



GROW: Cultivating Hoosier Health
Growing Rural Opportunities for Well-being

RHTP Budget Summary

- The State of Indiana affirms:
 - Grant funds will not be used for any prohibited spending.
 - The Principal Investigator/Program Director will dedicate sufficient time and effort to manage and provide oversight of the grant program. The budget funds 100% of their time as an FTE.
- The total administrative cost percentage for the State’s grant budget is 3.8%. See Table 3 for additional details.
- Table 4 lists funding amount and proportion of total funding by initiative.
- Costs described herein are directly tied to the goals of Indiana’s Rural Health Transformation program, as outlined in the State’s Project Narrative submission. All budget line items are associated with one of the State’s initiatives (or overall administration thereof) and that initiative’s activities and milestones described in the Project Narrative.
- Budget tables for each cost category are designed in alignment with the examples provided at the [CMS Guidance for Preparing a Budget Request and Narrative site](#) and program-specific guidance in the NOFO.

Table 1. Budget Breakdown by Cost Category, by Budget Period

Note: The RHTP budget was calculated on a yearly basis. Amounts by Budget Period is estimated assuming that Budget Period 1 is made of Year 1 costs plus the share of Year 2 costs proportionate to the share of Year 2 costs required in Budget Period 1 to reach \$200 million. This assumption logic rolls forward by budget period such that each Budget Period equals \$200M and all Yearly costs are captured in a Budget Period.

Category	Budget Period 1	Budget Period 2	Budget Period 3	Budget Period 4	Budget Period 5
A: Personnel	\$247,787.64	\$163,638.09	\$168,897.71	\$169,548.47	\$182,128.08
B: Fringe	\$97,161.53	\$64,529.35	\$66,603.43	\$66,860.06	\$71,820.72
C: Travel	\$3,503.82	\$1,951.61	\$2,014.34	\$2,022.10	\$2,172.13
D: Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E: Supplies	\$571,070.19	\$282,440.10	\$46,489.72	\$0.00	\$0.00
F: Consultant/ Subrecipient/ Contractual	\$168,298,856.47	\$178,813,469.06	\$178,752,733.16	\$178,754,231.29	\$185,984,523.32
G: Construction	N/A	N/A	N/A	N/A	N/A
H: Other	\$21,257,810.83	\$11,150,162.27	\$11,439,452.12	\$11,483,528.56	\$4,235,546.22
Total Direct Costs	\$190,476,190.48	\$190,476,190.48	\$190,476,190.48	\$190,476,190.48	\$190,476,190.48
Total Indirect Costs	\$9,523,809.52	\$9,523,809.52	\$9,523,809.52	\$9,523,809.52	\$9,523,809.52
Total Costs	\$200,000,000.00	\$200,000,000.00	\$200,000,000.00	\$200,000,000.00	\$200,000,000.00

Table 2. Overall \$1 Billion Budget Breakdown by Cost Category, by Year

Category	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
A: Personnel	\$117,000.00	\$163,000.00	\$163,000.00	\$163,000.00	\$163,000.00	\$163,000.00
B: Fringe	\$45,586.49	\$64,277.72	\$64,277.72	\$64,277.72	\$64,277.72	\$64,277.72
C: Travel	\$1,944.00	\$1,944.00	\$1,944.00	\$1,944.00	\$1,944.00	\$1,944.00
D: Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E: Supplies	\$210,000.00	\$450,000.00	\$240,000.00	\$0.00	\$0.00	\$0.00
F: Consultant/ Subrecipient/ Contractual	\$20,717,715.56	\$183,929,651.61	\$176,691,332.21	\$171,549,708.12	\$171,903,831.73	\$165,811,574.05
G: Construction	N/A	N/A	N/A	N/A	N/A	N/A
H: Other	\$12,127,750.00	\$11,378,750.00	\$11,040,000.00	\$11,040,000.00	\$11,040,000.00	\$2,940,000.00
Total Direct Costs	\$33,219,996.05	\$195,987,623.33	\$188,200,553.93	\$182,818,929.84	\$183,173,053.45	\$168,980,795.77
Total Indirect Costs	\$1,660,999.80	\$9,799,381.17	\$9,410,027.70	\$9,140,946.49	\$9,158,652.67	\$8,449,039.79
Total Costs	\$34,880,995.86	\$205,787,004.50	\$197,610,581.63	\$191,959,876.33	\$192,331,706.12	\$177,429,835.56
Total Amount Requested = \$1,000,000,000.00						

Table 3. Administrative Costs Breakdown (Including Indirect Costs for Admin Expenses)

Category	Admin Costs \$	Admin Costs %	Explanation
A: Personnel	Yr 1: \$112,850.00 Yr 2 – Yr 6: \$171,150.00	100%	100% of administrative costs in the Personnel category include salaries for 2 State staff that will be working on this program in an administrative or oversight capacity.
B: Fringe	Yr 1: \$47,865.81 Yr 2 – Yr 6: \$67,491.61	100%	100% of administrative costs in the Fringe category include fringe benefits for the 2 administrative State staff in the Personnel category.
C: Travel	Yr 1 – Yr 6: \$2,041.20	100%	100% of administrative costs in the Travel category include travel costs for the 2 administrative State staff in the Personnel Category. Travel costs are only included for travel that is directly tied to the administration/oversight of this program.
D: Equipment	\$0.00	0%	No projected administrative costs for Equipment.
E: Supplies	\$0.00	0%	No projected administrative costs for Supplies.
F: Consultant/ Subrecipient/ Contractual	Yr 1: \$5,296,118.16 Yr 2: \$7,316,013.83 Yr 3: \$6,816,134.99 Yr 4: \$5,871,579.52 Yr 5: \$5,875,478.72 Yr 6: \$5,477,890.90	3.9%	Administrative costs in this Cost category include 1) costs for Consultants that will fill administrative roles, 2) the portion of subrecipient and contractor costs that support administrative functions (e.g., costs for subrecipient personnel serving in an administrative capacity), and 3) costs for contractors that are 100% administrative (e.g. grant evaluation vendor).
G: Construction	N/A	N/A	N/A
H: Other	\$0	0%	Not projecting any administrative costs for Other.
Total Costs	\$37,982,121.43	3.8%	

Table 4. Initiative Funding and % of Total Funding (including Administrative Costs)

Initiative	Total Amount (including Admin. Costs)	% of Total
1 - Growing Care Coordination	\$56,186,480.00	5.6%
2 - Growing Community Connections through Indiana 211	\$3,320,000.00	0.3%
3 - Growing Improved Patient Outcomes Through Enhanced Interoperability and Technology	\$66,485,376.03	6.6%
4 - Growing Pediatric & Obstetric Readiness in Rural Emergency Departments	\$45,350,263.07	4.5%
5 - Growing Cardiometabolic Health Standards of Care in Rural Indiana	\$15,302,000.00	1.5%
6 - Growing Access to Post-Discharge Medications	\$11,049,832.27	1.1%
7 - Growing Specialty Provider Access Through Expanded Tele-Consult Capabilities	\$2,638,899.07	0.3%
8 - Growing Tele-Health Access and Infrastructure	\$28,948,899.07	2.9%
9 - Growing the Rural Health Paraprofessional Workforce	\$11,776,398.84	1.2%
10 - Growing Clinical Training and Readiness	\$83,035,463.59	8.3%
11 - Grow our Rural Behavioral Health Workforce	\$5,316,701.33	0.5%
12 - Make Rural Indiana Healthy Again Regional Grants	\$604,198,834.17	60.4%
Overall Administrative Costs (not initiative-specific)	\$18,771,804.92	1.9%
Indirect Costs (5% of all other costs)	\$47,619,047.62	4.8%
Totals	\$1,000,000,000.00	100%

Table 5. Initiative Funding Yearly Budget Breakdown (including Administrative Costs)

Initiative	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
1	\$5,078,750.00	\$11,688,546.00	\$9,854,796.00	\$9,854,796.00	\$9,854,796.00	\$9,854,796.00
2	\$395,000.00	\$585,000.00	\$585,000.00	\$585,000.00	\$585,000.00	\$585,000.00
3	\$1,206,388.36	\$12,691,237.23	\$12,380,498.75	\$12,602,417.23	\$13,402,417.23	\$14,202,417.23
4	\$7,809,292.92	\$9,459,899.23	\$10,560,649.23	\$7,500,967.23	\$7,600,967.23	\$2,418,487.23
5	\$1,364,400.00	\$2,964,400.00	\$2,964,400.00	\$2,964,400.00	\$2,964,400.00	\$2,080,000.00
6	\$1,500,000.00	\$221,166.67	\$2,692,166.40	\$2,372,166.40	\$2,372,166.40	\$1,892,166.40
7	\$76,812.92	\$1,152,417.23	\$602,417.23	\$602,417.23	\$102,417.23	\$102,417.23
8	\$76,812.92	\$11,602,417.23	\$5,322,417.23	\$3,982,417.23	\$3,982,417.23	\$3,982,417.23
9	\$1,402,424.38	\$2,080,001.85	\$2,095,671.20	\$2,111,810.63	\$2,065,934.24	\$2,020,556.56
10	\$9,230,496.69	\$18,060,993.38	\$15,960,993.38	\$15,960,993.38	\$15,960,993.38	\$7,860,993.38
11	\$823,141.33	\$898,712.00	\$898,712.00	\$898,712.00	\$898,712.00	\$898,712.00
12	\$1,205,512.40	\$120,598,664.35	\$120,598,664.35	\$120,598,664.35	\$120,598,664.35	\$120,598,664.35
Overall	\$3,050,964.12	\$3,984,168.16	\$3,684,168.16	\$2,784,168.16	\$2,784,168.16	\$2,484,168.16
Indirects	\$1,660,999.80	\$9,799,381.17	\$9,410,027.70	\$9,140,946.49	\$9,158,652.67	\$8,449,039.79
Total	\$34,880,995.86	\$205,787,004.50	\$197,610,581.63	\$191,959,876.33	\$192,331,706.12	\$177,429,835.56

Cost Category A – Personnel Salaries and Wages

Table 6. Personnel Yearly Budget Breakdown

Category	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Personnel	\$117,000.00	\$163,000.00	\$163,000.00	\$163,000.00	\$163,000.00	\$163,000.00

Table 7. Personnel Cost Details and Justifications

Personnel Total						\$932,000.00
Initiative	Position	Name	Annual Salary	Time	Months	Total Amount
Overall	Principal Investigator/ Program Director	TBD	\$100,000	100%	69	\$575,000.00
12. Make Rural Indiana Healthy Again Regional Grants	RHTP Grant Director	TBD	\$63,000	100%	68	\$357,000.00
Personnel Total:						\$932,000.00

Initiative	Position	Justification, Description of Role, Responsibilities
Overall	Principal Investigator/ Program Director	(Administrative) Oversee grant management and report to FSSA and IDOH leadership on progress, expenditures, roadblocks, and performance measures. Participate actively in discussions and meetings with CMS about the grant and convey any questions and action items to the relevant team members.
12. Make Rural Indiana Healthy Again Regional Grants	RHTP Grant Director	(Administrative) Oversee administration of regional subgrants, ensuring compliance, fiscal integrity, and programmatic effectiveness. Includes monitoring subrecipient performance, coordinating evaluation efforts with the statewide RHTP team, managing regional governance structures, and serving as the primary liaison with state partners. The ideal candidate will have experience in nonprofit grant management, strong analytical and communication skills, and a commitment to responsible program delivery.

Cost Category B - Fringe Benefits

Table 8. Fringe Benefits Yearly Budget Breakdown

Category	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Fringe	\$45,586.49	\$64,277.72	\$64,277.72	\$64,277.72	\$64,277.72	\$64,277.72

Table 9. Fringe Cost Details and Justifications

Fringe calculations are based on the Indiana Compensation Calculator, which can be found at this site: <https://in.accessgov.com/spd/Forms/Page/spd/compensation-calculator/0>.

Fringe Benefits Total			\$366,975.09
Initiative	Position	Total	Justifications
Overall	Principal Investigator / Program Director	\$188,692.92	Life Insurance: \$130.00, Social Security (FICA/Medicare): \$7,650.00, Disability Insurance: \$600.00, Health, Dental, Vision Insurance and HSA Contribution: \$16,846.16, Hoosier Start 401a – State Match: \$390.00, INPRS Hybrid Plan (pension) – Employer contribution toward pension plan: \$4,200.00, INPRS - Member contributions (Paid by State): \$3,000.00
12. Make Rural Indiana Healthy Again	RHTP Grant Director	\$178,282.17	Life Insurance: \$81.90, Social Security (FICA/Medicare): \$4,819.50, Disability Insurance: \$378.00, Health, Dental, Vision Insurance and HSA Contribution: \$16,846.16, Hoosier Start 401a – State Match: \$390.00, INPRS Hybrid Plan (pension) –

Regional Grants			Employer contribution toward pension plan: \$7,056.00, INPRS - Member contributions (Paid by State): \$1,890.00
Fringe Benefits Total:	\$366,975.09		

Cost Category C - Travel

Table 10. Travel Yearly Budget Breakdown

Category	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Travel	\$1,944.00	\$1,944.00	\$1,944.00	\$1,944.00	\$1,944.00	\$1,944.00

Table 11. Travel Cost Details and Justifications

Travel calculations are based off the 2026 GSA rates and the State’s travel rates.

Travel Total					\$11,664.00	
Initiative	Position	Purpose of Travel	Location	Item	Rate Details	Total Amount
Overall	Principal Investigator / Program Director	Attend Annual Rural Health Summit	Washington DC	Hotel	\$196/day x 3 days x 6 annual trips	\$3,528.00
				Total Per Diem	\$25/day x 3 days x 6 annual trips	\$450.00
				Transportation	\$60/day x 3 days x 6 annual trips	\$1,080.00
				Airfare	\$509/trip x 6 annual trips	\$3,054.00
12. Make Rural Indiana Healthy Again Regional Grants	RHTP Grant Director	Regional visits	Statewide	Mileage for 8 trips	\$0.37/mile x 200 miles x 8 trips x 6 years	\$3,552.00
Travel Total:						\$11,664.00

Initiative	Position	Justification, Description of Role, Responsibilities
Overall	Principal Investigator/ Program Director	Attend the Annual Rural Health Summit to learn and connect with other states and conference presenters about rural health projects and innovative ideas and best practices. Information will be valuable to help the State implement the initiatives for this grant through sharing back to the State team about best practices, lessons learned, and innovative ideas. Travel costs shown above are based on GSA rates and State rates.
12. Make Rural Indiana Healthy Again Regional Grants	RHTP Grant Director	One trip a year for the purposes of supporting administration of the Regional Health Grants. Estimated 200 miles per trip based on travel from Indianapolis. Travel costs shown above are based on GSA rates and State rates.

Cost Category D - Equipment

Table 12. Equipment Yearly Budget Breakdown

Category	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Cost Category E – Supplies

Table 13. Supplies Yearly Budget Breakdown

Category	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Supplies	\$210,000.00	\$450,000.00	\$240,000.00	\$0.00	\$0.00	\$0.00

Table 14. Supplies Cost Details and Justifications

Supplies Total			\$900,000.00
Initiative	Item(s)	Rate Details	Total Amount
1 - Growing Care Coordination	Transponders for EMS Units	\$200.00/unit x 2,100 units	\$420,000.00
8 - Growing Tele-Health Access and Infrastructure	Tele-Health Study Output - Tele-Health Capable Health Cart/Workstation	\$8,000.00 unit x 40 units	\$320,000.00
8 - Growing Tele-Health Access and Infrastructure	Tele-Health Study Output - Tele-Health Clinical Exam-ready Tele-Health Room Setup	\$4,000.00 setup x 40 setups	\$160,000.00
Supplies Total:			\$900,000.00

Initiative	Position Title	Justification
1 - Growing Care Coordination	Transponders for EMS Units	Indiana will purchase transponders for the 2,100 EMS units to support emergency preparedness and response throughout the State, particularly in underserved rural communities. Half of the transponders will be purchased in Year 1, the other half in Year 2 (1,050 units for each year).
8 - Growing Tele-Health Access and Infrastructure	Tele-Health Study Output - Tele-Health Capable Health Cart/Workstation	Purchases of tele-health enabled carts/workstations as a potential follow up to the Tele-Health Feasibility Study being conducted as part of this program. This line item assumes that the State's eight regions have five endpoints each, with one cart/workstation per endpoint, and that four regions have their cart/workstation purchases in Year 2 and that the other four regions have their cart/workstation purchases in Year 3.
8 - Growing Tele-Health Access and Infrastructure	Tele-Health Study Output - Tele-Health Clinical Exam-ready Tele-Health Room Setup	Supply set up costs for Tele-health clinical exam-ready rooms as a potential follow up to the Tele-Health Feasibility Study being conducted as part of this program. This line item assumes that the State's eight regions have five endpoints each, with one room per endpoint, and that four regions have their room set up supplies purchased in Year 2 and that the other four regions have their purchases in Year 3.

Cost Category F - Consultant/Subrecipient/Contractual Costs

Subaward and Contractor Funding Separation – Indiana conducts deliberate and careful review of all funding awarded to the State which is disbursed to other partners (e.g., subrecipients, contractors). The State will track all fund disbursement and utilization to maintain strong fiscal controls, monitor subrecipient and contractor compliance with applicable statute, and ensure that funding distributed to other partners is tracked separately from funding that is managed directly by State agencies. The State will ensure that funding is managed responsibly and in alignment with NOFO guidelines and terms of the State’s award. The State also recognizes that award terms and conditions generally flow down to subawards and subrecipients, as specified in 2 CFR 200.101(b)(1).

Table 15. Consultant/Subrecipient/Contractual Yearly Budget Breakdown

Year	Cost Categories			Total Amount
	Consultants	Subrecipients	Contractors	
Year 1	\$1,229,658.51	\$8,473,045.60	\$11,015,011.46	\$20,717,715.56

Year 2	\$1,700,707.55	\$135,325,918.88	\$46,903,025.18	\$183,929,651.61
Year 3	\$1,641,965.45	\$136,426,668.88	\$38,622,697.89	\$176,691,332.21
Year 4	\$1,641,965.45	\$133,366,986.88	\$36,540,755.79	\$171,549,708.12
Year 5	\$1,641,965.45	\$133,466,986.88	\$36,794,879.41	\$171,903,831.73
Year 6	\$1,641,965.45	\$128,284,506.88	\$35,885,101.73	\$165,811,574.05
Total	\$9,498,227.83	\$675,344,114.00	\$205,761,471.46	\$890,603,813.29

Table 16. Consultants Cost Details and Justifications

Consultant Justification of Rates – Indiana estimated the rates for each consultant position by using the max. billable rate for comparable positions on the State’s current Managed Service Provider contract, which provide the best available market rates for Indiana.

Consultant Total						\$9,498,227.83	
Initiative	Consultant (Name)	Hourly Rate	Hours/ Month	Flat Rate if applicable	Annual Travel	Months	Total Amount
2 - Growing Community Connections through Indiana 211	Indiana Community Connect App Consultant (TBD)	\$46.99	177.33	N/A	N/A	69	\$575,000.00
Justification: Provide consulting services throughout the implementation and maintenance of the Indiana Community Connect app. Report to State manager leading the implementation of this initiative. Will be filled via the State's Managed Services Provider. Bill rate is \$46.99/hour (\$100,000 annually). Time period: 1/1/2026 to 9/30/2031 (2,098 days total).							
3 - Growing Improved Patient Outcomes Through Enhanced Interoperability and Technology	HIE Modernization Rural Engagement and Technical Assistance - Project Manager (TBD)	\$62.74	177.33	N/A	\$3,000	18	\$200,245.04
Justification: Oversee and support the rural engagement and technical assistance work completed alongside this program's interoperability activities. Report to State manager leading the implementation of this initiative. Will be filled via the State's Managed Services Provider. Bill rate is \$62.74/hour (\$130,496.69 annually). Time period: 1/1/2026 to 6/30/2027 (545 days total).							
3 - Growing Improved Patient Outcomes Through Enhanced Interoperability and Technology	HIE Modernization Rural Engagement and Technical Assistance - Business Analyst (TBD)	\$49.49	173.33	N/A	\$3,000	18	\$158,905.83
Justification: Support the rural engagement and technical assistance work completed alongside this program's interoperability activities. Report to State manager leading the implementation of this initiative. Will be filled via the State's Managed Services Provider. Bill rate is \$49.49/hour (\$102,937.22 annually), Time period: 1/1/2026 to 6/30/2027 (545 days total).							
3 - Growing Improved Patient Outcomes Through Enhanced Interoperability and Technology	Interoperability Program Manager/ Oversight (TBD)	\$49.24	173.33	N/A	N/A	69	\$588,899.07
Justification: Oversee the medical interoperability work completed as part of this program, including coordination with contractors and SME teams at the State. Ensure that contractors are meeting award requirements and completing all required reporting and monitoring, in addition to ensuring alignment with program mission and State and federal policy goals. Will be filled via the State's Managed Services Provider. Report to State manager leading							

the implementation of this initiative. Bill rate is \$49.24/hour (\$102,417.23 annually. Time period: 1/1/2026 to 9/30/2031 (2,098 days total).							
4 - Growing Pediatric & Obstetric Readiness in Rural Emergency Departments	Pediatric Readiness Lead (TBD)	\$49.24	177.33	N/A	\$3,000	69	\$606,149.07
Justification: (Administrative) Oversee the pediatric readiness work completed as part of this initiative, including coordination with the subrecipient that will be issuing the Pediatric Readiness Hospital Grants. Ensure that subrecipients are meeting award requirements and completing all required reporting and monitoring, in addition to ensuring alignment with program mission and State and federal policy goals. Report to State manager leading the implementation of this initiative. Will be filled via the State's Managed Services Provider. Bill rate is \$49.24/hour (\$102,417.23 annually). Will have \$5,000 in annual travel costs to visit awardees and rural health stakeholders throughout the State. Time period: 4/1/2026 to 9/30/2031 (2,008 days total).							
6 - Growing Access to Post-Discharge Medications	Pharmacist Liaison (TBD)	\$49.79	242.67	N/A	N/A	50	\$604,166.67
Justification: Oversee initiative rollout with State SME. Will provide support to patients to help them understand their medication and focus on their recovery. Report to State manager leading the implementation of this initiative. Will be filled via the State's Managed Services Provider. Bill rate is \$49.79/hour (\$41,599.20 annually) Time period: 8/1/2027 to 9/30/2031 (1,521 days total).							
7 - Growing Specialty Provider Access Through Expanded Tele-Consult Capabilities	Tele-Consult Implementation Manager (TBD)	\$49.24	177.33	N/A	N/A	69	\$588,899.07
Justification: Engage directly with the Tele-Consult Provider Network Needs Assessment vendor, solutions vendors, and State agency teams on the Tele-Consult work completed as part of this program. This position will maintain technical skill and will be engaged more directly than an administrative-only position. Ensure that contractors are meeting award requirements and completing all required reporting and monitoring, in addition to ensuring alignment with program mission and State and federal policy goals. Report to State manager leading the implementation of this initiative. Will be filled via the State's Managed Services Provider. Bill rate is \$49.24/hour (\$102,417.23 annually). Time period: 1/1/2026 to 9/30/2031 (2,098 days total).							
8 - Growing Tele-Health Access and Infrastructure	Tele-Health Program Manager/Oversight (TBD)	\$49.24	177.33	N/A	N/A	69	\$588,899.07
Justification: Oversee the Tele-Health work completed as part of this program, including coordination with contractors and State SMEs. Ensure that contractors are meeting award requirements and completing all required reporting and monitoring, in addition to ensuring alignment with program mission and State and federal policy goals. Report to State manager leading the implementation of this initiative. Will be filled via the State's Managed Services Provider. Bill rate is \$49.24/hour (\$102,417.23 annually). Time period: 1/1/2026 to 9/30/2031 (2,098 days total).							
9 - Growing the Rural Health Paraprofessional Workforce	Paraprofessional Workforce Program Manager/Oversight (TBD)	\$49.24	173.33	N/A	N/A	69	\$588,899.07
Justification: Oversee the paraprofessional workforce work completed as part of this program, including coordination with contractors and SME teams at the State. Ensure that contractors are meeting award requirements and completing all required reporting and monitoring, in addition to ensuring alignment with program mission and State and federal policy goals. Will be filled via the State's Managed Services Provider. Report to State manager leading the implementation of this initiative. Bill rate is \$49.24/hour (\$102,417.23 annually). Time period: 1/1/2026 to 9/30/2031 (2,098 days total).							
10 - Growing Clinical Training and Readiness	Program Manager for Rural Collaboration and	\$62.74	173.33	N/A	N/A	N/A	\$717,731.80

	Rural Health Training Stipend - Program Director 1 (TBD)						
<p>Justification: Oversee the rural collaboration and support for rural health training stipends completed as part of this program, including coordination with contractors and State SMEs. Ensure that contractors are meeting award requirements and completing all required reporting and monitoring, in addition to ensuring alignment with program mission and State and federal policy goals. Report to State manager leading the implementation of this initiative. Will be filled via the State's Managed Services Provider. Bill rate is \$62.74/hour (\$130,496.69). Time period: 4/1/2026 to 9/30/2031 (2,008 days total).</p>							
10 - Growing Clinical Training and Readiness	Preceptor and Physician Stipend Admin & Support - Program Director 1 (TBD)	\$62.74	173.33	N/A	N/A	N/A	\$717,731.80
<p>Justification: Oversee the preceptor and physician stipend payments awarded as part of this program, including coordination with contractors, subrecipients, and State SMEs. Ensure that contractors and subrecipients are meeting award requirements and completing all required reporting and monitoring, in addition to ensuring alignment with program mission and State and federal policy goals. Report to State manager leading the implementation of this initiative. Bill rate is \$62.74/hour (\$130,496.69). Time period: 4/1/2026 to 9/30/2031 (2,008 days total).</p>							
11 - Grow our Rural Behavioral Health Workforce	Grow Your Own Workforce Program Director (TBD)	\$42.31	173.33	N/A	\$712	68	\$502,701.33
<p>Justification: Oversee the behavioral health work completed as part of this program, including coordination with contractors and State SMEs. Ensure that contractors are meeting award requirements and completing all required reporting and monitoring, in addition to ensuring alignment with program mission and State and federal policy goals. Report to State manager leading the implementation of this initiative. Will be filled via the State's Managed Services Provider. Bill rate is \$42.31/hour (\$88,000 annually). Time period: 1/1/2026 to 9/30/2031 (2,098 days total).</p>							
12 - Make Rural Indiana Healthy Again Regional Grants	Regional Grant Oversight Team (6 team members - TBD)	N/A	N/A	\$3,060,000	N/A	69	\$3,060,000.00
<p>Justification: (Administrative) Oversee the Regional Grants Initiative. Anticipated positions will cover management, data, compliance, and technical assistance for the regional teams. These positions will report to the RHTP Grant Director. May be filled via the State's Managed Services Provider. Average annual bill rate will be \$85,000. Time period: 1/1/2026 to 9/30/2031 (2,098 days total).</p>							
Consultants Total						\$9,498,227.83	

Table 17. Subrecipients Cost Details and Justifications

Note: Subrecipient Method of Selection – Regional Grant awardees under the Make Rural Indiana Healthy Again Regional Grants (Initiative 12) will be chosen through a competitive process described in the Project Narrative. Other subrecipients (Initiatives 4 and 10) will be selected based on ability to effectively and efficiently fulfill the roles and responsibilities outlined here and in the Project Narrative, and will take into account 1) level of expertise and demonstrated ability, 2) affiliation with key stakeholders, and 3) perceived capacity to fulfill the State’s program mission throughout the life of this program.

Subrecipients Total		\$675,344,114.00				
Initiative	Item	Salary/ Fringe	Travel	Subaward	Other	Total Amount
4 - Growing Pediatric & Obstetric Readiness in Rural Emergency Departments	Pediatric Ready for EMS Providers - IDHS	\$0	\$0	\$0	\$13,275,000	\$13,275,000.00
<p>Justification: The Indiana Department of Homeland Security (IDHS) will be awarded funds to support EMS provider pediatric readiness. They will determine gaps in equipment and training for EMS partner agencies and support entities in becoming Prehospital Pediatric Ready to improve prehospital care for acutely ill and injured children. The period of performance is 1/1/2026 to 12/31/2030. Report to State manager leading the implementation of this initiative on progress against the milestones and outcomes described in the Project Narrative. Budget Breakdown: Handtevy license fee \$400k/year, Hinkley One Dose/One Weight Application 200/year at \$5,500/application. Pediatric Simulation Training for Preparedness Districts 10/year at \$15k/training. Pediatric Equipment for Ambulances equipment purchases are \$1,500/purchase - 150 in Year 1, 525 for Years 2-5.</p>						
4 - Growing Pediatric & Obstetric Readiness in Rural Emergency Departments	Pediatric Readiness Program - (TBD)	\$837,000	\$12,654	\$17,073,000	\$150,000	\$18,072,654.00
<p>Justification: The State will select a subrecipient to oversee the Pediatric Readiness Program, including the awarding of Hospital Pediatric Readiness Awards. These awards will: 1) support Pediatric Emergency Care Coordinator (PECC) positions, 2) allow hospitals to fill existing gaps in medical devices to ensure the necessary tools to provide high-quality care to pregnant women and children, and 3) support specialized training programs, focusing on pediatric emergency care. This subrecipient will also conduct a needs assessment to assess gaps in equipment, personnel, and training. Through these activities and technical support provided to hospital awardees, hospitals will be helped to attain Pediatric Ready ED status. The period of performance for this subrecipient is 1/1/2026 to 12/31/2030. Report to State manager leading the implementation of this initiative on progress against the milestones and outcomes described in the Project Narrative. Budget Breakdown: 1 IEMSC Disaster Preparedness Specialist from 1/1/26-12/31/30 at \$80k/yr + 35% fringe, \$9,694 in total travel. 2 IEMSC Registered Nurses from 1/1/26-12/31/26 at \$120k/yr +35% fringe, \$2,960 in total travel. Hospital Pediatric Readiness Awards at \$135,500/award (20 in Year 1, 28 in Year 2, 28 in Year 3, 25 in Year 4, 25 in Year 5). Pediatric Emergency Care Coordinator Conference in Year 3 at \$150k.</p>						
4 - Growing Pediatric & Obstetric Readiness in Rural Emergency Departments	OB Readiness Program - (TBD)	\$2,386,020	\$11,840	\$10,875,000.00	\$123,600	\$13,396,460.00
<p>Justification: The State will select a subrecipient to oversee the OB Readiness Program, including the awarding of Hospital OB Readiness Awards. These awards will: 1) support OB Emergency Care Coordinator positions, 2) allow hospitals to fill existing gaps in medical devices to ensure the necessary tools to provide high -quality care to pregnant and post-partum women, and 3) support specialized training programs, focusing on OB emergency care. This subrecipient will also provide technical support to hospital awardees, to ensure hospitals become equipped to handle obstetric emergencies, stabilize patients, and coordinate timely transfers. The period of performance for this subrecipient is 1/1/2026 to 12/31/2030. Report to State manager leading the implementation of this initiative on progress against the milestones and outcomes described in the Project Narrative. Budget Breakdown: All positions from 1/1/26-9/30/31 with 33% fringe: 1 IHA Registered Nurse at \$110k/yr with 35% fringe and \$5,920 in total travel, 1 Clinical Lead OB and Neo at \$120k/yr with 35% fringe with \$5,920 in total travel, 1 Project Manager at \$82k/yr. Laptops for Personnel hires at \$1,200/laptop x 3 units in Year 1. Data/IT Costs at \$20k/yr for Years 1-6. Hospital OB Readiness Awards at \$125k/award (20 in Year 1, 20 in Year 2, 25 in Year 3, 5 in Year 4, 5 in Year 5). Hospital OB Readiness Award Supplements at \$20k/award.</p>						
10 - Growing Clinical Training and Readiness	GME Grants - GME Board	\$0	\$0	\$30,000,000.00	\$0	\$30,000,000.00
<p>Justification: The Indiana Commission for Higher Education (CHE) Graduate Medical Education Board (GME Board) will administer grants to rural GME programs to improve retention and address workforce shortages in rural Indiana. These grants will be targeted for expansion of residency programs in rural communities to fund new</p>						

positions. The period of performance for this subrecipient is 1/1/2026 to 9/30/2031. Report to State manager leading the implementation of this initiative on progress against the milestones and outcomes described in the Project Narrative. Budget Breakdown: Rural GME Program Grants, 5 grants per year beginning Year 2 at \$1.2M/grant						
12 - Make Rural Indiana Healthy Again Regional Grants	Regional Grant 1	\$549,281.25	\$799.20	\$74,449,919.55	\$75,000	\$75,075,000
	Regional Grant 2	\$549,281.25	\$799.20	\$74,449,919.55	\$75,000	\$75,075,000
	Regional Grant 3	\$549,281.25	\$799.20	\$74,449,919.55	\$75,000	\$75,075,000
	Regional Grant 4	\$549,281.25	\$799.20	\$74,449,919.55	\$75,000	\$75,075,000
	Regional Grant 5	\$549,281.25	\$799.20	\$74,449,919.55	\$75,000	\$75,075,000
	Regional Grant 6	\$549,281.25	\$799.20	\$74,449,919.55	\$75,000	\$75,075,000
	Regional Grant 7	\$549,281.25	\$799.20	\$74,449,919.55	\$75,000	\$75,075,000
	Regional Grant 8	\$549,281.25	\$799.20	\$74,449,919.55	\$75,000	\$75,075,000
Justification: The State will select a subrecipient to oversee the regional grant in each Region based on the competitive application process described in the Narrative Template. The State will issue and award competitive, regional grants targeting rural health innovations, collaboration for shared cost savings across entities, new access points to promote preventive health, outcomes-driven chronic disease prevention and management, a trained and ready rural workforce, and technological innovations. Period of performance is 8/1/2026 -9/30/2031. Report to the Executive Oversight Committee as described in the Narrative document on their progress towards milestone goals. Budget Breakdown: \$75k initial technical assistance and grant application support in Year 1 for each region, \$15M/year award for each region (includes 2 FTEs at \$63k salary +35% fringe, \$236.80 annual travel mileage)						
Subrecipients Total					\$675,344,114.00	

Table 18. Contractors Cost Details and Justifications

Contractor Method of Selection - The State plans to acquire the services of each contractor via a competitive bid process; however the State may leverage existing contractual agreements with applicable and aligned scope or move forward with a sole source following State procurement processes if it is deemed necessary to adhere to grant requirements or the State’s schedule and planned activities in the submitted application.

Contractor Total			\$205,761,471.46
Initiative	Item	Budget Details	Total Amount
1 - Growing Care Coordination	MOCC Patient Tracking/ Healthcare Facility Infrastructure System - Vendor TBD	\$5.5M for system DDI (\$4.125M in Year 1, \$1.375M in Year 2) \$2M for annual license (\$500k/yr x 4 years starting in Year 3)	\$7,500,000.00
	Justification: The contractor will design, implement, and maintain a Patient Tracking/Healthcare Facility Infrastructure System. This system will 1) support transfer coordination, including interfacility transfers that rural emergencies often require, 2) align EMS resources to ensure effective emergency response, and 3) ensure efficient communication between hospitals, behavioral health providers, and emergency responders. This system will also collect and report healthcare facility infrastructure statistics, such as available beds and patient statistics. This contractor will conduct their work from 7/1/2026 to 9/30/2031 and they will report to State manager leading the implementation of this initiative on progress against the milestones and outcomes described in the Project Narrative.		
1 - Growing Care Coordination	Alternate Payment Model Feasibility Study - Vendor TBD	\$200k to conduct feasibility study in Year 2 \$50k to present findings in Year 2	\$250,000.00
Justification: The contractor will conduct a Medicaid Alternate Payment Model feasibility study. This study will assess provider readiness, data-sharing capacity, care coordination and infrastructure, with a particular focus on Indiana's rural regions and their healthcare access and delivery challenges This study will also evaluate how an ACO framework and/or bundled payments for episodes of care could integrate with the State's existing managed			

care structure and payment systems. This contractor will conduct their work from 10/1/2026 to 9/30/2027 and they will report to State manager leading the implementation of this initiative on progress against the milestones and outcomes described in the Project Narrative.			
1 - Growing Care Coordination	EMS Unit Communication Software - Vendor TBD	\$26M for license/support fee (\$5.2M/yr x 5 years starting in Year 2)	\$26,000,000.00
Justification: The contractor will design, develop, implement, and maintain an EMS Unit Communication software platform. This unit communication software will support EMS unit communication and efficient allocation of emergency response resources, particularly in underserved rural regions of the State. This contractor will conduct their work from 10/1/2026 to 9/30/2031 and they will report to State manager leading the implementation of this initiative on progress against the milestones and outcomes described in the Project Narrative.			
1 - Growing Care Coordination	MOCC Staffing - Vendor TBD	Staff: 31 staff expected with an average annual salary of \$67k and 35% fringe covering 10/1/2026 to 9/30/2031 (totals \$17,654,500). \$133,200 in travel cost \$1,236,280 in operational expenses at \$7,976/person for 5 years (office supplies, telephone, seat charges, rent/lease, internet, email, headset, payroll processing)	\$19,023,980.00
Justification: The contractor will staff the State's Statewide Medical Operations Coordination Center (MOCC). The MOCC will serve as a single point of contact for referral requests and life-saving coordination, with a strong focus on improving healthcare accessibility for rural communities, and 31 positions will be filled by this contractor, allowing for a well-resourced and responsive MOCC that can effectively support emergency preparedness and response, particularly in rural communities throughout the State. This contractor will conduct their work from 10/1/2026 to 9/30/2031 and they will report to State manager leading the implementation of this initiative on progress against the milestones and outcomes described in the Project Narrative.			
2 - Growing Community Connections through Indiana 211	211 Enhancements systems vendor	\$20k for SFTP file creation in Year 1. \$50k for system DDI in Year 1 \$1.6M for system M&O (\$320k/yr x 5 years starting in Year 2) \$450k for license costs (\$45/license x 2000/yr starting in Year 2)	\$2,120,000.00
Justification: The contractor will implement the coordinated care network enhancements to the 211 system, provide licenses to users, and will maintain the system. This contractor will conduct their work from 1/1/2026 to 9/30/2031 and they will report to State manager leading the implementation of this initiative on progress against the milestones and outcomes described in the Project Narrative.			
2 - Growing Community Connections through Indiana 211	Indiana Community Connect App Vendor	\$200k for system DDI in Year 1 \$125k for system M&O (\$25k/yr x 5 years starting in Year 2)	\$325,000.00
Justification: The contractor will design, develop, implement, and maintain the Indiana Community Connect App. This contractor will conduct their work from 1/1/2026 to 9/30/2031 and they will report to State manager leading the implementation of this initiative on progress against the milestones and outcomes described in the Project Narrative.			
3 - Growing Improved Patient Outcomes Through Enhanced Interoperability and Technology	Mobile Integrated Health Expansion - Vendor TBD	\$3,212,326.09 for system DDI (75% in Year 2, 25% in Year 3) \$3.375M for system M&O (\$75k/mo. 9 in Year 2, 12 in Year 3, 12 in Year 4, 12 in Year 5)	\$6,587,326.09
Justification: The contractor will design, implement, and maintain mobile integrated health (MIH) and community paramedicine integration in the State's health information exchange. Alongside the HIE modernization work conducted by another contractor, this contractor will ensure development and availability of critical MIH and paramedicine dashboards and integrations. This contractor will conduct their work from 1/1/2027 to 9/30/2031 and			

they will report to State manager leading the implementation of this initiative on progress against the milestones and outcomes described in the Project Narrative.			
3 - Growing Improved Patient Outcomes Through Enhanced Interoperability and Technology	Health Data Exchange Modernization - Vendor TBD	\$50M to connect facilities to State Health Information Exchange (\$50k/facility x 200 facilities onboarded each year starting Year 2) \$8M for ongoing facility integration costs (\$4k/facility x 2000 – covers 200 facilities in Year 3, 400 in Year 4, 600 in Year 5, and 800 in Year 6)	\$58,000,000.00
Justification: The contractor will modernize the State’s HIE. This contractor will use its funding to connect rural health systems to the State’s HIE, including supporting start-up costs associated with the implementation of recommended technologies per HEA 1003-2025 Feasibility Study. This contractor will conduct their work from 1/1/2027 to 12/31/2030 and they will report to State manager leading the implementation of this initiative on progress against the milestones and outcomes described in the Project Narrative.			
3 - Growing Improved Patient Outcomes Through Enhanced Interoperability and Technology	HIE Environment Assessment - Vendor TBD	\$650k to conduct the assessment and \$50k for assessment final report in Year 1	\$700,000.00
Justification: The contractor will conduct an HIE environment assessment. This assessment will be critical to support the onboarding of new providers to the State’s HIE, by identifying priority rural communities and effective strategies for HIE integration. This contractor will conduct their work from 1/1/2026 to 9/30/2026 and they will report to State manager leading the implementation of this initiative on progress against the milestones and outcomes described in the Project Narrative.			
3 - Growing Improved Patient Outcomes Through Enhanced Interoperability and Technology	Double-Up Indiana Feasibility Study - Vendor TBD	\$200k for feasibility study and \$50k for the final report in Year 1	\$250,000.00
Justification: The contractor will conduct a Double-Up Indiana Feasibility Study. The Feasibility Study will assess the potential impact of a statewide initiative to integrate nutrition incentives directly onto the Hoosier Works EBT card (SNAP). This contractor will conduct their work from 3/1/2026 to 9/30/2026 and they will report to State manager leading the implementation of this initiative on progress against the milestones and outcomes described in the Project Narrative.			
5 - Growing Cardiometabolic Health Standards of Care in Rural Indiana	Rural Healthcare Network Vendor (TBD)	\$1.4M/yr (\$175k annually/region x 8 regions) for 5 years starting in Year 2	\$7,000,000.00
Justification: The contractor will support cardiometabolic health programs and centers of excellence by launching a statewide collaborative care model, with one implementation site for each region. This contractor will conduct their work from 3/1/2026 to 9/30/2031 and they will report to State manager leading the implementation of this initiative on progress against the milestones and outcomes described in the Project Narrative.			
5 - Growing Cardiometabolic Health Standards of Care in Rural Indiana	Food is Medicine feasibility study vendor	\$200K/yr x 5 years for feasibility study operations starting in Year 2	\$1,000,000.00
Justification: The contractor will conduct a feasibility study of Food is Medicine logistics in rural Indiana that will assess procurement pathways, storage and delivery infrastructure, and clinical integration for services such as medically tailored meals, produce prescription, and disease-specific nutrition therapy. This contractor will conduct their work from 1/1/2026 to 9/30/2031 and they will report to State manager leading the implementation of this initiative on progress against the milestones and outcomes described in the Project Narrative.			
5 - Growing Cardiometabolic	Lifestyle Medicine training vendor	Training 6000 individuals split across 5 years at \$884,400/year	\$4,422,000.00

Health Standards of Care in Rural Indiana			
Justification: The contractor will expand Lifestyle Medicine education and training for the rural health workforce by providing training to 6,000 individuals and will help clinicians receive Lifestyle Medicine Board Certifications. This contractor will conduct their work from 1/1/2026 to 9/30/2031 and they will report to State manager leading initiative implementation on progress against the milestones and outcomes described in the Project Narrative.			
5 - Growing Cardiometabolic Health Standards of Care in Rural Indiana	Cardiometabolic Technical Assistance Provider - Vendor TBD	\$480,000/year (\$60k/site x 8 sites per year) for 6 years starting in Year 1	\$2,880,000.00
Justification: The contractor will provide consulting services, conduct gap analysis, and offer proprietary materials to support the cardiometabolic program implementation. This contractor will conduct their work from 1/1/2026 to 9/30/2031 and they will report to State manager leading the implementation of this initiative on progress against the milestones and outcomes described in the Project Narrative.			
6 - Growing Access to Post-Discharge Medications	Pharmacy Benefits Manager System Change Contractor	\$21k implementation in Year 2 (500hrs at \$42/hr) \$100k maintenance in Year 3 \$60k maintenance in Year 4 and Year 5	\$241,000.00
Justification: The contractor will implement Pharmacy Benefits Manager system coding changes including formulary changes and will support maintenance of the system as needed following implementation. This contractor will conduct their work from 1/1/2027 to 9/30/2030 and they will report to State manager leading the implementation of this initiative on progress against the milestones and outcomes described in the Project Narrative.			
6 - Growing Access to Post-Discharge Medications	MCE 1	Per MCE:	\$241,000.00
	MCE 2	\$21k implementation in Year 2 (500hrs at	\$241,000.00
	MCE 3	\$42/hr)	\$241,000.00
	MCE 4	\$100k/year maintenance in Year 3	\$241,000.00
	MCE 5	\$60k/year maintenance in Year 4 and Year 5	\$241,000.00
	MCE 6		\$241,000.00
Justification: The contractors will implement system coding changes to accommodate initiative activities and formulary changes and will support any maintenance of the system as needed following implementation. The contractors will conduct their work from 1/1/2027 to 9/30/2030 and they will report to State manager leading the implementation of this initiative on progress against the milestones and outcomes described in the Project Narrative.			
6 - Growing Access to Post-Discharge Medications	Eligibility Files - Vendor TBD	\$50k implementation fee in Year 2 \$100k/year maintenance in Year 3 \$60k/year maintenance in Year 4 and Year 5	\$270,000.00
Justification: The contractor will implement system changes and create eligibility files to send to the Pharmacy Benefits Manager system vendor of hospitalized members needing medications upon discharge and will support maintenance of the system as needed following implementation. This contractor will conduct their work from 1/1/2027 to 9/30/2030 and they will report to State manager leading the implementation of this initiative on progress against the milestones and outcomes described in the Project Narrative.			
6 - Growing Access to Post-Discharge Medications	Medication courier service - Vendor TBD	\$41,599.20 x 3 years x 42 hospitals (1 FTE at \$20/hr at 42 rural hospitals starting Year 3)	\$6,988,665.60
Justification: The contractor will deliver medications to hospital patients in instances where there is no retail pharmacy. This contractor will conduct their work from 8/1/2027 to 9/30/2031 and they will report to State manager leading the implementation of this initiative on progress against the milestones and outcomes described in the Project Narrative.			
7 - Growing Specialty Provider Access Through Expanded Tele-Consult Capabilities	Tele-Consult Provider Network Needs Assessment - Vendor TBD	\$1M for conducting Needs Assessment and \$50k for Needs Assessment report in Year 1 \$500k for ongoing coordination with solutions partner for Years 3 and 4	\$2,050,000.00

Justification: The contractor will conduct a Tele-Consult Provider Network Needs Assessment. The Network Assessment conducted by this contractor will 1) help the State understand what infrastructure may already exist to support Tele-Consult capabilities and 2) evaluate the level of interest and location of target specialty providers. In Years 3 and 4, they will coordinate with the solution partner. This contractor will conduct their work from 7/1/2026 to 9/30/2029 and they will report to State manager leading the implementation of this initiative on progress against the milestones and outcomes described in the Project Narrative.			
8 - Growing Tele-Health Access and Infrastructure	Tele-Health Feasibility Study - Vendor TBD	\$950k to conduct feasibility study and 50k to report feasibility study findings in Year 2	\$1,000,000.00
Justification: The contractor will conduct a Tele-Health Feasibility Study. The Feasibility Study conducted by this contractor will help the State understand 1) what systems are currently in place, 2) what utilization of current tele-health offerings looks like, 3) what connecting and scheduling interoperability will need to be addressed, and 4) what region-specific challenges exist, such as lack of appropriate equipment. The study will also evaluate the impact of wearable electronics such as biometric monitoring devices. This contractor will conduct their work from 9/1/2026 to 9/30/2027 and they will report to State manager leading the implementation of this initiative on progress against the milestones and outcomes described in the Project Narrative.			
8 - Growing Tele-Health Access and Infrastructure	Shelf-ready Tele-Health Solution Implementation Partner	\$3M for system DDI (50% Year 2, 50% Year 3) \$2.8M for M&O (\$800K/yr x 3.5 years starting mid Year 3) \$2M for system license cost (\$400k/year starting Year 2) \$200k rural engagement and TA (\$200k/yr x 5 years starting in Year 2)	\$8,800,000.00
Justification: The contractor will design, develop, implement, and maintain a unified tele-health solution. They will also support continued enhancements and additional integrations as the State's digital health infrastructure continues to develop over the life of this program. This will conduct their work from 1/1/2027 to 12/31/2030 and they will report to State manager leading the implementation of this initiative on progress against the milestones and outcomes described in the Project Narrative.			
8 - Growing Tele-Health Access and Infrastructure	Tele-Health Rollout - Behavioral Health, Chronic Disease - Vendor TBD	\$4M for behavioral health system DDI in Year 2 \$4.32M for behavioral health system support (\$90k/mo x 48 months starting in Year 2) \$4M for chronic disease system DDI in Year 2 \$4.32M for chronic disease system support (\$90k/mo x 48 starting in Year 2)	\$16,640,000.00
Justification: Alongside the statewide tele-health solution that will be contracted for, this contractor will build and maintain behavioral health and chronic disease components/integrations within the unified tele-health solution. This contractor will work closely with the unified tele-health solution contractor to ensure effective integrations. This contractor will conduct to complete their work from 9/1/2026 to 9/30/2030 and they will report to State manager leading the implementation of this initiative on progress against the milestones and outcomes described in the Project Narrative.			
9 - Growing the Rural Health Paraprofessional Workforce	CHW Training and Coordination - Vendor TBD	\$1,187,500 in CHW training (\$2.5k/training x 475 trainings). (Year 1: 50, Year 2: 100, Year 3: 100, Year 4:100, Year 5: 75, Year 6: 50)	\$1,187,500.00
Justification: The contractor will provide CHW training and coordination. This contractor will use its funding to provide training to 475 community health workers over the grant term. This contractor will conduct their work from 1/1/2026 to 9/30/2031 and they will report to State manager leading the implementation of this initiative on progress against the milestones and outcomes described in the Project Narrative.			
9 - Growing the Rural Health Paraprofessional Workforce	Healthcare Workforce Training - Vendor TBD	Project Manager salary (\$80k/year) and 35% fringe: \$2,087,230.57. Will work 4/1/2026 to 9/30/2031) Student travel: \$71,250 (19 trips/year starting Year 1) Instructional supplies (\$2,407/facility x 19 facilities): \$274,398 starting Year 1	\$9,999,999.77

		Incentive stipend: \$1000/stipend x 115 stipends per year starting Year 2 Rural healthcare stipend: \$10,000/stipend x 50 stipends per year starting Year 2 Marketing support: \$189,899 in Year 1 Vendor indirect costs: \$1,106,232.20 All Other: \$3,195,990 (guest speaker, student supplies, textbooks, event costs) - \$28,035/event x 19 facilities x 6 years	
Justification: The contractor will provide healthcare workforce training. This contractor will use its funding to implement the Healthcare Academy program, provide incentive stipends to graduating high school seniors, and rural healthcare stipends. This contractor will conduct their work from 1/1/2026 to 9/30/2031 and they will report to State manager leading the implementation of this initiative on progress against the milestones and outcomes described in the Project Narrative.			
10 - Growing Clinical Training and Readiness	Rural GME development plan - Vendor TBD	\$200k to develop and deliver the Rural GME Development Plan in Year 2	\$200,000.00
Justification: The contractor will develop a Rural GME Development Plan. This contractor's plan will be critical to informing the GME Board's disbursement of awards to rural GME programs. This contractor will conduct their work from 1/1/2027 to 12/31/2030 and they will report to State manager leading the implementation of this initiative on progress against the milestones and outcomes described in the Project Narrative.			
10 - Growing Clinical Training and Readiness	Preceptor Program Administration Software - Vendor TBD	\$2M for system DDI in Year 2 \$400k for system M&O (\$100k/yr x 4 starting in Year 3)	\$2,400,000.00
Justification: The contractor will design, develop, implement, and maintain a software solution to support the administration of the preceptor and physician stipends. This contractor will conduct their work from 10/1/2026 to 9/30/2031 and they will report to State manager leading the implementation of this initiative on progress against the milestones and outcomes described in the Project Narrative.			
11 - Grow our Rural Behavioral Health Workforce	Peer Support Specialist Training	1 staff member at \$60k/yr salary from 10/1/26 - 9/30/31 \$180k for certified peer support specialist certification training (\$2.5k/training x 12/yr starting in Year 1)	\$480,000.00
Justification: The contractor will provide peer support specialist training and continued education. They will use their funding to support Certified Peer Support Specialist trainers to provide 12 opportunities per year for CPSP certification and will provide continued education training opportunities. This contractor will conduct their work from 10/1/2026 to 9/30/2031 and they will report to State manager leading the implementation of this initiative on progress against the milestones and outcomes described in the Project Narrative.			
Overall Admin	Program Evaluation Partner (TBD)	\$250k/year for annual program evaluation starting Year 1	\$1,500,000.00
Justification: The contractor will conduct annual program evaluations, including tracking initiative-specific metrics in coordination with outcome achievement described in the Project Narrative. This contractor will conduct their work from 7/1/2026 to 9/30/2031 and they will report to Principal Investigator and FSSA and IDOH leadership against their milestones and outcomes.			
Overall Admin	State Grant Making Activities Vendor (TBD)	Estimated \$90k/mo for 30 months starting 1/1/26, then \$20k for 36 months	\$3,420,000.00
Justification: The contractor will support State grant making activities. This contractor will conduct their work from 1/1/2026 to 6/30/2031 and they will report to Principal Investigator and FSSA and IDOH leadership on progress against the milestones and outcomes described in the Project Narrative.			
Overall Admin	RHTP Cooperative Agreement Management,	Estimated \$105K/mo for 30 months starting 1/1/26, then \$90k for 36 months, and \$50k for the last 3 months	\$6,540,000.00

	Monitoring, and Operational Support Vendor (TBD)		
Justification: The contractor will support operational support, cooperative agreement management and monitoring, and cooperative agreement contract management support. This contractor will conduct their work from 1/1/2026 to 9/30/2031 and they will report to Principal Investigator and FSSA and IDOH leadership on progress against the milestones and outcomes described in the Project Narrative.			
Overall Admin	Reporting and Financial Tracking Vendor (TBD)	Estimated \$105K/mo for 30 months starting 1/1/26, then \$90k for 36 months, and \$50k for the last 3 months	\$6,540,000.00
Justification: The contractor will support financial tracking and reporting, stakeholder engagement, and tracking and reporting of performance against activities set forth in the Cooperative Agreement. This contractor will conduct their work from 1/1/2026 to 9/30/2031 and they will report to Principal Investigator and FSSA and IDOH leadership on progress against the milestones and outcomes described in the Project Narrative.			
Contractor Total			\$205,761,471.46

Cost Category G: Construction (not applicable)

Cost Category H: Other

Table 19. Other Yearly Budget Breakdown

Category	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Other	\$12,127,750.00	\$11,378,750.00	\$11,040,000.00	\$11,040,000.00	\$11,040,000.00	\$2,940,000.00

Table 20. Other Cost Details and Justifications (Budget details in chart below)

Other Total			\$59,566,500.00
Initiative	Item(s)	Rate	Total Amount
1 - Growing Care Coordination	MOCC Educational Trainings	\$2,000.00/training	\$300,000.00
1 - Growing Care Coordination	MOCC Juvare License and Maintenance Cost	\$18,000.00/year	\$108,000.00
1 - Growing Care Coordination	MOCC Twilio License and Maintenance Cost	\$42,000.00/year	\$252,000.00
1 - Growing Care Coordination	MOCC Microsoft Sentinel Software License and Maintenance Cost	\$18,000.00/year	\$108,000.00
1 - Growing Care Coordination	MOCC Juniper Security License and Maintenance Cost	\$12,000.00/year	\$72,000.00
1 - Growing Care Coordination	EMS Unit Dispatch Software - Installation/Setup Costs	\$575.00/unit	\$1,207,500.00
1 - Growing Care Coordination	EMS Unit Dispatch Software - Annual License/Maintenance Costs	\$100.00/unit/year	\$945,000.00
2 - Growing Community Connections through Indiana 211	CBO Training Stipends	\$50,000.00/year in stipends	\$300,000.00
6 - Growing Access to Post-Discharge Medications	Scalable, licensed IT solution for small rural hospitals	\$1,500,000.00	\$1,500,000.00
8 - Growing Tele-Health Access and Infrastructure	Tele-Health Study Output - Annual License Costs	\$8,000.00/endpoint	\$1,440,000.00
10 - Growing Clinical Training and Readiness	Preceptor Training Temporary Stipends - MD/DOs	\$10,000.00/stipend	\$1,250,000.00

10 - Growing Clinical Training and Readiness	Preceptor Training Temporary Stipends - ARPN, PA, Dentist, Psych	\$7,500.00/stipend	\$750,000.00
10 - Growing Clinical Training and Readiness	Preceptor Training Temporary Stipends - RNs, BHHS	\$5,000.00/stipend	\$500,000.00
10 - Growing Clinical Training and Readiness	Physician Stipends	\$300,000.00/stipend	\$46,500,000.00
11 - Grow our Rural Behavioral Health Workforce	Behavioral Health Threat Assessment and Management Workshop - In Person Trainings	\$7,500.00/workshop	\$7,500.00
11 - Grow our Rural Behavioral Health Workforce	Behavioral Health Threat Assessment and Management Workshop - Virtual Trainings	\$6,500.00/workshop	\$6,500.00
11 - Grow our Rural Behavioral Health Workforce	Grow Your Own Workforce Stipends	\$420,000.00/year in stipends	\$2,520,000.00
11 - Grow our Rural Behavioral Health Workforce	Grow Your Own Workforce Curriculum Dev/IT/Marketing/ Evaluation/Clinical Placement	\$300,000.00 annual allocation	\$1,800,000.00
Other Total:			\$59,566,500.00

Initiative	Item	Justification and Budget Details
1 - Growing Care Coordination	MOCC Educational Trainings	IDHS and IDOH will conduct educational trainings for rural EMS stakeholders throughout the State to support awareness and use of software, services, and other supports made available via this program. There will be 25 training opportunities per year in locations throughout the State, and each training will cost approximately \$2,000 (\$2,000/training x 25 trainings/year x 6 years)
1 - Growing Care Coordination	MOCC Juvare License and Maintenance Cost	The State will purchase and maintain a license for Juvare emergency preparedness and response software. Plans to use this software and estimated costs (\$18K/year x 6 years) are based on coordination with representatives from Southwest Texas' MOCC system, which has been operational for over two decades
1 - Growing Care Coordination	MOCC Twilio License and Maintenance Cost	The State will purchase and maintain a license for Twilio messaging and communications software. Plans to use this software and estimated costs (\$42K/year x 6 years) are based on coordination with representatives from Southwest Texas' MOCC system, which has been operational for over two decades.
1 - Growing Care Coordination	MOCC Microsoft Sentinel Software License and Maintenance Cost	The State will purchase and maintain a license for Microsoft Sentinel cybersecurity software. Plans to use this software and estimated costs (\$18K/year x 6 years) are based on coordination with representatives from Southwest Texas' MOCC system, which has been operational for over two decades.
1 - Growing Care Coordination	MOCC Juniper Security License and Maintenance Cost	The State will purchase and maintain a license for Juniper networking software. Plans to use this software and estimated costs (\$12K/year x 6 years) are based on coordination with representatives from Southwest Texas' MOCC system, which has been operational for over two decades.
1 - Growing Care Coordination	EMS Unit Dispatch Software - Installation/Setup Costs	Installation/setup costs for EMS unit dispatch software (\$575/unit), which will enable better communication between EMS units and more efficient coordination of emergency response resources, particularly in underserved rural areas. There are 2,100 EMS units in the State - half will have installation/setup costs in Year 1, the other half in Year 2. (\$575/unit x 2100 units)

1 - Growing Care Coordination	EMS Unit Dispatch Software - Annual License/Maintenance Costs	Annual license/maintenance costs (\$100/year) for EMS unit dispatch software, which will enable better communication between EMS units and more efficient coordination of emergency response resources, particularly in underserved rural areas. There are 2,100 EMS units in the State. Beginning the year after installation for a given EMS unit (half of units will have installation/setup in Year 1, the other half in Year 2), units will have these annual costs. (\$100/unit x 2100 units x 4.5 years)
2 - Growing Community Connections through Indiana 211	CBO Training Stipends	Annual \$50,000 budget for stipends for training CBOs in rural areas. These stipends are vital to improving training for CBOs, a key goal of the initiative (\$50k x 6 years)
6 - Growing Access to Post-Discharge Medications	IT solution for small rural hospitals to support post discharge medications	One-time purchase of a scalable, licensed commercial-off-the-shelf system, with an anticipated cost of \$1.5M in Year 1. Without this system, the initiative will be unable all for increased access to post-discharge medications in rural hospitals.
8 - Growing Tele-Health Access and Infrastructure	Tele-Health Study Output - Annual License Costs	Annual license costs for Tele-health clinical exam-ready rooms and associated software as a potential follow up to the Tele-Health Feasibility Study being conducted as part of this program. This line item assumes that the State's eight regions have five endpoints each, with one room per endpoint, and that four regions have their annual license costs start in Year 2 (\$8,000/endpoint x 5 endpoints x 4 regions=\$160,000) and that the other four regions have their annual license costs start in Year 3 (\$8,000/endpoint x 5 endpoints x 8 regions=\$320,000)
10 - Growing Clinical Training and Readiness	Preceptor Training Temporary Stipends - MD/DOs	Temporary stipend payments for clinical preceptors, MDs/DOs. \$1,000 per rotation with max 10 rotations results is \$10,000/stipend. There will be 5 MD/DO stipends in Year 1, and 30 each year in Years 2-5.
10 - Growing Clinical Training and Readiness	Preceptor Training Temporary Stipends - ARPN, PA, Dentist, Psych	Temporary stipend payments for clinical preceptors, ARPN, PA, dentists, psychiatrists. \$750 per rotation with max 10 rotations is \$7,500/stipend. 4 ARPN/PA/dentist/psychiatrist stipends in Year 1, and 24 each year in Years 2-5.
10 - Growing Clinical Training and Readiness	Preceptor Training Temporary Stipends - RNs, BHHS	Temporary stipend payments for clinical preceptors, RNs and BHHS. \$500 per rotation with max 10 rotations is \$5,000/stipend. 4 RN/BHHS stipends in Year 1, and 24 each year in Years 2-5.
10 - Growing Clinical Training and Readiness	Physician Stipends	Temporary stipend payments for physician recruitment and retainment in rural areas for clinicians who commit to working for the required five-year period. \$300,000 per stipend, with 30 stipends in each of Years 1-5, and 5 in Year 6.
11 - Grow our Rural Behavioral Health Workforce	Behavioral Health Threat Assessment and Management Workshop - In Person Trainings	\$7,500 for an in-person training for the Behavioral Health Threat Assessment and Management Workshop in Year 1. The workshop will equip rural health paraprofessionals employed by community mental health centers, particularly in crisis response teams and leadership, in best practice behavioral health assessment and management
11 - Grow our Rural Behavioral Health Workforce	Behavioral Health Threat Assessment and Management Workshop - Virtual Trainings	\$6,500 for a virtual training for the Behavioral Health Threat Assessment and Management Workshop in Year 1. The workshop will equip rural health paraprofessionals employed by community mental health centers, particularly in crisis response teams and leadership, in best practice behavioral health assessment and management
11 - Grow our Rural Behavioral	Grow Your Own Workforce Stipends	\$420,000 annual stipends for rural students who commit to working locally post-graduation for the required five-year period. These stipends will help keep more students and professionals active, successful, and local in their respective fields. (\$42,000/year x 6 years)

Health Workforce		
11 - Grow our Rural Behavioral Health Workforce	Grow Your Own Workforce Curriculum Dev/IT/Marketing/Evaluation/Clinical Placement	\$300,000 annual allocation for curriculum development, IT support, marketing, evaluation, and clinical placement to support the Grow Your Own Workforce activity. This funding will promote workforce retention, support rural provider recruitment, and encourage new professionals to enter and remain in behavioral health settings. (\$300,000/year x 6 years)

Cost Category I: Total Direct Costs

Total Direct Costs	\$952,380,952.38
---------------------------	------------------

Table 21. Direct Costs Yearly Budget Breakdown

Category	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Direct Costs	\$33,219,996.05	\$195,987,623.33	\$188,200,553.93	\$182,818,929.84	\$183,173,053.45	\$168,980,795.77

Cost Category J: Indirect Costs

Total Indirect Costs	\$47,619,047.62
-----------------------------	-----------------

The indirect rate is 5% and is computed on the total direct cost of \$952,380,952.38. The State uses a Public Assistance Cost Allocation Plan, and the 5% is an estimate based on past grant management experience. Direct Costs Allocation items are in compliance with FSSA’s approved PACAP.

Table 22. Indirect Costs Breakdown by Cost Category

A. Personnel	\$932,000.00
B. Fringe	\$366,975.09
C. Travel	\$11,664.00
D. Equipment	\$0.00
E. Supplies	\$900,000.00
F. Consultants/Subrecipients/Contractors	\$890,603,813.29
G. Construction	N/A
H. Other	\$59,566,500.00
Total Direct Costs	\$952,380,952.38
Indirect Cost Calculation	\$952,380,952.38 x 5% = \$47,619,047.62

Table 23. Indirect Costs Yearly Budget Breakdown

Category	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Indirect Costs	\$1,660,999.80	\$9,799,381.17	\$9,410,027.70	\$9,140,946.49	\$9,158,652.67	\$8,449,039.79