

Agency Mission

Division and Program Descriptions	
Note: Please define any acronyms used in program descriptions.	
Division or Program Number and Name	
Provision of State Match	
Cooperative Agreement with OSU	
OSU Medical Center Support	
Mental Health Hospital Construction	
Psychiatric Residency Startup	
Legacy Capital Fund Repayment	
Level 1 Trauma Education	

FY'26 Budgeted Department Funding By Source							
Dept. #	Department Name	Appropriations	Federal	Revolving	Local <sup>1</sup>	Other <sup>2</sup>	Total
1100001	Provision of State Match	\$7,016,651					\$7,016,651
1100001	Cooperative Agreement with OSU	\$44,762,126					\$44,762,126
1100001	OSU Medical Center Support	\$30,319,412					\$30,319,412
9000001	Mental Health Hospital Construction			\$41,526,216			\$41,526,216
1100001	Grants & Contracts	\$1,000,000					\$1,000,000
1100001	Legacy Capital Fund Repayment	\$1,500,000					\$1,500,000
1100001	Agency Administration	\$250,000					\$250,000
1100001	Level 1 Trauma Education	\$8,000,000					\$8,000,000
1100001	Psychiatric Residency Startup	\$170,817					\$170,817
Total		\$93,019,006	\$0	\$41,526,216	\$0	\$0	\$134,545,222
1. Please describe source of Local funding not included in other categories:							
2. Please describe source(s) and % of total of "Other" funding if applicable for each department:							

Balances of Appropriated Funds from Prior Fiscal Years						
3-digit Class Fund #	Class Fund Name	GA Bill # and Section #	Fiscal Year of Original Appropriation	Original Appropriation Amount (\$)	Total Expended Amount as of 8/31/2025 (\$)	Balance as of 8/31/2025 (\$)
194	FY 2024 Appropriations		2024	\$78,348,189	\$77,162,501	\$1,185,688
195	FY 2025 Appropriations		2025	\$92,848,189	\$91,286,785	\$1,561,404
280	Psychiatric Residency Startup		2025	\$3,082,000	\$70,440	\$3,011,560
						\$0
						\$0
Total remaining prior year appropriation balance:						\$5,758,652
Report appropriations that have existing balances from all prior fiscal years at the 3-digit class fund number (i.e. 194, 195). Do not report carryover class funds seperately. Include appropriations located in disbursing funds. Report PREP, but not ARPA/SRF, appropriations.						

What changes did the agency make between FY'25 and FY'26?
<p>1.) Are there any services no longer provided because of budget cuts?</p> <p>no</p> <p>2.) What services are provided at a higher cost to the user?</p> <p>n/a</p> <p>3.) What services are still provided but with a slower response rate?</p> <p>n/a</p> <p>4.) Did the agency provide any pay raises that were not legislatively/statutorily required?</p> <p>n/a</p>

Appropriation Increase Review					
Appropriation Increase Purpose	Appropriation Increases (Additional to Agency Base Appropriation)			Expenditures	
	FY 2024	FY 2025	Total Amount Received FY 2024-2025	Total Expenditure of Increase as of 6/30/2025	If funds have not been spent, please explain why.
Psychiatric Residency Startup	\$0	\$3,082,000	\$3,082,000	\$70,440	Expenditures grow as a new resident is added every year. Was designed to be spent over multiple years LCF draws will not begin until FY 26
Legacy Capital Fund Repayment	\$0	\$1,500,000	\$1,500,000	\$0	
			\$0		
			\$0		
			\$0		
			\$0		
<b>Total:</b>	<b>\$0</b>	<b>\$4,582,000</b>	<b>\$4,582,000</b>	<b>\$70,440</b>	

List appropriation increases that the agency has received in the prior two years. List amounts received in each year. Include PREP, but not ARPA/SRF, appropriations.

FY'27 Requested Funding By Department and Source							
Dept. #	Department Name	Appropriations	Federal	Revolving	Other <sup>1</sup>	Total	% Change
1100001	Provision of State Match	\$7,016,651	\$0	\$0	\$0	\$7,016,651	0.00%
1100001	Cooperative Agreement with OSU	\$44,762,126	\$0	\$0	\$0	\$44,762,126	0.00%
1100001	OSU Medical Center Support	\$43,319,412	\$0	\$0	\$0	\$43,319,412	42.88%
9000001	Mental Health Hospital Construction	\$0	\$0	\$21,000,000	\$0	\$21,000,000	-49.43%
1100001	Grants & Contracts	\$0	\$0	\$0	\$0	\$0	-100.00%
1100001	Legacy Capital Fund Repayment	\$1,500,000	\$0	\$0	\$0	\$1,500,000	0.00%
1100001	Agency Administration	\$250,000	\$0	\$0	\$0	\$250,000	0.00%
1100001	Level 1 Trauma Education	\$8,000,000	\$0	\$0	\$0	\$8,000,000	0.00%
1100001	Psychiatric Residency Startup	\$0	\$0	\$0	\$0	\$0	-100.00%
<b>Total</b>		<b>\$104,848,189</b>	<b>\$0</b>	<b>\$21,000,000</b>	<b>\$0</b>	<b>\$125,848,189</b>	<b>-6.46%</b>

1. Please describe source(s) and % of total of "Other" funding for each department:

FY'27 Top Five Incremental Appropriated Funding Increase Requests				
Request by Priority	Request Description	Is this a Supplemental Request? (Yes/No)	Timeframe (One-Time or Recurring)	Appropriation Request Increase Amount (\$)
Request 1:	Increase to offset projected Medicaid cuts when cuts are fully phased in	no	recurring	\$13,000,000
Request 2:				
Request 3:				
Request 4:				
Request 5:				
Top Five Request Subtotal:				\$13,000,000
Total Increase above FY-26 Budget (including all requests)				\$13,000,000
Difference between Top Five requests and total requests:				\$0

\* Capital requests in the table above should be listed in the next table.

<b>FY 2027 Budget Performance Review</b> <b>Oklahoma State University Medical Authority &amp; Trust</b>			
Version	Original	Date submitted	XX/XX/XXXX
Lead Administrator:		Lead Financial Officer:	

What are the agency's top 2-3 capital or technology (one-time) requests, if applicable?			
Description of requested increase in order of priority	Total Project Cost (\$)	Needed State Funding for Project (\$)	Submitted to LRCP? (Yes/No)
Priority 1			
Priority 2			
Priority 3			

<b>Does the agency has any costs associated with the Pathfinder retirement system and federal employees? If so, please describe the impact.</b>
N/a

*\* Include the total number of federally funded FTE in the Pathfinder system.*

<b>How would the agency be affected by receiving the same appropriation for FY '27 as was received in FY '26? (Flat / 0% change)</b>
OSUMA would continue to provide the same level of support to the OSU Medicat Trust. The Trust would implement cost cutting initiatives to offset Medicaid cuts which may result in limited capacity in some areas and slower delivery of services

<b>How would the agency handle a 2% appropriation reduction in FY '27?</b>
Reduce support to the research initiative at OSU funded through the cooperative agreement

Is the agency seeking any fee increases for FY '27?		
Description of requested increase in order of priority	Fee Increase Request (\$)	Statutory change required? (Yes/No)
Increase 1		
Increase 2		
Increase 3		

Federal Funds							
CFDA	Federal Program Name	Agency Dept. #	FY 26 budget (\$)	FY 25 actuals (\$)	FY 24 actuals (\$)	FY 23 actuals (\$)	FY 25 budgeted FTE (#)

<b>Federal Government Impact</b>
<b>1.) How much federal money received by the agency is tied to a mandate by the Federal Government?</b>
n/a
<b>2.) Are any of those funds inadequate to pay for the federal mandate?</b>
n/a
<b>3.) What would the consequences be of ending all of the federal funded programs for your agency?</b>
n/a
<b>4.) How will your agency be affected by federal budget cuts in the coming fiscal year?</b>
n/a
<b>5.) Has the agency requested any additional federal earmarks or increases?</b>
n/a

FY 2026 Budgeted FTE							
Division #	Division Name	Supervisors	Non-Supervisors	\$0 - \$35 K	\$35 K - \$70 K	\$70 K - \$100K	\$100K+
N/A							
Total		0	0	0	0	0	0

FTE History by Fiscal Year							
Division #	Division Name	FY 2026 Budgeted	FY 2026 YTD	FY 2025	FY 2024	FY 2023	FY 2017
N/A							
Total		0.0	0.0	0.0	0.0	0.0	0.0

Performance Measure Review					
	FY 2025	FY 2024	FY 2023	FY 2022	FY 2021
Program Name	Achieved	Achieved	Achieved	Achieved	Achieved
Provision of State Match					
ACGME Residency Program Accreditation	100%	100%	100%	100%	100%
Medicare VBP Total Performance Score * this measure will return to use in FY 2026	n/a	n/a *incomplete due to COVID reporting impacts	n/a	26.909	26.125

Revolving Funds (200 Series Funds)			
	FY'23-25 Avg. Revenues	FY'23-25 Avg. Expenditures	June 2025 Balance
Fund: Fund Number, Fund Name			
290 Fund for Mental Health Hospital Construction	\$7,374,981	\$9,529,340	\$4,162,694
280 Fund	\$1,027,333	\$23,480	\$3,011,560

FY 2026 Current Employee Telework Summary						
List each agency physical location (not division), then report the number of employees associated with that location in the teleworking categories indicated. Use "No specified location" to account for remote employees not associated with a site. Use actual current employees (headcount), not budgeted or actual FTE.			Full-time and Part-time Employees (#)			
			Onsite (5 days onsite, rarely remote)	Hybrid (2-4 days onsite weekly)	Remote (1 day or less weekly onsite)	Total Employees
Agency Location / Address	City	County				
N/A						0
						0
Total Agency Employees						0