INITIATIVE FUNDING SUMMARY

Oklahoma Rural Health

Transformation Program

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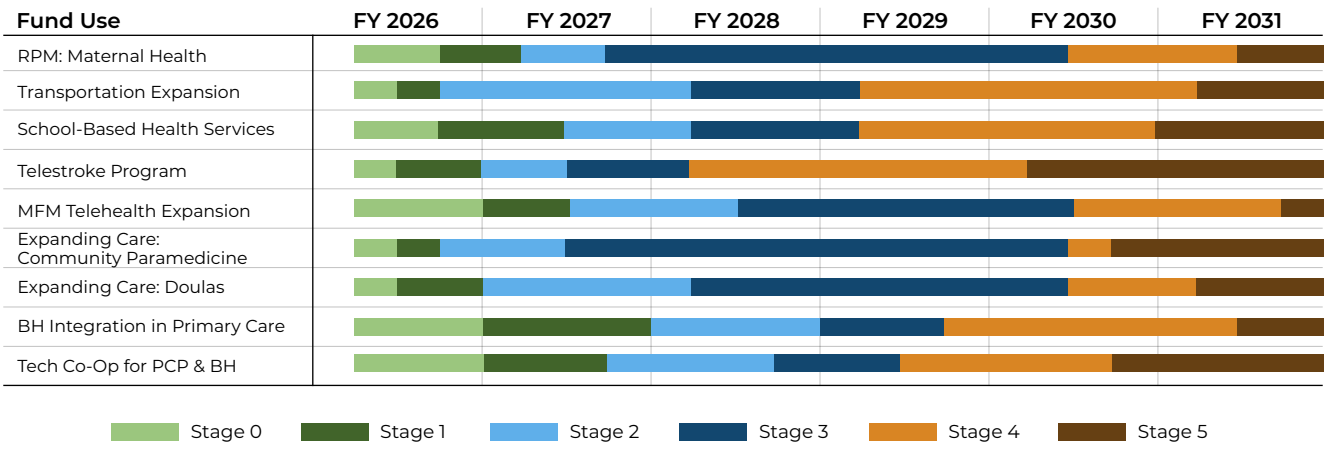
INNOVATING THE CARE MODEL

A detailed description of each Fund Use category is included on the following pages.



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Remote Patient Monitoring (RPM): Maternal Health

Studies show that RPM for conditions like hypertension during pregnancy can reduce readmissions and improve chronic disease management during pregnancy.

Currently, Oklahoma includes coverage for continuous glucose monitoring but not for blood pressure cuffs.

Oklahoma has multiple high-risk OB programs overseen by the Oklahoma Health Care Authority (Medicaid) that could benefit from targeted RPM programs with blood pressure cuffs, including the High-Risk Obstetrical Care Management (HROB), Transforming Maternal Health (TMAH) Model, and other state center of excellence models.

Funding Allocated: $3,529,000

Funded Projects:

- Purchase and distribution of connected blood pressure cuffs for high-risk OB patients
- Integration of remote monitoring data into Electronic Health Record systems for Maternal Fetal Medicine 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: Oklahoma Health Care Authority (OHCA)

OHCA will design the implementation of the blood pressure (BP) cuff demonstration for the maternal health use case, with a vendor supplying BP cuffs. The OHCA administrator is expected to have occasional travel to sites piloting BP cuff utilization and for any initial set up.

OHCA will also either leverage the existing BP cuff med tech contract (for waiver recipients) or will undertake standard vendor evaluation processes such as those currently done for Durable Medical Equipment (DME) contracts. OHCA will monitor utilization and provider and patient experience on a quarterly basis.

Expected Program Initiation/Timeline:

See Initiative Timeline on Page 01

Sustainability: Billable service. Funding will expand maternal health RPM pilots; state plan amendment (SPA) will establish billing through Medicaid and other payers based on proven effectiveness.

Transportation Expansion

Rural Oklahoma residents often need to travel up to 50 miles for health care. This distance is exacerbated by variable weather, geography, and limited main roads in some areas. The high transit burden is unaffordable and inaccessible for many residents, leading to an increase of chronic or treatable conditions into expensive acute conditions.

This initiative allocates funds to expand current transportation system pilots in Southwest Oklahoma to the rest of the state using a regional model, addressing gaps in transit affordability and availability.

Funding Allocated: $10,818,000

Funded Projects:

- Licensing, hosting, and deployment of a low-bandwidth ride dispatch and scheduling platform connecting clinics, drivers, and patients
- Recruitment and initial compensation for regional mobility navigators and mileage/secondary reimbursement for volunteer driver programs
- Regional coordination and interagency agreements for shared governance, reporting, and data dashboards
- Partial vehicle purchase funding for rural transportation agencies
- Initial hardware, licensing, and implementation for low-bandwidth dispatch platform that can integrate volunteer drivers, track mileage, schedule rides across agencies, and track driver/ride metrics

Lead Agency: Oklahoma Association of Regional Councils (OARC)/Oklahoma Dept of Transportation

The initiative expands the Southwest Oklahoma Development Agency (SWODA) transportation pilot to include volunteer driver recruitment, centralized coordination, dispatch, and tracking, with statewide expansion planned.

Expected Program Initiation/Timeline:

See Initiative Timeline on Page 01

Sustainability: Government funding. Pilots will demonstrate value for braided funding that combines Medicaid, FTA 5310/5311, VA, tribal, hospital, workforce, and philanthropic sources.

School-Based Health Services Support

Currently, Oklahoma schools can bill Medicaid only for students with Individualized Education Programs (IEPs). The state also received a $2.5 million CMS grant to pilot and develop school-based services over three years. Building on this momentum, Oklahoma is preparing a State Plan Amendment to expand school-based services for CMS review.

Schools are a natural access point for youth and families, yet launching Medicaid services can be costly and complex.

This funding will offer upfront support and hands-on guidance for schools seeking to provide Medicaid services.

Funding Allocated: $15,160,000

Funded Projects:

- Technical assistance for developing administrative functions like Medicaid billing
- Initial recruitment costs for some of the needed clinical staff: nurses, counselors, physical therapists
- Platforms and tech needed to track and bill services

Lead Agency: Oklahoma State Department of Education (OSDE)

OSDE will administer funding for technical assistance and initial recruitment of school-based providers to enable rural schools in Oklahoma to bill for Medicaid services. A Notice of Funding Opportunity (NOFO) will be issued for schools and education departments to apply to receive funding.

OSDE will monitor the progress of the program and aid in the design of the NOFO and provide some technical assistance. They will also monitor the implementation and progress of schools on a quarterly basis, collaborating closely with local education departments.

Expected Program Initiation/Timeline:

See Initiative Timeline on Page 01

Sustainability: One-time payment. Services will be billable after SPA approval; funding is one-time startup payment to provide technical assistance and limited staff recruitment assistance.

Telestroke Program

Stroke treatment is highly time sensitive. Rural hospitals in Oklahoma often lack on-site neurologists and rapid access to stroke specialists.

Establishing a statewide telestroke network ensures that rural patients receive expert diagnosis and treatment within critical time windows.

This funding will enable real-time neurological consultations, improve transfer coordination, and increase the number of acute stroke-ready facilities across rural Oklahoma.

Funding Allocated: $2,500,000

Funded Projects:

- 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: Oklahoma State Department of Health (OSDH)

Expected Program Initiation/Timeline:

See Initiative Timeline on Page 01

Sustainability: Billable Service. Funding to cover startup equipment and software. Providers will assume minimal ongoing maintenance costs. Services will be billable through Medicaid and other payers, with sustainability strengthened by policies simplifying telehealth.

Maternal-Fetal Medicine (MFM) Telehealth Expansion

High-risk pregnant women in rural Oklahoma encounter long travel distances and limited access to Maternal-Fetal Medicine (MFM) specialists, most of whom are based in Oklahoma City.

This initiative will expand the reach of MFM specialists through a tele-MFM network connecting rural hospitals, clinics, and county health departments. By equipping rural sites with connected ultrasound technology and telehealth capacity, patients can receive specialty consultations, imaging review, and care coordination locally.

This fund use will improve maternal outcomes and reduce transfers and complications.

Funding Allocated: $7,620,000*

** Includes technical assistance funding for one full-time employee for Notice of Funding Opportunity (NOFO) writing, design of program requirements, and evaluation of provider responses.*

Funded Projects:

- Purchase and deployment of telehealth and ultrasound equipment at rural sites
- Training/upskilling local sonographers, nurses, and coordinators to support tele-MFM workflows
- Integration with Electronic Health Record 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
- Program monitoring to track utilization, access, and maternal health outcomes.

Lead Agency: Oklahoma State Department of Health (OSDH)

Expected Program Initiation/Timeline:

See Initiative Timeline on Page 01

Sustainability: Billable Service. Funding to cover startup equipment and software. Providers will assume minimal ongoing maintenance costs. Services will be billable through Medicaid and other payers, with sustainability strengthened by policies simplifying telehealth.

Expanding Care: Community Paramedicine

Oklahoma, like many states, faces challenges in attracting physicians to rural areas, which restricts access for rural residents.

By enhancing the clinical capabilities of non-physician professionals, such as community paramedics, rural Oklahoma will be better able to meet patient needs, reduce wait times, and maintain access to preventive and primary care near home.

Funding Allocated: $31,475,000*

** Includes technical assistance funding for support program development for Community Paramedic vehicles, RFP design, and initial marketing efforts. Most support will be in years one and two. Funding may also include provider payments for EMS uncompensated care.*

Funded Projects:

- Establishment of training programs for community paramedics
- Technical assistance and curriculum development, including educational materials
- Funding for vehicle and supply purchases for community paramedicine teams
- Creation of an uncompensated care fund to reimburse community paramedicine services until payer coverage is established
- Program monitoring and support for inclusion of services into Medicaid and commercial reimbursement models

Lead Agency: Oklahoma State Department of Health (OSDH)

Expected Program Initiation/Timeline:

See Initiative Timeline on Page 01

Sustainability: Continue training through private funding (e.g., additional Masonic Foundation grants). Additionally, demonstrated value will put community paramedicine on the path toward becoming a billable service through expanded care coverage.

Expanding Care: Doulas

Oklahoma, like many states, struggles to attract physicians to rural areas, which limits access for rural residents.

By enhancing the clinical capability of non-physician professionals, such as community doulas, rural Oklahoma will be able to better meet patient needs, reduce wait times, and sustain access to preventive and primary care close to home.

Funding Allocated: $5,850,000*

** Funding may include provider payments for doula uncompensated care.*

Funded Projects:

- Establishment of training programs for doulas
- Technical assistance and curriculum development, including educational materials
- Creation of an uncompensated care fund to reimburse doula services not currently reimbursed today
- Program monitoring and support for inclusion of services into Medicaid and commercial reimbursement models

Lead Agency: Oklahoma State Department of Health (OSDH)

Expected Program Initiation/Timeline:

See Initiative Timeline on Page 01

Sustainability: Continue training through private funding (e.g., additional Masonic Foundation grants). Additionally, demonstrated value will put doulas on the path toward becoming a billable service through expanded care coverage.

Behavioral Health (BH) Integration in Primary Care

Oklahoma was one of the first states to convert all Community Mental Health Centers (CMHC) into Certified Community Behavioral Health Clinics (CCBHC) and has made significant progress in ensuring Substance Use Disorder (SUD) treatment is an emphasis of behavioral health treatment across the state.

However, significant gaps persist, specifically around inpatient SUD treatment, integrated BH and SUD treatment in primary care settings, and SUD treatment during pregnancy.

Currently Oklahoma only has 10 opioid treatment providers in the state.

Funding Allocated: $8,625,000*

** Includes technical assistance to support hosting BH provider listening sessions, designing initial program constraints for provider NOFO, NOFO drafting, and response evaluation.*

Funded Projects:

- Convening of existing BH and Primary Care Providers (PCP) interested in upskilling or recruiting PCPs 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
- Telehealth connectivity for hub and spoke providers, PCP training, and wraparound care staff for hub and spokes*

** The hub-and-spoke model in health care centralizes complex services at a main facility (hub) and connects it to smaller, local clinics (spokes) for basic care, creating a tiered system for efficient, coordinated, and scalable patient care, leveraging technology like telehealth for support and data exchange.*

Lead Agency: Oklahoma State Department of Health (OSDH)

Expected Program Initiation/Timeline:

See Initiative Timeline on Page 01

Sustainability: In an effort to promote team-based integrated care, this funding will expand access to medication-assisted treatment (MAT) at the primary care clinical level. Because MAT is billable through most payers, after startup funding, this fund use is self-sustaining.

Technology Cooperative for Primary Care Providers (PCP) and Behavioral Health (BH) Providers

Many independent rural primary care and behavioral health providers in Oklahoma lack the bargaining power or technical resources to afford modern digital tools such as Remote Patient Monitoring (RPM), telemedicine platforms, or AI-assisted clinical documentation.

This initiative will establish a statewide technology cooperative that leverages group purchasing to provide lower-cost access to these tools, along with shared implementation and technical support.

Funding Allocated: $65,750,000*

** Includes funding for technical assistance to support program development, RFP design, and initial marketing efforts.*

Funded Projects:

- Establishment of technology cooperative: governance, membership structure, and eligibility criteria for rural primary care and behavioral health providers
- Stand up of group purchasing 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 of new technologies
- Program monitoring to collect utilization, satisfaction, and performance data to assess savings, adoption rates, and improved clinical efficiency

Lead Agency: Oklahoma State Department of Health (OSDH)

Expected Program Initiation/Timeline:

See Initiative Timeline on Page 01

Sustainability: The path to sustainability is that providers will pay applicable dues to maintain membership offset by cost benefits gained through purchasing negotiation.

MOVING UPSTREAM

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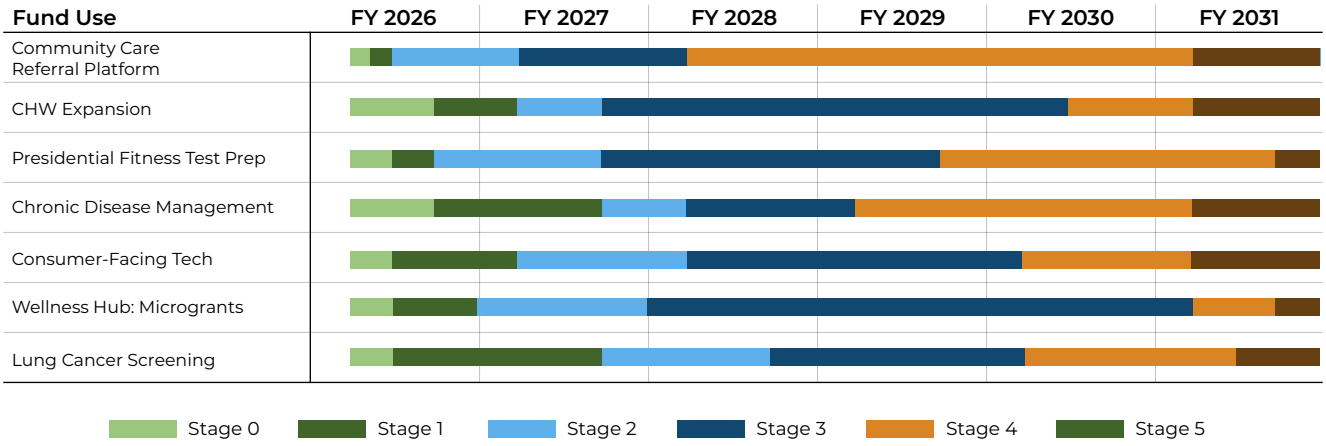

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Community Care Referral Platform

Closed-loop community care platforms facilitate connections to community-based resources for food, housing, utilities, behavioral health, and transportation needs.

These platforms assist providers, care coordinators, and community partners in tracking referrals, outcomes, and social health needs in real time, serving as a shared infrastructure backbone.

Oklahoma has implemented a closed-loop community care platform, “Find Help,” which includes 4,800 different programs such as medical care, utilities, food support, and more.

The platform has completed 125,000 referrals since launching in May 2024. This initiative will expand the use of Find Help to local health departments and rural providers who are not yet connected.

Funding Allocated: $2,050,000

Funded Projects:

- Extension of platform licenses to 39 critical access hospitals, four rural emergency hospitals, and 68 county health departments
- Startup costs associated with connecting new organizations into platform
- Collection and aggregation of data from the platform to inform needs and resources in the community

Lead Agency: Oklahoma Health Care Authority (OHCA)

This initiative will continue to be overseen by OHCA. Implementation will be conducted as a continuing contract by a closed-loop referral platform provider.

Expected Program Initiation/Timeline:

See Initiative Timeline on Page 11

Sustainability: One-time payment. Provider assumed cost; ongoing maintenance costs will continue to be assumed by providers and/or OHCA.

Community Health Worker (CHW) Expansion in Hospitals

Peer states have shown significant impact by embedding CHWs in more settings – specifically hospital emergency rooms and community clinics – to support diversion from acute care settings and avoidance of more costly-spend.

Oklahoma has conducted limited pilots with CHWs embedded in local health departments to support care navigation and connection to resources, including behavioral health services, housing, and nutrition supports. These programs have demonstrated early success in increasing engagement with the health system and access to supportive services. However, these programs have not been expanded outside the limited setting of local health departments.

This initiative will expand the use of CHWs in rural communities to further demonstrate effectiveness and expand coverage of CHWs across payer types.

Funding Allocated: $10,800,000

Funded Projects:

- 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

Lead Agency: Oklahoma Health Care Authority (OHCA)

This fund use expands payment for the addition of CHWs within hospitals and will be overseen by OHCA. Implementation will be conducted by hospitals reimbursed for CHW hiring, training, and monitoring.

Expected Program Initiation/Timeline:

See Initiative Timeline on Page 11

Sustainability: One-time payment. Provider assumed cost; ongoing maintenance costs will continue to be assumed by providers and/or OHCA.

Presidential Fitness Test Preparation

Although Oklahoma currently requires physical fitness testing for students in grades 4 and above, the state has an opportunity to strengthen its commitment to healthy youth by reinstating the Presidential Fitness Test as a statewide wellness benchmark and providing support to teachers and students to succeed.

This fund use will expand fitness and wellness programs in rural schools by providing equipment, an interactive cardio- and walking-focused app for students, and professional development for physical education teachers. This ensures that every student—regardless of location—has access to quality physical education and the resources needed to develop lifelong healthy habits.

Funding Allocated: $4,075,000

Funded Projects:

- Reimbursement for physical education equipment for rural schools that have not previously received OSDE or Tobacco Settlement Endowment Trust (TSET) wellness funding. Priority will go to exercise equipment that supports the metrics evaluated in the Presidential Fitness Test
- Professional development and virtual training opportunities for physical education teachers to prepare students for the updated test and strengthen overall school-based fitness instruction
- Program development and primary application development to develop a cardio- and walking-focused fitness application for students
- Statewide program manager to oversee reimbursements, partnerships, and outcome reporting

Lead Agency: Oklahoma State Department of Education (OSDE)

This initiative will provide teachers and students with the equipment and tools they need to prepare for the reinstated Presidential Fitness Test. OSDE will administer this, working closely with Oklahoma schools.

Expected Program Initiation/Timeline:

See Initiative Timeline on Page 11

Sustainability: One-time payment. Ongoing application maintenance can be sustained through Oklahoma TSET funding or fitness technology partnerships.

Chronic Disease Management Program

While Oklahoma faces challenges from chronic disease, the community environment has supported the success of community-responsive chronic disease programs in the state.

Oklahoma has achieved success in fighting chronic disease by implementing high-touch, evidence-based programs.

This initiative will expand on previous successes by funding evidence-based, community-centered chronic disease management programs.

Funding Allocated: $39,450,000*

** Includes funding for technical assistance to support program design, data collection and analysis, population and condition identification, engagement with communities and facilities, and design and development for program implementation.*

Funded Projects:

- Funding for programs seeking to treat chronic conditions in rural Oklahoma
- Includes site staffing, participant recruitment, equipment, program design, education, and digital tool build and maintenance

Lead Agency: Oklahoma State Department of Health (OSDH)

The State will provide strict guardrails for funded organizations, requiring identification of a chronic condition with >1x national average impact on rural Oklahoma, alignment with evidence-based programs and treatments, selection, measurement, and report of achievable outcomes, and prioritizing programs that innovate model delivery (e.g., that use consumer-facing tech).

At a minimum, funded organizations will be required to set goals and track outcomes for retention, chronic condition improvement, and a reduction in complications from disease progression.

Expected Program Initiation/Timeline:

See Initiative Timeline on Page 11

Sustainability: The programs will transition to sustainability by demonstrating return on investment (ROI) through a reduction in high-cost complications and follow-on treatment. Proven ROI chronic management programs will transition to payer supported models.

Consumer-Facing Technology

This initiative will pilot emerging technologies across consumer-facing prevention and management apps to support individuals in managing their own health journey, with particular focus on supporting maternal health, behavioral health, and the aging population.

Consumer-facing prevention platforms directly engage individuals (and their caregivers) through app-based conversational AI assistants that provide coaching, reminders and education on daily habits like physical activity, proper nutrition, mental wellness practices, and care plan adherence, while also thoughtfully linking to clinical care teams.

Funding Allocated: $15,950,000*

** Includes funding for technical assistance to support program design, RFP development, identification of populations and conditions, and cost survey to build reasonably competitive environment.*

Funded Projects:

- Convening stakeholders, including rural residents with chronic conditions, to further understand needs, and advise on potential consumer-facing technology to pilot
- Procurement of consumer-facing technologies by the State on behalf of payers, providers and community-based organizations
- Development of pilots, including selection of partners to support rollout with member/patient base
- Awards for consumer participation in prevention and wellness programs
- Measurement of pilot success
- Further rollout of successful technologies

Lead Agency: Oklahoma State Department of Health (OSDH)

The State will play a critical convener and assessor role in the process. Alongside an advisory council of rural residents, technologists, providers, payers, and experts in rural health, the State will align on proposed applications, geographies, and stakeholder partners to run pilots. The State will then fund the selected application vendors to initiate pilots and collect and share results.

Expected Program Initiation/Timeline:

See Initiative Timeline on Page 11

Sustainability: The path to sustainability will be by demonstrating utility and return on investment (ROI) to be able to claim Medicaid and other payer billability for ROI-proven tech tools.

Community-Led Wellness Hub: Microgrants

Many of Oklahoma's rural communities struggle to secure sustainable health care assets that could significantly enhance health care services.

Many of these community reports demand health needs, including diagnostic tools or exercise and fitness equipment, but they cannot afford the initial capital outlay.

This initiative offers local health departments in Oklahoma's 59 rural counties or other appropriate community-based entities a chance to address specific needs and support upstream prevention efforts.

Funding Allocated: $10,750,000*

**Includes funding for technical assistance to support RFP development, guidelines around RFP, communication to rural communities and RFP deployment/site selection.*

Funded Projects:

- Local health departments and other community-based entities will be able to apply for a one-time grant
  conditioned on their accepting ongoing maintenance
- Grants must address proven community unmet demand for wellness needs in rural Oklahoma.

Lead Agency: Oklahoma State Department of Health (OSDH)

Expected Program Initiation/Timeline:

See Initiative Timeline on Page 11

Sustainability: This program will be sustainable as one-time microgrants for communities to invest in lasting wellness infrastructure.

Lung Cancer Screening Program

Rural communities face barriers to early detection, treatment, and tobacco cessation services.

Oklahoma has one of the lowest rates of lung cancer screening in the U.S. at 9%, contributing to a higher-than-average lung cancer occurrence and morbidity rate.

This initiative will expand comprehensive lung cancer screening programs in rural areas to improve early diagnosis, connect patients to cessation support, and strengthen the long-term sustainability of screening statewide.

Funding Allocated: $10,500,000

Funded Projects:

- Embedding Lung Screening Program Directors (Advanced Practice Providers, PAs, or NPs) in 11 rural or regional health systems to establish and lead evidence-based lung cancer screening programs integrated with tobacco cessation
- Development of billing and reimbursement systems to ensure long-term financial sustainability for screening services
- 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: Oklahoma State Department of Health (OSDH)

Expected Program Initiation/Timeline:

See Initiative Timeline on Page 11

Sustainability: One-time purchases of vehicles and equipment to expand mobile screening access. Screening will be sustainable long-term as a billable service through Medicaid and other payers.

FACILITATING REGIONAL COLLABORATION

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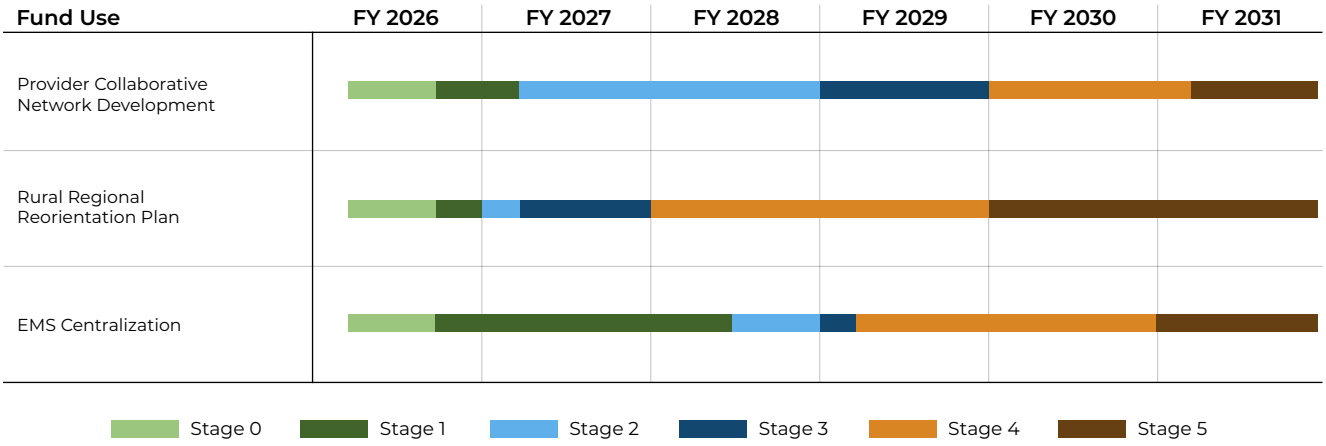

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Provider Collaborative Network Development

Oklahoma's rural hospitals and outpatient clinics face structural barriers to sustainable care, including higher fixed and staffing costs and limited negotiating power with payers and suppliers.

They also miss out on advanced technology and value-based opportunities, yet continue to show resilience in meeting patient needs.

This initiative creates joint resiliency through a rural-focused Provider Collaborative Network under a new nonprofit owned by member hospitals. The model maintains local control while giving members access to shared administrative support, technical assistance, staffing and technology. The network will also build on the Rural Regional Reorientation Plan to guide a central referral management system.

Funding Allocated: $220,690,000

Funded Projects:

- Establishment of the collaborative including the organizational framework, governance model, and membership composition
- Development of a needs assessment and priority use cases for the collaborative
- Investment in the stand up of the use cases, included, but not limited to, shared administrative supports (e.g., group purchasing, shared services, payer relations), shared clinical supports (e.g., telemedicine, shared specialty staffing pool), and governance support (e.g., leadership and board 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 Agency: Oklahoma State Department of Health (OSDH)

The Rural Health Collaborative Nonprofit, an entity composed of and owned by rural hospitals and providers who join the Provider Collaborative Network as members, will be implemented under the administration of OSDH in year one of the grant.

OSDH will competitively procure a management support vendor to provide technical and operational assistance for the nonprofit's start-up and early operations.

Expected Program Initiation/Timeline:

See Initiative Timeline on Page 19

Sustainability: Provider assumed cost. Ongoing dues paid through value-based care (VBC) arrangements between providers and payers. Network sustainability is supported by VBC participation and savings from group purchasing.

Rural Regional Reorientation Plan

Oklahoma has seen seven rural hospitals shutter in the last 10 years, with 30% at immediate risk of closure (CHQPR, 2023). At the same time, rural residents have difficulty accessing the care they need with long wait times and long travel times for services.

Oklahoma has an opportunity to build toward a reoriented system of care for rural residents: one that focuses on delivering the right services at the right time in the right modality in a sustainable way.

To support that vision, Oklahoma will facilitate development of a Rural Regional Reorientation Plan, bringing rural hospitals and ecosystem partners (outpatient providers, long-term care, payers) together to align on the future system of care grounded in the needs of rural communities and oriented toward improved access to upstream prevention and primary care.

The first phase of the effort will include robust data gathering and engagement with rural hospitals on challenges and opportunities. Rural hospitals will then drive development of regional strategies. Finally, the State will incorporate regional plans into single statewide plan accompanied by funding to support implementation of the regional plans.

Funding Allocated: $176,060,000

Funded Projects:

- Technical assistance to support plan development including data and analytics, stakeholder engagement, financial analysis, and legal, regulatory, and financing advisory support
- Technology infrastructure to support collection of baseline data and monitoring data
- Funding to participating hospitals for plan development and implementation, including provider incentives to right size facilities and infrastructure funds to support development of new services

Lead Agency: Oklahoma State Department of Health (OSDH)

Expected Program Initiation/Timeline:

See Initiative Timeline on Page 19

Sustainability: The plan will be developed through onetime funding and sustained through resulting initiatives.

EMS Centralization

Oklahoma's EMS resources are fragmented and limited across the State; limited coordination and long transit times result in EMS use for non-emergencies and occupies up to 50% of community emergency management resources at any given time.

Central coordination would allow for pooled resources and more effective communication across EMS providers to ensure highest use of the assets.

Funding Allocated: $20,100,000

Funded Projects:

- Procurement of a single platform, including software licensing fees and provision of needed technical equipment, for EMS providers
- Technical assistance to support implementation across Oklahoma EMS providers
- Stand up of central program support including recruiting, training, and equipment

Lead Agency: Oklahoma State Department of Health (OSDH)

OSDH will facilitate a process to select contractors to support technical assistance and program delivery of the initiatives.

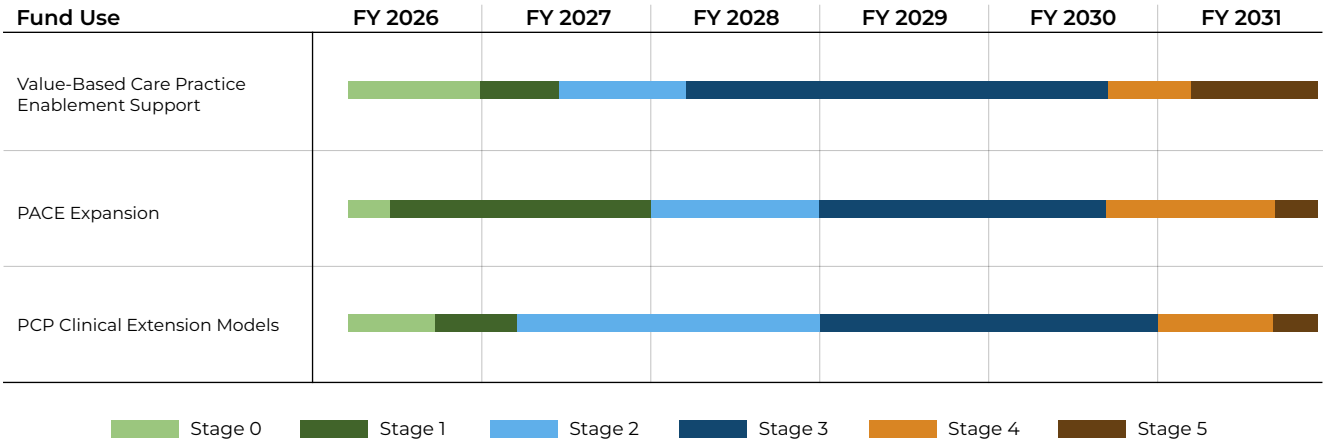
Expected Program Initiation/Timeline:

See Initiative Timeline on Page 19

Sustainability: The model will be funded beyond the course of the program through the Oklahoma Trauma Fund which supports access to trauma services across the state.

SHIFTING TO VALUE

A detailed description of each Fund Use category is included on the following pages.



Stage	Key Activities
Stage 0	Convening of stakeholders and onboarding of resources (if required) to administer the programs; assessments to determine target counties, facilities, and vendors; development of Request for Proposals (RFPs) and NOFOs for potential funding recipients; and establishment of governance models for the fund uses.
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Note: Program funding allocations and timelines are estimates and may be subject to change.

Value-Based Care Practice Enablement Support

Oklahoma has strong foundations for advancing primary care into value-based arrangements, with more than 1,000 practices enrolled as patient-centered medical homes and more than 500 participating in Health Access Networks that provide training and support in complex care management and quality management.[4]

In addition to clinical practice transformation support, these practices would also benefit from business practice transformation.

Through this initiative, Oklahoma will provide capacity building funds to primary care practices to support business practice transformation including infrastructure for risk stratification and performance tracking, technical assistance for payment model redesign, contract development and payer negotiation and creation of governance structures to support the model.

Funding Allocated: $32,050,000

Funded Projects:

- Stand up of the program including identifying priority providers for engagement (targeting ~150-200 practices in rural areas across the state)
- Technology infrastructure and data and analytics support
- Technical assistance for payment model redesign, contract development and payer negotiation

Lead Agency: Oklahoma Health Care Authority (OHCA)

Oklahoma plans to support approximately 150 primary care provider practices with value-based care enablement support. The contractual spend includes a technical assistance vendor to support program design and selection process for practices.

Expected Program Initiation/Timeline:

See Initiative Timeline on Page 23

Sustainability: This funding aims to help practices transition to new payment models that will be self-sustaining through shared savings, per-member-per-month (PMPM) payments, and/or full capitation arrangements.

4. OHCA Provider FastFacts 2025

Program of All-Inclusive Care for the Elderly (PACE) Expansion

PACE is a nationally recognized best practice Accountable Care Organization (ACO) model focused on the dual-eligible population. By integrating Medicare and Medicaid financing, PACE offers comprehensive, team-based care that enables seniors to remain in their homes and communities, improving quality of life, and reducing need for higher-cost institutional care.

Oklahoma has three PACE programs serving 800 members statewide with one rural-based option.

This initiative will fund the launch of three to six more rural PACE centers, helping expand integrated, value-based care (VBC) to thousands of additional dual-eligible seniors.

Funding Allocated: $33,360,000

Funded Projects:

- 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: Oklahoma Health Care Authority (OHCA)

Oklahoma will expand PACE into rural areas with a plan to stand up six new centers during the duration of the grant. OHCA will competitively procure a technical assistance vendor to support planning, soliciting, and securing PACE vendors, and consultation with local stakeholders including tribal engagement to drive participation Once onboarded, the PACE providers will receive funding for site infrastructure.

Expected Program Initiation/Timeline:

See Initiative Timeline on Page 23

Sustainability: Once fully utilized, the PACE centers will be self-sustaining through existing Medicare and Medicaid funding.

Primary Care Provider (PCP) Clinical Extension Models

Smaller primary care practices often lack the staffing and time needed to perform the activities required for full-risk models, such as closing care gaps, managing chronic conditions, and escalating connections to specialists.

Innovative models that combine in-person support with consumer-facing technology have been developed as clinical extensions.

Along with the practice enablement initiative mentioned above, this program will allow practices to pilot these initiatives within a comprehensive model.

Funding Allocated: $37,050,000

Funded Projects:

- Pilot the clinical extension model in conjunction with managed care entities and targeted pilot practices
- Technology infrastructure and configuration with existing clinical and payment technology
- Technical assistance to support rollout of model
- Measurement of model success to support decision to further scale

Lead Agency: Oklahoma Health Care Authority (OHCA)

Oklahoma will pilot clinical extension models to support management of high-risk Medicaid and dual-eligible members. OHCA will procure a technical assistance vendor to support planning and selection of clinical extension models in Year 1 and then procure the vendor by Year 2. Oklahoma will pilot two cohorts with the model, 10 practices starting in Year 2, and assuming successful pilot, 10 more practices starting in Year 4.

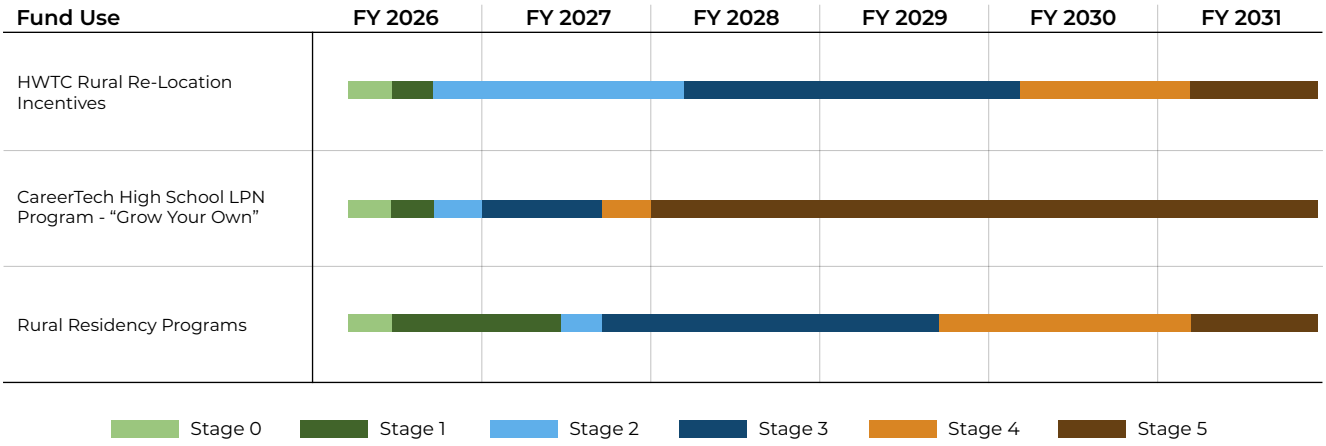
Expected Program Initiation/Timeline:

See Initiative Timeline on Page 23

Sustainability: These extension models 'pay for themselves' and attract more commercial and government payers in Oklahoma to incorporate them into their models.

GROWING NEXT-GEN RURAL TALENT

A detailed description of each Fund Use category is included on the following pages.



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Note: Program funding allocations and timelines are estimates and may be subject to change.

Healthcare Workforce Training Commission (HWTC) Rural Re-Location Incentives

Oklahoma currently has a severe shortage of behavioral health (BH) providers across rural counties. As with physicians, many rural communities struggle to attract BH providers, and the state currently has no rural service incentives targeted toward BH.

This initiative seeks to bring BH providers into rural areas of Oklahoma with a five-year commitment, giving providers time to establish their practices, fill their caseloads, and integrate themselves into the rural community, with the intention of encouraging providers to build their careers in rural Oklahoma.

Additionally, this initiative will identify other provider types with the greatest needs in rural Oklahoma communities and establish similar incentive programs.

Funding Allocated: $7,650,000

Funded Projects:

- Statewide needs assessment to identify high-need behavioral health professional types and geographic priority areas
- Five-year commitment stipends for behavioral health providers relocating to rural communities (psychiatrists, psychologists, social workers, counselors)
- Program expansion to include additional high-need provider types identified through the assessment
- Light-touch integration support for new providers—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: Healthcare Workforce Training Commission (HWTC)

HWTC was designated to administer this program directly because it is the state agency currently responsible for administering similar incentive programs for other provider types (e.g., primary care physicians).

Expected Program Initiation/Timeline:

See Initiative Timeline on Page 27

Sustainability: Ongoing provider incentives can be incorporated into the existing state budget for similar workforce opportunities.

"Grow Your Own" Program

Oklahoma has a severe nursing shortage, ranking 46th in the nation[1] in RN-to-population ratio and 37th[2] in overall nurse-to-population ratio (including Registered Nurses (RN) and practical nurses (PN)).

Compounded by broader health care workforce shortages, Oklahoma would benefit greatly from an increased nursing workforce in rural areas. Additionally, health care practitioners who are originally from rural areas are often more likely to remain practicing in their communities.

Investing in educational opportunities for rural youth has the potential to impact the rural health care workforce for many years.

Oklahoma does have existing programs in place to foster the health care workforce pipeline, like the Oklahoma Department of Career and Technology Education (CareerTech), but there is opportunity to expand the programs more widely.

Funding Allocated: $5,500,000

Funded Projects:

- CareerTech partnerships with additional high schools to train rural students as PN and other entry-level health care providers
- Program funding for instructor salaries, student supplies, and National Council Licensure Examination (NCLEX) exam costs
- Program expansion into additional rural high schools and alignment with RN pathways
- Data reporting and tracking systems to monitor student enrollment, completion, and rural placement rates

Lead Agency: Oklahoma State Department of Health (OSDH)

This funding will support the expansion of the CareerTech high school LPN program to 10 additional schools and students in rural Oklahoma. CareerTech was designated as a subrecipient for this funding as it will be an expansion of their existing programming.

Expected Program Initiation/Timeline:

See Initiative Timeline on Page 27

Sustainability: The path toward sustainability is for CareerTech to absorb costs through education grants once student interest and demonstrated success is shown.

1. Nurse Journal, 2025
2. Beckers Hospital Review, 2025

Rural Residency Programs

Many rural communities have trouble attracting health care talent given the less robust infrastructure, smaller health networks and ecosystems, and more limited housing, employment, and educational opportunities for providers' families.

Education in rural residencies has shown an increase in the likelihood for rural practice by almost 3x.[3]

This initiative seeks to increase the number of physicians choosing to practice in rural areas by providing robust opportunities for rural health care experience in residency.

Funding Allocated: $54,980,000*

**Includes funding for technical assistance to support RFP development, application review, and ongoing program development for prospective rural residency sites, alongside educational partners.*

Funded Projects:

- Expanded rural residency programs for surgery, psychiatry, and OBGYN through partnerships with state medical schools and rural health care facilities
- Recruitment, curriculum design, accreditation, and faculty development
- Startup funding for rural hospitals or clinics to host residents, including stipends, housing support, and preceptor compensation
- Administrative coordination, evaluation, and accreditation activities to ensure long-term sustainability

Lead Agency: Oklahoma State Department of Health (OSDH)

Expected Program Initiation/Timeline:

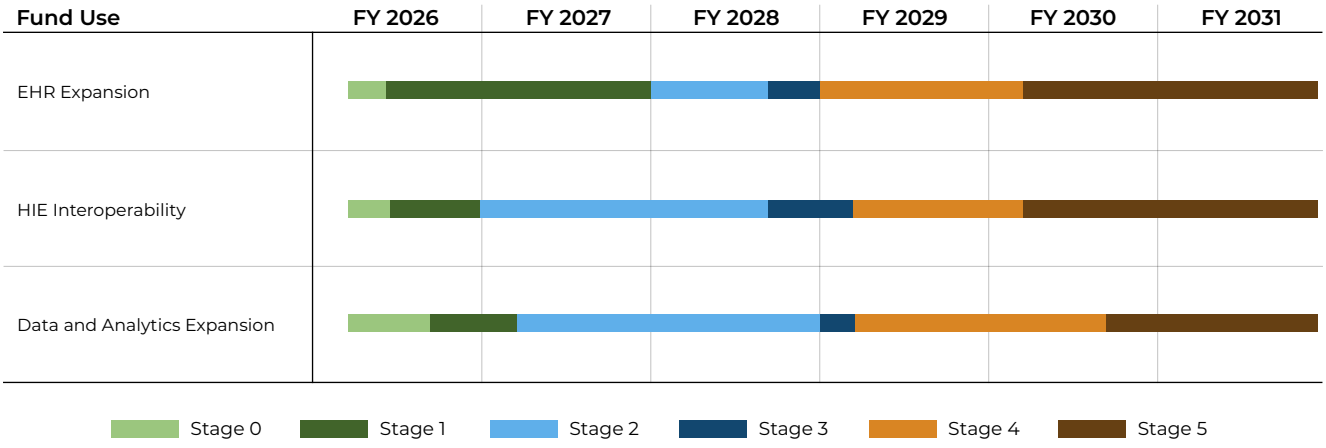
See Initiative Timeline on Page 27

Sustainability: The path toward sustainability includes a mix of private, provider cost sharing, and government funding for residencies.

3. Patterson et. al, 2023

BUILDING HEALTH DATA UTILITY

A detailed description of each Fund Use category is included on the following pages.



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Note: Program funding allocations and timelines are estimates and may be subject to change.

Electronic Health Record (EHR) Expansion

Connection to Oklahoma's Health Information Exchange (HIE) is limited by electronic health record system (EHR) uptake in rural Oklahoma. Smaller, independent rural providers that do not have EHRs is estimated as ~10-20% of behavioral health providers and ~5-10% of primary care providers. Getting to universal coverage will support greater participation in the statewide data ecosystem.

This funding closes the rural EHR connection gap by providing connections to a low-cost certified EHR technology (CEHRT) EHR for rural facilities without an EHR.

The Oklahoma Health Care Authority (OHCA) via Oklahoma State Health Information Network Exchange (OKSHINE) will negotiate for a state-level group licensing for unconnected facilities and will subsidize EHR connection, equipment, and support in exchange for obligating HIE participation by subsidized facilities.

Funding Allocated: $44,880,000

Funded Projects:

- One-time 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
- Building peer-to-peer learning portal for EHR/HIE members

Lead Agency: Oklahoma Health Care Authority (OHCA)

This initiative will be overseen by OKSHINE, an office within OHCA. Implementation will be conducted by a state designated entity.

Expected Program Initiation/Timeline:

See Initiative Timeline on Page 31

Sustainability: After the one-time cost of EHR and HIE connection, providers will maintain ongoing subscription costs for their EHR. For providers electing the identified low-cost EHR, providers will absorb pooled maintenance costs. Providers will be incentivized to retain maintenance and licensing costs from proven ROI from HIE (esp. reduced duplicate testing) connection for which an EHR is necessary.

Health Information Exchange (HIE) Interoperability

Data on specific rural population health needs are fragmented and often collected through surveys and direct interaction with providers and other care settings.

Oklahoma's HIE is seeking to expand its capabilities to include key data from specific care settings, such as imaging and pharmacy.

Creating a consumer-facing single consent portal for health data will simplify the process of collecting behavioral health data by providing full health consent management through a single login. Ensuring exchange across modalities will increase awareness of health needs in rural Oklahoma.

Funding Allocated: $29,210,000

Funded Projects:

- 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: Oklahoma Health Care Authority (OHCA)

This initiative will be overseen by OKSHINE, an office within OHCA. Implementation will be conducted by a state designated entity.

Expected Program Initiation/Timeline:

See Initiative Timeline on Page 31

Sustainability: After the five-year grant period ensuring connection, support, and education to providers, ongoing HIE costs will be absorbed by providers through their HIE subscription. HIE subscribers will get access to upgrades on an elect-and-pay basis including built-in analytics capabilities and added reports from newly ingested data sources. Providers will realize ROI from the HIE from reduced administrative duplication and reduced delays in patient care from increased modality transfer.

Data and Analytics Expansion

Oklahoma's Health Information Exchange (HIE) has limited data dashboard capability. Including an advanced built-in analytics capability will enable state- and system-level real-time awareness of rural population health needs, market trends, care gaps, and outcomes.

This will allow large-scale trend-tracking and aid resource targeting by determining data needs to Oklahoma that are more connected.

This funding identifies high-need analytics and dashboards with specific bearing in rural Oklahoma (e.g., smoking cessation, utilization across rural facility type) and establishes a data roadmap for added functionality and additional HIE integration for specific modalities.

Funding Allocated: $21,700,000

Funded Projects:

- Statewide "data roadmap" outlining new data streams, governance, and analytics capabilities
- Pilot data dashboard use cases (e.g., rural health outcomes, maternal health, chronic disease)
- Licensing and maintenance for analytics tools and dashboards
- Technical and data governance support to ensure HIPAA compliance, privacy, and transparency

Lead Agency: Oklahoma Health Care Authority (OHCA)

Oversight will be provided by OKSHINE within OHCA. Platform and service vendors will be competitively procured through cooperative agreements.

Expected Program Initiation/Timeline:

See Initiative Timeline on Page 31

Sustainability: After one-time costs of the planning and roadmap, 90/10 matched Medicaid technology funds will be used to support rollout of new use cases. Long-term ROI to the state will be realized in reduced duplicate testing, 30-day re-admissions, and improved care coordination, and preventive care.

Oklahoma Rural Health

Transformation Program

Oklahoma.gov/health/RHTP