipients/ Consultants/ Contracts	\$171,401,000	\$155,211,000	\$155,211,000	\$155,211,000	\$155,211,000	\$792,245,000
G. Other	\$24,880,000	\$41,070,000	\$41,070,000	\$41,070,000	\$41,070,000	\$189,160,000
Total Direct Costs	\$199,496,000	\$199,496,000	\$199,496,000	\$199,496,000	\$199,496,000	\$997,480,000
J. Indirect Costs	\$504,000	\$504,000	\$504,000	\$504,000	\$504,000	\$2,520,000
Total Project Costs	\$200,000,000	\$200,000,000	\$200,000,000	\$200,000,000	\$200,000,000	\$1,000,000,000

**4. Detailed Budget Justification by Category****A. Personnel****Table 2.1.1 Personnel costs of Total Fringe by Fiscal Year and associated Initiative**

Position Title	Year 1	Year 2	Year 3	Year 4	Year 5	Total	Initiative
Program Director	\$160,000	\$160,000	\$160,000	\$160,000	\$160,000	\$800,000	Cross-Initiative
Data Analyst	\$85,000	\$85,000	\$85,000	\$85,000	\$85,000	\$425,000	Cross-Initiative
Senior Compliance Specialist	\$90,000	\$90,000	\$90,000	\$90,000	\$90,000	\$450,000	Cross-Initiative
Grants Management Specialist III	\$85,000	\$85,000	\$85,000	\$85,000	\$85,000	\$425,000	Cross-Initiative
Grants Management Specialist III	\$85,000	\$85,000	\$85,000	\$85,000	\$85,000	\$425,000	Cross-Initiative
Contracting & Acquisitions Agent II	\$72,000	\$72,000	\$72,000	\$72,000	\$72,000	\$360,000	Cross-Initiative
Communications Coordinator	\$35,000	\$35,000	\$35,000	\$35,000	\$35,000	\$175,000	Cross-Initiative
Administrative Assistant	\$60,000	\$60,000	\$60,000	\$60,000	\$60,000	\$300,000	Cross-Initiative
Attorney	\$45,000	\$45,000	\$45,000	\$45,000	\$45,000	\$225,000	Cross-Initiative
RHT Champions	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$250,000	Cross-Initiative
Project Manager - Population Health	\$140,000	\$140,000	\$140,000	\$140,000	\$140,000	\$700,000	Upstream
Project Manager - Health Systems	\$140,000	\$140,000	\$140,000	\$140,000	\$140,000	\$700,000	Regional collab
Project Analyst - Health Systems	\$90,000	\$90,000	\$90,000	\$90,000	\$90,000	\$450,000	Regional collab
Project Manager - Tech	\$140,000	\$140,000	\$140,000	\$140,000	\$140,000	\$700,000	Care Model
Project Manager - Talent and Provider	\$140,000	\$140,000	\$140,000	\$140,000	\$140,000	\$700,000	Next gen talent
<b>Personnel Totals</b>	<b>\$1,417,000</b>	<b>\$1,417,000</b>	<b>\$1,417,000</b>	<b>\$1,417,000</b>	<b>\$1,417,000</b>	<b>\$7,085,000</b>	

The rows of the Personnel section reflect each position that OSDH will be funding directly with RHT Program funding to oversee and support the program. The rows labeled as “Cross-Initiative” are the personnel described above that will provide governance across the Oklahoma RHT effort.

**Table 2.1.2 Annual Salary and Description by Role**

Role	FTEs	Annual Salary	Description
Program Director	1	\$160,000	Provides overall oversight and direction of the RHT Program and serves as the primary liaison with CMS
Data Analyst	1	\$85,000	Manages data collection, integration, and reporting from all funded entities
Sr. Compliance Specialist	1	\$90,000	Ensures adherence to CMS requirements, cooperative agreement terms, and all State and federal regulations
Grants Mgmt. Specialists III	2	\$85,000	Support subaward administration and regulatory compliance across all initiatives
Contracting and Acquisitions Agent II	1	\$72,000	Manages vendor procurement and contracting for initiatives and technical support
Communications Coordinator	0.5	\$70,000	Leads stakeholder engagement, external communications, and public awareness campaigns
Administrative Assistant	1	\$60,000	Provides administrative and scheduling support for program operations
Attorney	0.5	\$90,000	Provides legal oversight for contracting, compliance, and program governance
RHT Champions	N/A	\$5,000	Rural health representatives who will provide local implementation support and feedback (10 special duty assignments)
Project Manager – Population Health	1	\$140,000	Oversees data-driven initiatives addressing preventive health, health disparities, and social determinants of health (SDOH)
Project Manager - Health Systems	1	\$140,000	Leads system-level improvement projects focused on collaboration across the ecosystem of healthcare entities
Project Analyst – Health Systems	1	\$90,000	Supports Project Manager – Health Systems in research, data analysis, and program oversight related to cross-system efforts
Project Manager – Tech	1	\$140,000	Provides support for technology-related projects, specifically focusing on the technology cooperative effort
Project Manager – Talent and Provider	1	\$140,000	Oversees talent-related efforts across workforce and upskilling activities, focusing on program oversight and partner support

## B. Fringe Benefits

**Table 2.2. Summary of Fringe Benefits by Fiscal Year**

Benefit type	Benefit percent	Year 1	Year 2	Year 3	Year 4	Year 5	Total
FICA	7.65%	\$104,576	\$104,576	\$104,576	\$104,576	\$104,576	\$522,878
Retirement	16.50%	\$225,555	\$225,555	\$225,555	\$225,555	\$225,555	\$1,127,775
Estimated (allowances, excess, Sooner Save)	30.85%	\$421,720	\$421,720	\$421,720	\$421,720	\$421,720	\$2,108,598
<b>Total</b>	<b>55.00%</b>	<b>\$751,850</b>	<b>\$751,850</b>	<b>\$751,850</b>	<b>\$751,850</b>	<b>\$751,850</b>	<b>\$3,759,250</b>
<b>Rounded total</b>		<b>\$752,000</b>	<b>\$752,000</b>	<b>\$752,000</b>	<b>\$752,000</b>	<b>\$752,000</b>	<b>\$3,760,000</b>

OSDH uses a combined rate of 55% of salary for fringe benefits, applied to all FTE salaries. RHT Champions are not paid fringe benefits on their \$5000 / year, which will function as a stipend. **Note:** The rounded total across the five budget periods is reflective of the sum of the rounded total for each budget period.

## C. Travel

Travel costs include attendance at the annual Federal Rural Health Conference, quarterly regional stakeholder convenings in Oklahoma City, and approximately 50 local site visits each year for project managers to support program implementation and provider engagement. These activities

cover airfare, lodging, per diem, and mileage for program staff and RHT Champions, totaling approximately \$155,000 annually and \$775,000 over five years. See below for detailed breakdown of actual numbers.

Travel	Expense item	Rate	Staff role(s)	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Attendance at Federal Rural Health Conference (costed for Baltimore, MD)	Airfare	\$269 x 3 staff	Program Director, TBD other staff	\$807	\$807	\$807	\$807	\$807	\$4,035
	Hotel	\$150 x 2 nights x 3 staff		\$900	\$900	\$900	\$900	\$900	\$4,500
	Per diem	\$86 x 3 days x 3 staff		\$774	\$774	\$774	\$774	\$774	\$3,870
	Cab / Car Travel	\$100 x 3 staff		\$300	\$300	\$300	\$300	\$300	\$1,500
Initiative:	Cross-Initiative		Total:	\$2,781	\$2,781	\$2,781	\$2,781	\$2,781	\$13,905
Convening regional RHT Champion stakeholders 4x annually	Airfare	N/A	RHT Champions	\$-	\$-	\$-	\$-	\$-	\$-
	Hotel	\$110 x 2 nights x 10 staff		\$8,800	\$8,800	\$8,800	\$8,800	\$8,800	\$44,000
	Per diem	\$68 x 3 days x 10 staff		\$8,160	\$8,160	\$8,160	\$8,160	\$8,160	\$40,800
	Mileage	\$0.7 x 150mi. x 10 staff		\$4,200	\$4,200	\$4,200	\$4,200	\$4,200	\$21,000
Initiative:	Cross-Initiative		Total:	\$21,160	\$21,160	\$21,160	\$21,160	\$21,160	\$105,800
Local travel for program execution; 50 annual site visits	Hotel (assume 20% require)	\$110 x 10 nights x 6 staff	Program Director and Project Managers	\$6,600	\$6,600	\$6,600	\$6,600	\$6,600	\$33,000
	Per diem	\$51 x 50 trips x 6 staff		\$15,300	\$15,300	\$15,300	\$15,300	\$15,300	\$76,500
	Mileage	\$0.7 x 7500 total mi x 6 staff		\$31,500	\$31,500	\$31,500	\$31,500	\$31,500	\$157,500
Initiative:	Cross-Initiative		Total:	\$53,400	\$53,400	\$53,400	\$53,400	\$53,400	\$267,000
			Total:	\$154,682	\$154,682	\$154,682	\$154,682	\$154,682	\$773,410
			<b>Rounded total:</b>	<b>\$155,000</b>	<b>\$155,000</b>	<b>\$155,000</b>	<b>\$155,000</b>	<b>\$155,000</b>	<b>\$775,000</b>

**Note:** The rounded total across the five budget periods is reflective of the sum of the rounded total for each budget period.

#### D. Equipment

Item	Rate	Year 1	Year 2	Year 3	Year 4	Year 5	Total	Initiative
Community Paramedicine vehicles	\$175k / fully stocked vehicle x 5 granted per year	\$875,000	\$875,000	\$875,000	\$875,000	\$875,000	\$4,375,000	Care Model
<b>Equipment Total:</b>		\$875,000	\$875,000	\$875,000	\$875,000	\$875,000	\$4,375,000	

**Justification:** Community Paramedicine vehicles are specialty equipment that enables community paramedics to serve distinctly from ongoing EMS operations, without requiring the use of existing system vehicles that can be deployed to other calls. Costs include vehicles outfitted with the medical equipment required to complete community paramedicine visits, which will have a useful life of at least 5 years.

#### E. Supplies

Item	Rate	Quantity	People	Year 1	Year 2	Year 3	Year 4	Year 5	Total	Initiative
Keyboard mouse	\$33	1	14	\$462	\$462	\$462	\$462	\$462	\$2,310	Cross-Initiative
Computer docking station	\$214	1	14	\$2,996	\$2,996	\$2,996	\$2,996	\$2,996	\$14,980	Cross-Initiative

Monitors	\$143	2	14	\$4,004	\$4,004	\$4,004	\$4,004	\$4,004	\$20,020	Cross-Initiative
Laptop lease	\$580	1	14	\$8,120	\$8,120	\$8,120	\$8,120	\$8,120	\$40,600	Cross-Initiative
<b>Supplies Total:</b>				\$15,582	\$15,582	\$15,582	\$15,582	\$15,582	\$77,910	
<b>Rounded Total:</b>				\$16,000	\$16,000	\$16,000	\$16,000	\$16,000	\$80,000	

**Justification:** All supplies will be leveraged by the personnel described in section A. (except for RHT Champions, who do not require additional technology) to execute on their responsibilities in support of the rural health transformation program. The prices of all supplies are consistent with those purchased for other employees of OSDH. **Note:** The rounded total across the five budget periods is reflective of the sum of the rounded total for each budget period.

## F. Contractual / Subrecipient Costs

**Table 2.6.1 Summary of Total Subrecipient Budget by Fiscal Year and Initiative**

Subrecipients	Year 1	Year 2	Year 3	Year 4	Year 5	Total	Initiative
Oklahoma Health Care Authority (OHCA) - RPM: Maternal	\$762,000	\$762,000	\$697,000	\$659,000	\$649,000	\$3,529,000	Care Model
Oklahoma Association Regional Councils (OARC) - Transportation expansion	\$2,570,000	\$1,643,000	\$2,045,000	\$2,280,000	\$2,280,000	\$10,818,000	Care Model
Oklahoma State Department of Education (OSDE)- School-based health services	\$3,032,000	\$3,032,000	\$3,032,000	\$3,032,000	\$3,032,000	\$15,160,000	Care Model
OHCA - Community care platform	\$410,000	\$410,000	\$410,000	\$410,000	\$410,000	\$2,050,000	Upstream
OHCA - CHWs	\$2,560,000	\$2,060,000	\$2,060,000	\$2,060,000	\$2,060,000	\$10,800,000	Upstream
OSDE - Presidential Fitness prep	\$950,000	\$850,000	\$800,000	\$750,000	\$725,000	\$4,075,000	Upstream
Rural Health Collaborative Nonprofit	\$37,030,000	\$42,690,000	\$43,400,000	\$44,400,000	\$45,170,000	\$212,690,000	Regional collab
OHCA - Practice enablement	\$1,610,000	\$5,110,000	\$10,110,000	\$10,110,000	\$5,110,000	\$32,050,000	Value
OHCA - PACE expansion	\$13,310,000	\$9,810,000	\$5,980,000	\$2,380,000	\$1,880,000	\$33,360,000	Value
OHCA - PCP clinical extension models	\$1,610,000	\$7,610,000	\$7,610,000	\$10,110,000	\$10,110,000	\$37,050,000	Value
Healthcare Workforce Training Commission (HWTC) - Rural re-location incentives	\$570,000	\$1,520,000	\$1,520,000	\$1,520,000	\$2,520,000	\$7,650,000	Next gen talent
Oklahoma Department of Career and Technology Education (CareerTech) - High School LPN Program	\$1,100,000	\$1,100,000	\$1,100,000	\$1,100,000	\$1,100,000	\$5,500,000	Next gen talent
OHCA - EHR expansion	\$12,360,000	\$12,360,000	\$6,720,000	\$6,720,000	\$6,720,000	\$44,880,000	Data Utility
OHCA - HIE expansion	\$5,840,000	\$5,850,000	\$5,840,000	\$5,840,000	\$5,840,000	\$29,210,000	Data Utility
OHCA - Data and analytics expansion	\$3,140,000	\$2,140,000	\$2,140,000	\$7,140,000	\$7,140,000	\$21,700,000	Data Utility
<b>Subrecipient Totals</b>	<b>\$86,854,000</b>	<b>\$96,947,000</b>	<b>\$93,464,000</b>	<b>\$98,511,000</b>	<b>\$94,746,000</b>	<b>\$470,522,000</b>	

**Table 2.6.2 OHCA – RPM: Maternal**

Budget Category	Year 1	Year 2	Year 3	Year 4	Year 5	Total
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Personnel	\$20,000	\$20,000	\$10,000	\$5,000	\$5,000	\$60,000
Fringe Benefit	\$11,000	\$11,000	\$6,000	\$3,000	\$3,000	\$34,000
Travel	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$5,000
Equipment, Supplies, Other, and Indirect	\$-	\$-	\$-	\$-	\$-	\$-
Contractual	\$730,000	\$730,000	\$680,000	\$650,000	\$640,000	\$3,430,000
<b>Totals</b>	<b>\$762,000</b>	<b>\$762,000</b>	<b>\$697,000</b>	<b>\$659,000</b>	<b>\$649,000</b>	<b>\$3,529,000</b>

**Justification:** The subrecipient of this fund use will be OHCA due to the agency's experience with innovative maternal health models, such as TMAH and the High-Risk Obstetrical Care Management program. OHCA will design the implementation of the blood pressure (BP) cuff demonstration for the maternal health use case (20% of an existing FTE initially, ramping down to 10 and then 5%), with a vendor supplying BP cuffs (\$630k / year for ~900 patients). The OHCA administrator is expected to have occasional travel to sites piloting BP cuff utilization and for any initial set up. OHCA will also either leverage the existing BP cuff med tech contract (for waiver recipients) or will undertake standard vendor evaluation processes such as those currently done for Durable Medical Equipment (DME) contracts. In the initial years, technical assistance (allocated by participating providers) will be required (\$100k a year for 2 years and then descending to \$50k in year 3, \$20k in year 4, and \$10k in year 5), as well as support configuring EHR to connect BP cuffs. OHCA will monitor BP monitor utilization & provider & patient experience on a quarterly basis. Administrative costs are \$32K a year for years 1–5.

**Table 2.6.3 OARC – Transportation expansion**

Budget Category	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Personnel	\$70,000	\$70,000	\$70,000	\$70,000	\$70,000	\$350,000
Fringe Benefit	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	\$100,000
Travel	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$50,000
Equipment	\$2,050,000	\$300,000	\$300,000	\$300,000	\$300,000	\$3,250,000
Supplies	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$50,000
Contractual	\$250,000	\$1,053,000	\$1,105,000	\$1,210,000	\$1,210,000	\$4,828,000
Other	\$130,000	\$150,000	\$500,000	\$630,000	\$630,000	\$2,040,000
Indirect	\$30,000	\$30,000	\$30,000	\$30,000	\$30,000	\$150,000
<b>Totals</b>	<b>\$2,570,000</b>	<b>\$1,643,000</b>	<b>\$2,045,000</b>	<b>\$2,280,000</b>	<b>\$2,280,000</b>	<b>\$10,818,000</b>

**Justification:** OARC, a collective of local governments and the only organization connecting them statewide, will serve as the subrecipient and administer this fund use. The initiative expands the Southwest Oklahoma Development Agency (SWODA) transportation pilot to include volunteer driver recruitment, centralized coordination, dispatch, and tracking, with statewide expansion planned. Funding supports a full-time initiative coordinator, 10% FTE of a regional executive director, quarterly travel, and equipment purchases (15 vans and 5 cutaways via ODOT in Year 1, then networking and platform infrastructure in later years). Contractual costs include mobility navigator recruitment (\$125K each; 2 in Year 1 expanding to 8 by Year 5) and volunteer recruitment and training (\$350 per volunteer; 150 in Year 2 expanding to 300 by Year 5). Other costs include resident and volunteer mileage reimbursement, legal, accounting, and insurance. Administrative costs are \$120K annually; infrastructure costs total \$300K per year in Years 2–5.

**Table 2.6.4 OSDE – School-based health services**

Budget Category	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Personnel	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	\$100,000
Fringe Benefit	\$11,000	\$11,000	\$11,000	\$11,000	\$11,000	\$55,000
Travel	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$5,000
Equipment, Supplies, Other, and Indirect	\$-	\$-	\$-	\$-	\$-	\$-
Contractual	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000	\$15,000,000
Totals	\$3,032,000	\$3,032,000	\$3,032,000	\$3,032,000	\$3,032,000	\$15,160,000

**Justification:** OSDE will administer funding for technical assistance and initial recruitment of school-based providers to enable rural schools in Oklahoma to bill for Medicaid services. A NOFO will be issued for schools and education departments to apply to receive funding (\$3M per year, consisting of \$1M for start-up costs for schools to develop systems and expertise needed to bill for Medicaid services [\$10,000 × 100 schools] and \$2M for recruitment of providers such as school nurses, counselors, and physical/occupational therapists [~24 providers at \$85K each, or about 0.24 FTE per schools]). Recruitment of providers may also be partially subsidized, increasing the number of providers. OSDE will dedicate about 0.2 FTE to monitor the progress of the program and aid in the design of the NOFO and provide some technical assistance. This individual may also take on travel to schools and school districts for \$1,000 per year. OSDE will monitor the implementation and progress of schools on a quarterly basis, collaborating closely with local education departments. Administrative costs are \$32K a year for years 1–5.

**Table 2.6.5 OHCA – Closed loop community care platform**

Budget Category	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Personnel; Fringe Benefit, Travel, Equipment, Supplies, Other, and Indirect	\$-	\$-	\$-	\$-	\$-	\$-
Contractual	\$410,000	\$410,000	\$410,000	\$410,000	\$410,000	\$2,050,000
Totals	\$410,000	\$410,000	\$410,000	\$410,000	\$410,000	\$2,050,000

**Justification:** This fund use expands the reach of Oklahoma’s current closed-loop referral system to cover 39 critical access hospitals (CAH), 4 rural emergency hospitals, and 68 local health departments. This initiative will continue to be overseen by OHCA. Implementation will be conducted as a continuing contract by a closed-loop referral platform provider. Contracting costs include \$258K per year in personnel. including community support specialists and \$152K in start-up supplies including hardware and EHR platform integration. There are no administrative costs in years 1–5.



**Table 2.6.6 OHCA – CHWs**

Budget Category	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Personnel	\$40,000	\$40,000	\$40,000	\$40,000	\$40,000	\$200,000
Fringe Benefit	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	\$100,000
Travel, Equipment, Supplies, Other, and Indirect	\$-	\$-	\$-	\$-	\$-	\$-
Contractual	\$2,500,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$10,500,000
Totals	\$2,560,000	\$2,060,000	\$2,060,000	\$2,060,000	\$2,060,000	\$10,800,000

**Justification:** This fund use expands payment for community health workers (CHWs) from local health departments only to also include hospitals. This initiative includes 0.5 FTE for state oversight. This initiative will be overseen by OHCA. Implementation will be conducted by hospitals reimbursed for CHW hiring, training, and monitoring. Contractual costs include \$2M per year in hospital reimbursement for 30 CHWs at \$69K each. Contracting costs will include \$500K for program development in year 1 only. Administrative costs for this program will be \$60K per year.

**Table 2.6.7 OSDE – Presidential Fitness preparation**

Budget Category	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Personnel	\$70,000	\$70,000	\$70,000	\$70,000	\$70,000	\$350,000
Fringe Benefit	\$30,000	\$30,000	\$30,000	\$30,000	\$30,000	\$150,000
Travel, Equipment, Other, and Indirect	\$-	\$-	\$-	\$-	\$-	\$-
Supplies	\$600,000	\$600,000	\$600,000	\$600,000	\$600,000	\$3,000,000
Contractual	\$250,000	\$150,000	\$100,000	\$50,000	\$25,000	\$575,000
Totals	\$950,000	\$850,000	\$800,000	\$750,000	\$725,000	\$4,075,000

**Justification:** This initiative will provide teachers and students with the equipment and tools that they need to prepare for the reinstated Presidential Fitness Test. The funding will provide 100% FTE overseeing the program execution, as well as contracted support (decreasing from Year 1 to Year 5, with Year 1 including program development and primary app development, and Year 5 scaling down to only app maintenance) for program development and to develop a cardio- and walking-focused fitness application for students. The funding will also provide \$10K per school for 60 schools each year to purchase gym equipment including equipment for the fitness exam (e.g., sit-and-reach test machines, timers) and equipment to prepare students by improving their endurance, flexibility, and overall fitness (e.g., balls, nets, pinnies for sports, educational curriculum on healthy eating). OSDE will administer this, working closely with Oklahoma schools. Administrative costs are \$100K a year for Years 1–5.

**Table 2.6.8 Rural Health Collaborative Nonprofit**

Budget Category	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Personnel	\$130,000	\$200,000	\$200,000	\$200,000	\$200,000	\$930,000
Fringe Benefit	\$30,000	\$40,000	\$40,000	\$40,000	\$40,000	\$190,000
Travel	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$500,000
Equipment and Other	\$-	\$-	\$-	\$-	\$-	\$-
Supplies	\$40,000	\$50,000	\$50,000	\$50,000	\$50,000	\$240,000

Contractual	\$36,720,000	\$42,290,000	\$43,000,000	\$44,000,000	\$44,770,000	\$210,780,000
Indirect	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$50,000
<b>Totals</b>	<b>\$37,030,000</b>	<b>\$42,690,000</b>	<b>\$43,400,000</b>	<b>\$44,400,000</b>	<b>\$45,170,000</b>	<b>\$212,690,000</b>

**Justification:** The Rural Health Collaborative Nonprofit, an entity that will be composed of and owned by rural hospitals and providers who join the Rural Clinically Integrated Network as members, will be stood up under the administration of OSDH in Year 1 of the grant. OSDH will competitively procure a management support vendor to provide technical and operational assistance for the nonprofit's start-up and early operations (~\$6M annually). The nonprofit will maintain one full-time staff member in Year 1, scaling to two by Year 5 and will report quarterly on progress and expenditures. Additional technology platform and service vendors (e.g., population health, care coordination, telemedicine, AI documentation, remote patient monitoring, referral management) will be competitively selected or procured through approved cooperative agreements as priorities are finalized. OSDH will monitor vendor performance through deliverables-based invoicing and quarterly reviews. Funding levels align with the resources required to stand up a statewide integrated network that advances RHT goals and builds long-term sustainability. \$300K in Year 1 and \$390K in Years 2–5 are administrative, including personnel, fringe, indirect, and select supplies.

**Table 2.6.9 OHCA – Practice enablement**

Budget Category	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Personnel	\$70,000	\$70,000	\$70,000	\$70,000	\$70,000	\$350,000
Fringe Benefit	\$40,000	\$40,000	\$40,000	\$40,000	\$40,000	\$200,000
Travel, Equipment, Supplies, Other, and Indirect	\$-	\$-	\$-	\$-	\$-	\$-
Contractual	\$1,500,000	\$5,000,000	\$10,000,000	\$10,000,000	\$5,000,000	\$31,100,000
<b>Totals</b>	<b>\$1,610,000</b>	<b>\$5,110,000</b>	<b>\$10,110,000</b>	<b>\$10,110,000</b>	<b>\$5,110,000</b>	<b>\$31,650,000</b>

**Justification:** Oklahoma plans to support approximately 150 PCP practices with VBC enablement support. The funding will provide 50% FTE to oversee program design, development, and implementation. The contractual spend includes a technical assistance vendor to support program design and selection process for practices (\$1M in Year 1) and the contracts with 150 eligible providers with \$100K of funding per year for two years (per CMMI framework on ACO incentive models). Administrative costs are \$110K per year for Years 1–5.

**Table 2.6.10 OHCA – PACE expansion**

Budget Category	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Personnel	\$70,000	\$70,000	\$50,000	\$50,000	\$50,000	\$290,000
Fringe Benefit	\$40,000	\$40,000	\$30,000	\$30,000	\$30,000	\$170,000
Travel, Equipment, Supplies, and Indirect	\$-	\$-	\$-	\$-	\$-	\$-
Contractual	\$6,500,000	\$7,200,000	\$3,900,000	\$1,300,000	\$800,000	\$19,700,000
Other	\$6,700,000	\$2,500,000	\$2,000,000	\$1,000,000	\$1,000,000	\$13,200,000
<b>Totals</b>	<b>\$13,310,000</b>	<b>\$9,810,000</b>	<b>\$5,980,000</b>	<b>\$2,380,000</b>	<b>\$1,880,000</b>	<b>\$33,360,000</b>

**Justification:** Oklahoma will expand PACE into rural areas with a plan to stand up six new centers during the duration of the grant. The funding will provide 50% FTE scaling back to 30% FTE after the clinics are launched. OHCA will competitively procure a technical assistance vendor to support planning, soliciting, and securing PACE vendors, and consultation with local stakeholders including tribal engagement to drive participation (\$1.5M in Year 1, \$0.5M in Years 2–3, and \$0.3M in Year 4–5). Once onboarded, the PACE providers will receive funding for site infrastructure (~\$11M total across Years 1–3) and mobile infrastructure (~\$2.7M across Year 1–4). The “Other” bucket includes development and configuration of a data and analytics tool at OHCA to support measurement of PACE utilization, quality, and outcomes (~\$9M of total funding with \$5.2M in Year 1) and provider incentive payments to stand up PACE programs in rural areas (one-time funding of up to \$666K per clinic or \$4M total). Administrative costs are \$110K for the first 2 years and \$80K for Years 3–5.

**Table 2.6.11 OHCA – PCP clinical extension**

Budget Category	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Personnel	\$70,000	\$70,000	\$70,000	\$70,000	\$70,000	\$350,000
Fringe Benefit	\$40,000	\$40,000	\$40,000	\$40,000	\$40,000	\$200,000
Travel, Equipment, Supplies, Other, and Indirect	\$-	\$-	\$-	\$-	\$-	\$-
Contractual	\$1,500,000	\$7,500,000	\$7,500,000	\$10,000,000	\$10,000,000	\$36,500,000
<b>Totals</b>	<b>\$1,610,000</b>	<b>\$7,610,000</b>	<b>\$7,610,000</b>	<b>\$10,110,000</b>	<b>\$10,110,000</b>	<b>\$37,050,000</b>

**Justification:** Oklahoma will pilot clinical extension models to support management of high-risk Medicaid and dual-eligible members. The funding will provide 50% FTE to oversee the pilot. Oklahoma will procure a technical assistance vendor to support planning and selection of clinical extension models in Year 1 and then procure the vendor by Year 2. Oklahoma will pilot two cohorts with the model, 10 practices starting in Year 2, and assuming successful pilot, 10 more practices starting in Year 4. Estimated cost is \$750K per practice for Years 1–2, scaling down to \$250K for Years 3–4 as managed care takes on associated PMPM payments. Administrative costs are \$110K per year for Years 1–5.

**Table 2.6.12 HWTC – Rural re-location incentives**

Budget Category	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Personnel	\$13,000	\$13,000	\$13,000	\$13,000	\$13,000	\$65,000
Fringe Benefit	\$7,000	\$7,000	\$7,000	\$7,000	\$7,000	\$35,000
Travel, Equipment, Supplies, Other, and Indirect	\$-	\$-	\$-	\$-	\$-	\$-
Contractual	\$550,000	\$1,500,000	\$1,500,000	\$1,500,000	\$2,500,000	\$7,550,000
<b>Totals</b>	<b>\$570,000</b>	<b>\$1,520,000</b>	<b>\$1,520,000</b>	<b>\$1,520,000</b>	<b>\$2,520,000</b>	<b>\$7,650,000</b>

**Justification:** As mentioned in the Project Narrative, this fund use will provide \$50K per year in incentives at the conclusion of each year for a 5-year rural service commitment to 30 providers (10 beginning in Year 1, 20 more beginning in Year 2, so funding for the fifth year of that cohort, to be disbursed in Q4 FY31, is included in Year 5 estimate). Program development, needs assessments, and disbursements will be led by an FTE at 20% throughout the duration of the program and contracted technical assistance in the first year, while the program is being stood up. HWTC was

designated to administer this program directly as they are the state agency currently responsible for administering similar incentive programs for other provider types (e.g., primary care physicians). Administrative costs are \$20K per year in Years 1–5.

**Table 2.6.13 CareerTech – High School LPN Program**

Budget Category	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Personnel	\$700,000	\$700,000	\$700,000	\$700,000	\$700,000	\$3,500,000
Fringe Benefit	\$210,000	\$210,000	\$210,000	\$210,000	\$210,000	\$1,050,000
Travel, Equipment, and Indirect	\$-	\$-	\$-	\$-	\$-	\$-
Supplies	\$120,000	\$120,000	\$120,000	\$120,000	\$120,000	\$600,000
Contractual	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$250,000
Other	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	\$100,000
<b>Totals</b>	<b>\$1,100,000</b>	<b>\$1,100,000</b>	<b>\$1,100,000</b>	<b>\$1,100,000</b>	<b>\$1,100,000</b>	<b>\$5,500,000</b>

**Justification:** This fund use will support the expansion of the CareerTech high school LPN program to 10 additional schools and students in rural Oklahoma, which will require 10 instructors at \$85K per year (salary and benefits), \$50K per year of contracted clinical staff, and 0.5 of an FTE at \$80K per year for support, \$120K in supplies, including textbooks, small medical supplies for training, etc., to provide for 100 students across the schools, and \$20K per year for exam registration (\$200 per student). CareerTech was designated as a subrecipient for this fund use as it will be an expansion of their existing programming. Administrative costs will be approximately \$60K for Years 1–5.

**Table 2.6.14 OHCA – EHR expansion**

Budget Category	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Personnel	\$90,000	\$90,000	\$90,000	\$90,000	\$90,000	\$450,000
Fringe Benefit	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$250,000
Travel and Indirect	\$-	\$-	\$-	\$-	\$-	\$-
Equipment	\$800,000	\$800,000	\$-	\$-	\$-	\$1,600,000
Supplies	\$1,000,000	\$1,000,000	\$-	\$-	\$-	\$2,000,000
Contractual	\$10,420,000	\$10,420,000	\$6,300,000	\$6,300,000	\$6,300,000	\$39,740,000
Other	\$-	\$-	\$280,000	\$280,000	\$280,000	\$840,000
<b>Totals</b>	<b>\$12,360,000</b>	<b>\$12,360,000</b>	<b>\$6,720,000</b>	<b>\$6,720,000</b>	<b>\$6,720,000</b>	<b>\$44,880,000</b>

**Justification:** This initiative extends electronic health record system (EHR) coverage to Oklahoma's unconnected rural facilities, estimated to be 3 hospitals, 20 FQHCs, 8 Certified Community Behavioral Health Clinics (CCBHC), 2 substance abuse service centers (SAS), and 7 Rural Health Centers (RHC). This initiative includes 0.3 of 2 FTEs for state oversight. This initiative will be overseen by OKSHINE, an office within OHCA. Implementation will be conducted by a state designated entity. Equipment includes required server updates and network infrastructure for rural facilities to connect to the EHR estimated at \$20K per facility. Supplies include \$1M per year in years 1–2 for upgrades to hardware and offices for facility connectivity. Supplies will be procured through Office of Management and Enterprise Services (OMES) centralized procurement. Other includes maintenance of a peer-to-peer lessons-learned portal in years 3–5. Contractual costs during Y1–2 are \$1.5M per hospital, \$420K per

FQHC, CCBHC, and SAS, and \$160K per RHC. These costs will be 10% IT support; 23% migration, testing, and software; 27% site-specific supply and training; and 40% licensing. This totals \$9.1M per year. In years 3–5, only maintenance and training are needed for a cost of \$5M per year. Additional contracting costs include implementors and maintenance across all sites. Contracting costs for implementors are \$36K per contractor. Hospitals require 12 contractors; FQHCs, CCBHCs, and SAS require 6 contractors; and RHCs require 4 contractors for a total cost of \$800K per year. Costs also include contractor travel to sites requiring connection. Contractors are estimated to travel 4 times per year each at an annual cost of \$21K for a total cost of \$460K. Maintenance across all sites will cost \$500K a year. Administrative costs will be \$140K for years 1–5.

**Table 2.6.15 OHCA – HIE expansion**

Budget Category	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Personnel	\$90,000	\$90,000	\$90,000	\$90,000	\$90,000	\$450,000
Fringe Benefit	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$250,000
Travel, Equipment, Other, and Indirect	\$-	\$-	\$-	\$-	\$-	\$-
Supplies	\$-	\$10,000	\$-	\$-	\$-	\$10,000
Contractual	\$5,700,000	\$5,700,000	\$5,700,000	\$5,700,000	\$5,700,000	\$28,500,000
<b>Totals</b>	<b>\$5,840,000</b>	<b>\$5,850,000</b>	<b>\$5,840,000</b>	<b>\$5,840,000</b>	<b>\$5,840,000</b>	<b>\$29,210,000</b>

**Justification:** This initiative extends HIE coverage to Oklahoma's unconnected rural facilities, estimated to be up to 40% of SAS, 46% of rural hospitals, and 97% of RHCs. These percents are equivalent to 40 hospitals, 4 SAS, and 139 RHCs. This initiative also expands HIE capability to incorporate key data from particular care settings. This initiative includes 0.3 of 2 FTEs for state oversight. This initiative will be overseen by OKSHINE, an office within OHCA. Implementation will be conducted by a state-designated entity. Supplies include a one-time purchase in year two of an updated DICOM server, necessary to handle increased HIE volume, at a cost of \$10K. This server will be purchased through centralized OMES procurement. The remaining costs are contractual. Contractual costs include \$44K per hospital (\$32K portal access and interface, \$8K IT support, and \$4K training/education); \$11K per SAS (\$8K portal access and interface, \$1K IT support, and \$2K training/education); and \$13K per RHC (\$10K portal access and interface, \$1K IT support, and \$2K training/education). The total cost for facility implementation is \$3.6M. Costs also include \$50K per year connection to Oklahoma's death registry, \$80K per year for imaging ingestion capabilities, \$500K per year for incorporation of AI imaging overread capabilities, \$540K per year connection to public health data feeds, and \$880K per year for connection to 304 long-term care facilities at \$2.9K each. Administrative costs are \$140K a year for years 1–5.

**Table 2.6.16 OHCA – Data and analytics**

Budget Category	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Personnel	\$90,000	\$90,000	\$90,000	\$90,000	\$90,000	\$450,000
Fringe Benefit	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$250,000
Travel, Equipment, Supplies, Other, and Indirect	\$-	\$-	\$-	\$-	\$-	\$-
Contractual	\$3,000,000	\$2,000,000	\$2,000,000	\$7,000,000	\$7,000,000	\$21,000,000
<b>Totals</b>	<b>\$3,140,000</b>	<b>\$2,140,000</b>	<b>\$2,140,000</b>	<b>\$7,140,000</b>	<b>\$7,140,000</b>	<b>\$21,700,000</b>

**Justification:** This initiative funds development of high-need analytics and dashboards focused on rural Oklahoma and creates a data roadmap for expanded functionality and HIE integration. Oversight (0.3 of 2 FTEs) will be provided by OKSHINE within OHCA. Platform and service vendors will be competitively procured through cooperative agreements. Contracts include \$3M in Year 1 to build the analytic roadmap and identify vendors, plus \$3M per use case in Years 2–5 to acquire, test, and scale tools and dashboards (e.g., market insights, maternal health, mortality, and readmissions). Annual administrative costs total \$140K.

### 2.6.17 Summary of Total Consulting Budget by Fiscal Year and Initiative

<b>Consultants</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>	<b>Total</b>	<b>Initiative</b>
Clinical advisory	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$500,000	Regional collab
Association representatives	\$500,000	\$500,000	\$250,000	\$250,000	\$250,000	\$1,750,000	Regional collab
<b>Consultant Totals</b>	<b>\$600,000</b>	<b>\$600,000</b>	<b>\$350,000</b>	<b>\$350,000</b>	<b>\$350,000</b>	<b>\$2,250,000</b>	

**Justification:** Expert clinical consulting services will ensure that the regional collaboration initiative has a third-party clinical perspective in the development of the CIN and other fund uses within the regional collaboration. Additionally, association representatives from the primary care, hospital, long-term care, Tribal, and behavioral health associations will provide advisory services on behalf of their members with more dedicated support in Y1-2 with stand-up of the program.

### Table 2.6.18 Summary of Total Contracts Budget by Fiscal Year and Initiative

All contracts below will go through a competitive procurement process aligned with State of Oklahoma law and OSDH procurement guidelines.

<b>Contracts</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>	<b>Total</b>	<b>Initiative</b>
Telestroke program	\$500,000	\$500,000	\$500,000	\$500,000	\$500,000	\$2,500,000	Care Model
Technical Assistance vendor - MFM telehealth expansion	\$100,000	\$-	\$-	\$-	\$-	\$100,000	Care Model
MFM telehealth expansion	\$3,200,000	\$1,080,000	\$1,080,000	\$1,080,000	\$1,080,000	\$7,520,000	Care Model
Technical support vendor for Community Paramedic vehicle	\$500,000	\$250,000	\$50,000	\$50,000	\$-	\$850,000	Care Model
Community paramedicine program vendor	\$650,000	\$150,000	\$150,000	\$150,000	\$150,000	\$1,250,000	Care Model
Doula program vendor	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000	\$1,000,000	Care Model
Technical assistance vendor for BH integration in primary care	\$375,000	\$250,000	\$-	\$-	\$-	\$625,000	Care Model
BH integration in primary care	\$2,800,000	\$1,300,000	\$1,300,000	\$1,300,000	\$1,300,000	\$8,000,000	Care Model
Technical assistance vendor for technology cooperative	\$750,000	\$-	\$-	\$-	\$-	\$750,000	Care Model
Technology cooperative	\$13,000,000	\$13,000,000	\$13,000,000	\$13,000,000	\$13,000,000	\$65,000,000	Care Model
Technical assistance vendor for Chronic disease management program	\$750,000	\$500,000	\$-	\$-	\$200,000	\$1,450,000	Upstream
Chronic disease management program	\$12,000,000	\$5,400,000	\$13,400,000	\$3,600,000	\$3,600,000	\$38,000,000	Upstream
Technical assistance vendor for consumer-facing technology	\$750,000	\$500,000	\$-	\$-	\$200,000	\$1,450,000	Upstream

Consumer-facing technology	\$2,500,000	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000	\$14,500,000	Upstream
Technical assistance vendor for Microgrants	\$750,000	\$-	\$-	\$-	\$-	\$750,000	Upstream
Community-led wellness hub: Microgrants	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$10,000,000	Upstream
Lung Cancer Screening Program	\$2,300,000	\$2,050,000	\$2,050,000	\$2,050,000	\$2,050,000	\$10,500,000	Upstream
Technical assistance vendor for Rural Health Collaborative Nonprofit	\$6,000,000	\$2,000,000	\$-	\$-	\$-	\$8,000,000	Regional collab
Technical assistance vendor for Rural Regional Reorientation Plan development and implementation	\$7,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$15,000,000	Regional collab
EMS centralization	\$4,500,000	\$4,500,000	\$3,700,000	\$3,700,000	\$3,700,000	\$20,100,000	Regional collab
Technical assistance vendor for Rural residency programs	\$1,500,000	\$500,000	\$-	\$-	\$200,000	\$2,200,000	Next gen talent
Rural residency programs	\$9,590,000	\$10,080,000	\$10,630,000	\$11,150,000	\$11,330,000	\$52,780,000	Next gen talent
Technical assistance vendor for sustainable financing	\$-	\$-	\$-	\$3,000,000	\$3,000,000	\$6,000,000	Cross-Initiative
Implementation support vendor	\$8,000,000	\$6,000,000	\$6,000,000	\$6,000,000	\$8,000,000	\$34,000,000	Cross-Initiative
Evaluation vendor	\$3,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$4,000,000	\$13,000,000	Cross-Initiative
Communications support vendor	\$500,000	\$250,000	\$250,000	\$250,000	\$500,000	\$1,750,000	Cross-Initiative
OSDH Contractors	\$732,000	\$154,000	\$87,000	\$1,320,000	\$105,000	\$2,398,000	Cross-Initiative
<b>Contracts total</b>	<b>\$83,947,000</b>	<b>\$57,664,000</b>	<b>\$61,397,000</b>	<b>\$56,350,000</b>	<b>\$60,115,000</b>	<b>\$319,473,000</b>	

<b>Contract</b>	<b>Justification</b>
Telestroke program	Funding for expanded telestroke program as described in Project Narrative, including support services costs, certification, program coordinator, and consulting
Technical Assistance vendor - MFM telehealth expansion	1 FTE of staff augmentation for NOFO writing, design of program requirements, and evaluation of provider responses
MFM telehealth expansion	Funding for MFM telehealth expansion as described in Project Narrative, including funds for both 1 hub and 6 spokes; funds include technology, telehealth equipment, and implementation costs
Technical support vendor for Community Paramedic vehicle	Technical assistance to support program development for Community Paramedic vehicles, RFP design, and initial marketing efforts. Most support will be in years 1 and 2, with light-touch staff augmentation through year 4
Community paramedicine program vendor	Funding for expanded community paramedicine program operations as described in the Project Narrative, including a training vehicle (purchased in year 1), instructors, and necessary medical supplies
Doula program vendor	Funding for doula program expansion as described in Project Narrative, including training for 15 doulas in 5 counties per year
Technical assistance vendor for BH integration in primary care	Technical assistance to support hosting BH provider listening sessions, designing initial program constraints for provider NOFO, NOFO drafting, & response evaluation
BH integration in primary care	Funding for BH integration in primary care as described in Project Narrative, including one hub & spoke model or recruitment of MAT (buprenorphine) prescribers for practices. Hub & spoke model cost includes: initial startup cost of model, initial coverage of an integrated care team, some support for telehealth capabilities at the hub, and funding of salaries at four spokes for nursing and counseling services, as well as telehealth connectivity. Alternatively, practices with some supports already in place for an SUD prescribing physician would leverage the funding for initial physician, NP, or APP salaries, recruitment & training
Technical assistance vendor for technology cooperative	Technical assistance to support program development, RFP design, and initial marketing efforts



<b>Contract</b>	<b>Justification</b>
Technology cooperative	Funding for technology cooperative as described in Project Narrative, including approved RPM devices, telehealth platforms, and AI clinical documentation tools, implementation costs for participating providers, and a statewide training and helpdesk for installation and configuration
Technical assistance vendor for Chronic disease management program	Technical assistance to support program design, data collection and analysis, population and condition identification, engagement with communities and facilities, design and development for program implementation
Chronic disease management program	Funding for programs seeking to treat chronic conditions in rural Oklahoma. Funding includes site staffing, participant recruitment, equipment, program design, education, and digital tool build and maintenance. Funding in years 1 and 3 is higher, as initiation years for 2 cohorts, with a lower maintenance total in years 2-5.
Technical assistance vendor for consumer-facing technology	Technical assistance to support program design, RFP development, identification of populations and conditions, and cost survey to build reasonably competitive environment
Consumer-facing technology	Funding to pilot consumer facing technology including behavioral health apps in rural Oklahoma. Funding will include stakeholder convening, participant recruitment, and vendor selection and contracting. Funding in years 1 and 2 will include acquisition with funding in subsequent years focused on scaling and reporting
Technical assistance vendor for Microgrants	Technical assistance to support RFP development, guidelines around RFP, communication to rural communities and RFP deployment / site selection.
Community-led wellness hub: Microgrants	Funding to establish a fund for competitive RFP among local health departments in rural communities. Local health departments will be able to apply for a one-time grant conditioned on their accepting ongoing maintenance. Grants must address proven community unmet demand for wellness needs in rural Oklahoma. Funding will be consistent each year
Lung Cancer Screening Program	Funding for establishment of lung cancer screening programs in rural health systems, as described in the Project Narrative, including funding in Y1 for program development, and technical assistance and personnel to lead the effort in health systems throughout
Technical assistance vendor for Rural Health Collaborative Nonprofit	Technical assistance to support stand-up of regional health collaborative non-profit including program design and planning, stakeholder engagement, legal, regulatory and communications support
Technical assistance vendor for Rural Regional Reorientation Plan development and implementation	Technical assistance to support program design, data collection and analysis, engagement with participating hospitals, synthesis of regional plans, grant design and development for program implementation
EMS centralization	Funding to select and implement a single platform centralizing EMS communication and logistics, as described in Project Narrative. Funding will be used for project management, data migration, equipment, and licensing. Funding will decrease from years 1-2 to years 3-5 as the platform transitions from buildout and training to maintenance and implementation
Technical assistance vendor for Rural residency programs	Technical assistance to support RFP development, application review, and ongoing program development for prospective rural residency sites, alongside educational partners. T.A. will ramp down, then return in Year 5 for program transition
Rural residency programs	Funding to establish new rural residency seats in Oklahoma. Funding includes accreditation, curriculum, faculty, educational materials, and resident support. Costs increase year-over-year to reflect additional cohorts of residents participating in the residency programs, while prior cohorts continue their residencies simultaneously
Technical assistance vendor for sustainable financing	Support for sustainable funding development including SPA/waiver development, all-payer model development to transition uncompensated care to billable service
Implementation support vendor	Support for overall program implementation including program design and stand-up, program management, stakeholder management with increased cost in Y1 and Y5 to support stand-up and close-out of program
Evaluation vendor	Support for overall program evaluation and monitoring; increased cost in Y1 and Y5 to support program stand-up and close-out



Contract	Justification
Communications support vendor	Support for program communications and community engagement with increased cost in Y1 and Y5 to support stand-up and close-out of program.
OSDH Contractors	Support for central program standup, management, and evaluation; figures differ in each year based on estimated support required by year (e.g., more in year 1 for standup and year 4 for transition to sustainability)

### G. Other Direct Costs

Planned provider and infrastructure investments total \$189.16 million over five years. Funding supports rural hospital and provider participation in regional reorientation planning and implementation through direct payments, infrastructure, and start-up staffing investments, totaling \$158.81 million. Additional payments address uncompensated care for EMS treat-in-place and community paramedicine (\$25 million) and doula services (\$4.85 million). A small allocation (\$500,000) covers parking for program personnel.

Item	Rate	Year 1	Year 2	Year 3	Year 4	Year 5	Total	Initiative
Provider payments for Rural Regional Reorientation planning	80% uptake of rural hospitals * \$150k / engaged hospital	\$10,560,000	\$-	\$-	\$-	\$-	\$10,560,000	Regional collab
Provider payments for Rural Regional Reorientation implementation	75% uptake of engaged hospitals * \$400k / hospital; 25% uptake from non-hospital providers, \$200k / provider	\$2,000,000	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	\$42,000,000	Regional collab
Infrastructure investments for Rural Regional Reorientation implementation	75% uptake of engaged hospitals * \$800k / hospital; 25% uptake from non-hospital providers, \$400k / provider	\$5,000,000	\$20,000,000	\$20,000,000	\$20,000,000	\$20,000,000	\$85,000,000	Regional collab
Equipment / start-up staffing investments for Rural Regional Reorientation implementation	75% uptake of engaged hospitals * \$400k / hospital; 25% uptake from non-hospital providers, \$200k / provider	\$1,250,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$21,250,000	Regional collab
Provider payments for EMS uncompensated. care	Up to \$200 per visit x 25,000 EMS treat-in-place / Community Paramedicine visits annually	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$25,000,000	Care Model
Provider payments for Doula uncompensated. care	~\$65 per visit x ~15,000 uncomp. visits annually (est. 20,000 rural births per year, 15-20% using doulas, 4 additional visits apiece)	\$970,000	\$970,000	\$970,000	\$970,000	\$970,000	\$4,850,000	Care Model
Parking for hired personnel	120 / month x 60 months x 13 employees	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$500,000	Cross-Initiative
<b>Other Total:</b>		\$24,880,000	\$41,070,000	\$41,070,000	\$41,070,000	\$41,070,000	\$189,160,000	

Item	Justification
Provider payments for Rural Regional Reorientation planning	Provide payment to rural hospitals to support plan development and implementation planning for rural regional reorientation. Expect 80% uptake of the 88 rural hospitals; \$150k/provider based on similar planning efforts in other states.

Item	Justification
Provider payments for Rural Regional Reorientation implementation	Provide payment to broader set of providers (inclusive of hospitals, outpatient specialty, primary care, behavioral health, long term care, health departments) to incentivize their role in implementing changes based on recommendations. The state acknowledges these estimates will need to be refined based on the resulting plans completed by FY Q4 2026.
Infrastructure investments for Rural Regional Reorientation implementation	Provide infrastructure dollars to broader set of providers (inclusive of hospitals, outpatient specialty, primary care, behavioral health, long term care providers, health departments) to support minor renovations to right-size service lines and update for new use in alignment with reorientation plans. The state acknowledges these estimates will need to be refined based on the resulting plans completed by FY Q4 2026.
Equipment / start-up staffing investments for Rural Regional Reorientation implementation	Provide equipment, technology, and start-up staffing investments to a broader set of providers (inclusive of hospitals, outpatient specialty, primary care, behavioral health, long term care providers, health departments) to support purchase of equipment, recruitment of staff for new use in alignment with reorientation plans. The state acknowledges these estimates will need to be refined based on the resulting plans completed by FY Q4 2026.
Provider payments for EMS uncompensated care	Provide payment to EMS / Community Paramedics for critical community care that is not currently covered under Medicaid, while working toward incorporating them as billable services
Provider payments for Doula uncompensated care	Provide payment for currently uncompensated Doula care (visits beyond the 8 allotted), while working toward expanding the number of visits included in billable services
Parking for hired personnel	Parking garage access is provided to all OSDH employees

### J. Indirect Costs

Indirect Cost	Year 1	Year 2	Year 3	Year 4	Year 5	Total
<b>Personnel total</b>	\$1,417,000	\$1,417,000	\$1,417,000	\$1,417,000	\$1,417,000	\$7,085,000
<b>ICR</b>	35.6%	35.6%	35.6%	35.6%	35.6%	35.6%
<b>Total</b>	\$504,452	\$504,452	\$504,452	\$504,452	\$504,452	\$2,522,260
<b>Rounded Total:</b>	\$504,000	\$504,000	\$504,000	\$504,000	\$504,000	\$2,520,000

OSDH uses an approved ICR of 35.6%, which the Department applies to all personnel salary costs, but not to travel, fringe benefits, or supplies. These indirect costs are minimal and will not exceed 10% of the total funding, along with administrative costs. **Note:** The rounded total across the five budget periods is reflective of the sum of the rounded total for each budget period.

### 5. Funding by Initiative or Program Component

Table 3. Allocation of RHT Program Funds by Initiative (Year 1 through Year 5)

Cost Category	Year 1	Year 2	Year 3	Year 4	Year 5	Total
<b>Innovating the care model</b>	\$35,424,000	\$29,152,000	\$29,039,000	\$29,236,000	\$29,176,000	\$152,027,000
<b>Moving upstream</b>	\$25,110,000	\$16,910,000	\$23,860,000	\$14,010,000	\$14,385,000	\$94,275,000
<b>Facilitating regional collaboration</b>	\$74,170,000	\$87,020,000	\$84,680,000	\$85,680,000	\$86,450,000	\$418,000,000
<b>Shifting to value</b>	\$16,530,000	\$22,530,000	\$23,700,000	\$22,600,000	\$17,100,000	\$102,460,000
<b>Growing next gen rural talent</b>	\$12,900,000	\$13,340,000	\$13,390,000	\$13,910,000	\$15,290,000	\$68,830,000
<b>Building health data utility</b>	\$21,340,000	\$20,350,000	\$14,700,000	\$19,700,000	\$19,700,000	\$95,790,000
<b>Cross-Initiative</b>	\$14,526,000	\$10,698,000	\$10,631,000	\$14,864,000	\$17,899,000	\$68,618,000

Cost Category	Year 1	Year 2	Year 3	Year 4	Year 5	Total
<b>Total Costs</b>	\$200,000,000	\$200,000,000	\$200,000,000	\$200,000,000	\$200,000,000	\$1,000,000,000

**Note:** Select items funded (e.g., Program Director, Indirect Costs) are considered “cross-initiative” and provide benefit across more than one initiative, without distinct allocation at this time.

## 6. Complementary Resources

Oklahoma’s exiting resources complement RHTP funding, including CMS demonstrations (e.g., TMAH), Medicaid programs, state-run initiatives like TSET, and local programs. OSDH will align RHTP funding to complement, not supplant, existing programs. Additional detail by fund use is included in the Program Duplication Assessment.

## 7. Cost Limits and Cost Reasonableness

The costs reflected in the budget narrative above and in Form SF-424A comply with the limits in the NOFO and cost reasonableness standards per 2 CFR Part 200. The State of Oklahoma will follow procurement procedures that adhere to State law and OSDH procurement guidelines, maintaining competitive and reasonable pricing for all goods and services. All proposed expenditures adhere to RHT program spending caps, including administrative costs under 10%, infrastructure costs under 20%, and provider payments under 15% of total funds.

### Administrative expense

Total administrative costs are \$68M or ~7% of total program budget, covering administrative staff and contractual support for implementation, evaluation, communication, and community engagement to provide rigorous program management and oversight in achieving RHT program goals.

**Note:** The rounded total across the five budget periods is reflective of the sum of the rounded total for each budget period.

Budget Category	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Personnel	\$1,725,100	\$1,783,600	\$1,764,100	\$1,764,100	\$1,764,100	\$8,801,000
Fringe Benefit	\$922,865	\$954,365	\$943,865	\$943,865	\$943,865	\$4,708,823
Travel	\$155,000	\$155,000	\$155,000	\$155,000	\$155,000	\$775,000
Equipment	\$-	\$-	\$-	\$-	\$-	\$-
Supplies	\$8,434	\$8,434	\$8,434	\$8,434	\$8,434	\$42,171
Contractual	\$12,232,000	\$8,404,000	\$8,337,000	\$9,570,000	\$12,605,000	\$51,148,000
Other	\$-	\$-	\$-	\$-	\$-	\$-
Indirect	\$504,000	\$504,000	\$504,000	\$504,000	\$504,000	\$2,520,000
<b>Total:</b>	\$15,547,399	\$11,809,399	\$11,712,399	\$12,945,399	\$15,980,399	\$67,994,995
<b>Rounded Total:</b>	\$15,547,000	\$11,809,000	\$11,712,000	\$12,945,000	\$15,980,000	\$67,993,000
<i>% of total spend</i>	8%	6%	6%	6%	8%	7%

### Infrastructure expense

The program allocates \$130M, or ~13% of the total budget, to infrastructure investments that advance RHT program goals. These funds support minor renovations to repurpose space for wellness and prevention programs, right-size clinical services, and expand care to new communities.

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Care model - Microgrants	\$400,000	\$400,000	\$400,000	\$400,000	\$400,000	\$2,000,000
Regional collab - Rural regional reorientation	\$5,000,000	\$20,000,000	\$20,000,000	\$20,000,000	\$20,000,000	\$85,000,000
Value - PACE	\$13,700,000	\$13,700,000	\$13,700,000	\$2,700,000	\$-	\$43,800,000
<b>Total</b>	<b>\$19,100,000</b>	<b>\$34,100,000</b>	<b>\$34,100,000</b>	<b>\$23,100,000</b>	<b>\$20,400,000</b>	<b>\$130,800,000</b>
Total budget	\$200,000,000	\$200,000,000	\$200,000,000	\$200,000,000	\$200,000,000	\$1,000,000,000
<b>% Total</b>	<b>10%</b>	<b>17%</b>	<b>17%</b>	<b>12%</b>	<b>10%</b>	<b>13%</b>

### Provider payments expense

Total provider payments are estimated at \$93M or ~9% of total program budget. Costs align with initiatives advancing RHT program goals, including payments to incentivize realignment of clinical services (e.g., shutting down service lines, expanding community-based care options) and piloting new care models (e.g., CHWs, doulas, community paramedicine) with clear path to sustainability through payer coverage expansion once proven.

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Care model - community paramedicine	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$25,000,000
Care model - doulas	\$970,000	\$970,000	\$970,000	\$970,000	\$970,000	\$4,850,000
Upstream prevention - CHW	\$2,070,000	\$2,070,000	\$2,070,000	\$2,070,000	\$2,070,000	\$10,350,000
Upstream prevention - Microgrants	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000	\$1,000,000
Regional collab - rural reorientation	\$12,560,000	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	\$52,560,000
<b>Total</b>	<b>\$20,800,000</b>	<b>\$18,240,000</b>	<b>\$18,240,000</b>	<b>\$18,240,000</b>	<b>\$18,240,000</b>	<b>\$93,760,000</b>
Total budget	\$200,000,000	\$200,000,000	\$200,000,000	\$200,000,000	\$200,000,000	\$1,000,000,000
<b>% Total</b>	<b>10%</b>	<b>9%</b>	<b>9%</b>	<b>9%</b>	<b>9%</b>	<b>9%</b>

### 8. Attachments Referenced

- SF-424A Form (required)
- Indirect Cost Rate Agreement (required)
- Program Duplication Assessment (required)

### 9. Certification and Contact

All costs included in this budget are necessary, reasonable, and allocable under 2 CFR Part 200 and directly support the Rural Health Transformation Program. OSDH attests that all uses of funds are in line with the RHTP NOFO guidelines and restrictions.