title: Rural Health Transformation Grant Guide — Oklahoma version: 1.0 date: 2025-10-14 audience: State health agencies, Medicaid, rural providers, collaboratives

1. Executive Summary Oklahoma can use the CMS Rural Health Transformation (RHT) Program to stabilize rural facilities, extend primary and behavioral care, invest in cybersecurity and data, and advance value-based arrangements. The RHT Collaborative's members—telehealth hubs (Avel eCare), continuous remote monitoring (BioIntelliSense), statewide retail/virtual access (CVS Health, Walgreens), interoperability platforms (eClinicalWorks/PRISMANet as a TEFCA QHIN), analytics/AI (Pangaea Data, Viz.ai), and program management/integration (Accenture, KPMG, PwC, AVIA)—can support Oklahoma's goals under a cooperative agreement structure, subject to State procurement and contracting. n FY26–FY30 to States, with awards by Dec 31, 2025 and a single application window in fall 2025. Half of funding is baseline; half is allocated by factors CMS will score in the NOFO. Oklahoma's submission can align SoonerSelect managed care operations (launched Apr 1, 2024), D-SNP integration opportunities, and the State's CCBHC demonstration status to accelerate rural behavioral health access. (cms.gov) (cms.gov) (oklahoma.gov) (cms.gov) (cms.gov)stem features 39 Critical Access Hospitals (of 154 hospitals), 143 Rural Health Clinics, 21 Health Center Program awardees (2024), and four Rural Emergency Hospitals. Cyber risk and workforce shortages are persistent; Oklahoma participates in the Nurse Licensure Compact, the Interstate Medical Licensure Compact, the PA Compact, and the EMS Compact, enabling multi-state workforce mobility. The Collaborative can support targeted workforce upskilling (ambient documentation, provider-to-provider tele-consults), licensure-compact optimization strategies, and rural cybersecurity hardening with Microsoft's program (550+ rural hospitals enrolled nationally as of Mar 2025). (ruralhealthinfo.org)(okoha.com)(data.hrsa.gov) (oklahoma.gov) (imlcc.com) (emscompact.gov) (aha.org) offerings are configurable: statewide tele-ED/ICU/behavioral response (Avel eCare), continuous monitoring and home-based recovery (BioIntelliSense), community screening and pharmacy-enabled chronic care (CVS, Walgreens, Topcon), AI-enabled care gap closure (Pangaea Data), stroke/critical condition escalation (Viz.ai), TEFCA-enabled data exchange (eClinicalWorks/PRISMANet QHIN), and implementation/PMO tools (Accenture/KPMG/PwC/AVIA). These fit RHT allowable uses (prevention/chronic disease, workforce, IT and cybersecurity, innovative care models, right-sizing service lines, behavioral health), while respecting federal cost rules (2 CFR), telecom restrictions (2 CFR 200.216), and HHS GPS. (sequoiaproject.org) (law.cornell.edu) (law.cornell.edu) (ahrq.gov)summary (for distribution)

- Funding and timing: $50B FY26–FY30; application due early Nov 2025; awards by Dec 31, 2025. Oklahoma eligible; DC/territories not. (cms.gov) 39 CAHs; 143 RHCs; 21 HRSA awardees (2024); CCBHC demonstration state; SoonerSelect MCOs live. Key gaps: workforce/HPSAs, behavioral health, cyber, maternal/infant outcomes, frontier access. (ruralhealthinfo.org)(data.hrsa.gov) (cms.gov) - (oklahoma.gov)iatives (illustrative):
    1. 24/7 virtual ED/ICU/psychiatry + EMS tele-consults (Avel eCare),
    2. community screening + pharmacy-enabled chronic care (Topcon/CVS/Walgreens) with RPM (BioIntelliSense),
    3. TEFCA-enabled data layer and dashboards (eClinicalWorks/PRISMANet QHIN; Accenture),
    4. rural cybersecurity uplift (Microsoft). (sequoiaproject.org) (aha.org)er payments ≤15% award; capital ≤20%; EMR replacement (legacy certified) ≤5%; admin ≤10%; telecom restrictions per 2 CFR 200.216; STLDI policy context (2024 federal rule). (law.cornell.edu) (cms.gov)led PMO; rural High Value Networks (Cibolo Health) for accountability; payer alignment; data sharing via QHIN/HIE; monthly CMS coordination. RFP Fit
- Program and timing. CMS will award cooperative agreements to States only; NOFO posted in mid-September 2025 with submissions closing in early November and awards by Dec 31, 2025. Submit via Grants.gov and use standard federal forms (SF-424 series). (cms.gov) (cms.gov)baseline (equal split), 50% workload by scored factors detailed in the NOFO. (cms.gov)vention/chronic disease; behavioral health/SUD; workforce; IT/cybersecurity; innovative/value-based models; other Administrator-approved uses. (cms.gov)ils. Admin cap; 2 CFR Part 200 and HHS GPS; telecom/video surveillance restrictions (2 CFR 200.216). (law.cornell.edu) (ahrq.gov) (law.cornell.edu)ement → Collaborative capability → Evidence
- Prevention & chronic disease → retail screening (Topcon), RPM (BioIntelliSense), care gap AI (Pangaea), tele-follow-up (Avel, Teladoc) → Collaborative catalog pages 6–9, 15–19. SUD → tele-behavioral consults (Avel), CCBHC linkages (NACHC partners) → Collaborative pp. 10–13. t scribing, tele-mentorship, pharmacist expansion pilots with schools → Collaborative pp. 9–11, 21–22. Azure security program; PMO/data dashboards; TEFCA QHIN connectivity → Collaborative pp. 3–5, 11; Sequoia Project (QHIN). (sequoiaproject.org)ased models → HVNs (Cibolo) and APM design (Accenture/KPMG/PwC) → Collaborative pp. 13–15, 23–24. on capacity → outcomes dashboards; analytics; program management tools → Collaborative pp. 3–4, 14–15. n questions
- CMS NOFO detailed scoring tables, category caps, and page limits are assumed per the RHT Program specifications and CMS webpage; verify final posted NOFO (Grants.gov listing CMS-RHT-26-001 shows "posted"). If weights/timelines differ, adjust tables and timelines before submission. (cms.gov) (cms.gov) Snapshot
- Population and rural share. Oklahoma's 2023 nonmetro population share is 32.4% (ACS 5-year), with

frontier-density counties (e.g., Cimarron 1.2 persons/mi² in 2020) in the Panhandle. USDA's FAR codes (2010 method; 2025 update) identify remote ZIPs useful for targeting mobile/retail sites. (ruralhealthinfo.org) (indexmundi.com) (primary.ers.usda.gov)s of 154 hospitals; 143 RHCs; four REHs; 21 HRSA Health Center Program awardees (2024). (okoha.com)(ruralhealthinfo.org)-(data.hrsa.gov)erSelect health and specialty plans launched Apr 1, 2024; standardized PA criteria and prompt payment (e.g., 90% of clean claims in 14 days). (oklahoma.gov)-(oklahoma.gov) Oklahoma is a CCBHC demonstration state; ODMHSAS implements statewide CCBHCs (crisis access, PPS). (cms.gov) (oklahoma.gov)2023 drug overdose death rate 32.4/100,000; 2022 infant mortality 6.89/1,000; persistent maternal/infant risks. Use virtual behavioral care + pharmacy-enabled adherence + CCBHC coordination as core levers. -(cdc.gov)a received $797.4M BEAD; State Broadband Office has a BEAD Final Proposal (Aug 27, 2025) and a public state broadband map to target un/underserved rural areas for telehealth endpoints. (oklahoma.gov) (oklahoma.gov)-(oklahoma.gov) and practice flexibility. Oklahoma participates in NLC (nursing), IMLC (physician), EMS Compact, and enacted the PA Compact; Board of Nursing implementing independent APRN prescriptive authority effective Nov 1, 2025 (HB 2298) after hour thresholds. These support workforce scoring items and multistate tele-support. (oklahoma.gov) (imlcc.com) (emscompact.gov) (aapa.org) (oklahoma.gov)klahoma retains Certificate-of-Need oversight primarily for long-term care; psychiatric/chemical dependency exemptions expanded in 2022–2024; monthly OSDH CON notices published online. (ncsl.org) (law.justia.com) (oklahoma.gov)cted metrics → year → source → matching collaborative capability)

- 39 CAHs; 4 REHs; 143 RHCs → 2025 → RHIhub State Guide → tele-ED/ICU, RPM, pharmacy collaboration. (ruralhealthinfo.org) 2024 → HRSA UDS → CHC integration with eClinicalWorks, PRISMA/TEFCA. (data.hrsa.gov) (sequoiaproject.org)ality 32.4/100k → 2023 → CDC NCHS → CCBHC tele-behavioral + pharmacy adherence + SUD alerts (Humetrix). (cdc.gov)9; State broadband map → 2023–2025 → OBO press + map → site selection for telehealth/RPM. (oklahoma.gov)-(oklahoma.gov)/EMS/PA) → 2024–2025 → OSBN/IMLC/EMS/AAPA → cross-state workforce support and policy points. (oklahoma.gov) (imlcc.com) (emscompact.gov) (aapa.org) to RFP
- Model concept. A statewide "Rural High Value Network" (HVN) anchored by CAHs/FQHCs and pharmacies, supported by a virtual hospital backbone (Avel eCare), RPM for high-risk conditions (BioIntelliSense), community screening (Topcon), pharmacy-enabled chronic care (CVS/Walgreens), AI-assisted care gap closure (Pangaea), and TEFCA-enabled data exchange (eClinicalWorks QHIN), coordinated by a State PMO with payer alignment. (sequoiaproject.org)nd Tribal communities. Use FAR codes and HPSA overlays to prioritize frontier ZIPs, Tribal clinics, and CCBHCs; deploy mobile/retail screening and tele-specialty where travel times exceed FAR level thresholds. (primary.ers.usda.gov)Adopt TEFCA Exchange via eClinicalWorks/PRISMANet QHIN; integrate claims/EHR/RPM feeds into State dashboards; align with 2 CFR/HHS GPS data security; leverage Microsoft's rural hospital cyber program for facility hardening. (sequoiaproject.org) (law.cornell.edu) (ahrq.gov) (aha.org)ptions (Oklahoma-tuned; all subject to contracting/integration) Option A: Rural Acute Care Stabilization and Virtual Hospital Support
- Problem/target. 39 CAHs and 4 REHs face staffing and on-call specialist scarcity; frontier counties have very low density. (okoha.com) (indexmundi.com)e-ED/ICU/hospitalist/pharmacy; EMS tele-consults; Viz.ai stroke escalation; RPM for post-discharge. bal budgets/shared savings at network level; readmission/down-transfer avoidance metrics for gainsharing; guard provider-payment cap (≤15%). Program integrity through clean-claims analytics. (cms.gov)/EMS compacts; Microsoft cyber uplift; TEFCA QHIN connectivity. (imlcc.com) (oklahoma.gov) (emscompact.gov) (aha.org) (sequoiaproject.org) Pharmacy–Powered Chronic Disease and Maternal Health Support
- Problem/target. Elevated chronic disease risk and maternal/infant indicators; travel barriers. -(cdc.gov) BP/diabetes programs with virtual referrals; Topcon screening; RPM for pregnancy/postpartum and cardiometabolic conditions; adherence and care navigation campaigns. M performance incentives via MCOs; outcome measures (BP control, A1c, postpartum visit); cap provider payments per RHT limits. (cms.gov)t-and-treat pilots as permitted by State law; SoonerSelect value-add benefits; CCBHC warm handoffs. (oklahoma.gov) (oklahoma.gov)l Health Expansion via CCBHC Network + Tele-Behavioral
- Problem/target. Rural SUD/mental health access. -(cdc.gov)sis lines, tele-psychiatry, digital triage; CCBHC hub-and-spoke with FQHCs and pharmacies; opioid risk alerts (Humetrix). (CCBHC), bundled virtual crisis response, readmission reductions tied to incentives. (cms.gov)a and Cyber Modernization
- Problem/target. Fragmented data and increasing cyber risk.
- Services. State analytics layer (cloud-based), TEFCA QHIN enablement, facility security assessments/training; dashboards for RHT metrics. (sequoiaproject.org) (aha.org)rastructure as shared services; cost allocation under 2 CFR; admin ≤10%. (law.cornell.edu) pathway: A + B, with C and D as cross-cutting supports to maximize clinical impact and sustainability.

6. Governance and Collaborative Roles

- Structure. State PMO (lead agency designated by Governor) with advisory group (Medicaid/OHCA, OSDH, ODMHSAS, Hospital Association, PCA/FQHCs, Tribal/IHS, payers, HIE/QHIN, universities), and a provider-owned Rural HVN for accountability (Cibolo Health). tate sets policy, selects initiatives, approves budgets, oversees reporting; HVN manages shared services, measures performance; integrators

manage workplans/integration; vendors deliver contracted services.
- State PMO: Responsible for overall plan; Accountable to CMS; Consulted by agencies/providers; Informed stakeholders.
- OHCA/Medicaid: Accountable for Medicaid alignment/contracts; Responsible for SPA/managed care integration.
- Hospital Association/HVNs/FQHCs: Responsible for delivery; Accountable for facility KPIs.
- Collaborative integrators (Accenture/KPMG/PwC/AVIA): Responsible for PMO support, value tracking, training. I vendors: Responsible for service delivery and support (SLA-based).

7. Payment and Funding

- CMS cooperative agreement; admin costs tracked (≤10%); provider payments within RHT cap; capital ≤20%; EMR replacement limits; 2 CFR allowability tests. (law.cornell.edu). Support SPA drafting for performance incentives; align D-SNPs to integrated models per CMS 2025 guidance; consider HVN-level global budgets and PMPMs where feasible. (cms.gov)illustrative), funding/timing, deliverables
- Virtual hospital services: operating PMPM; RHT B/E/I categories; Yr1–Yr5; deliverables: coverage map, service-level reports. es: episodic/per-patient; Yr1–Yr5; deliverables: enrollment, alert metrics. QHIN connectivity, assessments; Yr1–Yr3 front-loaded; deliverables: dashboards, TEFCA connections, cyber remediation. (sequoiaproject.org) (aha.org)t, and Evaluation
- Core measures: access (tele-response times, avoided transfers), quality (HEDIS-like chronic metrics), behavioral (30-day follow-up after ED for SUD), financial (EBIDA, total cost), workforce (vacancy/burnout proxies), technology (downtime/cyber scores), implementation (adoption).
- Sources: Medicaid claims (OHCA), TEFCA QHIN exchange (eClinicalWorks), HIE feeds, EMS run data, ODMHSAS/CCBHC reports, RPM telemetry. (sequoiaproject.org)lan (12–24 months; subject to procurement) Gantt-style table (illustrative)
- Workstream | Start | End | Owner | Outputs
- PMO setup | Jan 2026 | Mar 2026 | State PMO + integrator | Charter, governance, risk plan.
(CAHs/FQHCs/pharmacies) | Feb 2026 | Sep 2026 | HVN | Participation agreements.
- Tele-ED/ICU activation (waves) | Apr 2026 | Jun 2027 | Avel eCare + hospitals | Go-live, coverage KPIs.
ent | May 2026 | Dec 2027 | BioIntelliSense + clinics | Enrolled patients, alert SLAs. g + pharmacy care | Jun 2026 | Dec 2027 | Topcon/CVS/Walgreens | Screened counts, referrals. dashboards | Feb 2026 | Dec 2026 | eClinicalWorks + integrator | TEFCA nodes, dashboards. (sequoiaproject.org)& remediation | Mar 2026 | Dec 2027 | Microsoft + facilities | Assessments, hardening, training. (aha.org)e & reporting cadence | Mar 2026 | ongoing | PMO + evaluator | Baseline, quarterly/annual reports.

Key gating decisions: contracting; data-use agreements; payer incentive alignment; facility readiness.

10. Risk Register (selected)

- Workforce shortages delay coverage (Owner: HVN/PMO). Mitigation: tele-support; licensure compacts; ambient documentation. (oklahoma.gov)rural facility (Owner: facility CIO/PMO). Mitigation: Microsoft program enrollment; tabletop exercises; MFA baseline. (aha.org) (Owner: PMO). Mitigation: TEFCA QHIN onboarding; HIE connectors; standard measures. (sequoiaproject.org)ner: OBO/PMO). Mitigation: BEAD coordination; fixed-wireless endpoints; offline RPM sync. -(oklahoma.gov)isalignment (Owner: OHCA). Mitigation: SPA language; D-SNP integration pathways. (cms.gov)s (Owner: PMO). Mitigation: 2 CFR/HHS GPS training; vendor flow-downs; telecom restriction screening. (law.cornell.edu) (law.cornell.edu) (ahrq.gov) (Owner: PMO/HVN). Mitigation: cap tracking (≤20%) and value-engineering reviews.
- Provider payment cap (≤15%) exceeded (Owner: PMO/OHCA). Mitigation: payment ledger and independent validation.
- Community adoption lags (Owner: HVN). Mitigation: local champions, pharmacy engagement, CCBHC partnerships. (cms.gov)l outcomes not improving (Owner: PMO/ODMHSAS). Mitigation: higher-touch RPM and pharmacy adherence programs; adjust cohorts.

(cdc.gov)nse Language (paste-ready, Oklahoma-specific; adapt to final NOFO language)

- Program purpose and alignment “Oklahoma proposes to strengthen sustainable access to care in rural and frontier communities through a coordinated Rural High Value Network model that integrates 24/7 virtual acute support, pharmacy-enabled chronic care, behavioral health expansion through CCBHCs, and a TEFCA-connected analytics platform. The approach is consistent with CMS’ RHT Program goals and allowable uses, and leverages Oklahoma’s managed care transition, licensure compacts, and CCBHC demonstration status.” (cms.gov) (oklahoma.gov) (cms.gov)h “Key components include: (1) staged activation of tele-ED/ICU/hospitalist services with escalation pathways for stroke and other time-sensitive conditions; (2) community screening and pharmacist-supported chronic disease management with RPM; (3) TEFCA-enabled data integration (eClinicalWorks/PRISMANet QHIN) with dashboards for RHT metrics; (4) cybersecurity hardening for rural facilities through participation in Microsoft’s rural hospital program; and (5) a State PMO to manage policy alignment, reporting, and evaluation.”

(sequoiaproject.org) (aha.org)ainability “Outcomes emphasize access (tele-response times, avoided transfers), quality (blood pressure and A1c control), behavioral health engagement, maternal/infant follow-up, total cost trends, and workforce resilience. Oklahoma will codify successful elements via Medicaid managed care incentives and HVN shared-savings constructs, with continuous evaluation and reporting per CMS terms and HHS GPS.” (ahrq.gov)ance “The budget follows 2 CFR Part 200 and HHS GPS, maintains administrative costs ≤10%, tracks provider payments within NOFO caps, and reserves capital investments for right-sizing and equipment within category limits. Telecommunications/video surveillance purchases will be screened against 2 CFR 200.216.” (law.cornell.edu) (ahrq.gov) (law.cornell.edu)ural Health Transformation (RHT) Program Overview, CMS, https://www.cms.gov/priorities/rural-health-transformation-rht-program/overview (accessed 2025-10-14). 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(cdc.gov)band Office: BEAD award and mapping, https://oklahoma.gov/broadband/office/newsroom/oklahoma-to-receive--797-4-million-for-high-speed-internet-build.html; https://oklahoma.gov/broadband/explore-maps/oklahoma-map.html (accessed 2025-10-14). (oklahoma.gov) (oklahoma.gov) Rural Hospital Cybersecurity Program adoption (550+), AHA News (Mar 6, 2025), https://www.aha.org/news/headline/2025-03-06-microsoft-says-550-hospitals-have-joined-rural-cybersecurity-program-created-aha (accessed 2025-10-14). (aha.org)ignation—eClinicalWorks/PRISMANet (Jan 16, 2025), The Sequoia Project (RCE), https://sequoiaproject.org/astp-and-the-sequoia-project-designate-eclinicalworks-as-qhin/ (accessed 2025-10-14). (sequoiaproject.org) (Uniform Guidance), eCFR, https://www.law.cornell.edu/cfr/text/2/part-200 (accessed 2025-10-14). (law.cornell.edu)(Telecom/Video surveillance restrictions), eCFR, https://www.law.cornell.edu/cfr/text/2/200.216 (accessed 2025-10-14). (law.cornell.edu)icy Statement (2024 update), AHRQ, https://www.ahrq.gov/funding/policies/hhspolicy/index.html (accessed 2025-10-14). (ahrq.gov)mited-Duration Insurance Final Rule (Mar 28, 2024), CMS Fact Sheet, https://www.cms.gov/newsroom/fact-sheets/short-term-limited-duration-insurance-and-independent-noncoordinated-excepted-benefits-coverage-cms (accessed 2025-10-14). (cms.gov)tier and Remote (FAR) Codes—2010 method; 2025 update, https://primary.ers.usda.gov/data-products/frontier-and-remote-area-codes (accessed 2025-10-14). (primary.ers.usda.gov)ion density (2010), IndexMundi, https://www.indexmundi.com/facts/united-states/quick-facts/oklahoma/population-density (accessed 2025-10-14). (indexmundi.com)lahoma membership (effective 11/1/2023), EMS Compact, https://www.emscompact.gov/the-compact/news/oklahoma-joins-ems-compact (accessed 2025-10-14). 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(ncsl.org)ransformation Collaborative Consensus (internal catalog R1, 10-11-2025), multiple pages cited. otice This guide was generated with the gpt-5 model on 2025-10-14. It includes automated synthesis of internal collaborative materials and public sources. All facts, figures, constraints, caps, timelines, and citations should be independently validated—especially specific NOFO terms on Grants.gov—before use in official documents.