

# Delaware Rural Health Transformation Program

## Executive Budget Summary

### Overview

The Delaware Rural Health Transformation Plan unites 15 integrated initiatives designed to expand access, strengthen the workforce, modernize technology, and improve population health in rural Sussex and Kent Counties. Together, these projects directly impact approximately 400,000 rural residents—representing 38–40% of the state’s population—by building sustainable, community-based healthcare capacity. The total estimated direct cost of the plan is \$721,329,131.03, with an indirect cost rate of 9.1% applied to ensure statewide oversight and coordination.

Budget Category	Amount (USD)
Total Direct Costs (15 Initiatives)	\$721,329,131.03
Indirect Costs (9.1%)	\$65,640,950.92
Total Program Cost (Direct + Indirect)	\$786,970,081.95

### Key Performance Objectives

- Expand access to comprehensive rural healthcare and behavioral health services.
- Develop a sustainable workforce pipeline through new medical and clinical education programs.
- Leverage technology for telehealth, data integration, and care coordination.
- Make Rural America Healthy Again through new and expanded nutrition and chronic disease prevention and management.

### Budget Summary Table

Budget Category	Total
Personnel	\$390,952.60
Fringe	\$232,047.21
Travel	\$24,635.68
Equipment	\$0.00
Supplies	\$431,591.68
Contractual	\$143,187,467.48
Other	\$0.00
Subtotal Direct	\$144,266,694.65
Indirect	\$13,128,269.21
<b>TOTAL</b>	<b>\$157,394,963.86</b>

### Indirect Cost Justification

The 9.1% indirect rate ensures statewide administrative capacity for program implementation and compliance. Funds support fiscal oversight, audit and reporting compliance (2 CFR Part 200), data management and evaluation, procurement and contract monitoring, and inter-agency coordination led by Delaware DHSS, DPH and the Governor's Office.

Indirect Costs	Total
Year 1	\$13,128,269.21
<b>TOTAL</b>	<b>\$13,128,269.21</b>

### Contract Justification

All procurement will follow the State and federal requirements and regulations. All terms and conditions of the RHTP award will flow down to subrecipients, including relevant cost limitations as specified in 2 CFR 200.101(b)(1). There will be no duplication of efforts in funding or scope of work.

**Through these investments, Delaware will establish a resilient, data-driven rural health system that reduces chronic disease, improves access to care, and ensures every rural resident can achieve optimal health. This program represents a once-in-a-generation opportunity to make rural America healthy again.**

#### A. Salaries and Wages

The majority of employees working on this initiative will remain state-funded rather than paid through grant resources. Grant funds will be used primarily for contracted positions and a limited number of essential state roles to support program implementation, oversight, and evaluation. This approach ensures long-term sustainability, avoids delays associated with creating and approving new state positions, and allows the program to leverage existing state capacity while efficiently scaling grant-supported activities.

Personnel costs support statewide oversight, fiscal management, data reporting, compliance monitoring, and implementation coordination across all components of the RHTP grant. These staff provide centralized administrative and program infrastructure necessary to ensure that funded initiatives are implemented in accordance with CMS requirements, state procurement rules, and approved workplans. Personnel funded under this section do not provide direct clinical services, but ensure proper stewardship of federal funds, contract monitoring, performance tracking, and cross-initiative coordination.

Position	Merit Classification	Name	Salary Cost
Project Director/Principal Investigator	Public Health Administrator I	Katherine Hughes	\$74,402.60

Program Administrator	Public Health Program Treatment Administrator	Chelsea Kammermeier	\$63,844.77 (In-kind)
Fiscal Analyst	Management Analyst	Christopher Masten	\$56,398.21 (In-kind)
Clinic Manager	Clinic Manger	Lakeesha Johns	\$63,844.77 (In-kind)
Program Director	Public Health Administrator II	Susan Watson Holloway	\$127,470.98 (In-kind)
Program Manager	Public Health Administrator I	TBD	\$108,200.00
Data & Reporting Analyst	Public Health Administrator I	TBD	\$81,150.00
Fiscal & Compliance Manager	Management Analyst III	TBD	\$63,600.00
Administrative Management	Management Analyst III	TBD	\$63,600.00
<b>Personnel Total</b>			<b>\$390,952.60</b>

**Katherine Hughes, Public Health Administrator I, 1.0 FTE**

Serve as the Project Director and Principal Investigator, providing overall leadership, strategic direction, and accountability for grant implementation to ensure program objectives are met, performance measures are achieved, and all activities comply with funding requirements.

**Chelsea Kammermeier, Public Health Treatment Administrator (In Kind)**

Oversees program contracts and administrative operations to ensure coordinated implementation, fiscal accountability, and compliance with program requirements working closely with the Management Analyst III to support achievement of program objectives.

**Lakeesha Johns, Clinic Manager (In-Kind)**

Leads day-to-day operations of the school-based Health Center program to ensure coordinated service delivery, regulatory compliance, and access to high-quality clinical and preventive services for students.

**Christopher Masten, Management Analyst III (In-Kind)**

Reviews contractual budgets on a monthly basis to ensure that projected cost estimates align with actual expenditures, monitors spending trends, and verifies that all costs are accurate, reasonable, and allowable in accordance with state and federal guidelines.

**Susan Watson Holloway, Public Health Administrator II, 1.0 FTE (In Kind)**

Program Director, Community Health Hubs and Rural Libraries Health Access Initiatives  
The Program Director provides executive leadership and strategic oversight for the RHTP grant portfolio, including both the Rural Community Health Hub Initiative and the Rural Libraries Health Access Initiative. The Program Director ensures alignment with CMS requirements, state health priorities, and interagency coordination across DHSS divisions. Responsibilities include

approval of procurement actions, oversight of contract execution, risk mitigation, and high-level performance monitoring. This position is supported through in-kind state resources.

**TBD, Public Health Administrator I, 1.0 FTE**

Health Hub Program Manager, Community Health Hubs and Rural Libraries Health Access Initiatives

The Health Hub Program Manager oversees day-to-day implementation of the Rural Community Health Hub Initiative and supports coordination with the Rural Libraries Health Access Initiative where programmatic overlap exists. Responsibilities include contractor monitoring, workplan review, milestone tracking, and coordination with community partners and DHSS divisions. The Program Manager ensures that funded sites meet service delivery targets, access benchmarks, and reporting requirements across initiatives.

**TBD, Public Health Administrator I, 0.75 FTE**

Data & Reporting Analyst, Community Health Hubs and Rural Libraries Health Access Initiatives

The Data & Reporting Analyst supports data aggregation, validation, and reporting across the Community Health Hubs and Rural Libraries Initiatives. This position develops and maintains performance dashboards, prepares CMS and DHSS reports, and monitors service utilization, access indicators, and outcome measures. The Data & Reporting Analyst ensures that deidentified data submissions are accurate and timely and supports cross-initiative quality improvement efforts.

**TBD, Management Analyst III, 0.75 FTE**

Fiscal & Compliance Manager, Community Health Hubs and Rural Libraries Health Access Initiatives

The Fiscal & Compliance Manager oversees financial monitoring and compliance for the Community Health Hubs and Rural Libraries Health Access contracts. Responsibilities include invoice review, verification of allowable costs, budget reconciliation, and adherence to federal cost principles. This role ensures consistent fiscal oversight across initiatives and safeguards appropriate use of federal funds.

**TBD, Management Analyst III, 0.75 FTE**

Administrative Management, Community Health Hubs and Rural Libraries Health Access Initiatives

The Administrative Manager provides operational and procurement support for the Community Health Hubs and Rural Libraries Health Access Initiatives. Responsibilities include contract processing, documentation management, scheduling of stakeholder meetings, coordination of reporting deadlines, and records retention. This role ensures administrative continuity and supports efficient implementation across funded initiatives.

**B. Fringe Benefits**

Fringe Benefits are calculated at 31.93% of salary for full-time merit employees per year. The 31.93% consists of the following: Pension – 24.19%; Worker’s Compensation - 1.40%; Unemployment Insurance – 0.11%; FICA – 6.20% and Medicare – 1.45%. plus, Total Health @

\$21,220. \$21,220 is the assumed health insurance amount for all vacant positions. Actual amounts may increase or decrease once health insurance plan is selected by the employee.

Position	Merit Classification	Name	Fringe Cost
Project Director/Principal Investigator	Public Health Administrator I	Katherine Hughes	\$46,092.79
Program Administrator	Public Health Program Treatment Administrator	Chelsea Kammermeier	\$0.00 (in kind)
Fiscal Analyst	Management Analyst	Christopher Masten	\$0.00 (in kind)
Clinic Manager	Clinic Manger	Lakeesha Johns	\$0.00 (in kind)
Program Director	Public Health Administrator II	Susan Watson Holloway	\$0.00 (in kind)
Program Manager	Public Health Administrator I	TBD	\$55,768.26
Data & Reporting Analyst	Public Health Administrator I	TBD	\$47,131.20
Fiscal & Compliance Manager	Management Analyst III	TBD	\$41,527.48
Administrative Management	Management Analyst III	TBD	\$41,527.48
<b>Fringe Benefits Total</b>			<b>\$232,047.21</b>

### C. Travel

<b>Travel Total</b>	<b>\$24,635.68</b>		
<b>Grant</b>			
<b>Recipient Share</b>			
<b>Purpose of Travel</b>	<b>Location</b>	<b>Item</b>	<b>Rate</b>
Per Diem	Baltimore, MD	\$68 a day for 4 people X 4 days	1,088.00
Hotel	Baltimore, MD	\$150 per night for 4 nights x 4 people	4,800.00
Car Rental and Milage	Baltimore, MD	\$27.43 X4 days X 4 people	\$438.88
In-State Site Visits	Community Hubs in Kent and Sussex Counties	\$27.43 x 160 trips	\$18,308.80

<b>Total</b>		<b>\$24,635.68</b>
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## Justification

The Public Health Administrator I, Public Health Treatment Administrator, Public Health Administrator II, State of Delaware Deputy Policy Director will travel to Baltimore, MD to attend the CMS Rural Health Transformation Summit, held on March 18, 2026, at the Hilton Baltimore Inner Harbor. This summit focuses on advancing rural health transformation through value-based care, care integrations, health equity, and CMS-supported rural initiatives. Attendance at this event is directly linked to the project's goals and objectives and is necessary to ensure the project aligns with current CMS priorities, policy direction, and best practices related to rural health system transformation.

The information, tools, and implementation strategies gained from participating in this summit will support project objectives by strengthening staff's capacity to implement CMS-aligned rural health transformation activities, improve coordination with rural partners, and apply evidence-informed approaches to program design, monitoring, and sustainability.

Additional travel funds (\$18,308.80) support in-state site visits to Community Health Hub locations in Kent and Sussex Counties for program monitoring and oversight activities. Travel is limited to mileage reimbursement at the GSA rate of \$0.725 per mile and the daily rate (27.43) for a State of Delaware Fleet Sedan, in accordance with State of Delaware travel policy.

In year 1, an estimated 160 in-state trips, at 120 miles round trip per visit will be completed. Travel will be conducted by staff supporting RHTP activities. These site visits will support on-site monitoring of operations, review of service delivery workflows and staffing, fiscal and compliance monitoring, and performance verification and data validation.

## D. Equipment

## E. Supplies

Supplies Budget			
Item	Cost Per Unit	Number of Units	Total Cost
Telehealth & Diagnostic Equipment Packages	\$250,000.00	1	\$250,000.00
Secure Servers & Data Hardware	\$70,000.00	1	\$70,000.00
AchieveIt Platform Licenses	\$1,000	40	\$40,000
Adobe Pro Licenses	\$444.84	13	\$5,782.92
Asana Software Licenses	\$249.90	13	\$3,248.70
Binder Clips	\$18.86	13	\$245.18
Binders	\$12.77	21	\$268.17
Black Toner for Printers	\$142.99	3	\$428.97

Cable Anchors	\$9.94	13	\$129.22
Charging Cables	\$15.29	13	\$198.77
Color Toner for Printers	\$533.28	2 colors x 3 printers	\$3,199.68
Disinfecting Wipes (4 pack)	\$28.19	3	\$84.57
Dividers	\$5.11	13	\$66.43
Dry Erase Erasers (6 pack)	\$65.19	3	\$195.57
Dry Erase Markers	\$13.49	13	\$175.37
Easel Pad Flip Charts	\$117.59	3	\$352.77
Envelopes (500 pack)	\$79.19	3	\$237.57
File Folders	\$43.39	13	\$564.07
Highlighters	\$33.01	13	\$429.13
Laptop Cases	\$53.29	13	\$692.77
Laptops	\$1,985.98	13	\$25,817.74
Microsoft Licenses	\$251.05	13	\$3,263.65
Monitor Stands	\$51.49	13	\$669.37
Monitors	\$159.99	26	\$4,159.74
Notebooks (pack of 6)	\$14.09	3	\$42.27
Paper (10 reams)	\$59.64	1	\$59.64
Paper Trimmer	\$304.99	2	\$609.98
Paperclips	\$11.99	13	\$155.87
Pencils	\$17.51	3	\$52.53
Pens	\$51.19	3	\$153.57
Planners	\$25.69	13	\$333.97
Post-It Dispensers	\$13.27	13	\$172.51
Post-It Notes	\$22.49	13	\$292.37
Printer Rental per month	\$276.04	10 months x3 printers	\$8281.20
Recycling Cans	\$17.49	13	\$227.37
Report Covers	\$43.09	3	\$129.27
Scissors (3 pack)	\$25.49	3	\$76.47
Screen Cleaner (5 pack)	\$84.49	3	\$253.47
Sharpies	\$32.99	13	\$428.87
Shredder	\$1,023.60	3	\$3,070.80
Shredder Bags	\$52.99	3	\$158.97
Shredder Oil	\$11.47	3	\$34.41
Stapler	\$9.69	13	\$125.97
Staples	\$7.49	13	\$97.37
Tape (12 pack)	\$27.99	3	\$83.97
Tape Dispenser	\$9.49	13	\$123.37
Tissues (27 pack)	\$77.77	1	\$77.77
Trash Bags	\$53.59	3	\$160.77
Trash Cans	\$13.99	13	\$181.87
Velcro Strips	\$13.62	12	\$163.44
Whiteboards	\$120.56	3	\$361.68

Wireless Headphones	\$129.00	13	\$1,677.00
Wireless Mouse & Keyboard	\$71.99	13	\$935.87
Zoom Licenses	\$219.90	13	\$2,858.70
<b>TOTAL</b>			<b>\$431,591.68</b>

All supply purchases will be made in accordance with state procurement requirements and federal cost principles. Items will be inventoried and tracked as required under state asset management policies.

#### **Telehealth & Diagnostic Equipment Packages - \$250,000.00**

Non-capitalized telehealth peripherals and diagnostic tools deployed to Community Health Hub locations to support service delivery. Items may include portable diagnostic equipment, telehealth peripherals, clinical tools, and related deployment materials necessary to facilitate preventive and primary care services in rural communities.

#### **Secure Servers & Data Hardware - \$70,000.00**

Non-capitalized IT hardware and infrastructure components required to support secure data storage, reporting functionality, and EMR connectivity at Community Health Hub locations.

#### **AchieveIt Software Licenses - \$40,000.00**

Annual licensing for 40 user accounts to support strategic planning, implementation tracking, and performance monitoring across RHTP initiatives. Licenses provide centralized project management tools to monitor milestones, track performance indicators, document progress, and support reporting requirements.

#### **Office & Program Supplies - \$71,591.68**

Laptops, monitors, laptop cases, charging cables, flash drives, and related accessories are requested to equip program staff with the necessary tools to perform grant funded duties. These items support daily operations including data entry, virtual meetings, document management and program oversight. All equipment will be used exclusively for program purposes and inventoried in accordance with state and federal requirements.

General office supplies including binders, folders, hanging files, dividers, notebooks, paper, envelopes, toner, calculators, label makers, laminators, desk organizers and related items are required to support routine administrative functions, record keeping, training activities, and compliance documentation. These supplies enable staff to maintain organized files, prepare program materials, conduct meetings and trainings, and manage correspondence efficiently.

Dry erase makers, erasers, easel pad flip charts, and other shared materials support internal planning meetings, staff trainings, stakeholder engagement sessions, and collaborative work activities. Disinfecting wipes are included to maintain clean and safe shared workspaces.



All supplies requested are reasonable, allocable, and necessary for successful program implementation. Costs are based on current market pricing, and procurement will follow all applicable state and federal purchasing requirements.

## **F. Consultant/Subrecipient/Contractual Costs**

### **Grant Oversight & Staffing**

#### **Grant Program Oversight and Evaluation Entity**

**Purpose:** Provide centralized oversight, coordination, and evaluation support across all grant initiatives to ensure program integration, accountability, and achievement of intended outcomes.

**Name of Contractor:** TBD

**Period of Performance:** 12/29/2025-10/30/2026

#### **Scope of Work:**

The Grant Program Oversight and Evaluation Entity (GPOEE), as a contractor, will:

1. Provide overall program coordination across all initiatives funded under this grant, ensuring alignment of activities, timelines, and deliverables.
2. Serve as the primary point of contact for subrecipients, offering guidance on contract management, compliance, and reporting requirements.
3. Develop and implement a comprehensive evaluation framework to measure process and outcome metrics across initiatives.
4. Conduct ongoing monitoring of subrecipient performance, including progress toward milestones, budget adherence, and program compliance.
5. Facilitate regular meetings, cross-initiative communication, and knowledge sharing among subrecipients.
6. Prepare consolidated quarterly and annual evaluation reports summarizing program achievements, challenges, lessons learned, and recommendations for program improvement and sustainability.
7. Support strategic decision-making by providing actionable data insights, trend analysis, and policy recommendations to DPH and other state partners.
8. GPOEE may hire subcontractors for technical and analytical or facilitation support, but remains fully accountable for program oversight, evaluation, and reporting.

#### **Itemized Budget**

The budget below reflects planning-level cost estimates based on current market research and anticipated program needs. Final line-item costs will be confirmed and submitted following contractor selection and completion of State procurement process.

Budget Category	Line Item/Description	Total
Personnel & Fringe	Program Director, Program Manager, Evaluation Specialist, Data Analyst, Administrative support (salary and fringe)	\$650,000.00
Computers and Software	Laptops, software licenses, data analysis tools, collaboration platforms	\$50,000.00
Supplies	Office supplies, printing, and communication materials	\$20,000.00
<b>Total Year 1 Budget</b>		<b>\$720,000.00</b>

**Method of Selection:** The contractor will be selected through a formal competitive procurement process.

**Method of Accountability:** DPH will evaluate GPOEE's performance based on:

- Quarterly progress reports summarizing coordination activities, evaluation findings, risks and recommendations
- Annual Evaluation report consolidating outcomes across all grant initiatives, including workforce metrics program, impact, and lessons learned.
- Documentation of technical assistance and support provided to subrecipients including compliance and monitoring and contract guidance.

### Staffing Services

**Purpose:** Provide highly qualified contracted staff embedded within the Delaware Division of Public Health (DPH) to support administration, evaluation, technical operations, and cross-initiative coordination for all grant funded programs.

**Contractor:** TBD (staffing agency)

**Period of Performance:** 12/29/2025- 10/30/2026

### Scope of Work:

The staffing agency will:

- Recruit and provide highly qualified personnel (Program Director, Program Manager, Data Analyst/Evaluation, Administrative Support) to work directly with DPH.
- Ensure staff expertise aligns with grant requirements, including program administration, evaluation, compliance monitoring, data management, and reporting.
- Embed staff within DPH teams to support coordination across all grant initiatives, subrecipients, and oversight entities (including GPOEE).
- Provide HR support, payroll benefits, and staffing administration under the agency's markup, relieving DPH of direct employment responsibilities.

5. Ensure staff meet all reporting and compliance requirements, deliverables, and performance metrics as directed by DPH.

#### **Itemized Budget**

<b>Budget Category</b>	<b>Line-Item Description</b>	<b>Total</b>
Personnel	4 highly qualified staff (Program Director, Program Manager, Data Analyst/Evaluator, Community Liaison) salaries \$165,000.00 each	\$660,000.00
Contractual	Staffing agency markup (recruitment, HR management, benefits administration, overhead)	\$132,000.00
Computers and Software	Laptops, software collaboration tools, and communication tools	\$20,000.00
<b>Total Year 1 Budget</b>		<b>\$812,000.00</b>

**Method of Selection:** The staffing agency will be selected through a formal competitive procurement process.

#### **Reporting Requirements:**

- Quarterly progress reports summarizing staff, performance metrics, and any challenges or risks.
- Documentation of personnel assignments, qualification, hours work, and DPH approval.
- Annual summary report detailing outcomes achieved by staffed positions including evaluation and administrative support metrics.

### **Initiative 1 – Rural “Hope Center” Initiative**

<b>Initiative 1 – Rural “Hope Center” Budget</b>		
<b><u>Budget Category</u></b>	<b><u>Contract Category</u></b>	<b><u>Total</u></b>
Personnel & Fringe		\$0.00
Equipment		\$0.00
Supplies		\$0.00
Contractual	Renovation and Facility Build-Out	\$11,500,000.00
	Clinical Personnel	\$5,500,000.00
	Social Services Personnel	\$3,500,000.00
	Program Operations	\$2,200,000.00
	Facilities Operations	\$2,670,000.00
	Transportation Services	\$600,000.00
	Security Services	\$400,000.00
	Contractual Subtotal	\$26,370,000.00
Other		\$0.00
<b>TOTAL</b>		<b>\$26,370,000.00</b>

### **Subrecipient: Renovation and Facility Build-Out: Delaware State Housing Authority**

**Period of Performance:** 12/29/2025 – 10/30/2026

#### **Scope of Work:**

1. Oversee renovation and build-out of two state-owned buildings for operation as Rural Hope Centers.
2. Procure and manage all contractors and professional services required to complete renovations.
3. Complete general building repairs, interior build-out, and space preparation for clinical, housing, and administrative use.
4. Ensure compliance with ADA, building codes, and safety requirements, including required inspections and approvals.
5. Procure and install computer and IT equipment necessary for staff operations and program readiness.
6. Coordinate project timelines and readiness for installation of systems, furnishings, and program operations.
7. Submit monthly progress reports documenting completed work and upcoming milestones.
8. Deliver two renovated, code-compliant, and operationally ready facilities.

#### **Itemized Budget:**

The budget below reflects planning-level cost estimates based on current market research and anticipated program needs. Final line-item costs will be confirmed and submitted following contractor selection and completion of the State procurement process.

<b>Budget Category</b>	<b>Line Item/Description</b>	<b>Estimated Cost</b>
Building Renovation & Construction *	Renovation and construction to prepare two state-owned buildings for use, including interior build-out, repairs, accessibility upgrades, and code compliance	\$6,000,000.00
Facility Systems & Infrastructure	Installation and upgrade of HVAC, electrical, plumbing, fire safety, and other core building systems required for occupancy	\$2,500,000.00
Furnishings & Fixtures	Furnishings for clinical, administrative, and common areas, plus computers and basic IT equipment for staff operations	\$2,000,000.00
Project Management, Permitting, & Readiness	Project oversight, contractor coordination, inspections, permitting, and occupancy readiness activities	\$1,000,000.00
<b>Total Year 1 Budget</b>		<b>\$11,500,000.00</b>

\*CMS funds applied to renovation activities will be limited to eligible renovation costs and tracked separately from non-CMS renovation expenditures to ensure compliance with the CMS 20% cap.

**Method of Selection:** DSHA was selected as the subrecipient based on its statutory role and expertise in managing state-funded construction and renovation projects, including procurement, contractor oversight, and regulatory compliance. Its experience and capacity make it uniquely qualified to oversee the renovation and technology readiness of the Hope Centers.

**Method of Accountability:** The Division of Public Health will evaluate DSHA's performance based on the timely and successful completion of renovation and technology readiness deliverables required to prepare the Hope Centers for operation.

a. DSHA will submit monthly progress reports detailing construction activities, technology procurement status, completed tasks, challenges, and upcoming milestones. Reports must accompany invoice submissions and will be reviewed for accuracy, completeness, and alignment with the approved scope of work.

- b. DSHA will ensure all renovation work complies with applicable building codes, safety standards, accessibility requirements, and state regulations. Documentation such as inspection reports, permits, and approvals will be submitted as deliverables are completed.
- c. DPH will conduct periodic reviews of progress against defined deliverables, including schedule adherence, quality of work, and facility readiness. Any deficiencies will be addressed through written corrective action plans.
- d. Contractual payments will be tied to completion of defined renovation and technology milestones and submission of required documentation, ensuring that funds are released only after deliverables are satisfactorily met.
- e. Feedback from DPH reviews will be incorporated into ongoing project activities to support timely completion, quality assurance, and full operational readiness of both Hope Centers.
- f. DSHA will provide financial reports distinguished CMS-funded minor renovation costs from non-CMS renovation expenditures to support compliance monitoring with the CMS 20% renovation limitation.

**Contractor 2: Clinical Personnel: Vendor TBD**

Period of Performance: 12/29/2025 – 10/30/2026

**Scope of Work:**

1. Recruit, hire, credential, and supervise all clinical and behavioral health staff required to operate the Rural Hope Centers.
2. Provide integrated primary care, behavioral health, and substance use disorder services in accordance with the Hope Center service model.
3. Ensure adequate clinical coverage to support participants with serious mental illness and substance use disorders.
4. Deliver services using evidence-based and trauma-informed practices, including medication-assisted treatment as appropriate.
5. Document all clinical services in an electronic medical record system.
6. Coordinate with Program Operations and Social Services vendors to support interdisciplinary care delivery.
7. Submit monthly staffing and service delivery reports.
8. Delivery of a fully staffed and operational clinical program supporting Hope Center participants.

**Itemized Budget:**

The budget below reflects planning-level cost estimates based on current market research and anticipated program needs. Final line-item costs will be confirmed and submitted following contractor selection and completion of the State procurement process.

Budget Category	Line Item/Description	Estimated Cost
Clinical & Behavioral Health Personnel	Medical Director and clinical staff positions needed to provide health services at both Hope Centers	\$4,400,000.00
Clinical Program Management & Oversight	Program management and supervisory positions for both Hope Centers	\$700,000.00
Training, Reporting, & Supplies	Staff training activities, development of training materials, reporting support, data tracking tools, and basic clinical program supplies	\$400,000.00
<b>Total Year 1 Budget</b>		<b>\$5,500,000.00</b>

All amounts are preliminary estimates for planning purposes. Final costs and a detailed budget narrative will be submitted upon contractor selection and execution of procurement.

**Method of Selection:** Contractor will be selected through a formal bidding process.

**Method of Accountability:** The Division of Public Health will evaluate contractor performance based on successful recruitment and deployment of qualified clinical staff and delivery of high-quality, integrated clinical services at the Hope Centers.

- a. The contractor will submit monthly progress reports detailing staffing levels, positions filled, clinical service coverage, clinical hours provided, and any staffing challenges or vacancies. Reports must accompany invoice submissions and will be reviewed for accuracy and completeness.
- b. The contractor will maintain documentation demonstrating that clinical personnel hold appropriate licensure, certifications, and credentials and have completed required trainings related to clinical standards, compliance, trauma-informed care, and privacy protections.
- c. The contractor will demonstrate participation in the EMR and closed-loop referral tracking process through submission of de-identified, system-generated reports and performance metrics. These reports will document service utilization, referral completion, continuity of care indicators, and outcome measures relevant to program goals.
- d. DPH will conduct periodic reviews of performance against established deliverables, including adequacy of staffing coverage, quality of clinical care, compliance with standards of practice, and alignment with program goals. Any deficiencies will be addressed through written corrective action plans.



e. Contractual payments will be tied to verified staffing levels, service delivery milestones, and submission of required documentation, ensuring that funds are released only when clinical services are actively provided and compliant with contract requirements.

e. Feedback from DPH monitoring, audits, and site visits will be incorporated into ongoing staffing and service delivery practices to improve quality, efficiency, and participant outcomes.

**Contractor 3: Social Services Personnel: Vendor TBD**

**Period of Performance:** 12/29/2025 – 10/30/2026

**Scope of Work:**

1. Recruit, hire, train, and supervise all social services staff required to support Hope Center participants.
2. Provide intensive case management, housing navigation, and benefits enrollment assistance.
3. Support transitions to stable housing within participants' home counties.
4. Coordinate care with clinical, behavioral health, housing, and community-based service providers.
5. Participate in the closed-loop referral system and ensure referrals are opened, tracked, and resolved.
6. Submit deidentified reports on housing placements, benefits enrollment, and service engagement outcomes.
7. Collaborate with Program Operations to ensure consistent service coordination and participant flow.
8. Submit monthly staffing and service delivery reports.
9. Deliver a fully staffed and operational social services program supporting housing stability and care coordination.

**Itemized Budget:**

The budget below reflects planning-level cost estimates based on current market research and anticipated program needs. Final line-item costs will be confirmed and submitted following contractor selection and completion of the State procurement process.

Budget Category	Line Item/Description	Estimated Cost
Support Services & Community Support Personnel	Staff to provide benefits navigation, community health work, and program oversight	\$3,200,000.00
Training & Program Supplies	Staff training, onboarding materials, reporting tools, data tracking supports, and basic program supplies	\$300,000.00
<b>Total Year 1 Budget</b>		<b>\$3,500,000.00</b>

All amounts are preliminary estimates for planning purposes. Final costs and a detailed budget narrative will be submitted upon contractor selection and execution of procurement.

**Method of Selection:** Contractor will be selected through a formal bidding process.

**Method of Accountability:** The Division of Public Health will evaluate contractor performance based on successful staffing, service delivery, and achievement of social service outcomes aligned with the Hope Center model.

- a. The contractor will submit monthly reports detailing staffing levels, caseloads, services provided, housing placements initiated or completed, and coordination activities with healthcare and behavioral health partners. Reports must accompany invoice submissions and will be reviewed for accuracy and completeness.
- b. The contractor will demonstrate active participation in the closed-loop referral system through submission of deidentified referral tracking reports showing referrals opened, services accessed, and referrals successfully resolved for housing, healthcare, behavioral health, and community support services.
- c. The contractor will provide deidentified outcome reports summarizing progress toward housing stability, benefits enrollment, service engagement, and reductions in crisis-driven service utilization.
- d. DPH will conduct periodic reviews of performance based on staffing adequacy, timeliness of service delivery, quality of care coordination, and progress toward program outcomes such as successful transitions to stable housing and improved continuity of care. Any deficiencies will be addressed through written corrective action plans.
- e. Contractual payments will be tied to verified staffing levels, service delivery milestones, and submission of required documentation, ensuring that funds are released only when deliverables are actively met.
- e. Feedback from DPH monitoring, audits, and site visits will be incorporated into ongoing program operations to improve quality, efficiency, and participant outcomes.

**Contractor 4: Program Operations: Vendor TBD****Period of Performance:** 12/29/2025 – 10/30/2026**Scope of Work:**

1. Manage day-to-day operations of both Rural Hope Center locations to ensure coordinated service delivery.
2. Oversee participant intake, enrollment, scheduling, and service flow across all program components.
3. Operate and manage the closed-loop referral process to ensure referrals are opened, tracked, and resolved.
4. Coordinate activities among Clinical, Social Services, Transportation, and Facilities vendors.
5. Establish and maintain standardized operational workflows and procedures.
6. Support data collection and reporting related to service utilization and program performance.
7. Monitor operational readiness and address workflow or coordination issues that impact service delivery.
8. Submit monthly operational and performance reports.
9. Ensure continuous, efficient, and participant-centered operation of the Hope Centers.

**Itemized Budget:**

The budget below reflects planning-level cost estimates based on current market research and anticipated program needs. Final line-item costs will be confirmed and submitted following contractor selection and completion of the State procurement process.

Budget Category	Line Item/Description	Estimated Cost
Program Operations Personnel	1 Program Operations Manager, estimated at \$120,000 per year	\$120,000.00
	2 Site Coordinators, estimated at \$89,500 per year	\$179,000.00
	8 Intake and Scheduling Coordinators, estimated at \$68,500 per year	\$548,000.00
	5 Referral & Care Coordination Specialists, estimated at \$75,000 per year	\$375,000.00
	6 Administrative Specialists, estimated at \$63,000 per year	\$378,000.00

Program Operations Personnel Subtotal		\$1,600,000.00
Data Management & Reporting	Systems and tools needed to manage participant tracking referral data, performance metrics, and required reporting	\$400,000.00
Operational Supplies, Training, and Administration	Supplies, staff training, onboarding materials, administrative costs	\$200,000.00
<b>Total Year 1 Budget</b>		<b>\$2,200,000.00</b>

All amounts are preliminary estimates for planning purposes. Final costs and a detailed budget narrative will be submitted upon contractor selection and execution of procurement.

Method of Selection: Contractor will be selected through a formal bidding process.

Method of Accountability: The Division of Public Health will evaluate contractor performance based on effective management of program operations, coordination of services, and achievement of operational deliverables that support integrated Hope Center services.

- a. The contractor will submit monthly operational reports participant intake numbers, service coordination activities, referral volumes, referral resolution rates, and operational challenges. Reports must accompany invoice submissions and will be reviewed for accuracy and completeness.
- b. The contractor will demonstrate effective management of the closed-loop referral process through submission of deidentified referral tracking reports showing referrals opened, services accessed, and referrals successfully closed across medical, behavioral health, housing, and social service partners.
- c. The contractor will provide deidentified performance reports summarizing operational outcomes, including service utilization patterns, care coordination efficiency, and progress toward reducing avoidable emergency department utilization and improving housing stability.
- d. DPH will conduct periodic reviews of performance based on timeliness of service coordination, effectiveness of operational workflows, quality of partner communication, and alignment with Hope Center program goals. Any deficiencies will be addressed through written corrective action plans.
- e. Contractual payments will be tied to completion of defined operational milestones, verified service coordination activities, and submission of required documentation, ensuring funds are released only when operational deliverables are actively met.
- e. Feedback from DPH monitoring, audits, and site visits will be incorporated into ongoing program operations to improve quality, efficiency, and participant outcomes.

**Contractor 5: Facility Operations: Vendor TBD**

**Period of Performance:** 12/29/2025 – 10/30/2026

**Scope of Work:**

1. Provide routine cleaning, housekeeping, and waste removal services for both Hope Center facilities.
2. Perform preventive and emergency maintenance to ensure facilities remain safe and fully operational.
3. Manage building utilities, including electricity, water, heating and cooling, and internet services.
4. Provide groundskeeping and exterior maintenance, including landscaping, snow removal, and exterior safety.
5. Conduct regular facility inspections and address identified issues.
6. Coordinate facility needs with the Program Operations vendor and submit monthly facilities reports.

**Itemized Budget:**

The budget below reflects planning-level cost estimates based on current market research and anticipated program needs. Final line-item costs will be confirmed and submitted following contractor selection and completion of the State procurement process.

Budget Category	Line Item/Description	Estimated Cost
Routine Facility Operations & Housekeeping	24/7 facility support including cleaning, sanitation, waste removal, basic upkeep, and routine operational coverage	\$750,000.00
Preventive & Emergency Maintenance	Scheduled preventive maintenance and on-call response for urgent repairs and facility system issues	\$600,000.00
Utilities	Utility costs necessary to operate both facilities 24/7	\$850,000.00
Groundskeeping & Exterior Maintenance	Landscaping, snow removal, parking lot maintenance, and exterior safety upkeep for both facilities	\$470,000.00
<b>TOTAL</b>		<b>\$2,670,000.00</b>

All amounts are preliminary estimates for planning purposes. Final costs and a detailed budget narrative will be submitted upon contractor selection and execution of procurement.

**Method of Selection:** Contractor will be selected through a formal bidding process.

**Method of Accountability:** The Division of Public Health will evaluate contractor performance based on consistent operation, safety, and readiness of both Hope Center facilities.

- a. The contractor will submit monthly facility operations reports detailing cleaning services provided, maintenance activities completed, utility management, repair requests, and any safety issues identified and resolved. Reports must accompany invoice submissions and will be reviewed for accuracy and completeness.
- b. The contractor will demonstrate compliance with all applicable building codes, health and safety standards, and accessibility requirements through submission of inspection reports, maintenance logs, and corrective action documentation as applicable.
- c. The contractor will maintain response-time standards for routine and emergency maintenance requests and provide documentation demonstrating timely resolution of facility-related issues that could impact service delivery.
- d. DPH will conduct periodic site visits and performance reviews to assess cleanliness, safety, functionality, and overall facility readiness. Any deficiencies will be addressed through written corrective action plans.
- e. Contractual payments will be tied to verified facility performance, completion of required maintenance activities, and submission of required documentation, ensuring funds are released only when facilities remain fully operational and compliant.

e. Feedback from DPH monitoring, audits, and site visits will be incorporated into ongoing program operations to improve quality, efficiency, and participant outcomes.

**Contractor 6: Transportation Services: Vendor TBD**

**Period of Performance:** 12/29/2025 – 10/30/2026

**Scope of Work:**

1. Provide scheduled and on-demand transportation for Hope Center participants to medical, behavioral health, substance use treatment, housing, benefits, and other program-related appointments at no cost to participants.
2. Operate transportation services using a fee-for-service reimbursement model in which the program pays the vendor based on verified units of service provided in the following fee structure:
  - a. Standard per-trip service fee for each completed trip
  - b. Accessibility support fee for trips requiring additional assistance (e.g., wheelchair access, extended boarding time, mobility support)
  - c. Mileage reimbursement rate at the approved rate
  - d. Fuel reimbursement at the approved rate
3. Coordinate transportation scheduling with the Program Operations, Clinical, and Social Services vendors.
4. Ensure transportation services are accessible for participants with disabilities and mobility limitations.
5. Maintain service logs documenting trips complete, trip purpose, accessibility support provided, mileage, and fuel usage.
6. Submit monthly transportation utilization and invoicing reports.

**Itemized:**

The budget below reflects planning-level cost estimates based on current market research and anticipated program needs. Final line-item costs will be confirmed and submitted following contractor selection and completion of the State procurement process.

Budget Category	Line Item/Description	Estimated Cost
Standard Trip Fee	Standard flat fee of \$130 per ride provided to participants, estimating 2,080 rides	\$270,000.00
Accessibility Support Fee	Additional cost for trips requiring wheelchair access or additional assistance, estimating 500 rides	\$90,000.00
Mileage Reimbursement	Reimbursement for miles driven using federal standard mileage rate of \$0.725 per mile, estimating 177,240 miles	\$128,635.00
Fuel Reimbursement	Reimbursement for fuel costs using federal medical miles of \$0.205 per mile, estimating 177,240 miles	\$36,365.00
Administrative Costs, Supplies, and Telecommunications	Scheduling and dispatch support, reporting systems, telecommunications, and basic office supplies	\$75,000.00
<b>Total Year 1 Budget</b>		<b>\$600,000.00</b>

All amounts are preliminary estimates for planning purposes. Final costs and a detailed budget narrative will be submitted upon contractor selection and execution of procurement.

**Method of Selection:** Contractor will be selected through a formal bidding process.

**Method of Accountability:** The Division of Public Health will evaluate contractor performance based on the accuracy, reliability, and completeness of fee-for-service transportation delivery.

- a. The contractor will submit monthly reports documenting completed trips, trip purposes, accessibility-support trips, and mileage driven. Reports must accompany invoice submissions and will be reviewed for accuracy and completeness.
- b. The contractor will maintain detailed service logs verifying all units of service billed to the program, including per-trip charges, accessibility support provided, and mileage calculations.
- c. DPH will conduct periodic performance reviews to assess timeliness, reliability, coordination with Hope Center partners, and responsiveness to participant needs. Any deficiencies will be addressed through written corrective action plans.
- e. Contractual payments will be based solely on verified units of service delivered, ensuring participants receive transportation at no cost and that funds are used exclusively for transportation services actually provided.
- e. Feedback from DPH monitoring, audits, and site visits will be incorporated into ongoing program operations to improve quality, efficiency, and participant outcomes.



**Contract 7: Security Services: Vendor TBD****Period of Performance:** 12/29/2025 – 10/30/2026**Scope of Work:**

1. Provide on-site security coverage for both Rural Hope Center facilities during hours of operation.
2. Maintain a visible security presence to ensure the safety of participants, staff, and visitors.
3. Monitor building access points and conduct routine interior and exterior patrols.
4. Respond to safety concerns, disturbances, or emergencies in coordination with Program Operations and Facilities vendors.
5. Support de-escalation and crisis response using trauma-informed and participant-centered practices.
6. Maintain incident logs and safety documentation.
7. Submit monthly security staffing and incident reports.

**Itemized:**

The budget below reflects planning-level cost estimates based on current market research and anticipated program needs. Final line-item costs will be confirmed and submitted following contractor selection and completion of the State procurement process.

Budget Category	Line Item/Description	Estimated Cost
On-Site Security Staffing	1 Security Supervisor, estimated at \$65,000 per year	\$65,000.00
	4 Full-Time Security Officers, estimated at \$62,500 per year	\$250,000.00
	2 Part-Time Security Officers, estimated at \$25,000 per year	\$50,000.00
Security Personnel Subtotal		\$365,000.00
Security Supplies & Administration	Uniforms, radios, basic safety equipment, incident documentation materials, and communication tools	\$35,000.00
<b>Total Year 1 Budget</b>		<b>\$400,000.00</b>

All amounts are preliminary estimates for planning purposes. Final costs and a detailed budget narrative will be submitted upon contractor selection and execution of procurement.

**Method of Selection:** Contractor will be selected through a formal bidding process.

**Method of Accountability:** The Division of Public Health will evaluate contractor performance based on the contractor's ability to maintain a safe, secure, and supportive environment at both Hope Center facilities.

- a. The contractor will submit monthly reports detailing security staffing coverage, hours of service provided, incident reports, and any safety concerns identified and addressed. Reports must accompany invoice submissions and will be reviewed for accuracy and completeness.
- b. The contractor will maintain documentation of staff training related to safety procedures, de-escalation techniques, and trauma-informed engagement.
- c. DPH will conduct periodic site visits and performance reviews to assess security presence, responsiveness, and coordination with Program Operations and Facilities vendors. Any deficiencies will be addressed through written corrective action plans.
- e. Contractual payments will be tied to verified security staffing coverage, service delivery, and submission of required documentation, ensuring funds are released only when security services are actively provided and compliant with contract requirements.
- e. Feedback from DPH monitoring, audits, and site visits will be incorporated into ongoing program operations to improve quality, efficiency, and participant outcomes.

## Initiative 2 – Rural Community Health Hubs

Initiative 2 – Rural Community Health Hubs Budget		
<u>Budget Category</u>	<u>Contract Category</u>	<u>Total</u>
Personnel & Fringe		\$0.00
Equipment		\$0.00
Travel		\$0.00
Supplies		\$0.00
Contractual	Community Health Hubs	\$4,625,000.00
	Program Marketing	\$145,000.00
	Technical Assistance Trainers	\$225,000.00
	External Evaluation & Reporting	\$200,000.00
	Electronic Medical Record System	\$288,730.00
	Contractual Subtotal	\$5,483,730.00
Other		\$0.00
<b>TOTAL</b>		<b>\$5,483,730.00</b>

**Purpose:** Deploy mobile health units throughout rural areas to deliver preventive care, chronic disease management, and specialty services directly to underserved communities.

### **Contract 1: Community Health Hubs: 5 Subrecipient Awards, Contractors TBD**

**Period of Performance:** 12/29/2025 – 10/30/2026

#### **Scope of Work:**

1. Establish Community Health Hubs in rural communities to increase access to preventive, primary, behavioral health, specialty, and telehealth-enabled services.
2. Hire and deploy multidisciplinary staff to operate Community Health Hubs.
3. Provide preventive services, screenings, chronic disease management, and care coordination.
4. Integrate telehealth and referral pathways with healthcare providers and DHSS divisions.
5. Implement EMR systems and participate in standardized data reporting and performance tracking.
6. Conduct outreach and engagement activities targeting high-need and high-SVI populations.
7. Track service utilization, referrals, and access indicators aligned with initiative performance measures.
8. Participate in required monitoring, evaluation, and sustainability planning activities.

**Itemized:**

The budget below reflects planning-level cost estimates based on current market research and anticipated program needs. Final line-item costs will be confirmed and submitted following contractor selection and completion of the State procurement process.

Budget Category	Line Item/Description	Estimated Cost
Personnel – Clinical & Operational Staff	Staffing to support service delivery and hub operations across 5 sites	\$3,000,000.00
Facility & Operational Costs	Rent, utilities, operational support, and site expenses	\$700,000.00
Clinical & Program Supplies	Medical supplies, telehealth peripherals, and service materials	\$500,000.00
Data & Reporting	EMR implementation support, reporting tools, and performance tracking	\$425,000.00
<b>Total Year 1 Budget</b>		<b>\$4,625,000.00</b>

All amounts are preliminary estimates for planning purposes. Final costs and a detailed budget narrative will be submitted upon contractor selection and execution of procurement.

**Method of Selection:** Contractors will be selected through a formal bidding process.

**Method of Accountability:** The Division of Public Health will evaluate contractor performance based throughout the period of performance.

- a. Contractors will submit monthly invoices with supporting documentation demonstrating that expenditures align with approved budget categories and directly support hub operations and service delivery.
- b. Contractors will submit monthly activity reports demonstrating staffing levels, services delivered, referrals completed, and operating hours.
- c. Contractors will submit quarterly performance reports detailing encounter volumes, screening rates, telehealth utilization, and service delivery to high-need populations.
- d. DPH will conduct periodic site visits to verify service delivery, staffing, compliance with reporting requirements, and appropriate use of funds.
- e. Performance will be assessed against established service targets and access benchmarks. Corrective action plans will be required if performance standards are not met.
- f. Final deliverable review and reconciliation of expenditures will be conducted prior to contract close-out.

**Contract 2: Program Marketing, Contractor TBD****Period of Performance:** 12/29/2025 – 10/30/2026**Scope of Work:**

1. Develop and implement a coordinated marketing and outreach strategy to increase awareness and utilization of Community Health Hubs in rural Kent and Sussex Counties.
2. Develop standardized branding and messaging for Community Health Hubs.
3. Design and implement marketing campaigns to promote hub services.
4. Produce outreach and education materials to support community engagement.
5. Develop training materials to support consistent messaging and program promotion across hub sites.
6. Coordinate outreach efforts targeting high-need and high-SVI populations.
7. Track outreach reach and engagement metrics.

**Itemized:**

The budget below reflects planning-level cost estimates based on current market research and anticipated program needs. Final line-item costs will be confirmed and submitted following contractor selection and completion of the State procurement process.

Budget Category	Line Item/Description	Estimated Cost
Hub Branding & Marketing	Branding development, campaign strategy, and marketing implementation	\$75,000.00
Outreach & Education Materials	Design and production of educational and promotional materials	\$50,000.00
Training Materials	Development of training and communication materials for hub staff	\$20,000.00
<b>Total Year 1 Budget</b>		<b>\$145,000.00</b>

All amounts are preliminary estimates for planning purposes. Final costs and a detailed budget narrative will be submitted upon contractor selection and execution of procurement.

**Method of Selection:** Contractors will be selected through a formal bidding process.

**Method of Accountability:** The Division of Public Health will evaluate contractor performance based throughout the period of performance.

- a. Contractor will submit quarterly progress reports documenting outreach activities, materials produced, and engagement efforts.

- b. Contractor will submit copies of branding assets, marketing campaigns, outreach materials, and training materials developed under the contract.
- c. Performance will be assessed based on timely completion of deliverables, alignment with approved messaging, and documented outreach reach.
- d. DPH will review invoices to ensure expenditures align with approved budget categories.
- e. Final deliverable review will be conducted prior to contract close-out.

### **Contract 3: Technical Assistance & Training, Contractor TBD**

**Period of Performance:** 12/29/2025 – 10/30/2026

#### **Scope of Work:**

1. Provide training and technical assistance to Community Health Hub operators to support effective implementation, compliance, and service delivery.
2. Deliver structured training to hub staff on service delivery standards, care coordination, and referral workflows.
3. Provide technical assistance related to telehealth integration, EMR utilization, and reporting requirements.
4. Support implementation of standardized workflows and performance tracking processes.
5. Provide compliance training aligned with privacy, data security, and CMS reporting standards.
6. Offer ongoing consultation to address operational challenges and support quality improvement.
7. Coordinate with DPH to ensure consistent guidance across all hub sites.

#### **Itemized:**

The budget below reflects planning-level cost estimates based on current market research and anticipated program needs. Final line-item costs will be confirmed and submitted following contractor selection and completion of the State procurement process.

<b>Budget Category</b>	<b>Line Item/Description</b>	<b>Estimated Cost</b>
Training & Technical Assistance Services	Delivery of training sessions, TA support, and workflow development	\$150,000.00
TA Materials & Implementation Resources	Training materials, toolkits, and standardized implementation guides	\$75,000.00
<b>Total Year 1 Budget</b>		<b>\$225,000.00</b>

All amounts are preliminary estimates for planning purposes. Final costs and a detailed budget narrative will be submitted upon contractor selection and execution of procurement.

**Method of Selection:** Contractors will be selected through a formal bidding process.

**Method of Accountability:** The Division of Public Health will evaluate contractor performance based throughout the period of performance.

- a. Contractor will submit quarterly progress reports documenting trainings delivered, attendance levels, and technical assistance activities.
- b. Contractor will submit copies of training materials, implementation guides, and technical assistance resources developed under the contract.
- c. Performance will be assessed based on timely delivery of training sessions, responsiveness to hub needs, and demonstrated support of compliance and operational readiness.
- d. DPH will review invoices to ensure expenditures align with approved budget categories.
- e. Completion of deliverables will be verified prior to contract close-out.

#### **Contract 4: External Evaluation & Reporting, Contractor TBD**

**Period of Performance:** 12/29/2025 – 10/30/2026

##### **Scope of Work:**

1. Provide independent evaluation and reporting services for the Community Health Hub Initiative.
2. Develop and refine performance metrics aligned with initiative goals and CMS requirements.
3. Establish standardized data collection methodologies across all funded hub sites.
4. Aggregate and analyze service utilization, referral activity, and access indicators.
5. Track performance against established benchmarks and rural access targets.
6. Prepare required reports summarizing program outcomes and impact.
7. Provide data-driven recommendations to support continuous quality improvement.

##### **Itemized:**

The budget below reflects planning-level cost estimates based on current market research and anticipated program needs. Final line-item costs will be confirmed and submitted following contractor selection and completion of the State procurement process.

Budget Category	Line Item/Description	Estimated Cost
Evaluation Framework Development	Outcome measures, evaluation design, and data tools	\$110,000.00
Data Analysis & Reporting	Ongoing data analysis, dashboards, and reporting	\$90,000.00
<b>Total Year 1 Budget</b>		<b>\$200,000.00</b>

All amounts are preliminary estimates for planning purposes. Final costs and a detailed budget narrative will be submitted upon contractor selection and execution of procurement.

**Method of Selection:** Contractors will be selected through a formal bidding process.

**Method of Accountability:** The Division of Public Health will evaluate contractor performance based throughout the period of performance.

- a. Contractor will submit monthly evaluation reports as required under approved evaluation plan.
- b. Reports will be reviewed for data accuracy, completeness, and alignment with CMS reporting standards.
- c. Performance will be assessed based on timely submission of deliverables, quality of analysis, and adherence to approved evaluation methodology.
- d. DPH will review invoices to ensure expenditures align with approved budget categories.
- e. Completion of deliverables will be verified prior to contract close-out.

#### **Contract 5: EMR System Implementation & Integration, Contractor TBD**

**Period of Performance:** 12/29/2025 – 10/30/2026

##### **Scope of Work:**

1. Provide electronic medical record (EMR) system licensing, configuration, and integration services to support standardized data collection and reporting across Community Health Hub sites.
2. Provide EMR licensing and user access for Community Health Hub sites.
3. Configure system workflows to align with hub service delivery models.
4. Integrate EMR systems with the Delaware Health Information Network (DHIN) and other required interoperability platforms.
5. Establish standardized reporting templates to support reporting requirements.
6. Provide technical support and system troubleshooting during implementation
7. Ensure compliance with HIPAA, data security, and state information security standards.



**Itemized:**

The budget below reflects planning-level cost estimates based on current market research and anticipated program needs. Final line-item costs will be confirmed and submitted following contractor selection and completion of the State procurement process.

Budget Category	Line Item/Description	Estimated Cost
EMR Licensing & User Access	System licensing and authorized user access	\$140,000.00
System Configuration & Integration	Workflow configuration, DHIN integration, interoperability setup	\$108,730.00
Technical Support & Implementation Assistance	Training, troubleshooting, and implementation support	\$40,000.00
<b>Total Year 1 Budget</b>		<b>\$288,730.00</b>

All amounts are preliminary estimates for planning purposes. Final costs and a detailed budget narrative will be submitted upon contractor selection and execution of procurement.

**Method of Selection:** Contractors will be selected through a formal bidding process.

**Method of Accountability:** The Division of Public Health will evaluate contractor performance based throughout the period of performance.

- a. Contractor will submit monthly reports detailing implementation milestones and deployment timelines for review and approval.
- b. Contractor will submit documentation verifying system configuration, user access setup, and DHIN interoperability functionality.
- c. Contractor will demonstrate successful testing of reporting templates and secure data exchange prior to full system acceptance.
- d. DPH will review invoices to ensure expenditures align with approved implementation phases and licensing terms.
- e. Completion of deliverables will be verified prior to contract close-out.

### Initiative 3 – School-Based Health Centers Expansion

Initiative 3 – School-Based Health Centers Expansion Budget		
<u>Budget Category</u>	<u>Contract Category</u>	<u>Total</u>
Personnel & Fringe		\$0.00
Equipment		\$0.00
Supplies		\$0.00
Contractual	Personnel/Clinical Support	\$110,000.00
	Equipment and IT	\$19,400.00
	Program Development and Training	\$65,600.00
	Contractual Subtotal	\$195,000.00
Other		\$0.00
<b>TOTAL</b>		<b>\$195,000.00</b>

**Purpose:** Expand the network of school-based health centers in rural Sussex and Kent elementary and middle schools to provide comprehensive physical, behavioral, and preventive health services.

**School Based Health Center Vendor:** TBD

**Period of Performance:**

**Scope of Work:** Contractual services support planning, clinical readiness, compliance, equipment setup, and systems development necessary to launch the School Based Health Centers. Payments will be deliverable-based and invoiced in accordance with State requirements

**Itemized Budget:**

The budget below reflects planning-level cost estimates based on current market research and anticipated program needs. Final line-time costs will be confirmed and submitted following contractor selection and completion of the State procurement process.

<u>Budget Category</u>	<u>Line Item/Description</u>		<u>Total</u>
Personnel/Clinical Support	Medical Director: 250 hours @ \$190 an hour	\$47,500.00	
	Advanced Practice Nurse/Clinical Lead: 250 hours at \$110.00 an hour	\$27,500.00	

		Behavioral Health Consultant: 250 hours at \$65.00 an hour	\$16,250.00
		Administrative/Project Coordination 250 hours at \$50.00 an hour	\$12,500.00
		Community Health Worker 250 hours at \$25 an hour	\$6,250.00
Personnel/Clinical Support Subtotal		\$110,000.00	
Computer and IT	Computer Purchase & Setup	\$14,400.00	
	EHR/IT Configuration	\$4,000.00	
	Billing and Coding Setup	\$1,000.00	
Computer and IT Subtotal			\$19,400.00
Program Development and Training	Clinical Protocol Development	\$3,150.00	
	Training Support	\$7,450.00	
	Marketing of SBHC	\$15,000.00	
	Supplies and Materials	\$40,000.00	
Program Development and Training Subtotal			\$65,600.00
Total Year 1 Budget		\$195,000.00	

**Method of Selection:** Contractor will be selected through a formal bidding process.

**Method of Accountability:** The Division of Public Health will evaluate contractor performance based on the ability to meet the following deliverables and performance measures related to startup, training, and operationalization of School-Based Health Center (SBHC).

- a. The contractor will submit monthly progress reports detailing completed tasks, challenges encountered, and upcoming milestones. Reports will be reviewed for accuracy and completeness and must accompany invoice submissions
- b. The contractor will ensure all staff involved in the SBHC startup complete required trainings, including SHBC workflows, compliance, trauma-informed care, and privacy standards. Attendance records, training completion certificates, and post-training evaluations will be submitted with monthly reports.
- c. DPH will conduct periodic reviews of contractor performance against specific deliverables, including timeliness, quality of work, and compliance with SBHC standards. Any deficiencies will be addressed promptly through corrective action plans.
- d. Contractual payments will be tied to completion of specific deliverables and submission of required documentation. This ensures that all milestones, including trainings and infrastructure setup, are met before funds are released.
- e. Feedback from DPH reviews will be incorporated into ongoing contractor activities and training programs to improve efficiency, compliance, and quality of services.

#### Initiative 4 – Food is Medicine Infrastructure Initiative

Initiative 4 – Food is Medicine Infrastructure Budget		
<u>Budget Category</u>	<u>Contract Category</u>	<u>Total</u>
Personnel & Fringe		\$0.00
Equipment		\$0.00
Supplies		\$0.00
Contractual	Billing Contractor	\$823,000.00
	Technology and Workforce	\$400,000.00
	Program Oversight, Evaluation, Reporting	\$425,000.00
	Contractual Subtotal	\$1,648,000.00
Other		\$0.00
<b>TOTAL</b>		<b>\$1,648,000.00</b>

**Purpose:** Develop sustainable payment mechanisms, deploy integrated technology platforms, and train rural healthcare practitioners to deliver evidence-based nutrition interventions.

**Contractor:** TBD

**Period of Performance:** 12/29/2025 – 10/30/2026

**Scope of Work:**

1. Develop and implement sustainable billing mechanisms, including:
  - a. CPT code 99213 culinary medicine consultations
  - b. Medicaid “in lieu of services” pathways
  - c. Accountable Care Organization (ACO) payment arrangements
2. Develop and deploy EMR-integrated billing tools for participating providers.
3. Establish a rigorous evaluation framework to track clinical outcomes, program reach, cost savings, and value-based payment success.
4. Prepare reports and public findings in peer-reviewed journals.
5. Certify Culinary Medicine Teachers to train 150 rural practitioners (70% serving rural populations).

**Itemized Budget:**

The budget below reflects planning-level cost estimates based on current market research and anticipated program needs. Final line-time costs will be confirmed and submitted following contractor selection and completion of the State procurement process.

Budget Category	Line Item/Description	Estimated Cost
Payment Infrastructure and Training	Develop and implement sustainable billing mechanisms (CPT 99213 culinary medicine, consultations, Medicaid “in lieu of services” pathways, ACO payment arrangements), EMR-integrated billing tools, evaluation framework, reports, and certification of 15 culinary medicine teachers.	\$323,000.00
Provider Payments	Payments to participating providers	\$500,000.00
<b>Total Year 1 Budget</b>		<b>\$823,000.00</b>

**Method of Selection:** Contractor will be selected through a formal bidding process.

**Method of Accountability:** The Division of Public Health (DPH) will evaluate contractor performance based on the contractor’s ability to meet the required deliverables and performance measures outlined below. The DPH Project Manager will be responsible for supervising contract and monitoring performance throughout the contract period and close-out.

- a. The contractor will collect and submit data aligned with established outcome measurement goals and standardized metrics for statewide reporting.
- b. Performance will be monitored through required monthly progress reports documenting implementation activities, performance against outcome measures, and any challenges or corrective actions.
- c. The contractor will submit an annual report summarizing cost impacts, lessons learned, recommendations for scale and sustainability, and any publications or presentations resulting from project activities.
- d. DPH will review all reports to assess compliance with contract requirements, progress toward deliverables, and overall project performance.
- e. The DPH project manager will provide oversight, review reports, monitor progress, offer feedback, and technical assistance as needed and ensure all contractual obligations are met at the conclusion of the contract period.

## **Contractor 2: Technology and Workforce**

**Contractor:** TBD

**Period of Performance:** 12/29/2025 – 10/30/2026

### **Scope of Work:**

1. Hire and deploy 4-5 community health workers and 1 registered dietitian to serve patients in rural health practices across Kent and Sussex counties.

2. Provide individualized nutrition counseling, education, and care coordination for patients with diet-sensitive chronic conditions.
3. Deploy and maintain technology solutions, including:
  - a. EMR decision-support tools for providers
  - b. Telehealth nutrition consultations platforms
  - c. Patient-facing mobile applications
  - d. Remote patient monitoring systems
4. Track patient participation, adherence, and clinical outcomes.

#### **Itemized Budget:**

The budget below reflects planning-level cost estimates based on current market research and anticipated program needs. Final line-time costs will be confirmed and submitted following contractor selection and completion of the State procurement process.

<b>Budget Category</b>	<b>Line Item/Description</b>	<b>Estimated Cost</b>
Personnel	5 Community Health Workers, estimated at \$55,000 each per year	\$275,000.00
	1 Registered Dietitian, estimated at \$75,000 per year	\$75,000.00
Personnel Subtotal		\$350,000.00
Nutrition Counseling and Education	Program supplies, materials, and session costs	50,000.00
<b>Total Year 1 Budget</b>		<b>400,000.00</b>

**Method of Selection:** Contractor will be selected through a formal bidding process.

#### **Method of Accountability:**

The Division of Public Health (DPH) will evaluate contractor performance based on the contractor's ability to meet the required deliverables and performance measures outlined below. The DPH Project Manager will be responsible for supervising contract and monitoring performance throughout the contract period and close-out.

- a. The contractor will collect and submit data aligned with established outcome measurement goals and standardized metrics for statewide reporting.
- b. The contractor will submit monthly progress reports documenting implementation activities, progress toward outcome measures, and any challenges or corrective actions.
- c. The contractor will submit an annual report summarizing cost impacts, lessons learned, recommendations for scale and sustainability, and any publications or presentations resulting from project activities.
- d. DPH will review all reports to assess compliance with contract requirements, progress toward deliverables, and overall project performance.

- e. Report review findings will be used by DPH to provide feedback, technical assistance, and to verify completion of all contractual obligations at the close of the contractor period.

### **Contractor 3: Program Oversight, Evaluation, Reporting**

**Contractor:** TBD

**Period of Performance:** 12/29/2025 – 10/30/2026

#### **Scope of work:**

1. Personnel, project management, oversight, evaluation, and regular DHSS and CMS reporting for initiative, including quarterly travel to sites.
2. Purchase of education and training supplies and materials.
3. Purchase of IT hardware, platforms, and equipment necessary to support program implementation and statewide Food is Medicine infrastructure.

#### **Itemized Budget:**

The budget below reflects planning-level cost estimates based on current market research and anticipated program needs. Final line-time costs will be confirmed and submitted following contractor selection and completion of the State procurement process.

<b>Budget Category</b>	<b>Line Item/Description</b>	<b>Estimated Cost</b>
Program Administration and Evaluation	Program management, coordination, reporting, and evaluation (labor and administrative costs to be incurred by selected contractor; positions and rates TBD)	<b>\$150,000.00</b>
Educational and Training Supplies and Materials	Culinary medicine training materials, education supplies, remote monitoring devices (estimated annual cost)	<b>\$50,000.00</b>
IT and Equipment	EMR-integrated billing toolbox, telehealth nutrition platform, mobile application, and remote monitoring infrastructure.	\$50,000.00
	IT and network hardware	\$50,000.00
	Commercial food preparation equipment	\$25,000.00
	Walk-in freezer (1 unit)	\$40,000.00
	Refrigerated van (1 vehicle)	\$60,000.00
It and Equipment Subtotal		\$225,000.00
<b>Total Year 1 Budget</b>		<b>\$425,000.00</b>



**Method of Selection:** Contractor will be selected through a formal bidding process.

**Method of Accountability:** The Division of Public Health (DPH) will evaluate contractor performance based on the ability to carry out the deliverables and meet performance measures outlined in the scope of work. The DPH Project Manager will be responsible for supervising the contract monitoring performance throughout the period of performance.

- a. The contractor will submit monthly reports summarizing day-to-day program operations, adherence to CMS requirements, progress toward program implementation, and use of education, training, and IT resources.
- b. The contractor will document quarterly travel to program sites, including activities conducted, challenges encountered, and technical assistance provided.
- c. DPH will review all reports to assess compliance with contract requirements, progress toward deliverables, and overall program performance.
- d. Findings from report reviews will guide DPH feedback, technical assistance, and verification of completion of all deliverables at the close of the contractor period.

## Initiative 5 – Rural Libraries Health Access Initiative

Initiative 5 – Rural Libraries Health Access Budget		
Budget Category	Contract Category	Total
Personnel & Fringe		
Equipment		
Supplies		
Contractual	Delaware Division of Libraries	\$1,050,000.00
	Rural Libraries Health Hub	\$450,000.00
	Program Operations & Staffing	
	Program Coordination, Training, and Technical Assistance	\$235,000.00
	Program Evaluation & Reporting	\$100,000.00
	Contractual Subtotal	\$1,835,000.00
Other		
<b>TOTAL</b>		<b>\$1,835,000.00</b>

**Purpose:** Expand health services at nine rural libraries by adding staff and extending hours to provide telehealth support, health navigation, and benefits enrollment assistance

**Subrecipient: Delaware Division of Libraries**

**Role:** Library Operations, Staffing, and Hours of Operation

**Subrecipient Responsibilities:**

The Delaware Division of Libraries will serve as a subrecipient and will be responsible for direct library operations related to this initiative, including:

1. Establishing and maintaining staffing schedules across nine library locations.
2. Expanding and sustaining library hours of operation to support health services.
3. Expanding and sustaining library hours of operation to support health access services.
4. Providing physical space, utilities, internet connectivity, and private rooms for telehealth and service delivery.
5. Ensuring compliance with library policies, privacy standards, and facility requirements.
6. Coordinating day-to-day service delivery with DHSS divisions and contracted partners.

Itemized Budget

Budget Category	Line-Item Description	Total
Personnel	Part-time and extended hours staffing coverage across 9 rural libraries	\$650,000.00
Signage	Updated signs for library locations reflecting new hours of operation	\$50,000.00
Supplies and Operations	Program supplies, connectivity support, and operational materials needed for day-to-day operations	\$350,000.00
<b>Total Year 1 Budget</b>		<b>\$1,050,000.00</b>

### **Contractor 1: Rural Libraries Health Hub Program Operations & Staffing**

**Contractor:** TBD

**Period of Performance:** 12/29/2025-10/30/2026

#### **Scope of Work:**

1. Operate and expand health access services at nine rural library locations in Kent and Sussex Counties.
2. Hire and deploy library-based Community Health Specialists to support telehealth visits, benefits enrollment, health navigation, and referrals.
3. Provide assistance with Medicaid, Medicare, SNAP/EBT applications, and other social service enrollment.
4. Deliver health education and programming, including chronic disease management, aging-in-place support, naloxone training, nutrition education, and wellness activities.
5. Coordinate extended operating hours to increase access to services.
6. Facilitate non-health supports that address social determinates of health, including job readiness and legal resource navigation.
7. Coordinate services with DSAMH and community-based partners.

#### **Itemized Budget:**

The budget below reflects planning-level cost estimates based on current market research and anticipated program needs. Final line-time costs will be confirmed and submitted following contractor selection and completion of the State procurement process.

Budget Category	Line Item/Description	Total
Personnel	1 FTE Telehealth specialists	\$200,000.00
Education	Health education materials, outreach, and engagement supplies	\$150,000.00
Software and Systems	Telehealth software upgrades and scheduling tools	\$100,000.00
<b>Total Year 1 Budget</b>		<b>\$450,000.00</b>

**Method of Selection:**

Contractor will be selected through a formal competitive procurement process in accordance with state and federal requirements.

**Method of Accountability:**

The Division of Public Health, in coordination with the Division of Libraries, will monitor contractor performance throughout the period of performance.

- a. Contract will submit monthly activity reports documenting service utilization and staffing levels.
- b. Performance will be measured against service delivery targets, including telehealth visits supported and benefits applications completed.
- c. The DPH will review reports for compliance, accuracy, and progress toward outcomes.
- d. Corrective actions will be required if performance benchmarks are not met.
- e. Final deliverable review will be conducted prior to contract close-out.

**Contractor 2: Program Coordination, Training, and Technical Assistance**

**Contractor:** TBD

**Period of Performance:** 12/29/2025-10/30/2026

**Scope of Work:**

1. Provide centralized program coordination across all participating rural libraries.
2. Supervise and support library-based health staff.
3. Deliver training and technical assistance related to telehealth facilitation, benefits navigation, and privacy requirements.
4. Coordinate outreach and engagement strategies to increase community awareness.
5. Support partnership development with healthcare providers and community organizations.

Itemized Budget:

Budget Category	Line-Item Description	Total
Program Coordination	Project coordinator oversight and management	\$125,000.00
Training & Technical Assistance	Staff training, TA materials, and delivery	\$60,000.00
Outreach and Marketing	Community outreach campaigns and materials	\$50,000.00
<b>Total Year 1 Budget</b>		<b>\$235,000.00</b>

**Method of Selection:** Contractor will be selected through a formal bidding process.

**Method of Accountability:**

The Division of Libraries will oversee contractor performance.

- a. Contractor will submit quarterly progress reports documenting coordination activities, trainings delivered, and outreach efforts.
- b. Performance will be assessed based on timely completion of trainings, quality of technical assistance, and partner engagement outcomes.
- c. The DPH will review deliverables and require corrective action if deficiencies are identified.
- d. Completion of all Year 1 deliverables will be verified.

**Contractor 3: Program Evaluation & Reporting**

**Contractor:** TBD

**Period of Performance:** 12/29/2025- 10/30/2026

Scope of Work:

1. Develop performance metrics aligned with initiative outcomes.
2. Collect and analyze service utilization and outcome data across all library sites.
3. Track progress toward program targets and rural access indicators.
4. Prepare required DHSS and CMS reports.
5. Support continuous quality improvement through data-driven recommendations.

Budget Category	Line-Item Description	Total
Evaluation Framework	Outcome measures, data tools, and dashboards	\$20,000.00
Data Analysis & Reporting	Ongoing analysis and CMS/DHSS reporting	\$80,000.00
Year 1 Total Budget		\$100,000.00

**Method of Selection:** Contractor will be selected through a formal bidding process

**Method of Accountability:**

DPH will monitor contractor performance to ensure evaluation and reporting requirements are met.

Contractor will submit required monthly and quarterly reports.

- a. Reports will be reviewed for data quality, completeness, and compliance.
- b. Performance will be assessed based on timely submission and accuracy of reporting.
- c. Final acceptance of deliverables is required prior to contract close-out.



## Initiative 6 – Rural Provider & FQHC Value-Based Care Readiness

Initiative 6 – Rural Provider & FQHC Value-Based Care Readiness Budget		
<u>Budget Category</u>	<u>Contract Category</u>	<u>Total</u>
Personnel & Fringe		\$0.00
Equipment		\$0.00
Supplies		\$0.00
Contractual	Rural Provider/FQHC Readiness Awards	\$22,796,042.48
	Technical Assistance	\$380,000.00
	Program Oversight, Evaluation, Reporting	\$1,146,000.00
	Contractual Subtotal	\$24,322,042.48
Other		\$0.00
<b>TOTAL</b>		<b>\$24,322,042.48</b>

**Purpose:** Support rural providers and FQHCs with cost-based, allowable infrastructure investments, including technology investments, expanded care teams, and strategic planning activities to transition to value-based payment models. Funds will not be used for incentive or performance-based payments and will reimburse documented costs that directly support value-based care.

### Contractor 1: Rural Provider/FQHC Readiness Awards

**Number of Anticipated Awards:** 3

**Period of Performance:** 12/29/2025 – 10/30/2026

#### Scope of Work:

1. Expand multidisciplinary care teams to support value-based payment (VBP) care delivery, including care coordinators, population health staff, community health workers, behavioral health integration staff, and quality/data personnel.
2. Implement or enhance health information technology required for participation in value-based payment models, including EMR optimization, analytics platforms, and quality reporting tools.
3. Develop and implement care management workflows that improve chronic disease management, preventive care, and care transitions.
4. Strengthen operational readiness for value-based contracting, including quality metric tracking, utilization monitoring, and performance management processes.
5. Implement strategies to reduce avoidable emergency department utilization and improve care coordination for high-risk patients.

6. Participate in all required reporting, performance measurement, and evaluation activities.
7. Ensure all awarded funds are used for allowable activities that directly support value-based care readiness.

**Itemized Budget:**

The budget below reflects planning-level cost estimates based on current market research and anticipated program needs. Final line-item costs will be confirmed and submitted following contractor selection and completion of the State procurement process.

<b>Budget Category*</b>	<b>Line Item/Description</b>	<b>Total Cost</b>
Care Team Expansion & Staffing	Salaries and personnel costs for expanded clinical, care coordination, and population health staff needed to support VBP readiness	\$10,542,875.48
Health IT & Data Infrastructure	EMR optimization, analytics platforms, interoperability upgrades, and quality reporting systems	\$6,125,418.00
Care Management & Workflow Redesign	Design and implementation of care management protocols, referral workflows, and care transition processes	\$3,770,001.00
Quality Improvement & Value-Based Payment Readiness Activities	Development of quality metrics, utilization monitoring, and operational readiness for VBP	\$1,413,750.00
Reporting & Evaluation	Data collection, performance monitoring, and evaluation of implementation activities	\$943,998.00
<b>TOTAL</b>		<b>\$22,796,042.48</b>

\*These awards are not incentive payments and are not tied to performance thresholds, utilization targets, or quality outcomes. Award funds will reimburse allowable, documented costs incurred by providers to build staffing, technology, and operational infrastructure required for participation in value-based payment models. All expenditures must align with approved budget categories and directly support value-based care readiness activities.

**Method of Selection:** Contractor will be selected through a formal bidding process.

**Method of Accountability:** The Division of Public Health will evaluate awarded provider based on the ability to meet the deliverables and performance measures outlined in the Scope of Work and approved workplan.



- a. The provider will submit monthly invoices with supporting documentation demonstrating that expenditures reflect actual, allowable costs incurred, align with approved budget categories, and directly support value-based care readiness activities. No payments will be made as bonuses, stipends, or incentive-based compensation.
- b. The provider will submit quarterly reports detailing implementation activities, including staffing expansion, technology improvements, workflow development, and progress toward value-based care readiness.
- c. DPH will conduct periodic site visits to assess compliance with contract requirements, appropriateness of expenditures, and progress toward deliverables. Any deficiencies will be addressed through written corrective action plans.

**Contractor 2: Technical Assistance for Rural Provider/FQHC Value-Based Care Readiness**

**Period of Performance:** 12/29/2025 – 10/30/2026

**Scope of Work:**

1. Provide targeted technical assistance to the awarded providers/FQHCs to support readiness for value-based payment (VBP) models.
2. Support development and refinement of care management workflows, population health strategies, and quality improvement processes.
3. Provide guidance on EMR optimization, data analytics, and quality reporting on infrastructure needed for VBP participation.
4. Assist providers with development of performance measurement frameworks aligned with quality, utilization, and cost-of-care outcomes.
5. Support operational readiness for value-based contracting, including contracting strategy, financial modeling, and performance monitoring.
6. Deliver training and coaching sessions for provider leadership and implementation teams.
7. Provide written tools, templates, and implementation resources to support consistent adoption across providers.
8. Coordinate technical assistance activities with DPH and participate in required planning and review meetings.

**Itemized Budget:**

The budget below reflects planning-level cost estimates based on current market research and anticipated program needs. Final line-item costs will be confirmed and submitted following contractor selection and completion of the State procurement process.

Budget Category	Line Item/Description	Estimated Cost
Technical Assistance Staffing & Consulting	Experts providing direct technical assistance, coaching, workflow redesign support, data strategy guidance, and VBP readiness consulting	\$220,000.00
Provider Training and Capacity Building	Development and delivery of training sessions, workshops, learning materials, and provider education resources	\$100,000.00
Tools, Templates, and Resources	Development of standardized tools, workplans, dashboards, and performance tracking templates	\$35,000.00
Travel & Site Support	Site visits, in-person technical assistance sessions, and provider engagement activities as needed	\$25,000.00
<b>Total Year 1 Budget</b>		<b>\$380,000.00</b>

All amounts are preliminary estimates for planning purposes. Final costs and a detailed budget narrative will be submitted upon contractor selection and execution of procurement.

**Method of Selection:** Contractor will be selected through a formal bidding process.

Method of Accountability: The Division of Public Health will evaluate contractor performance based on the ability to meet the deliverables and performance measures outlined in the scope of work and approved workplan.

- a. The contractor will submit monthly progress reports detailing technical assistance activities conducted, including trainings delivered, coaching sessions provided, tools and templates developed, and provider participation levels. Reports must accompany invoice submissions and will be reviewed for accuracy and completeness.
- b. The contractor will maintain documentation demonstrating completion of all planned deliverables including training materials, technical assistance tools, workflow templates, implementation guides, and other resources developed to support provider readiness for value-based payment models.
- c. DPH will conduct periodic reviews of contractor performance against established deliverables, including the quality, timeliness, and usefulness of technical assistance, alignment with program goals, and responsiveness to provider needs. Any deficiencies will be addressed through written corrective action plans.
- d. Contractual payments will be tied to verified completion of technical assistance activities, submission of required documentation, and achievement of defined deliverables, ensuring that funds are released only when technical assistance services are actively provided and compliant with contract requirements.

### **Contractor 3: Program Oversight, Evaluation and Reporting**

**Period of Performance:** 12/29/2025 – 10/30/2026

#### **Scope of Work:**

1. Provide overall program oversight for initiative 6, ensuring alignment with grant requirements, timelines, and performance objectives.
2. Develop and manage a standardized evaluation framework to measure provider progress toward value-based care readiness.
3. Define performance measures, data elements, and reporting standards across all awarded providers and contractors.
4. Collect, aggregate, and analyze deidentified performance data submitted by providers and the Technical Assistance vendor.
5. Monitor implementation progress, identify risks or delays, and recommend corrective actions as needed.
6. Prepare required program reports, dashboards, and summaries for DPH leadership and federal reporting.
7. Coordinate evaluation and monitoring activities with DPH program staff and other Initiative 6 contractors.
8. Support continuous quality improvement by identifying trends, lessons learned, and best practices across providers.

#### **Itemized Budget:**

The budget below reflects planning-level cost estimates based on current market research and anticipated program needs. Final line-item costs will be confirmed and submitted following contractor selection and completion of the State procurement process.

<b>Budget Category</b>	<b>Line Item/Description</b>	<b>Estimated Cost</b>
Program Oversight & Evaluation Personnel	Program Oversight Director, estimated at \$160,000 per year	\$160,000.00
	1 Senior Analyst, estimated at \$135,000 per year	\$135,000.00
	2 Data Analysts, estimated at \$100,000 each per year	\$200,000.00
	1 Compliance Specialist, estimated at \$95,000 per year	\$95,000.00
	Reporting Coordinator, estimated at \$110,000 per year	\$110,000.00
Program Oversight Personnel Subtotal		\$700,000.00

Data Systems, Dashboards, and Analytics Tools	Development or procurement of data platforms, dashboards, and analytic tools to track performance measures	\$250,000.00
Reporting and Documentation	Preparation of reports, summaries, visualizations, and documentation	\$120,000.00
Stakeholder Engagement	Facilitation of provider meetings, coordination activities, and technical briefings with DPH and partners	\$76,000.00
<b>TOTAL</b>		<b>\$1,146,000.00</b>

All amounts are preliminary estimates for planning purposes. Final costs and a detailed budget narrative will be submitted upon contractor selection and execution of procurement.

**Method of Selection:** Contractor will be selected through a formal bidding process.

**Method of Accountability:** The Division of Public Health will evaluate contractor performance based on the ability to meet the deliverables and performance measures outlined in the scope of work and approved workplan.

- a. The contractor will submit monthly progress reports detailing evaluation activities conducted, data collection and analysis completed, reports or dashboards developed, coordination activities, and staff time. Reports must accompany invoice submissions and will be reviewed for accuracy and completeness.
- b. The contractor will demonstrate implementation of the evaluation framework through submission of deidentified, aggregated performance reports showing provider progress toward value-based care readiness milestones.
- c. DPH will conduct periodic reviews of contractor performance against established deliverables, including the quality of evaluation methods, accuracy of reporting, timeliness of outputs, and alignment with program goals. Any deficiencies will be addressed through written corrective action plans.
- d. Contractual payments will be tied to verified completion of evaluation deliverables, submission of required reports and documentation, and demonstrated progress in program monitoring activities.

## Initiative 7 – Catalyst Fund for Telehealth & Remote Monitoring

Initiative 7 – Catalyst Fund for Telehealth & Remote Monitoring Budget		
<u>Budget Category</u>	<u>Contract Category</u>	<u>Total</u>
Personnel & Fringe		\$0.00
Equipment		\$0.00
Supplies		\$0.00
Contractual	Catalyst Fund Tech Awards	\$5,000,000.00
Other		\$0.00
<b>TOTAL</b>		<b>\$5,000,000.00</b>

**Purpose:** Create a competitive fund to support health technology vendors in developing and deploying consumer-facing remote monitoring and digital health solutions for rural populations

**Catalyst Fund Tech Awards: Vendor(s) TBD**

**Period of Performance:** 12/29/2025 – 10/30/2026

**Number of Awards:** One or more technology companies selected through competitive procurement

**Scope of Work:**

1. Develop and deploy consumer-facing remote monitoring and/or digital health solutions designed to improve prevention, chronic disease management, and access to care for rural populations.
2. Support dissemination and implementation of funded solutions, including participant onboarding, training, and ongoing user support as needed.
3. Integrate solutions with care delivery workflows and existing telehealth infrastructure where applicable.
4. Establish and track implementation and performance measures, including enrollment, utilization, engagement, and other outcome indicators.
5. Submit deidentified, aggregated performance data demonstrating reach, utilization, and impact of the funded solutions.
6. Ensure all funds are used for allowable activities tied directly to development, deployment, dissemination, and support of the technology solution(s).

**Itemized Budget:**

The budget below reflects planning-level cost estimates based on current market research and anticipated program needs. Final line-item costs will be confirmed and submitted following contractor selection and completion of the State procurement process.

Budget Category	Line Item/Description	Estimated Cost
Catalyst Fund Tech Awards	Direct awards to one or more technology companies to develop, deploy, and support consumer-facing remote monitoring and digital health solutions for rural populations	\$5,000,000.00
<b>TOTAL</b>		<b>\$5,000,000.00</b>

All amounts are preliminary estimates for planning purposes. Final costs and a detailed budget narrative will be submitted upon contractor selection and execution of procurement.

**Method of Selection:** Contractor will be selected through a formal bidding process.

**Method of Accountability:** The Division of Public Health will evaluate contractor performance based on the ability to meet the deliverables and performance measures outlined in the scope of work and approved workplan.

- a. The contractor will submit monthly invoices with supporting documentation demonstrating that expenditure aligns with approved budget categories and directly support development, deployment, dissemination, and support of the funded technology solution.
- b. The contractor will submit quarterly reports detailing progress toward deliverables, including development milestones, deployment activities, participant onboarding, and implementation challenges. Reports will include performance metrics demonstrating reach, utilization, and engagement with the funded solution.
- c. DPH will conduct periodic reviews of performance against established deliverables, including timeliness, quality of implementation, rural dissemination progress, and alignment with program goals. Any deficiencies will be addressed through written corrective action plans.

## Initiative 8 – Diabetes Wellness Pilot

Initiative 8 – Diabetes Wellness Pilot Budget		
<u>Budget Category</u>	<u>Contract Category</u>	<u>Total</u>
Personnel & Fringe		\$0.00
Equipment		\$0.00
Supplies		\$0.00
Contractual	Wellness Pilot Program Operations	\$650,000.00
	Program Management, Analytics, Evaluation, & Reporting	\$300,000.00
	Contractual Subtotal	\$950,000.00
Other		\$0.00
<b>TOTAL</b>		<b>\$950,000.00</b>

**Purpose:** Launch a three-year pilot providing continuous glucose monitors and intensive care management to 500 rural diabetes patients to improve health outcomes.

### Contractor 1: Diabetes Wellness Pilot Program Operations

**Contractor:** TBD

**Period of Performance:** 12/29/2025 – 10/30/2026

### Scope of Work:

1. Implementation of program operations including established and managing provider agreements.
2. Distribution and management of continuous glucose monitors (CGMs) for participants.
3. Enrollment and onboarding of program participants.
4. Coordination of care for rural diabetes patients.
5. Coordination of counseling services to support participant health outcomes.

### Itemized Budget:

The budget below reflects planning-level cost estimates based on current market research and anticipated program needs. Final line-time costs will be confirmed and submitted following contractor selection and completion of the State procurement process.

<u>Budget Category</u>	<u>Line Item/Description</u>	<u>Estimated Cost</u>
Personnel/Program Coordination	Staff time for participant enrollment, onboarding, and care coordination	\$220,000.00
	Coordination of provider agreements and relationships	\$80,000.00

Personnel/Program Coordination Subtotal		\$300,000.00
Medical/Clinical Support	CMG distribution, management, and oversight	\$90,000.00
	Lab and dietary counseling coordination	\$50,000.00
Medical/Clinical Support Subtotal		\$140,000.00
Educational Materials	Educational material and other participant resources	\$65,000.00
Continuous Glucose Monitoring (CGM) Supplies	500 CGM sensors, transmitters, and related patient supplies to support continuous glucose monitoring for enrolled rural participants at \$290.00	\$145,000.00
<b>Total Year 1 Budget</b>		<b>\$650,000.00</b>

**Method of Selection:** Contractor will be selected through a formal bidding process.

**Method of Accountability:** The Division of Public Health (DPH) will evaluate contractor performance based on the ability to meet the required deliverables and performance measures for the Food is Medicine Infrastructure Initiative. The DPH Project Manager will be responsible for supervising the contract and monitoring performance throughout the period of performance.

- a. The contractor will collect and submit data aligned with established outcome measurement goals and standardized metrics for statewide reporting.
- b. Performance will be monitored through required monthly progress reports documenting implementation activities, progress toward outcome measures, challenges encountered, and any corrective actions taken.
- c. The contractor will submit an annual report summarizing cost impacts, lessons learned, recommendations for scale and sustainability, and any publications or presentations resulting from project activities.
- d. DPH will review all reports to assess compliance with contract requirements, progress toward deliverables, and overall project performance.
- e. The DPH Project Manager will provide oversight, review reports, monitor progress, offer feedback, and technical assistance as needed, and ensure all contractual obligations are met at the conclusion of the contract period.

## **Contractor 2: Program Management, Analytics, Evaluation & Reporting**

**Contractor:** TBD



**Period of Performance:** 12/29/2025 – 10/30/2026

**Scope of Work:**

1. Program management and oversight, including coordination of staff, workflows, and project deliverables.
2. Development and implementation of evaluation frameworks to measure program effectiveness and outcomes.
3. Conducting data analytics and monitoring program performance metrics.
4. Preparation and submission of required DHSS and CMS reports.
5. Ongoing support for program operations, including troubleshooting and process improvements as needed.

**Itemized Budget:**

The budget below reflects planning-level cost estimates based on current market research and anticipated program needs. Final line-time costs will be confirmed and submitted following contractor selection and completion of the State procurement process.

Budget Category	Line Item/Description	Estimated Cost
Program Management	Oversight, coordination, and administrative support for program operations	\$80,000.00
Evaluation Framework Development	Design and implementation of evaluation plans, logic models, and metrics	\$70,000.00
Data Analytics & Performance Monitoring	Collection, cleaning, and analysis of program data; tracking key metrics	\$80,000.00
Reporting	Preparation of monthly, quarterly, and annual reports; DHSS/CMS compliance reporting	\$70,000.00
<b>Total Year 1 Budget</b>		<b>\$300,000.00</b>

**Method of Selection:** Contractor will be selected through a formal bidding process.

**Method of Accountability:** The Division of Public Health (DPH) will evaluate contractor performance based on the ability to complete contract deliverables, achieve project outcomes and meet all reporting requirements. The DPH project manager will be responsible for supervising the contract and monitoring performance throughout the period of performance.

- a. The contractor will provide program management and oversight, coordinating staff, workflows, and project deliverables, and ensuring timely completion of all activities.

- b. The contractor develop and implement evaluation frameworks, including logic models and outcome measurement plans, and provide periodic updates on evaluation progress.
- c. The contractor will collect, clean, and analyze program data, monitor key performance metrics, and identify trends or gaps to optimize program implementation.
- d. The contractor will submit monthly, quarterly, and annual reports including required DHSS and CMS compliance reporting, documenting progress outcomes, and any challenges or corrective actions.
- e. DPH will review all reports and data submissions to assess compliance, verify deliverables, and provide feedback and technical assistance as needed.
- f. The DPH Project Manager will ensure all contractual obligations are met and will verify completion of deliverables at the conclusion of the contract period.

### **Initiative 9 – Delaware Medical School (Primary Care – Rural Health Track)**

<b>Initiative 9 – Delaware Medical School Budget</b>		
<b><u>Budget Category</u></b>	<b><u>Contract Category</u></b>	<b><u>Total</u></b>
Personnel & Fringe		\$0.00
Equipment		\$0.00
Supplies		\$0.00
Contractual	Lead Partner Institution	\$42,500,000.00
Other		\$0.00
<b>TOTAL</b>		<b>\$42,500,000.00</b>

**Purpose:** Establish Delaware's first medical school with a Primary Care-Rural Health track to train physicians committed to serving rural communities.

#### **Contractor 1: Lead Partner Institution**

**Contractor:** TBD

**Period of Performance:** 12/29/2025 – 10/30/2026

#### **Scope of Work:**

1. Establish program governance, accreditation planning, and administrative infrastructure through partnership with an accredited medical school.
2. Conduct building conversion and fit-out of an existing Delaware facility into medical education space.
3. Procure medical education equipment, simulation tools, and instructional technology.
4. Recruit founding faculty and administration leadership.
5. Develop and approve the Primary Care Rural Health curriculum.
6. Establish affiliation agreements with rural clinical training sites and Graduate Medical Education programs.

#### **Itemized Budget:**

The budget below reflects planning-level cost estimates based on current market research and anticipated program needs. Final line-time costs will be confirmed and submitted following contractor selection and completion of the State procurement process.

<b>Budget</b>	<b>Line Item/Description</b>	<b>Total</b>
Program Administration & Academic Development	Faculty recruitment (founding dean, program director, core faculty), administrative staffing, accreditation preparation, admissions setup, student services infrastructure, and curriculum development.	\$8,750,000.00
Facilities Conversion & Build-Out*	Conversion of existing building into medical education space including lecture halls, anatomy labs, simulation labs, clinical skills rooms, small-group learning rooms, and study areas (non-major renovations)	\$14,500,000.00
Medical Education Equipment	Simulation mannequins, clinical examination tools, diagnostic equipment, anatomy lab equipment, skills lab supplies	\$7,250,000.00
Furniture, Fixtures, & Educational Infrastructure	Classroom furniture, lab furnishings, examination tables, storage cabinets, whiteboards, medical carts, and related fixtures	\$4,000,000.00
IT Infrastructure & Educational Technology	Learning management systems, HER training platforms, medical education software, servers, cybersecurity tools, video conferencing systems, faculty and student computers	\$5,500,000.00
Partnership Development & Clinical Training Agreements	Development of clinical rotation agreements, residency linkage agreements, rural site onboarding, and legal/contractual support	\$1,500,000.00
Program oversight, evaluation, & reporting	Project management, CMS/DHSS reporting, evaluation framework development, and performance monitoring	\$1,000,000.00
<b>Total Year 1 Budget</b>		<b>\$42,500,000.00</b>

\*Facilities conversion activities under Initiative 9 represent one component of the State’s overall CMS-funded renovations and will be reconciled with renovation expenditures under initiative 1 to ensure aggregate compliance within the \$31,478,922 cap.

**Method of Selection:** Contractor will be selected through a formal bidding process.

**Method of Accountability:** The Division of Public Health, in coordination with the Governor's Office, will evaluate contractor performance based on the contractor's ability to meet Year 1 infrastructure, academic, and operational deliverables. The designated DPH Project Manager will oversee contract performance throughout the period of performance and at close-out.

- a. The contractor will submit monthly progress reports documenting facility readiness, faculty recruitment status, curriculum development milestones, and accreditation planning activities.
- b. The contractor will provide detailed financial and procurement reports demonstrating appropriate use of funds across facilities, equipment, and academic development activities.
- c. The contractor will document establishment of clinical training site agreements and residency pathway linkages with Delaware-based rural providers.
- d. DPH will review all reports and deliverables to assess compliance with contract requirements, approve milestone completion, and provide feedback or request corrective actions as needed, final acceptance of Year 1 deliverables will be contingent upon completion of facility build-out milestones, execution of academic and clinical affiliation agreements, and submission of required close-out documentation.

## Initiative 10 – Medical School Rural Workforce Development Program

Initiative 10 – Medical School Rural Workforce Development Budget		
<u>Budget Category</u>	<u>Contract Category</u>	<u>Total</u>
Personnel & Fringe		\$0.00
Equipment		\$0.00
Supplies		\$0.00
Contractual	Workforce Development Program	\$1,100,000.00
Other		\$0.00
<b>TOTAL</b>		<b>\$1,100,000.00</b>

**Purpose:** Provide comprehensive financial awards to medical students who commit to five years of rural practice in Delaware after graduation.

**Name of Subrecipient:** Delaware Health Care Commission

**Period of Performance:** 12/29/2025-10/30/2026

### Scope of Work:

The Delaware Health Care Commission (DHCC) as a subrecipient, will:

1. Develop and administer a competitive Medical School Rural Workforce Development Program to provide educational awards to eligible medical students.
2. Establish eligibility criteria prioritizing:
  - a. Students enrolled in the Primary Care- Rural Health track at Delaware’s new medical school; and
  - b. Students completing third- or fourth-year clinical rotations in Delaware.
3. Execute and manage binding service commitment agreements requiring five years of post-training rural practice in Delaware.
4. Coordinate with DPH, medical educators, and rural healthcare stakeholders to support recruitment, selection, and monitoring of award recipients.
5. Conduct program monitoring, compliance tracking, and required reporting aligned with federal and state requirements. DHCC may hire subcontractors to assist with program outreach or administrative support, but remains fully accountable for all program outcomes and compliance.

### Itemized budget:

The budget below reflects planning-level cost estimates based on current market research and anticipated program needs. Final line-time costs will be confirmed and submitted following contractor selection and completion of the State procurement process.

Budget	Line-Item Description	Total
Educational Awards	Educational awards for eligible medical students and students completing third and fourth-year clinical rotations in Delaware (initial cohort awards)	\$950,000.00
Program Outreach and Recruitment	Marketing and outreach materials, including targeted digital and print recruitment materials, virtual information sessions, and partner outreach resources.	\$150,000.00
<b>Total Year 1 Budget</b>		<b>\$1,100,000.00</b>

**Method of Selection:** DHCC may use competitive procurement to select subcontractors for program support, as needed. DHCC remains responsible for program administration, award distribution, and compliance reporting.

**Method of Accountability:**

DPH will evaluate Delaware Health Care Commission (DHCC) performance as a subrecipient based on their ability to administer awards, enforce service commitments, and meet all reporting, and compliance requirements. The designated DHCC program Manager will oversee program performance throughout the contract period and at close-out.

- a. DHCC will submit documentation verifying recipient eligibility, disbursement, and executed service commitment agreements.
- b. Performance will be monitored through required quarterly progress reports summarizing award distribution, participant status, compliance monitoring activities, and any risks to service commitment fulfillment.
- c. DHCC will maintain tracking systems to monitor participant progression through medical education and transition to residency training aligned with rural service obligations.
- d. DHCC will submit an annual report summarizing program participation, expenditures, compliance status, lessons learned and recommendations for program scale and sustainability.
- e. DPH and DHCC will review all reports and documentation to assess compliance with contract requirements, verify appropriate use of funds, and ensure protection of the state's investment.
- f. Findings from report review will inform feedback, technical assistance, and verification of completion of all contractual obligations at the conclusion of the contract period.

## Initiative 11 – Rural Medical Residency Recruitment Program

Initiative 11 – Rural Medical Residency Recruitment Program Budget		
<u>Budget Category</u>	<u>Contract Category</u>	<u>Total</u>
Personnel & Fringe		\$0.00
Equipment		\$0.00
Supplies		\$0.00
Contractual	Recruitment Program Contractor	\$1,236,495.00
Other		\$0.00
<b>TOTAL</b>		<b>\$1,236,495.00</b>

**Purpose:** Offer housing and relocation awards to medical residents who commit to practicing in Delaware's rural areas for five years after residency.

**Name of Subrecipient:** Delaware Health Care Commission (DHCC)

**Period of Performance:** 12/29/2025- 10/30/2026

### Scope of Work:

The Delaware Health Care Commission (DHCC), as a subrecipient will:

1. Develop and administer the Rural Medical Residency Recruitment Program to provide housing and relocation awards to eligible medical residents and clinical training program participants committed to rural practice in Delaware.
2. Establish eligibility criteria prioritizing residents committed to primary care, behavioral health, substance use disorder treatment, or chronic disease prevention.
3. Execute and manage binding service commitment agreements requiring five years of post-residency rural practice in Delaware.
4. Coordinate with DPH, graduate medical education programs, rural clinical training institutions, and healthcare stakeholders to support recruitment, selection, and monitoring of award recipients.
5. Conduct program monitoring, compliance tracking, and required reporting aligned with federal and state requirements. DHCC may hire subcontractors to assist with program outreach, administration, or technical support, but remains fully accountable for program outcomes, and compliance.
6. Require all recipients of residency-related awards to execute legally binding five-year rural service commitment agreements.

### Itemized Budget:



The budget below reflects planning-level cost estimates based on current market research and anticipated program needs. Final line-time costs will be confirmed and submitted following contractor selection and completion of the State procurement process.

<b>Budget</b>	<b>Line-Item Description</b>	<b>Total</b>
Residency Housing Awards	Temporary housing support for residents (up to 6 months at \$2,000 per month x 50 residents)	\$600,000.00
Residency Relocation Awards	One-time relocation support for residents (50 residents x \$8,000)	\$400,000.00
Program Oversight & Administration	Program administration, application management, award processing, compliance tracking, coordination with residency	\$111,495.00
Outreach and Recruitment	Marketing, targeted recruitment materials, digital outreach, partner engagement	\$125,000.00
<b>Total Year 1 Budget</b>		<b>\$1,236,495.00</b>

**Method of Selection:** DHCC may use competitive procurement to select subcontractors for program support, as needed. DHCC remains responsible for program administration, award distribution, and compliance reporting.

**Method of Accountability:**

The Division of Public Health (DPH) will evaluate Delaware Health Care Commission (DHCC), performance as a subrecipient based on the ability to administer awards, enforce service commitments, and meet all reporting and compliance requirements. The designated DHCC Project Manager will supervise performance throughout the contract period and at close-out.

- a. DHCC will maintain documentation verifying award recipient eligibility, award disbursements, and executed service commitment agreements.
- b. Performance will be monitored through required quarterly progress reports summarizing award distribution, participant status, compliance monitoring activities, and any risks to service commitment fulfillment.
- c. DHCC will maintain tracking systems to monitor residents' transition to rural practice following residency completion.
- d. DHCC will submit an annual report summarizing program participation, expenditures, compliance status, lessons learned, and recommendations for program scale and sustainability.
- e. DPH and DHCC will review all reports to assess compliance with contract requirements, verify appropriate use of funds, and ensure protection of the state's investment.

- f.** Findings from report reviews will guide DPH feedback, technical assistance, and verification of completion of all contractual obligations at the conclusion of the contract period.

## Initiative 12 – Training Programs for Clinical Support Roles in Rural Areas

Initiative 12 – Training Programs for Clinical Support Roles in Rural Areas Budget		
<u>Budget Category</u>	<u>Contract Category</u>	<u>Total</u>
Personnel & Fringe		\$0.00
Equipment		\$0.00
Supplies		\$0.00
Contractual	Health System Training Program Awards	\$18,510,000.00
	Program Oversight, Evaluation, Reporting	\$2,400,000.00
	Contractual Subtotal	\$20,910,000.00
Other		\$0.00
<b>TOTAL</b>		<b>\$20,910,000.00</b>

**Purpose:** Fund healthcare systems and educational institutions to expand training capacity for non-physician practitioners and clinical support roles.

### Health System Training Program Awards

**Contractors:** TBD

**Number of Anticipated Awards:** 12

**Period of Performance:** 12/29/2025 – 10/30/2026

**Scope of Work:** The health system and education institution awardees will be responsible for implementing expanded clinical training programs that address rural workforce needs including:

1. Development and implementation of new training programs, apprenticeships, and fellowships for non-physician practitioners, community health workers, dental professionals, and clinical support staff.
2. Recruitment and enrollment of program participants, ensuring access to rural counties.
3. Coordination with rural healthcare facilities to provide hands-on clinical experience for trainees.
4. Provision of training in priority areas such as emergency medical services, dementia care, substance use disorder outreach, preventive oral health, nutrition, and lifestyle interventions.
5. Establishment of internal program oversight and management to ensure quality, program fidelity, and adherence to grant requirements.
6. Collection of program data and outcomes metrics, including participant completion, certification, and placement in rural facilities.

7. Submission of periodic reports to DHSS/DHCC as required, including data on enrollment, completion, and program outcomes.

### **Service Commitment Requirement**

Individuals receiving training program awards under this initiative will be required to commit to serving rural communities in Kent and Sussex Counties for a minimum of five years following the completion of their training or credentialing program. Documentation of service commitments will be maintained by the administering entity, and award agreements will include provisions requiring corrective action if service obligations are not met.

### **Itemized Budget:**

The budget below reflects planning-level cost estimates based on current market research and anticipated program needs. Final line-time costs will be confirmed and submitted following contractor selection and completion of the State procurement process.

<b>Estimated Breakdown per Award</b>				
<b>Budget Category</b>	<b>Line Item/Description</b>	<b>Cost Per Award</b>	<b>Number of Awards</b>	<b>Total Cost</b>
Personnel/Faculty Support	Salaries, stipends, and fringe for clinical instructors, preceptors, and program coordinators	\$539,333.33	12	\$7,200,000.00
Clinical Site Costs	Clinical training site fees, lab/simulation centers, hospital partnership costs	\$400,000.00	12	\$4,800,000.00
Program Development and Curriculum	New courses, training materials, apprenticeships, fellowships	\$250,000.00	12	\$3,000,000.00
Student Support & Training Program Awards	Tuition support, stipends, and travel for trainees	\$180,000.00	12	\$2,160,000.00
Program Administration & Reporting	Administrative oversight, milestone tracking, reporting, evaluation activities	\$100,800.00	12	\$1,350,000.00
<b>Total Year 1 Budget</b>		<b>\$1,530,800.00</b>	<b>12</b>	<b>\$18,510,000.00</b>

**Method of Selection:** Contractor will be selected through a formal bidding process.

**Method of Accountability:** The DPH will evaluate the performance of each awardee to ensure delivery of program objectives. The DPH will oversee and monitor all health system award activities throughout the period of performance.

- a. Awardees will submit quarterly reports documenting program implementation, participation, enrollment, clinical partnerships, and outcomes.
- b. Awardees will submit an annual report summarizing completion rates, certification, participant placement in rural facilities, lessons learned, and recommendations for sustainability.

- c. DPH will review all reports to access compliance with grant requirements, verify achievement of program deliverables, and provide feedback, and technical assistance as needed.
- d. On-site visits or virtual check-ins may be conducted to monitor program fidelity and ensure progress toward training and placement goals.
- e. DPH will verify the completion of deliverables and assess overall program impact at the conclusion of the grant period.

### **Program Oversight, Evaluation, & Reporting**

**Contractor:** TBD

**Period of Performance:** 12/29/2025 – 10/30/2026

#### **Scope of Work:**

- 1. Provide program management, oversight, and coordination of staff, workflows, and deliverables for the initiative.
- 2. Develop and implement evaluation frameworks to measure program effectiveness and outcomes.
- 3. Conduct data analytics, monitor performance metrics, and identify gaps or opportunities for improvement.
- 4. Prepare and submit required DHSS and CMS reports.
- 5. Provide ongoing support for program operations, including troubleshooting and process improvements.

**Itemized Budget:** The budget below reflects planning-level cost estimates based on current market research and anticipated program needs. Final line-time costs will be confirmed and submitted following contractor selection and completion of the State procurement process.

<b>Budget Category</b>	<b>Line-Item Description</b>	<b>Total Cost</b>
Program Management	Oversight, coordination, and administrative support for program operations	\$1,200,000.00
Evaluation Framework Development	Design and implementation of evaluation plans, logic models, and outcome metrics	\$500,000.00
Data Analytics & Performance Monitoring	Collection, cleaning, and analysis of program data; tracking key performance metrics	\$400,000.00
Reporting	Preparation of monthly, quarterly, and annual reports; DHSS/CMS compliance reporting	\$300,000.00
<b>Total</b>		<b>\$2,400,000.00</b>

**Method of Selection:** Contractor will be selected through a formal bidding process.

**Method of Accountability:** The DPH will evaluate contract performance based on the ability to complete oversight, evaluation, and reporting deliverables and achieve program outcomes. The DPH Project Manager will supervise the contract throughout the period of performance.

- a. DPH will monitor performance through required monthly and annual reports submitted by the contractor in accordance with DHSS and CMS reporting requirements.
- b. DPH will review submitted reports to assess progress toward deliverables, adherence to evaluation and reporting requirements, data quality, and alignment with approved workplans.
- c. Performance monitoring will include review of key milestones, timelines, and outcome metrics, with follow-up requests for clarification or corrective action as needed.
- d. The DPH will conduct regular check-ins with the contractor to review progress, address challenges, and provide technical guidance to support successful implementation.
- e. Report approval and continued contract performance will be used to verify compliance with contract requirements and may be tied to invoice approval, as applicable.
- f. At the conclusion of the contract period, DPH will conduct a final review to verify completion of all deliverables and assess overall contractor performance.

### Initiative 13 – Rural Health Workforce Education Program

Initiative 13 – Rural Health Workforce Education Program Budget		
<u>Budget Category</u>	<u>Contract Category</u>	<u>Total</u>
Personnel & Fringe		\$0.00
Equipment		\$0.00
Supplies		\$0.00
Contractual	Legal Services for Service Commitment Agreements	\$450,000.00
	Program Oversight, Evaluation, Reporting	\$550,000.00
	Contractual Subtotal	\$1,000,000.00
Other		\$0.00
<b>TOTAL</b>		<b>\$1,000,000.00</b>

**Purpose:** Provide educational awards to students in clinical training programs who commit to five years of practice in rural Delaware healthcare facilities.

#### Legal Services for Service Commitment Agreements

**Contractor:** TBD

**Period of Performance:** 12/29/2025 – 10/30/2026

#### Scope of Work:

1. Develop legally enforceable service commitment agreements for program participants.
2. Draft repayment, default, and compliance provisions to protect the State's investment.
3. Support application materials and participant acknowledgement documents.
4. Provide legal guidance on compliance monitoring and enforcement mechanisms.

**Itemized Budget:** The budget below reflects planning-level cost estimates based on current market research and anticipated program needs. Final line-time costs will be confirmed and submitted following contractor selection and completion of the State procurement process.

<u>Budget Category</u>	<u>Line Item/Description</u>	<u>Total</u>
Legal Services	Drafting service commitment agreements and repayment provisions	\$300,000.00
	Legal review of application materials and eligibility criteria	\$75,000.00
	Compliance and enforcement framework and development	\$75,000.00
<b>Total Year 1 Cost</b>		<b>\$450,000.00</b>



**Method of Selection:** Contractor will be selected through a formal bidding process.

**Method of Accountability:** The Division of Public Health (DPH), in coordination with DHCC, will monitor contractor performance to ensure timely completion of required legal deliverables.

- a. DHCC will review all drafted agreements and legal materials for completeness, enforceability, and alignment with program requirements.
- b. Performance will be monitored against established milestones and timelines.
- c. DHCC will require revisions or corrective action if deliverables do not meet contractual standards.
- d. Final acceptance of legal deliverables will be required prior to contract close-out.

### **Program Oversight, Evaluation, and Reporting**

**Contractor:** TBD

**Period of Performance:** 12/29/2025 – 10/30/2026

#### **Scope of Work:**

1. Establish program operations, workflows, and administrative systems.
2. Develop evaluation frameworks, outcome metrics, and data collection tools.
3. Design application intake, review, and tracking processes.
4. Prepare DHSS and CMS-required reports related to program readiness.
5. Coordinate with DHCC, educational institutions, and workforce partners.

**Itemized Budget:** The budget below reflects planning-level cost estimates based on current market research and anticipated program needs. Final line-time costs will be confirmed and submitted following contractor selection and completion of the State procurement process.

<b>Budget Category</b>	<b>Line Item/Description</b>	<b>Total</b>
Program Management	Program startup, coordination, and administrative oversight	\$250,000.00
Evaluation & Metrics Development	Development of outcome measures, tracking systems, and logic models	\$150,000.00
Data & Reporting Infrastructure	Data systems, reporting templates, and CMS/DHSS compliance preparation	\$150,000.00
<b>Total Year 1 Budget</b>		<b>\$550,000.00</b>

**Method of Selection:** Contractor will be selected through formal competitive procurement process.

**Method of Accountability:** DHCC will monitor contractor performance throughout the contract period to ensure program readiness and compliance with reporting requirements.

- a. DHCC will review monthly progress reports documenting completion of startup milestones and deliverables.
- b. Performance will be assessed based on adherence to timelines, quality of evaluation frameworks, and readiness for program launch.
- c. DHCC will conduct regular check-ins to address risk, delays, or implementation challenges.
- d. Approval of deliverables may be tied to invoice approval as applicable.
- e. DHCC will conduct a final review at contract close-out to verify completion of all Year 1 deliverables.

## Initiative 14 – Healthcare Workforce Data Center Initiative

Initiative 14 – Healthcare Workforce Data Center Budget		
<u>Budget Category</u>	<u>Contract Category</u>	<u>Total</u>
Personnel & Fringe		\$0.00
Equipment		\$0.00
Supplies		\$0.00
Contractual	Healthcare Workforce Data Center Contract	\$2,685,200.00
Other		\$0.00
<b>TOTAL</b>		<b>\$2,685,200.00</b>

**Purpose:** Establish a comprehensive data center to track healthcare workforce supply, demand, distribution, and gaps across Delaware with focus on rural areas.

### Healthcare Workforce Data Center

**Name of Subrecipient:** Division of Professional Regulation (DPR)

**Period of Performance:** 12/29/2025 – 10/30/2026

### Scope of Work:

The Division of Professional Regulation (DPR), as a subrecipient, will:

1. Design and build core database infrastructure leveraging SB 122 authority and Division of Professional Regulation data.
2. Establish secure data ingestion, storage, and governance protocols.
3. Develop initial workforce survey tools for integration into licensure workflows.
4. Create baseline dashboards focused on workforce supply, distribution, and rural access.
5. Establish hosting, cybersecurity, and maintenance frameworks.
6. DPR may hire subcontractors for technical development, data integration, or cybersecurity support, but remains fully accountable for the operation, data integrity, and deliverables of the Healthcare Workforce Data Center.

**Itemized Budget:** The budget below reflects planning-level cost estimates based on current market research and anticipated program needs. Final line-time costs will be confirmed and submitted following contractor selection and completion of the State procurement process.

<b>Budget Category</b>	<b>Line Item/Description</b>	<b>Total</b>
Data Infrastructure Development	Database architecture, integration, and governance	\$1,150,000.00
Data Acquisition & Survey Tools	Licensure-embedded surveys and validation	\$600,000.00
Analytics & Dashboards	Initial dashboards and workforce indicators	\$650,000.00
Hosting & Security	Secure hosting, maintenance, and compliance	\$285,200.00
<b>Total Year 1 Budget</b>		<b>\$2,685,200.00</b>

**Method of Selection:** DPR may use competitive procurement to select subcontractors for technical support, data integrations, or cybersecurity as needed. DPR remains responsible for overall development, implementation, and operation of the Healthcare Workforce Data Center.

#### **Method of Accountability**

DPH will evaluate DPR's performance based on the successful development, implementation, and operation of the Healthcare Workforce Data Center in accordance with Senate Bill 122 authority, the approved scope of work, and all required deliverables. A DPR Project Manager will oversee contractor performance throughout the period of performance and at close-out.

- a. DPR will maintain documentation demonstrating completion of all required deliverables, including database infrastructure, data governance, and security protocols, licensure-embedded survey tools, dashboards, and hosting and maintenance frameworks.
- b. Performance will be monitored through required quarterly progress reports detailing progress toward milestones, data integration with the DPH and other partners, system functionality, cybersecurity compliance.
- c. DPR will maintain project management and tracking systems to monitor development activities, data ingestion status, workforce indicators, and expenditures aligned with the approved itemized budget.
- d. DPR will submit an annual report summarizing workforce insights generated by the Data Center, including supply, demand, distribution, rural access metrics, Health Professional Shortage Area indicators, and implications for workforce planning and policy development.
- e. DPH will review all reports, dashboards, and data products to verify compliance with contractual requirements, appropriate use of funds, data integrity, and adherence to applicable privacy and security standards.
- f. Findings from report reviews will inform DPH feedback, technical assistance, approval of invoices, and verifications of completion of all contractual obligations at the conclusion of the contract period.

## Initiative 15 – Statewide Health IT Infrastructure for Prior Authorizations

Initiative 15 – Statewide Health IT Infrastructure for Prior Authorizations Budget		
<u>Budget Category</u>	<u>Contract Category</u>	<u>Total</u>
Personnel & Fringe		\$0.00
Equipment		\$0.00
Supplies		\$0.00
Contractual	Statewide Health IT Infrastructure Contract	\$6,420,000.00
Other		\$0.00
<b>TOTAL</b>		<b>\$6,420,000.00</b>

**Purpose:** Create digital infrastructure connecting all providers, payers, and patients through electronic health information exchange to streamline prior authorization processes.

**Contractor:** Statewide Health IT Infrastructure Vendor

**Contractor:** TBD

**Period of Performance:** 12/29/2025 – 10/30/2026

### Scope of Work:

1. Design, develop, and deploy statewide digital health infrastructure to support real-time insurance verification and electronic prior authorization.
2. Integrate systems with Delaware Health Information Network (DHIN), Smart Health Network (SHN), participating payers, health systems, FQHCs, and rural providers.
3. Develop and implement electronic workflow to support SB12 Pre-Authorization Reform Act requirements, including standardized data exchange and reporting.
4. Establish cloud-based hosting, cybersecurity, and system governance to ensure reliability, scalability, and vendor-neutral interoperability.
5. Support onboarding and technical assistance for participating providers and payers, with priority given to rural healthcare organizations.

### Itemized Budget:

The budget below reflects planning-level cost estimates based on current market research and anticipated program needs. Final line-item costs will be confirmed and submitted following contractor selection and completion of State procurement process.

Budget Category	Line Item/Description	Total
Health IT Infrastructure Development	System architecture design, platform development, DHIN/SHN integration, prior electronic authorization workflows, real-time insurance verification, cloud hosting, cybersecurity, and initial provider/payer onboarding	\$6,420,000.00
<b>Total Year 1 Budget</b>		<b>\$6,420,000.00</b>

**Method of Selection:** Contractor will be selected through formal competitive procurement process.

**Method of Accountability:** The Division of Public Health will evaluate contractor performance based on the contractor's ability to deliver the required technology infrastructure, meet implementation milestones, and comply with all state and federal requirements. The DPH Project Manager will supervise the contract throughout the period of performance and at close-out.

- a. The contract will submit monthly progress reports documenting system development status, implementation milestones, and provider and payer onboarding activities and any risks or delays.
- b. The contractor will track and report system performance metrics, including uptime interoperability benchmarks, security compliance, and adoption by participating providers and payers.
- c. The contractor will document compliance with SB12 Pre-Authorization Reform Act requirements, including electronic workflow functionality and data exchange standards.
- d. DPH will review all reports and deliverables to verify compliance with contract requirements, approve milestone completion, and provide feedback or technical assistance as needed.
- e. Final acceptance of deliverables will be contingent upon successful system testing, operational readiness, and documentation submitted at contract close-out.