

## Coordinating Care Across Wisconsin Grant Application

### Funding Opportunity Summary

#### Summary

This five-year grant funding opportunity is intended to catalyze innovative healthcare service models through partnerships across communities, systems, and sectors in rural Wisconsin. Through these grants, the Wisconsin Department of Health Services (DHS) aims to address those points in a care continuum where community members are most likely to experience barriers to health-related services or fall out of care, and to directly address fragmented systems of care. Applicants may apply to multiple Rural Health Transformation Program (RHTP) funding opportunities for which their organizations are eligible.

---

#### Application phases

Applications for funding will be released in two distinct phases:

- **Phase 1: Planning grant.** Applicants will submit a letter of application for an initial six-month planning or pilot grant. The planning period will provide an opportunity for awardees to receive technical assistance for application development, build a strong foundation for program implementation, and develop strong partnership models. We recognize that programs may be at different stages of development, from initial idea generation to ready-to-go projects and partnerships. We welcome a range of planning period activities.
- **Phase 2: Full award.** Planning grant awardees will be eligible to submit an application for a full award covering the remaining four-year grant period. The full application will be released in February 2027. Only recipients of an approved letter of application will be eligible to apply for the full award. Full award applications should reflect and build on the work done during the planning period and provide more in-depth program designs.

---

#### Key dates

- **Phase 1: Planning grant**
  - Letter of application due: Aug. 21, 2026
  - Application questions due: June 30, 2026. Responses will be posted within one week. Please send questions to: [dhsruralhealth@dhs.wisconsin.gov](mailto:dhsruralhealth@dhs.wisconsin.gov), and place CHW Application Questions in the Subject line.
  - Estimated date for award notification: October 2026
- **Phase 2: Full award**
  - Full application due: February or March 2027
  - Estimated date for full award notification: March or April 2027

## Background

The Wisconsin Rural Health Transformation Program is focused on improving healthcare 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 Wisconsin Department of Health Services (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 healthcare workforce, enhancing technology innovation, and cultivating coordinated care partnerships. Through collaboration among healthcare 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 RHTP coordinated care initiative. Rural residents in Wisconsin experience higher rates of chronic diseases, including heart disease and diabetes, and worse behavioral health outcomes than urban residents. Rural residents struggle to receive appropriate, high-quality, and timely care because of workforce shortages, particularly for primary care and behavioral health. Two-thirds of rural residents must travel more than 30 minutes to access emergency care. Out of 72 counties in Wisconsin, 40 are federally designated as mental health professional shortage areas, 37 as primary care shortage areas, and 34 as dental care shortage areas.

---

## Purpose

Through this funding opportunity, DHS aims to address these challenges by leveraging the resources and innovation within Wisconsin's rural communities. This funding will ensure that healthcare services and resources can be delivered in the most efficient, accessible, and high-quality manner possible.

This grant funding opportunity is intended to catalyze innovative partnership models that coordinate care across systems and sectors in rural Wisconsin. Through these grants, the state of Wisconsin aims to address those points in a care continuum where community members are most likely to experience barriers to health-related services or fall out of care, and to directly address fragmented systems of care.

The goals of this funding are to:

- Establish strong, sustainable, and community-centered healthcare delivery systems
  - Increase primary, specialty, and behavioral healthcare access
  - Improve prevention, behavioral, and chronic health outcomes in rural communities
  - Reduce avoidable hospital admissions and emergency department visits among rural residents
-

## Eligible applicants

Applicants must be health service providers, or community partners of health service providers, in areas of Wisconsin located outside of Milwaukee County. See Addendum Exhibit 1 in the funding opportunity for a definition of semi-rural and rural counties. Health services are broadly defined as those entities providing chronic, preventative, wraparound, social services, acute or emergency, and/or behavioral and mental health services to rural and semi-rural residents. Providers can take many forms, including but not limited to the following potential applicants:

- Aging and disability resource centers
  - Behavioral health clinics
  - Community-based organizations
  - Community health centers and primary care clinics
  - County human service agencies
  - Emergency medical services
  - Hospitals and health systems
  - Local and Tribal health departments
  - Long-term care providers and skilled nursing facilities
  - Non-emergency medical transportation
  - Pharmacists and pharmacies
  - Rural health clinics
  - Schools and educational institutions
  - Other rural partners
-

Letters of application will be reviewed, and contracts will be awarded for a funded planning period. A total of \$10 million dollars is available for funding during this phase. Following the planning period, planning awardees will be invited to submit a full grant proposal, with detailed budgets and workplans, for subsequent funding. The funded planning period will allow grantees to collect and leverage data to support their full proposal, develop strong partnership models, and receive technical assistance.

Please submit a one- or two-page letter of application describing the innovative approach and partnership model that you hope to implement with these funds. Letters should:

- Respond to the points outlined in the Program Requirements section.
- Make the case for a proposed partnership. What problem have you repeatedly seen in your community that could be solved with more resources to connect partners?
- Be clear and logical, using straightforward and compelling language.
- Include a budget outlining how you will use the funds during the 6-month planning period.

Strong letters of application will clearly articulate a problem and/or health issue and provide data to quantify the issue. Organizations may request technical assistance for preparing their applications from the University of Wisconsin-Population Health Institute, Wisconsin Office of Rural Health, and Wisconsin Collaborative for Healthcare Quality. Technical assistance can be requested for describing local health needs using community data, accessing information to quantify the local health context, project evaluation planning, and/or developing performance measures. These partners have no input on funding decisions. To learn more, send a request to [RHTP-evaluation@wisc.edu](mailto:RHTP-evaluation@wisc.edu).

Applicants should reach out directly to DHS at [DHSRuralHealth@dhs.wisconsin.gov](mailto:DHSRuralHealth@dhs.wisconsin.gov) for questions regarding technical difficulties with the application submission process. Note: questions about the funding opportunity, including eligibility requirements, budgets, allowable and unallowable expenses, and related topics must be submitted by June 30, 2026, and will be answered through published FAQs.

Details will be shared later about additional technical assistance to support the development of full grant proposals.

---

This program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$203,670,005.21 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

---

# Applicant Information

1. Organization name \*

2. Organization address \*

Street

City

State

ZIP code

---

Please provide the name and email of the primary contact person for this application.

3. First name \*

4. Last name \*

5. Email \*

Confirm email \*

6. Counties or Tribal nations where services will be provided **for this project**. Select all that apply. \*

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Adams County  | <input type="checkbox"/> Forest County  | <input type="checkbox"/> Marquette County                            | <input type="checkbox"/> Shawano County                             |
| <input type="checkbox"/> Ashland County  | <input type="checkbox"/> Forest County<br>Potawatomi Community  | <input type="checkbox"/> Menominee County                            | <input type="checkbox"/> Sheboygan County                           |
| <input type="checkbox"/> Bad River Band of Lake<br>Superior Tribe of<br>Chippewa Indians | <input type="checkbox"/> Grant County   | <input type="checkbox"/> Menominee Indian Tribe<br>of Wisconsin      | <input type="checkbox"/> Sokaogon Chippewa<br>Community             |
| <input type="checkbox"/> Barron County   | <input type="checkbox"/> Green County   | <input type="checkbox"/> Milwaukee County                            | <input type="checkbox"/> St. Croix Chippewa<br>Indians of Wisconsin |
| <input type="checkbox"/> Bayfield County   | <input type="checkbox"/> Green Lake County  | <input type="checkbox"/> Monroe County                               | <input type="checkbox"/> St. Croix County                           |
| <input type="checkbox"/> Brothertown Nation  | <input type="checkbox"/> Ho-Chunk Nation  | <input type="checkbox"/> Oconto County                               | <input type="checkbox"/> Stockbridge-Munsee<br>Community            |
| <input type="checkbox"/> Brown County  | <input type="checkbox"/> Iowa County  | <input type="checkbox"/> Oneida County                               | <input type="checkbox"/> Taylor County                              |
| <input type="checkbox"/> Buffalo County  | <input type="checkbox"/> Iron County  | <input type="checkbox"/> Oneida Tribe of Indians<br>of Wisconsin     | <input type="checkbox"/> Trempealeau County                         |
| <input type="checkbox"/> Burnett County  | <input type="checkbox"/> Jackson County   | <input type="checkbox"/> Outagamie County                            | <input type="checkbox"/> Vernon County                              |
| <input type="checkbox"/> Calumet County  | <input type="checkbox"/> Jefferson County   | <input type="checkbox"/> Ozaukee County                              | <input type="checkbox"/> Vilas County                               |
| <input type="checkbox"/> Chippewa County   | <input type="checkbox"/> Juneau County  | <input type="checkbox"/> Pepin County                                | <input type="checkbox"/> Walworth County                            |
| <input type="checkbox"/> Clark County  | <input type="checkbox"/> Kenosha County   | <input type="checkbox"/> Pierce County                               | <input type="checkbox"/> Washburn County                            |
| <input type="checkbox"/> Columbia County   | <input type="checkbox"/> Kewaunee County  | <input type="checkbox"/> Polk County                                 | <input type="checkbox"/> Washington County                          |
| <input type="checkbox"/> Crawford County   | <input type="checkbox"/> La Crosse County   | <input type="checkbox"/> Portage County                              | <input type="checkbox"/> Waukesha County                            |
| <input type="checkbox"/> Dane County   | <input type="checkbox"/> Lac Courte Oreilles<br>Band of Lake Superior<br>Chippewa Indians of<br>Wisconsin | <input type="checkbox"/> Price County                                | <input type="checkbox"/> Waupaca County                             |
| <input type="checkbox"/> Dodge County  | <input type="checkbox"/> Lac du Flambeau Band<br>of Lake Superior<br>Chippewa Indians                     | <input type="checkbox"/> Racine County                               | <input type="checkbox"/> Waushara County                            |
| <input type="checkbox"/> Door County   | <input type="checkbox"/> Lafayette County   | <input type="checkbox"/> Red Cliff Band of Lake<br>Superior Chippewa | <input type="checkbox"/> Winnebago County                           |
| <input type="checkbox"/> Douglas County  | <input type="checkbox"/> Langlade County  | <input type="checkbox"/> Richland County                             | <input type="checkbox"/> Wood County                                |
| <input type="checkbox"/> Dunn County   | <input type="checkbox"/> Lincoln County   | <input type="checkbox"/> Rock County                                 | <input type="checkbox"/> All of the above                           |
| <input type="checkbox"/> Eau Claire County   | <input type="checkbox"/> Manitowoc County   | <input type="checkbox"/> Rusk County                                 |   |
| <input type="checkbox"/> Florence County   | <input type="checkbox"/> Marathon County  | <input type="checkbox"/> Sauk County                                 |   |
| <input type="checkbox"/> Fond du Lac County  | <input type="checkbox"/> Marinette County   | <input type="checkbox"/> Sawyer County                               |   |

7. Please describe any specific communities, groups, or populations you plan to serve **for this project**.

8. Does your organization provide services in a Wisconsin county (excluding Milwaukee) defined as semi-rural or rural by the 2020 U.S. Census? See funding opportunity Addendum Exhibit 1 for a definition of semi-rural and rural counties. \*

- Yes
- No

---

Eligible applicants must provide services in Wisconsin in semi-rural or rural counties.

---

9. Which of the following best describes your organization? Select all that apply. \*

- Aging and disability resource centers
- Behavioral health clinics
- Community-based organizations
- Community health centers and primary care clinics
- County human service agencies
- Emergency medical services
- Hospitals and health systems
- Local and Tribal health departments
- Long-term care providers and skilled nursing facilities
- Non-emergency medical transportation
- Pharmacists and pharmacies
- Rural health clinics
- Schools and educational institutions
- Other rural partner - please specify

---

10. All applicants are required to have a valid Unique Entity Identifier (UEI) and maintain an active SAM.gov registration. A UEI is required at the time of award; however, if your organization does not currently have one or needs to renew, you must begin the registration process now. Failing to maintain an active registration may result in delayed funding or loss of eligibility. \*

- By checking this box, I acknowledge that a valid UEI is required to receive this award.
-

## Program Requirements and Letter of Application

Please submit a one- or two-page letter of application describing the innovative approach and partnership model that you hope to implement with these funds.

Successful letters of application will address the following:

### Community need and impact (5 points)

- **Community-based evidence of need:** The grant funds should address specific, evidence-based healthcare needs and health outcomes within a community. The state recognizes that the needs and capacity in each rural community vary greatly across the state. For that reason, each applicant should identify the specific healthcare and health issue(s) of greatest need in the area they will serve and that their proposed intervention is best placed to address.
- **Linkages between intervention and proposed outcomes:** Applicants should clearly outline in text, table, or visual model how the proposed activities and partnerships will address the specific needs in the community, and the anticipated outcomes for this work.

### Program design and implementation (5 points)

- **New or enhanced care coordination partnerships:** RHTP is focused on transformative work that goes beyond existing service provision or partnerships. Funds awarded under this program must be used to support new or expanded partnerships, services, or activities. Applicants may not use grant funds to maintain existing services or programs. Letters of application should clearly describe how the proposed project represents a new initiative or a substantive expansion of current efforts including any new partners, populations served, geographic areas, or service capacity.
- **Nature of partnerships:** Projects should emphasize collaborations, such as care coordination, service integration, and system-level improvements rather than isolated service delivery. We strongly encourage collaborations between dissimilar community partners, including but not limited to:
  - Collaborations between sectors (e.g., local health department and hospital or health system; social work services and emergency medical services; pharmacies and nutrition support services; community health centers and schools)
  - Collaborations between larger health systems and smaller community-based organizations (e.g., hospitals and youth after-school programs)
  - Collaborations between community-based providers and specialty care providers in other settings (e.g., via telehealth)
  - Collaborations between a service provider and community members to identify the best strategy for bringing care closer to those who need it most.

We define partnerships broadly for the purposes of this funding. Partnerships that qualify for this funding include any collaborations that bring innovative health service delivery closer to rural residents and communities and break down care silos. Where applicable, when a more formal partnership between institutions is proposed, letters of support from each partner are required in the letter of application and in the full application.

- **Bringing care closer to home:** Many rural residents must travel long distances to access care. Projects should clearly describe how the proposed work will ensure that care is delivered in trusted settings as close to clients' homes as possible.
- **Sustainability:** Applications must include a clear and feasible plan for sustainability beyond the grant period. Proposals should describe how projects will be maintained over time through reimbursement, payer mix, patient volume, operational efficiencies, and other funding sources. In addition, applicants should articulate how their project will contribute to sustainable infrastructure that supports long-term population health improvement.

Budget (5 points)

In your letter of application, please include both items below.

- The total amount you request for the planning period (Nov. 1, 2026–April 30, 2027)
- The estimated tier for years 1-4 (cumulative for the four years)
  - Tier A: \$400,000–\$1,999,999
  - Tier B: \$2,000,000–\$4,999,999
  - Tier C: \$5,000,000–\$9,999,999
  - Tier D: \$10,000,000–\$20,000,000

**VALIDATION** Accepts 1 file. Allowed types: doc, docx, pdf. Max file size: 50 MB

11. Please upload your letter of application below. \*

Accepted file types: doc, docx, pdf

Upload File

**VALIDATION** Accepts 1 file. Allowed types: xls, xlsx. Max file size: 50 MB

12. Upload a budget, using the Coordinating Care Across Wisconsin Grant Budget Template (Excel), for the planning period with the following details. This level of detail is not needed within the letter itself.

- Salary: 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 of over \$10,000, which requires approval from CMS. Applicants interested in obtaining equipment should include the item and cost in their proposed budget. If the applicant is selected for the planning grant, the state will work with the applicant and CMS to obtain the required approvals. 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 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 exhibits 2 and 3 in the funding opportunity addendum (Federal Compliance Requirements and Budget Instructions) can be used as a guide when developing your budget and justification. \*

Accepted file types: xls, xlsx

Upload File

---

## Use of Funds

CMS requires that RHTP funds are assigned toward at least three of the specified statutory use categories described in the [Notice of Funding Opportunity \(NOFO\)](#) program requirements and expectations. Note that selected applicants will be required to track and report on these use of funds throughout the program. Hover over each category to read the definition or see Exhibit 3: Budget Instructions within the funding opportunity.

**VALIDATION** Must be percentage Whole numbers only Positive numbers only

**13. Please estimate how much of your budget category totals will be allocated to the use of funds categories below. If a cost category applies to more than one use of funds, please estimate the category it primarily falls into. \***

Prevention and chronic disease

Provider payments

Consumer tech solutions

Training and technical assistance

Workforce

IT advances

Appropriate care availability

Behavioral health

Innovative care

Capital expenditures and infrastructure

Fostering collaboration

0 out of 100% Total

## Deliverables

**14. Identify a minimum of 3 planned deliverables and estimated completion dates for your project during the planning period.**

Deliverable 1 \*

Estimated completion date (enter a date between 11/01/2026-04/30/2027) \*

Deliverable 2 \*

Estimated completion date (enter a date between 11/01/2026-04/30/2027) \*

Deliverable 3 \*

Estimated completion date (enter a date between 11/01/2026-04/30/2027) \*

Deliverable 4

Estimated completion date (enter a date between 11/01/2026-04/30/2027)

Deliverable 5

Estimated completion date (enter a date between 11/01/2026-04/30/2027)

Deliverable 6

Estimated completion date (enter a date between 11/01/2026-04/30/2027)

---

**VALIDATION** Max word count = 100

**15. List key personnel positions or titles who will have a primary role in the project. \***

## Letter(s) of Support

**VALIDATION** Accepts up to 10 files. Allowed types: doc, docx, pdf. Max file size: 50 MB

16. Please upload letter(s) of support from each partner with an active role in the project.

Acceptable file types: doc, docx, pdf

Upload File

---

## Confirm and Submit

17. I confirm that the information provided in this application is accurate to the best of my knowledge. \*

---

Sign name using mouse or touch pad

Signature of

---

## Thank You!

Thank you for completing the Coordinating care across Wisconsin: Innovating healthcare through partnership grants application. We appreciate the time you've taken to tell us about your organization. A completed copy of the application will be sent to [email provided in question 5]. You can direct any questions about this application to [DHSRuralHealth@dhs.wisconsin.gov](mailto:DHSRuralHealth@dhs.wisconsin.gov).

---