

Investing in Dental Care Technology: Grants to improve rural dental efficiency and access

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Funding Opportunity Summary

The Wisconsin Department of Health Services (DHS) is seeking applications for competitive grants to support dental clinics in adopting technologies that improve efficiency and increase access to care in rural and semi-rural communities. Dental practices, particularly in more rural

areas of the state, face challenges that result in reduced access to care. These challenges include high rates of uninsured patients, low and unpredictable patient volumes, dental workforce shortages, and limited capital resources to adopt innovative technologies. This funding opportunity seeks to address these challenges through increased access to dental technological innovations, which improve dental services in rural Wisconsin by increasing the speed of appointments while maintaining quality of care. This funding will allow dental practices to purchase technologies to deliver high-quality and efficient services. Applicants may apply to multiple Rural Health Transformation Program (RHTP) funding opportunities for which their organizations are eligible.

Key Dates

- Application release: June 15, 2026
- Application submission due: July 27, 2026
- Application questions due: June 26, 2026. Responses will be posted within one week. Please send questions to: dhsruralhealth@dhs.wisconsin.gov, and place Dental Application Questions in the Subject line.
- Estimated date for award notification: September 2026

Estimated funding: The Rural Health Transformation Program (RHTP) will award up to \$10 million for this funding opportunity, *pending CMS approval, as estimated in the table below.

Funding Opportunity	Award period	Total funding available*
Rural Dental Efficiency and Access Grants	11/1/2026 – 9/30/2028	\$10,000,000

Number of available awards: 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.

Award amount: Award amounts will vary based on the total number of applications received and the scope of the projects submitted. DHS will negotiate the terms of the award, including the award amount, with selected applicants prior to entering into a contract.

Application submission: All applications must be submitted online through the [Investing in Dental Technology Application](#) form.

Background

The Wisconsin Rural Health Transformation Program is focused on improving healthcare access and health outcomes in rural communities across Wisconsin. This funding opportunity is part of the Rural Health Transformation Program (RHTP), a federal funding opportunity provided to states through the Centers for Medicare and Medicaid Services (CMS). The Wisconsin

Department of Health Services (DHS) received a first-year award from CMS for \$203,670,005.21 to invest in rural capacity, sustainability, and innovation. The program aims to improve access to care through three initiatives: strengthening the healthcare workforce, enhancing technology innovation, and cultivating coordinated care partnerships. Through collaboration among healthcare providers, public health agencies, and community-based organizations, the program seeks to improve health and well-being in rural communities.

Purpose

Through this funding opportunity, DHS aims to address these challenges by subsidizing the purchase of dental technologies to make care more available to people in rural Wisconsin. These technologies can reduce appointment times, increase patient service volumes, improve patient comfort, and maximize the existing dental workforce. Funding will support the provider's adoption of eligible dental technologies that would otherwise be cost prohibitive.

The goals of the Rural Dental Efficiency and Access Grant Program are to:

- Increase access to dental care, particularly for underserved populations in rural and semi-rural Wisconsin who are lower income, uninsured, have Medicaid dental coverage, and/or who otherwise have difficulty seeing a dental provider.
- Strengthen the sustainability of dental practices in rural and semi-rural areas.
- Improve oral health outcomes for rural residents.

Program Requirements

Dental providers applying for this funding opportunity must meet all the following requirements:

- Provide services that 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.
- Use grant funds to purchase eligible dental technologies. All proposed technologies must be clearly linked to increased efficiency, expanded access, and improved service delivery.
- Describe clear strategies to provide care to patients with Medicaid coverage or others with limited resources to access dental care (e.g. low-income and uninsured).
- As described in the Application Questions section, applicants must clearly describe how grant funds will be used, what technologies will be purchased, and how the grant will meet community needs.

Reporting Requirements: Evaluation

A combination of quantitative and qualitative data will be required quarterly and annually for state and federal evaluation purposes. Providers will be asked to report on the number and percentage of patients served with limited resources to access dental care (e.g. low-income and uninsured), and who have Medicaid coverage at baseline and annually throughout the life of the grant.

Eligible Applicants

Applicants must provide services in Wisconsin outside of Milwaukee County and be one of the following serving a rural or semi-rural community (see Addendum Exhibit 1 for a definition of semi-rural and rural counties):

- A private, non-profit, or public dental clinic or dental practice
- A Federally Qualified Health Center that provides dental care
- A nonprofit organization providing dental services
- A public or Tribal dental clinic

Funding Availability

Submission does not guarantee funding within this opportunity. This allows DHS to assess capacity of interested parties to conduct the work outlined in the scope of work. DHS reserves the right not to award funding to any applicant, and to award fewer or more grants than initially indicated. DHS also reserves the right to award grants for less than an applicant's proposed amount. DHS may award additional funding if more funding becomes available. Should additional funding become available at any point during the grant period, DHS reserves the right to use the results of this grant funding opportunity to increase funding to the selected agencies or to fund additional agencies that submitted an application but were not selected.

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

Allowable Costs

Grant recipients will be required to comply with the [DHS Allowable Cost Policy Manual](#) and all applicable state and federal reporting, fiscal, and audit requirements, including those incorporated through 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 the grant will meet community needs. The following allowable and unallowable costs and activities are provided as examples only and are not intended to be exhaustive.

Allowable Costs and Activities (examples)
<p>Grant funds may be used to purchase equipment and systems that improve efficiency, reduce appointment times, increase patient service volume, enhance patient comfort, and expand access to care. Eligible technologies may include, but are not limited to:</p> <ul style="list-style-type: none"> • Ultrasonic or hypersonic scaling systems • Digital intraoral scanners • Tele-dentistry platforms • Portable or mobile dental equipment for outreach services • Automated instrument processing and sterilization systems • AI-enabled dentistry tools to improve cavity and decay detection • Updated electronic dental record systems • Virtual appointment reminder and digital systems for dental patient paperwork • Other. If proposing a technology not listed above, applicants must explain why that technology should be considered. Technologies not listed above will be subject to review by DHS to determine if the request meets the goals of the grant.
Meeting expenses directly related to the project (meeting room, audiovisual equipment, travel, speakers, etc.) and in accordance with federal limitations
Infrastructure directly related to the program, such as billing and/or fiscal infrastructure, technology for billing and tracking services, and administrative support
Office supplies, postage, copying, etc. related to the project
Consultant, contractor, and/or training services needed to implement the project
Unallowable Costs and Activities (examples)
Pre-award costs
Direct or indirect lobbying activities
Duplicate payments: Funds may not be used to replace payment for clinical services that could be reimbursed by insurance, or used for payments to clinical services if they duplicate billable services and/or attempt to change the payment amounts of existing fee schedules
No funds may be used to support salaries, wages, or fringe benefits for this funding opportunity
Replacing or duplicating existing funding sources. For example, if funds are used for expanding an existing pilot program or initiative, funds may only be applied to the costs associated with the new population, new activities, new program milestones, etc. The original program's programmatic costs, administrative expenses, and activities must continue to be funded by those original sources.
Clinical care such as health screening, patient care, personal health services, medications, patient rehabilitation, and other costs associated with treatment and direct care are not permitted under this grant funding opportunity
Costs or activities not directly related to the overall project description and scope of work

Independent research and development, including associated indirect costs in accordance with 2 CFR 300.477
Construction or building expansion, purchasing or significant retrofitting of buildings, cosmetic upgrades, or any other direct costs that materially increase the value or useful life of the capital
Meals, unless in limited circumstances such as subjects and patients under study, if specifically approved as part of the project or program activity, or as part of a per diem in conjunction with allowable travel
Projects outside of Wisconsin

Administrative Cost Limits and Determinations

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

Allowable Costs for Construction and Renovations

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

Application Submission

The application can be accessed through the [Investing in Dental Technology Application](#) form and must be completed by 11:59 p.m. on July 27, 2026. Only applications submitted through this link will be considered.

Applications must include:

- Responses to the statements in the Application Questions section. Any information beyond the page limit will not be read, reviewed, or scored.

- Proposed budget and justification
- Letters of support from each partner with an active role in the project

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

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

Applicants should reach out directly to DHS at DHSRuralHealth@dhs.wisconsin.gov for questions regarding technical difficulties with the application submission process. Please note that questions about the funding opportunity, including eligibility requirements, budgets, allowable and unallowable expenses, must be submitted by June 26, 2026, and will be answered through published FAQs.

Application Questions

CONTACT AND SUMMARY

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

NARRATIVE RESPONSE

Section 1: Program Design (Maximum 1,000 words)

Describe how grant funds will be used to improve efficiency and expand access to dental services in rural and semi-rural communities. Responses must include:

- A list of clinics, including addresses, where technologies will be implemented.
 - Clinics located in rural counties will receive a higher score than clinics located in semi-rural counties that serve a portion of rural residents. See Addendum Exhibit 1.
- An implementation plan that details:
 - A list of the technology (or technologies) to be purchased.

- A timeline and strategy for purchasing the technology, training staff on use, and integrating into routine clinic operations.
- How your organization will maintain and sustain the technology (such as through staffing, budgeting, and long-term integration into routine clinic operations).
- How your organization will measure and report on outcomes. Potential outcomes include staff confidence and satisfaction with technology integration, reductions in wait times for appointments, appointment length, or number of rural and total patients served.
- A description of how this technology will further the program’s goals to:
 - Increase access to dental services, particularly for Medicaid members other low-income or underserved rural residents (including the uninsured) in more rural areas.
 - Strengthen the sustainability of dental practices in more rural areas.
 - Improve oral health outcomes for rural residents.

Section 2: Capacity and Experience (Maximum 500 words)

Applicants must demonstrate organizational capacity to implement and sustain the proposed technology. Responses must include:

- Description of staff structure and clinic operations, specifically related to program goals
- Prior experience with purchasing and managing clinical technologies
- Description of communities served and unmet dental needs in those communities
- Prior experience with serving rural residents

Section 3: Commitment to expand access to dental services (Maximum 500 words)

Applicants must describe services provided to Medicaid beneficiaries and other low-income or underserved (including the uninsured) rural residents. We are looking for evidence of current systems or plans to ensure access to affordable dental care for rural populations who have limited resources to access dental care. Applicants are encouraged, but not required, to enroll as Medicaid providers and to provide sustained services for Medicaid members. Responses must include all of the following:

- Current number of
 - Medicaid members.
 - Other low-income or underserved rural residents served per month.
- Current total number of patients served per month.
- Current monthly percentage of patients that are:
 - Medicaid members.
 - Other low-income or underserved rural residents.
- Current and/or proposed sliding scale fee structure or other strategies to serve patients without dental insurance and with limited resources
- Current or proposed plans to prioritize access for:
 - Medicaid members.

- Other low-income or underserved rural residents.
- Proposed Medicaid service commitment following grant implementation, including any projected increases in Medicaid members served per month and any plans to enroll as a Medicaid provider, if not already enrolled.

BUDGET

Section 4: Budget

Please fill out the [budget template](#) with proposed expenditures for the project. For each item, include a brief justification for the amount. This should include how you arrived at the amount requested.

- **Supplies:** Describe your supply costs for this project. This should include most technological purchases and systems upgrades.
- **Travel:** Describe travel expenses (transportation, lodging, per diem, etc.) for this project. If none, mark N/A.
- **Equipment:** Describe planned equipment purchases, if any. [Equipment is defined](#) as having a per-unit cost of over \$10,000 and requires approval from CMS.
- **Contractual Services:** Describe contractors you will fund for this project, if any.
- **Other:** Describe other costs associated with this project, if any.
- **Indirect:** Describe costs incurred for a common or joint purpose benefiting more than one cost objective and readily assignable to the cost objectives specifically benefitted. Limited to 8% of the total award amount. If none, mark N/A.

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

Application Scoring Rubric and Review Process

Applications will be reviewed and scored by an evaluation team using the 100-point scale below. Those organizations 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 that 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). For sections with high point values, more detail may be required.

Point Allocation

- Required documents: 5 points
- Program Design: 40 points
- Capacity and Experience: 20 points
- Commitment to expanded access to dental services: 20 points
- Budget: 15 points

Total: 100 points

All on-time proposals that include all required documentation will be eligible for review. A committee of subject matter experts and knowledgeable stakeholders will review proposals and make recommendations for funding applications. DHS will not release the names of members of the review committee. In addition to rubric scoring, contextual factors such as past performance and spending history, geographic coverage and program reach, and project feasibility will be considered when making final award decisions, if applicable.

Submission Deadline

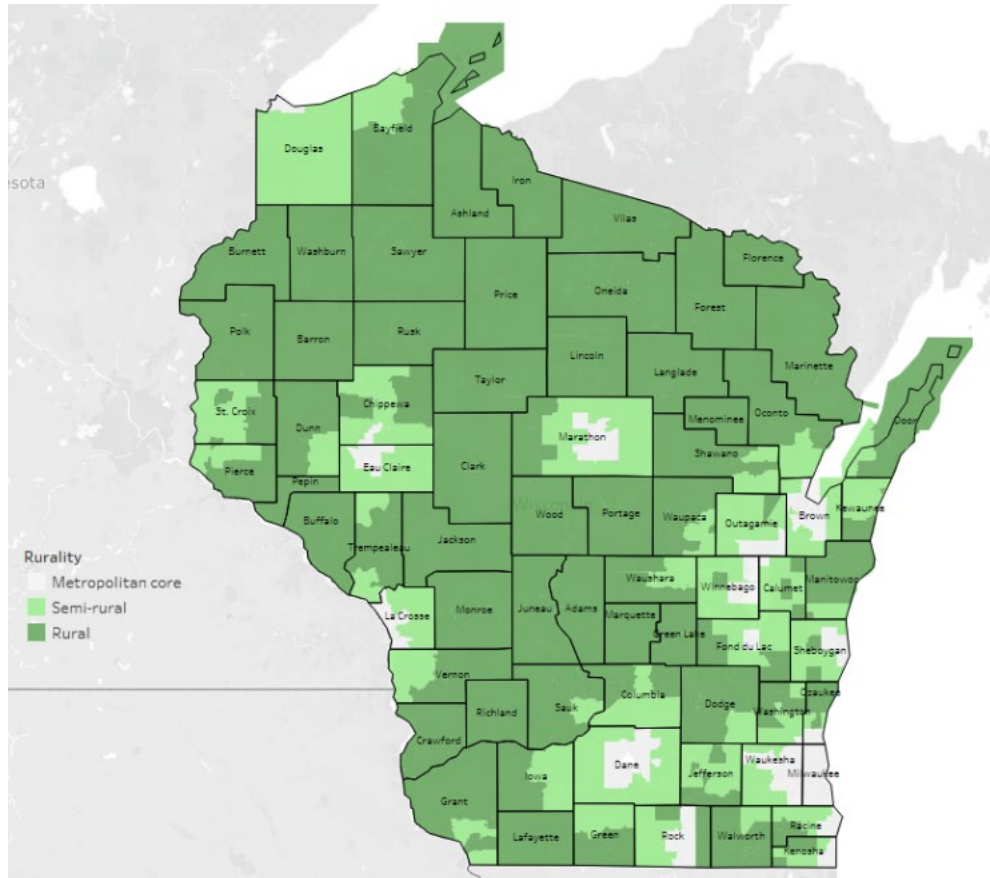
Questions are due by 11:59 p.m. on June 26, 2026. DHS will post responses within 72 hours.

Responses must be submitted through the online application form by 11:59 p.m. on July 27, 2026. Following the deadline, DHS will review responses and announce awards to selected recipients.

Addendum

Exhibit 1: Target Areas of Wisconsin

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



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

Exhibit 2: Federal Compliance Requirements

Rural Health Transformation Program

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

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

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

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

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

- b. Funding for provider payments, as described in Category B of the program requirements and expectations use of funds section, cannot exceed 15% of the total funding CMS awards states in a given budget period.
 - c. Funding cannot be used for initiatives that fund certain cosmetic and experimental procedures that fall within the definition of a specified sex-trait modification procedure at 45 CFR 156.400 because that is beyond the scope of this program.
16. No more than 5% of total funding CMS awards to a state in a given budget period can support funding the replacement of an EMR system if a previous HITECH certified EMR system is already in place as of September 1, 2025.
- a. Upgrades, enhancements, and added modules, interfaces, or functionality to existing EMR/EHR systems are allowable uses of funds and are not subject to the 5% limitation.
17. Funding towards initiatives similar to the Rural Tech Catalyst Fund Initiative (as described in the appendix) cannot exceed the lesser of (1) 10% of total funding awarded to a state in a given budget period or (2) \$20M of total funding awarded to a state in a given budget period, and funding is subject to all restrictions and requirements described in the example initiative.
18. Clinician salaries or wage supports for facilities that subject clinicians to non-compete contractual limitations.
19. None of the funding shall be used by the state for an expenditure that is attributable to an intergovernmental transfer, certified public expenditure, or any other expenditure to finance the non-federal share of expenditures required under any provision of law.
20. [SSA Section 2105\(c\)](#), paragraphs (1), (7), and (9) apply as funding limitations. These limitations are related to general limitations, limitations on payment for abortions, and citizenship documentation requirements for payments made with respect to an individual.

Examples of allowable costs:

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

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

22. Additional uses designed to promote sustainable access to high quality rural healthcare services, as determined by the CMS Administrator, including:

- a. **Capital expenditures and infrastructure:** Investing in existing rural healthcare facility buildings and infrastructure, including minor building alterations or renovations and equipment upgrades to ensure long-term overhead and upkeep costs are commensurate with patient volume, subject to restrictions in the funding policies and limitations.
- b. **Fostering collaboration:** Initiating, fostering, and strengthening local and regional strategic partnerships between rural facilities and other healthcare providers to promote quality improvement, improve financial stability of rural facilities, and expand access to care.

23. Specific examples provided in the Notice of Funding Opportunity include:

- a. States can offer certain incentives to attract clinical workforce to work in rural areas provided the recipient of the incentive commits to working in rural areas for a minimum of 5 years. Funding for local housing for students or trainees in rural areas may be allowable if included as part of an approved initiative within the scope of the RHT Program. Note that payment for student or trainee housing is limited to short-term (less than 6 months) housing for rotations.

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

- m. Start-up funding to cover providers' initial staffing and equipment to support strategically targeted service line expansion linked to local need until enough volume develops to reach sustainability.
- n. IT systems, software, or data sharing infrastructure, such as health information exchanges or frameworks like The Trusted Exchange Framework and Common Agreement (TEFCA), that help with coordinating amongst providers and supporting population health management.

Additional Resources

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

Exhibit 3: Budget Instructions

Applicants must submit a detailed budget for the project 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.

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

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

Completing the Budget Template

- Use the provided budget template. Please do not modify the format or formulas. Add additional rows as necessary to provide a detailed description of the budget.
- Locate Row 3 and type your organization's name in the designated field.
- Complete columns A through F in the budget table for each line item of your proposed expenses. Provide a detailed line-item breakdown for each cost category, including a description and justification for every budgeted expense.
- Navigate to Column G for every line item. Use this column to ensure your administrative and programmatic funding percentages are properly defined and add up to 100%.
- Complete all applicable budget categories. When all line items are added, locate cell C54 to verify that your total administrative costs do not exceed the funding limits.
- Ensure all costs are reasonable, necessary, and directly related to the proposed project.
- Submit one budget for the time period: 11/1/2026–9/30/2028.

The completed budget template must be:

- Submitted in Excel format (.xlsx).
- Uploaded under Section 4: Budget with the remainder of the application materials.
- Included at the time of application submission.

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

Line-item Breakdown

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

Budget Description and Justification

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

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

Examples include:

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

Administrative Cost Limits and Determinations

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

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

The FAQ provides the following further guidance:

- Personnel costs *for administering RHTP grant activities* may be considered administrative costs (FAQ Sec. III, No. 91 and Sec. III, No. 92). If staff are *directly carrying out program initiatives*, the cost may be considered programmatic (FAQ Sec. III No. 92, Sec. III, No. 109).
- Determinations about whether a cost is "programmatic" or "administrative" depends on the nature of the activities performed (FAQ Sec. III, No. 101, Sec. V, No. 62, Sec. V, No. 63).
- Final determinations on costs will be made by CMS. Detailed justifications for requested expenses are necessary to ensure they are approved (FAQ Sec. III, No. 101 and 103).

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

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

Examples of costs that are likely **programmatic** (See [FAQ](#)):

- Costs are **programmatic** if they are “directly related to implementing, executing, and/or delivering activities described within specific initiatives in the state’s application and the state provides sufficient detail in their application to justify their initiatives budget.” (FAQ Sec. III, No. 103)
 - Costs directly related to implementing, executing, or delivering activities specifically identified in the state’s application are presumed to be programmatic in nature.
 - Any programmatic costs must “support expansion and scale to better serve rural communities, not to replace or duplicate existing funding sources” (FAQ Sec. III, No. 61). If funds are used to expand a pre-existing pilot or program, RHT funds shall only apply “to the costs associated with the new population, new activities, new program milestones” and *not* to supplement costs previously funded by the state or existing fiduciaries.
- Directly carrying out program activities, such as providing technical services, technical assistance, or supporting program operations like expanding programs to rural areas or implementing new initiatives (FAQ Sec. III, No. 109)
- Hiring and training new community health workers to serve residents in a clinical workforce area. (FAQ Sec. V, No. 6)
- Purchasing new patient monitoring devices and educational materials to specifically serve populations in the clinical workforce area. (FAQ Sec. V, No. 6)
- Startup costs to establish new contracts or agreements for service delivery in the counties (FAQ Sec. V, No. 6)
- Hiring preceptors or equipment to facilitate training residents on how to access RHT services or programs. (FAQ Sec. III, No. 103)
- Community colleges using funds to create “a structured, certifiable pathway to a new degree, new certification, or to a career and/or new job opportunity in the clinical workforce area.” (FAQ Sec. III, No. 105; note the 5-year commitment requirements)

- Hiring an independent evaluator to conduct a needs assessment in rural areas related to a core component one of the state’s initiatives. (FAQ Sec. V, No. 62)

Program-Specific Use of Funds Categories

CMS requires that RHTP funds are assigned toward at least three of the specified statutory use categories described in the [Notice of Funding Opportunity \(NOFO\) program requirements and Expectations](#). Budget category totals will be allocated to the following Use of Funds categories. If a cost category applies to more than one use of funds, please estimate the category it primarily falls into.

- **Prevention and chronic disease:** Promoting evidence-based, measurable interventions to improve prevention and chronic disease management.
- **Provider payments:** Providing payments to health care providers for the provision of health care items or services, subject to restrictions described in the funding policies and limitations.
- **Consumer tech solutions:** Promoting consumer-facing, technology-driven solutions for the prevention and management of chronic diseases.
- **Training and technical assistance:** Providing training and technical assistance for the development and adoption of technology-enabled solutions that improve care delivery in rural hospitals, including remote monitoring, robotics, artificial intelligence, and other advanced technologies.
- **Workforce:** Recruiting and retaining clinical workforce talent to rural areas, with commitments to serve rural communities for a minimum of five years.
- **IT advances:** Providing technical assistance, software, and hardware for significant information technology advances designed to improve efficiency, enhance cybersecurity capability development, and improve patient health outcomes.
- **Appropriate care availability:** Assisting rural communities to right size their health care delivery systems by identifying needed preventative, ambulatory, pre-hospital, emergency, acute inpatient care, outpatient care, and post-acute care service lines.
- **Behavioral health:** Supporting access to opioid-use disorder treatment services (as defined in section 1861(jjj)(1) of the Social Security Act), other substance use disorder treatment services, and mental health services.
- **Innovative care:** Developing projects that support innovative models of care that include value-based care arrangements and alternative payment models, as appropriate.
- **Capital expenditures and infrastructure:** 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, subject to restrictions in the NOFO funding policies and limitations. Under federal grant regulations, alteration and renovation must be necessary and reasonable for performance of the award and directly related to program objectives. Any renovation or alteration costs will require prior approval from CMS. RHTP staff will submit required renovations requests to CMS for approval on behalf of grantees

- prior to purchase or start of work. Renovations may not proceed until written approval is received. Additionally, no more than 20% of the total award can be spent on minor alterations and renovations. See Addendum Exhibit 2: Federal Compliance Requirements for more information
- **Fostering collaboration:** Initiating, fostering, and strengthening local and regional strategic partnerships between rural facilities and other health care providers to promote quality improvement, improve financial stability of rural facilities, and expand access to care.

Cost Category Definitions

Term	Definition	Budget line-item specificity	Budget line-item descriptions should include the following:
Contractual Services	Legal instruments for purchasing professional services or property needed for the project. Includes consultants and vendors providing specific expertise rather than performing a significant part of the program scope.	One line item per contract	Vendor, method of selection (RFP, piggyback on existing contract, etc.), contract end date, scope of work, monitoring agency, notes, and budget justification.
Equipment	Tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost that equals or exceeds \$10,000.	One line item per equipment type	
Supplies	All tangible personal property other than equipment. This includes "computing devices" (laptops/tablets) if the unit cost is below the \$10,000 threshold. Includes basic office tools such as pens, pencils, notepads, staples, paper clips, print cartridges and toners. This may also include services like telecommunications and IT subscriptions.	One line per supply type	
Other	A "catch-all" category for direct costs not fitting elsewhere.	One line per other type	

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

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