Harnessing Innovation and Strengthening Partnerships: Building a Healthier Future for Rural Wisconsin

The Rural Health Transformation Program - Wisconsin Application

WISCONSIN DEPARTMENT *of* HEALTH SERVICES

Table of Contents

Wisconsin's Rural Health Transformation Program: Project Narrative

Summary

We envision a future where the right providers, empowered by the right technology, and supported by the right networks, transform the health of rural Wisconsinites.

Initiative	Project	Total Amount	Key Goals, Activities, and Timelines
1: Rural Talent Recruitment and Retention	Rural workforce grants	$150 million	Empower communities to develop regionally driven solutions through competitive grants starting in 2027
	Community health worker integration	$60 million	Pilot community health worker integration and study the return on investment in 2026. Sustain support through Medicaid coverage starting in 2028
	Workforce readiness	$127 million	From middle school to medical school, equip educational partners with tools to grow the next generation of health care professionals starting in 2026
2: Interoperability Infrastructure and Modernization	Facility technology transformation	$300 million	Provide rural facilities with technology to transform patient care and support providers through flexible allocations starting in 2027
	Public navigation transformation	$29 million	Leverage technology to better connect residents with public services starting in 2026
3: Population Health Infrastructure	Care coordination grants	$230 million	Transform delivery through innovative care models developed through regional partnerships starting in 2027
	Behavioral health innovations	$5 million	Address Wisconsin's rural mental health crisis, especially for kids, starting in 2026
	Medicaid reforms and other strategic investments	$44 million	Invest in Tribal Nations, Medicaid reforms, and intervenor services to improve health care for patients and providers starting in 2026

Rural Health Needs and Target Population

The Case for Change: Many rural Wisconsinites lack access to primary, specialty, and behavioral health care because of geographic barriers and fragmented care pathways. This narrative describes Wisconsin's rural health landscape and specific challenges the Rural Health Transformation (RHT) program will help solve. It describes the criteria and data Wisconsin will use to identify rural areas, shape investments, and measure the impact of this critical resource.

- Over one-third of Wisconsinites live in rural census tracts. These Wisconsinites have a lower median income and are less likely to be insured. They have higher rates of chronic diseases, including heart disease and diabetes. Two-thirds of rural residents must travel more than 30 minutes to access emergency care, and this access is at risk. In 2024, two hospitals closed in adjoining counties, leaving patients to find new providers and other facilities to absorb patients. Out of 72 counties, 40 are federally designated as mental health professional shortage areas, 37 as primary care shortage areas, and 34 as dental care shortage areas.

- Yet rural Wisconsin communities have immense strengths. Community health centers are partnering with schools to bring care closer to home. Investments in broadband are expanding telehealth opportunities. Collaborations between state and local partners are increasing mental health services for farmers, veterans, and rural residents. A special telehealth license is making it easier for out-of-state providers to fill service gaps through remote care. Wisconsin's RHT program will leverage these partnerships to reshape rural health care access and outcomes.

Rural Demographics

WISCONSIN DEMOGRAPHICS[i]	Rural population[ii]	Urban population
Population size	2,141,476 people (36.3%)	3,752,242 people (63.7%)
Total land area	44,496 sq. miles (82.1%)	9,672 sq. miles (17.9%)
Population density	48.1 people/sq. mile	388.0 people/sq. mile
Household income		
Under $25,000	177,802 (9%)	343,406 (9%)
$25,000 to $49,999	305,891 (15%)	510,414 (14%)
$50,000 to $74,999	355,558 (17%)	555,864 (15%)
$75,000 to $99,999	330,477 (16%)	510,703 (14%)
$100,000 and over	921,385 (44%)	1,736,560 (48%)
Average median household income ($)	$74,700	$81,800
Ratio of income to federal poverty level		
Below 100% FPL	199,399 (10%)	409,512 (11%)
Below 138% FPL	307,274 (15%)	588,203 (16%)
138% to 399% FPL	949,384 (45%)	1,470,778 (40%)
400% FPL or greater	835,848 (40%)	1,602,531 (44%)
Employment sectors (top 5)		
Education, **health care**, and social assistance	225,935 (21%)	477,713 (25%)
Manufacturing	217,346 (20%)	327,198 (17%)
Retail trade	121,085 (11%)	210,588 (11%)
Construction	82,564 (8%)	105,912 (5%)
Recreation, arts, entertainment, and accommodation and food services	77,965 (7%)	149,290 (8%)
Employment status		
Employed	1,070,390 (61%)	1,948,528 (65%)
Unemployed	34,987 (2%)	67,672 (2%)
Not in labor force	647,158 (37%)	999,059 (33%)
Educational attainment		
Less than high school graduate	98,449 (7%)	157,867 (6%)
High school graduate (or equivalent)	514,221 (35%)	644,235 (26%)
Some college or associate's degree	486,201 (33%)	736,348 (30%)
Bachelor's degree or higher	374,552 (25%)	928,879 (38%)
Health insurance coverage		
Yes	1,996,314 (94%)	3,521,868 (95%)
No	120,207 (6%)	189,678 (5%)

Rural Health Outcomes

Health outcome	Data on Rural Wisconsin
Rate of heart disease (chronic condition)	• **Heart disease mortality rate** in adults 35+ years is greater in rural counties than urban (335.5 vs. 324.2 deaths per 100,000 people).[iii] • Rural counties have a higher rate of **workable cardiac arrest ambulance runs** compared to urban (14.3 vs. 12.3 per 10,000).[iv]
Rate of diabetes (chronic condition)	• The prevalence of **diabetes** has increased since 2019. In 2023, the prevalence of diagnosed diabetes in adults is around 9% in both rural and urban areas. • The **diabetes-related mortality rate** was 142.4 deaths/100,000 people in 2023.[v]
Rates of behavioral health conditions	• The **suicide rate** is higher for rural residents (17.0 vs. 14.2 deaths per 100,000),[vi] particularly for rural men over age 25.[vii] • The **self-harm injury** rate in emergency department visits is higher for rural residents (64.8 vs. 51.8 patients/100,000 residents).[viii] • **Self-harm injuries** among rural men increase during the summer, as this can be a stressful time for farmers and other rural residents.[ix] • Rural residents have **fewer depression screenings** during primary care visits and use **telehealth for mental health visits** less than urban county residents.[x] • Rural adults agree that availability (55%), embarrassment (52%), and stigma (51%) would be a barrier if they were seeking help for a mental health condition.[xi] • Farmers and farm workers say **financial issues** (80%), weather or factors beyond their control (82%), and the **farm economy** (80%) impact their mental health.[xii] • In 2022, 145 Wisconsin **veterans** died by suicide. Veterans make up 6.2% of Wisconsin's adult population, yet they account for 16.2% of adult suicide deaths.[xiii] • The rate of **opioid-related drug mortality** for rural residents is 11.6 deaths/100,000 people.[xiv] • Nearly 9% of Wisconsin's **youth** have attempted suicide. 59% of high school students report at least one mental health challenge in the past year.[xv]
Child and maternal health	• The prevalence of mothers who received **prenatal care during their first trimester** was lower in rural counties vs. urban counties (75% vs. 78%) in 2023. • The prevalence of mothers who received **adequate (or better) prenatal care** was lower in rural counties vs. urban counties (78% vs. 81%) in 2023.[xvi] • The **severe maternal morbidity** rate has increased significantly from 2016 and in 2023 was 77.9 per 10,000 delivery hospitalizations.[xvii] • Maternal mortality has increased in WI from 2016 to 2020. **Pregnancy-related overdose deaths** are on the rise and in 2020, overdoses were the leading cause of pregnancy-related death.[xviii]

Rural Health Care Access

Average Hospital Visit Drive Time

Facility Rurality	Average Percent of Inpatient Visits with **more** than 30 minutes of drive time	Average Percent of Inpatient Visits with **more** than 60 minutes of drive time	Average Percent of Emergency Department Visits with **more** than 30 minutes of drive time	Average Percent of Emergency Department Visits with **more** than 60 minutes of drive time
Urban	29%	12%	10%	4%
Semi-rural	47%	22%	35%	12%
Rural	71%	38%	66%	35%

Availability of Health Care Providers: Rural residents struggle to receive appropriate, high-quality, and timely care because of workforce shortages, particularly for primary care and behavioral health.[xix] Wisconsin's RHT program focuses on the rural health care workforce. Detailed information on current workforce availability and an analysis on causes of the workforce shortage is included in the *supporting materials* section of the application.

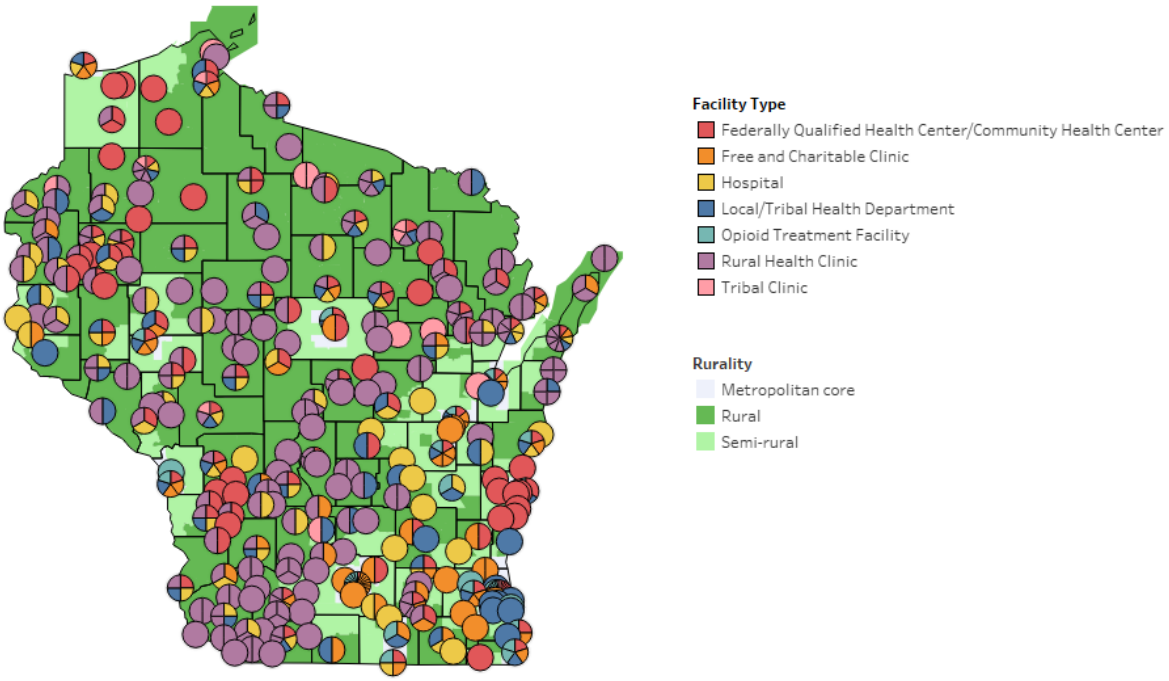
Public Transportation: In 2024, 71% of the urban population could access public transit, compared to only 31% of the rural population.[xx] Several counties have no transit system. A full map of transit systems is included in the *supporting materials* section.

Rural Health Care Facility Numbers and Distribution

Health Care Facility Type	**State Total**	**Semi-Rural**	**Rural**
FQHC/Community Health Center	280	156 (55%)	80 (28%)
Critical Access Hospital	60	32 (53%)	28 (46%)
Sole Community Hospital	7	1 (14%)	6 (85%)
Medicare Dependent Hospital	7	6 (85%)	1 (14%)
Low Volume Hospital	39	18 (46%)	21 (53%)
Opioid Treatment Facility	31	22 (70%)	0 (0%)
Rural Health Clinic	217	105 (48%)	112 (51%)
Free and Charitable Clinic	102	72 (70%)	8 (7%)
Tribal Clinic	14	4 (28%)	9 (64%)
Local and Tribal Health Department	84	43 (51%)	31 (36%)
Total	**841**	**459 (54%)**	**296 (35%)**

This map shows the distribution of health care facilities across the state. Northern Wisconsinites are more likely to be served through rural and Tribal health clinics and federally qualified health centers (FQHCs). Hospitals, free and charitable clinics, and opioid treatment facilities are more prevalent in the urban southeast. Wisconsin also has 762 emergency medical service (EMS) agencies (84% rural or semi-rural).

Distribution of Health Care Facilities in Wisconsin



Rural Facility Financial Health

- In 2024, two rural Wisconsin hospitals, one of which specialized in inpatient and outpatient behavioral health, closed in adjoining counties, leaving vulnerable patients to seek out new providers and remaining facilities to absorb additional patients. A recent report from the Wisconsin Hospital Association found that 55 (33%) of the state's 167 hospitals were operating at a loss.[xxi] Of note, the 2025 state budget provided significant on-going investments for hospitals to help with financial stability. However, even with this investment, we expect rural hospitals to continue to face financial challenges related to payor mix, low patient volumes, and uncompensated care.
- Other rural providers are also grappling with financial challenges. For example, FQHCs and community health centers are highly dependent on public payors, predominantly located in health care provider shortage areas, and often located within rural geographies. In 2023,

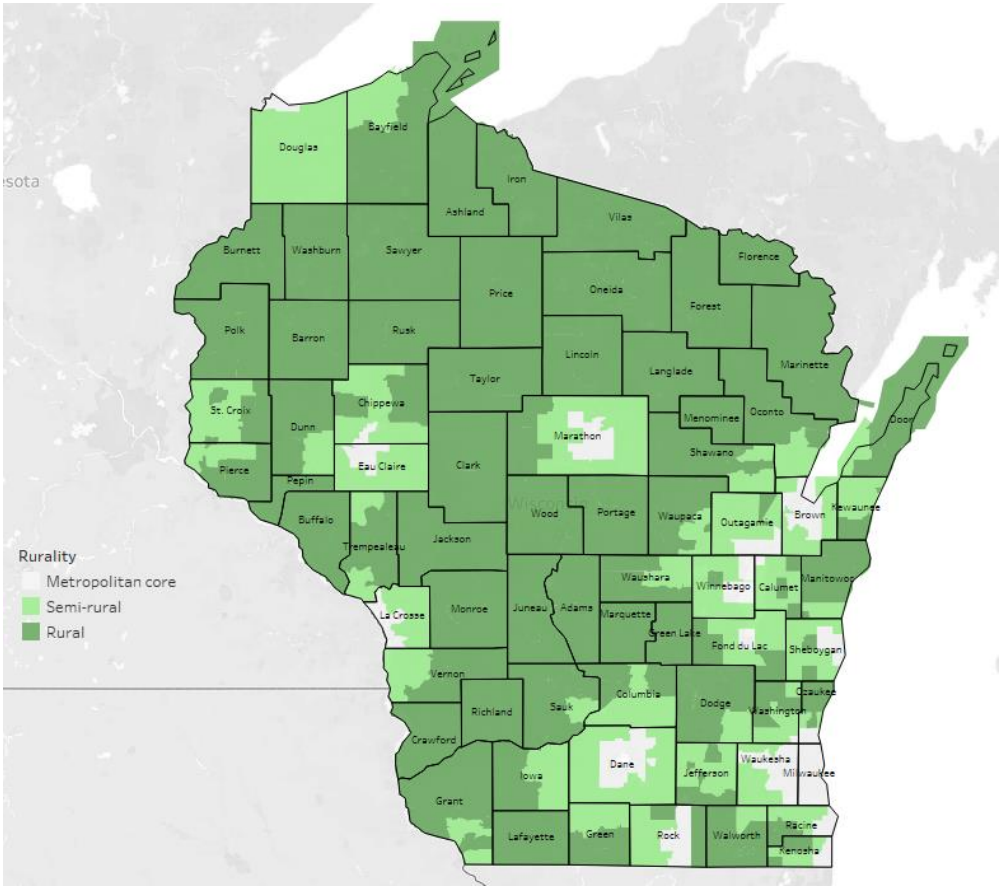
Wisconsin FQHCs served over 285,000 patients, with 55% covered by Medicaid, 14% by Medicare, and 20% not covered by any insurance at all. Only 6% of visits were via telehealth, partially because facilities lack capital to fund investments in technology.

- Similarly, rural health clinics (RHCs) in Wisconsin serve sparsely populated areas with health provider shortages. These clinics receive a high proportion of revenues through Medicaid, which currently reimburses most through a cost reconciliation payment method. It often takes a year or more to complete cost reporting and auditing processes before the final payment, resulting in payment delays and threatening stable revenue flows. RHT will transform revenue streams for rural providers by investing in efficient technology, provider supports to maximize the workforce, and modernized Medicaid payment strategies.

Target Population and Geographic Areas

- The RHT program is targeted to serve rural Wisconsinites. The program will benefit Wisconsinites in the state's rural and semi-rural counties, as defined by the 2020 U.S. Census. Facilities located in these counties will qualify for funds, including but not limited to hospitals, community health centers (including FQHCs), opioid treatment facilities, rural health clinics, free and charitable clinics, Tribal clinics, local and Tribal health departments, county human services agencies, pharmacies, EMS agencies, and other community-based organizations. Of note, certain urban facilities may also qualify based on factors such as specialty services provided to rural residents or partnerships with rural facilities.

Target Areas of Wisconsin[xxii]



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

Rural Health Transformation Plan: Goals and Strategies

Vision, Goals, and Strategies: We envision a future where the right providers, empowered by the right technology, and supported by the right networks, transform the health of rural Wisconsinites. To achieve this goal, Wisconsin's plan includes three keystone initiatives.

1. Rural Talent Recruitment and Retention: Strengthen the Health Care Workforce

- Rural Wisconsin does not have enough health care workers. This makes accessing high-quality and timely care difficult for residents. Wisconsin will launch innovative workforce projects in rural communities, support career pathways for rural health care providers, and reimburse for services provided by community health workers.

2. Interoperability Infrastructure and Modernization: Enhance Digital Capabilities

- Rural Wisconsin risks missing out on technological advancements in health care, such as closed-loop referral systems and telehealth capability. Wisconsin will improve rural patient care by investing in a rural health care collaborative and allocating funds to rural facilities to upgrade Information Technology (IT) systems, enable telehealth, improve interoperability, transform care delivery, and enhance cybersecurity.

3. Population Health Infrastructure: Transform Care Delivery Through Partnerships

- Fragmented systems of care prevent coordination across primary care, behavioral health, and community supports. Wisconsin will create a grant program for rural partners to innovate rural health care delivery. The state will also invest in Medicaid and behavioral health reforms in Tribal Nations to meet the unique needs of rural communities.

As required by federal statute, Wisconsin's plan addresses each of the following elements:

Improving Access: Rural Wisconsinites have difficulty accessing care because of provider shortages (particularly for behavioral health, primary and oral health, and specialty care), long

travel times to hospitals and clinics, and fragmented connections between providers. Rural Wisconsinites often identify telehealth as an important opportunity to improve access.

- Access to behavioral health is a challenge. Wisconsinites struggle to navigate a complex system of resources, making it difficult to find the right support when and where they need it. RHT will leverage innovative and technology-driven solutions to simplify this process, improve care coordination, and enhance the mental well-being of rural residents.
- Accessing primary care is also difficult. Americans rank pharmacies as the most accessible health care destination. Ninety-seven percent of the population lives within 10 miles of a pharmacy, and pharmacies offer extended hours. Yet pharmacies are often excluded from the care continuum. RHT will create innovative care sites, such as pharmacies, schools, and mobile clinics to improve access to care.

ACTIONS TO INCREASE ACCESS THROUGH RHT INITIATIVES
Care coordination grants – linking rural providers together to improve access through innovative care delivery
Connecting the dots – simplifying access to state behavioral health programs
Community information exchange – improving information and resource coordination for rural residents
Mental health consultation line – expanding access to comprehensive mental health supports
Workforce investments – ensuring the right providers are available to care for rural residents
Medicaid dual eligible project – increasing coordinated care for dual eligible individuals

Improving Outcomes, Program Key Performance Objectives, and Data-driven Solutions: The RHT program will make a real difference in the health outcomes of rural Wisconsinites. Measures demonstrating this impact will include decreased rates of avoidable hospitalizations, improved management of chronic diseases, increased use of depression and diabetes screening, implementation of mobile clinics and co-located care sites, and integration of non-traditional provider types such as community health workers. Specific and measurable objectives, with baseline data and targets, are detailed in the *Metrics and Evaluation Plan* below.

- To truly transform our rural health care system, Wisconsin must fully understand the complexity of the rural health care system and measure progress towards improving rural health outcomes. Our state has partners who track clinical and community data on determinants of health. Wisconsin will use RHT funds to boost our ability to analyze data in rural communities and to use that information to improve health. Wisconsin will demonstrate program impact and progress through evaluations by academic institutions.
- RHT will expand the rural health workforce through investments in training programs, community health worker integration, and supported workforce retention. Wisconsin will harness data and technology to deliver high-quality services for rural residents. The program will develop a rural health care collaborative to help providers manage at-risk patients and populations through securely shared referrals and data. Patients will experience improved access and health outcomes, such as reduced wait times for appointments and improved chronic disease management. Providers will experience efficiencies in their work through use of advanced documentation tools and teleconsultation services. Wisconsin will also invest in health and community infrastructure exchanges (HIE/CIE) to drive quality improvement.

ACTIONS TO IMPROVE OUTCOMES THROUGH RHT INITIATIVES	
Intended Outcomes	**Methods**
Improved identification and management of chronic diseases	• Care provided in new and innovative settings • Financial support to invest in telehealth and remote patient monitoring • Increase data exchange compatibility among health care networks.
Earlier identification and treatment of behavioral health conditions	• Coordinated care grants launch co-responder models, community paramedic programs, and other innovative partnerships • Teleconsultation for providers to connect to specialty care experts • Payment processing for providers who serve farmers and farm families
Enhanced provider efficiency, wellbeing, and supply	• Adoption of technology to connect patients and providers • Leverage community health workers to maximize scope of practice • Expanded training programs to increase supply of workers • Investments in rural communities (childcare, transportation, housing)
Data-informed and evidence-based health care decisions	• Shared data dashboards and interoperable decision-making through the rural health care collaborative and HIE/CIE investments • Independent data evaluation through contracts with academic institutions to evaluate progress towards goals • Technical assistance to help communities leverage local and statewide data to maximize investments

Technology Use: Advances in technology – such as telehealth and remote patient monitoring – can transform patient care, achieve better health outcomes, and improve patient safety. However, rural facilities face significant challenges in adopting technologies due to smaller patient volumes, limited financial resources, and barriers to employing adequate IT staff.

- Outdated computer systems challenge rural providers' ability to leverage emerging technologies and might hurt their financial viability. Physicians spend more time on paperwork than they do face-to-face with patients. A study found that physicians spend nearly six hours per workday on paperwork tasks.[xxiii] Clinical workforce technology can improve these ratios, such as using ambient listening to support documentation. Providers cannot easily share patient records, resulting in disconnected services across hospitals, health centers, pharmacies, and health departments. As a result, patients spend time waiting for test results, prescriptions, necessary specialty referrals, and information to be shared, and providers may not have information they need. This contributes to delayed care, medical errors, provider burnout, and frustration among patients, especially with complex or chronic conditions who see multiple providers. According to the Wisconsin Hospital Association, technology optimization is essential and will require investment and partnership.[xxiv]
- RHT funding will supercharge rural Wisconsin's capability to implement remote patient monitoring, telehealth, smart devices, AI-supported care, with paths to sustainability built into the plans developed by local partners. RHT will leverage group purchasing and information sharing. For example, RHT Initiative 2 will leverage technology and economies of scale to help rural facilities access interoperable patient and population data. Wisconsin experts will evaluate the suitability of new technologies for rural providers and patients.

Long-term sustainability will be a key feature of funding allocations through agreements with health facilities and vendors to plan for ongoing maintenance and service costs.

- Rural Wisconsinites engaged with public programs face similar barriers when seeking services: fragmented systems, numerous applications, and difficulty navigating resources online. Our state recently hosted public listening sessions on mental health where participants affirmed these challenges and highlighted the need for a statewide care coordination and unified intake portal that spans across Wisconsin's state agencies, including the Departments of Children and Families, Health Services, and Workforce Development. RHT will upgrade the state's customer service through technology to improve access to public services.

ACTIONS TO ADOPT TECHNOLOGY THROUGH RHT INITIATIVES
Rural Technology Transformation Fund – ensuring technology reaches every rural community
Rural Health Care Collaborative – connecting patients and providers through technology
Upgraded State Services – improving digital customer service for residents and local partners

Partnerships and Coordinated Care: Rural residents experience higher rates of chronic disease and worse behavioral health outcomes. Rural residents have fewer depression screenings and are less likely to use mental telehealth.[xxv] Rural counties also experience higher rates of emergency detentions (involuntary hold of a person suffering from a mental illness or drug dependency at risk of harming themselves or others). A shortage of behavioral health providers means that primary care providers, pharmacists, and clinics often manage mental health and substance use.

- RHT will generate multidisciplinary partnerships that coordinate and transform care delivery to improve primary and behavioral health care services. For example, community health workers (CHWs), peer specialists, doulas, and other workforce extenders will help rural patients navigate health systems and find resources. However, current payment models do not allow for reimbursements, threatening financial stability and limiting services.

- Investments in workforce extenders will yield substantial returns. For example, Kentucky's CHW initiative has measured a return of $11.33 for every $1 spent over the last 25 years. Their chronic disease management program decreased emergency room (ER) visits by 10% and inpatient admissions by 23%.[xxvi] Serving Medicaid beneficiaries and other rural residents through workforce extenders will decrease expenditures and inpatient admissions.
- RHT Initiative 3 will build sustainable regional partnerships through coordinated systems of care to promote quality improvement, increase financial stability, maximize economies of scale, and share best practices in rural health care. Grantees will receive technical assistance from academic institutions to develop evidence-based and data-driven strategies to address local needs. Each grantee will propose a governance structure that reflects their project's unique needs and partnerships. This initiative will promote improvements in primary and behavioral health care by leveraging telehealth and teleconsultation services, deploying mobile clinics, and developing co-located or co-responder models of care.
- These issues are even more important to Wisconsin's Tribal communities. There are 11 federally recognized Tribal nations in Wisconsin and approximately 73,000 American Indian/Alaska Native residents, the majority of whom live in rural areas.[xxvii] Tribal communities have lower employment rates and higher poverty rates than the rest of the state. They experience lower life expectancy, higher infant mortality, higher rates of mental health conditions and chronic diseases like diabetes and heart disease.[xxviii,xxix] Tribal members access Tribal and non-Tribal care facilities, which struggle to securely share patient information. This lack of coordination contributes to worse outcomes. RHT will invest in Tribal Nations to serve the unique needs of their members and communities.

- DHS values robust partner engagement. In August, DHS opened a request for information (RFI) to gather early insights and ideas from partners to inform Wisconsin's RHT program application. Ongoing engagement will be critical to the success of the initiatives included here. As such, DHS will create an advisory body to guide development and implementation of RHT. The advisory body will meet at least four times a year and will bring together rural hospitals, Tribal health centers, community health centers, primary and behavioral health providers, community-based providers (e.g., community health workers, peer specialists, pharmacists, EMS, etc.), institutions of higher education, individuals with lived experience, and partners as necessary to inform implementation and ensure accountability.

ACTIONS TO ADVANCE PARTNERSHIPS THROUGH RHT INITIATIVES
Care coordination grants – prioritized funding for projects that involve team-based care models
Rural workforce grants – empowering communities to develop regionally-driven solutions
Rural Health Care Collaborative – connecting patients and providers through technology
Advisory group –ensuring rural voices are reflected in RHT program implementation

Cause Identification and Workforce: Rural hospitals, rural outpatient clinics, behavioral health providers, public health agencies, and dental practices face similar challenges in maintaining, expanding, and improving services for their communities. These include higher rates of uninsurance, low and unpredictable patient volumes, and barriers to the implementation of transformative health care technologies. The challenge of recruiting and retaining health care workers in rural Wisconsin continues to worsen.[xxx] More than half of Wisconsin's counties are designated as health care professional shortage areas. Workforce challenges have well documented negative impacts on patient care and outcomes.

- Health care demand is primarily driven by demographics, and Wisconsin's population is aging. Efforts to encourage young people to pursue health care careers are essential to increasing supply and meeting the demand for services. Early engagement, as young as

middle school, is critical to long-term sustainability. Students are more likely to stay in rural areas after graduation if they can train nearby. Yet students who want to work in rural areas have difficulty connecting to rural training opportunities and finding a place to live.

- Providers who want to work in rural areas face geographic isolation, long commutes, outdated technology, and a lack of family-supporting services. Providers will not live in communities that lack childcare and housing for their families.[xxxi] Provider shortages lead to increased wait times, which delay diagnoses and worsen patient outcomes. Existing providers have high workloads and limited time with each patient, threatening their ability to provide quality care and increasing burnout.
- Projects that train, recruit, and retain providers are crucial to sustaining a thriving rural health care workforce in Wisconsin. RHT will build sustainable partnerships between educators and clinics to recruit and retain more workers in rural areas. RHT will create additional and expanded training programs from middle school through medical school, invest in experiential learning to prepare students, and grow telehealth support to extend the reach of specialists. Additionally, strategies that address recruitment challenges for rural areas, such as housing and childcare deserts, will be part of the workforce framework.

ACTIONS TO IMPROVE WORKFORCE THROUGH RHT INITIATIVES
Rural workforce grants – empower communities to develop innovative solutions to local problems
Community health worker integration – sustained support for providers with strong community connections
Educational initiatives – invest in training through clinical sites, simulation labs, and new programs
Early education – build health care pathways with K-12 partners to empower the next generation

Financial solvency strategies: Rural hospitals and providers face challenges in maintaining financial solvency. Recent bipartisan State legislation secured significant annual investments for the hospital sector (including rural hospitals), yet these facilities continue to struggle.

Wisconsin's RHT program will build on bipartisan investments by requiring that certain projects allocate at least 15% of project funds to rural hospitals.

- Wisconsin's transformative investment in health care technology under RHT Initiative 2, including provider and patient tools to improve prevention and chronic disease management, will maximize workforce productivity, reduce burnout, and improve financial sustainability.
- Wisconsin will facilitate regional care coordination under RHT Initiative 3 to make sure care is provided in the right setting, by the right provider, at the right time. Through RHT, Medicaid will invest in financial stability by partnering with rural health clinics to shift to a more timely and predictable payment methodology. Finally, investments in community health workers will support finances by sustaining community-focused services.

ACTIONS TO ADDRESS FINANCIAL SOLVENCY THROUGH RHT INITIATIVES
Rural health clinic payments – modernize Medicaid payment reforms to speed up payments
Rural technology transformation fund – support workers through technology that reduces administrative burdens
Care coordination grants – allocate scarce resources to high-impact areas and reduce costly interventions
Public intervenor office – supporting the bottom line of rural patients and providers
Community health worker integration – sustain funding for community-focused providers

Strategic goals alignment: Wisconsin's plan aligns with the five CMS strategic goals.

- *Make Rural America Healthy Again.* This plan provides transformational funding to local providers to innovate and provide new access points for care. By providing flexible funding to local coalitions for coordinated systems of care, increasing technological capacity, and strengthening the rural workforce, Wisconsin will make real progress to improve primary care, chronic disease management, and behavioral health care.
- *Sustainable Access.* No one facility can have sole responsibility for ensuring individual and community health. Wisconsin's plan creates opportunities for regional coalitions, who best know the strengths and challenges of their communities, to generate sustainable plans for

access to high-quality, coordinated care. With RHT support, rural facilities can come together to coordinate operations, technology, primary and specialty care, and emergency services, reaching economies of scale that will bolster collective sustainability for the future.

- *Workforce Development:* Wisconsin's secondary schools, colleges, and universities are key partners in strengthening recruitment and retention of health care providers in rural communities. These partners will develop clinical training agreements with health care providers and develop innovative programs to attract and retain a high-skilled workforce.

- *Innovative Care:* RHT will spark the growth of care models to improve health outcomes, coordinate care, and promote flexible care arrangements. For example, the rural health care collaborative in RHT Initiative 2 will improve quality of care by improving remote patient monitoring and telehealth, reducing administrative burdens on providers, and facilitating care coordination between providers. RHT Initiative 3 will incentivize rural health systems to shift care to lower-cost settings by integrating community health workers and innovative sites such as mobile clinics and co-located facilities.
- *Technological Innovation*: RHT will foster the use of innovative technologies that promote efficient care delivery, data security, and access to digital health tools. The state will also launch a teleconsultation line for behavioral health to increase access to timely specialty services in rural areas. Tools will help patients connect with health information to manage chronic conditions and access specialty and behavioral health services closer to home.

Legislative or regulatory action. Wisconsin will continue to develop policies that promote rural health, such as incentivizing healthy food purchases and farmer supports through SNAP, ensuring rural nursing home bed access, and supporting non-traditional health providers.

- Wisconsin will commit to expanding Fully Integrated Dual Eligible Special Needs Plans

(FIDE SNPs) to additional Wisconsin counties. In each program year, Wisconsin will increase the number of counties where FIDE SNPs are an option. By 2030, Wisconsin will double the number of counties with a FIDE SNP.

- ***Other required information.*** Tables in the *supporting materials* section detail state policy actions from Table 4 of the NOFO. This includes factors A.2. and A.7., Certified Community Behavioral Health Clinics (CCBHC) and Disproportionate Share Hospital Payments.

Proposed Initiatives and Use of Funds

Initiative 1: Rural Talent Recruitment and Retention

Description: To address provider shortages, this initiative will help train new health care workers, recruit workers to rural areas of need, and retain workers in those roles. The workforce initiative does not provide funding to individual students or medical professionals. Rather, strategically invests in systems that will last longer than five years to maximize impact.

Initiative 1, Project 1: Rural Workforce Grants ($150 million)

- The Wisconsin Department of Workforce Development (DWD) provides employment services to job seekers and works with employers to find workers. The RHT program will allocate funds to DWD as the state's workforce agency to administer competitive grants for regions and communities to develop transformational solutions to workforce challenges.
- Examples include integrating community health workers, care coordinators, peer support specialists, community paramedics, auxiliary personnel, and behavioral health specialists into care delivery. Funds could also be used to address recruitment or retention challenges in rural communities such as access to childcare, transportation, and housing. Addressing these basic needs can help health care workers and their families sustainably live in rural areas.
- Grantees must prioritize one-time, transformational investments. For ongoing expenditures, the grantee must identify a sustainability plan; for example, coordinating with payors on insurance coverage so investments last longer than five years. Grantees will be required to demonstrate proper planning and quality assurance metrics. The project will safeguard tax dollars by publishing reports on outcomes and prioritizing evidence-based practices.
- Funds could be used to strengthen rural workforce pathways through partnerships between health care and other sectors. Novel or existing partnerships could reach new areas or populations (such as a potential collaboration between Marshfield Clinic in Wausau and UW-

Stevens Point to support certified registered nurse anesthetists, or a collaboration between Beloit Health System and Beloit College to build the nursing workforce). Current partnerships offer a model, such as between Mayo Clinic Health System and UW – Eau Claire. These partners launched a Rural Preventative Health Specialist model at five sites to improve preventive care and chronic disease management and started a Rural Preventative Health Specialist program to improve access in 16 counties.[xxxii]

Initiative 1, Project 2: Community Health Worker Integration ($60 million)

- Wisconsin will boost adoption of Community Health Workers (CHWs) as an evidence-based care model to improve outcomes for individuals with chronic health conditions, especially those who are low-income or underserved. CHWs connect people to care and resources. They are often community members with lived experience in overcoming barriers to access, navigating systems, and using local resources. Services include diabetes prevention, chronic disease management, nutrition, and maternal and child health support. Other states cover CHWs through Medicaid, including Arizona, Minnesota, New Mexico, and Texas. However, these services are not currently covered by Wisconsin Medicaid or most private insurers.
- DHS will establish a pilot project during the first two years of RHT with two components:

1. *Competitive grant for rural facilities*. Facilities will request reimbursement for CHW services not covered by insurance. The grant will enable providers to expand their CHW workforce for services such as patient outreach and enrollment, patient navigation, chronic disease management, and others defined through a grant funding opportunity. The grant will partner with training programs to ensure adherence to core competency requirements. Improved patient outcomes and cost savings proven through the pilot will encourage private and public

payors to cover community health worker services. Grantees will also receive supervisor training to ensure CHWs are successfully integrated into the care team.

2. *Study on utilization, cost, impact, and return on investment*. DHS will commission a study to measure the effectiveness and efficiency of CHW integration. The study will inform development of a Medicaid state plan amendment to sustain services. Grantees will be required to participate in the study to demonstrate the impact and scope of CHW services.

- Wisconsin Medicaid will add CHWs as a reimbursable service when delivered under the direction of a physician or other medical professional (as allowable under federal law). The state will seek authority from CMS through a state plan amendment before 2028. Medicaid will develop reimbursement rates, define eligible services, and establish billing policies to help leverage services in an effective, evidence-based way.
- Although Wisconsin does not have a formal CHW certification, there are three nationally certified training programs that provide core competency training across Wisconsin. These programs offer virtual and in-person training to ensure workers develop recognized skills. CHWs are employed by local agencies and health systems despite a lack of reimbursement. Creating a long-term funding source through Medicaid and encouraging other payors to cover services will ensure that CHWs are a sustainable part of the rural health workforce.
- This project will support the Wisconsin Association of Community Health Workers, which has established a structure to enhance skills and resiliency through peer-to-peer learning, support, and mentorship. The association has established a supervisor peer group to ensure supervisors have better understanding of CHW roles, responsibilities, and retention techniques. Support for the association ensures CHWs are directly involved in decisions involving workforce development and integration.

Initiative 1, Project 3: Workforce Readiness ($127 million)

- Wisconsin will make transformational investments in education through allocations to Area Health Education Centers (AHEC), the Department of Public Instruction (DPI), the University of Wisconsin System (UW), the Wisconsin Technical College System (WTCS), Marquette University School of Dentistry, and the Medical College of Wisconsin (MCW). These agencies are established partners with a history of achieving transformational change in rural Wisconsin. RHT workforce investments will support initiatives described in the NOFO such as starting health care career pathway programs in high schools, funding clinical training partnerships, and other investments that will be sustained for more than five years.
- **Secondary Education.** Preparing students early for careers in health science supports American industry, reduces skills gaps, and promotes economic opportunity. AHEC, through seven regional centers, serves over 7,000 learners annually and facilitates over 500 field placements at 131 clinical and community training sites. This investment will build the next generation of health care, including through apprenticeships for community health workers.
- DPI will focus this investment on creating or strengthening health science career pathways for high school students in 20 rural communities identified through data from the Career Connected High School grant (Perkins Reserve Funding). Schools can apply for start-up or expansion grants to introduce or broaden health science courses, dual credit opportunities, work-based learning experiences, and access to industry-recognized credentials that align with rural workforce needs. Funding will also support the growth of Wisconsin HOSA–Future Health Professionals to engage rural students in intra-curricular leadership development, community health initiatives, and competitive skill events. DPI will build a competitive grant program and support the development, implementation, review, and

evaluation of the grant, ensuring provision of technical assistance to recipient schools. Grantees must plan for long-lasting programs that will be sustained for more than five years.

- **Higher Education.** Wisconsin will invest in clinical training opportunities, simulation labs, and health care programs across rural Wisconsin through UW and WTCS. Both systems will solicit applications and coordinate investments strategically across their rural campuses. Wisconsin will also allocate funds to Marquette University, the state's only dental school, for a new rural residency program. Marquette will partner with rural hospitals for placement to recruit dentists to high-need rural areas.
- Funds will cover initial accreditation fees, preceptor training and compensation, curriculum design, and recruitment outreach. Funds will also support hospitals with residency programs and equip rural sites with tools like technology for tele-precepting and patient-care documentation systems. Campuses will be responsible for designing and maintaining long-lasting partnerships that connect students with high-quality clinical experiences.
- Recruiting students from rural areas and exposing students to rural practices increases the likelihood that they choose to practice in rural settings.[xxxiii] Campuses will replicate evidence-based models, such as the University of Wisconsin-Madison's rural OBGYN residency track highlighted in the NOFO, to expand rural training for disciplines such as pharmacy, behavioral health, and primary care. Wisconsin will also invest in simulation labs and experiential learning tools as a supplement to classroom and clinical experience. These one-time investments will result in increased program capacity for more than five years. Northcentral Technical College created a mobile learning lab for Certified Nursing Assistants and serves as a model. The lab travels to rural communities to provide learning opportunities

and health care services closer to home. One-time funds helped purchase the lab supplies. Funds are needed to expand experiential learning and to train instructors on use.

- Simulation labs provide a safe and controlled environment for students to practice clinical skills without putting real patients at risk. Students can learn from their mistakes and receive constructive feedback. Through repetitive practice, students can improve their clinical decision-making and problem-solving skills. This instills a culture of patient safety and facilitates the integration of theoretical knowledge with practical applications. It provides a consistent and standardized learning experience for all students. Simulation allows for the controlled introduction of specific learning objectives, ensuring students are exposed to essential skills and scenarios. Ensuring students are properly prepared for the demands of rural health care jobs can increase retention and reduce burnout.
- Wisconsin will leverage educational funds to establish new programs in high-demand fields, for example, rural programs in dental therapy, behavioral health, nursing, and allied health (radiology, laboratory and surgical technicians). Existing programs have long wait lists and new rural programs will encourage trainees to enroll at rural campuses with shorter wait lists. Funds will cover curriculum development, equipment, facility and staff costs associated with start-up, and operational deficits during the first two years while initial student cohorts are established. Programs will be sustained for more than five years through tuition and fees.
- **Mental Health Consultation**. Wisconsin will establish the Wisconsin Psychiatry Extension (WISCOPE) program in partnership with MCW. This comprehensive mental health and substance use consultation program will provide teleconsultation on behavioral health services for children, adults, and perinatal patients. WISCOPE is modeled after the highly successful and now sustainably funded Wisconsin Child Psychiatry Consultation Program.

The pediatric program began with one-time funds and proved its worth through measurable improvements in access to mental health care, provider confidence, and patient outcomes. This success helped build support among policymakers, leading to long-term state funding. In 2023-24, the pediatric program provided 1,600 consultation services and 732 hours of educational services. There are over 2,700 primary care providers registered.

- Consultation will be available to providers such as physicians, nurse practitioners, physician assistants, and registered nurses across all areas of practice including family medicine, internal medicine, obstetrics and gynecology, and behavioral health. Consultation services include: (a) support for clinicians to assist in managing adults with mental health and substance use concerns; (b) a triage-level assessment to determine the most appropriate response, including appropriate referrals; and (c) when medically appropriate, diagnostic and therapeutic feedback. Consultation is provided by teleconference, e-mail, or in-person.
- Launching WISCOPE will deliver real-time psychiatric consultation and education to rural providers, improving care for patients with mental health and substance use disorders. Patients will experience enhanced care within their own communities without traveling to a specialist This implementation will generate data, stories, and partnerships to demonstrate effectiveness. MCW has committed to sustained funding for the project.

Key stakeholders:

- Of the 172 responses to the RFI, 73 (42%) were focused on this strategic goal. It also reflects recommendations from the Wisconsin Governor's Task Force on the Health Care Workforce, developed in 2024 by 25 members including health care providers and educators.
- This initiative will benefit rural communities through transformational investments in training programs and an influx of qualified providers. Educators will partner with health

care facilities such as hospitals, long-term care facilities, pharmacies, dental clinics, community health centers, local and Tribal health departments, and behavioral health providers. These educational agencies have proven experience collaborating with the health care industry in rural Wisconsin to develop sustainable investments. These partners are committed to sustaining workforce investments for more than five years.

Initiative 1: Rural Talent Recruitment and Retention Initiative	
Main Strategic Goal	Recruit and retain clinical workforce talent to rural areas
Use of Funds	D, E, G, H, K
Technical Score Factors	B.1, B.2, C.1, D.1, D.3, F.1
Outcomes	• Expand the rural health workforce through investments in long-lasting training programs (longer than five years) • Sustain community health worker (CHW) integration • Support workforce retention through rural community investments • Strengthen behavioral health capacity and provider support
Impacted Counties	All rural and semi-rural counties. Federal Information Processing Series Codes: • 1581060, 1581061, 1581062, 1581063, 1581064, 1581065, 1581066, 1581067, 1581068, 1581069, 1581070, 1581071, 1581072, 1581073, 1581074, 1581075, 1581076, 1581077, 1581078, 1581079, 1581080, 1581081, 1581082, 1581083, 1581084, 1581085, 1581086, 1581087, 1581088, 1581089, 1581090, 1581091, 1581092, 1581093, 1581094, 1581095, 1581096, 1581097, 1581098, 1581099, 1581101, 1581102, 1581103, 1581104, 1581105, 1581106, 1581107, 1581108, 1581109, 1581110, 1581111, 1581112, 1581113, 1581114, 1581833, 1581115, 1581116, 1581117, 1581118, 1581119, 1581120, 1581121, 1581122, 1581123, 1581124, 1581125, 1581126, 1581127, 1581128, 1581129, 1581130
Estimated Required Funding	$337 million: • $150 million for rural workforce grants • $127 million for educational initiatives • $60 million for community health worker integration

Initiative 2: Interoperability Infrastructure and Modernization

Description: This initiative will help rural communities connect to and provide care through technology. The initiative includes two transformative projects with a significant rural impact.

Initiative 2, Project 1: Facility Technology Transformation ($300 million)

- **Rural Technology Transformation Fund.** Wisconsin will allocate funds to rural facilities to purchase technology that removes barriers to care, maximizes provider productivity, and

ensures patients benefit from modern digital health tools. This will be based on a formula-based or standardized allocation to a broad base of rural providers to ensure that technology advancements reach every corner of Wisconsin. Facilities can leverage this one-time investment to adopt emerging health tech innovation focused on rural populations to promote consumer-facing, technology-driven solutions. At least 15% will be allocated to hospitals.

- As artificial intelligence, interoperability, and cybersecurity shape how care is delivered, rural facilities need to adopt digital tools that meet their unique clinical and operational needs. Health technology solutions have the potential to accelerate improved quality, expanded access, and reduced cost of care for rural residents. Adopting more efficient and effective technologies increases provider satisfaction and lowers turnover, improving the health care experience for providers as well as for patients. Investing in next generation technology will enable rural facilities to streamline workflows, improve interoperability, strengthen data security, purchase hardware, and improve patient care.
- For example, the Wisconsin Primary Health Care Association estimates that only 15% of community health centers use ambient AI for notetaking to reduce administrative burdens, improve provider well-being, and enhance patient interactions. These tools capture real-time conversations between providers and patients as clinical notes, with patient consent. One facility that piloted an AI-powered tool showed improvements in the percentage of charts closed within two days and decreased time spent outside of scheduled work hours.
- Other eligible costs include upgrading IT systems, joining the rural health care collaborative (described below), and purchasing patient and provider devices. Patient devices are tools such as Bluetooth enabled blood-pressure monitors, continuous glucose monitors, and digital weight scales to support patients with chronic disease management. For example, Unity Point

Health – Meriter enrolls perinatal patients in a remote program to manage hypertension through home monitors and daily telehealth touch points. As a result, 71% of patients maintained blood pressure control, outperforming CMS quality benchmarks by 18%. Provider devices include tools such as telehealth-capable computers to facilitate digital access and innovative tools like robotic surgical systems to transform in-person care.

- Wisconsin will also leverage the external advisory group to pursue opportunities for group purchasing through the rural technology transformation fund. For example, if multiple rural hospitals want to purchase new software functions or upgrades, the state will facilitate purchasing with the hospitals and potential vendors. This would include software solutions or infrastructure that enable participation in data exchanges and interoperability. To be considered for group purchasing, the technology would need to have specific rural benefits with a preference for cloud-based, multi-tenant architecture.
- Like North Dakota's Rough Rider Network, the Wisconsin High-Value Network is a collaboration of independent hospitals working together to strengthen rural health care. At the core is a clinically integrated network that serves more than 350,000 people and allows members to jointly collaborate with commercial and government payers. Facilities could use a portion of IT funds to support telehealth, care coordination infrastructure, and digital health solutions through the network, leveraging economies of scale in shared purchases.
- **Rural Health Care Collaborative.** Wisconsin will build a digital collaborative to transform how providers interact with each other and with patients. The goal of the collaborative is to help rural patients receive high-quality care from informed providers whether they are using their cellphone at home, meeting with a community health worker in a mobile clinic, receiving treatment in a behavioral health clinic, or visiting a community pharmacy.

- The collaborative will give providers the opportunity to join a shared digital backbone, enabling them to upgrade clinical systems and achieve economies of scale through a single statewide procurement. The collaborative will allow smaller rural providers to deploy modern systems faster, with fewer resources, and at lower costs than acquiring their own individual systems and improve patients' access to care through functions like telehealth, electronic messaging, and remote health monitoring integration. Some local health departments, for example, only have a few staff members and some clinics still operate with paper records. This project will enhance data infrastructure with Wisconsin.
- Participating providers will gain secure access to a comprehensive, longitudinal health record for each patient, chronic disease management tools, a patient-facing portal, population-level rural health data dashboards, telehealth services to support access to an expanded care network, and a closed-loop community service referral network. Other tools may include AI charting, medication management, remote patient monitoring, and cybersecurity. Interoperability refers to the use of technology to coordinate patient care across facilities and disciplines. Providers will be able to coordinate patient care digitally through the collaborative's highly secure closed-loop referral system and shared patient records.
- Technical specifications for the collaborative will be further developed in partnership with interested providers. Participation in the collaborative can reduce the incidence of medical errors, reduce duplication of tests, reduce delays in treatment, and help empower patients to be active participants in their own care. With shared care data, providers can make new discoveries, advance medicine, find insights, and tailor care for the patient in front of them.
- Funds will be invested in one-time build and implementation costs for the collaborative, including software fees and implementation support. Go-live events will be sequenced

throughout the grant period. DHS will develop user fees for participating providers and sustainability will be achieved by charging participants for ongoing maintenance costs. The collaborative includes infrastructure investments that enable participation in data exchange and are aligned with CMS's Health Technology Ecosystem criteria and ASTP/ONC criteria.

- **Dental Grants.** DHS will provide competitive grants to dental clinics to adopt efficient cleaning technologies and expand routine dental services for rural Medicaid beneficiaries. New technologies enable clinics to use specialized equipment for routine cleanings. These technologies, such as ultrasonic scalers and laser cleaning, provide cleanings that are faster and more comfortable compared to manual cleanings. This technology maximizes the dental workforce by allowing providers to see more patients per day, thus increasing access without having to recruit more providers. However, this technology is only available through expensive start-up costs that are not reimbursable by insurance.
- Wisconsin aims to increase the efficiency of current Medicaid providers and incentivize dentists to enroll as Medicaid providers by subsidizing the purchase of these efficient technologies. The competitive grant would be available to dental clinics in rural areas that agree to serve a certain quota of Medicaid members proportional to the community. Beyond Medicaid, this technology will increase dental service quality and availability for all rural patients at participating clinics.

Initiative 2, Project 2: Public Navigation Transformation ($29 million)

- **Information Exchange Investments.** Wisconsin will invest in the state's community and health information exchanges (CIE/HIE) to help rural residents and providers find and deliver high-quality care. United Way of Wisconsin serves as the state's CIE backbone while WISHIN serves as the state-designated entity for HIE. United Way curates 211 and employs

navigators with local expertise to facilitate referrals and help rural residents find the care they need. These partners ensure that patient information is shared securely and accurately from rural community-based organizations to hospital systems. Investing in these patient navigation systems will ensure the state's closed-loop referral systems have accurate and timely information about community resources and patient needs.

- **Integrated State Platform to Connect the Dots.** The State will create a single platform to improve customer service for rural residents navigating state agency resources and services, connecting the dots across multiple state agencies and entry points. Wisconsin will create efficiencies in government services by embracing self-service, digital-first, and modern technologies. This includes ensuring all individuals can access digital services, emphasizing data to drive service delivery, and enhancing shared governance across state agencies.
- In 2025, Wisconsin analyzed strategies to improve mental health services through listening sessions in all regions of the state, an online survey, and partner conversations. Many residents identified the need for more integrated and accessible care through state programs. Customer-focused solutions will help meet the needs of rural Wisconsinites when they interact with state government. The platform will be built through a phased approach, rolling out mental health resources through RHT and then expanding to other state resources.
- The integrated platform will include a website and mobile app so rural residents can access mental health information, self-help tools, and contacts (for example, the Farm Center) without navigating multiple government websites. This will help children and families, veterans, farmers, and other rural residents easily access services designed for them. The platform will also educate residents about stress reduction, nutrition, and healthy choices.

- The platform will be modeled on the Illinois Beacon and the South Carolina First Five programs. For example, to address a fragmented and confusing behavioral health care system for children, Illinois partnered with Google to create Beacon. Launched in just seven months, the unified intake portal handled over 400 family cases in its first quarter, successfully clearing 70% of them and demonstrating a new model for interagency collaboration.
- **Wisconsin Farm Center.** Agriculture jobs make up nearly 10% of Wisconsin's employment and our state is home to more dairy farms than any other.[xxxiv] This is hard work: men in our farming, fishing, and forestry industries face suicide rates 180% higher than average. Investments in farming communities can reduce suicide rates. Wisconsin's Department of Agriculture, Trade, and Consumer Protection (DATCP) will strengthen its Farmer Wellness Program to address the farmer mental health crisis. Farmer mental health assistance offered includes: (a) a 24-hour Wisconsin farmer wellness helpline for immediate support; (b) counseling vouchers that farmers and farm families can redeem for free in-person or tele-health care; and (c) monthly online support groups to help bring farmers together, build community, and manage stress. The program also offers free in-person and virtual educational training presentations for agricultural service providers (lenders and agribusiness firms), farmer organizations, and healthcare professionals. Investments in farming communities can reduce suicide rates.
- Most funding for the Farmer Wellness Program is allocated for counseling sessions through vouchers. Farm Center staff are trained to identify signs of high stress and suicidal ideation, talk with farmers to reduce their feeling of isolation, and refer them to professional help. In fiscal year 2024, the program funded over 500 counseling sessions. The voucher

reimbursement process for mental health providers currently depends on manual data entry, and 15% of the coordinator's time is spent collecting and manually processing vouchers.

- One-time investments will improve the user experience for farm families, increasing awareness and participation in this valuable rural resource. For example, funds will be used to digitize the claims process by developing an application for behavioral health providers to be reimbursed for counseling sessions. The project will also invest in outreach and other efforts to increase the number of farmers and farm families receiving counseling care.
- The investment in counseling voucher processing infrastructure will make payments more accurate, automated, and timely, decreasing frustration for providers while lowering administrative costs. The project will also invest in outreach to increase the number of farmers and farm families receiving counseling care.
- **Veterans Telehealth.** Access to broadband can present barriers for rural veterans. One-time funds will help the state's County and Tribal Veterans Services Offices establish private telehealth rooms to provide access to telehealth in safe and convenient spaces. Funds will be administered by the WI Department of Veteran Affairs and will help offices purchase technology, remodel spaces for privacy, and educate veterans on using technology.

Key stakeholders:

- IT advances were the most prevalent theme among stakeholders. Of the 172 responses to the RFI, 93 (54%) were focused on this goal. This initiative will help rural residents leverage consumer-facing technology to more easily connect with health care resources and services.
- Rural facilities will benefit from technology investments, including hospitals, community health centers, EMS, local and Tribal health departments, county health and human services agencies, and behavioral health providers. DHS will select a vendor to help implement the

rural health care collaborative focused on helping smaller facilities. DHS has met with a variety of rural partners who support this collaborative. One rural county noted they are holding their patient management system together with "bubble gum and duct tape."

- The RHT program will award funds to the Wisconsin Statewide Health Information Network (WISHIN); United Way Wisconsin; the Department of Administration; the Department of Agriculture, Trade, and Consumer Protection; and the Department of Veterans Affairs. This project is interconnected; for example, the inclusion of DATCP's Wisconsin Farm Center information in the integrated platform will serve the needs of farm families.

Initiative 2: Interoperability Infrastructure and Modernization Initiative	
Main Strategic Goal	Provide technical assistance, software, and hardware for IT advances to improve efficiency, enhance cybersecurity capacity, and improve health outcomes.
Use of Funds	A, C, D, F, K
Technical Score Factors	B.1, B.2, C.1, C.2, D. 1, D.3, E.1, E.2, F.1, F.2, F.3
Outcomes	• Improve digital infrastructure to support providers and serve rural residents • Improve service access and navigation for rural residents (community level of granularity) • Enhance provider efficiency and well-being (community level of granularity) • Expand participation in rural health and wellness programs
Impacted Counties	All rural and semi-rural counties. Codes: • 1581060, 1581061, 1581062, 1581063, 1581064, 1581065, 1581066, 1581067, 1581068, 1581069, 1581070, 1581071, 1581072, 1581073, 1581074, 1581075, 1581076, 1581077, 1581078, 1581079, 1581080, 1581081, 1581082, 1581083, 1581084, 1581085, 1581086, 1581087, 1581088, 1581089, 1581090, 1581091, 1581092, 1581093, 1581094, 1581095, 1581096, 1581097, 1581098, 1581099, 1581101, 1581102, 1581103, 1581104, 1581105, 1581106, 1581107, 1581108, 1581109, 1581110, 1581111, 1581112, 1581113, 1581114, 1581833, 1581115, 1581116, 1581117, 1581118, 1581119, 1581120, 1581121, 1581122, 1581123, 1581124, 1581125, 1581126, 1581127, 1581128, 1581129, and 1581130
Estimated Required Funding	$329 million: • $205 million for the rural technology transformation fund • $85 million for the rural health care collaborative • $10 million for dental grants • $20 million for the integrated state platform • $4 million for United Way Wisconsin and $2 million for WISHIN • $2 million for veteran telehealth and $1 million for farmer mental health

Initiative 3: Population Health Infrastructure

Description: Transform care delivery through partnerships.

Initiative 3, Project 1: Care Coordination Grants ($230 million)

- Wisconsin will administer competitive grants to innovate care delivery in the state's seven Healthcare Emergency Readiness Coalitions regions.[xxxv] The goal is to improve access to preventative services, primary care, dental services, and behavioral health services through team-based models of care delivered in trusted sites close to home. Successful grantees will implement multidisciplinary strategies that address health needs, increase the use of preventive care, provide care in lower-cost settings such as homes, and reduce preventable hospital admissions and emergency room visits.
- Grant applications should reflect collaborations across partners, including but not limited to pharmacists and pharmacies, community health centers, aging and disability resource centers, long-term care providers, primary care clinics, rural health clinics, local and Tribal health departments, behavioral health clinics, EMS, schools, and other organizations. Applications will also need to demonstrate clear paths to sustainability for any proposed project. Any renovations or retrofits must comply with CMS restrictions on use of funds for construction.
- A non-exhaustive list of example projects includes:
    - Expand care in mobile clinics, long-term care facilities, schools, pharmacies, and homes. Renovate existing buildings, partner with law enforcement on co-responder models for behavioral health care or develop community paramedics programs with EMS. Educate residents and providers on the use of telehealth and other technologies.
    - Create a partnership between a hospital system and a skilled nursing facility to establish a complex patient program that facilitates the discharge of difficult-to-place individuals

into post-acute care settings. Every day, an estimated 350 to 400 Wisconsinites are waiting to be discharged from hospitals to post-acute care.

- Establish a school health expansion fund in partnership with community health centers to support program coordination, recruitment incentives, data and information exchange, and equipment for telehealth services. Start-up barriers include non-billable planning and implementation activities, coordination with schools, and technology and space development. Renovations could create private medical service lines within schools. Funds would be used to develop population health infrastructure as opposed to ongoing service delivery in schools (which is funded by Medicaid).
- Launch a mobile tele-dentistry program to expand access to rural oral health services. Reduce barriers to dental care by using secure technology to connect patients remotely with licensed providers while providing on-site preventive care through dental hygiene. Operate in community settings, including community centers, long-term care facilities, and schools. Partner with local employers such as dairy farmers and processors to serve agricultural workers. The unit would be self-sustaining within five years based on patient volume, payer mix, and reimbursement rates.
- Fund efforts to help rural patients locate, understand, and obtain health care benefits, insurance, transportation, food assistance, and other services as highlighted in Wisconsin-based case studies included in the NOFO.[xxxvi]
- Stand up psychiatric residential treatment facilities (PRTFs) to provide behavioral health care to youth closer to home. Bipartisan State legislation passed in 2025 will allow PRTFs to provide inpatient comprehensive mental health treatment services to

individuals under the age of 21 in Wisconsin. Many of these youth are currently sent out of the state for care. Communities could request one-time funding to stand up these facilities in rural Wisconsin, with the caveat that funding must comply with federal requirements and cannot include new construction.

- Leverage hospitals' expertise to expand access to specialty care. For example, virtual care provided by UW Health empowers regional hospitals and clinics with programs such as Telestroke, e-ICU, ED-to-ED teleconsults, and remote patient monitoring. Investments could scale or replicate this evidence-based teleconsultation model to meet the needs of rural communities. Further, Children's Wisconsin serves every county as the state's system dedicated to the health and well-being of kids. Communities could partner with Children's to ensure more seamless, coordinated care for kids, including those in rural areas who require pediatric specialty care.

Initiative 3, Project 2: Behavioral Health Innovations ($5 million)

- Wisconsin will invest in a study of the current behavioral health landscape and develop strategies to better meet rural behavioral health needs, such as by moving to a Certified Community Behavioral Health Clinic (CCBHC) model. DHS will also modernize reporting processes for behavioral health to create reimbursement efficiencies for rural counties. The CCBHC program has shown incredible results across the country. Major findings highlight a substantial increase in the number of individuals accessing timely care, improved rates of follow-up during care transitions, and improved recruitment and retention of high-cost, high-value staff positions in a clinical environment. Wisconsin data shows preventable hospital visits could be addressed by increased access to outpatient mental health and substance use disorder treatments. Investment in the CCBHC program could lead to a more robust and clear

mental health and substance use disorder treatment system in the state. However, given the complexities of our current system, Wisconsin needs to intentionally study how best to structure the program to address challenges and ensure success.

- In addition, DHS will modernize the program participation system, an online system for Tribal Nations and Wisconsin counties to submit data on behavioral health services. The system includes service utilization information and is used to design service improvements. This project will improve the system to meet federal requirements, align with modern user interfaces, and reduce errors. This will benefit rural communities in understanding how services are utilized across counties to improve outcomes. Of note, DHS has reserved $2.2 million of braided funds (over 50% of costs) to maximize this investment. The state has not had the matching funds needed to achieve this high-impact technological innovation.
- Funds will also be used to support youth mental health. RHT will support a rural expansion of Sources of Strength, a best practice youth mental health promotion and suicide prevention program. The program uses a train-the-trainer model to help schools implement the program, ensuring sustainability beyond the funding period.[xxxvii] Funds will also support the DHS Division of Care and Treatment Services' development of a youth peer support curriculum in partnership with the Office of Children's Mental Health (OCMH). Funding will be dedicated to OCMH to tailor mental health trainings for rural schools and host convenings to uplift the voices of students in rural Wisconsin. When youth have the opportunity and ability to influence the world around them, their mental health and well-being improve.

Initiative 3, Project 3: Medicaid Reforms and Other Investments ($43.5 million)

- **Improved Care for Dual Eligible Individuals.** Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs) are currently only available in 23 of 72 counties. Dual-eligible

beneficiaries in rural areas can benefit from more intentionally coordinated care for improved health outcomes and reduced total cost of care. Yet most rural residents do not have the option to enroll because the plans are only available in a small number of rural counties. Medicaid will expand these plans by the end of the grant period. DHS will use funds to support enhanced training for local staff and dual eligible member communications. Work is needed to educate partners, advocates, and members of the benefits of integrated care. DHS intends to develop buy-in through partner engagement activities and procurement processes.

- **Medicaid Reforms.** Medicaid will invest in rural health by partnering with rural health clinics to shift from cost-based reimbursements to a modernized prospective payment system. This will improve financial stability for clinics that serve sparsely populated areas with provider shortages. Currently, rural health clinics can select from one of two payment methodologies under Medicaid: a cost-based reimbursement or a prospective payment system (PPS). Under PPS, clinics are paid a per-visit rate, representing the clinic's total costs averaged across all visits. Wisconsin's current PPS rate methodology for RHCs is outdated; it was established over 25 years ago with annual adjustments using a medical cost index that has not kept pace with medical inflationary growth and does not fully reimburse RHC costs.
- Through cost-based reimbursement, clinics eventually receive full reimbursement, but, under this methodology, experience significant payment delays. It often takes a year or more for DHS to complete the cost reporting and auditing processes before the final payment to clinics. Medicaid needs to move all clinics to a modernized PPS methodology to reflect current prices and reduce payment delays. This is a one-time cost that will result in immediate financial benefits for rural clinics. Medicaid will leverage RHT funds to prepare for payment changes effective in calendar year 2028.

- Wisconsin's eligibility management system (known as "CARES"), which supports Medicaid, Supplemental Nutrition Assistance, and Temporary Assistance for Needy Families, runs on legacy, on-premises technologies. The system faces challenges in cost efficiency, disaster recovery, regulatory compliance, and maintainability. Medicaid will evaluate modernization options that will improve performance, reduce risk, and align with future goals. This will help rural residents maintain access to secure governmental services. Costs associated with Medicaid reforms are accounted for under the administrative budget.
- **Public Intervenor Services.** The Office of the Commissioner of Insurance will contract for public intervenor services to help rural patients and providers maximize insurance coverage and payments. Navigators will help patients obtain insurance coverage, connect to in-network providers, secure necessary prior authorization approvals, and resolve claim denials. Financial performance specialists will help health care providers manage revenues cycles and charge codes for appropriate reimbursement. Through a proof-of-concept, the state will explore sustainable support through a provider or insurer-supported fee-based model.
- **Tribal Allocations.** There are 11 federally recognized Tribal Nations within Wisconsin, and DHS recognizes its unique government-to-government relationship with each Tribal Nation. Each Tribal Nation will receive $500,000 per year ($27.5 million total) to implement the three Wisconsin RHT initiatives in their communities. Tribal Nations will also be eligible to apply for the grants and opportunities described in the three initiatives. The state will assign staff to ensure Tribal funds are spent in alignment with the state's CMS approved goals and strategies. Tribal Nations can leverage this transformational investment to modernize IT systems, build a culturally competent workforce, and innovate care delivery to meet the unique needs of members. For example, tribal clinics can upgrade IT systems, strengthen

transportation options to increase access to care, and partner with other local providers to reduce barriers to care for members.

Key stakeholders:

- Of the 172 responses to the RFI, 40 (23%) were focused on this strategic goal.
- Providers will include hospitals, pharmacies, dental clinics, community health centers, long-term care facilities, local and Tribal health departments, and behavioral health providers. Other partners could include secondary and post-secondary educational institutions, law enforcement agencies, statewide specialty providers, EMS agencies, and private sector vendors. Partners can provide expertise and tools to support innovative care delivery.
- The UW Population Health Institute and the Wisconsin Collaborative on Healthcare Quality will serve as key partners for technical assistance and evaluation. Participating health systems will have access to a suite of digital dashboards and one-on-one technical assistance to target investments to high-need areas and high-demand services.

Initiative 3: Population Health Infrastructure Initiative	
Main Strategic Goal	Develop projects that support innovative models of care
Use of Funds	A, B, C, E, F, G, H, I, J, K
Technical Score Factors	B.1, B.2, C.1, C.2, D.1, E.1, F.1, F.2, F.3
Outcomes	• Establish regional coordinated care networks (by county level of granularity) • Improve health outcomes related to primary and behavioral health resulting from better coordinated care (by county level of granularity) • Modernize behavioral health data and reporting systems • Achieve advanced payment reform and financial stability for rural providers

Impacted Counties	All rural and semi-rural counties. Codes: • 1581060, 1581061, 1581062, 1581063, 1581064, 1581065, 1581066, 1581067, 1581068, 1581069, 1581070, 1581071, 1581072, 1581073, 1581074, 1581075, 1581076, 1581077, 1581078, 1581079, 1581080, 1581081, 1581082, 1581083, 1581084, 1581085, 1581086, 1581087, 1581088, 1581089, 1581090, 1581091, 1581092, 1581093, 1581094, 1581095, 1581096, 1581097, 1581098, 1581099, 1581101, 1581102, 1581103, 1581104, 1581105, 1581106, 1581107, 1581108, 1581109, 1581110, 1581111, 1581112, 1581113, 1581114, 1581833, 1581115, 1581116, 1581117, 1581118, 1581119, 1581120, 1581121, 1581122, 1581123, 1581124, 1581125, 1581126, 1581127, 1581128, 1581129, and 1581130
Estimated Required Funding	$278.5 million: • $230 million for coordinated care grants • $27.5 million set aside for federally recognized Tribal Nations • $15 million for public intervenor services • $5 million for behavioral health innovations • $1 million to improve care for dual eligible beneficiaries

Implementation Plan and Timeline

Overview

- For each initiative and project, this implementation plan and timeline provides dates and milestones that line up with phases from Stage 0 (project planning) to Stage 5 (producing results). These represent current best estimates on timeline and milestones.
- To comply with reporting progress, DHS will require participating providers and organizations to submit data and will use state health data systems to measure outcomes. DHS will coordinate with participating providers and organizations to report on performance metric progress during the annual reporting process. Projects will provide preliminary reports to DHS on annual progress by August 31 each year, and DHS will finalize a report for CMS by October 31 of each year, unless CMS directs a different timeline.
- DHS has identified strategies to achieve RHT program goals without the need for legislative action. However, the timeline does include regulatory actions, including seeking federal approval for a Medicaid state plan amendment submitted to CMS by the end of 2027 to cover community health worker services.

Governance and Project Management Structure

- DHS has a robust management structure to implement the RHT program. DHS will hire a dedicated and qualified team to provide oversight and implementation support through the Office of Grants Management within the Office of the Secretary. DHS will dedicate a team of full-time employees (FTEs) including a RHT Program Director, program managers focused on policy and grants administration, and a team of analysts focused on program and policy development, grants management, and technical support for data analytics and rural health care collaborative implementation. DHS will also leverage consultant services to ensure efficient and expedient investments. More details are in the budget narrative.

- DHS has worked with human resources to ensure recruitment can begin in January 2026 upon confirmation of funds from CMS. DHS plans to hire most of the team in 2026 to quickly stand up the program and distribute funds to communities that need it most. DHS will also leverage consulting services to quickly stand up the program in 2026.
- Frequent communication with partners will be key given the scope of changes, so DHS staff will engage formally and informally with stakeholders, as detailed in the *stakeholder* section. Across all initiatives, members for the internal and external advisory groups will be identified in early 2026 and begin to meet soon thereafter. This governance structure will ensure program development and implementation are aligned with data-driven practices and health care industry needs to improve health care for rural Wisconsinites.
- Certain RHT funds will be allocated to other Wisconsin agencies that focus on farmer supports, provider consults, education, and workforce development. These agencies will be responsible for managing assigned projects, ensuring compliance with federal rules, and issuing reports to CMS in partnership with DHS on progress and outcomes. DHS will also contract with academic institutions to support technical assistance for data and evaluation.
- The charts below describe additional details specific to each of the three keystone initiatives. Information on each initiative includes the timeline for project planning, implementation, plan adjustment, and deliverable reporting for each project.

GANTT Charts: Timelines

Initiative 1: Rural Talent and Recruitment

CY		Rural Workforce Grants	Educational Initiatives	Community Health Worker Integration
2026	Q1-Q2	Stage 0: Department of Workforce Development develops project plan and grant funding opportunity (GFO)	Stage 0: Agencies assign staff and develop project plans.	Stage 0: DHS develops project plan, selects a vendor for the study, develops GFO, develops CHW supervisor training, and engages WI Association of CHWs
	Q3-Q4		Stage 1: Milestone: Marquette submits accreditation for dental residency program	Stage 1: Initial implementation has begun. DHS issues GFO and launches study.
2027	Q1-Q2	Stage 1: implementation has begun. Milestone: DWD publishes best practices from grantees	Initial work is underway. Agencies solicit proposals from campuses. Milestone: MCW launches consultation and enrolls providers	Stage 2: Implementation is underway. The study helps scope Medicaid coverage
	Q3-Q4		Stage 2: implementation is underway. MCW coordinates teleconsultation. Milestone: Awards are issued to campuses	Stage 2: Milestone: Medicaid SPA submitted to CMS to generate sustainable revenue for providers
2028	Q1-Q2	Stage 2: implementation is underway. Milestone: DWD issues second round of awards and publishes best practices	Campuses launch clinical partnerships, equip simulation labs, and develop new programs	
	Q3-Q4		Stage 3: implementation is halfway complete. Milestone: Students participate in training programs and schools report on progress	Stage 3: implementation is halfway complete. Medicaid develops cost-to-continue budget estimate
2029	Q1-Q2	Stage 3: implementation of the project plan and goal achievement are halfway complete. Grantees implement projects	Health science programs enroll more middle and high school students through targeted investments	
	Q3-Q4		Milestone: New post-secondary programs begin to enroll students at rural campuses	Stage 4: proposed goals are nearly achieved. Milestone: Community health workers are covered under Medicaid
2030	Q1-Q2	Stage 5: the initiative is fully implemented, DWD closes out grant. Milestone: grantees report outcomes	Stage 4: proposed goals are nearly achieved. The consultation program is sustainably funded in SFY 2030. Agencies develop final deliverables	
	Q3-Q4			
2031	Q1-Q2		Stage 5: the projects are fully implemented. Agencies produce measurable outcomes and issue final reports. Milestone: training programs are self-sufficient and sustainable	Stage 5: the project is fully implemented and is producing measurable outcomes

Initiative 2: Interoperability Infrastructure and Modernization

CY		Rural Health Care Collaborative	IT Infrastructure Allocations	Dental Technology Grants	State Systems Upgrades
2026	Q1-Q2	Stage 0: DHS selects vendor(s) and develops project plans in partnership with rural facilities	Stage 0: DHS creates a project plan and hires staff	Stage 0: DHS develops scope of work and hires staff	Stage 0: project planning is underway. Agencies develop scopes of work and assign staff
	Q3-Q4		Stage 1: Milestone: DHS develops funding methodology and publishes allocations	Stage 1: the project plan has been created. DHS develops GFO and selects recipients	Stage 1: CIE/HIE workplans developed. DHS procures grants administration system
2027	Q1-Q2		Stage 2: implementation is underway. Milestone: Providers begin to purchase technology	Stage 2: implementation is underway. Milestone: dental providers begin to purchase technology	DVA coordinates telehealth projects with local agencies. Farm Center launches outreach campaigns
	Q3-Q4	Stage 1: DHS assign staff and contracts for digital backbone	Stage 3: DHS monitors facility purchases for compliance and to help measure impact		Stage 2: implementation is underway, original project plans are refined and adjusted
2028	Q1-Q2			Milestone: rural patients experience improved dental services	Stage 3: Milestones: Farm Center and integrated state platform launch payments system, website, and mobile app
	Q3-Q4	Stage 2: Milestone: rural outpatient clinics go-live. 20-40 providers are added every six months through 2031	Milestone: patients and providers experience higher-quality services because of innovative technologies	Stage 3: implementation is halfway complete. Medicaid continues to recruit providers	
2029	Q1-Q2				Milestone: telehealth centers open to serve veterans at existing community sites
	Q3-Q4	Stage 3: implementation is halfway complete. New providers continue to join the collaborative		Stage 4: deliverables are finalized, and proposed goals are nearly complete	Stage 4: deliverables are finalized, and proposed goals are nearly complete
2030	Q1-Q2				
	Q3-Q4	Stage 4: proposed goals are nearly achieved. Milestone: Facilities are responsible for ongoing costs, achieving financial sustainability	Stage 4: Proposed goals are nearly achieved. Providers submit final reports		
2031	Q1-Q2	Stage 5: The initiative is fully implemented and producing measurable outcomes	Stage 5: initiative's goals have been achieved. DHS closes out allocations	Stage 5: the project's goals have been achieved. DHS closes out grant	Stage 5: the projects are fully implemented. Agencies issue final reports on outcomes

Initiative 3: Population Health Infrastructure

CY		Care Coordination Grants	Behavioral Health Innovations	Other Projects
2026	Q1-Q2		Stage 0: DHS selects subcontractors for the study and data system upgrades. Youth Peer Support Curriculum is developed. Children's mental health program expansion outreach begun	Stage 0: Medicaid coordinates with rural health clinics on payment system upgrades. Project planning is underway in partnership with Tribal Nations
	Q3-Q4	Stage 0: project planning is underway. DHS develops GFO and contractors develop technical assistance programs	Stage 1: initial work has begun. Data design requirements are developed. The study contractor begins research. Youth Peer Support Curriculum is developed and program expansion underway	Stage 1: initial work has begun. Medicaid begins partner engagement for dual eligibility changes. Medicaid analyzes CARES modernization options. OCI contracts for public intervenor services
2027	Q1-Q2	Stage 1: initial work has begun. DHS receives applications and issues awards	Milestone: Rural youth begin to receive specialized mental health supports in schools	Stage 2: Milestone: Tribal Nations begin to implement initiatives
	Q3-Q4		Stage 2: plan is adjusted based on data development and user acceptance testing	Stages 3-4: Intervenors help patients and providers navigate insurance coverage and payment
2028	Q1-Q2	Milestone: grantees begin implementation, DHS reviews for compliance and impact		Medicaid implements payment system upgrades
	Q3-Q4		Stage 3: Milestone: the data system goes live. The contractor submits study results	Implementation is continuously worked on by Tribal Nations
2029	Q1-Q2	Stage 2: contractors provide TA to ensure compliance and data-driven, evidence-based decisions	Stage 4: Milestone: the study is complete, and recommendations are adopted in state budget	
	Q3-Q4	Milestone: Patients receive coordinated care at new sites	Stage 5: Milestone: the data system is fully operational	
2030	Q1-Q2			
	Q3-Q4	Stage 4: Milestone: projects are financially sustained		Stage 4: Milestone: dual eligible beneficiaries have plan access
2031	Q1-Q2	Stage 5: DHS closes out grants		Stage 5: Milestone: projects report outcomes

Stakeholder Engagement

- **Overview**: DHS values robust partner engagement. In August, DHS opened a request for information (RFI) to gather early insights and ideas from partners to inform Wisconsin's RHT program application. The Department received a robust response from 172 partners representing a variety of interests. Following the release of the NOFO and with insights gained from the responses to the RFI, DHS began holding targeted partner meetings to involve rural stakeholders in planning and carrying out the RHT Program. Partner meetings provided the opportunity to discuss in more detail ideas or concepts shared in RFI responses; explore existing work, resources, and networks; and discuss ongoing engagement in the application development and implementation.
- Under Wisconsin statute, DHS authority includes the Medicaid program, public health, behavioral health, and regulation of our hospital and long-term care sectors. Throughout application development, DHS collaborated with these key internal partners, along with the Office of Tribal Affairs, and the Wisconsin Office of Rural Health. DHS also met with rural hospital networks, provider associations, partners in higher education and training, public health and county human service departments, and held a formal consultation with Tribal leaders. DHS leaders traveled to rural parts of the state and met with select Tribal health directors individually to learn more about their unique needs and opportunities to improve access, quality, and outcomes. For a full list, see the *supporting materials* section.
- **Framework for ongoing engagement: external advisory group.** Ongoing engagement from partners will be critical to the success of RHT initiatives. As such, DHS will create an external advisory group to guide the development and implementation of the RHT program. The advisory group will be a multi-divisional priority within DHS and will include

representation from relevant divisions and the Office of the Secretary. This will provide high-level support within the organization, as well as convey to partners and advisory body members the value placed on these efforts to transform rural health.

- The external advisory body will meet at least four times a year and will bring together rural hospitals, local and Tribal health departments, community health centers, primary and behavioral health providers, community-based care extenders (e.g., community health workers, peer specialists, pharmacists, EMS, etc.), community-based organizations, individuals with lived experience with rural health systems, state agencies, higher-education partners, and other partners as necessary to inform implementation strategies and ensure accountability. Wisconsin's rural communities are spread throughout the state. To reflect the unique needs that exist throughout the state, the advisory body will also ensure geographic diversity and representation. DHS will also leverage existing meetings to ensure widespread engagement. For example, DHS Tribal Affairs Office will use bi-monthly meetings with the Wisconsin Tribal Health Directors Association to engage Tribal health directors.
- **Framework for ongoing engagement: internal advisory group.** RHT program implementation will be led within DHS by the Office of Grants Management (OGM). OGM will lead an internal advisory to support and seek input from the external advisory group, advise on funding allocations, track milestones, and assess impact metrics. It will include staff from the Divisions of Medicaid Services, Public Health, and Care and Treatment Services; the Office of Tribal Affairs; and the Wisconsin Office of Rural Health. The group will also be supported by the Wisconsin's State Health Officer, Medicaid Lead Medical Director and Chief Medical Officers to provide rigorous medical and public health consultation and coordinated support throughout this program.

Metrics and Evaluation Plan

- **Overview and key data sources:** This plan outlines the performance measures and outcomes used to evaluate success. The plan identifies at least four quantifiable metrics for each initiative and specifies county and community levels of data. The plan includes milestones and targets, describes data sources, identifies timing of data updates, and describes the state's ability to collect and analyze data. Baselines are provided when possible.
- DHS will leverage Wisconsin Medicaid data to understand the impact of the RHT program on members and to plan for regulatory changes to improve services provided by community health workers and for dual eligible beneficiaries, including utilization and claims data.
- DHS will leverage contracts for administrative support to conduct a formal evaluation of the program in partnership with academic institutions. This will strengthen Wisconsin's ability to collect and analyze data while increasing the data sources available for analysis. DHS will contract with the University of Wisconsin Population Health Institute (UW-PHI), the Wisconsin Office of Rural Health (WORH), and the Wisconsin Collaborative for Healthcare Quality (WCHQ) for evaluations and technical assistance related to data and reporting. These organizations will generate baseline and outcomes data to measure program impact on an annual basis as part of progress reports and will assist rural communities with targeting investments to improve patient health outcomes and strengthen provider organizations.
- WORH will serve as an independent third-party evaluator and will review progress towards goals. The Office will help write the annual report for CMS to detail milestones and progress towards goals. Based on that analysis, the Office will recommend program changes to ensure outcomes are achieved. Data and evaluation specialists within WORH have expertise on rural Wisconsin and can leverage the Office's national network for best practices.

- Participating providers and partners will submit data on annual performance metric progress tentatively by August 31 each year, and DHS will then finalize a report for CMS by October 31 each year, unless CMS directs a different timeline for reporting on progress. DHS will also cooperate with any CMS-led evaluation or monitoring, understanding that CMS and/or third-party evaluators may assess outcomes across States.
- UW-PHI will maintain a comprehensive dataset at the county level with data-informed health groups, website interactives, downloads and reports, county-level data with trends and descriptive data. The organization will provide responsive technical assistance for care coordination grantees and other rural facilities to support evidence-based decisions.
- WCHQ maintains a nationally unique data repository that aggregates clinical, laboratory, and encounter data from medical and dental practices. These measures enable medical groups to collect and report data on all patients, driving internal improvements and fostering cross-organizational collaboration. Health systems will partner with WCHQ to identify needs, gap, and trends, particularly in chronic disease management and preventative service delivery.
- The included tables detail outcomes, measures by calendar year, metric type, and data source for each initiative and project. The results will be reported to CMS through the state's annual performance report and adjustments will be made to workplans as needed to meet the included targets and milestones.

Initiative 1: Rural Talent Recruitment and Retention Initiative

Description: Train and retain rural providers. **Projects**: Rural Workforce Grants, CHW Integration, and Workforce Readiness.

Outcomes	Measures by Calendar Year	Metric Type	Data Sources
Expand the rural health workforce through investments in long-lasting training programs (longer than five years)	Number of new rural residency, credentialing, and/or apprenticeship programs established by Year 3 with a five-year commitment to serving rural areas. Milestone: new or expanded programs created in each region	Workforce	Universities of WI (UW), WTCS, Marquette, Department of Public Instruction (DPI)
	Locations and number of students completing rural clinical rotations or simulation-based training and locations of participating facilities by Year 4. Milestone: students completing new programs by region	Workforce	UW, WI Technical College System (WTCS), Marquette Dental School
	Reports on best practices for innovative workforce strategies, developed and proven through innovation, by Year 3. Milestone: providers learn from each other how to develop best practices for workforce supports	Workforce	Department of Workforce Development (DWD), grant recipients
	Number and location of rural community-based learning experiences implemented for pre-health learners, with a target of serving 15 annually by Year 3	Program implementation	Area Health Education Centers (AHEC)
	Number and location of rural clinical health career exploration events, with a target of hosting 15 annually by Year 3	Workforce	AHEC
	Number of new Career and Technical Education participants and concentrators in a health science career pathway at each rural high school by Year 3	Workforce	DPI
Sustain community health worker (CHW) integration	Medicaid State Plan Amendment submitted, with developed rates, allowable services, and process for enrolling providers, by Year 3	Program implementation	Wisconsin Medicaid
	Recruit, train, coach, and provide professional development to at least 10 rural CHWs annually by Year 3	Workforce	AHEC
	Number and locations of CHWs providing services to help with chronic disease management and other services. Goal: 100 CHWs by Year 3 in rural areas	Workforce, Quality and health outcomes	OGM, Wisconsin Medicaid
Support workforce retention through rural community investments	Number and location of rural workforce grants funded and implemented for evidence-based innovations by Year 2	Program implementation	Department of Workforce Development (DWD), grant recipients
	Number of rural health care workers benefiting from investments by Year 3	Workforce	DWD, grant recipients
	Reduction in turnover rates, vacancy rates, increases in workplace satisfaction at participating sites, or other measures of success, by Year 5	Workforce	DWD, grant recipients
Strengthen behavioral health capacity and provider support	Develop the WISCOPE program infrastructure by Year 2. Milestone: providers begin to enroll in teleconsultation services	Program implementation	Medical College of Wisconsin (MCW)
	Number of providers trained through WISCOPE. Goal: Provide 500 hours of educational services per year for pediatric and adult populations by Year 4	Workforce, Access	MCW
	Number of consultations delivered through WISCOPE. Goal: Provide over 1,500 consultation services for pediatric and adult populations by Year 4	Workforce, Access	MCW

Initiative 2: Interoperability Infrastructure and Modernization Initiative

Description: Connect to and provide care through technology. **Projects**: Facility Technology and Public Navigation Transformation.

Outcomes	Measures by Calendar Year	Metric Type	Data Sources
Improve digital infrastructure to support providers and serve rural residents	Increased data exchange compatibility among health care networks. Goal: enroll at least 60 providers at 5 care sites in RHC by Year 4	Technology use	Rural Health Care Collaborative (RHC)
	Percent of facilities using performance data for decision making (such as data from WCHQ) by Year 3. Milestone: facilities receive technical assistance and make evidence-based decisions	Technology use	RHC, WI Collaborative for Healthcare Quality (WCHQ)
	Number of facilities adopting new technology to improve outcomes through remote patient monitoring, telehealth equipment, and other tools by Year 3. Milestone: facilities report on impact of technology purchases	Technology use, Quality and health outcomes	DHS Office of Grants Management (OGM)
Improve service access and navigation for rural residents (community level of granularity)	Patients using technology to connect remotely with providers by Year 4	Access	RHC, OGM
	Indicators of improved chronic disease management, such as number of patients actively monitoring their blood glucose levels and sending them to their care team via the patient portal by Year 5	Quality and health outcomes	RHC
	Number of organizations included or updated in the 211 database every year. Baseline: 12,000 agencies included in 211	Technology use	United Way Wisconsin
Enhance provider efficiency and well-being (community level of granularity)	Number and locations of facilities using technology for integrated revenue cycle solutions and billing services by Year 3.	Financial metrics	RHC
	Number of specialty teleconsults completed using technology by Year 3	Technology use	RHC
	Proportion of providers and facilities using advanced documentation tools, such as ambient AI to support provider-patient relationships by Year 5. Baseline: 15% of community health centers use ambient AI for notetaking	Technology use	RHC, Wisconsin Primary Health Care Association (WPHCA)
	Number of dental cleaning technologies purchased and adopted by Year 3	Technology use	OGM
	Percent of Farm Center time spent processing reimbursements. Goal: decrease time spent by at least 75 percent by Year 3. Milestone: Behavioral health providers can more easily serve farmers and farm families, and be compensated for their service more efficiently	Program implementation	Department of Agriculture, Trade, and Consumer Protection (DATCP)
	Survey behavioral health providers in Farmer Wellness Program network on effectiveness of reimbursement process before and after payment platform launch. Baseline: Survey results before payment platform launch.	Financial metrics	DATCP
Expand participation in rural health and wellness programs	Medicaid dental service utilization rates each year. Baseline: average weekly utilization is 1,967 visits per 100,000 beneficiaries	Access	Wisconsin Medicaid
	Number of redeemed behavioral health counseling vouchers by farmers and farm families by Year 5. Baseline: 350 vouchers per year	Access	DATCP
	Utilization of integrated state platform to connect to programs by Year 4. Milestone: rural residents experience improved customer services	Access	Department of Administration

Initiative 3: Population Health Infrastructure Initiative

Description: Transform care delivery through partnerships. **Projects**: Care Coordination Grants, Behavioral Health Innovations, Medicaid reforms and other strategic investments**.**

Outcomes	Measures By Calendar Year	Metric Type	Data Sources
Establish regionalized care delivery (by community level of granularity)	Number of providers partnering to deliver care, with a goal of establishing projects in all seven regions of the state by end of Year 3	Access	OGM, grant recipients
	Toolkits and resources deployed to support evidence-based decisions by end of Year 2. Milestone: Providers receive technical assistance to target investments in areas of highest need	Program implementation	OGM, WCHQ, UW Population Health Institute (UW-PHI)
	Number of new or expanded care sites developed or improved (e.g., schools, pharmacies, mobile units, care at home) by end of Year 4	Access	Grant recipients, CMS and DHS databases
Improve health outcomes resulting from innovative care delivery (by county level of granularity)	Demonstrated improvement in rural resident health outcomes, demonstrated by measures such as decreased rates of avoidable hospitalizations, improved management of chronic diseases, increased use of depression and diabetes screening, implementation of mobile clinics and co-located care sites, and integration of non-traditional provider types such as community health workers, as tracked and reported by each grantee, by end of Year 5	Quality and health outcomes	Grant recipients, UW-PHI, Rural health care collaborative
Modernize behavioral health data and reporting systems	Deployment of upgraded information technology platform for county-level behavioral health data collection and analytics by end of Year 3	Technology use	DHS Division of Care and Treatment Services (DCTS)
	Increased reporting accuracy and utilization of shared data for quality improvement through the updated IT platform by end of Year 4. Milestone: county behavioral health partners leverage data for decisions	Technology use	DCTS
	Incorporate recommendations for the behavioral health system into the Governor's state budget proposal by the end of Year 4, pending legislative modifications.	Program implementation	DCTS, OGM
	Amount of time for rural health clinics to receive Medicaid payments, with a goal of reducing payment delays by end of Year 4. Milestone: clinics receive timely, appropriate payments to support financial stability	Financial metrics	Wisconsin Medicaid
	Double the number of counties where dual eligible beneficiaries have access to an integrated plan option by end of Year 5. Baseline: 23 counties, target: 46 counties	Access	Wisconsin Medicaid

Sustainability Plan

Overview: This plan describes how Wisconsin will sustain initiatives after the RHT program ends. The state has developed a strategy for each initiative to ensuring lasting change. Wisconsin will also integrate the lessons from this program into ongoing policy. This plan assures federal partners that investments will have lasting benefits. The plan includes three categories of sustainability: sustainable partnerships, investments, and funding sources.

Initiative 1: Rural Talent Recruitment and Retention Initiative

- RHT Initiative 1 uses funding for rural workforce grants, educational projects to strengthen career pipelines, and provider teleconsultation services. These will be sustained through continued partnerships, an increased supply of rural providers, and other fund sources. Investments in community health workers will be sustained by incorporating coverage of these services into the Medicaid state plan amendment with a goal implementation of 2028.
- Rural workforce grantees will be required to identify sustainability measures and certify plans to maintain efforts longer than five years. Preference will be given to projects with a one-time cost, such as renovations or partnership development. Through reporting processes, the state will measure the extent to which projects comply with these requirements and will hold grantees accountable for non-compliance.
- Educational initiatives will be sustained through ongoing partnerships and other existing fund sources. For clinical sites, host facilities will sustain the project through billing, other potential workforce funds, and institutional commitment for longer than five years. For simulation labs, most costs are incurred on a one-time basis for equipment, technology, and renovations. Funding for new programs is associated with one-time costs such as curriculum development, site planning, and accreditation fees. Ongoing costs will be covered by tuition,

fees, and other existing fund sources. In addition, graduating students will sustainably increase the rural workforce, as students tend to stay where they train. Students will have connections and expertise needed to sustain employment in rural communities. Investing in programs that serve multiple students, rather than investing in individual students or providers, will help maximize RHT and ensure projects last longer than five years.

- The Medical College of Wisconsin is committed to pursuing a sustainable funding model for the behavioral health teleconsulting service WISCOPE. This includes exploring innovative approaches such as public-private partnerships with hospitals, providers, and insurers. By engaging these stakeholders and demonstrating success of the model, MCW will work toward a blended funding strategy that includes state support, health system contributions, and payer engagement.

Initiative 2: Infrastructure Interoperability and Modernization Initiative

- RHT Initiative 2 uses funding for IT infrastructure development, including a patient management systems, devices and equipment for rural facilities, and public systems for customer service. This aims to make scalable and sustainable investments focused on helping patients and providers to connect through technology. Facilities will be responsible for the cost of ongoing maintenance and operations costs, ensuring long-term impact.
- Investments in technology increase provider satisfaction and lower turnover, creating savings that can be invested back in the software. Through reporting processes, the state will measure the extent to which projects comply with requirements and will hold facilities accountable for non-compliance.
- Any ongoing costs associated with operating a state portal for customer services (integrated state platform) will be billed to participating state agencies through routine IT services

billing, keeping the portal free for rural residents. The Wisconsin Farm Center investment in counseling voucher processing infrastructure will make payments more accurate, automated, and timely, decreasing frustration for providers while lowering administrative costs.

Initiative 3: Population Health Infrastructure Initiative

- Coordinated care grant recipients will be required to submit an evaluation and sustainability plan to ensure investments result in long-lasting and strategic transformation. Funding must be clearly linked to supporting local rural health systems and improving health outcomes in the served communities. Funding for provider payments, capital expenditures, and infrastructure would be subject to the limitations listed in the NOFO. Tribal Nations that receive separately allocated funds must similarly demonstrate compliance with federal guidelines including sustainability and use of funds. Through reimbursement reviews and the reporting process, the state will measure the extent to which projects comply with these requirements and will hold grantees accountable for non-compliance.
- DHS will invest funds in one-time systems upgrades for Medicaid payment reforms and behavioral health data systems. These are one-time costs with the timeline and scope of the RHT program. Any ongoing costs will be budgeted within routine administration of the state's Medicaid and behavioral health programs. Changes to programs for dual eligible individuals will be incorporated into appropriate Medicaid implementation strategies, which may include contracting for Medicaid managed care organizations. Public intervenor services will be sustained through a provider or insurer-supported fee-based model.

Endnotes

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