OKLAHOMA
RURAL HEALTH TRANSFORMATION

Oklahoma Rural Health

Transformation Program

What is the Oklahoma Rural Health Transformation (RHT) Program?

- RHT Program is a five-year federal investment to strengthen rural health care access, quality, and outcomes
- Oklahoma received $223.5 million for the first budget period of the grant
- Focus is on helping people get the care they need where they live

Which areas are considered rural?

Funds will be restricted to programs/applications that serve communities with populations of 55,000 or less, excluding towns in Oklahoma and Tulsa counties.

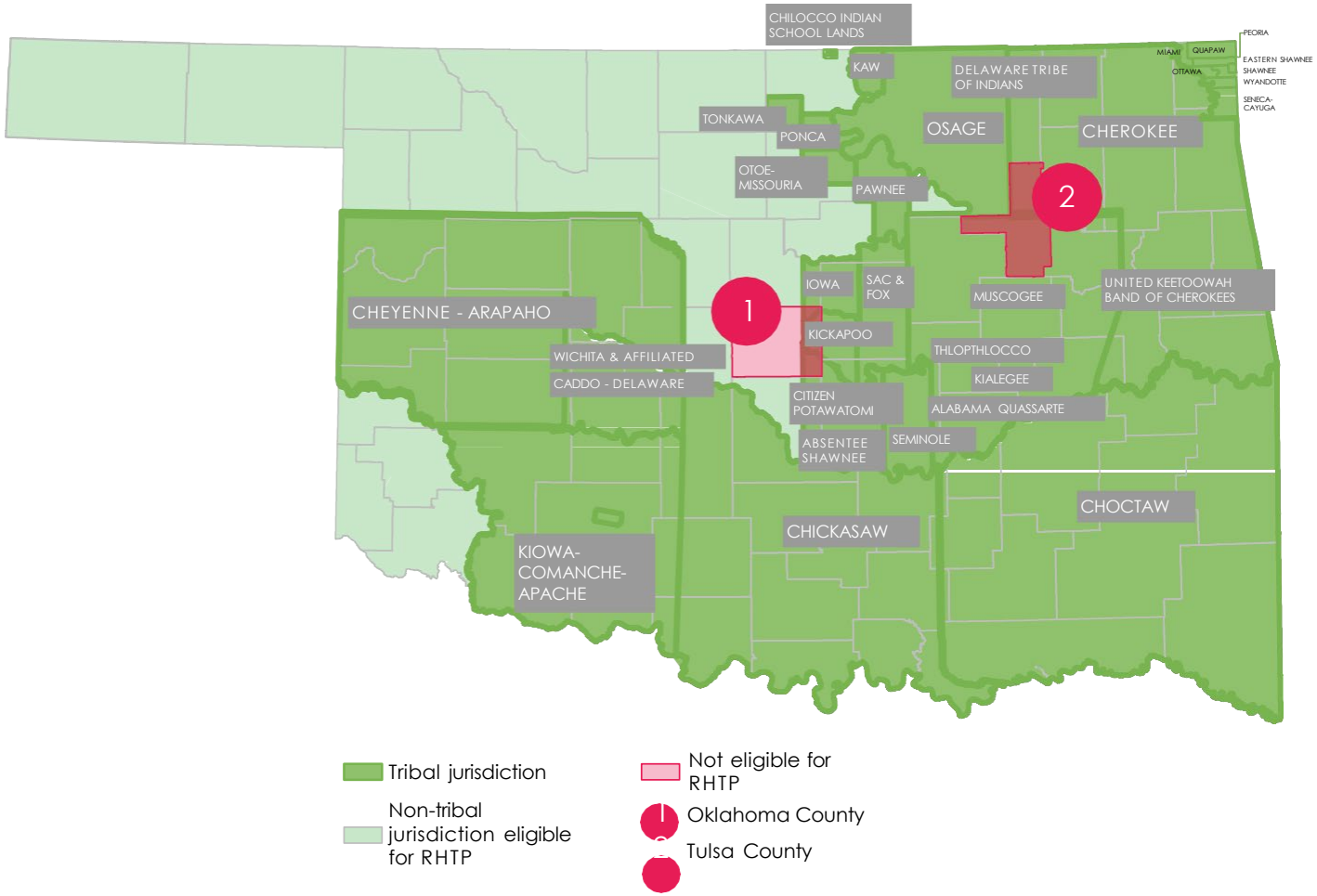
Entities located outside of rural areas may apply for funding but will be required to explicitly demonstrate how rural communities are being engaged as partners and how RHT Program dollars are serving specifically rural beneficiaries.

Oklahoma Rural Health Transformation Program

RHTP rural definition includes all tribal groups

RHTP rural definition

- Funds will be restricted to programs/applications that serve **communities with populations of 55,000 or less, excluding towns in Oklahoma and Tulsa counties**[1]
- **Entities located outside of rural areas may apply for funding** but will be required to explicitly demonstrate **how rural communities are being engaged** as partners and how RHT Program dollars are serving specifically rural beneficiaries.
- This revised definition expands eligibility to **communities across 75 Oklahoma counties** from the 59 in the application, while maintaining focus on Oklahoma's most rural areas.



1. Based on the Legislature definition of 50,000 in non-major metropolitan areas, with 10% flexibility for migration

Six Core Initiatives

1. Innovating the Care Model
2. Moving Upstream
3. Facilitating Regional Collaboration
4. Shifting to Value
5. Growing Next-Gen Rural Talent
6. Building Health Data Utility

Innovating the Care Model

Focused on bringing care closer to home.

Program	Admin[1]	Description	FYY1 ($M)
Tech Cooperative	OSDH	Establishing a tech cooperative to lower costs of tech implementation for rural PCPs and BH providers	$13.8M
Expanding Care: Community Paramedicine	OSDH	Expanding paramedicine capabilities through partnership with OSU's EMT training program, buying additional vehicles for EMT application, and creating an uncompensated care fund to reimburse for services	$8.2M
Maternal Fetal Medicine Telemedicine Expansion	OSDH	Expanding the reach of MFM specialists through partnership with OU & OSU's tele-MFM network connecting rural hospitals, clinics, and county health departments	$6.6M
Behavioral Health Integration	OSDH	Training PCPs in SUD treatment (e.g., medication-assisted treatment) and standing up hub and spoke medication-assisted treatment centers	$3.2M
School-Based Health Services	OSDE	Funding schools to expand health services offered, including provider recruitment and developing necessary administrative and technological functions like Medicaid billing	$3.0M
Transportation Expansion	OARC	Making transportation to care more accessible by extending current Southwest OK pilots (volunteer drivers and central dispatch) to rest of state	$2.7M
Expanding Care: Doulas	OSDH	Training new doulas to serve rural OK, while creating an uncompensated care fund to reimburse for services	$1.2M
Remote Patient Monitoring: Maternal Health	OHCA	Partnering with hospitals to expand coverage of blood pressure cuffs for women with high-risk pregnancies in rural communities	$0.8M
Telestroke Expansion	OSDH	Increasing rural access to stroke assessment and treatment by leveraging telemedicine	$0.5M

Note: FYY1 budgets are subject to change through Program Year, as approved by Centers for Medicare and Medicaid (CMS); 1. OSDH: Oklahoma State Department of Health; OSDE: Oklahoma State Department of Education; OARC: Oklahoma Association of Regional Councils; OHCA: Oklahoma Health Care Authority

Detail | Technology Cooperative for PCPs and BH Providers

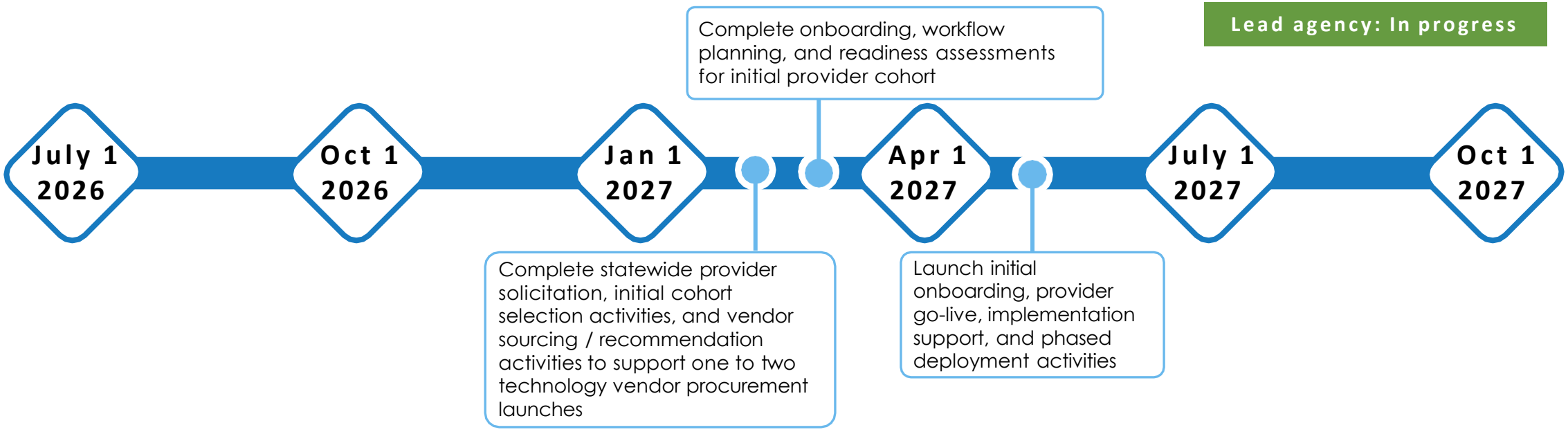
Goal of program

Enable identification, deployment, and evaluation of technology-enabled solutions to advance and support rural health transformation

Uses of Funds

- Establishment of the technology cooperative: governance, membership structure, and eligibility criteria for rural primary care and behavioral health providers
- Identify, validate, and prioritize clinical and operational needs across rural providers
- Stand up of contracts for approved RPM devices, telehealth platforms, and AI-enabled clinical documentation tools
- Initial implementation costs for small and rural clinics, including licensing fees, user setup, and connectivity support
- Statewide training and helpdesk support for installation, configuration, and workflow integration
- Program monitoring to collect utilization, satisfaction, and performance data to assess savings, adoption rates, and clinical efficacy

Lead agency: In progress



Note: For additional details, please reference the OSDH RHTP Project Narrative

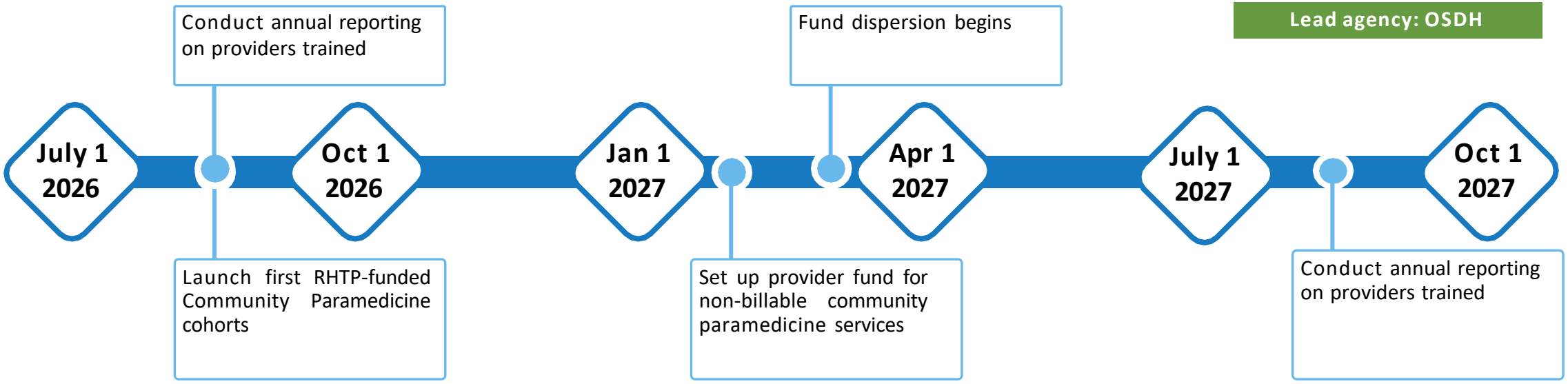
As of 7.12.26

Detail | Community Paramedicine

Goal of program	Enhance clinical capacity of non-physician professionals to better meet patient needs, reduce wait times, and sustain access to preventative and primary care close to home

Uses of Funds	• Expansion of training programs for community paramedics • Technical assistance and training curriculum development, including educational materials • Funding for vehicle and supply purchases for community paramedicine teams • Development of a deployment strategy for trained community paramedics • Creation of a provider fund for non-billable services to reimburse community paramedicine / mobile integrated health services until payer coverage is established • Support for inclusion of services into Medicaid and commercial reimbursement models

Lead agency: OSDH



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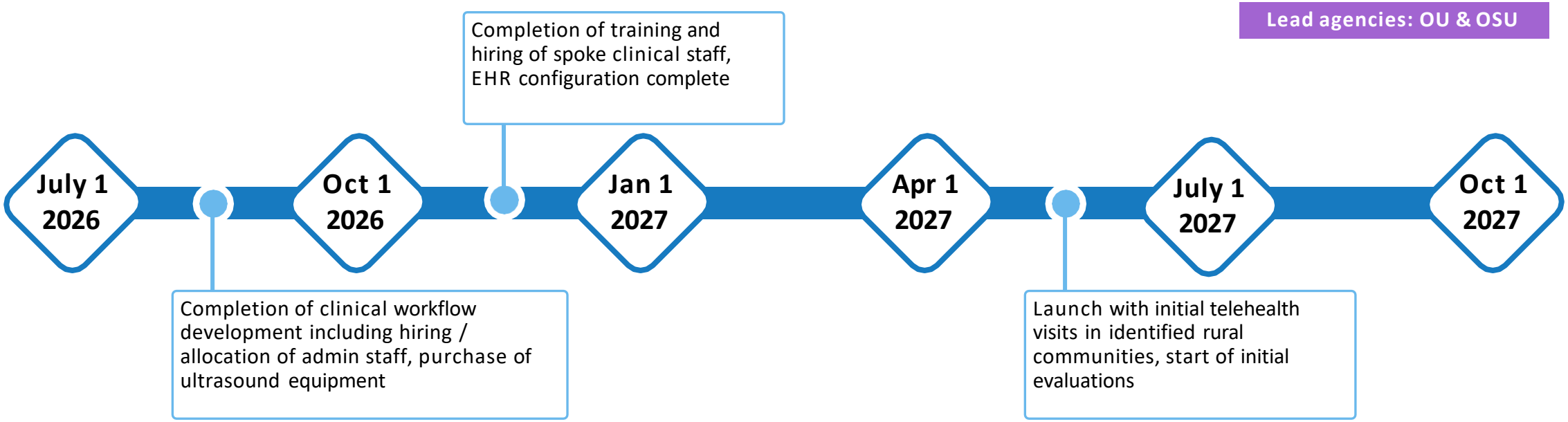
As of 7.12.26

Detail | Maternal Fetal Medicine Telehealth Expansion

Goal of program	Expand the reach of MFMs and OB/GYNs through a telehealth network connecting rural hospitals, clinics, and county health departments

Uses of Funds	
	• Purchase and deployment of telehealth and ultrasound equipment at rural sites • Training / upskilling local sonographers, nurses, and coordinators to support tele-MFM & OB/GYN workflows • Integration with EHR systems for secure imaging and data sharing • Technical assistance and IT support for connectivity, maintenance, and troubleshooting • Care coordination staffing, including ultra sonographers, case managers, and perinatal navigators • Clinician administrative time for program set up: MFM physicians, OB/GYN, Behavioral Health/SUD providers • Program monitoring to track utilization, access, and maternal health outcomes.

Lead agencies: OU & OSU



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As of 7.12.26

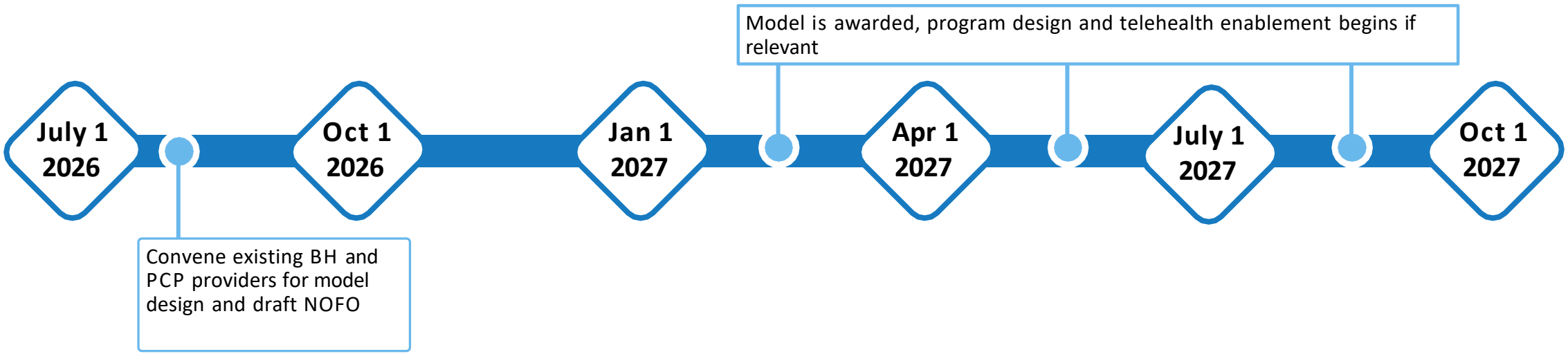
Detail | Behavior Health Integration in Primary Care

Goal of program	Expand access to behavioral health and substance use disorder treatment (including medication assisted treatment) through structured upskilling and recruitment programs

Uses of Funds

- Convening of existing BH and PCP providers interested in upskilling or recruiting PCP providers to prescribe Medication Assisted Treatment (MAT) in a PCP setting and / or setting up a comprehensive hub and spoke MAT model
- Program design, procurement development, and program selection Provider training / recruitment
- [Optional for hub and spoke] telehealth connectivity for hub and spoke providers, PCP provider training, and wraparound care staff for hub and spokes

Lead agency: OSDH



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As of 7.12.26

Detail | Transportation Expansion

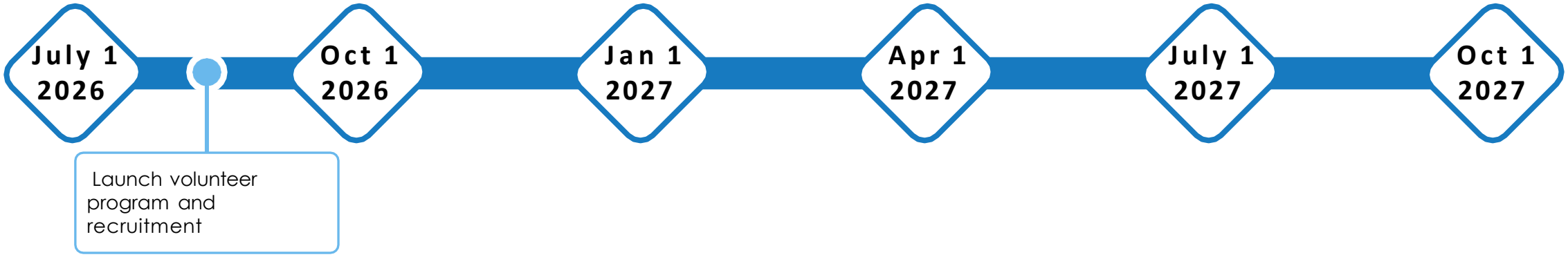
Goal of program

Extend transportation pilots statewide on a regional model to close transit affordability and availability gaps for rural residents who travel long distances to reach care

Uses of Funds

- Recruitment and compensation for an accountant, rural planner, and Executive Director support
- Recruitment and initial compensation for regional mobility navigators and mileage / reimbursement for volunteer driver programs
- Regional coordination and interagency agreements for shared governance, reporting, and data dashboards
- Vehicle purchase funding for rural transportation agencies
- Development of dashboard for data collection

Lead agency: South Western Oklahoma Development Authority (SWODA)



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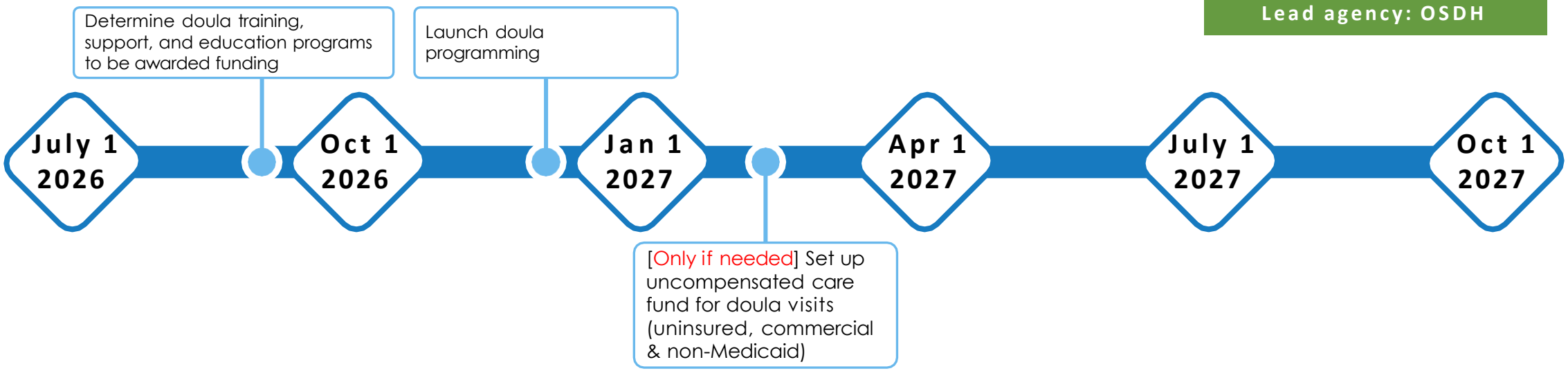
As of 7.12.26

Detail | Doulas

Goal of program	Expand access to doula services in rural communities through funded programs to implement and / or expand proven models for training & certification, run awareness-building / educational campaigns for providers and expecting parents, and create & maintain a doula network across rural OK
Uses of Funds	• Expansion of training programs for doulas into rural communities • Technical assistance and curriculum development, including educational materials • Educational programming for providers and expecting parents on doula services • Development of community-building and support network for doulas (e.g., skills sharing events, shared billing capabilities) • [If needed] Set up uncompensated care fund for doula visits **(uninsured, commercial & non-Medicaid)**

Lead agency: OSDH



Note: For additional details, please reference the OSDH RHTP Project Narrative

As of 7.12.26

Detail | Remote Patient Monitoring (RPM): Maternal

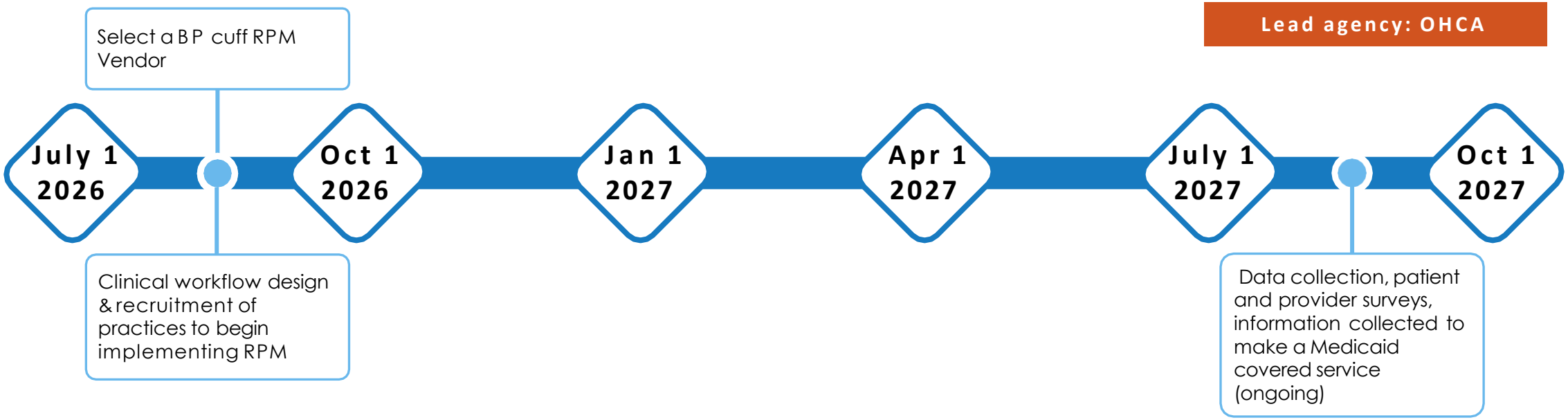
Goal of program

Expand maternal-health remote patient monitoring by distributing connected blood-pressure cuffs to high-risk OB patients to reduce readmissions and improve chronic disease management during pregnancy

Uses of Funds

- Purchase and distribution of connected blood pressure cuffs for high-risk OB patients
- Integration of remote monitoring data into EHR systems for MFM providers and rural OB/GYNs
- Technical assistance, IT support, and staffing to manage monitoring programs
- Provider and patient education for remote hypertension management
- Program monitoring on maternal health outcomes and scalability of RPM models

Lead agency: OHCA



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As of 7.12.26

Detail | Telestroke Expansion

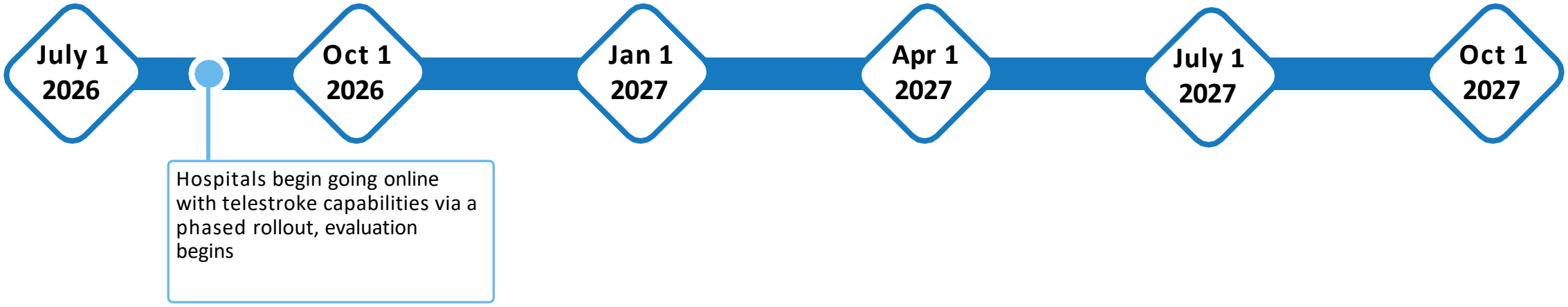
Goal of program

Expand access to neurologists to support timely stroke diagnosis and treatment via development of a statewide telestroke network

Uses of Funds

- Acute stroke-ready certification and initial licensing fees for rural hospitals
- Training and technical assistance to hospital staff on stroke protocols, telestroke workflow integration, and use of telehealth platforms
- Vendor and connectivity costs to ensure system reliability and integration with existing telehealth infrastructure
- Staffing costs to coordinate telestroke connection to rural hospitals
- Program monitoring and reporting on utilization, quality, and cost savings

Lead agency: OU



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As of 7.12.26

Moving Upstream

Focused on strengthening community-led prevention and wellness.

Program	Admin	Description	FYY1 ($M)
Chronic Disease Management	OSDH	Funding community-led chronic disease management programs to expand proven models (e.g., obesity interventions) in targeted rural geographies	$12.8M
Community Health Worker Expansion	OSDH[1]	Partnering with OHA and OKPCA to expand the use of community health workers in rural hospitals and FQHCs to support care navigation and connect to community resources	$4.3M
Consumer Facing Tech	OSDH	Piloting consumer-facing prevention and self-management apps (e.g., AI-enabled coaching) with a focus on behavioral health	$3.3M
Microgrants	OSDH	Providing competitive grants to rural health entities for one-time capital investments (e.g., equipment, minor renovations) to address unmet community wellness / prevention needs	$2.8M
Lung Cancer Screening	OSDH	Working with OHA to expand comprehensive lung cancer screening and tobacco cessation programs in rural health systems by embedding dedicated screening leads	$2.3M
Presidential Fitness Preparation	OSDE	Reinstating the Presidential Fitness Test and expanding fitness and wellness programming in rural schools through equipment funding and student fitness apps	$1.1M
Community Referral Platform	OHCA	Expanding a closed-loop community care platform to rural providers and local health departments to connect patients to community-based social services	$0.4M

Note: FYY1 budgets are subject to change through Program Year, as approved by Centers for Medicare and Medicaid (CMS); 1. Changed from OHCA to OSDH

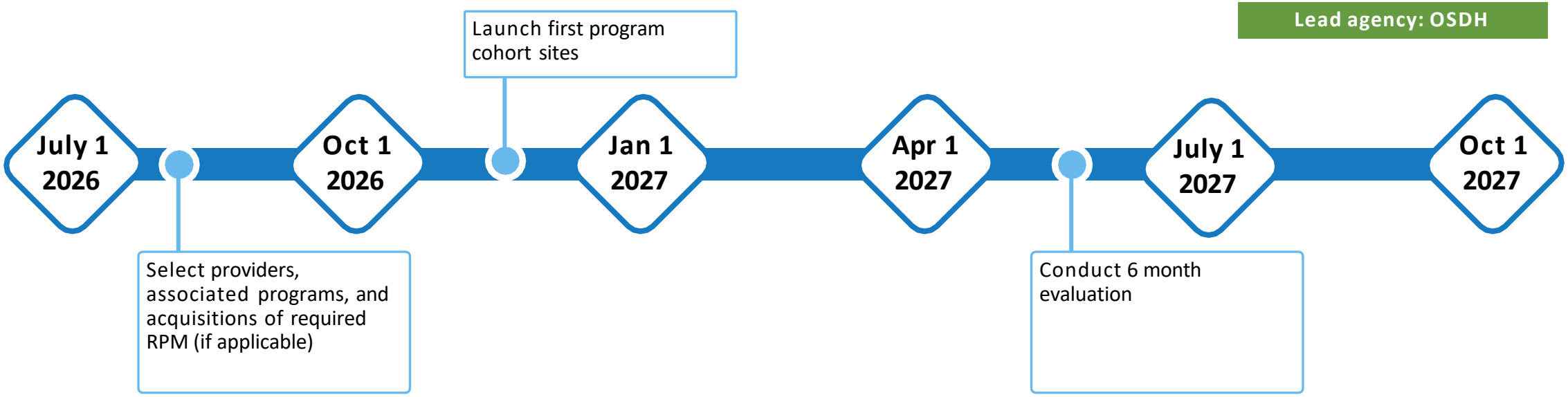
As of 7.12.26

Detail | Chronic Disease Management Programs

Goal of program	Support expansion and development of evidence-based community focused chronic disease management programs in rural communities

Uses of Funds	• Establishing a NOFO for competitive applications by providers, community-based organizations, or other entities to propose chronic disease management programs • Awarding funds to select applicants offering developed plans to address chronic disease in their community over a 2-2.5 year period • Entities will use funds for startup costs for establishing or expanding chronic disease management programs including program design, staffing, equipment, education, participant recruitment, technical assistance, and maintenance

Lead agency: OSDH



Note: For additional details, please reference the OSDH RHTP Project Narrative

Detail | Community Health Workers (CHW) Expansion

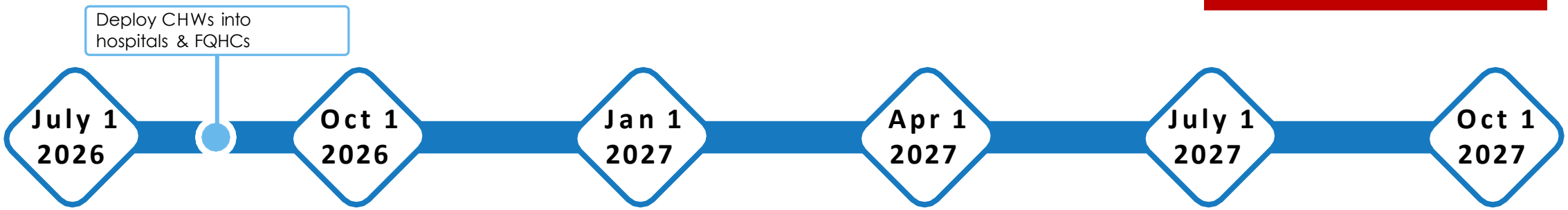
Goal of program

Expand deployment of CHWs into rural hospitals and FQHCs to support care navigation, divert avoidable acute-care use, and reduce ED visits and readmissions

Uses of Funds

- Recruiting and training CHWs from rural communities for deployment in local hospitals (including travel)
- Hiring and compensation of 30 additional CHWs to be deployed in hospitals across rural Oklahoma
- Hiring and compensation of 25 additional CHWs to be deployed in FQHCs across rural Oklahoma
- Potential hiring and compensation of additional CHWs in other settings (e.g., tribal health entities) in later program years

Lead agency: OHA



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As of 7.12.26

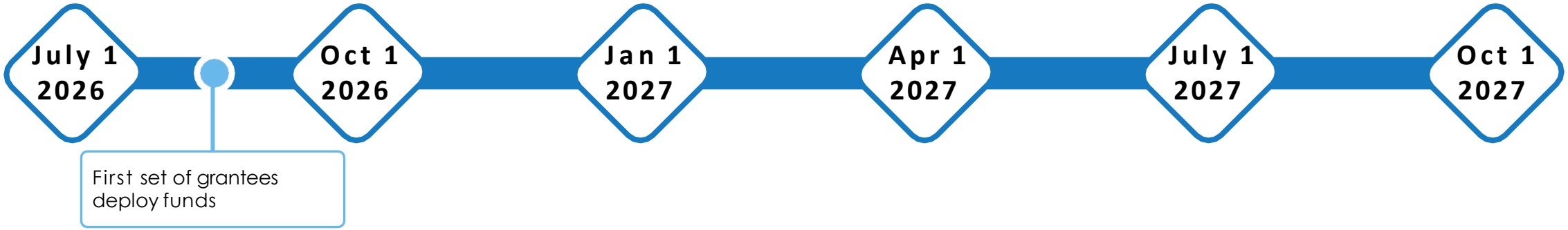
Detail | Wellness Hub Microgrants

Goal of program	Provide one-time microgrants to local entities in Oklahoma's 75 rural counties to acquire lasting wellness infrastructure and close locally identified health gaps

Uses of Funds

- Establishing a NOFO against a pool of funds for competitive applications by local entities in Oklahoma's 75 rural counties
- One-time purchases to address a demonstrated unmet wellness demand in the local entity's community
- Single capital expenditures including technical equipment, minor renovations, supplies, or diagnostics

Lead agency: OSDH



Note: For additional details, please reference the OSDH RHTP Project Narrative

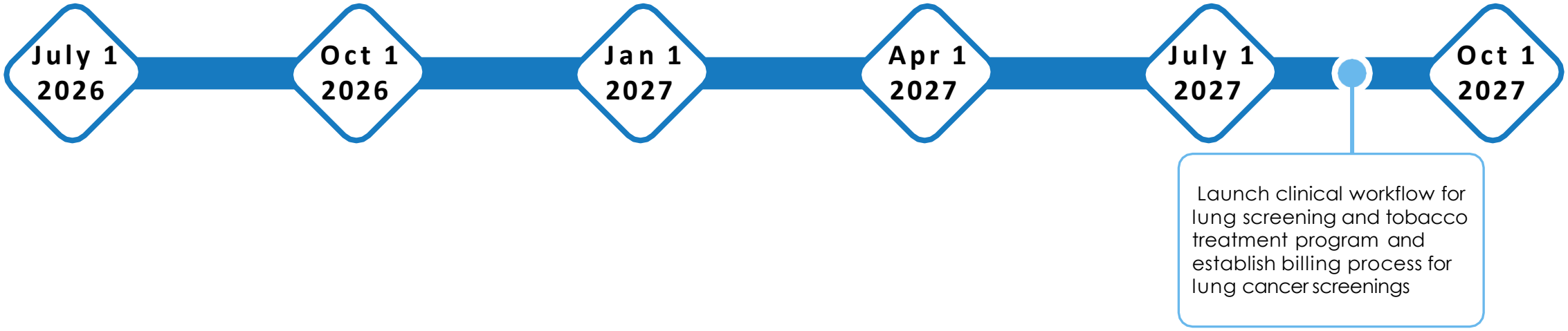
As of 7.12.26

Detail | Lung Cancer Screening

Goal of program	Expand comprehensive lung cancer screening in rural areas, integrated with tobacco cessation, to improve early diagnosis and strengthen long-term sustainability of screening services statewide

Uses of Funds	• Embedding Lung Screening Program Directors (Advanced Practice Providers, PAs, or NPs) in 11 rural or regional health systems to lead evidence-based screening integrated with tobacco cessation • Development of billing and reimbursement systems to ensure long-term financial sustainability • Statewide program manager to coordinate implementation, evaluation, and dissemination of best practices • Technical assistance and data support for quality tracking, early detection rates, and program performance

Lead agency: OHA



Note: For additional details, please reference the OSDH RHTP Project Narrative

As of 7.12.26

Detail | Closed-Loop Community Care Platform

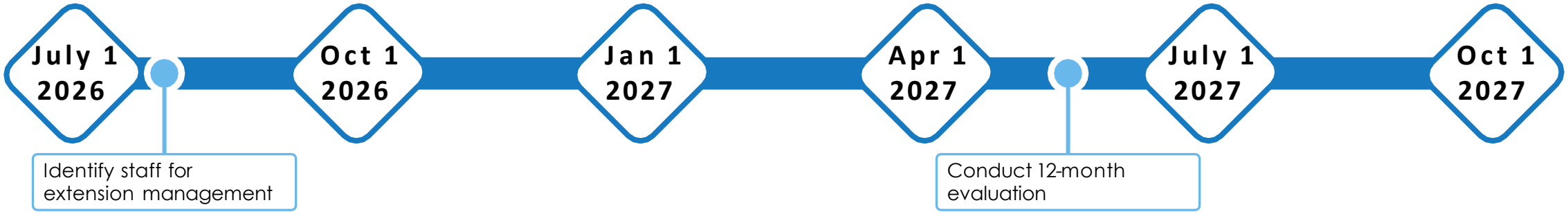
Goal of program

Extend Oklahoma's closed-loop community care platform to rural providers and local health departments to connect residents to food, housing, utility, behavioral health, and transportation resources

Uses of Funds

- Extension of platform licenses to critical access hospitals, rural emergency hospitals, and county health departments
- Startup costs associated with connecting new organizations into the platform
- Collection and aggregation of data from the platform to inform community needs and resources

Lead agency: OHCA



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As of 7.12.26

Facilitating Regional Collaboration

Helping local partners share resources and work together on operations, technology and coordinated care.

Program	Admin	Description	FYY1 ($M)
Provider Collaborative Network	OSDH	Establishing a rural-focused provider collaborative to strengthen hospital sustainability (e.g., shared services, technology infrastructure, participation in value-based care while maintaining local control)	$43.1M
Rural Regional Reorientation Plan	OSDH	Establishing a regional provider program to fund planning, infrastructure and service improvements that create a more sustainable, regionally coordinated system of care to improve access to prevention, primary care, and appropriately scaled services	$26.4M
EMS Centralization	OSDH	Establishing a centrally coordinated EMS platform to improve statewide resource sharing, reduce non-emergency EMS utilization, and optimize response across providers	$4.5M

Note: FYY1 budgets are subject to change through Program Year, as approved by Centers for Medicare and Medicaid (CMS)

Detail | Provider Collaborative

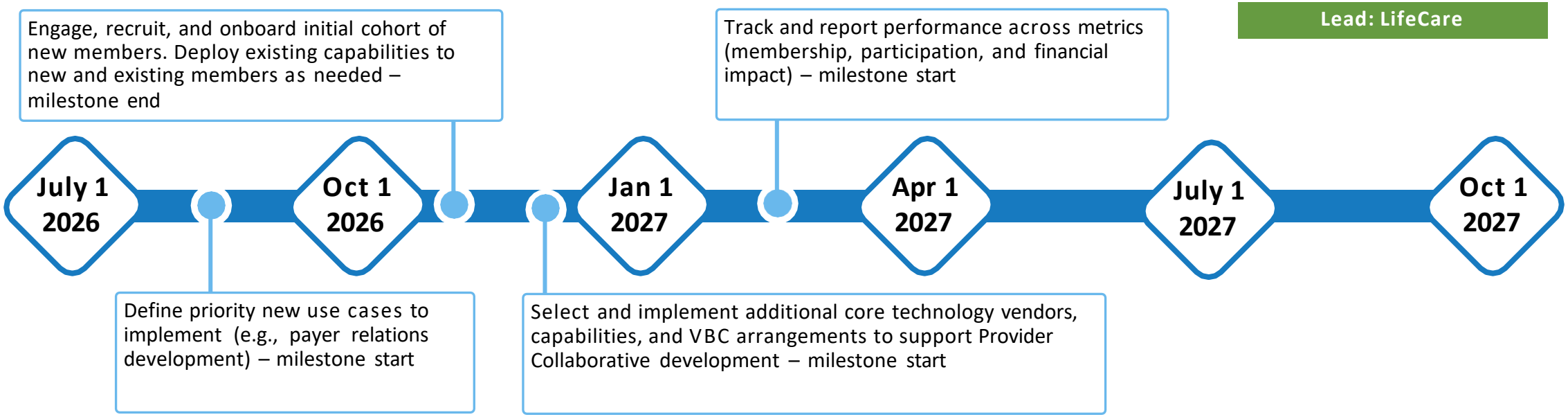
Goal of program

Build joint resilience for rural hospitals through a rural focused collaborative, enabling members to maintain local control while gaining access to shared services and operational supports

Uses of Funds

- Establishment of the collaborative including the organizational framework, governance model, and membership composition
- Investment in stakeholder engagement and partnerships to support network expansion and collaborative priorities
- Development of a needs assessment and priority use cases for the collaborative
- Investment in the stand up of the use cases, including shared administrative supports (e.g., group purchasing, payer relations), shared clinical supports (e.g., telemedicine, shared specialty staffing pool), and governance support (e.g., leadership training)
- Enabling technology infrastructure including IT systems, software, and configuration support for population health management, referral management, and care coordination
- Technical assistance for members including legal, regulatory, clinical advisory, and data aggregation support

Lead: LifeCare



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As of 7.12.26

Detail | Rural Regional Reorientation (RRR)

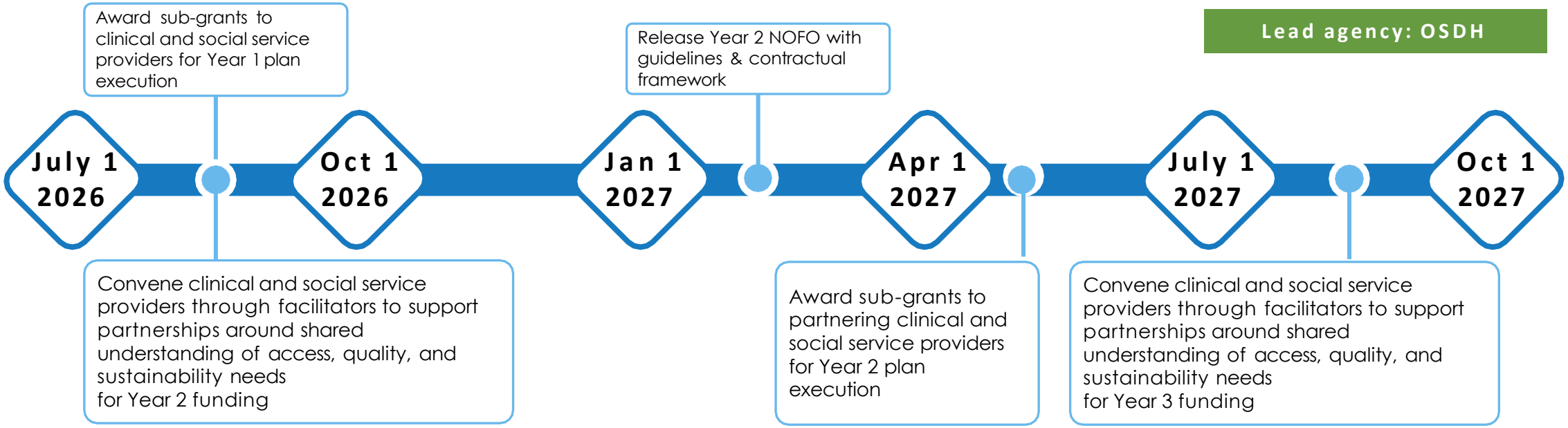
Goal of program

Facilitate a statewide Rural Regional Reorientation Plan, convening rural hospitals and ecosystem partners to right-size service lines and reorient care toward the right services, time, and modality

Uses of Funds

- Technical assistance for plan development (data & analytics, stakeholder engagement, financial analysis, and legal / regulatory / financing advisory support)
- Funding to participating clinical and social service providers for implementation of reorientation activities, including provider incentives to right size facilities and infrastructure funds to support development of new services

Lead agency: OSDH



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As of 7.12.26

Detail | EMS Centralization (Pulsara Total Care)

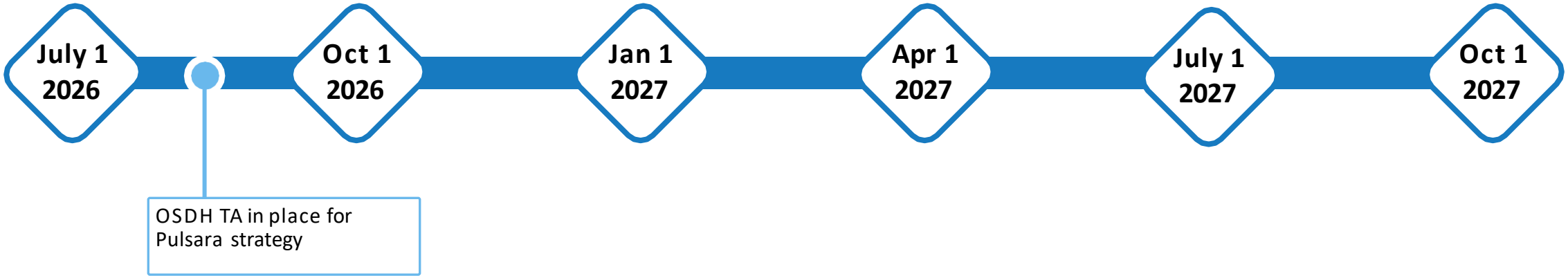
Goal of program	Centralize coordination of emergency medical services to support more effective communication across EMS providers to ensure impactful use

Uses of Funds

- Contracting with a single platform including software licensing fees for EMS providers, hospitals, & state emergency response systems (Pulsara Total Care)
- Technical assistance to support implementation of Pulsara Total Care across Oklahoma EMS providers
  - Many hospitals & EMS providers are already using a "free" version of Pulsara, implementation will focus on connecting unconnected nodes & training connected facilities on the premium features of Pulsara & enabling provider specific use cases of Pulsara
- Stand up of central program support including recruiting, training, and equipment

Pulsara can be used across other RHTP programs: telestroke, BH, MFM & others

Lead agency: OSDH



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As of 7.12.26

RRR aims to improve access, quality, and sustainability of healthcare in rural Oklahoma

RRR objectives	
Access	Improve access to care for critical localized care (e.g., primary care/mental health care/OBGYN/etc.) or improve access to specialized care in areas/for populations with pronounced barriers to access
Quality	Realize meaningful reductions in chronic disease rates and avoidable hospitalizations for complications related to chronic disease
Sustainability	Improve effectiveness and efficiency of rural care resources to ensure existing care assets are sustained
Partnership	Invest in the future of rural health partnerships through funding of regional planning and coalition development *Partnership will run across all applications in years 2-5*

RRR funding opportunities in years 2-5 will look different than how it looked in year 1

In year 1, we prioritized:

- **Shovel-ready initiatives** that did not require extensive planning or regional collaboration
- **Partnerships;** earned extra points when scored, but were not required

Funding amount: ***~$20M+ NOFO***

In years 2-5, we will utilize facilitators to prioritize:

- **Coordination of solutions to persistent challenges** facing service providers based on the unique needs and profile of the region
- **Reorienting the care delivery footprint** for rural residents, focusing on delivering the right services at the right time in the right modality in a sustainable way

Funding amount: ***Up to $35M / year***

Introductions | RRR Facilitators

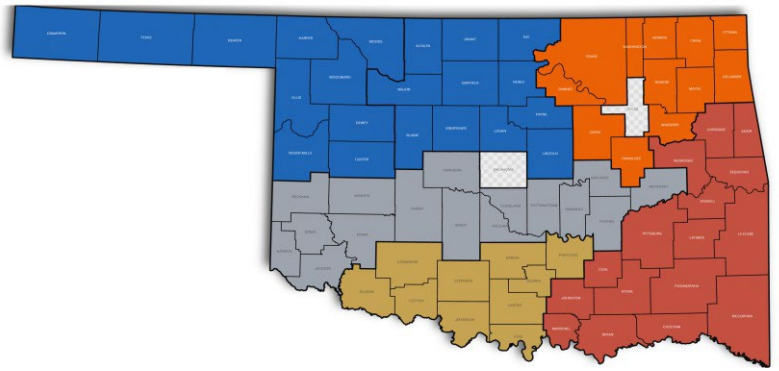
Clark Houser
NW and **NC** OK
Former Hospital CEO and Lab Operations Leader

Ann Paul
NE OK
Former Health System Chief Strategy Officer

Tamara Clift
SW and **Central** OK
Former VP for Health System Population Health

Richard Gillespie
SC OK
Former Rural Hospital CEO and Clinical Leader

Melanie McGee
EC and **SE** OK
Former Population Health Clinical and Operational Leader



Note: Assigned counties subject to refinement

RRR Regional and County "Cluster" Kickoffs: We want to hear from you!

We want to understand your organization's challenges

Access

The ability to obtain needed care

- Which services are hardest for your patients/constituents to reach?
- What limits access most, transportation, broadband, hours, workforce?

Quality

The quality of care impacting patient health

- Where are the gaps between the care you want to provide and what's possible today?
- What would most improve coordination across providers in the region?

Sustainability

The long-term viability of organizations

- What most threatens the financial viability of your organization?
- Which services are at greatest risk of being cut back?

Regional Virtual Kickoffs

Date	Time	Region	Counties covered	Facilitator
Tuesday, 7/21	11 AM – 12 PM	Northeast	Craig, Creek, Delaware, Mayes, Nowata, Okmulgee, Osage, Ottawa, Pawnee, Rogers, Wagoner, Washington	Ann Paul
Tuesday, 7/21	3 PM – 4 PM	Northwest and North Central	Alfalfa, Beaver, Blaine, Cimarron, Custer, Dewey, Ellis, Garfield, Grant, Harper, Kay, Kingfisher, Lincoln, Logan, Major, Noble, Payne, Roger Mills, Texas, Woods, Woodward	Clark Houser
Wednesday, 7/22	11 AM – 12 PM	South Central	Carter, Comanche, Cotton, Garvin, Jefferson, Love, Murray, Pontotoc, Stephens, Tillman	Richard Gillespie
Wednesday, 7/22	3 PM – 4 PM	Southwest and Central	Beckham, Caddo, Canadian, Cleveland, Grady, Greer, Harmon, Hughes, Jackson, Kiowa, McClain, McIntosh, Okfuskee, Pottawatomie, Seminole, Washita	Tamara Clift
Friday, 7/24	11 AM – 12 PM	East Central and Southeast	Adair, Atoka, Bryan, Cherokee, Choctaw, Coal, Haskell, Johnston, Latimer, LeFlore, McCurtain, Muskogee, Marshall, Pittsburg, Pushmataha, Sequoyah	Melanie McGee

In Person County Kickoffs

Date	Time	Counties covered	Meeting location	Facilitator
Monday, 7/27	11:00 AM - 12:00 PM	Osage, Pawnee, Creek, Okmulgee (OSDH District 3 - east side; District 7 - Okmulgee)	**Creek County Fairgrounds in Kellyville, Dining/Banquet Hall-** 17808 W OK-66, Kellyville, OK 74039	Ann Paul
Monday, 7/27	12:00 PM - 1:00 PM	Ellis, Woodward, Woods, Dewey, Custer & Roger Mills (OSDH District 1)	**High Plains Technology Center -** Seminar Room, 3921 34th St Woodward, OK 73801	Clark Houser
Tuesday, 7/28	11:00 AM - 12:00 PM	Beckham, Harmon, Greer, Jackson (OSDH District 5)	**Beckham County Health Dept. -** 400 East 3rd Street Elk City, OK 73644	Tamara Clift
Tuesday, 7/28	4:00 PM - 5:00 PM	Tillman, Comanche, Cotton (OSDH District 5), Stephens, Jefferson (OSDH District 8)	**The FISTA -** 390 SW D Ave. Lawton, OK 73501	Richard Gillespie
Thursday, 7/30	3:00 PM - 4:00 PM	Muskogee, Cherokee, Adair, Sequoyah, Haskell (OSDH District 7)	**Cherokee County Health Department -** 1298 W. 4th St., Tahlequah, OK	Melanie McGee
Friday, 7/31	11:30 AM - 12:30 PM	Pittsburg, Latimer, Le Flore (OSDH District 9)	**McAlester Health Dept. Conference Room -** 1400 E College Ave McAlester, OK	Melanie McGee
Monday, 8/3	11:00 AM - 12:00 PM	Washington, Rogers, Craig, Ottawa, Mayes, Delaware, Wagoner (OSDH District 4)	**Mayes County Fairgrounds -** 2200 NE 1st St, Pryor, OK 74361	Ann Paul
Monday, 8/3	2:00 PM - 3:00 PM	Cimarron, Texas, Beaver & Harper (OSDH District 1)	**Texas County Health Department -** 1410 N. East Street Guymon, OK 73801	Clark Houser
Wednesday, 8/5	3:00 PM - 4:00 PM	Washita, Kiowa, Caddo (OSDH District 5)	**OSU Extension -** 1202 E Central Blvd, Anadarko, OK 73005	Tamara Clift
Thursday, 8/6	3:00 PM - 4:00 PM	Alfalfa, Major, Blaine, Kingfisher, Garfield, Grant, Logan (OSDH District 6 - minus Canadian Co.)	**Garfield County Health Department -** 2501 Mercer Dr, Enid, OK 73701	Clark Houser
Friday, 8/7	11:30 AM - 12:30 PM	Garvin, Murray, Pontotoc, Carter, Love (OSDH District 8)	**Carter County Health Department -** 405 S Washington St, Ardmore, OK 73401	Richard Gillespie
Monday, 8/10	11:30 AM - 12:30 PM	Canadian (OSDH District 2), Grady, McClain (OSDH District 6), Cleveland (OSDH District 10)	**The Well in Norman -** 210 James Garner Ave, Norman, OK 73069	Tamara Clift
Monday, 8/10	11:00 AM - 12:00 PM	Kay, Noble, Payne & Lincoln (OSDH District 3 - west side)	**First Presbyterian Church of Stillwater -** 524 Duncan Stillwater, OK 74074	Clark Houser
Wednesday, 8/12	11:30 AM - 12:30 PM	Pottawatomie, Seminole, Hughes (OSDH District 6), Okfuskee, McIntosh (OSDH District 7)	**Reynolds Wellness Center -** 1001 Ew Hwy 123, Seminole, OK 74868	Tamara Clift
Thursday, 8/13	3:00 PM - 4:00 PM	Pushmataha, Choctaw, McCurtain (OSDH District 9)	**Kiamichi Technology Center, Hugo Campus -** 107 S 15th St, Hugo OK	Melanie McGee
Friday, 8/14	11:30 AM - 12:30 PM	Johnston, Marshall (OSDH District 8), Coal, Atoka, Bryan (OSDH District 9)	**KTC Center for Workforce Advancement -** 314 E Main St, Durant OK	Melanie McGee

Shifting to Value

Supporting the transition to value-based care through technical assistance and infrastructure development.

Program	Admin	Description	FYY1 ($M)
Program of All-Inclusive Care for the Elderly (PACE) Expansion	OHCA	Expanding the PACE model in rural Oklahoma by funding the startup of new rural PACE centers to deliver integrated, value-based care for dual-eligible seniors	$15.2M
Value-Based Care Practice Enablement Support	OHCA	Providing capacity-building support to primary care practices to strengthen business infrastructure, enable participation in value-based payment models, and improve performance tracking and payer contracting	$1.6M
Primary Care Provider (PCP) Clinical Extension Models	OHCA	Piloting clinical extension models that combine in-person support and consumer-facing technology to help smaller primary care practices manage risk, close care gaps, and support complex patients	$1.6M
Maternal Health Value Based Payments Support	OHCA	Implementing value-based payment incentives for Medicaid fee-for-service perinatal providers and birthing hospitals to improve maternal health outcomes, supported by clinically integrated networks	$1.3M

Note: FYY1 budgets are subject to change through Program Year, as approved by Centers for Medicare and Medicaid (CMS)

Detail | PACE Expansion

Goal of program

Fund the startup of 3-6 additional rural PACE centers to extend integrated value based care to thousands of additional dual-eligible seniors

Uses of Funds

- Recruiting and selecting providers and locations targeting priority counties
- Startup funding (excluding major construction) for new rural PACE centers, including technical assistance, member recruitment, technology investment
- Telehealth and mobile clinic offerings to expand reach beyond physical PACE centers

Lead agency: OHCA

No major milestones between Q4 FY26 and Q4 FY27

Note: For additional details, please reference the OSDH RHTP Project Narrative

As of 7.12.26

Growing Next-Gen Rural Talent

Building a stronger workforce pipeline, bringing and retaining more providers in rural communities.

Program	Admin[1]	Description	FYY1 ($M)
Rural Residency Programs	OSDH	Partnering with OSU and OU to expand residency programs in rural areas to increase the pipeline of physicians practicing in rural Oklahoma	$22.4M
"Grow Your Own"	OSDH	Extending Oklahoma Department of Career and Technology Education's high school LPN training programs to additional schools and students across rural Oklahoma	$1.1M
Rural Re-Location Incentives	HWTC	Establishing incentive programs with relocation support and multi-year service commitments to recruit behavioral health and other high-demand providers to practice in rural Oklahoma	$0.8M

Note: FYY1 budgets are subject to change through Program Year, as approved by Centers for Medicare and Medicaid (CMS); HWTC: Health Workforce Training Commission

Detail | Grow Your Own

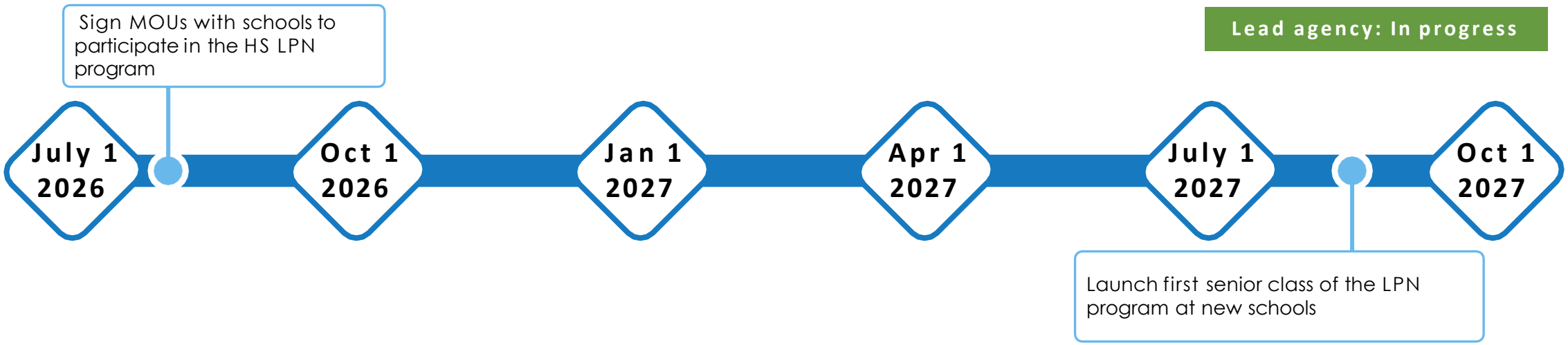
Goal of program

Expand CareerTech "Grow Your Own" partnerships with rural high schools to train students as practical nurses and entry-level providers, building a lasting rural healthcare workforce pipeline

Uses of Funds

- Career Tech partnerships with additional high schools to train rural students as practical nurses (LPN) and other entry-level healthcare providers, including funding for instructor salaries, student supplies, etc.
- Additional Grow Your Own opportunities potentially include:
  - Alignment of LPN training with RN pathways
  - Healthcare leadership
  - Dental training
  - Pharmacy training

Lead agency: In progress



Note: For additional details, please reference the OSDH RHTP Project Narrative

As of 7.12.26

Detail | Rural Relocation Incentives

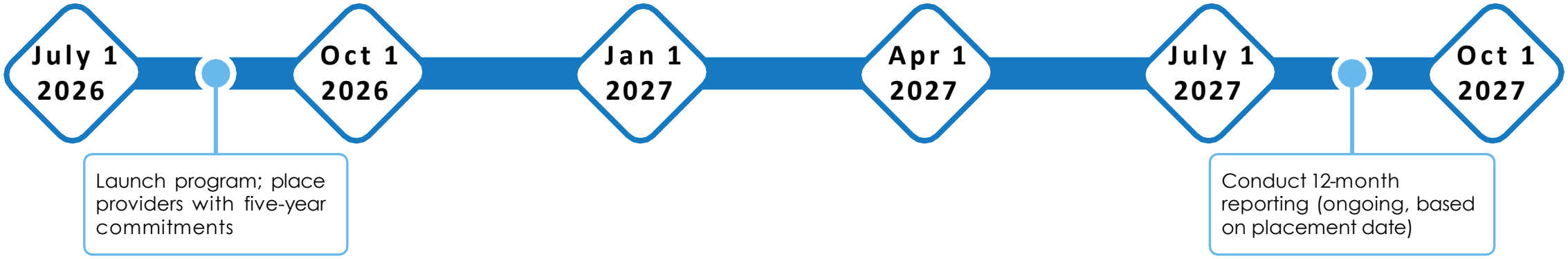
Goal of program

Bring behavioral health (and other high-need) providers into rural Oklahoma through five-year commitment incentives, giving providers time to establish practices and integrate into rural communities

Uses of Funds

- Five-year commitment stipends for BH providers relocating to rural communities (psychiatrists, psychologists, social workers, counselors)
- One-time relocation funding for first set 10 providers to cover moving expenses
- Program expansion to include additional high-need provider types, if needed to secure all 30 providers
- Light-touch integration support: community orientation, practice onboarding, and networking with regional providers
- Program monitoring of placement retention, community satisfaction, and impact on access to behavioral health services

Lead agency: HWTC



Note: For additional details, please reference the OSDH RHTP Project Narrative

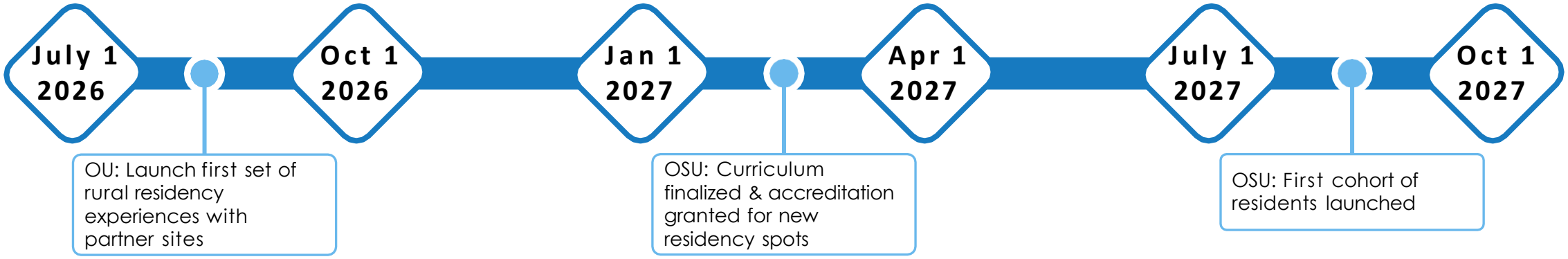
As of 7.12.26

Detail | Rural Residencies

Goal of program	Increase the number of physicians choosing rural practice by expanding rural residency programs and rotations in high-need specialties (e.g., surgery, psychiatry, OBGYN, pediatrics)

Uses of Funds	
	• Expanded rural residency programs for surgery, psychiatry, and OB/GYN through partnerships with State medical schools and rural healthcare facilities • Recruitment, curriculum design, accreditation, and faculty development • Startup funding for rural hospitals or clinics to host residents, including stipends and housing support • Administrative coordination, evaluation, and accreditation activities to ensure long-term sustainability

Lead agencies: OU & OSU



Note: For additional details, please reference the OSDH RHTP Project Narrative

As of 7.12.26

Building Health Data Utility

Investing in technology that lets health care providers share patient information and coordinate care more easily.

Program	Admin[1]	Description	FYY1 ($M)
Data and Analytics Expansion	OKSHINE	Enhancing Oklahoma's HIE with advanced analytics and dashboards to enable real-time insight into rural population health, care gaps, and outcomes and better target resources statewide	$8.2M
Health Information Exchange (HIE) Interoperability	OKSHINE	Expanding rural participation in Oklahoma's HIE by subsidizing connection and onboarding, enhancing data exchange across care settings, and enabling consumer-managed consent to reduce duplication and improve statewide data visibility	$6.2M
Electronic Health Record (EHR) Expansion	OKSHINE	Closing the rural EHR gap by providing low-cost certified EHR solutions and technical support to connect unconnected rural providers to Oklahoma's HIE and enable statewide data sharing	$5.5M

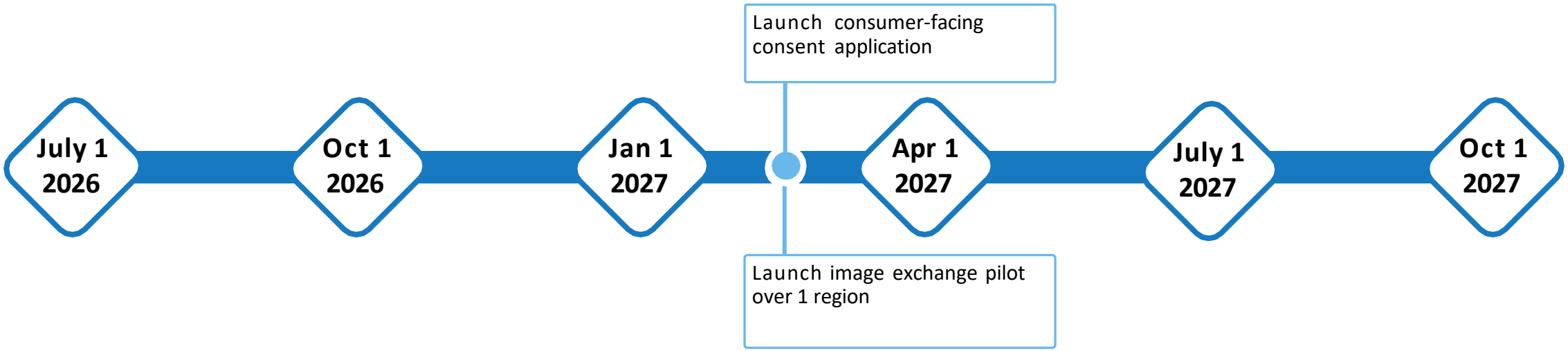
Note: FYY1 budgets are subject to change through Program Year, as approved by Centers for Medicare and Medicaid (CMS); 1.OKSHINE: Oklahoma State Health Information Network Exchange (within OHCA)

Detail | Interoperability Through HIE

Goal of program	Reduce duplication Ensure exchange across modalities (e.g., pharmacy) to enable providers, clinics, and state-level decision makers to have increased awareness of Oklahoma's health needs and reduce duplication of data

Uses of Funds	• Connection fees and onboarding costs for rural providers joining Oklahoma's statewide HIE • HIE and EHR Vendor costs/fees for rural providers joining Oklahoma's statewide HIE • IT implementation, security credentialing, and change management for connected facilities Education campaigns and technical support to increase provider adoption and routine use of the HIE • System upgrades to improve real-time data ingestion, testing, and compliance (including imaging, pharmacy, public health, and mortality feeds) • Consumer-facing consent application for secure data sharing and behavioral health integration

Lead agency: OHCA



Note: For additional details, please reference the OSDH RHTP Project Narrative

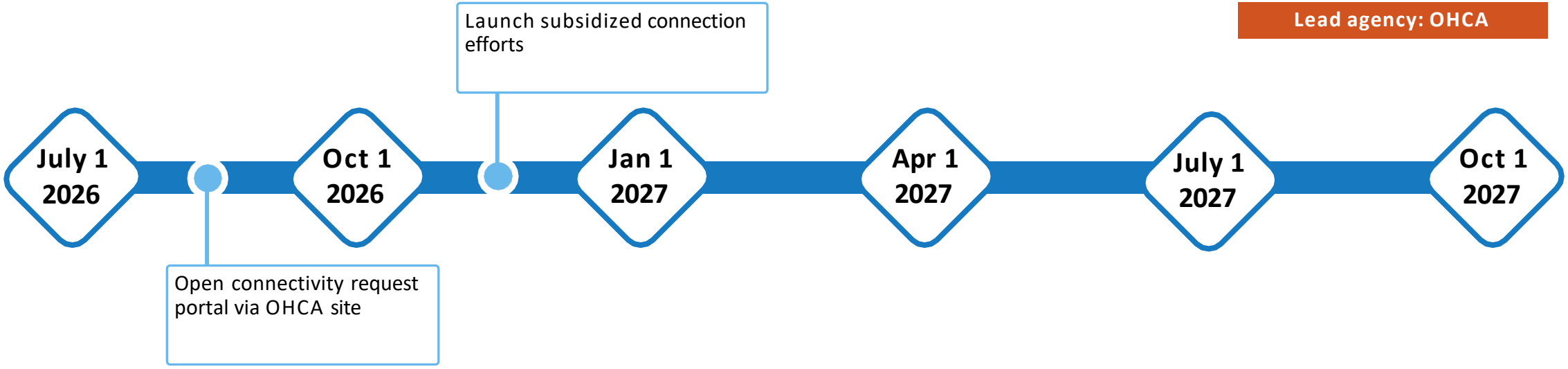
As of 7.12.26

Detail | EHR Expansion

Goal of program	Support closing the rural EHR connection gap by providing connections to low-cost certified technology (e.g., CEHRT) via purchase of state level group licenses

Uses of Funds	• Onetime assessment to determine providers and clinics lacking EHR systems, those with EHRs that do not integrate with HIE, and low-cost CEHRT product(s) for EHR rate negotiation at state-level • Low-cost EHR platform that meets federal interoperability standards for use by smaller, independent rural facilities • Purchase and deployment of EHR hardware, connectivity, and software for unconnected rural providers • Subsidizing EHR subscriptions on facility-size based model as incentive to routinely use EHR and connect to HIE • Technical assistance for site-specific implementation, data migration, and staff training on new EHR • Build peer-to-peer learning portal for EHR/HIE members

Lead agency: OHCA



Note: For additional details, please reference the OSDH RHTP Project Narrative

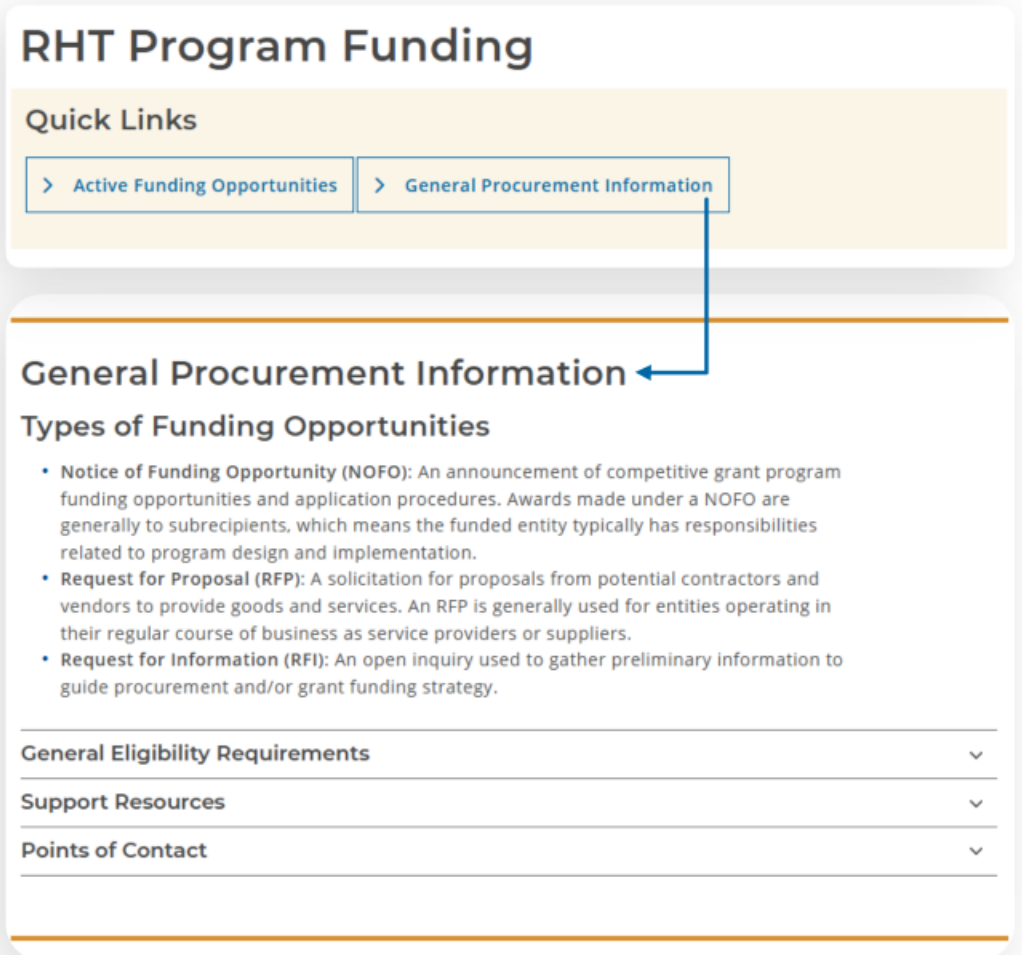
As of 7.12.26

Procurement preparation | Organizations interested in RHTP funding opportunities can prepare in advance

To be eligible for most funding opportunities, applicants must:

- **Have an active Unique Entity ID (UEI):** *Federal # required by the CMS RHTP Grant*
- **Supplier ID #:** *Required to be paid through the OSDH for recipients of grant funds.*
- Have a Certificate of Insurance that meets minimum requirements
- Be able to sign Oklahoma RHTP subrecipient agreement
- If awarded, must have an active Oklahoma vendor ID

Additional details can be found on the RHTP funding page:
Oklahoma.gov/health/RHTP/RHTP-funding.html



How does the state plan to keep Oklahomans updated on RHT Program progress?

RHTP website: **Oklahoma.gov/health/RHTP**

- Progress updates on the RHT Program webpage:
  - Interactive dashboard coming soon!
  - Quarterly and annual reports for CMS and state legislators

- Sign up on our website for email updates on funding opportunities.

- **Questions:** Please reach out to OklahomaRHTP@health.ok.gov

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Oklahoma Rural Health Transformation Program