Chronic Disease Management Program FAQs

NOFO Updates:

After further clarification from CMS regarding requirements for **Budget Period One (BP1)**, the Oklahoma Rural Health Transformation Program (RHTP) is issuing an updated timeline for subrecipient spending and invoicing.

Budget Period One (BP1) = December 28, 2025 – October 30, 2026

- To ensure OSDH compliance with federal deadlines:
  - All BP1 funds for Personnel, Fringe and Travel must be spent by October 30, 2026.
  - All other BP1 funds carry over and must be **fully spent and invoiced by subrecipients by July 31, 2027.**
  - All BP1 funds must be drawn down by OSDH by September 30, 2027.
- The obligation deadline of May 1, 2027, is no longer applicable.

Spenddown Timeline

1. Why must personnel, fringe and travel costs be expended by October 30, 2026? If grants are awarded in August that give us less than 60 days to spend in those categories? Expenditure Period: Award recipients are expected to expend the award amount no later than September 30, 2027, with the exception of personnel, fringe, and travel costs, which must be expended by October 30, 2026. All funds must be obligated by May 1st, 2027.
   a. This is a CMS requirement. Personnel, fringe and travel costs must be spent by 10/30/26. All other budget line items must be fully expended by the CMS-drawdown deadline of 9/30/27 (subrecipient timeline subject to change based on internal OSDH deadlines).
   b. Per the NOFO, the Chronic Disease Management Program is anticipated to continue through the lifetime of the Rural Health Transformation Program, with subrecipient renewals in Years 2-5, subject to CMS-awarded funds to Oklahoma, available funding, and program progress. If a recipient is granted renewal funding for Years 2, 3, 4, and/or 5, the period to spend Personnel and Fringe costs will run from 10/31/26-10/30/27, 10/31/27-10/30/28, etc.
2. Wanted to clarify that this is correct, "Award recipients are expected to expend the award amount no later than September 30, 2027, with the exception of personnel,

fringe, and travel costs, which must be expended by October 30, 2026." Is this supposed to be October 30, 2027 or October 30, 2026?

   a. This is a CMS requirement. Personnel, fringe and travel costs must be spent by 10/30/26. All other budget line items must be fully expended by the CMS-drawdown deadline of 9/30/27 (subrecipient timeline subject to change based on internal OSDH deadlines).
   b. Per the NOFO, the Chronic Disease Management Program is anticipated to continue through the lifetime of the Rural Health Transformation Program, with subrecipient renewals in Years 2-5, subject to CMS-awarded funds to Oklahoma, available funding, and program progress. If a recipient is granted renewal funding for Years 2, 3, 4, and/or 5, the period to spend Personnel and Fringe costs will run from 10/31/26-10/30/27, 10/31/27-10/30/28, etc.

3. In the NOFO, it states " Award recipients are expected to expend the award amount no later than September 30, 2027, with the exception of personnel, fringe, and travel costs, which must be expended by October 30, 2026. All funds must be obligated by May 1st, 2027." Is this correct - that all personnel funds must be EXPENDED by October, 30, 2026?
   a. This is a CMS requirement. Personnel, fringe and travel costs must be spent by 10/30/26. All other budget line items must be fully expended by the CMS-drawdown deadline of 9/30/27 (subrecipient timeline subject to change based on internal OSDH deadlines).
   b. Per the NOFO, the Chronic Disease Management Program is anticipated to continue through the lifetime of the Rural Health Transformation Program, with subrecipient renewals in Years 2-5, subject to CMS-awarded funds to Oklahoma, available funding, and program progress. If a recipient is granted renewal funding for Years 2, 3, 4, and/or 5, the period to spend Personnel and Fringe costs will run from 10/31/26-10/30/27, 10/31/27-10/30/28, etc.
4. The document states that award funds must be expended by September 30, 2027, but that personnel, fringe, and travel costs must be expended by October 30, 2026. Can you please confirm whether the October 30 date is correct, or if it should instead be October 30, 2027?
   a. This is a CMS requirement. Personnel, fringe and travel costs must be spent by 10/30/26. All other budget line items must be fully expended by the CMS-drawdown deadline of 9/30/27 (subrecipient timeline subject to change based on internal OSDH deadlines).
   b. Per the NOFO, the Chronic Disease Management Program is anticipated to continue through the lifetime of the Rural Health Transformation Program, with subrecipient renewals in Years 2-5, subject to CMS-awarded funds to

Oklahoma, available funding, and program progress. If a recipient is granted renewal funding for Years 2, 3, 4, and/or 5, the period to spend Personnel and Fringe costs will run from 10/31/26-10/30/27, 10/31/27-10/30/28, etc.

5. With a 60-day turnaround to spend funds on personnel, fringe, and travel, it seems somewhat unclear as to how program delivery and execution could occur within this time frame. Would you be able to provide a timeline as to how it is envisioned this could be accomplished?
    a. Per the NOFO, the Chronic Disease Management Program is anticipated to continue through the lifetime of the Rural Health Transformation Program, with subrecipient renewals in Years 2-5, subject to CMS-awarded funds to Oklahoma, available funding, and program progress. If a recipient is granted renewal funding for Years 2, 3, 4, and/or 5, the period to spend Personnel and Fringe costs will run from 10/31/26-10/30/27, 10/31/27-10/30/28, etc.
    b. Please note, while Y1 Personnel, Fringe, and Travel must be spent down by 10/30/26, all other budget line items must be fully expended by the CMS-drawdown deadline of 9/30/27 (subrecipient timeline subject to change based on internal OSDH deadlines).
6. We would appreciate additional clarification regarding the expenditure requirements for personnel, fringe, and travel costs. As currently written, the NOFO indicates these categories must be expended by October 30, 2026, despite the Chronic Disease Management Program being part of a five-year Rural Health Transformation Program initiative intended to support ongoing implementation and expansion activities. Given that awards may not be issued until August 2026 and the program is reimbursement-based, it is difficult to understand how recipients could reasonably support sustained personnel-related costs within less than 60 days. Can OSDH clarify whether this deadline applies only to a specific funding period, obligation requirement, or subset of expenses, and whether personnel, fringe, and travel costs incurred after October 30, 2026 are allowable for reimbursement under the award? Note: This rule would make execution of the scope of work all but impossible. Can it be revised with approval from the federal grant officer?
    a. Per the NOFO, the Chronic Disease Management Program is anticipated to continue through the lifetime of the Rural Health Transformation Program, with subrecipient renewals in Years 2-5, subject to CMS-awarded funds to Oklahoma, available funding, and program progress. If a recipient is granted renewal funding for Years 2, 3, 4, and/or 5, the period to spend Personnel and Fringe costs will run from 10/31/26-10/30/27, 10/31/27-10/30/28, etc.
    b. Please note, while Y1 Personnel, Fringe, and Travel must be spent down by 10/30/26, all other budget line items must be fully expended by the CMS-

drawdown deadline of 9/30/27 (subrecipient timeline subject to change based on internal OSDH deadlines).

7. The funding for personnel and fringe must be expended by 10/30/26. How can this be done when the grant covers a year's long work?
    a. Per the NOFO, the Chronic Disease Management Program is anticipated to continue through the lifetime of the Rural Health Transformation Program, with subrecipient renewals in Years 2-5, subject to CMS-awarded funds to Oklahoma, available funding, and program progress. If a recipient is granted renewal funding for Years 2, 3, 4, and/or 5, the period to spend Personnel and Fringe costs will run from 10/31/26-10/30/27, 10/31/27-10/30/28, etc.
    b. Please note, while Y1 Personnel, Fringe, and Travel must be spent down by 10/30/26, all other budget line items must be fully expended by the CMS-drawdown deadline of 9/30/27 (subrecipient timeline subject to change based on internal OSDH deadlines).
8. While Personnel, Fringe, and Travel must be spent down by 10/30/26, the rest of the budget, e.g. Contractual funds, can be extended to 9/30/27. The document states "that award funds must be expended by September 30, 2027, but that personnel, fringe, and travel costs must be expended by October 30, 2026. a. This is a CMS requirement. Personnel, fringe and travel costs must be spent by October 30, 2026. All other budget line items must be spent by September 30, 2027. While Personnel, Fringe, and Travel must be spent down by 10/30/26, the rest of the budget, e.g. Contractual funds, can be extended to 9/30/27." Would you be able to provide as if consulting fees, administrative cost and contracted administrative costs budget lines fall outside the perimeter and as defined by CMS of the Personnel, fringe and travel costs must be spent by October 30, 2026. And to how it is envisioned this could be accomplished. Thank you.
    a. Any administrative costs associated with Personnel, Fringe and travel must also be spent down by 10/30/2026. All other budget line items must be fully expended by the CMS-drawdown deadline of 9/30/27 (subrecipient timeline subject to change based on internal OSDH deadlines).
    b. Per the NOFO, the Chronic Disease Management Program is anticipated to continue through the lifetime of the Rural Health Transformation Program, with subrecipient renewals in Years 2-5, subject to CMS-awarded funds to Oklahoma, available funding, and program progress. If a recipient is granted renewal funding for Years 2, 3, 4, and/or 5, the period to spend Personnel and Fringe costs will run from 10/31/26-10/30/27, 10/31/27-10/30/28, etc.
9. How long after the September 2027 spend deadline do we have before services must be delivered or impact shown? Is the 12-month operational timeline in the

scoring rubric measured from the September 2027 date, from award date, or from contract execution?

a. Personnel, Fringe, and Travel must be spent by 10/30/26, and all other budget line items must be fully expended by the CMS-drawdown deadline of 9/30/27 (subrecipient timeline subject to change based on internal OSDH deadlines). OSDH expects that the community impacts of service delivery will continue past the expenditure deadline.
b. All recipients will submit monthly and quarterly progress reports, and the final report will be due on 10/30/27. OSDH will not monitor Y1 operations/service delivery after the final report is submitted.

Applicant and Program Eligibility

10. We are applying for chronic disease management services to be delivered via telehealth for a number of rural sites physically located in rural counties in Oklahoma to expand access to specialized care. However, the telehealth command center these hospitals would be connecting to is located in another state. Does this preclude us from applying?
    a. Per the NOFO, the applicant must have a physical location, either headquarter or branch, in Oklahoma.
    b. The applicant must deliver direct program services supported by this award solely in eligible Oklahoma rural communities with populations under 55,000 (see Attachment A for a full list of eligible communities), except for centralized administrative, care coordination, telehealth-based clinical support, or other remote services that support participants in the rural community.
    c. Based on A and B, if the applicant is delivering telehealth services to rural sites in Oklahoma and the applicant has a physical location in Oklahoma, the applicant is eligible to apply, regardless of the command center's location.
11. Are existing recipients of funds able to apply as subrecipients for this grant?
    a. Yes, existing recipients of RHTP funds may apply for additional RHTP funding opportunities. Please note, all applications will be subject to NOFO requirements and the scoring process, regardless of current funding status.
12. Can an out-of-state Management Services Organization (MSO) apply as the primary subrecipient if partnering with an in-state rural clinical node, or must the Oklahoma clinical entity be the primary applicant?
    a. Per the NOFO, the applicant must have a physical location, either headquarter or branch, in Oklahoma.

b. The applicant must deliver direct program services supported by this award solely in eligible Oklahoma rural communities with populations under 55,000 (see Attachment A for a full list of eligible communities), except for centralized administrative, care coordination, telehealth-based clinical support, or other remote services that support participants in the rural community.
c. OSDH welcomes collaborative approaches across organizations and rural areas. One entity must apply as the sole applicant and will be responsible for receiving and administering the award. Applicants may work with other organizations through subawards, contracts, or other formal agreements, as appropriate.

13. Is a virtual care delivery model fully eligible under this NOFO when the applicant has established partnerships with rural Oklahoma-based clinical facilities serving as the patient-facing sites of care?
    a. Per the NOFO, the applicant must have a physical location, either headquarter or branch, in Oklahoma.
    b. The applicant must deliver direct program services supported by this award solely in eligible Oklahoma rural communities with populations under 55,000 (see Attachment A for a full list of eligible communities), except for centralized administrative, care coordination, telehealth-based clinical support, or other remote services that support participants in the rural community.
    c. Based on A and B, if the applicant is delivering telehealth services to rural sites in Oklahoma and the applicant has a physical location in Oklahoma, the applicant is eligible to apply. However, out-of-state applicants are not eligible to apply.
14. The NOFO identifies five eligible chronic disease categories: cardiovascular diseases, cancer, chronic respiratory diseases, diabetes, and stroke. Many evidence-based chronic disease management programs include integrated behavioral health treatment as a core component, given the strong comorbidity between conditions like COPD or diabetes and behavioral health needs. Can a proposed program that targets one of the listed eligible chronic conditions include integrated behavioral health services (such as embedded behavioral health consultants, depression/anxiety screening and treatment, or patient education on the behavioral health components of chronic disease) as part of its intervention model? Or must the program be focused exclusively on the physical chronic disease itself?

a. Applicants are required to outline an evidence-informed and/or evidence-based chronic disease management program that addresses at least one of the named conditions in the NOFO: cardiovascular diseases, cancer, chronic respiratory diseases, diabetes, and stroke.
b. The applicant may utilize other integrated services as part of the evidence-informed and/or evidence-based model targeting the named chronic disease.

15. The NOFO identifies five chronic disease focus areas. We do not currently provide stroke management services. Will the program consider funding applicants who address a subset of the identified disease states rather than all five — and does the inability to address stroke disqualify an application or reduce competitiveness relative to applicants covering all five conditions?
    a. Applicants are required to outline an evidence-informed and/or evidence-based chronic disease management program that addresses at least one of the named conditions in the NOFO: cardiovascular diseases, cancer, chronic respiratory diseases, diabetes, and stroke.
    b. Applicants are not required to address more than one named chronic disease.
16. How does the Oklahoma State Department of Health define proven for the purposes of this NOFO? Does proven require published peer-reviewed outcomes data or does it include documented clinical experience, pilot program outcomes, and care protocols developed in alignment with national clinical guidelines such as AUA, ACC, and ADA standards?
    a. Per the NOFO, applicants may submit applications proposing evidence-informed and/or evidence-based interventions.
    b. The evidence base for the chosen intervention model can, but is not required to, include peer-reviewed literature. For the purpose of this award, programs should, at a minimum, follow established best practices, and demonstrate clear logic for improving chronic disease outcomes. Applicants must demonstrate how the proposed approach is based on evidence from similar populations, settings, or interventions.

Allowable Costs

17. Would this funding cover a new community health response vehicle for a community paramedic program?
    ~~a.~~ Per the NOFO, this funding is intended for programs seeking to prevent, treat, or monitor chronic disease in rural Oklahoma. A vehicle is an allowable

expense as part of a broader evidence-informed or evidence-based chronic disease management program.

18. Do parks fall into the funding categories for this? Either a baseball/softball/soccer complex or a playground with fitness equipment for cardiovascular health?
    a. New construction or major building expansions or renovations are not allowable costs. Any proposed programs must be evidence-informed or evidence-based and support a chronic condition named in the NOFO.
19. The grant information specifies no new construction or major renovation. Would updating the electrical to be able to handle the increased load of the equipment be considered major?
    a. Per CMS, Minor Alterations and Renovations projects include small modifications aimed at enhancing the functionality of the facility where the project will take place. In general, minor modifications to an existing building footprint, existing infrastructure, and existing rooms within a facility would be considered minor building alterations or renovations. For example, renovations or retrofitting to convert underutilized cost intensive spaces within existing health care facilities to clinic or community-based treatment spaces would qualify (e.g., in a purely hypothetical example, converting a hospital space to be a standalone ER + OB and NICU ward with retrofitting remaining space to serve as telehealth or primary care). Similar to all uses of funds for this program, minor alterations and renovations require prior approval from CMS. Hypothetical, illustrative examples include but are not limited to:
        i. Interior Modifications: Installing or relocating interior walls and partitions to create new offices or meeting rooms.
        ii. Lighting and Electrical: Upgrading light fixtures to more energy-efficient systems.
        iii. HVAC and Plumbing: Replacing vents and thermostats for better climate control.
        iv. Accessibility Improvements: Installing automatic door openers to enhance accessibility.
        v. Security and Safety: Installing or upgrading security cameras or access control panels.
        vi. Workspace Reconfiguration: Creating open office layouts or converting private offices to better suit needs.
20. The NOFO lists "digital tool build and maintenance when necessary for program implementation" as allowable, and the sustainability plan section permits

"integration into existing operations" as a sustainability approach. For digital health tools or EHR integrations that involve both a one-time setup or connection fee and ongoing subscription or maintenance costs, can grant funds be used to cover only the one-time setup or integration cost if the applicant commits to funding the ongoing maintenance through existing operating budgets after award close-out? Would this structure raise supplanting concerns if the applicant has not previously paid for the tool?

    a. Applicants may utilize funds for a one-time setup or integration cost and allocate ongoing maintenance through existing operating budgets as part of their sustainability plan. The one-time setup or integration cost is a separate line item from maintenance. Therefore, applicants should be able to clearly delineate funding streams to avoid supplanting. Please note that the burden of proof for supplanting falls on the applicant.

21. I see new construction is excluded but if a community has a facility/ community resource (e.g., an aquatic center for aqua aerobics and aqua therapy) that is needed repair in order to continue community use, does that classify as renovation? Evidence supports this as a strong resource for managing and preventing many chronic diseases.
    a. Infrastructure improvements, such as equipment upgrades and minor building renovations or alterations, when clearly linked to program goals, are allowable. However, these expenses are subject to RHTP-wide spending limits and must be documented.
22. Is capital purchase of mobile units (i.e. mobile screening units) or vehicles allowable?
    a. Yes, a purchase of a mobile unit or vehicle is an allowable cost. Vehicles must not be used as investments to explicitly generate income. Applicants must be able to track and report vehicle depreciation.
23. Are third-party software platforms allowable, or must digital tools be built in-house?
    a. Third-party software platforms are allowable. When utilizing third-party software, applicants must have a clear use policy on file to ensure participant/patient protection and compliance with all local, state, and federal laws. Additionally, RHTP funds may only be used for the portion of the platform being utilized for RHTP work.
24. Are staff certifications allowable budget items?
    a. Staff certification is an allowable budget item. Education directly related to program implementation for staff or partners, including related certification, is an allowable cost. Please note that clinical training and licensure may require a service commitment per CMS.

25. Are ongoing operational and or maintenance cost covered?
    a. Yes, applicants may utilize funds for ongoing operational and maintenance costs for equipment purchased for the project. Applicants should not use these funds to replace existing funding for ongoing operational and maintenance costs. Please note, applicants should have a sustainability plan for future coverage of ongoing costs.
26. Are minor renovations allowable expenses?
    a. Infrastructure improvements, such as equipment upgrades and minor building renovations or alterations, when clearly linked to program goals, are allowable. However, these expenses are subject to RHTP-wide spending limits and must be documented.
27. For applicants whose providers are currently completing the Oklahoma Medicaid credentialing process — with approval anticipated within the grant period — will the program allow grant-funded services to be delivered during the credentialing window with billing transitioning to Medicaid and commercial insurance upon credentialing completion? Or does the program require active Medicaid credentialing at the time of application?
    a. The program does not require active Medicaid credentialing at the time of application.
    b. Please note that unallowable costs include payments or rate enhancements for services currently billable or reimbursable through Medicaid, commercial insurance, or another funding source, including when payment is only partially available, at a lower rate than the applicant seeks, or where the applicant does not routinely bill for the service.

Allowable Costs - Transportation

28. Can patient transportation be provided to the appointments/education sessions?
    a. Patient/participant transportation is an allowable cost. The applicant should clearly outline anticipated transportation costs including type and amount. These costs may include, but are not limited to, volunteer driver mileage reimbursement models, staff mileage reimbursement, vehicle purchase and associated costs (insurance, fuel, etc.), vehicle rental and associated costs (insurance, fuel, etc.), general vehicle maintenance, vehicle retrofitting, parking reimbursement, etc.
    b. If these expenses are classified as Travel costs on the budget (e.g., mileage reimbursement), all funds must be expended by 10/30/26. If they are classified in other categories (e.g., Equipment for vehicles, Other for maintenance), these budget line items must be fully expended by the CMS-

drawdown deadline of 9/30/27 (subrecipient timeline subject to change based on internal OSDH deadlines). If awarded, OSDH will provide further guidance on appropriate budget categories for proposed transportation expenses. If an applicant is located in SW Oklahoma, we encourage them to connect with SWODA, an RHTP partner, for their mileage reimbursement program.

29. "Transportation remains one of the greatest barriers to healthcare access in our rural region, particularly for vulnerable populations managing chronic illness. Many individuals do not receive care until their conditions become severe enough to require ambulatory transportation, largely due to a lack of affordable and reliable Non-Emergency Medical Transportation (NEMT) options. Given that this grant focuses on supporting chronic illness care and reducing barriers to access, would grant funds be eligible to support transportation assistance for individuals who do not qualify for transportation coverage through Medicaid or certain Medicare plans? This assistance would serve as a "last resort" option after all other transportation resources have been exhausted. While our Area Agency on Aging provides limited transportation funding, those resources are often depleted early each month, leaving patients without access to critical recurring treatments such as dialysis, chemotherapy, wound care, and other ongoing appointments. To help address these gaps, we are exploring solutions such as a volunteer driver reimbursement program and partnerships with rural transportation providers. Our goal is to ensure that individuals with chronic illnesses can reliably access time-sensitive and life-sustaining medical care. With that in mind, would transportation assistance and related NEMT support activities be considered eligible uses of this grant funding?"
    a. Patient/participant transportation is an allowable cost. The applicant should clearly outline anticipated transportation costs including type and amount. These costs may include, but are not limited to: volunteer driver mileage reimbursement models, staff mileage reimbursement, vehicle purchase and associated costs (insurance, fuel, etc.), vehicle rental and associated costs (insurance, fuel, etc.), general vehicle maintenance, vehicle retrofitting, parking reimbursement, etc.
    b. If these expenses are classified as Travel costs on the budget (e.g., mileage reimbursement), all funds must be expended by 10/30/26. If they are classified in other categories (e.g., Equipment for vehicles, Other for maintenance), these budget line items must be fully expended by the CMS-drawdown deadline of 9/30/27 (subrecipient timeline subject to change based on internal OSDH deadlines). If awarded, OSDH will provide further guidance on appropriate budget categories for proposed transportation

expenses. If an applicant is located in SW Oklahoma, we encourage them to connect with SWODA, an RHTP partner, for their mileage reimbursement program.

30. The NOFO lists "necessary staff travel" as an allowable program implementation cost, but does not explicitly address patient transportation in either the allowable or prohibited categories. For programs serving rural Oklahoma communities where transportation is a documented barrier to care, would patient transportation costs (such as rideshare vouchers, mileage reimbursement, or contracted non-emergency transportation services to support patient attendance at program activities, screenings, or clinic visits) be considered an allowable expense?
    a. Patient/participant transportation is an allowable cost. The applicant should clearly outline anticipated transportation costs including type and amount. These costs may include, but are not limited to: volunteer driver mileage reimbursement models, staff mileage reimbursement, vehicle purchase and associated costs (insurance, fuel, etc.), vehicle rental and associated costs (insurance, fuel, etc.), general vehicle maintenance, vehicle retrofitting, parking reimbursement, etc.
    b. If these expenses are classified as Travel costs on the budget (e.g., mileage reimbursement), all funds must be expended by 10/30/26. If they are classified in other categories (e.g., Equipment for vehicles, Other for maintenance), these budget line items must be fully expended by the CMS-drawdown deadline of 9/30/27 (subrecipient timeline subject to change based on internal OSDH deadlines). If awarded, OSDH will provide further guidance on appropriate budget categories for proposed transportation expenses. If an applicant is located in SW Oklahoma, we encourage them to connect with SWODA, an RHTP partner, for their mileage reimbursement program.

Budget

31. Would you confirm that the budget template would cover expenses from Sept., 2026, when funding is likely to be received, and Sept., 2027, when the funding must be spent?
    a. We anticipate issuing NOAs in August 2026 with an award start date on or around 9/1/26. We encourage applicants to construct their budgets to mirror expenditure deadlines. Y1 Personnel/Fringe/Travel must be spent by 10/30/26, and other Y1 budget categories (e.g., Contractual) must be fully expended by the CMS-drawdown deadline of 9/30/27 (subrecipient timeline subject to change based on internal OSDH deadlines).

32. Liability coverage - If there are increases in liability coverage required ONLY for this funding… coverage that is not normally required for operations… can the difference be included as an expense in the budget request? For example, quotes for Security and Privacy Liability insurance of $5 million per occurrence are coming in with premiums around $15,000 per year. If our current coverage is $2,000 per year for normal operations, can the difference of $13,000 be considered a grant requirement and therefore included in the budget?
    a. Insurance can be included on your budget; however, you can complete the "Requested Exceptions to OSDH Subrecipient Terms and Conditions form" with your application to negotiate insurance limits if awarded.
33. On page 13 of the NOFO, under Exhibit D: Grants Management Packet, applicants are instructed to submit any federally negotiated indirect cost rate agreements (NICRAs), and apply rates as afforded under 2 CFR 200. Given this language, can OSDH clarify whether applicants with an approved NICRA may apply their documented indirect cost rate to the award, or whether all indirect costs—regardless of NICRA status—must still be fully constrained within the 5% grant administration cap described on page 9?
    a. Applicants with a federally negotiated indirect cost rate may apply it to the entirety of the modified total direct costs.
    b. The total allocated to grant administration costs must include the proportional share of indirect as applied to the MTDC (Total grant admin = Direct costs for grant admin + [Direct costs for grant admin * Indirect Cost Rate]). For example, if an entity anticipates spending $10,000 in Personnel and Fringe for grant administration and is claiming a negotiated indirect cost rate, the entity should note their total grant administration costs as $10,000+ ($10,000*IDC rate). This total cannot exceed 5% of the total award.
34. For organizations with a federally negotiated indirect cost rate established under 2 CFR 200, does OSDH allow any portion of indirect costs to be budgeted outside the 5% grant administration cap when those costs directly support program implementation rather than grants management?
    a. Applicants may apply IDC, federally negotiated indirect cost rate or the 15% de minimis, to the entirety of the modified total direct costs. However, for anything considered grant administration (Personnel, fringe, and travel for grant administration (e.g., grants management, compliance, fiscal oversight) applicants cannot exceed 5% of the total budget/award.
35. Will OSDH confirm we can fully load our NICRA indirect rates, including indirect rates that are administrative in nature (HR, Accounting, Compliance), on all direct

program costs (excluding grant administration), and they will not be included in the 5% grant administration cap?

    a. Applicants may apply IDC, federally negotiated indirect cost rate or the 15% de minimis, to the entirety of the modified total direct costs. However, for anything considered grant administration (Personnel, fringe, and travel for grant administration (e.g., grants management, compliance, fiscal oversight) applicants cannot exceed 5% of the total budget/award.

36. Does OSDH anticipate considering exceptions, alternative cost structures, or program-specific approvals where the required administrative and compliance functions materially exceed 5% due to the scale, complexity, or reimbursement-based nature of the award?
    a. Due to CMS requirements for RHTP, the 5% cap for grant administration is non-negotiable on applicant budgets.
37. Attachment C Budget: The Budget Summary is automatically populated from the detailed tabs and should not be modified. The Personnel Total on the Budget Summary is reading from the wrong cell. Can we update it?
    a. Attachment C Budget Template has been corrected, and a new one has been uploaded. Please redownload Attachment C.
38. Attachment C Budget: The Budget Summary is automatically populated from the detailed tabs and should not be modified. The Indirect SUMIF formula does not work as the reference cell is “Indirect Costs” but the Budget Item/category on the Input tab is “Indirect Cost”. Can we update it?
    a. Attachment C Budget Template has been corrected, and a new one has been uploaded. Please redownload Attachment C.
39. Attachment C Budget: Can we add columns to the Input tabs for indirect costs or should we lump them together in the Other expenditures tab?
    a. No, columns may not be added to the budget template. Indirect costs should be filled out in the "INPUT - Other Expenditures" tab. Applicants can select "Indirect cost" as a budget category. These indirect costs will be automatically calculated in the Budget Summary.
40. Does every piece of equipment need to be outlined in the grant request? For example, if a piece of equipment is determined to be needed AND I am still within the guidelines and below budget, is permission required before purchase?
    a. Equipment may not be purchased without prior written RHTP approval. Please outline all equipment in your budget application that you anticipate purchasing if awarded. Budgets can be adjusted upon award if deemed necessary by the RHTP team.

b. Applicants will also be required to provide their procurement policy and quotes for equipment purchases (as applicable).

41. For the personnel tab of the budget, can we list the average cost of essential personnel to the project, or does it need to be an exact portion of their salary/hourly rate?
    a. Budgets will need to be as exact as possible. If awarded, budget revisions can be discussed if applicable.
42. Are budgets updated annually or should programs anticipate budget categories to remain the same in years 2-5, if approved for renewal?
    a. Budgets can be updated yearly, if awarded, subject to CMS-awarded funds to Oklahoma, available funding, and program progress.

Webinar

43. Is attendance at the applicant webinar for this program optional, or are applicants required to attend in order to be eligible to apply?
    a. The webinar is optional. The webinar recording is posted to the RHTP Chronic Disease Management funding page.

Other

44. Will you please provide more detail about the term "fiscal sponsorship arrangement"? Would this be something like a bank loan to front the cost of the project while the awardee is waiting on reimbursement from the RHT program?
    a. “A fiscal sponsor is a nonprofit organization that provides fiduciary oversight, financial management, and other administrative services to help build the capacity of charitable projects.” For more information, please see Fiscal Sponsorship for Nonprofits .
45. We previously discussed whether Tribes would be subject to the Oklahoma Central Purchasing Act and the possibility of negotiating those terms. Would it be feasible to address or negotiate these requirements prior to applying for the Chronic Disease, and future funding, particularly given that Tribes are not listed among the exemptions from Oklahoma Office of Management and Enterprise Services oversight? More specifically, is there an opportunity for Tribal entities to negotiate alternative procurement standards where Tribal procurement policies already align with federal requirements?
    a. Tribal governments are eligible to apply for this NOFO. No negotiation of the OSDH Subrecipient Terms and Conditions may occur prior to an official award. If an applicant wishes to pursue exception(s) to the OSDH

Subrecipient Terms and Conditions, they must submit the required Request for Exceptions form.

46. Another concern we have is that the funding opportunities appear to contemplate serving non-tribal members and operating on a reimbursable program design. Because Tribes are federally obligated to prioritize services for beneficiaries and would not pursue programs requiring service to non-beneficiaries, could this circumstance potentially qualify for an exemption or otherwise be addressed through negotiations in advance of applying?
    a. Chronic Disease Management Program applicants are not required to serve populations beyond the applicant's target population (e.g., Tribal members). For Year 1, applicants are not required to partner with other entities; however, applications demonstrating partnership to increase access to services for rural populations will be given preference points. If selected, recipients must provide direct program services supported by this award solely in eligible Oklahoma rural communities with populations under 55,000.
47. Within the required attachments, are there examples of best practices for the Project Plan and Evaluation Plans?
    a. No, we have not provided examples of the Project Plan or Evaluation Plan. Applicants may reference the CDC's Program Evaluation Framework to develop their evaluation approach (CDC). Please reference Exhibit A: Project Plan in the NOFO for detailed instructions on creating a Project Plan.
48. How quickly is the reimbursement if all documents/receipts are submitted according to the established policy?
    a. Invoices are reviewed and processed as they are received. All invoices are due no later than 30 days after the last day of the billed month (e.g., May invoice is due no later than June 30th), including all required backup documentation. We anticipate invoice review, processing, and payment will be 25-30 business days, but this timeline is subject to change. Please note that missing or incorrect backup documentation and/or incomplete or incorrect invoices will delay the review process and reimbursement timeline.
49. Can we apply for future year funding if we don't apply for Year 1 funding?
    a. Future funding is dependent upon CMS-awarded funds to Oklahoma, available funding, and program progress. We encourage all interested applicants to apply in Year 1.
50. Can a community-based nonprofit advocacy organization focused on tribal health outreach, cultural navigation, and community health education be named as a formal subrecipient with its own funded scope of work in an application where a

licensed clinical provider is the prime applicant? If so what documentation is required to establish that subrecipient relationship at the time of application?

a. Yes, an applicant may propose to further subaward or subcontract funds to an eligible entity. The primary applicant must have a UEI number and fulfill all named requirements in the NOFO.
b. The application includes the following questions: “Are you planning to sub-contract or partner with other organizations to implement your proposed program? (Y/N) If yes, provide a list of all planned subcontractors or partners”. While not required, the applicant may also upload an MOU or other proof of partnership into the application file upload field.

51. If an applicant is awarded funding under this NOFO and subsequently develops the capacity to address an additional disease state not included in the original application — for example adding stroke care management partnerships after award — is there a process for amending the scope of work to incorporate that additional service during the grant period?
    a. Yes, applicants may request an amendment to their existing award agreement for programmatic or budgetary changes. These changes are subject to OSDH-approval and should align with the goals of both the funded program and the RHTP.
52. We’re practicing Urologists serving multiple rural areas with clinics in Ardmore and Durant. We’ve been in practice 20+ years. Are we able to apply for multiple counties that we serve?
    a. Applicant’s proposed work may cover multiple counties. The proposed geographic service area must be located within the 75 rural counties, and the applicant must exclusively serve rural communities (under 55k).