Coordinating Care Across Wisconsin

Grant application questions and answers

Question 1: **Can you apply for more than one grant within each category? Like can we apply for 2 grants in the Coordination of Care grant application?**
Answer 1: Applicants may apply to multiple Rural Health Transformation Program (RHTP) funding opportunities for which their organizations are eligible. If an applicant has multiple, distinct care coordination projects with different partners, they may submit more than one application within a tier. However, entities may be awarded one contract, or a combined contract. If it is the same project but in different geographic areas, one combined application is encouraged.

Question 2: Are there particular lead applicant types (Community Access Hospitals, Federally Qualified Health Centers…) you'd recommend for the care coordination track?
Answer 2: No, we do not have any recommended type of lead applicant. We strongly encourage a variety of applicants to apply who have a strong foundation in rural Wisconsin communities. 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 for a definition of semi-rural and rural counties. Providers may include but are not limited to: 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, and other rural partners.

Question 3: Can eligible applicants submit more than one letter of application for singular RHTP funding opportunities, such as the care coordination grant, if each letter of application represents a separate project within the eligible applicant organization?
Answer 3: Applicants may apply to multiple Rural Health Transformation Program (RHTP) funding opportunities for which their organizations are eligible. If an applicant has multiple, distinct care coordination projects with different partners, they may submit more than one application within a category. However, entities may be awarded one contract, or a combined

contract. If it is the same project, but in different geographic areas, one combined application is encouraged.

Question 4: Are organizations prohibited from requesting funding for more than one care coordination project under the same funding stream?
Answer 4: Applicants may apply to multiple Rural Health Transformation Program (RHTP) funding opportunities for which their organizations are eligible. If an applicant has multiple, distinct care coordination projects with different partners, they may submit more than one application within a category. However, entities may be awarded one contract, or a combined contract. If it is the same project, but in different geographic areas, one combined application is encouraged.

Question 5: Can you define "institutions" that would require letters of support?
Answer 5: We define partnerships broadly for the purposes of this funding, and a variety of institutions or organizations could provide a letter of support. 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 organizations is proposed, letters of support from each partner are required in the letter of application and in the full application. If a project depends on the cooperation of a partner organization, letters of support are strongly encouraged.

Question 6: Do letters of support count in any page requirement?
Answer 6: No, letters of support do not count toward page limits.

Question 7: What proportion of the letter should be focused on the partnership and what proportion should be focused on the planned project?
Answer 7: Since each project is different in nature, we cannot provide specific guidance on how much space should focus on different aspects of the project. Partnerships are broadly defined for the purposes of this funding but should be an integrated part of the proposed project. Please see the Program Requirements & Letter of Application Scoring section on pages 4–6 of the application pdf for more details on what letters of application should include.

Question 8: Should the focus be on the partnership or the project?
Answer 8: Since each project is different in nature, we cannot provide specific guidance on how much space should focus on different aspects of the project. Partnerships are broadly defined for the purposes of this funding but should be an integrated part of the proposed project. Please see the Program Requirements & Letter of Application Scoring section on pages 4–6 of the application pdf for more details on what letters of application should include.

Question 9: What proportion of the 5 points for Program Design and Implementation section are for the project versus the partnership?

Answer 9: We will score the project as one cohesive plan, not distinct elements. Partnerships are broadly defined for the purposes of this funding but should be an integrated part of the proposed project. Please see the Program Requirements & Letter of Application Scoring section on pages 4–6 of the application pdf for more details on what letters of application should include.

Question 10: Can organizations be added to the partnership during the planning phase or do all partners need to be included in the letter of application?
Answer 10: Yes, organizations can be added to the partnership during the planning phase. We recognize that some projects may still be conceptual or in the early stages of development, and we expect that some partnerships will not be fully defined for the letter of application and/or that some partnerships may change during the planning period. 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.

Question 11: Can part of the plan for the planning period include identifying additional partners or contacts?
Answer 11: Yes. We recognize that some projects may still be conceptual or in the early stages of development, and we expect that some partnerships will not be fully defined for the letter of application and/or that some partnerships may change during the planning period. 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.

Question 12: In "Letter of Application Instructions," page 10, the announcement says "Please submit a one- or two-page letter of application." That is a very limited amount of space. I can see a proposal failing to receive points in the evaluation process not because the proposal did not merit the points but because of choices made in the editing process to get the letter of application down to two pages.

- **Any thoughts on this?**
- **Do whatever it takes to get down to two pages, and let the chips fall where they may?**
- **View two pages as advice, not an absolute limit (an absolute limit would be "anything beyond the second page will not be read")?**
- **Stick to two pages but include appendices ("We plan to partner with thirteen organizations (whose letters of support are Appendix A to this letter.")**

Answer 12: Please submit a one- or two-page letter of application that describes the innovative approach and partnership model that you hope to implement with these funds 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. Planning grant awardees will then be eligible to submit an application for a full award covering the remaining four-year grant period (Phase 2). The full application will be released in February 2027. The letter of application should focus on the big picture idea and the planning period, while more details will be required in Phase 2. Letters of support will not count towards the page limit.

Question 13: We are wondering if we are limited to two pages for the letter of application, or may we submit additional pages? The RFP lists a page and a half of items that we are being requested to address. It would be quite difficult, if not impossible, to answer a page and a half of questions in only two pages.
Answer 13: Please submit a one- or two-page letter of application that describes the innovative approach and partnership model that you hope to implement with these funds 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. Planning grant awardees will then be eligible to submit an application for a full award covering the remaining four-year grant period (Phase 2). The full application will be released in February 2027. The letter of application should focus on the big picture idea and the planning period, while more details will be required in Phase 2. Letters of support will not count towards the page limit.

Question 14: Will DHS provide a standard grant template that will match the upload version? Additionally, will character and/or word limitations be required at each section level or the overall submission?
Answer 14: We will not provide a template for the letter of application. We encourage a summary letter using straightforward and compelling language rather than a standard grant application. It is important to respond to the points outlined in the Program Requirements section and submit a one- or two-page letter of application describing the innovative approach and partnership model that you hope to implement with these funds. All applications must be submitted online through the DHS Coordinating Care Across Wisconsin Grant Application form. Applicants must submit a detailed budget for the planning period using the required budget template provided with this application. The completed budget template must be uploaded in Excel format as part of the application submission.

Question 15: If multiple sites are included, should staffing details be presented by individual sites or aggregated across all participating sites?

Answer 15: Staffing details may be aggregated. It is also acceptable to present staffing separately by site depending on the nature of the project.

Question 16: Would we submit a separate application for individual service areas or one application that includes planning for multiple services areas? For example, if we want to plan for care coordination in both behavioral health and primary care, would we submit an application for behavioral health and a separate application for primary care, or would we submit one application that includes both service areas?
Answer 16: Applicants may apply to multiple Rural Health Transformation Program (RHTP) funding opportunities for which their organizations are eligible. If an applicant has multiple, distinct care coordination projects with different partners, they may submit more than one application within a category. However, entities may be awarded one contract or a combined contract. If it is the same project, but in different geographic areas, one combined application is encouraged. If the two service areas will be integrated as part of the care coordination project, they should be presented in one application. However, if the two services areas represent two distinct projects, they should be presented in two different applications.

Question 17: If we identify a funding tier in our Phase 1 planning application but determine during the planning process that a different funding level is needed for Phase 2, will we have the opportunity to adjust the funding tier in the Phase 2 Full Application?
Answer 17: Yes, Phase 1 is only asking for an estimate of your Phase 2 funding tier, and you can change your funding tier for the full application. During the full application process awards will be assessed within funding tiers, by type of project scope, and by regional focus.

Question 18: How should applicants determine an appropriate funding tier for their proposal? Specifically, what factors (e.g., geographic scope, population served, number or type of partnerships, or level of system transformation) should be considered when selecting a Tier A–D funding range?
Answer 18: Phase 1 requests only an estimate of your Phase 2 funding tier, and you can change your funding tier for the full application. Funding tiers at the Letter of Application stage are used by DHS to gain a better understanding of the size of the projects that may be proposed and to better plan for the full application stage. At the full application stage, funding tiers will be used to ensure that similarly sized projects are scored together to provide for a more equitable competitive application process.

More details on the funding tiers will be part of the full application in Phase 2. Broad estimates of the four-year budget tiers are below.

- 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

Question 19: Can you define the tiers more for the care coordination grant?
Answer 19: More details on the funding tiers will be part of the full application in Phase 2. Funding tiers at the Letter of Application stage are used by DHS to gain a better understanding of the size of the projects that may be proposed and to better plan for the full application stage. At the full application stage, funding tiers will be used to ensure that similarly sized projects are scored together to provide for a more equitable competitive application process.

Question 20: Could you clarify the requirements for letters of support? Specifically for a local health department, would you prefer a letter from the Board of Health, the Health Officer, or the County Administrator?
Answer 20: If 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. There are not specific requirements regarding who provides an organization's letter of support.

Question 21: Our team would like to include a map as a visual in our application. We plan to place it in an appendix, but it would fall outside the two-page application limit. Is it acceptable to include supporting visuals in an appendix, provided the application narrative remains within the required page limit?
Answer 21: Yes. Visuals included in an appendix are acceptable and encouraged if the visuals can support the reviewers' understanding of the proposed project. The visuals will not count against the page limit.

Question 22: What minimum documentation does DHS expect at the letter stage: named partners, letters of support, MOUs, data-sharing intent, county and/or service-area mapping, or other evidence?
Answer 22: At a minimum, we expect letters of application to address the information described under the Program Requirements & Letter of Application Scoring section on pages 4–6 of the application pdf. 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. 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.

Question 23: **May planning funds be used to build or refine a collaboration's data-sharing, attribution, measurement, evaluation, and technology infrastructure, or must all baseline measures, live data feeds, and technology stack be fully operational before the planning phase starts? What minimum quantitative data**

should be included in the one- to two-page letter to be competitive?
Answer 23: Yes, the planning phase can include the activities outlined above, and there is no expectation that evaluation plans, data collection tools, or technology will be fully operational for the planning phase. In the letter of application, we encourage the use of available data from community needs assessments to support statements about community need, where possible. 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.

Question 24: Is an organization able to submit multiple applications to cover specific geographic areas? For example, one application for the Chippewa Valley area and another for the broader Wausau WI area.
Answer 24: If the project is the same, only one application is needed for multiple geographic areas.

Question 25: Is there a maximum and minimum requestable funding amount for the planning grants?
Answer 25: No. The number of available awards will be determined by the variety and scope of projects submitted. Awards will be made to ensure distribution across regions and counties, with an emphasis on rural communities.

Question 26: Would DHS permit collaboration utilizing existing state communication mechanisms to inform Medicaid beneficiaries of available services, while maintaining privacy protections and without applicants obtaining direct access to beneficiary data?
Answer 26: Innovative collaborations using existing systems will be allowed as part of this funding opportunity. We also encourage services to support Medicaid beneficiaries. However, the applicant will need to provide evidence of approved data and systems use via letters of support in their application. We are unable to guarantee the allowability of any specific project without further information. This funding **cannot** supplant or duplicate existing funding sources and government financing streams that were either planned or already paying for healthcare items and services.

Question 27: For regions where multiple planning grants are awarded, can DHS clarify whether there are any limitations on how many projects may advance to the full implementation phase, or if the award is based solely on proposal strength and planning outcomes?
Answer 27: Only 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. For both the letter of application and the full application, contextual factors

such as past performance and spending history, geographic coverage and program reach, and project feasibility may also be considered when making final award decisions.

Question 28: Is there an anticipated budget minimum or maximum allowed for the planning grants of the total $10 million budget allocation?
Answer 28: The number of available awards will be determined by the variety and scope of projects submitted. Awards will be made to ensure distribution across regions and counties, with an emphasis on rural communities.

Question 29: Does the review team already know if award tiers have been identified for levels based on (1) single municipality coordination; (2) county-level coordination; and (3) state-level coordination? We wish to propose a project large enough in scope and not underestimating what this capacity investment could provide.
Answer 29: Phase 1 requests only an estimate of your Phase 2 funding tier, and you can change your funding tier for the full application. Funding tiers at the Letter of Application stage are used by DHS to gain a better understanding of the size of the projects that may be proposed and to better plan for the full application stage. At the full application stage, funding tiers will be used to ensure that similarly sized projects are scored together to provide for a more equitable competitive application process. Projects with larger geographic scope may require larger funding amounts. We encourage applicants to provide an estimate that is realistic for the scope of the project. More details on the funding tiers will be part of the full application in Phase 2. The number of available awards will be determined by the variety and scope of projects submitted. Awards will be made to ensure distribution across regions and counties, with an emphasis on rural communities.

Question 30: We are wondering how to identify the award amount tier type and how specific the project budget is to be for the four years. The challenge is to align the pilot period of 6 months for discovery and planning, and then also include a proposed 4-year budget to meet any identified needs during the pilot period. How flexible are the budget categories in this first letter of application?
Answer 30: Phase 1 requests only an estimate of your Phase 2 funding tier, and you can change your funding tier for the full application. Funding tiers at the Letter of Application stage are used by DHS to gain a better understanding of the size of the projects that may be proposed and to better plan for the full application stage. At the full application stage, funding tiers will be used to ensure that similarly sized projects are scored together to provide for a more equitable competitive application process. More details on the funding tiers will be part of the full application in Phase 2. Broad estimates of the four-year budget tiers are below.

- 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

Question 31: Can an eligible organization submit multiple funding applications?
Answer 31: Applicants may apply to multiple Rural Health Transformation Program (RHTP) funding opportunities for which their organizations are eligible. If an applicant has multiple, distinct care coordination projects with different partners, they may submit more than one application within a category. However, entities may be awarded one contract or a combined contract. If it is the same project, but in different geographic areas, one combined application is encouraged.

Question 32: Is an application approved as all or none, or in part?
Answer 32: A committee of subject matter experts and knowledgeable external partners will review proposals and make recommendations for funding applications. Contextual factors such as past performance and spending history, geographic coverage and program reach, and project feasibility may also be considered when making final award decisions.

Question 33: **Can you define the tiers more for the care coordination grant?**
Answer 33: More details on the funding tiers will be part of the full application in Phase 2. Funding tiers at the Letter of Application stage are used by DHS to gain a better understanding of the size of the projects that may be proposed and to better plan for the full application stage. At the full application stage, funding tiers will be used to ensure that similarly sized projects are scored together to provide for a more equitable competitive application process.

Question 34: Regarding the required letters of support for formal partnerships: What distinguishes a partnership that triggers a required letter and is there a preferred format or required content?
Answer 34: The letter of application should clearly describe whether a partnership is established or if the applicant is exploring a potential partnership with a named organization. Letters of support should be provided for established partnerships. If a partnership has not yet been established and the letter of application is naming a hypothetical future partnership, then no letter of support would be expected.

At a minimum, letters of support should affirm a commitment to the work outlined in the application and specify how the partner will be involved in the work outlined in the application. Letters of support should include a leadership commitment, plans to collaborate in the development of the larger application, and any tangible resources that the partner will contribute to the work (e.g., space or staff).

Question 35: Will selection for a Phase 1 planning grant guarantee eligibility to apply for the Phase 2 full award, and what additional criteria will be applied during the Phase 2 full application review?
Answer 35: 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.

Eligibility Questions

Question 36 Is a membership association an eligible applicant?
Answer 36: Yes. 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 for a definition of semi-rural and rural counties.

Question 37: Can an independent community pharmacy serve as the lead applicant for a coordinated care project involving rural and semi-rural populations?
Answer 37: Yes. 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 for a definition of semi-rural and rural counties. Providers may include but are not limited to: 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, or other rural partners.

Question 38: **Can an out-of-state organization participate as a subcontractor or service delivery partner under a Wisconsin-based lead applicant?**
Answer 38: This is allowable. We will prioritize organizations located and providing services in rural Wisconsin. However, if there is a clear rationale for a lead applicant to partner with an out-of-state entity to achieve the program goals, we will consider such applications.

Question 39: Are rural and semi-rural counties eligible to apply?
Answer 39: Yes. 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 for a definition of semi-rural and rural counties. Providers may include but not limited to: 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, or other rural partners.

Question 40: If we serve counties classified as semi-rural, can we include those that are semi-rural in our count of the number of residents served? Or do we need to be as detailed as going down to our patients' census tracts?

Answer 40: As described in the Program Requirements section of the funding opportunity, we are looking for projects that address clear rural community needs. 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 for a definition of semi-rural and rural counties. Awardees will need to report based on patient census tracts or zip codes as part of routine reporting.

Programs located and providing services in rural counties (rather than semi-rural alone) will receive an additional weight of 0.15 on the total scale score. **Note**: All programs must benefit people living in rural and semi-rural areas of Wisconsin, outside of metropolitan hubs.

Question 41: Could you please clarify whether a Dane County-based partnership would be eligible to apply if the proposed intervention primarily serves residents of eligible rural and/or semi-rural counties and is designed to improve care coordination, reduce barriers to care, and strengthen community-based healthcare delivery in those communities?
Answer 41: Yes. Dane County is considered semi-rural and projects within the county are eligible for this funding. This funding is focused on serving rural and semi-rural communities. See Addendum Exhibit 1 for a definition of semi-rural and rural counties. Applicants must be health service providers, or community partners of health service providers, in areas of Wisconsin located outside of Milwaukee County.

Question 42: Will DHS give preference to projects that serve multiple rural or semi-rural counties or is a tightly focused high-need rural service area equally competitive?
Answer 42: Preference will not be given to projects serving multiple counties. As described in the Program Requirements & Letter of Application Scoring found on pages 4-6 of the pdf, we are looking for projects that address clear rural community needs. Programs located and providing services in rural counties (rather than semi-rural alone) will receive an additional weight of 0.15 on the total scale score. **Note**: All programs must benefit people living in rural and semi-rural areas of Wisconsin, outside of metropolitan hubs. See Addendum Exhibit 1 for a definition of rural counties.

Question 43: What would be eligible projects or training for a skilled nursing facility?
Answer 43: These funds are aimed at innovation and new partnership models. 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. There is not an exhaustive list of eligible projects.

Question 44: Can a member of an association participate in a group association application and also another application, either their own or of a system they are affiliated with?
Answer 44: Applicants may apply to multiple Rural Health Transformation Program (RHTP) funding opportunities for which their organizations are eligible and/or be part of more than one application per grant funding opportunity. This funding opportunity is intended to catalyze innovative healthcare service models through partnerships across communities, systems, and sectors in rural Wisconsin. We understand that some entities may be part of multiple, unique partnerships and care coordination projects. This is allowable as long as performance is satisfactory, reporting requirements are fulfilled, and partners are not "double dipping" or double billing.

Question 45: Is a membership association an eligible applicant to apply on behalf of our members for both opportunities, as a coordinating organization?
Answer 45: Yes. 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 for a definition of semi-rural and rural counties. Providers may include but are not limited to: 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, and other rural partners. This funding opportunity is intended to catalyze innovative healthcare service models through partnerships across communities, systems, and sectors in rural Wisconsin. We understand that some entities may be part of multiple, unique partnerships and care coordination projects. This is allowable as long as performance is satisfactory, reporting requirements are fulfilled, and partners are not "double dipping" or double billing.

Question 46: Is an association of eligible health care organizations an eligible applicant on their collective behalf?
Answer 46: Yes. This funding opportunity is intended to catalyze innovative healthcare service models through partnerships across communities, systems, and sectors in rural Wisconsin. We understand that some entities may be part of multiple, unique partnerships and care coordination projects. This is allowable as long as performance is satisfactory, reporting requirements are fulfilled, and partners are not "double dipping" or double billing.

Question 47: Would a chiropractor-led model that provides remote consultation, triage, education, and care coordination for rural populations be considered an eligible approach under the Coordinating Care Across Wisconsin initiative?
Answer 47: These funds are aimed at innovation and new partnership models. 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 how their proposed intervention is best placed to address. There is not an exhaustive list of eligible projects.

Question 48: Would supplement recommendations, lifestyle modification, and functional nutrition education intended to support healthy aging and chronic disease management be considered appropriate activities when provided within the scope of Wisconsin law and in collaboration with licensed healthcare providers?

Answer 48: These funds are aimed at innovation and new partnership models. 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 how their proposed intervention is best placed to address. There is not an exhaustive list of eligible projects.

Question 49: We are an expeditionary healthcare organization with prior experience supporting healthcare initiatives in Wisconsin, including mobile and community-based clinics during the COVID-19 public health emergency. Would we be considered an eligible applicant for this funding opportunity, either as a lead applicant or in another eligible capacity?

Answer 49: We will prioritize organizations located and providing services in rural Wisconsin. However, if there is a clear rationale for a lead applicant to partner with an out of state entity to achieve the program goals, we will consider such applications. This is not an opportunity for vendors to support the RHTP program or grantees.

Question 50: Are EMS agencies eligible to serve as a lead applicant under the Care Coordination funding opportunity?

Answer 50: Yes. 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 for a definition of semi-rural and rural counties. Providers may include but are not limited to: 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, or other rural partners.

Question 51: Would a regional bariatric transport resource align with the goals of the Rural Health Transformation Program?
Answer 51: 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 for a definition of semi-rural and rural counties. Providers may include but are not limited to: 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, or other rural partners.

Question 52: While our organization is not physically located in Wisconsin, we are a telehealth provider that actively serves members in rural WI. Is there any chance we are still eligible to apply for this grant?
Answer 52: This is allowable. However, we will prioritize organizations located and providing services in rural Wisconsin.

Question 53: May a health system submit a single application on behalf of multiple hospitals or sites to request assistance and support?
Answer 53: Yes. Applicants may apply to multiple Rural Health Transformation Program (RHTP) funding opportunities for which their organizations are eligible. If an applicant has multiple, distinct care coordination projects with different partners, they may submit more than one application within a category. We welcome partnerships between hospitals or sites.

General Questions

Question 54: How many initial planning period grants do you anticipate making?
Answer 54: The number of available awards will be determined by the variety and scope of projects submitted. Awards will be made to ensure distribution across regions and counties, with an emphasis on rural communities.

Question 55: Would pharmacist-led medication synchronization, adherence programs, and delivery models for homebound and transportation-limited patients be considered aligned with the goals of reducing avoidable hospitalizations and improving chronic disease outcomes?
Answer 55: Yes, this is potentially aligned with the goals of the funding opportunity, provided that the project is new or expanding, does not include services that are billable under another mechanism, and includes innovative partnership models. Please note the caps on direct service provision on page 8 of the funding opportunity. Strong letters of application will clearly articulate a problem and/or health issue, provide data to describe the issue and include a budget outlining how you will use the funds during the 6-month planning period. Grant

recipients will be required to comply with the [DHS Allowable Cost Policy Manual]and all applicable state and federal reporting, fiscal, and audit requirements, including those incorporated through Addendum Exhibit 2: Federal Compliance Requirements Rural Health Transformation Program.

Question 56: Are there any restrictions or recommendations regarding partnerships with managed care organizations or Medicaid programs during the planning phase?
Answer 56: This funding **cannot** supplant or duplicate existing funding sources and government financing streams that were either planned or already paying for healthcare items and services.

Question 57: What are the fiscal reporting requirements (i.e. GEARS submission, separate invoices, etc.)?
Answer 57: A combination of quantitative and qualitative data will be required quarterly for state and federal evaluation purposes. During the planning period these reports will take the form of brief progress updates and financial reports. More details on reporting will be provided upon contract execution.

Question 58: What do the planning period financial reports need to entail?
Answer 58: A combination of quantitative and qualitative data will be required quarterly for state and federal evaluation purposes. During the planning period these reports will take the form of brief progress updates and financial reports. More details on reporting will be provided upon contract execution. At a minimum, financial reports will reflect spending according to the budget within the contract.

Question 59: Would care navigation and referral coordination between chiropractors, nutrition professionals, primary care providers, specialists, behavioral health providers, pharmacies, and community organizations align with the goals of the program?
Answer 59: Yes, this is potentially aligned with the goals of the funding opportunity, provided that the project is new or expanding, does not include services that are billable under another mechanism, and includes innovative partnership models. Please note the caps on direct service provision on page 8 of the funding opportunity. Strong letters of application will clearly articulate a problem and/or health issue and provide data to describe the issue. Through collaboration, this program seeks to improve health and well-being in rural communities. 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; and reduce avoidable hospital admissions and emergency department visits among rural residents.

Question 60: Would a project aimed at older adults, Medicaid recipients, and underserved rural populations with chronic conditions such as musculoskeletal

disorders, diabetes, obesity, osteoporosis, arthritis, and age-related functional decline be considered responsive to program priorities?
Answer 60: Yes, this is potentially aligned with the goals of the funding opportunity, provided that the project is new or expanding, does not include services that are billable under another mechanism, and includes innovative partnership models. Please note the caps on direct service provision on page 8 of the funding opportunity. Strong letters of application will clearly articulate a problem and/or health issue and provide data to describe the issue. Through collaboration, this program seeks to improve health and well-being in rural communities. 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; and reduce avoidable hospital admissions and emergency department visits among rural residents.

Question 61: Is it permissible to establish referral relationships and communication pathways with other organizations receiving awards under this initiative to create a statewide collaborative network?
Answer 61: Yes, this is potentially aligned with the goals of the funding opportunity, provided that the project is new or expanding, does not include services that are billable under another mechanism, and includes innovative partnership models. This funding opportunity is intended to catalyze innovative healthcare service models through partnerships across communities, systems, and sectors in rural Wisconsin. We understand that some entities may be part of multiple, unique partnerships and care coordination projects. This is allowable as long as performance is satisfactory, reporting requirements are fulfilled, and partners are not "double dipping" or double billing.

Question 62: Are there preferred outcome measures or performance indicators that DHS recommends for projects focused on chronic disease prevention, healthy aging, and musculoskeletal health?
Answer 62: 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 describe 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.

Question 63: Do partners need to be owned by the same entity? We are wondering what the rules are for a controlled group requirement for grant funding.
Answer 63: No. Partnership is defined broadly to include organizations that collaborate to improve care.

Question 64: How narrow should the focus of our grant proposal be? It can be, for example, the development of a centralized IV program servicing nursing homes in a geographic area (mostly to all rural). Or it can involve a broader upgrade of services that would allow us to service a larger segment of the local nursing home populations more efficiently.

Answer 64: These funds are aimed at innovation and new partnership models. Grant funds should address specific, evidence-based healthcare needs and health outcomes within a rural 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. There is not an exhaustive list of eligible projects.

Question 65: How should applicants distinguish the expansion that grant funds can support from the underlying coordination that would be considered existing and therefore not fundable?

Answer 65: Expansion should be detailed in the letter of application with clarity on new populations served or new services provided.

Question 66: During planning, should applicants focus on demonstrating partnership maturity, governance, and project design, or does DHS also expect operational implementation to begin before Phase 2? Relatedly, what planning-period outcomes most strengthen an applicant's position for implementation funding?

Answer 66: 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. There is no expectation of nor a limitation on when operational implementation begins.

Question 67: A central objective is bringing care closer to home through innovative partnership models. Beyond reducing physical travel distance, does this objective include approaches that connect rural residents to care they are not currently reaching – i.e. through community-based engagement and proactive outreach that brings people into trusted care settings – provided those approaches demonstrably improve access and outcomes?

Answer 67: Yes. These funds are aimed at innovation and new partnership models. Grant funds should address specific, evidence-based healthcare needs and health outcomes within a rural 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. There is not an exhaustive list of eligible projects.

Question 68: For applicants pursuing complementary work under more than one opportunity, how should they structure scopes and budgets so that braided initiatives remain distinct enough to satisfy the no-overlap requirement? Are there examples of where coordination becomes disallowable overlap?
Answer 68: Organizations may apply to more than one Rural Health Transformation Program (RHTP) funding opportunity. Applicants can describe how the funding opportunities are connected as part of their narrative application responses in both applications. We cannot guarantee that both funding applications will be successful, as awards will be reviewed independently. However, we will give consideration to the strength of the broader plan to braid funds to achieve program goals. Programs that cannot be successful without another RHTP funding stream are discouraged.

Question 69: May a Wisconsin-based eligible applicant contract with an out-of-state organization to provide technology infrastructure and care delivery services as part of the funded care coordination model? If so, are there any requirements or limitations governing such an arrangement (e.g., licensure, scope of work, subcontract documentation)?
Answer 69: This is allowable. We will prioritize organizations located and providing services in rural Wisconsin. However, if there is a clear rationale for a lead applicant to partner with an out-of-state entity to achieve the program goals, we will consider such applications. Any service provider must be licensed to practice in the state of Wisconsin. For the full application in Phase 2, clear scopes of work and formal partnership models will need to be outlined.

Question 70: Can our planning grant be used to analyze which service lines would best improve care coordination? We have identified a number of service lines in which we could improve care coordination (obstetrics, behavioral health, pediatrics, diabetes, hypertension, etc.). Could our planning grant analyze these service lines to identify the service lines to improve care coordination? For example, if we analyze OB trends in care coordination and discover that better care coordination in OB leads to better care coordination in pediatrics as well?
Answer 70: Yes. This is an appropriate use of effort for the planning period. Please note, however, that you will need to justify the community need and why you are assessing different lines of service in your letter of application. The letter of application should also describe broadly how such activities will support the development of your full application in Phase 2.

Question 71: Will rural health partner organizations which are not currently participating in an existing collaborative effort need to be formally onboarded through executed data-sharing agreements, technical integration, or other binding

arrangements before the letter of application is submitted, or may the application describe priority rural partners and partnership pathways which will be formalized during the six-month planning period?
Answer 72: 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. A letter of application may describe partnerships that will be formalized during the six-month planning period.

Question 73: Categorically, can planning funds support, in whole or part, the legal, operational, and technical work needed to set the stage for a rural care-coordination network, including partner convening, project management, legal/regulatory review, data-sharing review, MOUs or data-use agreements, technical interface planning and data modeling, workflow design, evaluation design, sustainability modeling, payer/reimbursement strategy, and partner subcontracts? If only in part, which elements will be excluded?
Answer 73: Applicants must clearly describe how grant funds will be used, what technologies or equipment will be purchased, and how this will meet community needs. Grant recipients will be required to comply with the [DHS Allowable Cost Policy Manual] and all applicable state and federal reporting, fiscal, and audit requirements, including those incorporated through Addendum Exhibit 2: Federal Compliance Requirements Rural Health Transformation Program. 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. A letter of application may describe partnerships that will be formalized during the six-month planning period.

Question 74: How are applications considered relative to dependent or related applications to other grant opportunities (e.g., dental technology)? For example, if an eligible entity is seeking mobile dental equipment through the technology grant and staffing support for a new partnership through the care coordination grant, are those reviewed separately, graded separately, and approved and/or denied separately?
Answer 74: Organizations may apply to more than one Rural Health Transformation Program (RHTP) funding opportunity, and this would be an appropriate way to divide the proposed work across funding opportunities. Applicants can describe how the funding opportunities are connected as part of their narrative application responses in both applications. We cannot guarantee that both funding applications will be successful, as awards will be reviewed independently. However, we will give consideration to the strength of the broader plan to

braid funds to achieve program goals. Programs that cannot be successful without another funding stream are discouraged.

Question 75: The RFA says a project cannot overlap in scope with the separate CHW opportunity, but it also encourages combining related RHTP funding where the work is complementary. Where does prohibited scope overlap end and allowable combined funding begin? And what should an applicant keep on file to show non-overlap, both for the state's rule and for the federal non-duplication requirement?

Answer 75: Organizations may apply to more than one Rural Health Transformation Program (RHTP) funding opportunity. Applicants can describe how the funding opportunities are connected as part of their narrative application responses in both applications. We cannot guarantee that both funding applications will be successful, as awards will be reviewed independently. However, we will give consideration to the strength of the broader plan to braid funds to achieve program goals. Programs that cannot be successful without another funding stream are discouraged. Project components must be distinct even if complementary. Contracting, funding, reporting, and progress monitoring will be separate. Funds cannot be combined, but they can be braided.

Question 76: Will the state set a common measurement framework and data standard for all grantees to use, so different projects produce comparable results that roll up to the CMS checkpoint? Or will each grantee build its own measures? If it is the latter, how will the state combine different measures into one program-level federal evaluation?

If awardees build their own, a federal operating system is already in place, funded and maintained by CMS. It has a structured data standard and coding system, the Healthcare Common Procedure Coding System (HCPCS), in use since 2000, mapped to the CMS Measures Management System (MMS) for performance measurement. Building homegrown data, monitoring, measurement, and reporting systems alongside it could be considered duplicating and supplanting a current federal program. Wisconsin may want to build on that federal system rather than have grantees build their own.

Answer 76: Initial reporting metrics are outlined in Wisconsin's application to CMS that can be found on our website. The RHTP team, in partnership with the Wisconsin Office for Rural Health will work closely with awarded organizations to develop appropriate measures to evaluate their work. More information on the evaluation framework will be available upon award. It is DHS' responsibility to roll measures up for each CMS checkpoint, and this is not the responsibility of individual awardees. Applicants should identify outcomes connected to their proposed work in their letters of application. More robust evaluation plans can be included in the full application in Spring 2027.

Question 77: How current must outcome data be for checkpoint reporting?
Answer 77: A combination of quantitative and qualitative data will be required quarterly for state and federal evaluation purposes. During the planning period these reports will take the form of brief progress updates and financial reports. More details on reporting will be provided upon contract execution. It is DHS' responsibility to roll measures up for each CMS checkpoint, and this is not the responsibility of individual awardees.

Question 78: Many of the sources used for rural measurements, such as surveys, registries, and published reports, lag the program for one to three years. Will the state accept, or prefer, measurement that refreshes monthly from administrative and claims data, as long as the indicator definition stays the same?
Answer 78: We understand that data lags are part of programmatic work. For routine measures required for quarterly and annual reporting, the RHTP team will work with awardees to develop realistic metrics that align with available data. Program evaluation outside of routine reporting requirements may also include other data sources.

Question 79: The RFA indicates that Phase 1 may be used as a planning or pilot grant. Would a Phase 1 project that maps transfer/access barriers, convenes receiving facilities and community partners, designs shared workflows, and pilots a limited referral or transfer coordination pathway be considered responsive?
Answer 79: Yes. This is an appropriate use of effort for the planning period. These funds are aimed at innovation and new partnership models. 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 how their proposed intervention is best placed to address. There is not an exhaustive list of eligible projects.

Question 80: Our organization experiences challenges transferring patients to the appropriate next level of care, including higher-acuity care, specialty care, behavioral health services, transportation-supported referrals, or post-acute/community supports. Would a rural patient transfer and care access coordination partnership be considered an eligible care coordination model under this RFA?
Answer 80: These funds are aimed at innovation and new partnership models. 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 how their proposed intervention is best placed to address. There is not an exhaustive list of eligible projects.

Question 81: For a rural transfer/access coordination model, would eligible partners include regional receiving hospitals, EMS or medical transportation providers, behavioral health providers, skilled nursing/post-acute providers, Aging and Disability Resource Center (ADRC), public health, pharmacies, and community-based organizations?

Answer 81: 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 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.

Question 82: If an organization submits both a Community Health Worker (CHW) Grant application and a separate Coordinating Care application, would DHS view the following separation as appropriate: CHW grant funds CHW staffing, training, supervision, and patient navigation services, while Coordinating Care funds partner infrastructure, transfer/referral workflows, data-sharing, governance, and system-level care coordination design?

Answer 82: Yes, this is appropriate. Organizations may apply to more than one Rural Health Transformation Program (RHTP) funding opportunity. Applicants can describe how the funding opportunities are connected as part of their narrative application responses in both applications. We cannot guarantee that both funding applications will be successful, as awards will be reviewed independently. However, we will give consideration to the strength of the broader plan to braid funds to achieve program goals. Programs that cannot be successful without another funding stream are discouraged.

Use of Funds

Question 83: Would planning activities focused on developing pharmacist-led care coordination models and medication optimization programs be considered responsive to the goals of the funding opportunity?

Answer 83: Yes. This would be in line with the goals for the planning phase. Through collaboration, this program seeks to improve health and well-being in rural communities. 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; and reduce avoidable hospital admissions and emergency department visits among rural residents. Strong letters of application will clearly articulate a problem and/or health issue and provide data to describe the issue.

Question 84: Are planning activities involving collaboration with physicians, home health agencies, behavioral health providers, long-term care facilities, Aging and

Disability Resource Centers (ADRCs), and other community organizations considered allowable uses of planning grant funds?

Answer 84: A variety of planning activities may be allowable so long as they comply with the DHS Allowable Cost Policy Manual and all applicable state and federal reporting, fiscal, and audit requirements, including those incorporated through Addendum Exhibit 2: Federal Compliance Requirements Rural Health Transformation Program. Applicants must clearly describe how grant funds will be used, what technologies will be purchased, and how this will meet community needs. Strong letters of application will clearly articulate a problem and/or health issue and provide data to describe the issue and include a budget outlining how you will use the funds during the six-month planning period.

Question 85: Would development of quarterly pharmacist consultation models, outcome measures, and evaluation frameworks be considered allowable planning activities?

Answer 85: We welcome a range of planning period activities. Grant recipients will be required to comply with the DHS Allowable Cost Policy Manual and all applicable state and federal reporting, fiscal, and audit requirements, including those incorporated through Addendum Exhibit 2: Federal Compliance Requirements Rural Health Transformation Program. Applicants must clearly describe how grant funds will be used, what technologies will be purchased, and how this will meet community needs. Strong letters of application will clearly articulate a problem and/or health issue and provide data to describe the issue and include a budget outlining how you will use the funds during the six-month planning period. This funding **cannot** supplant or duplicate existing funding sources and government financing streams that were either planned or already paying for healthcare items and services.

Question 86: Would planning activities aimed at creating secure, privacy-compliant patient engagement and outreach mechanisms for Medicare and Medicaid populations be considered allowable under the planning grant?

Answer 86: We welcome a range of planning period activities. Grant recipients will be required to comply with the DHS Allowable Cost Policy Manual and all applicable state and federal reporting, fiscal, and audit requirements, including those incorporated through Addendum Exhibit 2: Federal Compliance Requirements Rural Health Transformation Program. Applicants must clearly describe how grant funds will be used, what technologies will be purchased, and how this will meet community needs. Strong letters of application will clearly articulate a problem and/or health issue and provide data to describe the issue and include a budget outlining how you will use the funds during the six-month planning period. This funding **cannot** supplant or duplicate existing funding sources and government financing streams that were either planned or already paying for healthcare items and services.

Question 87: May planning grant funds be used to evaluate technology platforms, communication systems, and population health tools intended to improve continuity of care and reduce fragmentation?

Answer 87: We welcome a range of planning period activities. Grant recipients will be required to comply with the DHS Allowable Cost Policy Manual and all applicable state and federal reporting, fiscal, and audit requirements, including those incorporated through Addendum Exhibit 2: Federal Compliance Requirements Rural Health Transformation Program. Applicants must clearly describe how grant funds will be used, what technologies will be purchased, and how this will meet community needs. Strong letters of application will clearly articulate a problem and/or health issue and provide data to describe the issue and include a budget outlining how you will use the funds during the six-month planning period. This funding **cannot** supplant or duplicate existing funding sources and government financing streams that were either planned or already paying for healthcare items and services.

Question 88: Are the funds able to go to technology innovation for coordination?
Answer 88: Yes, funds used for technology innovation for coordination may be allowable so long as they meet the goals for the funding announcement and comply with the DHS Allowable Cost Policy Manual and all applicable state and federal reporting, fiscal, and audit requirements, including those incorporated through Addendum Exhibit 2: Federal Compliance Requirements Rural Health Transformation Program. Applicants must clearly describe how grant funds will be used, what technologies will be purchased, and how this will meet community needs. Strong letters of application will clearly articulate a problem and/or health issue and provide data to describe the issue and include a budget outlining how you will use the funds during the six-month planning period.

Question 89: What is acceptable for capital expenditures?
Answer 89: Capital expenditures and capital equipment are unallowable costs. Capital equipment is defined as any asset acquisition with a unit cost of more than $10,000, and a useful life of more than one year.

New construction is unallowable. For example, 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 is not allowed.

Investing in existing rural health care 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 may be allowable. Any renovation or alteration costs will require prior approval from CMS. Any equipment with a per unit cost of $10,000 or more, is allowable but will require prior approval from CMS. RHTP staff will submit required renovations or equipment 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.

Question 90: Would cost of a remodel or build be covered?
Answer 90: 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 an award can be spent on minor alterations and renovations. See Exhibit 2: Federal Compliance Requirements for more information.

Question 91: Would the cost of equipment to stock the unit be covered?
Answer 91: Equipment expenses may be allowable so long as they meet the goals for the funding announcement and are necessary and reasonable for carrying out the proposed project. Applicants must clearly describe how grant funds will be used, what technologies or equipment will be purchased, and how this will meet community needs. Equipment is defined as tangible personal property, including information technology systems, having a useful life of more than one year and a per-unit acquisition cost of $10,000 or more, consistent with 2 CFR 200.313 and 2 CFR 200.439. Note that if the per unit cost of the equipment is $10,000 or more, it will require prior written approval from CMS once the application is approved by DHS. Grant recipients will be required to comply with the DHS Allowable Cost Policy Manual and all applicable state and federal reporting, fiscal, and audit requirements, including those incorporated through Addendum Exhibit 2: Federal Compliance Requirements Rural Health Transformation Program.

Question 92: Would the cost of training staff be covered?
Answer 92: Funds may be used for administration, staff supervision, education, training, coordination etc. Training should be related to the project. Strong letters of application will clearly articulate a problem and/or health issue and provide data to describe the issue and include a budget outlining how you will use the funds during the six-month planning period.

Question 93: Would nutritional counseling and lifestyle education provided under the supervision and collaboration of a Wisconsin chiropractor be considered an allowable component of the project?
Answer 93: At no time may these funds be used to pay for clinical provider salaries or services covered by other funding or insurance mechanisms. Grant recipients will be required to comply with the DHS Allowable Cost Policy Manual and all applicable state and federal reporting, fiscal, and audit requirements, including those incorporated through Addendum Exhibit 2: Federal Compliance Requirements Rural Health Transformation Program.

Question 94: Is telehealth-based consultation and patient education an eligible service model during the implementation phase?
Answer 94: Yes, this is potentially aligned with the goals of the funding opportunity, provided that the project is new or expanding, does not include services that are billable under another

mechanism, and includes innovative partnership models. Please note the caps on direct service provision on page 8 of the funding opportunity. At no time may these funds be used to pay for clinical provider salaries or services covered by other funding or insurance mechanisms. Grant recipients will be required to comply with the DHS Allowable Cost Policy Manual and all applicable state and federal reporting, fiscal, and audit requirements, including those incorporated through Addendum Exhibit 2: Federal Compliance Requirements Rural Health Transformation Program. Telehealth devices and telehealth platforms are generally allowable, subject to limitations depending on the nature of the system. Broadband connectivity costs and the purchase of covered telecommunications or video surveillance equipment prohibited under 2 C.F.R. § 200.16 are not allowable expenses.

Question 95: During the planning phase, would funds be permitted to support development of care coordination workflows, referral protocols, and telehealth processes?
Answer 95: Yes, as long as all costs comply with the DHS Allowable Cost Policy Manual and all applicable state and federal reporting, fiscal, and audit requirements, including those incorporated through Addendum Exhibit 2: Federal Compliance Requirements Rural Health Transformation Program. This funding **cannot** supplant or duplicate existing funding sources and government financing streams that were either planned or already paying for healthcare items and services. Telehealth devices and telehealth platforms are generally allowable, subject to limitations depending on the nature of the system. Broadband connectivity costs and the purchase of covered telecommunications or video surveillance equipment prohibited under 2 C.F.R. § 200.16 are not allowable expenses.

Question 96: Would educational outreach directed toward underserved Medicaid populations be considered an allowable activity?
Answer 96: Yes, as long as all costs comply with the DHS Allowable Cost Policy Manual and all applicable state and federal reporting, fiscal, and audit requirements, including those incorporated through Addendum Exhibit 2: Federal Compliance Requirements Rural Health Transformation Program. This funding **cannot** supplant or duplicate existing funding sources and government financing streams that were either planned or already paying for healthcare items and services. At no time may these funds be used to pay for clinical provider salaries or services covered by other funding or insurance mechanisms.

Question 97: Would the use of printed educational newsletters and community outreach materials aimed at increasing awareness of available services among older adults and rural populations be considered an allowable strategy?
Answer 97: Yes, as long as all costs comply with the DHS Allowable Cost Policy Manual and all applicable state and federal reporting, fiscal, and audit requirements, including those incorporated through Addendum Exhibit 2: Federal Compliance Requirements Rural Health Transformation Program. This funding **cannot** supplant or duplicate existing funding sources

and government financing streams that were either planned or already paying for healthcare items and services.

Question 98: Will capital expenditures be allowed in the 4-year grants following the planning period? We were hoping to use funding to purchase the actual van as well, which would be expected to be more than $10,000.
Answer 98: Yes. Capital expenditures and capital equipment are subject to the funding policies and limitations in the Notice of Funding Opportunity. Equipment is defined as tangible personal property, including information technology systems, having a useful life of more than one year and a per-unit acquisition cost of $10,000 or more, consistent with 2 CFR 200.313 and 2 CFR 200.439. Vehicles meeting these thresholds are classified as equipment and are allowable. DHS Office of Grants Management and CMS must approve vehicle purchases before they are made. RHTP staff will submit approval requests to CMS on behalf of grantees prior to vehicle purchase. No vehicle purchase may proceed until written approval is received.

Question 99: **Would reimbursement for purchased medications be an acceptable cost for this grant mechanism, particularly during periods where technical assistance for development of effective billing protocols was being provided? Question Rationale: The purpose for this question is that some claims might be rejected during the early stages of the implementation process for any given provider/payer combination, and the burden on providers to otherwise assume the cost of expensive medications could be prohibitive for early program engagement.**
Answer 99: No. This funding **cannot** supplant or duplicate existing funding sources and government financing streams that were either planned or already paying for healthcare items and services. At no time may these funds be used to pay for clinical provider salaries or services covered by other funding or insurance mechanisms.

Question 100: Could you please clarify whether any of the following expenses would be considered allowable during the six-month planning grant period if they are directly related to establishing the care coordination model?

- **Interior renovation of existing space**
- **Installation of an indoor therapeutic or developmental play environment**
- **Furniture and equipment for family meeting rooms or care coordination offices**
- **Technology and infrastructure needed for care coordination and partner collaboration**
- **Architectural or design services related to preparing the space for future implementation**

If these expenses are not allowable during the planning phase, would they be appropriate to include in the implementation proposal should our planning project be selected for the next phase?
Answer 100: New construction is unallowable. For example, 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 is not allowed.

Investing in existing rural health care 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 may be allowable. Any renovation or alteration costs will require prior approval from CMS. Any equipment with a per unit cost of $10,000 or more is allowable but will require prior approval from CMS. RHTP staff will submit required renovations or equipment 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.

Question 101: Has CMS specifically authorized the state to limit subrecipient indirect costs to 8% to comply with the program's administrative cost cap?
Answer 101: Yes.

Question 102: Would an upgrade of the company's innovative strip packaging system or improvements to an IV clean room be considered a capital improvement that would not be covered under the grant if it exceeded $10,000?
Answer 102: Under federal grant regulations, alterations and renovations must be necessary and reasonable for performance of the award and directly related to program objectives. RHTP staff will submit required renovations requests to CMS for approval on behalf of grantees prior to purchase or start of work, and 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. Any equipment with a per unit cost of $10,000 or more is allowable but will require prior approval from CMS. New construction is unallowable. For example, 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 is not allowed.

Question 103: How should a recurring subscription or service fee paid to a contracted technology and service vendor be classified within the allowable budget categories? Specifically, would such a fee qualify as a contractual services cost, and if so, are there any conditions or documentation requirements that apply to ensure it meets the allowable cost standards under this RFA?
Answer 103: A recurring subscription or service fee paid to a contracted technology and service vendor may fit within the "Contractual Services" budget category if it is purchasing professional services or property needed for the project and includes consultants and vendors providing specific expertise rather than performing a significant part of the program scope. The allowability of the proposed cost is also subject to the applicable terms and conditions of

the Notice of Funding Opportunity. For example, RHTP funds may not be used to purchase covered telecommunications and video surveillance equipment (See 2 C.F.R. § 200.216).

Question 104: If our planning grant can be an analysis of how best to deliver care coordination, may we use consultants to complete this work?
Answer 104: Yes. However, no more than 8% of the award amount may be used for administrative expenses. 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.

Question 105: Could you clarify any limitations on using salary or personnel funds during the six-month planning period? I understand there is an 8% cap on indirect costs, but additional guidance on allowable personnel expenses would be helpful.
Answer 105: 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 Budget Supplemental Guidance document (see Exhibit 3).

Question 106: Are food costs allowable if they are designated for specific therapeutic treatment purposes? For example, nutritional support for patients in treatment for an eating disorder.
Answer 106: Food is an unallowable cost, except for the limited circumstances outlined on page 13 of the application pdf.

Question 107: Is subcontracting allowable?
Answer 107: Consultant and contract services needed to implement the project are allowable costs. No more than 8% of the award amount may be used for administrative expenses. 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

Question 108: Capital expenditures listed as not allowable in the RFP guidelines but listed in the budget part of RFP and is a bit conflicting – is that the case? Are

there specific capital expenditures that are not allowable? Just looking for more information on this.
Answer 108: New construction is unallowable. For example, 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 is not allowed.

Investing in existing rural health care 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 may be allowable. Any renovation or alteration costs will require prior approval from CMS. Any equipment with a per unit cost of $10,000 or more is allowable but will require prior approval from CMS. RHTP staff will submit required renovations or equipment 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.

Question 109: **For a co-located nurse practitioner who serves as our clinical oversight and referral partner and whose clinical visits are billed to insurance, we have two questions about non-clinical costs. First, may the grant cover the allocated occupancy costs of the space that partner uses, specifically rent, utilities, internet, and janitorial and maintenance?**
Answer 109: At no time may these funds be used to pay for services covered by other funding or insurance mechanisms. Grant recipients will be required to comply with the DHS Allowable Cost Policy Manual and all applicable state and federal reporting, fiscal, and audit requirements, including those incorporated through Addendum Exhibit 2: Federal Compliance Requirements Rural Health Transformation Program.

Question 110: May the grant cover one-time practice set-up costs such as non-capital clinical furnishings under the $10,000 equipment threshold, and credentialing or enrollment in order to enroll and submit payments to insurance?
Answer 110: Yes. However, please be aware that any individual training or credentialing under RHTP will trigger a five-year service commitment to providing health care in a rural area of Wisconsin.

Question 111: Can a telehealth platform, connectivity, and devices be funded as partnership infrastructure through this grant and how does this coordinate with the forthcoming RHTP technology allocation?
Answer 111: Yes, telehealth devices and telehealth platforms are generally allowable, subject to limitations depending on the nature of the system. Broadband connectivity costs and the purchase of covered telecommunications or video surveillance equipment prohibited under 2 C.F.R. § 200.16 are not allowable expenses. If your organization is eligible for a

technology allocation, you could also use that funding to support this work. However, the same funding limitations described above would apply to both grant opportunities.

Question 112: During the Phase 1 planning period, may applicants budget for non-clinical project staff, allied health professionals, partner convening, workflow design, legal or contracting support for partnership agreements, referral pathway design, data analysis, evaluation planning, and consultant support if these activities support care coordination design rather than direct clinical service delivery?
Answer 112: Please see Exhibit 2 of the application for more details on allowable and unallowable costs.

Question 113: Capital Equipment: Is capital equipment an allowable expense?
Answer 113: Any equipment with a per unit cost of $10,000 or more is allowable but will require prior approval from CMS. New construction is unallowable. For example, 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 is not allowed.

Question 114: Would DHS permit collaboration utilizing existing state communication mechanisms to inform Medicaid beneficiaries of available services, while maintaining privacy protections and without applicants obtaining direct access to beneficiary data?
Answer 114: Innovative collaborations using existing systems will be allowed as part of this funding opportunity. We also encourage services to support Medicaid beneficiaries. However, the applicant will need to provide evidence of approved data and systems use via letters of support in their application. We are unable to guarantee the allowability of any specific project without further information. This funding **cannot** supplant or duplicate existing funding sources and government financing streams that were either planned or already paying for healthcare items and services.

Question 115: Would a nursing assessment for preventative care, behavioral health support, home safety, or to qualify an individual for any program needs (but not actually providing a skilled nursing visit) be covered in the 35% cap on clinical services?
Answer 115: During the planning period (Nov. 1, 2026–April 30, 2027), no funds may be used to cover clinical provider salaries related to direct service provision. **Note**: this only applies to clinical service provision and does not apply to most services provided by allied health professionals. See the Rural Health Transformation Provider Payments Fact Sheet for more information.

Question 116: If the service (e.g., skilled nursing) would typically be reimbursed in a home health episode, but home health is not available in that county, would that be a potentially valid activity? (E.G., It's normally covered by CMS, but there is no certified provider in that area).
Answer 116: During the planning period (Nov. 1, 2026–April 30, 2027), no funds may be used to cover clinical provider salaries related to direct service provision. **Note**: this only applies to clinical service provision and does not apply to most services provided by allied health professionals. See the Rural Health Transformation Provider Payments Fact Sheet for more information.

Question 117: Are home health aides that provide custodial or non-medical care covered in the 35% cap on clinical services, or is that only for nursing or therapy services?
Answer 117: During the planning period (Nov. 1, 2026–April 30, 2027), no funds may be used to cover clinical provider salaries related to direct service provision. **Note**: this only applies to clinical service provision and does not apply to most services provided by allied health professionals. See the Rural Health Transformation Provider Payments Fact Sheet for more information.

Question 118: Can the grant fund a stipend for a programmatic lead who trains staff and standardizes the model at our new eligible-site rural navigation programs?
Answer 118: Yes. However, please be aware that this may trigger a five-year service commitment to providing health care in a rural area of Wisconsin. See the Rural Health Transformation Service Commitment Fact Sheet for more information.