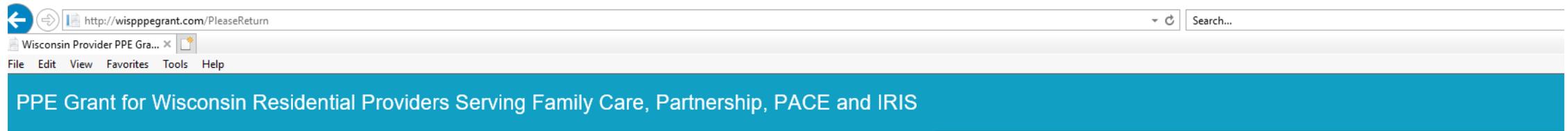


PPE Grant for Wisconsin Residential Providers Serving Family Care, Partnership, PACE and IRIS

Overview

3/3/2021

Landing Page for <http://wispppegrant.com> : This page will be displayed until the application window has opened (*through 3/7/2021*)



Start A Grant Application

Welcome!

This portal allows certain Wisconsin Residential Providers who are contracted with Community Care, iCare, Inclusa, Lakeland Care and/or MyChoice Wisconsin to apply for grant funding to assist with the cost of Personal Protective Equipment.

This project is funded through a supplement to the Hospital Preparedness Program (HPP) Cooperative Agreement from the Assistant Secretary for Preparedness and Response (ASPR). Funding paid under this grant will be included on 1099s provided by MCOs to recipients. Please consult your tax professional to determine tax and audit implications.

Applications will only be accepted from 03/08/2021 to 04/02/2021. Late applications will not be considered.

This website was created by Community Care, Inc. on behalf of Community Care, iCare, Inclusa, Lakeland Care, and MyChoice Wisconsin under a contract with the State of Wisconsin Department of Health Service for the purpose of soliciting applications for grant funding from qualified organizations.

Hosting partner Comstar www.comstar.biz

Getting Started - <http://wispppegrant.com> : After 3/7/21 providers will see this page to start a grant application.

Wisconsin Residential Providers Serving Family Care, Partnership, PACE and IRIS

Start A Grant Application

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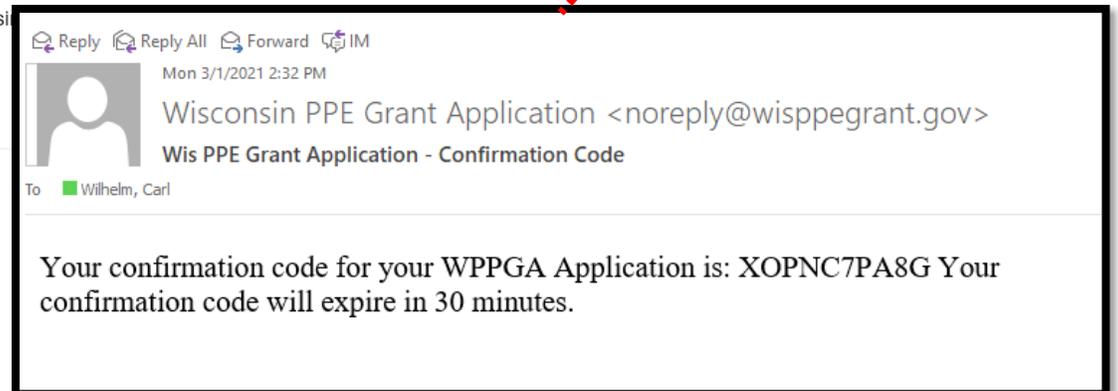
Email Address:	<input type="text" value="Enter email address"/>	<input type="button" value="Send Me A Confirmation Code"/>
Confirmation Code:	<input type="text" value="Enter confirmation code"/>	<input type="button" value="Validate Confirmation Code"/>

Provider enters their email address, clicks on the “Send to...” button and a confirmation email is immediately sent from noreply@wispppegrant.gov to the user’s email address.

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Hosting partner: Comstar www.comstar.biz

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Getting Started - <http://wispppegrant.com> : The confirmation page.

Wisconsin Residential Providers Serving Family Care, Partnership, PACE and IRIS

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Confirmation Code:	<input type="text" value="Enter confirmation code"/>	<input type="button" value="Validate Confirmation Code"/>

Provider enters the confirmation code.

TIP: It may be easiest to “copy and paste” from the email.

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Getting Started - <http://wispppegrant.com> : Beginning the application.

Grant Application

Email Address:

Confirmation Code:

Name of Person Completing Application:

Legal Name of Contract Entity:

Number of Locations:

Check the box to confirm the following is true

I have the authority to complete this application and all information provided in this application is true and complete. Our organization is qualified to apply for this grant by virtue of having a fully executed contract with one of the following of the following managed care organizations: Community Care, iCare, Inclusa, Lakeland, or MyChoice Wisconsin. We have incurred, are incurring or will incur expenses for personal protective equipment necessary for serving residents who are enrolled in Family Care, Family Care Partnership, PACE or IRIS.

[View Details](#)

After the provider enters their name, the name of their organization and the number of locations, they must select the check box to continue.

View details button brings up a window showing the “Grant Application Details” from the landing page.

Getting Started - <http://wispppegrant.com> : Completing the application.

Check the box to confirm the following is true

I have the authority to complete this application and all information provided in this application is true and complete. Our organization is qualified to apply for this grant by virtue of having a fully executed contract with one of the following of the following managed care organizations: Community Care, iCare, Includa, Lakeland, or MyChoice Wisconsin. We have incurred, are incurring or will incur expenses for personal protective equipment necessary for serving residents who are enrolled in Family Care, Family Care Partnership, PACE or IRIS.

[View Details](#)

Provider Type:

Certified Adult Family Home Community Based Residential Facility (CBRF)

Licensed Adult Family Home Residential Care Apartment Complex (RCAC)

Please select all provider types that may apply for your organization.

MCO:

Select an MCO



Please select one of the Managed Care Organizations with whom you have a fully executed contract.

Tax ID or SSN:

Enter Tax ID or SSN

Show Tax ID

The Tax ID or SSN must be 9 digits long containing only numerical digits (No '-')

Resident count across all locations:

Enter count

Enter how many qualified residents are at your facilities as of today's date. Qualified residents must be enrolled in Family Care, Family Care Partnership, PACE or IRIS on the date you submit this application.

Confirm Email Address:

Re-enter email address

Reenter your email address as confirmation that all of the information entered is true.

[Submit Application](#)

[Cancel and Return to Home Page](#)

Provider has the ability to select all that apply to the contracting entity. Note that there are instructions below many of the questions.

There is a drop down list for this selection allowing providers to select whichever MCO they would prefer.

The tax ID or SSN will not be displayed unless the provider clicks on the Show Tax ID button.

Getting Started - <http://wispppegrant.com> : Submitting the application.

Check the box to confirm the following is true

I have the authority to complete this application and all information provided in this application is true and complete. Our organization is qualified to apply for this grant by virtue of having a fully executed contract with one of the following of the following managed care organizations: Community Care, iCare, Inclusa, Lakeland, or MyChoice Wisconsin. We have incurred, are incurring or will incur expenses for personal protective equipment necessary for serving residents who are enrolled in Family Care, Family Care Partnership, PACE or IRIS.

[View Details](#)

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Certified Adult Family Home Community Based Residential Facility (CBRF)

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Please select all provider types that may apply for your organization.

MCO:

Select an MCO

Please select one of the Managed Care Organizations with whom you have a fully executed contract.

Tax ID or SSN:

Enter Tax ID or SSN

[Show Tax ID](#)

The Tax ID or SSN must be 9 digits long containing only numerical digits (No "-")

Resident count across all locations:

Enter count

Enter how many qualified residents are at your facilities as of today's date. All must be enrolled in Family Care, Family Care Partnership, PACE or IRIS on this application.

Confirm Email Address:

Re-enter email address

Reenter your email address as confirmation that all of the information entered

[Submit Application](#)

[Cancel and Return to Home Page](#)

After the provider selects "submit" the site will compare the Tax ID entered any previous applications to prevent multiple applications. If it matches a previous application it will provide an error message. The user can re-enter their ID.

When everything seems to be correct a confirmation email will be sent to the user. It will confirm their successful completion, provide an ID number for their application and include the MCO selected.

