Community Health Workers (CHW) Training Providers

Funding Opportunity Summary

The Wisconsin Department of Health Services (DHS) seeks applications for training providers to develop, provide, and evaluate high-quality training, education, and professional development for community health workers (CHWs) and CHW supervisors as essential components of CHW workforce sustainability.

There are two main components to this funding opportunity:

- Providing CHW Core Competency training and support
- Providing CHW Supervisor training and support

Key Dates

- Application Release: July 31, 2026
- Application Submission Due: August 21, 2026
- Estimated Date for Award Notification: October 2026

Estimated Funding: The Rural Health Transformation Program will award up to $600,000 in year one. Additional funds will be available in years 2 and 3, *pending CMS approval, as estimated in the table below.

	Year 1	Year 2	Year 3
Dates	10/01/2026 – 7/31/2027	8/01/2027 – 7/31/2028	8/01/2028 – 7/31/2029
CHW Core Competency and Supervisor Training*	$600,000	$600,000	$600,000

Number of available awards: It is anticipated that there will be **two to four** recipients selected to provide CHW Core Competency and CHW Supervisor training and support.

Award amount: We estimate making awards in the range of $150,000-$300,000/year for organizations providing CHW Core Competency and CHW Supervisor training.

Application submission: All submissions must be made online through the Community Health Workers (CHW) Training Providers application form.

Background

The Wisconsin Rural Health Transformation Program is focused on improving health care access and health outcomes in rural communities across Wisconsin. This funding opportunity is part of the Rural Health Transformation Program (RHTP), a federal funding opportunity provided to states through the Centers for Medicare and Medicaid Services (CMS). The DHS received a first-year award from CMS for $203,670,005.21 to invest in rural capacity, sustainability, and innovation. The program aims to improve access to care through three initiatives: strengthening the health care workforce, enhancing technology innovation, and cultivating coordinated care partnerships. Through collaboration among health care providers, public health agencies, and community-based organizations, the program seeks to improve health and well-being in rural communities.

This funding opportunity is part of the workforce initiative. CHWs, including Tribal Community Health Representatives (CHRs) and Promatores de Salud, serve as trusted connectors and help individuals navigate medical and non-medical services and systems, manage chronic conditions, and overcome barriers such as transportation, food insecurity, and limited access to care. In rural communities, where health care provider shortages and geographic isolation are common, community health workers strengthen outreach and promote healthier communities through support and connection to essential services.

Purpose

This grant funding opportunity is intended to strengthen training and professional development of the rural health care and public health workforce to address the health and social service needs of rural populations. Through this funding, the DHS aims to develop new and expand existing training and professional development offerings for CHWs, CHW Supervisors, and employers to improve service delivery, support supervision, and enhance team integration among rural facilities. This funding will prioritize training and professional development for CHWs and CHW Supervisors associated with the Rural Health Transformation Program CHW Strengthening Rural Workforce grantees and communities. The goals of this funding opportunity are to:

- Develop and expand CHW Core Competency and/or Tribal CHR Training for CHWs, CHRs, and Promatores de Salud working in defined rural communities.
- Develop and expand CHW Supervisor Training for those working in rural facilities.

- Increase understanding of CHW roles and scope among care team and organizational staff as well as improve supervisory and organizational support for CHW team members.
- Increase CHW workforce development, infrastructure, and sustainability by building individual and organizational capacity.

Successful applications submitted as part of this funding opportunity must provide the following:

- **CHW Core Competency Training**: CHW Core Competency training provides skills and knowledge necessary for CHWs to work in a variety of settings and program areas. This funding opportunity will support the development of new or expanded CHW Core Competency training to ensure alignment with statewide training standards and meet the criteria established by the National Council on CHW Core Consensus Standards. Applicants will be expected to engage and collaborate with the Wisconsin CHW workforce and allies to ensure alignment with the established statewide training standards. Training will be made available to all RHTP funded CHW programs with no additional registration cost to participants and through a variety of formats (e.g., in-person or virtual) and audience-appropriate languages. In addition to delivering CHW Core Competency training, the applicant should describe how they will support CHW employers to enhance CHW team integration.

AND

- **CHW Supervisor, Employer and Organizational Training:** Training specifically for CHW Supervisors and employers is necessary to assess and address organizational readiness for hiring and sustaining CHW positions, building awareness of CHW roles and skills among clinical providers and public health professionals, and ensuring appropriate and effective supervision. This funding opportunity will support the expansion of existing CHW Supervisor training offerings and create additional opportunities as necessary. Applicants will be expected to engage and collaborate with the Wisconsin CHW workforce and allies to ensure alignment with established statewide training standards. Training will be made available to all RHTP funded CHW programs with no additional registration cost to participants and through a variety of formats (e.g., in-person or virtual) and audience-appropriate languages.

Program Requirements

CHW Core Competency Training

- Create or expand CHW Core Competency Training offerings that meet the criteria established by the National Council on CHW Core Consensus Standards and/or Indian Health Services Community Health Representative Online Training.

- Coordinate training offerings with the Wisconsin CHW workforce to align with statewide training standards that will be established through the Medicaid CHW reimbursement benefit.
- Establish a curriculum delivery plan that allows learning to take place in a variety of formats (e.g., in-person, virtual, language options, and cultural considerations).
- Establish post training plan for CHW participants that supports ongoing coaching and mentorship.
- Develop a process or platform for documenting CHW Core Competency Training completion.

CHW Supervisor, Employer, and Organizational Training

- Create or expand CHW Supervisor Training offerings.
- Coordinate training offerings to ensure alignment with established statewide CHW Supervisor peer groups for ongoing learning, resources, and support.
- Establish curriculum delivery plan that allows learning to take place in a variety of formats (e.g., in-person, virtual, language options, and cultural considerations).
- Establish post training plan for CHW Supervisor and employer participants that supports team integration with CHW staff.
- Incorporate best practices and resources from National CHW Center for Research and Evaluation Common Indicators for program development and sustainability.
- Align training with the Designing a Comprehensive CHW Program toolkit and/or the Community Health Alignment CHW Healthcare Integration Toolkit.

Recipients of this funding will coordinate with new and existing CHW programs supported by the Rural Health Transformation Program CHW Strengthening Rural Workforce grant funding opportunity.

Recipients will be expected to participate in Wisconsin CHW workforce groups that focus on CHW credentialing, supervisor support, training standards, program development, and coordinate with future reimbursement requirements, such as Medicaid and studies conducted by other RHTP grant partners.

Reporting Requirements: Evaluation

A combination of quantitative and qualitative data will be required quarterly and annually for state and federal evaluation purposes, including number and location of CHWs and CHW Supervisors enrolled and completing training, location of employment for CHWs and CHW Supervisors, type of technical assistance or coaching provided for post-training employment support, and impact of training provided. In addition, grantees will need to report on their work aligning with and contributing to the Wisconsin CHW workforce, expanding the reach of CHW and CHW Supervisor training and professional development, overall program accomplishments and challenges, and other relevant metrics resulting from awarded funds.

DHS will provide technical assistance to awarded agencies to collect, and report required metrics.

Eligible Applicants

Applicants must be able to reach and provide training to CHWs and CHW Supervisors in rural communities. Applicants eligible for this funding opportunity include, but are not limited to, the following potential applicants:

- Training organizations
- Academic institutions
- Community-based organizations
- Local and Tribal health departments

Applicant Qualifications

In addition to the program and evaluation requirements, applicants must meet or have a detailed plan to meet the following requirements:

- Core Competency training for CHWs who meet the American Public Health Association definition.
- Curriculum development plan or documentation of existing curriculum for CHW Core Competency Training curriculum that meets the National C3 Council Standards and/or Indian Health Services Community Health Representative Online Training.
- Have sufficient staff and capacity to plan, implement, and evaluate the proposed approach in alignment with the grant goals and support coordination with Rural Health Transformation Program CHW Strengthening Rural Workforce grantees and communities.
- Have a history of collaborating with multi-sector partners to achieve sustainable change.
- Have a history of collaborating with and supporting the Wisconsin CHW workforce and plan for aligning CHW Core Competency training with statewide training standards and credentialing requirements as they develop.
- Have experience collecting quantitative and qualitative data to facilitate evaluation and performance outcome reporting, and/or have a plan to request DHS technical assistance in this area.
- Fiscal, accounting, management, and information technology staff for the overall project.
- In good standing with DHS and able to comply with all DHS reporting, fiscal, and audit requirements.

Funding Availability

Submission does not guarantee funding within this opportunity. This allows DHS to assess capacity of interested parties to conduct the work outlined in the scope of work. DHS reserves the right not to award funding to any applicant, DHS reserves the right to award fewer or more applications than initially indicated, and DHS may award additional funding if more funding becomes available. DHS also reserves the right to award grants for less than an

applicant's proposed amount. Should additional funding become available at any point during the grant period, DHS reserves the right to use the results of this grant funding opportunity to increase funding to the selected agencies or to fund additional agencies that submitted an application but were not selected or reallocate unused funds.

DHS uses a cost-based reimbursement model that limits reimbursement to actual allowable incurred costs. If funding is awarded, expenses can be submitted for reimbursement only after they have been incurred.

Allowable Costs

Grant recipients will be required to comply with the DHS Allowable Cost Policy Manual, all applicable federal requirements, and all applicable award requirements, including those incorporated through Exhibit 2: Federal Compliance Requirements Rural Health Transformation Program. The grant recipient must ensure that any subcontracts also follow allowable and unallowable cost guidance.

Allowable costs and activities (examples)
Staff time related to: • Planning, coordinating and implementing the project • Participating in statewide CHW workforce meetings • Curriculum development and enhancement that includes CHW leadership and subject matter experts • Training curriculum development and training delivery • Recruitment and training retention strategies • Coaching and post-training support • Assessment, quality improvement, and evaluation of training programs
Meeting expenses related to the project (meeting room, audiovisual (AV) equipment, travel, speakers, etc.)
Infrastructure to support quality CHW, or CHW Supervisor Training programs, such as administrative support, technology and communication platforms
Travel related to the project
Program evaluation
Office supplies, postage, copying, etc. related to the project
Consultant and contract services needed to implement the project
Unallowable costs and activities (not exhaustive - please see federal requirements in exhibit)
Pre-award costs
Direct or indirect lobbying activities
Duplicate payments: Funds may not be used to replace payment for clinical services that could be reimbursed by insurance

Clinician salaries or wage supports for facilities that subject clinicians to non-compete contractual limitations
Replacing or duplicating existing funding sources. For example, if funds are used for expanding an existing pilot program or initiative, funds may only be applied to the costs associated with the new population, new activities, new program milestones, etc. The original program's programmatic costs, administrative expenses, and activities must continue to be funded by those original sources.
Costs or activities not directly related to the overall project description and scope of work
Independent research and development, including associated indirect costs in accordance with 2 CFR 300.477
Construction or building expansion, purchasing or significant retrofitting of buildings, cosmetic upgrades, or any other cost that materially increases the value of the capital or useful life as a direct cost
Meals, unless in limited circumstances such as subjects and patients under study, if specifically approved as part of the project or program activity, or as part of a per diem in conjunction with allowable travel
Projects outside of Wisconsin

Administrative Cost Limits and Determinations

- No more than 8% of the award amount may be used for administrative expenses. This is based on CMS requirements: a 10% cap is applied to the cumulative administrative costs for the entire program, including those incurred by both the State and any subrecipients.
- Personnel costs associated with administering RHTP grant activities may be considered administrative costs. In contrast, if staff are directly carrying out program initiatives, the cost may be considered programmatic.
- Administrative costs support the day-to-day operations and general grant oversight. These costs generally include indirect costs, audit expenses, and salary and fringe benefits for personnel whose primary responsibilities involve managing, tracking, and overseeing the grant.
- More information is available in the Addendum Exhibit 3: Budget Instructions.

Allowable Costs for Construction and Renovations

- Under federal grant regulations, alteration and renovation must be necessary and reasonable for performance of the award and directly related to program objectives. Any renovation or alteration costs will require prior approval from CMS. RHTP staff will submit required renovations requests to CMS for approval on behalf of grantees prior to purchase or start of work. Renovations may not proceed until written approval is received. Additionally, no more than 20% of the total award can be spent on minor alterations and renovations.
- See Exhibit 2: Federal Compliance Requirements for more information.

Application Submission

Applications can be accessed via the Community Health Workers (CHW) Training Providers application form and must be completed by 11:59 p.m. on August 21. Only complete applications submitted through this link will be considered.

Applications must include:

- Responses to the statements in the Application Questions section. Any information beyond the page limit will not be read, reviewed, or scored.
- Proposed budget and justification
- Letters of support from key partners (minimum of two).

The budget, justification, and letters of support do not count toward the narrative response word limit.

Applicants should reach out directly to DHS at DHSRuralHealth@dhs.wisconsin.gov for questions regarding technical difficulties with the application submission process.

Application Questions

Contact and Summary

1. Name and address of lead organization applying
2. Contact information for who will serve as the primary point of contact regarding this application.
   - First Name
   - Last Name
   - Email
3. Counties or Tribal Nations where services will be provided for this project
4. Provide a brief executive summary of your project (maximum 100 words). This section is not scored.

Narrative Response

Section 1: Experience and Knowledge (Maximum 1500 words)

Describe how the proposed project will meet the purpose of this funding opportunity, including:

Alignment with program goals

CHW Core Competency Training

- Describe your organization's experience with delivering CHW Core Competency Training curriculum development including history of program administration and delivery, number of training cohorts, data showing impact and outcomes of training, current partnerships,

training platforms, tools, and techniques used to reach and engage various CHW learners.
- Provide examples of training and professional development opportunities your organization has provided or facilitated including topic and method of training delivery (virtual, in-person, small group, interactive, webinar, etc.).

CHW Supervisor, Employer, and Organizational Training
- Describe your organization's experience with delivering CHW Supervisor Training curriculum development including partnerships, training platforms, tools, and techniques used to reach and engage various learners.
- Provide examples of training and professional development opportunities your organization has provided or facilitated including topic and method of training delivery (virtual, in-person, small group, interactive, webinar, etc.).

Section 2: Training Curriculum Design and Implementation (Maximum 2500 words)

Describe how the proposed project will meet the goals of this funding opportunity, including:

Proposed initiatives and implementation

CHW Core Competency Training
- Describe the CHW Core Competency curriculum design and development process. Include your organization's plan for involving CHWs in developing the training curriculum and training delivery. If your organization already has an established CHW Core Competency curriculum, describe your organization's process for enhancing these practices to engage CHWs in the curriculum review and training delivery.
- Describe how your organization's CHW Core Competency training will meet the criteria established by the National Council on CHW Core Consensus Standards (C3).
- Describe your approach for recruiting participants into training cohorts including how your organization will center CHW lived experience.
- Describe your training curriculum, including anticipated number of CHWs per cohort, time commitment, participant eligibility and vetting process, and participant expectations for completing the training.
- Describe how you will provide post-training support and assistance to the graduates of the training program.

CHW Supervisor, Employer, and Organizational Training
- Describe the CHW Supervisor training curriculum including anticipated number of participants per cohort, time commitment, participant eligibility and vetting process, and participant expectations for completing the training.

- Describe your plan for developing new or expanding existing CHW Supervisor training offerings.

Section 3: Sustainability, Evaluation Plan, and Data Collection (Maximum 1500 words)

CHW Core Competency Training

- Include a sustainability plan describing how the proposed services could be maintained beyond the grant period. As appropriate to the size and scope of the project, applicants may include details such as potential state or federal funding, partnerships, or operational approaches that would support program continuation.
- Applicant should describe how the CHW Core Competency training offerings will align with the Wisconsin CHW workforce Curriculum and Training Committee efforts to establish statewide training and credentialing standards.
- Describe the evaluation methods that will be used to assess the effectiveness and impact of CHW Core Competency and CHW Supervisor training, including frequency of data collection and the evaluation tools used.
- Describe barriers that may impact how the anticipated training program is developed and implemented.
- Describe the process for documenting or tracking CHW Core Competency training completion among cohort participants including platforms and tools utilized.

CHW Supervisor, Employer, and Organizational Training

- Include a sustainability plan describing how the proposed services could be maintained beyond the grant period. As appropriate to the size and scope of the project, applicants may include details such as potential state or federal funding, partnerships, or operational approaches that would support program continuation.
- Provide examples of how you intend to align CHW Supervision training with Wisconsin and national best practices for CHW onboarding, organizational readiness, and CHW integration.
- Describe the evaluation methods that will be used to assess the effectiveness of training from CHWs, including frequency.
- Describe barriers that may impact how the anticipated training program is developed and implemented.

Section 4: Personnel and Institutional Capacity (Maximum 1,000 words)

Describe the organization's capacity to implement the proposed project. Applicants must:

- Describe the organizational and/or team structure and institutional environment/resources, specifically as related to program goals.

- Describe the organizational readiness for developing or expanding CHW Core Competency and CHW Supervisor training.
- Describe staffing, including new or existing positions and anticipated full-time equivalents as well as CHW involvement in staffing or advisory capacities.
- If hiring new staff, describe the recruitment process and timeline.
- Explain how the project will continue in the event of staff turnover.
- Describe the role of each partner in achieving project goals. Include at least two Letters of Support from key partners. Upload Letter of Support documents as within the application form.
- If subcontractors are used, describe their roles, responsibilities, and how they will be managed and monitored.

Budget

Section 5: Budget

Complete the Community Health Workers Training Providers Budget Template (Excel) with proposed expenditures for year one. Include a brief justification for the amounts you entered for each item. This should include how you arrived at the dollar amount requested for the expense. Example: Personnel: $10,000; Personnel Justification: Personnel is calculated based on a 0.20 FTE Coordinator at $24.04/hour = $10,000.

- **Personnel:** Describe your personnel expenses for this project. If none, mark N/A.*
- **Fringe:** Describe your fringe expenses. If none, mark N/A.
- **Travel:** Describe travel expenses (transportation, lodging, per diem, etc.) for this project. If none, mark N/A.
- **Contractual Services:** Describe any contractual partners you will fund for this project. If none, mark N/A.
- **Equipment:** Describe any equipment purchases that will be made for this project. Equipment is defined as having a per-unit cost over $10,000 and requires approval from CMS. If none, mark N/A.
- **Supplies:** Describe your supply costs for this project. If none, mark N/A.
- **Other:** Describe any other costs associated with this project. If none, mark N/A.
- **Indirect:** Describe costs incurred for a common or joint purpose benefiting more than one cost objective and not readily assignable to the cost objectives specifically benefitted. Limited to 8% of the total award amount. If none, mark N/A.

The budget template and Addendum Exhibits 2 and 3 (Federal Compliance Requirements and Budget Instructions) can be used as a guide when developing your budget and justification.

Application Scoring Rubric and Review Process

Applications will be reviewed and scored by an evaluation team using the 100-point scale below. Note that all programs must benefit CHWs, CHW Supervisors, and facilities in rural and

semi-rural areas of Wisconsin, outside of metropolitan hubs. See the map in Addendum Exhibit 1 for a definition of rural counties.

Point Allocation

- Section 1: Experience and Knowledge: 20 points
- Section 2: Training Curriculum Design and Implementation: 35 points
- Section 3: Sustainability, Evaluation Plan, and Data Collection: 15 points
- Section 4: Personnel and Institutional Capacity and Letters of Support: 25 points Section
- Budget: 5 points

Total: 100 points

All on-time proposals that include all required documentation will be eligible for review. A committee of subject matter experts and knowledgeable stakeholders will review proposals and make recommendations for funding applications. In addition to rubric scoring, contextual factors such as past performance and spending history; geographic coverage and program reach; and project feasibility will be considered when making final award decisions, if applicable.

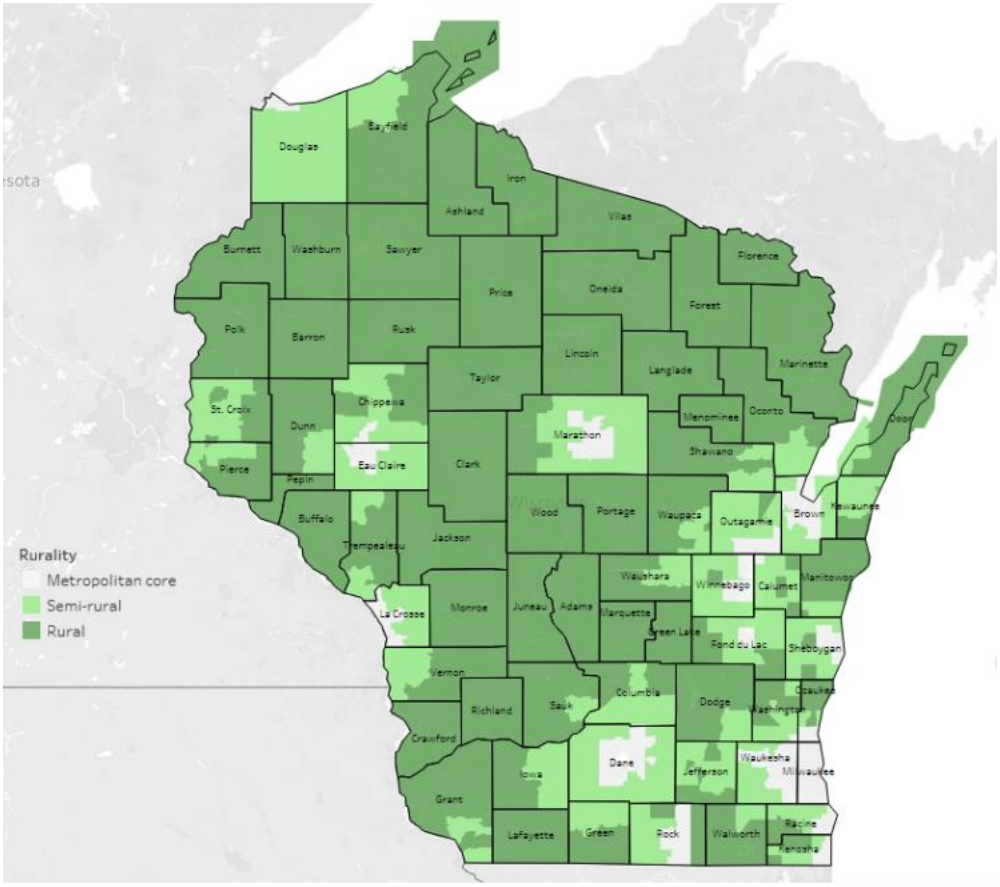
Submission Deadline

Responses must be submitted by 11:59 p.m. on August 21.

Addendum

Exhibit 1: Target Areas of Wisconsin

Wisconsin applied to the federal Centers for Medicare and Medicaid Services (CMS) to participate in the Rural Health Transformation Program from 2026 to 2030. The program will improve rural health in rural and semi-rural counties, as defined by the 2020 U.S. Census.



Rural Counties	Semi-Rural Counties
Adams, Ashland, Barron, Buffalo, Burnett, Clark, Crawford, Florence, Forest, Green Lake, Iron, Jackson, Juneau, Lafayette, Langlade, Lincoln, Marinette, Marquette, Menominee, Monroe, Oneida, Pepin, Polk, Portage, Price, Richland, Rusk, Sawyer, Taylor, Vilas, Washburn, Wood	Bayfield, Brown, Calumet, Chippewa, Columbia, Dane, Dodge, Door, Douglas, Dunn, Eau Claire, Fond du Lac, Grant, Green, Iowa, Jefferson, Kenosha, Kewaunee, La Crosse, Manitowoc, Marathon, Oconto, Outagamie, Ozaukee, Pierce, Racine, Rock, Sauk, Shawano, Sheboygan, St. Croix, Trempealeau, Vernon, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago

Exhibit 2: Federal Compliance Requirements
Rural Health Transformation Program

This document sets forth federal funding requirements applicable to federal funds under the Rural Health Transformation Program, authorized by Public Law 119-21 (The One Big Beautiful Bill Act), Section 71401. Subgrantees agree to comply with the federal regulations applicable to this award listed below and all other applicable federal statutes, regulations, executive orders, and requirements applicable to this agreement not described in this document. Awards are also subject to applicable provisions of 2 CFR Part 200 and 2 CFR Part 300. Awards are also subject to CMS reporting requirements.

Limitations - the following costs are not allowed, unless otherwise noted:

1. Pre-award costs.
2. Meeting matching requirements for any other federal funds or local entities.
3. Services, equipment, or supports that are the legal responsibility of another party under federal, state, or tribal law, such as vocational rehabilitation or education services.
4. Services, equipment, or supports that are the legal responsibility of another party under any civil rights law, such as modifying a workplace or providing accommodations that are obligations under law.
5. Goods or services not allocable to the project.
6. Supplanting existing state, local, tribal, or private funding of infrastructure or services, such as staff salaries.
7. Construction or building expansion, purchasing or significant retrofitting of buildings, cosmetic upgrades, or any other cost that materially increases the value of the capital or useful life as a direct cost.
8. The cost of independent research and development, including their proportionate share of indirect costs. See 2 CFR 300.477.
9. Funds related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order.
10. Purchase of covered telecommunications and video surveillance equipment (See 2 CFR 200.216) as well as financial assistance to households for installation and monthly broadband internet costs.
11. Meals, unless in limited circumstances such as:
    a. Subjects and patients under study.
    b. Where specifically approved as part of the project or program activity, such as in programs providing children's services.
    c. As part of a per diem or subsistence allowance provided in conjunction with allowable travel.
12. Activities prohibited under 2 CFR 200.450 and the HHS Grants Policy Statement, including but not limited to: Paying the salary or expenses of any grant recipient, or

agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before the Congress or any state government, state legislature, or local legislature or legislative body.

13. Lobbying. Awardees can lobby at their own expense if they can segregate federal funds from other financial resources used for lobbying.
14. New construction is unallowable. Supplanting funding for in-process or planned construction projects or directing funding towards new construction builds is unallowable. Renovations or alterations, as described in Category J of the program requirements and expectations use of funds section, are allowed if they are clearly linked to program goals.
    a. Minor alterations and renovations projects include small modifications aimed at enhancing the functionality of the facility where the project will take place. In general, minor modifications to an existing building footprint, existing infrastructure, and existing rooms within a facility would be considered minor building alterations or renovations.
    b. Hypothetical, illustrative examples include but are not limited to:
        i. Interior modifications: Installing or relocating interior walls and partitions to create new offices or meeting rooms.
        ii. Lighting and electrical: Upgrading light fixtures to more energy-efficient systems.
        iii. HVAC and plumbing: Replacing vents and thermostats for better climate control.
        iv. Accessibility improvements: Installing automatic door openers to enhance accessibility.
        v. Security and safety: Installing or upgrading security cameras or access control panels.
        vi. Workspace reconfiguration: Creating open office layouts or converting private offices to better suit needs.
    c. Category J funding cannot exceed 20% of the total funding CMS awards states in a given budget period.
15. To replace payment for clinical services that could be reimbursed by insurance. We will not accept payments to clinical services if they duplicate billable services and/or attempt to change payment amounts of existing fee schedules.
    a. If you plan to fund direct healthcare services, you must justify why they are not already reimbursable, how the payment will fill a gap in care coverage (such as uncompensated care or services not covered by insurance), and/or how they transform the current care delivery model.

b. Funding for provider payments, as described in Category B of the program requirements and expectations use of funds section, cannot exceed 15% of the total funding CMS awards states in a given budget period.
c. Funding cannot be used for initiatives that fund certain cosmetic and experimental procedures that fall within the definition of a specified sex-trait modification procedure at 45 CFR 156.400 because that is beyond the scope of this program.

16. No more than 5% of total funding CMS awards to a state in a given budget period can support funding the replacement of an EMR system if a previous HITECH certified EMR system is already in place as of September 1, 2025.
    a. Upgrades, enhancements, and added modules, interfaces, or functionality to existing EMR/EHR systems are allowable uses of funds and are not subject to the 5% limitation.
17. Funding towards initiatives similar to the Rural Tech Catalyst Fund Initiative (as described in the appendix) cannot exceed the lesser of (1) 10% of total funding awarded to a state in a given budget period or (2) $20M of total funding awarded to a state in a given budget period, and funding is subject to all restrictions and requirements described in the example initiative.
18. Clinician salaries or wage supports for facilities that subject clinicians to non-compete contractual limitations.
19. None of the funding shall be used by the state for an expenditure that is attributable to an intergovernmental transfer, certified public expenditure, or any other expenditure to finance the non-federal share of expenditures required under any provision of law.
20. SSA Section 2105(c), paragraphs (1), (7), and (9) apply as funding limitations. These limitations are related to general limitations, limitations on payment for abortions, and citizenship documentation requirements for payments made with respect to an individual.

Examples of allowable costs:

21. States must focus funding on the following categories as described in Section 71401 of Public Law 119-21:
    a. **Prevention and chronic disease:** Promoting evidence-based, measurable interventions to improve prevention and chronic disease management.
    b. **Provider payments:** Providing payments to healthcare providers for the provision of healthcare items or services, subject to restrictions described in the funding policies and limitations.
    c. **Consumer tech solutions:** Promoting consumer-facing, technology-driven solutions for the prevention and management of chronic diseases.
    d. **Training and technical assistance:** Providing training and technical assistance for the development and adoption of technology-enabled solutions

that improve care delivery in rural hospitals, including remote monitoring, robotics, artificial intelligence, and other advanced technologies.

e. **Workforce:** Recruiting and retaining clinical workforce talent to rural areas, with commitments to serve rural communities for at least 5 years.
f. **IT advances:** Providing technical assistance, software, and hardware for significant information technology advances designed to improve efficiency, enhance cybersecurity capability development, and improve patient health outcomes.
g. **Appropriate care availability:** Assisting rural communities to right-size their healthcare delivery systems by identifying needed preventative, ambulatory, pre-hospital, emergency, acute inpatient care, outpatient care, and post-acute care service lines.
h. **Behavioral health:** Supporting access to opioid use disorder treatment services, other substance use disorder treatment services, and mental health services.
i. **Innovative care:** Developing projects that support innovative models of care that include value-based care arrangements and alternative payment models, as appropriate.

22. Additional uses designed to promote sustainable access to high quality rural healthcare services, as determined by the CMS Administrator, including:
    a. **Capital expenditures and infrastructure:** Investing in existing rural healthcare facility buildings and infrastructure, including minor building alterations or renovations and equipment upgrades to ensure long-term overhead and upkeep costs are commensurate with patient volume, subject to restrictions in the funding policies and limitations.
    b. **Fostering collaboration:** Initiating, fostering, and strengthening local and regional strategic partnerships between rural facilities and other healthcare providers to promote quality improvement, improve financial stability of rural facilities, and expand access to care.
23. Specific examples provided in the Notice of Funding Opportunity include:
    a. States can offer certain incentives to attract clinical workforce to work in rural areas provided the recipient of the incentive commits to working in rural areas for a minimum of 5 years. Funding for local housing for students or trainees in rural areas may be allowable if included as part of an approved initiative within the scope of the RHT Program. Note that payment for student or trainee housing is limited to short-term (less than 6 months) housing for rotations.
    b. Targeted technical assistance and training to help clinicians, medical coders, and other personnel better understand and use existing payment mechanisms already in place for care coordination services via Medicare and Medicaid or other payers.

c. Creating, implementing, or enhancing IT systems, software, or data sharing infrastructure to streamline population health management and care coordination by sharing resources, making referrals, and ensuring the completion of the referral process that help with coordinating amongst stakeholders and/or population health management. Promoting community engagement, awareness of programs, and community input on program development, structure, and oversight.
d. Training and integrating community health workers, care coordinators, peer support specialists, community paramedics, other auxiliary personnel, and behavioral health specialists into the care delivery system. Such personnel can then launch and support targeted outreach programs to engage and educate rural populations.
e. Developing multidisciplinary frameworks to formally integrate non-physician providers such as paramedics, community paramedics, emergency medical technicians, community health workers, and pharmacists into care teams, in collaboration with rural facilities.
f. Developing community-based programs to promote health literacy and healthy behaviors within a population, such as tobacco cessation programs, diabetes management education, or nutrition education.
g. Improving access to primary care and preventative services in innovative sites of care, such as schools, retail centers, public libraries, and home-based visits, and/or via mobile care delivery, such as use of mobile screening vans, community paramedicine, and mobile clinics.
h. Assistance in setting up the legal and organizational framework to create and operate a rural health network including, but not limited to, articles of incorporation, network operating practices, dues structure, and network decision making procedures.
i. Technical assistance to organizations developing or enhancing integrated rural health networks.
j. Technical assistance with restarting closed service lines, such as with recruitment, compliance, or infrastructure.
k. Technical assistance on legal and regulatory issues, such as antitrust navigation and contracting and data sharing between members.
l. Needs assessments for rural communities related to strategic planning of services, including maternity care.
m. Start-up funding to cover providers' initial staffing and equipment to support strategically targeted service line expansion linked to local need until enough volume develops to reach sustainability.
n. IT systems, software, or data sharing infrastructure, such as health information exchanges or frameworks like The Trusted Exchange Framework and Common

Agreement (TEFCA), that help with coordinating amongst providers and supporting population health management.

Additional Resources

- Notice of Funding Opportunity (NOFO)
  - Pages 11-12, 18-20, 97-118
- Rural Health Transformation FAQ
  - Section V. Use of Funds, pages 34-53

Exhibit 3: Budget Instructions

Applicants must submit a detailed Year 1 budget using the Community Health Workers Training Providers Budget Template (Excel) provided with this application. The completed budget template must be uploaded in Excel format as part of the application submission.

The budget should clearly demonstrate how grant funds will be used to support proposed activities and must be consistent with the program design.

This information will be shared with the federal government as part of cooperative agreement oversight. Non-state entities should adapt as necessary to comply with their budget policies. See CMS's website for additional guidance.

Completing the Budget Template

- Use the provided budget template. Please do not modify the format or formulas. Add additional rows as necessary to provide a detailed description of the budget.
- Locate Row 3 and type your organization's name in the designated field.
- Complete columns A through F in the budget table for each line item of your proposed expenses. Provide a detailed line-item breakdown for each cost category, including a description and justification for every budgeted expense.
- Navigate to Column G for every line item. Use this column to ensure your administrative and programmatic funding percentages are properly defined and sum up to 100%.
- Complete all applicable budget categories. When all line items are added, locate cell C54 to verify that your total administrative costs do not exceed the funding limits.
- Ensure all costs are reasonable, necessary, and directly related to the proposed project.
- Submit a budget for Year 1 only. This applies to funds allocated from 10/1/2026-7/31/2027.
- The completed budget template must be:
    - Submitted in Excel format (.xlsx).
    - Uploaded under Section 5: Budget with the remainder of the application materials.
    - Included at the time of application submission.

Applications submitted without a completed budget template may be considered incomplete.

Line-item Breakdown

Budgets must be broken down into specific line-items and assigned to a cost category. For example, salary costs should identify individual positions, and associated salary amounts rather than a single salary total. Similarly, travel costs should be separated into specific expenses such as mileage, lodging, registration fees, or other anticipated travel-related costs. Supplies, contractual services, and other expenses should also be itemized. Providing detailed line-item information allows for a complete review of proposed expenditures and supports the development of funding agreements, reporting requirements, and grant monitoring activities. Line-items must be rounded to the nearest dollar.

Budget Description and Justification

For each line-item, applicants must provide sufficient detail to explain:

- What the expense is.
- How the cost was calculated.
- Why the expense is necessary for the project.
- How the expense supports project goals and activities.

Examples include:

- Position title, percentage of time devoted to the project, and fringe percentage for personnel costs.
- Number of units and unit cost for supplies and materials.
- Number of trips, travelers, mileage, lodging, or registration costs for travel.
- Scope of work and estimated cost for consultants or contractors.
- Budget descriptions should provide enough information for reviewers to understand and evaluate the proposed expenditure without requiring additional clarification.

Administrative Cost Limits and Determinations

Administrative costs are limited to 8% of the total amount allocated to a subrecipient during a budget year. Administrative costs for your budget includes indirect and direct costs that are considered administrative costs. Applicants should explicitly show that administrative expenses are less than or equal to 8%. **Note**: In the budget template, applicants will identify which line items count as administrative expenses (such as program management salaries) and show that their sum is 8% or less of the total.

The administrative cap is based on CMS requirements that no more than 10% of the amount allotted to a state for a fiscal year may be used by the state for administrative expenses (Public Law 119-21). This cap applies to the cumulative administrative costs for the entire program, including those incurred by both the state and any subrecipients. Therefore, DHS has determined an 8% allowable administrative cap for this grant funding opportunity. See CMS's RHTP Frequently Asked Questions (FAQ) (October 31, 2025), Sec. II, No. 91, and Sec. V, No. 8 and No. 9, for additional guidance.

The FAQ provides the following further guidance:

- Personnel costs *for administering RHTP grant activities* may be considered administrative costs (FAQ Sec. III, No. 91 and Sec. III, No. 92). If staff are *directly carrying out program initiatives*, the cost may be considered programmatic (FAQ Sec. III No. 92, Sec. III, No. 109).
- Determinations about whether a cost is "programmatic" or "administrative" depends on the nature of the activities performed (FAQ Sec. III, No. 101, Sec. V, No. 62, Sec. V, No. 63).

- Final determinations on costs will be made by CMS. Detailed justifications for requested expenses are necessary to ensure they are approved (FAQ Sec. III, No. 101 and 103).

Examples of costs that are **administrative** (See FAQ):

- General oversight and expenses "such as director's office, accounting, administrative personnel, and other types of expenditures classified as administrative" (FAQ Sec. V, No. 67)
- Salaries for program management staff (FAQ Sec. III, No. 62)
- State personnel costs administering the grant (FAQ Sec. III, No. 92)
- Staff "managing or overseeing the grant itself" (FAQ Sec. III, No. 109)
- Hiring an independent evaluator to collect data and evaluate the program (FAQ Sec. V, No. 62)
- Hiring an accountant to keep track of RHT program funds (FAQ Sec. V, No. 63)
- Hiring staff to train faculty on program or project management (FAQ Sec. V, No. 63)

Examples of costs that are likely programmatic (See FAQ):

- Costs are **programmatic** if they are "directly related to implementing, executing, and/or delivering activities described within specific initiatives in the state's application and the state provides sufficient detail in their application to justify their initiatives budget." (FAQ Sec. III, No. 103)
    - Costs directly related to implementing, executing, or delivering activities specifically identified in the state's application are presumed to be programmatic in nature.
    - Any programmatic costs must "support expansion and scale to better serve rural communities, not to replace or duplicate existing funding sources" (FAQ Sec. III, No. 61). If funds are used to expand a pre-existing pilot or program, RHT funds shall only apply "to the costs associated with the new population, new activities, new program milestones" and *not* to supplement costs previously funded by the state or existing fiduciaries.
- Directly carrying out program activities, such as providing technical services, technical assistance, or supporting program operations like expanding programs to rural areas or implementing new initiatives (FAQ Sec. III, No. 109)
- Hiring and training new community health workers to serve residents in a clinical workforce area. (FAQ Sec. V, No. 6)
- Purchasing new patient monitoring devices and educational materials to specifically serve populations in the clinical workforce area. (FAQ Sec. V, No. 6)
- Startup costs to establish new contracts or agreements for service delivery in the counties (FAQ Sec. V, No. 6)
- Hiring preceptors or equipment to facilitate training residents on how to access RHT services or programs. (FAQ Sec. III, No. 103)

- Community colleges using funds to create "a structured, certifiable pathway to a new degree, new certification, or to a career and/or new job opportunity in the clinical workforce area." (FAQ Sec. III, No. 105; note the 5-year commitment requirements)
- Hiring an independent evaluator to conduct a needs assessment in rural areas related to a core component one of the state's initiatives. (FAQ Sec. V, No. 62)

Cost Category Definitions

Term	Definition	Budget line-item specificity	Budget line-item descriptions should include the following:
Contractual Services	Legal instruments for purchasing professional services or property needed for the project. Includes consultants and vendors providing specific expertise rather than performing a significant part of the program scope.	One line item per contract	Vendor, method of selection (RFP, piggyback on existing contract, etc.), contract end date, scope of work, monitoring agency, notes, and budget justification.
Equipment	Tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost that equals or exceeds $10,000.	One line item per equipment type	
Fringe	Employer-paid benefits provided as compensation in addition to regular salaries. This typically includes Social Security, retirement (WRS), health insurance, and worker's compensation, allocated equitably to all project activities.	One line item per fringe benefits for each individual employee	Fringe rate calculations used by your agency.

Term	Definition	Budget line-item specificity	Budget line-item descriptions should include the following:
Indirect Costs	2 CFR 200.1 defines an "indirect cost" as "costs incurred for a common or joint purpose benefiting more than one cost objective and not readily assignable to the cost objectives specifically benefitted. Includes "overhead" or general operating expenses of an organization required to operationalize a grant (also known as Facilities and Administrative [F&A] costs). Indirect costs are typically calculated through an indirect cost rate. Note administrative expenses are limited to 8% of the total award amount. Most indirect cost will meet the definition of an "administrative cost" and subrecipients should use an 8% indirect rate. This applies to Modified Total Direct Cost (MTDC) - all direct salaries and wages, applicable fringe benefits, materials and supplies, services, and travel. MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, and participant support costs. Federally negotiated indirect cost rates should not be used. A subrecipient who believes they have an indirect cost that is not administrative should provide more information and a justification for DHS review.	All indirect costs may be grouped into a single line item	

Term	Definition	Budget line-item specificity	Budget line-item descriptions should include the following:
Salary	Compensation for personal services, including all remuneration, paid currently or accrued, for services of employees rendered during the period of performance, including but not necessarily limited to wages and salaries. **Note**: The salary rate limitation in the current federal appropriations act applies to this program. As of January 2025, the salary rate limitation is $225,700. In addition, funds cannot be used to supplant existing state, local, tribal, or private funding.	One line item per individual employee salary	Hourly salary, time %, annual salary, months of time
Supplies	All tangible personal property other than equipment. This includes "computing devices" (laptops/tablets) if the unit cost is below the $10,000 threshold. Includes basic office tools such as pens, pencils, notepads, staples, paper clips, print cartridges and toners. This may also include services like telecommunications and IT subscriptions.	One line per supply type	
Other	A "catch-all" category for direct costs not fitting elsewhere.	One line per other type	

Term	Definition	Budget line-item specificity	Budget line-item descriptions should include the following:
Travel	Reimbursable expenses for transportation, lodging, and meals incurred by employees on official project business. Please use the uniform travel schedule amounts (UTSAs) in estimating travel costs. In accordance with Wisconsin State Statute, the Division of Personnel Management Administrator, with the approval of the Joint Committee on Employment Relations, establishes the UTSAs. These amounts include mileage reimbursement rates, airfare costs, porterage tips, moving expenses, temporary lodging allowances, and meal and lodging rates. The approved travel schedule amounts are incorporated into the state employee compensation plan and are used by state agencies for budgeting purposes.	One line per type of travel and specify in-state or out-of-state travel (e.g. in-state transportation, in-state parking, in-state lodging, in-state per diem, out-of-state airfare, out-of-state baggage fees, out-of-state conference registration, out-of-state taxi/ground transportation, out-of-state lodging, out-of-state per diem)	Purpose, locations, and frequency of travel.