

Notice of Funding Opportunity
Application Due Date: 06/08/2026

Oklahoma State Department of Health

Rural Health Transformation Program

Opportunity Number: RHTP2026003

This Chronic Disease Management Program funding opportunity is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS). The Chronic Disease Management Program funding opportunity totals \$15.2M in budget Year 1. Future funding allocations are dependent upon receipt of funding from CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

Federal award number (for reference only): RHTCMS332048-01-00

Unique federal award identification number (for reference only): RHTCMS332048

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General Information

Summary

This funding opportunity from the Oklahoma State Department of Health (OSDH) will make grants available under the Rural Health Transformation Program (RHTP) to address chronic disease management needs in rural communities. The Rural Health Transformation Program is a five-year, nationwide \$50 billion federal grant program established in H.R. 1, The One Big Beautiful Bill Act. In Year 1, Oklahoma received \$223,476,948.62 in funding. Further details on Oklahoma's proposed uses of these funds beyond the chronic disease management program are available at: [Rural Health Transformation Program](#).

The Chronic Disease Management Program initiative is intended to fund providers, community-based organizations, and other organizations to implement and/or expand proven models for chronic disease management across rural regions of Oklahoma.

Funding Detail

Type: Competitive

Estimated Total Program Funding: \$15 million, disbursed in budget Year 1. This grant program is anticipated to continue through the lifetime of the Rural Health Transformation Program, with potential budget extensions in Years 2-5, subject to CMS-awarded funds to Oklahoma, available funding, and program progress.

Anticipated Individual Award: OSDH anticipates awarding up to 15 funding opportunities at levels ranging from \$1 million-\$5 million. The number of awards and funding levels will be determined by applications received, but total funds awarded in Year 1 will not exceed \$15 million.

Anticipated Award Date: By August 2026

Payment Structure: Reimbursement. Please note this is a reimbursement-based award. Award recipients are expected to cover eligible costs upfront and then submit documentation to OSDH for reimbursement. If there are extenuating circumstances that would prevent the applicant from participating in a reimbursement-based program, please specify them in the body of the application.

Expenditure Period: Award recipients are expected to expend the award amount no later than September 30, 2027, with the exception of personnel, fringe, and travel costs, which must be expended by October 30, 2026. All funds must be obligated by May 1st, 2027. Funds are considered obligated when they are legally committed through a fully executed agreement for approved activities or scope of work, meaning both parties must have

signed and accepted all terms and conditions. OSDH anticipates extension of awards in subsequent years, with subsequent award sizes subject to funding availability.

Cost Sharing

This funding opportunity has no cost-sharing component.

Eligibility

Eligible Applicants

A wide variety of entities are eligible to apply for this grant. Potential applicant types include but are not limited to:

- Community-based organizations (including 501(c)(3) organizations, other non-profits)
- Health care providers (both non-profit and for-profit)
- Tribal entities
- Higher education institutions
- Municipalities
- State agencies
- County and other local governments

OSDH welcomes collaborative approaches across organizations and rural areas. One entity must apply as the sole applicant and will be responsible for receiving and administering the award. Applicants may work with other organizations through subawards, contracts, or other formal agreements, as appropriate.

Applicants must meet the criteria below to be eligible for this funding opportunity:

- Be currently providing services in rural Oklahoma
- Have a physical location, either headquarter or branch, in Oklahoma
- Provide health care and/or health-promoting services, programs, or supports, in Oklahoma
- Demonstrate a history of serving rural community(ies) in Oklahoma, either directly or through formal partnership with locally-rooted organizations or providers. Organizations without an existing service footprint in rural Oklahoma are not eligible
- Deliver direct program services supported by this award solely in eligible Oklahoma rural communities with populations under 55,000 (see **Attachment A** for a full list of eligible communities), except for centralized administrative, care coordination, telehealth-based clinical support, or other remote services that support participants in the rural community

- Have an active Unique Entity Identifier (UEI) and maintain an active registration in SAM.gov throughout the application, review, and award period. The registration process is described here: [Entity Registration | SAM.gov](#). Timelines for registration and receipt of a UEI vary significantly. A UEI number is required to apply
- Must not be suspended, debarred, or otherwise excluded from receiving federal funds
- Have an active Certificate of Insurance (see the Subrecipient Terms and Conditions linked in **Attachment D** for a detailed list of required insurance types, coverage limits, and other insurance-related requirements)

If applying through a fiscal sponsorship arrangement, the fiscal sponsor must submit the application and should list the sponsored organization as a planned subcontractor or partner. The sponsor must provide a fiscal sponsorship agreement, UEI number, and supplier ID. Though the fiscal sponsor does not need to be located in Oklahoma, the organization they are sponsoring must still:

- Have a physical location, either headquarter or branch, in Oklahoma
- Provide health care and/or health-promoting services, programs, or supports in Oklahoma
- Demonstrate a history of serving rural community(ies) in Oklahoma, either directly or through formal partnership with locally-rooted organizations or providers. Organizations without an existing service footprint in rural Oklahoma are not eligible
- Deliver direct program services supported by this award solely in eligible Oklahoma rural communities with populations under 55,000
- Must not be suspended, debarred, or otherwise excluded from receiving federal funds, and be in good financial standing

Program Description

Despite a significant chronic disease burden, Oklahoma has seen success with programs tailored to community needs. This initiative will build on previous successes by funding evidence-informed chronic disease management programs.

Funding Uses

Funding is for programs seeking to prevent, treat, or monitor chronic disease in rural Oklahoma.

Allowable uses include but are not limited to:

- Participant recruitment (e.g., promotional materials, event supplies or space fees for community engagement, related overhead)

- Equipment, supplies, and other materials necessary for program implementation (e.g., general office supplies, medical equipment that is not otherwise reimbursable or billed to a payer)
- Program design (e.g., staff time for workflow development or development of participant education materials, technical assistance for program design)
- Program implementation, e.g., necessary staff travel or facilities costs
- Program evaluation (e.g., participant surveys, clinical outcome measurements)
- Education directly related to program implementation for staff or partners (e.g., training on protocols, data collection, or required tools)
- Digital tool build and maintenance when necessary for program implementation

Program Focus. While chronic disease encompasses a broad range of conditions, this grant is specifically focused on programs addressing **cardiovascular diseases, cancer, chronic respiratory diseases, diabetes, and stroke**, given their prevalence and impact in Oklahoma ([CDC](#)). These non-contagious diseases are characterized by multiple risk factors, a long latency period, a prolonged temporal course, functional impairment or disability, and incurability ([NIH](#)).

Examples of eligible conditions under this funding opportunity include but are not limited to:

- **Cardiovascular diseases:** Heart disease and hypertension
- **Cancer:** Breast cancer, cervical cancer, colorectal cancer, lung cancer, prostate cancer, skin cancer
- **Chronic respiratory diseases:** Asthma, chronic obstructive pulmonary disease (COPD), chronic bronchitis, emphysema
- **Diabetes:** Type 1 diabetes and Type 2 diabetes
- **Stroke:** post-stroke conditions and chronic needs related to stroke recovery and prevention

Program Evidence. The purpose of this grant funding is to invest in evidence-informed interventions. Approaches without a demonstrated evidence base are not the focus of this funding opportunity.

For the purpose of this award, programs should, at a minimum, follow established best practices, and demonstrate clear logic for improving chronic disease outcomes. Applicants must demonstrate how the proposed approach is based on evidence from similar populations, settings, or interventions. The proposed model can, but is not required to, be a named program, such as the Chronic Disease Self-Management Program

([Administration for Community Living](#)). The model can, but is not required to, be formally recognized by a government agency.

Prohibited and Restricted Funding Uses

Key ineligible costs under this program include the following:

- Alcoholic beverages
- Bad debt & collection costs
- Goods and services for personal use of employees
- Fundraising and investment management costs
- Lobbying activities
- Fines, penalties, damages, and settlement resulting from violations of law
- Pre-award costs incurred before award date
- Land acquisition and depreciation of land
- Endowments, capital funds, or investment vehicles to generate income
- New construction or major building expansions or renovations
- International visa sponsorship for clinical workers.
- Clinical services that duplicate billable services
- Medications, whether prescription or over-the-counter (OTC)
- Payments or rate enhancements for services currently billable or reimbursable through Medicaid, commercial insurance, or another funding source, including when payment is only partially available, at a lower rate than the applicant seeks, or where the applicant does not routinely bill for the service
- Meeting matching requirements for any other federal funds or local entities
- Food costs, including medically tailored meals and community meeting meals
- Broadband infrastructure

These funds may not be used to supplant (replace) other federal, state, or local government funds previously awarded for the proposed project/purchase. It is the applicant's responsibility to demonstrate in the application that they are not supplanting other funds.

Please refer to **Attachment E** for a full list of allowable and unallowable funding uses under broader RHTP or federal guidelines.

Additionally, certain funding categories are subject to RHTP-wide spending limits and must be documented. This includes:

- Provider payments that are not already reimbursable

- Costs for grant administration (e.g., grants management, compliance, fiscal oversight) are limited to five percent for award recipients. This should include all direct grant admin costs and a proportional share of indirect costs: Total grant admin = Direct costs for grant admin + (Direct costs for grant admin * Indirect Cost Rate)
- Replacement of an EMR system if a previous HITECH-certified EMR system is already in place
- Infrastructure improvements, such as equipment upgrades and minor building renovations or alterations, when clearly linked to program goals

Application Contents and Format

The application includes the following components, described in detail below.

- Organizational Information
- Project Plan
- Budget
- Evaluation Plan
- Grants Management Packet

You must complete the required organizational information using the fillable form available at: [RHTP Chronic Disease Management Program Application](#) The bottom of the form enables you to submit the additional application components as file uploads. The form does not allow you to save your progress, so the Organizational Information questions are listed below for reference. We recommend drafting your responses in a separate document, copying and pasting them into the form, and uploading all required files in one sitting. The upload limit on attachments into Smartsheet is 250 MB per file.

Organizational Information

The form components include the following:

1. Organization profile
 - a. Organization name
 - b. What is your mission?
 - c. What services do you provide?
 - d. What type of entity are you?
 - i. Community-based organization
 - ii. Health care provider
 - iii. Tribal entity
 - iv. Higher education institution

- v. Municipality
 - vi. State agency
 - vii. Other (provides dropdown for applicant to specify)
- e. What is your tax status?
- i. For-profit
 - ii. 501(c)(3) non-profit organization
 - iii. 501(c)(4) non-profit organization
 - iv. Other (provides dropdown for applicant to specify)
- f. Unique Entity ID (UEI) number
- g. Do you have a Supplier ID with the state of OK? (Y/N) If yes, please provide your Supplier ID. If awarded, you will be required to obtain a Supplier ID
- h. Are you able to operate on a reimbursement basis? (Y/N) If no, please explain your circumstances
- i. Total number of employees
2. Program proposal
- a. A brief summary of your program proposal (250-word limit)
 - b. What counties will be served by your program? (check all that apply)
 - c. Which chronic conditions does your program address? (check all that apply)
 - d. Does your program budget include grant administration costs? (Y/N) If yes, what dollar amount of the total requested award will be allocated for grant administration? Note: no more than 5% of the requested award can fund grant administration activities
 - e. Does your program budget include restricted funding uses excluding grant administration? (Y/N) If yes, please describe the uses and dollar amounts planned
 - f. Are you planning to sub-contract or partner with other organizations to implement your proposed program? (Y/N) If yes, provide a list of all planned subcontractors or partners
3. Contact information
- a. Physical address in Oklahoma
 - b. Is the above address a headquarter or branch location?
 - c. Mailing address if different than physical address
 - d. Name and contact information for project contact for this award
 - e. Do you have a communications Point of Contact (POC)? (Y/N) If yes, provide communications POC name and contact information
 - f. Do you have a legal POC? (Y/N) If yes, provide legal POC name and contact information
4. Document Upload and Attestations

- a. Required file uploads:
 - i. Project Plan
 - ii. **Attachment C:** Expenditure Budget
 - iii. Evaluation Plan
 - iv. **Attachment D:** Review and submit all grants management documents
 - v. Subrecipient Questionnaire
 - vi. Certificate of Insurance
 - vii. Financial statement: Audit report or audited financial statements.
 - viii. Federally Negotiated Indirect Cost Rate Agreements
- b. Attestation that awarded funds will not supplant (replace) existing funding
- c. Attestation that no more than 5% of the budgeted funding would go toward grant administration activities

Exhibit A: Project Plan

The Project Plan should contain the following sections and address the bullets in each section. Project Plan should not exceed 15 pages and be formatted according to the specifications below.

Organizational Capacity and Qualifications

1. Demonstrated organizational history serving rural communities in Oklahoma
2. Evidence of prior experience implementing chronic disease management programs
3. Qualified staffing plan for the proposed program, including clinical oversight appropriate to the program model and any required licensure, if applicable
4. Describe partnerships relevant to program delivery in the proposed service area, such as local health systems, Federally Qualified Health Centers (FQHCs), rural Health Centers (RHCs), Critical Access Hospitals (CAHs), tribal health organizations, community-based organizations, or other community-serving partners
5. Description of any applicable physical and technological infrastructure necessary to enable effective model implementation, such as clinical equipment or software

Evidence of Need

1. Identification of the specific chronic disease(s) targeted
2. Description of existing gaps in chronic disease interventions in targeted service area
3. Quantitative data showing gaps in targeted service area
4. Community consultation, either done directly in the development of this application, or more broadly within the last five years

Program Design

1. Detailed description of the care model and program components, including who delivers each service, which participants receive it, how services are delivered, and the expected frequency and duration of participant engagement
2. Illustrative participant journey showing how an individual moves through the program from identification or referral through ongoing support and follow-up
3. Evidence base for the chosen intervention model, including peer-reviewed literature or prior implementation data showing efficacy, if applicable
4. Participant eligibility criteria, enrollment process, and anticipated enrollment numbers
5. Logic Model and/or Theory of Change describing how program activities are expected to improve short- and long-term outcomes
6. Intended outcomes
7. Projected budget needs in future years
8. Sustainability plan to address program continuation after grant funding concludes: Plan should clearly demonstrate community support and may include other funding sources, partner commitments, transition to billable services, or integration into existing operations. Please note that reliance on unspecified future federal or state reimbursement alone is not considered a viable sustainability plan

Work Plan and Timeline

1. Phased implementation milestones with specific deliverables and dates, until September 30, 2027

Exhibit B: Budget

Applicants should complete the budget Excel form.

Exhibit C: Evaluation Plan

The Evaluation Plan should contain the following sections and address the bullets in each section. The Evaluation Plan should not exceed 5 pages and be formatted according to the specifications below. The budget should include any Year 1 costs associated with the evaluation, such as planning and data collection.

Evaluation Design

1. Description of evaluation approach: Examples include but are not limited to: before/after outcome tracking, comparison to historical baseline, and quasi-experimental design. Applicants may reference the CDC's Program Evaluation Framework to develop their evaluation approach ([CDC](#))
2. Data collection methods and sources

3. How evaluation will be conducted (internally, by a third party such as an academic or non-profit institution, etc.)

Evaluation Metrics

Please note that, at a minimum, applicants will be required to report to OSDH on the following metrics identified in OSDH's application to CMS:

- Participant retention across all sites on a quarterly basis
- Reductions in complications from disease progression on an annual basis
- Improvement in symptoms, measured by clinical indicators and/or patient self-report, following entrance into program on an annual basis

For annually-reported metrics, while applicants are expected to demonstrate improvement over the five-year program period, they do not necessarily need to demonstrate improvement every single year.

Applicants are encouraged to develop additional evaluation measures tailored to their program and target condition, including:

- Process measures, e.g., enrollment, demographic information, participant engagement
- Outcome measures, e.g., target clinical outcomes, HEDIS or other standard measures, pre- and post-program surveys, participant-reported satisfaction and quality of life

Exhibit D Grants Management Packet

Applicants should provide all of the documentation needed for Grants Management purposes, as described in **Attachment D**. This includes documentation such as:

- The subrecipient questionnaire (SRQ)
- Attestation that you have reviewed the standard subrecipient contract & uploaded a completed form with requested exceptions, if any, to the contract terms
- Certificate of Insurance
- Financial statements. Acceptable financial statements include an audit report or audited financial statements. Non-profit organizations that are not required to have an audited financial statement may instead submit a form 990 or 990-N
- Any federally negotiated indirect cost rate agreements: If an organization does not have a federally negotiated indirect cost rate agreement and wishes to include indirect costs, they may use the federally approved de minimis rate of 15% of modified total direct costs ([Code of Federal Regulations](#), section (f)) or a lesser percentage

Formatting Requirements

Project Plan and Evaluation Plan should be single-spaced, 12 pt font (Arial or Times New Roman). Fonts in tables or graphics should be 10 pt font. Pages should be 8.5 by 11 inches with 1-inch margins. Page numbers should be included.

Application Review

Stage One: Basic Requirements Review

Each application is reviewed to ensure it meets basic requirements. Applications will be considered ineligible if:

- Funding requests exceed the maximum award level
- Applicant is suspended, debarred, or otherwise excluded from receiving federal funds
- Financial statements and/or audits submitted by the applicant show financial mismanagement
- Application is submitted after the deadline
- Applicant does not meet the eligibility criteria
- Application is incomplete

OSDH reserves the right to provide the opportunity to applicants to make minor technical corrections to only the documents submitted as part of **Exhibit D** to bring the application into compliance. Applicants will only be contacted for corrections after award decisions have been made.

OSDH will not fund:

- An application from out of state
- An application from an ineligible applicant
- An incomplete application
- A disqualified application

Stage Two: Merit Review

OSDH will convene review panels to score applications across a common set of weighted criteria, outlined below. Evaluation and scoring teams were chosen based on their knowledge of subject matter and administration of grant funds and will receive training on competitive review processes.

In addition to the scoring criteria, OSDH may consider the diversity of geographic distribution, target populations, and chronic conditions addressed when making final

award decisions. OSDH may prioritize awarding funds to entities headquartered and operating in rural Oklahoma counties (see second tab of **Attachment A**).

Applications must receive at least 55 of 100 possible points to be eligible for award.

Award Contingencies and Reallocation of Funds

In the event OSDH does not receive sufficient applications meeting Basic Requirements (Stage One of Application Review) or the compliant applications do not achieve the minimum score, OSDH may:

- Refrain from awarding funds through the competitive process and retain funds for a future procurement opportunity consistent with RHTP requirements
- Deploy funds through OSDH or an OSDH-approved chronic disease management investment plan aligned with RHTP goals
- Fund discrete portions of an application at an amount lower than requested, where OSDH determines that the portion can be implemented independently and remains aligned with program requirements
- Reopen, revise, or reissue the funding opportunity if OSDH determines a need for clearer requirements or technical assistance

OSDH may also use any of the options described above if the full \$15 million in Year 1 chronic disease management program funding is not awarded for any reason.

Scoring Criteria

Criterion	Description	Point Value (100 total)
Organization Capacity	This includes the case that the organization is well-positioned to make use of the proposed investment. Reviewers will consider the applicant’s pre-existing rural service footprint, experience implementing similar programs, strength of local partnerships, if applicable, and experience working with the target population.	10
Program Design	This includes the extent to which the program is well-suited to the target rural community(ies) and evidence-informed or evidence-based. Reviewers will assess the strength of the program model, delivery approach, applicant’s plan to address	30

	access barriers specific to rural settings, and level of need in the specific rural community.	
Impact and Sustainability	This includes the ability to demonstrate improved health and wellness outcomes in the participant group, after the initial investment, and as possible over a multi-year time horizon. The ability to demonstrate financial sustainability after the initial investment, and if possible, over a multi-year time horizon.	15
Work Plan and Timeline	This includes the clarity and feasibility of the applicant’s plan to implement the program within the grant period. Reviewers will assess whether key milestones are well-defined, including whether they are specific, measurable, attainable, realistic, and time-bound; the timeline is realistic given the scope of work; and the applicant demonstrates readiness to launch.	10
Evaluation Plan	This includes the rigor and feasibility of the applicant’s plan to measure program outcomes and assess effectiveness. Reviewers will assess whether the proposed metrics are meaningful, data collection methods are sound, and findings can demonstrate impact on chronic disease outcomes in the participant group.	20
Budget Reasonableness	This includes the degree to which the proposed budget is justified, reasonable, and appropriate for the scope of work. Reviewers will assess whether costs are clearly explained, allocations align with program activities, and the approach represents responsible stewardship of grant funds.	15

Award Notices and Submission Deadlines

How We Make Awards

At the end of the application period, the process is as follows:

- Submit complete application files via the form linked here: [RHTP Chronic Disease Management Program Application](#)

- OSDH conducts an initial review to ensure application meets Stage 1 Basic Application Requirements. If those requirements are not met, applications will be deemed ineligible and applicants will be notified of their status.
- OSDH reviews for completion and compliance of **Exhibit D**. OSDH may evaluate the quality of this exhibit to make funding determinations. OSDH may also disqualify an applicant at any stage of the NOFO process if submitted materials are materially inaccurate or raise compliance concerns
- Evaluation and scoring of all eligible applications
- Scoring criteria will be consistent across all review panels
- Awards will be determined based on available funding and specifications described above
- Applicants receiving awards will be notified by the RHTP Grants Management Office. Following receipt of a Notice of Award, if required, contract negotiations will be conducted through OSDH Legal Counsel

Application Deadline

June 8th, 2026, at 11:59 pm CT.

NOFO Webinar and Applicant Q&A opportunities

Applicants may submit any questions regarding the application to: [Chronic Disease Management Program FAQs](#)

Responses will be made publicly available via updates to the OSDH RHTP Chronic Disease Management Program FAQ, available here: [RHTP Program Website](#)

OSDH anticipates hosting a webinar for prospective applicants. Additional details, including the date and time, will be posted here: [RHTP Program Website](#)

Application Checklist

Post-Award Requirements and Administration

All awardees must follow:

- All terms and conditions in the Chronic Disease Program Notice of Award (NOA)
- All financial and reporting procedures and requirements and other terms and conditions stipulated in the negotiated contract between OSDH and the awarded entity
- Awardees must attend a post-award webinar, information will be forthcoming

Reporting Requirements

Successful applicants will be required to submit:

- Monthly progress reports
- Quarterly reports based on applicant-submitted metrics
- Annual reports based on OSDH-required and applicant-submitted metrics

Required Application Components	Page limit
<input type="checkbox"/> File One: Narrative application (form)	Form (N/A)
<input type="checkbox"/> File Two: Project plan	15 pages total, submit in form
<input type="checkbox"/> File Three: Expenditure budget Attachment C	OSDH-provided attachment, submit in form
<input type="checkbox"/> File Four: Evaluation plan	5 pages total, submit in form
<input type="checkbox"/> File Five: Review and submit forms within Attachment D	OSDH-provided attachment, submit in form

- A final evaluation report

See **Attachment B** for an overview of subrecipient responsibilities on financial reporting.

OSDH Contacts

RHTP homepage: <https://oklahoma.gov/health/rhtp/rhtp-funding.html>

OSDH inbox: OklahomaRHTP@health.ok.gov