OMB Number: 4040-0004
Expiration Date: 11/30/2025

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: State of Wisconsin Department of Health Services

* b. Employer/Taxpayer Identification Number (EIN/TIN): 1396006469C1

* c. UEI: CG2SZ7HCNV54

d. Address:

* Street1: 201 E. Washington Ave.

Street2:

* City: Madison

County/Parish:

* State: WI: Wisconsin

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 53703-7850

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name: Aaron

Middle Name:

* Last Name: Larson

Suffix:

Title: Director, Office of Grants Management

Organizational Affiliation:

* Telephone Number: 608-266-9296

Fax Number:

* Email: aaron.larson@dhs.wisconsin.gov

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Centers for Medicare & Medicaid Services

11. Assistance Listing Number:

93.798

Assistance Listing Title:

Rural Health Transformation Program

*** 12. Funding Opportunity Number:**

CMS-RHT-26-001

* Title:

Rural Health Transformation Program

13. Competition Identification Number:

CMS-RHT-26-001-117822

Title:

Rural Health Transformation Program

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment | Delete Attachment | View Attachment

*** 15. Descriptive Title of Applicant's Project:**

The Rural Health Transformation Program - Wisconsin

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: WI-002

* b. Program/Project: WI-ALL

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 01/01/2026

* b. End Date: 12/31/2030

18. Estimated Funding ($):

* a. Federal	1,000,000,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,000,000,000.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☒ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

* First Name: Debra

Middle Name:

* Last Name: Standridge

Suffix:

* Title: Deputy Secretary

* Telephone Number: 608-867-4459

Fax Number:

* Email: debra.standridge@dhs.wisconsin.gov

* Signature of Authorized Representative: Completed by Grants.gov upon submission.

* Date Signed: Completed by Grants.gov upon submission.

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 06/30/2028

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Assistance Listing Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Wisconsin Rural Health Transformation Program		$	$	$ 1,000,000,000.00	$	$ 1,000,000,000.00
2.						
3.						
4.						
5. Totals		$	$	$ 1,000,000,000.00	$	$ 1,000,000,000.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total
	(1) Wisconsin Rural Health Transformation Program	(2)	(3)	(4)	(5)
a. Personnel	$ 8,794,206.00	$	$	$	$ 8,794,206.00
b. Fringe Benefits	3,515,922.00				3,515,922.00
c. Travel	488,572.00				488,572.00
d. Equipment	0.00				0.00
e. Supplies	15,600.00				15,600.00
f. Contractual	984,154,884.00				984,154,884.00
g. Construction	0.00				0.00
h. Other	2,450,400.00				2,450,400.00
i. Total Direct Charges (sum of 6a-6h)	999,419,584.00				$ 999,419,584.00
j. Indirect Charges	580,416.00				$ 580,416.00
k. TOTALS (sum of 6i and 6j)	$ 1,000,000,000.00	$	$	$	$ 1,000,000,000.00
7. Program Income	$ 0.00	$	$	$	$ 0.00

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS
8. Wisconsin Rural Health Transformation Program	$ 0.00	$ 0.00	$ 0.00	$ 0.00
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)	$ 0.00	$ 0.00	$ 0.00	$ 0.00

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	$ 200,000,000.00	$ 50,000,000.00	$ 50,000,000.00	$ 50,000,000.00	$ 50,000,000.00
14. Non-Federal	$ 0.00	0.00	0.00	0.00	0.00
15. TOTAL (sum of lines 13 and 14)	$ 200,000,000.00	$ 50,000,000.00	$ 50,000,000.00	$ 50,000,000.00	$ 50,000,000.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS) (b)First	(c) Second	(d) Third	(e) Fourth
16. Wisconsin Rural Health Transformation Program	$ 200,000,000.00	$ 200,000,000.00	$ 200,000,000.00	$ 200,000,000.00
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	$ 200,000,000.00	$ 200,000,000.00	$ 200,000,000.00	$ 200,000,000.00

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:

22. Indirect Charges:

23. Remarks:

Project Summary

From the shores of the Great Lakes to the banks of the Mississippi, from the vast Northwoods to the rugged bluffs of the Driftless southwest, rural Wisconsin holds immense strength, tradition, and sense of community. And though *all* Wisconsinites deserve access to high quality and timely health care, rural residents face major challenges due to geographic barriers and a fragmented health care system.

We imagine a future where geography doesn't determine your health, and where communities can work together to improve care for themselves and their neighbors.

To bring this vision closer to reality, the State of Wisconsin Department of Health Services, as directed by Governor Tony Evers, is applying for the Rural Health Transformation (RHT) Program. The Department will partner with rural communities to transform health care, while strengthening our economy, our workforce, and our communities. This $1 billion investment will focus on rural capacity, sustainability, and innovation across three major initiatives:

- **Strengthen Rural Health Care Workforce - $337 million.** Recruiting and retaining an adequate health care workforce is a challenge in rural areas, making access to quality, timely care for rural residents difficult. RHT funds will provide grants for **innovative workforce projects** in rural communities, **support career pathways** for rural health care providers, and fund services provided by **community health workers.**
- **Drive Rural Technology and Innovation - $329 million.** Rural Wisconsin needs the technology to support and reach residents, such as closed-loop referral systems and telehealth capabilities. Wisconsin will invest RHT funds to **upgrade rural provider systems and digital infrastructure** and develop a **digital rural health care collaborative**.
- **Transform Rural Care through Partnerships - $279 million.** Rural Wisconsinites experience fragmented coordination across primary care, specialty care, behavioral health, chronic disease prevention, and community social supports. Wisconsin will stand up a **competitive grant program** for rural regions to create coordinated systems of care where multi-sector partnerships show a clear path to sustainability.

Each region of Wisconsin has unique challenges and strengths. Wisconsin's RHT application recognizes this variation and leans on partnerships and flexibility for local expertise to solve problems. A wide range of organizations across the state will be involved in this work:

- **Health care providers**, such as rural hospitals, community health centers, dental providers, behavioral health clinics, long-term care providers, pharmacies, and emergency medical service agencies.
- **Local and Tribal governments**, such as local and Tribal health departments, county human services agencies, school districts, and colleges and universities.
- **Other private and public sector partners** based on community strengths and needs, such as businesses, transportation companies, food pantries, and libraries.

We see a day when rural Wisconsin has the resources, technologies, and partnerships needed to connect <u>everyone</u> to the care they need, when they need it. This is a future worth fighting for, and the once-in-a-generation investment of the RHT Program will help us get there. Wisconsin is ready for the challenge.

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.

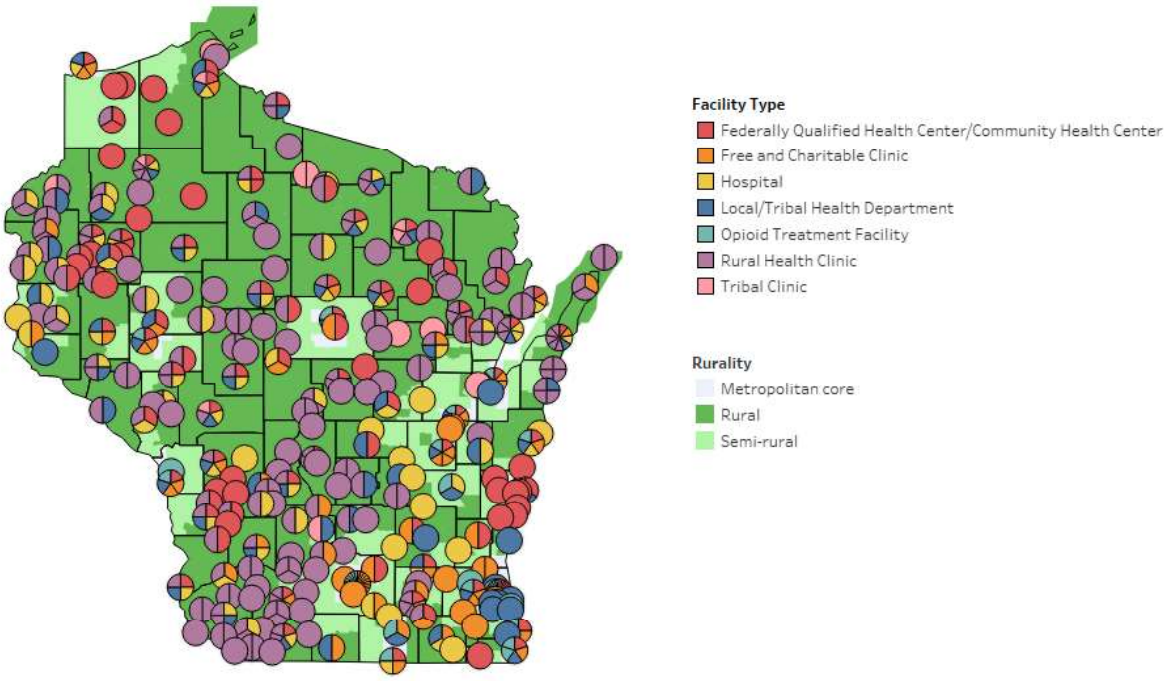
Public Transportation: In 2024, 71% of the urban population could access public transit, compared to only 31% of the rural population.[xx] Several counties have no transit system. A full map of transit systems is included in the *supporting materials* section.

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,

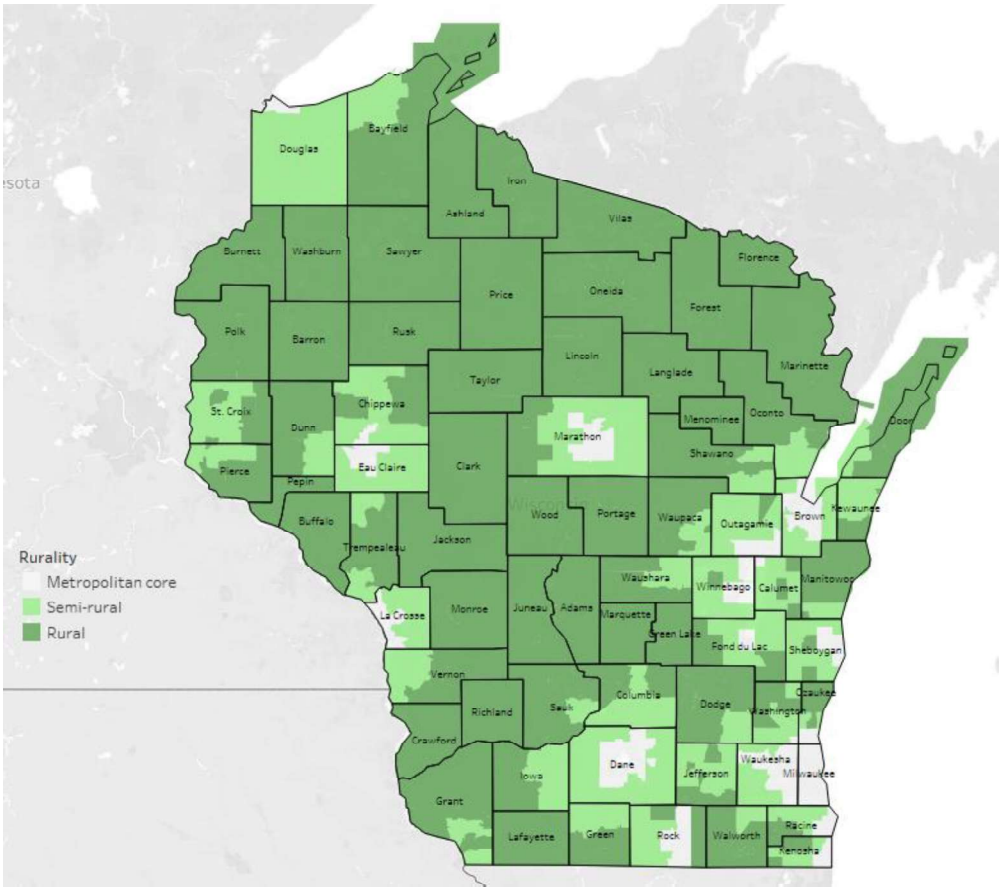
Wisconsin FQHCs served over 285,000 patients, with 55% covered by Medicaid, 14% by Medicare, and 20% not covered by any insurance at all. Only 6% of visits were via telehealth, partially because facilities lack capital to fund investments in technology.

- 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.

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Wisconsin's Rural Health Transformation Program Budget Narrative

Overview: Wisconsin RHT Program Budget

Budget Year (BY)			Stage 0	Stage 1	Stage 2	Stage 3	Stage 4	
Budget Category	**Initiative**	**Description**	**BY1**	**BY2**	**BY3**	**BY4**	**BY5**	**Total**
Personnel - Program Team								
OGM Deputy Director	1,2,3	1.0 FTE	[redacted]					
RHTP Director	1,2,3	1.0 FTE						
Attorney	1,2,3	1.0 FTE						
Grants Supervisor	1,2,3	1.0 FTE						
Grants Specialist - Advanced	1,2,3	3.0 FTE						
Grants Specialist	1,2,3	3.0 FTE						
Financial Specialist - Advanced	1,2,3	1.0 FTE						
Program and Policy Supervisor	1,2,3	1.0 FTE						
Program and Policy Analyst - Advanced	1,2,3	4.0 FTE						
IS Business Automation Specialist	1,2,3	2.0 FTE						
IS Technical Services Associate	1,2,3	2.0 FTE						
Subtotal Salary			**$1,410,431**	**$1,751,777**	**$1,813,095**	**$1,876,597**	**$1,942,306**	**$8,794,206**
Fringe								
Fringe rate 39.98%	1,2,3	39.98%	$563,890	$700,360	$724,875	$750,263	$776,534	$3,515,922
Contractual								
Medicaid Reform	3	WI Medicaid	[redacted]					
Independent Evaluation	1,2,3	WI Office of Rural Health						
Data and Technical Assistance	3	UW - PHI, WCHQ, or Equivalent						
Rural Health Care Collaborative	2	State contracted vendor						
Grants Management System	1,2,3	State contracted vendor						
Consulting Services	1,2,3	State contracted vendor						
Initiative Costs								
Rural Talent Recruitment and Retention	1	See detailed initiative table	[redacted]					$336,847,622
Interoperability Infrastructure	2	See detailed initiative table						$329,000,000
Population Health Infrastructure	3	See detailed initiative table						$278,500,000
Subtotal Contractual and Initiative Costs			**$197,300,735**	**$196,800,390**	**$196,778,746**	**$196,685,665**	**$196,589,348**	**$984,154,884**
Travel								
State staff travel	1,2,3		$138,656	$138,656	$70,420	$70,420	$70,420	$488,572
Supplies								
Office Supplies	1,2,3	$130/year per FTE	$3,120	$3,120	$3,120	$3,120	$3,120	$15,600
Other Direct Costs								
Allocated Direct Costs	1,2,3	$20,420 per year per FTE	$490,080	$490,080	$490,080	$490,080	$490,080	$2,450,400
Indirect Costs								
Indirect Costs	1,2,3	6.6% of personnel costs	$93,088	$115,617	$119,664	$123,855	$128,192	$580,416
TOTAL BUDGET			**$200,000,000**	**$200,000,000**	**$200,000,000**	**$200,000,000**	**$200,000,000**	**$1,000,000,000**
Admininistrative costs as percent of total			*7.0%*	*6.2%*	*5.8%*	*4.4%*	*4.4%*	*5.6%*

- Wisconsin will comply with federal restrictions on spending funds. This table provides the RHT program budget from Budget Year 1 to Budget Year 5. The table includes personnel costs, fringe benefits, contractual and initiative costs, travel, supplies, and other direct and indirect costs. The table does not show equipment or construction costs as those numbers are $0. All administrative costs total **$55.7 million** (**5.6%** of the state's proposed budget), significantly less than the allowed 10%. The state does not intend to spend funds during stage 5 (in 2031) but may spend funds awarded the prior year to close-out the program.
- This budget narrative supports the information provided in Standard Form 424-A. The narrative includes added detail and justifies the costs requested in Wisconsin's program application. Wisconsin certifies that these costs are reasonable and consistent with the program's purpose and activities. Given the scope of changes and the scale of investments, thoughtful administration is required to ensure compliance and achieve outcomes.

Rural Health Transformation Initiatives

Table: RHT Initiatives Budget

Initiative	Project	Lead Agency	Budget Year 1	Budget Year 2	Budget Year 3	Budget Year 4	Budget Year 5	Total Funds
Rural talent recruitment and retention	Rural workforce grants	Department of Workforce Development	$5,000,000	$15,000,000	$30,000,000	$45,000,000	$55,000,000	$150,000,000
	Community health workers	Department of Health Services	$25,000,000	$25,000,000	$10,000,000	$0	$0	$60,000,000
	Workforce readiness	Area Health Education Centers	$1,000,000	$1,000,000	$1,000,000	$1,000,000	$1,000,000	$5,000,000
		Department of Public Instruction	$1,000,000	$1,000,000	$1,000,000	$1,000,000	$1,000,000	$5,000,000
		Marquette University	$5,000,000	$0	$0	$0	$0	$5,000,000
		UW System	$20,418,701	$8,153,795	$8,125,299	$8,034,766	$6,191,250	$50,923,811
		Wisconsin Technical College System	$20,418,701	$8,153,795	$8,125,299	$8,034,766	$6,191,250	$50,923,811
		Medical College of Wisconsin	$2,000,000	$2,000,000	$2,000,000	$2,000,000	$2,000,000	$10,000,000
	TOTAL INITIATIVE 1		**$79,837,402**	**$60,307,590**	**$60,250,598**	**$65,069,532**	**$71,382,500**	**$336,847,622**
Interoperability infrastructure and modernization	Facility technology transformation	DHS - Rural technology transformation fund	$24,000,000	$54,000,000	$79,000,000	$47,000,000	$1,000,000	$205,000,000
		DHS - Rural health care collaborative	$40,000,000	$20,000,000	$10,000,000	$10,000,000	$5,000,000	$85,000,000
		DHS - Dental grants	$5,000,000	$5,000,000	$0	$0	$0	$10,000,000
	Public navigation transformation	United Way and WISHIN - Information exchange investments	$2,500,000	$2,500,000	$500,000	$500,000	$0	$6,000,000
		Department of Administration - integrated state platform	$10,000,000	$10,000,000	$0	$0	$0	$20,000,000
		Department of Agriculture, Trade, and Consumer Protection -WI farm center	$130,000	$240,000	$200,000	$210,000	$220,000	$1,000,000
		Department of Veterans Affairs - Veterans telehealth	$1,000,000	$1,000,000	$0	$0	$0	$2,000,000
	TOTAL INITIATIVE 2		**$82,630,000**	**$92,740,000**	**$89,700,000**	**$57,710,000**	**$6,220,000**	**$329,000,000**
Population health infrastructure	Care coordination grants	DHS	$10,000,000	$25,000,000	$30,000,000	$60,000,000	$105,000,000	$230,000,000
	Behavioral health innovations	DHS	$4,000,000	$1,000,000	$0	$0	$0	$5,000,000
	Medicaid reforms and other strategic investments	Commissioner of Insurance - public intervenor services	$3,000,000	$3,000,000	$3,000,000	$3,000,000	$3,000,000	$15,000,000
		Medicaid - reforms	$1,000,000	$0	$0	$0	$0	$1,000,000
		Tribal set aside	$5,500,000	$5,500,000	$5,500,000	$5,500,000	$5,500,000	$27,500,000
	TOTAL INITIATIVE 3		**$23,500,000**	**$34,500,000**	**$38,500,000**	**$68,500,000**	**$113,500,000**	**$278,500,000**
TOTAL INITIATIVE BUDGET			**$185,967,402**	**$187,547,590**	**$188,450,598**	**$191,279,532**	**$191,102,500**	**$944,347,622**

- This table details annual funding amounts for each initiative from Budget Year 1 to Budget Year 5. The table includes amounts spent by each subrecipient each year. Initiatives total **$944 million** over the five-year grant **(94.4% of the total budget)**. This includes $337

million for Initiative 1, $329 million for Initiative 2, and $279 million for Initiative 3. Information below details how funding amounts and subrecipients were determined.

Initiative 1, Project 1: Rural Workforce Grants

- The Department of Health Services (DHS) worked with the Department of Workforce Development (DWD) to develop the project's budget and proposal. DWD has extensive experience providing innovation grants to regional coalitions for long-lasting workforce improvements, including administration of Wisconsin Fast Forward and Workforce Innovation Grants. The budget is based on past experiences with amounts needed to meaningfully serve as a catalyst for regional partners to identify and address workforce challenges. In terms of the methodology, process, and specific criteria for who receives these allocations, DWD will issue a grant funding opportunity that includes scoring criteria, eligibility, and allowable uses of grant funds. Projects will be selected by a team of experts in workforce development and health care. DWD will be responsible for administering grants, including processing payments and monitoring grantees for compliance and impact.

Initiative 1, Project 2: Community Health Worker Integration

- Wisconsin Medicaid provided estimates for the pilot project based on the cost of services that could be provided by community health workers (CHWs). This will serve as a two-year pilot period of services for all rural residents (not just Medicaid members). Providers can receive grants to support CHW services during the pilot in exchange for reporting on utilization rates, location of services, cost of services, and impact on patients. In terms of the methodology, process, and specific criteria for who receives these allocations, DHS will issue a grant funding opportunity that includes scoring criteria, eligibility, and allowable uses of funds. Projects will be selected by a team of experts on CHW services. DHS will be responsible for administering grants, including processing payments and monitoring grantees for compliance and impact. Pilot metrics will inform the Medicaid state plan amendment for sustained coverage of services for Medicaid beneficiaries. Once approved, funding will transition to Medicaid rather than the RHT program. Other payors will be encouraged to review the outcomes measures from the pilot and to cover CHW services as well.

Initiative 1, Project 3: Workforce Readiness

- **Secondary Education**. DHS received proposals from Area Health Education Centers (AHEC) and the Department of Public Instruction (DPI) to strengthen rural health care career pipelines, particularly for community health workers. These proposals are also based on recommendations developed in coordination with providers and health care associations through the Governor's Task Force on the Health Care Workforce. The cost estimate is based on projections of how much it would cost to meaningfully transform career ladders for middle and high school students across rural Wisconsin.

- **Higher Education**. DHS met with the Wisconsin Technical College System, the University of Wisconsin System, and Marquette University to develop transformational proposals for higher education. These proposals are also based on recommendations developed in coordination with providers and health care associations through the Governor's Task Force

on the Health Care Workforce. Cost estimates are based on an initial list of projects developed by schools and prior experiences developing clinical partnerships, establishing simulation labs, and implementing new programs for in-demand fields. In terms of the methodology, process, and specific criteria for who receives these allocations, educational partners will issue funding opportunities for campuses and their partners that include scoring criteria, eligibility, and allowable uses of funds. Projects will be selected by a team of experts on health care education. Educational partners will be responsible for administering grants, including processing payments and monitoring grantees for compliance and impact.

- **Mental Health Consultation**. DHS received a proposal from the Medical College of Wisconsin to create a comprehensive mental health consultation program. This new program is based on the organization's prior experience administering a teleconsultation program focused on pediatric behavioral health through partnerships with over 2,700 primary care providers. The cost estimate is based on the experience administering the pediatric program and the estimated needs to create a statewide program that serves adults as well.

Initiative 2, Project 1: Facility Technology Transformation

- **Rural Technology Transformation Fund**. DHS will allocate funds to rural health facilities to purchase information technology that strengthens service delivery and supports providers and patients. During the state's request for information process, partners submitted ideas about purchases that would fit within this category, such as implementing Ambient AI to support documentation and upgrading computers to enable telehealth services. The cost estimate is based on the costs included in those submissions across potentially eligible providers, with the goal to give rural facilities a meaningful amount to jumpstart investments so that every rural resident can benefit from technological advancements. Facilities may need to identify other funds to support the full cost of procuring technology. DHS will develop an allocation methodology that reflects patient need and resource availability across facilities. DHS will administer the allocations and monitor projects for compliance and impact.

- **Rural Health Care Collaborative.** DHS has explored procuring a patient data system at a discounted rate through shared services. Rural providers can use this patient data system to reduce administrative burdens, increase their focus on patient care, and enhance their ability to implement modern medical care for patients, such as telehealth and remote monitoring. Potential providers include behavioral health clinics, federally qualified health centers, community health centers, local and Tribal health departments, Tribal health centers, emergency medical services, and pharmacies. Funding is based on potential implementation costs, including positions needed to implement rollout across the state. The cost estimate assumes that the initial go-live will include [redacted] Pricing includes software fees, implementation services, project team training, technical assistance staff, and hosting services. DHS will be responsible for selecting a vendor, developing a scope of work, coordinating with partners to ensure widespread participation in the collaborative and monitoring the vendor for compliance.

- **Dental Grants**. DHS will administer competitive grants for dental clinics to upgrade technology with the goal to serve additional Medicaid beneficiaries (and other patients)

through faster, more efficient, and more comfortable routine cleanings. The average cost to purchase technologies, such as ultrasonic scalers and laser cleaning, is [redacted] Medicaid currently has around [redacted] In terms of the methodology, process, and specific criteria for who receives these allocations, DHS will issue a grant funding opportunity that include scoring criteria, eligibility, and allowable uses of funds. Projects will be selected by a team of experts on dental services. DHS will be responsible for administering grants, including processing payments and monitoring grantees for compliance and impact.

Initiative 2, Project 2: Public Navigation Transformation

- **Information Exchange Investments**. DHS received proposals from United Way Wisconsin and WISHIN for investments in interoperability of information to facilitate better service to rural communities. United Way of Wisconsin serves as the state's community information exchange (CIE) while WISHIN serves as the state-designated health information exchange (HIE). Investing in CIE/HIE patient navigation systems will ensure closed-loop referral systems have accurate and timely information about community resources and patient needs and the state is able to benefit from enhanced data analysis. Cost estimates are based on those organizations' identified needs to strengthen information exchanges in Wisconsin.

- **Integrated State Platform**. DHS partnered with the Department of Administration, which administers enterprise-wide technology for state agencies, to determine needed investments in customer service. 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. A lack of interoperable systems and coordinated care was a primary theme of partner feedback. DHS and DOA are partnering with eight other state agencies on this project. [redacted]

- **Wisconsin Farm Center Investments.** DHS partnered with the Department of Agriculture, Trade, and Consumer Protection, which administers the Wisconsin Farm Center, to determine needed investments to transform farmer and farm family mental health services. Cost estimates are based on a scope of work to maximize current funding through one-time investments in technology and outreach to reduce administrative burdens and encourage behavioral health providers and farm families to join the program.

- **Veterans Telehealth.** DHS partnered with the Department of Veterans Affairs (DVA) to determine needed investments to support rural veterans. The cost estimate is based on one-time funds needed to establish telehealth access hubs in local service offices. Funds will help purchase technology, remodel spaces for privacy, and educate veterans on using technology. In terms of the methodology, process, and specific criteria for who receives these allocations, DVA will issue a grant funding opportunity that include scoring criteria, eligibility, and allowable uses of funds. Projects will be selected by a team of experts on veterans' services.

DVA will be responsible for administering grants, including processing payments and monitoring grantees for compliance and impact.

Initiative 3, Project 1: Care Coordination Grants

- Wisconsin will administer competitive grants to innovate care delivery systems through partnerships. The goal is to improve access to primary care, preventative services, dental services, and behavioral health services in innovative care sites through team-based models of care. Wisconsin received proposals for transformational care models, such as co-location of primary care services at pharmacies, purchasing of mobile clinics for dental services, and other models through the request for information process. The cost estimate is based in part on the costs of those submissions and the number of regions in the state. The goal is to allocate a reasonable amount so every region can achieve care transformation. In terms of the methodology, process, and specific criteria for who receives these allocations, DHS will issue a grant funding opportunity that includes scoring criteria, eligibility, and allowable uses of funds. Projects will be selected by a team of experts on care delivery. DHS will be responsible for administering grants, including processing payments and monitoring grantees for compliance and impact.

Initiative 3, Project 2: Behavioral Health Innovations

- Wisconsin will invest in a study of the current behavioral health landscape and develop strategies to better serve rural behavioral health needs, such as by moving to a Certified Community Behavioral Health Clinic model. DHS will also modernize reporting processes for behavioral health to create reimbursement efficiencies for rural counties. [redacted]
- Wisconsin will also invest in children's mental health with funding to three offices within DHS: the Office of Children's Mental Health, Division of Care and Treatment Services, and Division of Public Health. DHS will develop and expand innovative, evidence-based programs to support youth mental health. The cost is based on existing program costs and past curriculum development.

Initiative 3, Project 3: Payment Reforms and Other Strategic Investments

- **Dual Eligible Beneficiaries.** Wisconsin will commit to expanding the Fully Integrated Dual Eligible Special Needs Plan (FIDE SNPs) by the end of the grant period. DHS has previously engaged ATI Advisory and Speire Healthcare Strategies through support from Arnold Ventures to identify feasible ways for the State to reform programs serving dual eligible individuals and increase the reach of its FIDE SNPs. [redacted]
- **Medicaid Reforms.** Wisconsin Medicaid will invest in rural health system reimbursements by converting rural health clinics from a cost-based reimbursement methodology to a prospective payment system methodology and will analyze modernizations to the CARES system. Medicaid developed costs based on prior actual costs to modify systems. The cost estimate reflects estimated one-time costs for the Medicaid program to administer changes.

- **Public Intervenor Services.** The Office of the Commissioner of Insurance will contract to support patients and providers in maximizing insurance coverage and payment. Costs are based on similar services procured.

- **Tribal Allocations.** Each Tribal Nation will receive $500,000 per year ($27.5 million total for the 11 federally designated tribes in Wisconsin). DHS had a consultation with Tribal leaders and received a request for a Tribal set aside. This amount is based on an estimate of meaningful allocations for Tribal Nations to achieve the RHT program goals given the short program timeline. Tribes can also apply to participate in other RHT projects.

RHT Program Administration

Total costs for program administration are **$55.7 million (5.6% of the total budget)** as shown in the table below. This is about half of the allowable proportion of 10% for administrative costs.

Personnel:

- Upon receipt of the RHT program award, Wisconsin will add a new RHT Program Administration team comprised of state employee and contractors fully funded by the grant.
- DHS Office of Grants Management Director Aaron Larson will serve as the interim principal investigator/program director and will dedicate sufficient time and effort to manage and provide oversight of the grant program. DHS will hire a fully dedicated PI/PD once funds are awarded in early 2026. Administrative funds are for DHS civil service positions within the Office of Grants Management (OGM). The State would conduct recruitments and fill these new positions following the award announcement. Personnel costs (including fringe benefits) total **$12.3 million (1.2% of the budget).**
- The Office of Grants Management (OGM) is the central authority for administering federal and state grant funds across DHS. OGM ensures accountability, transparency, and efficiency in managing the full grant lifecycle, from pre-award through closeout. With a centralized role in overseeing complex funding streams, OGM is uniquely positioned to administer grants funding large-scale initiatives that span multiple program areas. OGM provides overall strategic direction to the Department's grant-making, conducts ongoing trainings for DHS staff, and looks for ways to improve the process for staff and external partners. OGM oversees the development of policies, procedures, and work plans related to agency grants administration. In collaboration with subject matter experts, OGM provides the agency with centralized grant-making functions focused on customer service, compliance with federal requirements, and overall consistency and quality of the grants process.
- Administrative staff positions will be filled at 100% full time equivalency for each position indicated in the position descriptions below. All positions would be filled for twelve months each year at a full-time equivalency rate, except Budget Year 1 that assumes ten months of expense, and would only work on the RHT program. At no point in the Performance Period will the annual salary for these grant-funded positions exceed Executive Level II of the Federal Executive Pay Scale for 2025 ($225,700).

- For ease of administration, costs for executive staff performing oversight and supervision of these positions are not requested and would be funded by other sources. DHS leaders will advise the RHT program team, including Deputy Secretary Debra Standridge who will fill the role of Authorizing Official Representative, Policy Director Angela Miller, State Medicaid Director Bill Hanna, and State Public Health Officer Paula Tran. OGM Director Aaron Larson will allocate more time than other agency leaders, allocating 10% for executive oversight and strategic direction, and alignment of agency and program goals. Other leadership will allocate less than 10% of their time, with the highest level of support needed in the first year of the program. If required, DHS can also track RHT time for leaders.

- The hourly salary estimates reflect typical current salary rates for these position titles (with incumbents) and are within the pay ranges required under the current State of Wisconsin Civil Service Compensation Plan. As the Wisconsin Legislature has approved a general wage adjustment during each of the past two biennial budget cycles, this grant application anticipates a salary increase of 3.5% in each model year following model year one for the listed positions. By including a provision in the grant budget for annual salary adjustments, the State seeks to improve our ability to retain trained grant team members and maintain a consistent level of project performance and efficiency during the Performance Period.

Justification for Project Team Positions and Job Descriptions

- Adequate resourcing is essential for the success of any project. The following provides a description of the roles, capabilities, skills, and knowledge areas for staff assigned to the model. A detailed organizational chart is shown below.

- **Staffing Overview.** The RHT administrative structure includes a Director, Deputy Director, Program Director, and two supervisors overseeing a Grants Administration Section, Policy and Performance Section, and a Systems and Reporting Section. Staff will include grant specialists, financial specialists, program analysts, evaluators, and information systems professionals. A full organizational chart is included in the *supporting materials* section. The OGM will oversee administration through three tiers:

    1. Executive Leadership – OGM Director and Deputy Director providing strategic oversight, alignment, and accountability.
    2. Program Administration – RHT Program Director and two Supervisors leading day-to-day program execution.
    3. Operational Staff – 16 FTEs in grants, IT, financial, and evaluation roles.

OGM Deputy Director (one full-time equivalent position)
Under the OGM Director's general guidance, the OGM Deputy Director will provide day-to-day executive-level management of the RHT administrative team. This role will provide executive oversight and is responsible for establishing and ensuring accountabilities for all administrative and fiscal operations supporting the RHT Program. This role will lead the design and staffing of the new RHT program administrative unit within OGM, including oversight of hiring plans and performance expectations to ensure consistent and sustainable program management capacity. The role anchors the program governance, compliance, and performance infrastructure within DHS to maintain alignment with DHS priorities and CMS program goals.

The position oversees the RHT Program Director and three sections in the RHT unit – Grants Administration Section, Policy and Performance Section, and Systems and Reporting Section – to ensure seamless interagency coordination of all program operations.

RHT Program Director (one full-time equivalent position)
Under general direction of the OGM Deputy Director, this position will be assigned to lead the RHT program implementation unit in the management of all fiscal and program monitoring, reporting requirements, and vendor performance for the program. They will coordinate various activities, including the development of project plans for crosscutting initiatives, identifying program solutions, and collaborating with agency leadership and stakeholders to communicate the office's critical pathways. This position will be responsible for applying systems solutions knowledge to program operations to improve efficiency, streamline data and reporting capabilities, and improve program outputs.

This includes, but is not limited to, the following responsibilities:

- Establish, implement and direct program objectives and standards.
- Determine which projects should be conducted, approving plans, projects, or proposals developed or reviewed by staff.
- Organize work units and prepare final budget requests.
- Represent the program to organizations external to state government.
- Provide consultation to agency management on all matters relevant to program functions.
- Supervising, training, and mentoring RHT staff to help build skills and expertise.
- Manage contracts with external vendors for outreach, grants, and actuarial services.
- Coordinate relationships with managed care plans and other external partners.
- Oversee program documentation, communications, inter- and intra-agency coordination, and risk identification and management.
- Estimating, tracking, measuring, status reporting and resource planning.
- Development, implementation and improvement of standards, policies, and processes related to project management, request management, and project prioritization.
- Provide leadership, strategic oversight, and operational management for all information technology functions that support the RHT's grant administration and statewide interoperability initiatives.

Attorney (one full-time equivalent position)
Under the general supervision of the DHS Chief Legal Counsel, the RHT Program Attorney position will provide legal guidance and support to the OGM for the RHT program. The position ensures program activities and grant administration processes comply with state and federal laws, administrative rules, and departmental policies. Key responsibilities include reviewing grant agreements, contracts and related documents; advising leadership on statutory authority and regulatory requirements; assisting in the development and interpretation of policies and administrative rules; and coordinating with the DHS Office of Legal Counsel and Bureau of Procurement and Contracting as needed. The attorney also provide counsel on issues related to data sharing, confidentiality, and program compliance under federal Uniform Guidance and other applicable federal regulations.

Grants Supervisor (one full-time equivalent position)
Under general direction of the RHT Program Director, this position will oversee subrecipient grant lifecycle and supervise seven grants and finance staff. The role is a professional supervisory position that will administer the grant-in-aid and contract programs in which the State provides funds to other organizations or levels of government; or administer comparable programs which provide financial resources to private firms, non-profit organizations, individuals, or governmental agencies at the State or local level in order to assist them in carrying out the programs aimed at achieving DHS and CMS goals; oversees compliance with federal Uniform Guidance; plan, develop, implement, coordinate, monitor, and evaluate grant-in-aid, contracts, loans or comparable programs; develop legislative and administrative rule changes needed to implement program goals; develop budget estimates and recommendations; and resolve major policy issues.

Advanced Grants Specialist (three full-time equivalent position)
Working under general direction of the Grants Supervisor, the Advanced Grant Specialist positions serve as senior program and fiscal leads responsible for overseeing the more complex Rural Health Transformation Program (RHT) subrecipient grants. They provide expert guidance to applicants and grantees throughout the full grant lifecycle. Key duties include advanced grant policy interpretation; ensuring compliance with federal and state requirements (including 2 CFR 200); coordinating administrative business functions across OGM sections; and leading specialized functions such as risk assessment, performance monitoring, or training and technical assistance to subrecipients; develop policies, procedures, and program activities for grants programs; provide technical assistance to grantee applicants in the development of grant applications and project proposals; develop grant selection criteria, applications and guidelines; coordinate grant selection committee activities; negotiate, develop and administer contracts between grantees and the organization; maintain grant records; and develop and administer public information and education activities related to the grant program area.

Grants Specialist (three full-time equivalent positions)
Working under the direction of the Grants Section Manager and Advanced Grants Specialists, the Grant Specialist provides professional-level support in administering RHT grants, focusing on application intake, eligibility review, award documentation, budget tracking, and progress reporting. These roles assist with data entry and analysis in the grant management system; support grantee communications and documentation; and ensure accurate and timely processing of grant actions.

Advanced Financial Specialist (one full-time equivalent position)
Under the general supervision of the Grants Supervisor, the Advanced Financial Specialist position will perform duties such as accounts payable and accounts receivable in accordance with program rules and regulations, reconcile reimbursements from external entities and agencies (e.g., federal agencies, local municipalities, health facilities, non-profits), and determine eligibility of disbursement of specialized funds. The position will provide financial support for the program with duties to include negotiating contracts (e.g., purchasing, invoicing, projects, grant administration) with vendors. The position will create and revise financial instructions and processes to assist in making recommendations to update policy, generate specialized reports, and develop and provide trainings related to the program. The position will serve as the final

reviewer of complex financial transactions that require an advanced knowledge of federal and state regulations. They will manage budgets, draws, and reconciliations with the DHS Bureau of Financial Services.

Policy Supervisor (one full-time equivalent position)
Under the general direction of the Rural Health Transformation Program (RHT) Program Director, the Policy Supervisor provides strategic leadership and day-to-day management of the RHT policy and program areas. This position supervises a team of four Policy Analysts and is responsible for overseeing comprehensive policy analysis, program planning, grant development, stakeholder engagement, and performance evaluation related to RHT's three initiatives: Rural Talent Recruitment and Retention, Interoperability Infrastructure and Modernization, and Population Health Infrastructure.

The Policy Supervisor ensures timely development and implementation of RHT grant programs and supports alignment with federal guidance, DHS priorities, and stakeholder input. They ensure that program design and execution are responsive to data and evidence-based decision making, meet the needs of rural and Tribal communities, and conform to state and federal requirements. The position will direct staff in the analysis of problems, issues, or proposals and develop alternatives, options, or plans based on the results of the analysis. This position also provides consultation to the RHT Program Director, DHS leadership, and external partners, supporting the sustainability and effectiveness of the RHT. The Policy Supervisor represents the program in interagency workgroups, and stakeholder meetings.

Policy Analyst (four full-time equivalent positions)
Under the general direction of the Policy Supervisor, the Policy Analyst positions are responsible for contributing to a successful implementation of the RHT program. Ongoing activities include, but are not limited to, drafting grant funding opportunities, writing new policies and procedures, and collaborating with rural facilities and stakeholders. Work includes overseeing the program from initial concept/identification through to implementation including evaluation of the program once implemented to ensure performance standards are being met. These positions will:

- Maintain oversight of program financing in conjunction with the financial specialist and management.
- Consult with and advise leadership at bureau, division, and department level on program-related issues ranging in scope from specific technical issues to broad public policy issues.
- Develop complex annual plans incorporating program resource expectations and expected measurable performance standards.
- Develop and recommend program implementation in conformity with legislation or other guidelines.

Data Analysts (two full-time equivalent positions)
Under the supervision of the Program and Policy Supervisor, the Data Analyst positions will be responsible for evaluating grantee performance, developing program outcome data dashboards, automating data workflows, and tracking key performance indicators (KPIs). These positions

will conduct RHT initiative data analysis, which includes data definition, extraction, and validation. The positions will be responsible for report development and presentation, and provide oversight, training and consultation for professional services contracts. They will work with DHS personnel, data users, vendors, and contractors to develop, justify, produce, and evaluate appropriate options for program development and implementation. This position will produce detailed business requirement specifications, coordinate systems integration (data), identify issues (such as data inconsistencies), develop report layouts and outputs, document production and outputs, conduct user training, and correspond with outside entities. These positions will use various system applications, mapping software, business intelligence, and data reporting tools. Ideal candidates will have experience with relational databases, statistical computing, data visualization, and programming skills. These positions will help track program outcomes and generate the annual report for CMS.

IS Technical Services Associate (two full-time equivalent positions)
Under the Program Director, the Information Systems Technical Services Specialist positions will support strategic and operational capacities for the implementation of Wisconsin's new rural health care collaborative. One will serve as the Technical Services Advisor, functioning as the primary liaison between DHS and providers to guide technical design, system interoperability, and provider onboarding to the system. The other will serve as the System Program Manager, responsible for vendor management and coordination of the vendor's system development and implementation activities, milestone tracking, and issue resolution across multiple stakeholder groups. The positions ensure that RHT subrecipient granting and contract systems are designed, implemented, and maintained in alignment with federal Uniform Guidance, state compliance requirements, and DHS modernization goals. These positions are responsible for systems planning, integration, and quality assurance while coordinating closely with the DHS Bureau of Information Technology Services and the agency's Cloud Governance and Cybersecurity units to ensure compliance, scalability, and security across platforms.

Personnel Costs: Budget Year 1 to Budget Year 5
The tables below show personnel costs for each staff member from Budget Year 1 to Budget Year 5. Total personnel costs are **$8.8 million**, equal to **0.9% of total costs**. These central staff will work on all three initiatives, so the table does not differentiate by initiative.

RHT Program Staff Costs

		Budget Year 1			Budget Year 2			Budget Year 3		
Grant Team	FTE	Hourly Salary Estimate	Salary (10 months)	Fringe (39.98%)	Hourly Salary Estimate	Annual Salary	Fringe (39.98%)	Hourly Salary Estimate	Annual Salary	Fringe (39.98%)
OGM Deputy Director	1.00	[redacted]								
RHTP Director	1.00									
Attorney	1.00									
Grants Supervisor	1.00									
Grants Specialist - Advanced	3.00									
Grants Specialist	3.00									
Financial Specialist - Advanced	1.00									
Program and Policy Supervisor	1.00									
Program and Policy Analyst - Advanced	4.00									
IS Business Automation Specialist	2.00									
IS Technical Services Associate	2.00									
Total	20.00									

		Budget Year 4			Budget Year 5			Total	
Grant Team	FTE	Hourly Salary Estimate	Annual Salary	Fringe (39.98%)	Hourly Salary Estimate	Annual Salary	Fringe (39.98%)	Salary	Fringe
OGM Deputy Director	1.00	[redacted]							
RHTP Director	1.00								
Attorney	1.00								
Grants Supervisor	1.00								
Grants Specialist - Advanced	3.00								
Grants Specialist	3.00								
Financial Specialist - Advanced	1.00								
Program and Policy Supervisor	1.00								
Program and Policy Analyst - Advanced	4.00								
IS Business Automation Specialist	2.00								
IS Technical Services Associate	2.00								
Total	**20.00**								

Fringe Benefits: Relative to budgeting fringe benefit costs for either grant applications or legislative budget requests, DHS applies a consistent methodology for estimating non-salary personnel costs. The fringe benefit rate estimate is 39.98% of salary. Total fringe costs for the five-year budget period are $3.5 million. The table below presents fringe benefit percentages.

Travel: The State anticipates engaging in extensive stakeholder outreach activities in the form of public meetings, member and advocate forums, provider workgroups, training and technical assistance, site visits, program evaluation, and other communication efforts. During Stage 0, the team will develop an Outreach Plan in collaboration with CMS. Accordingly, the State requests a travel budget, with specific details to be determined as part of the Outreach Plan developed by the team and approved by CMS during Stage 0. The State also requests that any remaining funds unspent from Outreach activities be considered eligible expenditures for state employee travel pursuant to attendance at conferences or other training or CMS organized events. **The budget for travel is $488,572 (0.05% of the budget).**

Stages 0-1

Category	Basis of Estimate	Unit Cost ($)	FTE	Annual Cost ($)
In-state transportation (mileage, fleet rental)	800 miles/month	$0.51	10	$48,960
Parking	$16/day per FTE assume 10 travel days/month	$16.00	10	$1,600
In-state lodging	24 nights/year @ $98/night	$98.00	8	$18,816
Per Diem	24 days/year @ $59/day	$59.00	8	$11,328
Out-of-state travel	2 trips/year 4 nights each			
Airfare	Per FTE Per Trip	$600.00	8	$9,600
Baggage Fees	Per FTE Per Trip	$50.00	8	$3,200
Conference Registration	Assume 1 conference, 1 meeting	$500.00	8	$4,000
Taxi/Ground Transport	Per FTE Per Trip	$80.00	8	$1,280
Lodging	Per FTE Per Night	$98.00	8	$6,272
Per Diem	Per FTE Per Day (5 days for a 4 night trip)	$55.00	8	$4,400
Training & regional partner convenings	5 Regional meetings, workshops, tribal coordination			
Mileage	300 miles/FTE x 5 trips	$0.51	10	$7,650
Lodging	2 night x 5 trips	$98.00	10	$9,800
Per Diem	assume 3 days per trip	$45.00	10	$6,750
Space Rental	assume $500/day	$1,000.00		$5,000
Total				**$138,656**

Stages 2-4

Category	Basis of Estimate	Unit Cost ($)	FTE	Annual Cost ($)
In-state transportation (mileage, fleet rental)	600 miles/month	$0.51	10	$3,060
Parking	$16/day per FTE assume 10 travel days/month	$16.00	10	$1,600
In-state lodging	24 nights/year @ $98/night	$98.00	6	$14,112
Per Diem	24 days/year @ $59/day	$59.00	6	$8,496
Out-of-state travel	1 trip/year 3 nights each			
Airfare	Per FTE Per Trip	$600.00	8	$4,800
Baggage Fees	Per FTE Per Trip	$50.00	8	$400
Conference Registration	Assume 1 conference	$500.00	8	$4,000
Taxi/Ground Transport	Per FTE Per Trip	$80.00	8	$640
Lodging	Per FTE Per Night	$98.00	8	$2,352
Per Diem	Per FTE Per Day (4 days for a 3 night trip)	$55.00	8	$1,760
Training & regional partner convenings	5 Regional meetings, workshops, tribal coordination			
Mileage	300 miles/FTE x 5 trips	$0.51	10	$7,650
Lodging	2 night x 5 trips	$98.00	10	$9,800
Per Diem	3 days/trip	$45.00	10	$6,750
Space Rental	assume $500/day	$1,000.00		$5,000
Total				**$70,420**

Equipment: Funding for equipment is not requested in this application.

Supplies: The estimated supply costs are based on prior year actuals. The total budget for supplies is **$15,600 (0.002% of the budget)**.

Supplies			BY1	BY2	BY3	BY4	BY5	Total
Office Supplies	1,2,3	$130/year per	$3,120	$3,120	$3,120	$3,120	$3,120	$15,600

Other: These costs include administrative expenses for enterprise services essential to agency operations. They are estimated direct costs which will be allocated quarterly or annually to this grant project. Estimates are based on the annual cost per FTE per year. FTE includes permanent, LTE, and contractual employees. **Other costs total $2.5 million (0.25% of the total budget)**.

Cost Center	Description	Annual Cost Per FTE
Rent	Charges for use of work space, conference rooms, parking space, etc. at State owned facilities	$3,500
Data Processing	Bureau of Information Technology Charges. This includes the costs of State Transformaing Agency Resoures (STAR) enterprise resource system development, maintenance, operations, and related costs. Also includes enterprise software and support, including agency LAN services and replacement schedule for IT equipment.	$9,825
Insurance	The state is self-insured for the following coverages: a) property b)workers' compensation and c)liability. Costs are allocated annually based on prior year experience.	$810
Internal Services	Allocated salary, fringe, and supplies and service costs of fiscal, communications, procurement, and policy staff.	$2,970
Mail, Postage, & Freight	Actual mailroom costs alloceated based on position counts.	$665
Equipment Maintenance & Repair	Costs incurred in the repairs and maintenance of equipment and software, including photocopiers and Voice Over Internt Protocol (VOIP) systems.	$750
Printing	Printing services.	$100
Supplies/Services	Dues & memberships, subscriptions, and rental equipment.	$1,050
Telecommunications	Costs for providing enterprise-wide telecommunication services.	$750
TOTAL PER FTE		**$20,420**

Consultant/Subrecipient, Contractual Costs: Wisconsin will contract to help manage the rural health care collaborative and contract with research institutions to support program evaluation and data expertise. The cost for contractual services is based on prior DHS experience with these contractors, as detailed below, and totals [redacted]. Additional details on contractor costs, including contracted staff, are included in the section below.

Contracts for administrative support for data, evaluation, and management will successfully:

- Help DHS efficiently and effectively allocate funds for RHT projects.
- Serve as technical experts on the advisory group to ensure that evidence-based practices and evaluation criteria are included in all stages of initiative development, implementation, and reporting. Provide data on rural counties through tools to explore county-level health data and evidence-informed solutions. Data by county can provide the state and local communities with a starting point to investigate where to make change. Investing in data analysis will ensure that funds are used strategically to drive transformational change.
- Help ensure that existing initiatives are aligned with RHT program goals and strategies and informed about opportunities for collaboration with RHT projects to maximize investment in rural health transformation.
- Provide technical assistance to rural health facilities to help drive informed decisions about how to measure program outcomes related to chronic disease management, primary care, care coordination, behavioral health care, workforce development, and patient navigation services.

- Provide project management and customer service functions in deploying and supporting Wisconsin's rural health care collaborative to ensure that the infrastructure delivers secure, interoperable, and data-driven solutions that support the broader goal of transforming rural health care delivery statewide.
- Transition to sustainable funding sources for grants management and the rural healthcare collaborative prior to the end of the RHT program.

Contractual Services by Initiative and Amount

Contractual			BY1	BY2	BY3	BY4	BY5	Total
Medicaid Reform	3	WI Medicaid	[redacted]					
Independent Evaluation	1,2,3	WI Office of Rural Health						
Data and Technical Assistance	3	UW - PHI, WCHQ, or Equivalent						
Rural Health Care Collaborative	2	State contracted vendor						
Grants Management System	1,2,3	State contracted vendor						
Consulting Services	1,2,3	State contracted vendor						
Subtotal Contractual Costs								

REQUIRED REPORTING INFORMATION FOR CONTRACT APPROVAL

Vendors by Contract

	Evaluation	Data and Technical Assistance	Rural Health Care Collaborative	Medicaid Reforms	Grants Management System	Consulting Services
Vendor	WI Office of Rural Health	UW Population Health Institute, WCHQ, or equivalent	State contracted vendor	WI Medicaid or Medicaid contractor	State contracted vendor	State contracted vendor
Method of Selection	Current partner	Current partner	TBD	Current partner	TBD	TBD
Contract End	9/30/2031	9/30/2030	9/30/2031	9/30/2029	9/30/2031	9/30/2031
Scope	Evaluator for all initiatives	TA and data analysis for all initiatives	TA and IT support for Initiative 2	Initiative 3	Total grant lifecycle, all initiatives	Support RHT implementation
Monitor	DHS Office of Grants Management	DHS Office of Grants Management	DHS Office of Grants Management	DHS Office of Grants Management	DHS Office of Grants Management	DHS Office of Grants Management
Notes	Piggybacking on existing agreement	Piggybacking on existing agreement	Initiative starts in early FFY26	Existing Medicaid contracts	Piggybacking on existing contract	Start in early 2026 to quickly stand up projects
Budget	Recent project benchmark	Recent project benchmark	Recent project benchmark	Recent project benchmark	Rough Order of Magnitude	Rough Order of Magnitude
Request	[redacted]					

- While the specific scope of work for each vendor will depend on the planning activities to be completed by the State's project team and by CMS during Stage 0 of the Performance Period, the State's recent experiences provide useful benchmarks relative to cost estimates for similar

recent DHS activities. The Office of Rural Health and the Population Health Institute are both entities within the University of Wisconsin System, creating administrative efficiencies. State entities, including DHS and the University, share enterprise services related to accounting, financing, and human resources. The Department works closely with the University on projects related to health data already, and this program would build on those existing partnerships. Budget estimates are based on current contracts and anticipated scope of work for evaluation, technical assistance, and data analytics.

- Wisconsin is committed to standing up projects quickly so that communities have the tools they need to transform rural health care without delay. To accomplish this, DHS has allocated [redacted] for consulting services. Consultants would develop grant funding opportunities, engage partners in program development, and calculate methodologies for distributing funds in early calendar year 2026 as the state onboards internal experts to manage the program.

- The Department anticipates it will require project management and business analyst staff with a high degree of technical expertise and experience to successfully implement and monitor Initiative 2, Interoperability Infrastructure and Modernization. The focus of the staff will be coordination between the vendor and the recipient of services, ensuring progress to goals and customer service for successful implementation at participating facilities. Contractors may also help design methodologies to effectively allocate funds across rural facilities. For these high-skill positions, the Department currently pays a rate of [redacted] per hour for similar contractors, inclusive of fringe benefits and associated expenses. A vendor for these positions will be procured by the state. The four positions will work alongside DHS state staff and be supervised by the program director, as pictured in the organization chart located in the *supporting materials* section.

- Wisconsin Medicaid contracts for services including rate certification, human services administration, and communications. Medicaid reforms included in the program, including modernization of the CARES system and changes to dual eligible programs, will leverage existing Medicaid contracts. Medicaid staff will be responsible for oversight of reforms under Initiative 3 to ensure compliance with contractual agreements and program goals. Budget estimates are based on extensive Medicaid experiences contracting with these vendors.

- Wisconsin DHS does not have a unified grants management system to facilitate grant solicitation, manage awards, and process reimbursements. The order of magnitude of the RHT program opportunity requires significant grants management expertise, and procuring a software solution will ensure that health care facilities and providers are reimbursed accurately and on time for program participation. Budget estimates are based on conversations with partner agencies within Wisconsin for procuring a similar grants management system and DHS will piggyback on existing contracts to ensure administrative and cost efficiencies.

REQUIRED REPORTING INFORMATION FOR SUBRECIPIENT APPROVAL

The State proposes that CMS disperse a portion of Cooperative Agreement funding to partner agencies to administer projects under Initiatives 1 and 2. Administering these projects may include writing grant funding opportunities, selecting participants, distributing funds to participants, and monitoring participants for compliance. For example, Wisconsin Technical College System will design a funding opportunity for rural campuses to equip simulation labs to help health care students gain experiential learning. UW will review proposed simulation labs for compliance with program goals, monitor campuses to ensure timely implementation, and coordinate reimbursements and reporting on outcomes.

DHS Office of Grants Management will help negotiate a scope of work for each subrecipient, ensure compliance with federal rules and regulations, and monitor for performance. Subrecipients may allocate a portion of allocations to administer assigned projects, subject to the 10% cap on administrative costs. Most subrecipients are other state agencies, which creates efficiencies in administration and oversight because State of Wisconsin organizations share services such as human resources. The table below shows total allocations for all subrecipients. In total, subrecipients will be responsible for administering $321 million in projects across the three initiatives. Distributing administration across agencies allows each agency to specialize on its target population (for example, specializing in assistance for veterans or farmers).

Subrecipient Totals by Initiative

Subrecipient	Initiative	Total Funds
Department of Workforce Development	1	$150,000,000
Area Health Education Centers	1	$5,000,000
Department of Public Instruction	1	$5,000,000
Marquette University	1	$5,000,000
Universities of Wisconsin	1	$51,000,000
Wisconsin Technical College System	1	$51,000,000
Medical College of Wisconsin	1	$10,000,000
Department of Administration	2	$20,000,000
Department of Veterans Affairs	2	$2,000,000
Department of Agriculture, Trade, and Consumer Protection	2	$1,000,000
United Way Wisconsin	2	$4,000,000
WISHIN	2	$2,000,000
Office of the Commissioner of Insurance	3	$15,000,000
TOTAL		**$321,000,000**

Construction and Other Costs: Construction and other costs are not applicable.

Other Direct Costs: Other direct costs of **$2.5 million (0.25% of the budget)** are detailed in the table below. Categories include the project team, contractual services, and other.

Indirect Costs: DHS is required to apply an indirect cost equal to 6.6% of Personnel costs to account for services such as human resources, information technology, and procurement. The rate is negotiated between DHS and HHS, the cognizant federal agency, annually and supports

the DHS enterprise services required to operationalize a grant. Of note, this is less than the allowable rate of 15%. The indirect cost request totals **$580,416 (0.06% of the budget).**

Other Direct Costs			**BY1**	**BY2**	**BY3**	**BY4**	**BY5**	**Total**
Allocated Direct Costs	1,2,3	$20,420 per year per FTE	$490,080	$490,080	$490,080	$490,080	$490,080	$2,450,400
Indirect Costs								
Indirect Costs	1,2,3	6.6% of personnel costs	$93,088	$115,617	$119,664	$123,855	$128,192	$580,416

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

OMB Number: 4040-0013
Expiration Date: 06/30/2028

1. * Type of Federal Action:
- [ ] a. contract
- [x] b. grant
- [ ] c. cooperative agreement
- [ ] d. loan
- [ ] e. loan guarantee
- [ ] f. loan insurance

2. * Status of Federal Action:
- [ ] a. bid/offer/application
- [x] b. initial award
- [ ] c. post-award

3. * Report Type:
- [x] a. initial filing
- [ ] b. material change

4. Name and Address of Reporting Entity:

[x] Prime [ ] SubAwardee

*Name: State of Wisconsin Department of Health Services

*Street 1: 201 E Washington St Street 2:

*City: Madison State: WI: Wisconsin Zip: 53703

Congressional District, if known: WI-002

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency:

HHS/CMS

7. * Federal Program Name/Description:

Rural Health Transformation Program

Assistance Listing Number, *if applicable:* 93.798

8. Federal Action Number, *if known:*

9. Award Amount, *if known:*

$

10. a. Name and Address of Lobbying Registrant:

Prefix: *First Name: N/A Middle Name:

*Last Name: N/A Suffix:

*Street 1: N/A Street 2:

*City: N/A State: Zip:

b. Individual Performing Services (including address if different from No. 10a)

Prefix: *First Name: N/A Middle Name:

*Last Name: N/A Suffix:

*Street 1: N/A Street 2:

*City: N/A State: Zip:

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

*** Signature:** Completed on submission to Grants.gov

***Name:** Prefix: *First Name: Debra Middle Name:

*Last Name: Standridge Suffix:

Title: Deputy Secretary **Telephone No.:** 608-266-8399 **Date:** Completed on submission to Grants.gov

Federal Use Only:

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Standard Form - LLL (Rev. 7-97)

Project/Performance Site Location(s)

Project/Performance Site Primary Location

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: State of Wisconsin Department of Health Services

UEI: CG2SZ7HCNV54

* Street1: 201 East Washington Ave

Street2:

* City: Madison County:

* State: WI: Wisconsin

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 53703-2866 * Project/ Performance Site Congressional District: WI-002

Project/Performance Site Location 1

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

UEI:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Additional Location(s) Add Attachment Delete Attachment View Attachment

Business Assessment of Applicant Organization

Applicants review and answer the business assessment questions outlined below. There are eleven (11) topic areas labeled A-K, with a varying number of questions within each topic area. **Applicants MUST provide a brief substantive answer to each question (and supporting documentation, as applicable. Singular web links are not acceptable).** If the answer to any question is not applicable, please provide an explanation.

Please note: If CMS cannot complete its review without contacting the applicant for additional clarification, the applicant risks selection for award.

A. General Information

1. Provide organization's:
    a. Legal name: State of Wisconsin Department of Health Services
    b. EIN (include PMS prefix and suffix, if applicable: 1-396006469-C4
    c. Organizational Type: State Government

2. What percentage of your organization's capital is from Federal funding? (percentage = total Federal funding received in previous fiscal year / organization's total gross revenue in previous fiscal year).
   51%

3. Does/did your organization receive additional oversight (examples include: Correction Action Plan, Responsibility and Qualification (R/Q) findings, reimbursement payments for enforcement actions) from a Federal agency within the past 3 years due to past performance or other programmatic or financial concerns with the organization)?
   No, DHS has not received additional oversight within the past 3 years.
    a. If yes, please provide the following information: Name of the Federal agency and the reason for the additional oversight as explained by the Federal agency.
    b. If resolved, please indicate how the issue was resolved with the Federal agency.

4. Does your organization currently manage grants with other U.S. Department of Health and Human Services components or other Federal agencies?
   Yes, DHS manages multiple other grants under HHS and several other federal agencies.

5. Explain your organization's process to ensure annual renewal in SAM.gov including R/Q and Reps and Certs.
   The DHS Authorizing Entity renews the SAM registration annually following the SAM.gov renewal process, including review and approval by DHS leadership.

6. Explain your organization's process to comply with
    a. 2 CFR 200.113 "Mandatory Disclosures and
       Section 8A of DHS's grant agreement template states "The Grantee agrees to meet state and federal laws, rules, regulations, and program policies applicable to this Agreement."
    b. Your organization's process to comply with FFATA requirements

On a monthly basis, DHS identifies any subcontracts in excess of $25,000 for the reporting year. Those subcontracts are reviewed by accountants, consulting procurement staff as needed, to determine FFATA eligibility. FFATA eligible subcontracts are then reported via the federal reporting portal.

7. Do you have conflict of interest policies? Does your organization or any of its employees have any personal or organizational conflicts of interest related to the possible receipt of these CMS award funds? If yes, please explain and provide a mitigation plan.
   Yes, DHS maintains a conflict of interest policy. Neither DHS nor its employees have a conflict of interest related to receipt of these CMS award funds.

8. Does your organization currently, or in the past, had a delinquent Federal debt in the last 3 years? If yes, please explain.
   No, DHS has not had delinquent federal debt in the last 3 years.

9. Have you filed bankruptcy or entered into proceedings for bankruptcy, whether voluntarily or involuntarily?
   No, DHS has not filed bankruptcy or entered into proceedings for bankruptcy.

10. Has your organization obtained fidelity bond insurance coverage for responsible officials and employees of the organization in amounts required by statute or organizational policy? What is that amount?
    Yes, DHS has a $500,000 dishonesty bond from Hanover Insurance.

11. Do you have (and briefly describe) policies and procedures in place to meet the requirements below? If not, explain your plan and estimated timeline for establishing these policies and procedures if selected for award.
    a. Determinations between subrecipients versus contracts in accordance with 2 CFR 200.331?
       DHS performs a subrecipient versus contractor determination for every agreement.
    b. Compliance with 2 CFR 200.332 “Requirements for pass-through entities”?
       DHS meets the Requirements for pass-through entities as described in 2 CFR 200.332 by including the Federal Award Information Table for all federally funded agreements.
    c. Manage, assess risk, review audits, and monitor the subreceipients as necessary to ensure that subawards are used for authorized purposes in compliance with laws, regulations, and terms and conditions of the award and that established subaward performance goals are achieved (2 CFR 200.331-200.333)?
       Subrecipient and risk assessment monitoring are performed by DHS program areas.

B. Accounting System

1. Does your organization have updated (last two years) written accounting policies and procedures to manage Federal awards in accordance with 2 CFR 200?

Yes, the State Accounting Manual managed by the Department of Administration and used by DHS has been updated as needed within the last two years.

a. If no, please provide a brief explanation of why not.
b. Describe the management of Federal funds and how funds are separated (not co-mingling) from other organizational funds.
   All federal funds are kept in budget appropriated buckets that only contain federal activity. DHS also has the ability to systematically build any required federal match into our transactions while keeping those amounts separated between federal and non-federal appropriations.

2. Briefly describe budgetary controls in effect to preclude incurring obligations in excess of:
   a. Total funds available for an award.
      Our accounting system utilizes contract limits for each federal award. Any amounts charged to a project in excess of our contract limit go into a separate category that is not processed for federal draw but must be reviewed by our finance area to determine the appropriate treatment.
   b. Total funds available for a budget cost category.
      When completing required federal reporting, our finance and program areas discuss the current status of each budget cost category and contact the awarding agency to discuss any discrepancies.

3. Has any government agency rendered an official written opinion within the last 3 years concerning the adequacy of the organization's accounting system for the collection, identification, and allocation of costs under Federal awards?
   Wisconsin's Legislative Audit Bureau conducts an annual audit of DHS financial and accounting practices, including costs under Federal awards.
   a. If yes, please provide the name and address of the agency that performed the review.
      Wisconsin Legislative Audit Bureau 22 E Mifflin St, Ste 500 Madison, WI 53703
   b. Provide a summary of the opinion.
      A summary of the audit can be found here: (https://legis.wisconsin.gov/lab/by-year/2025-2026/report-25-04-state-of-wisconsin-fy-2023-24-single-audit/). The auditors summarized their opinion as follows:

      > We have audited the financial statements of the governmental activities, the business-type activities, the aggregate discretely presented component units, each major fund, and the aggregate remaining fund information of the State of Wisconsin as of and for the year ended June 30, 2024, and the related notes to the financial statements, which collectively comprise the State of Wisconsin's basic financial statements, as listed in the table of contents.
      >
      > In our opinion, based on our audit and the reports of the other auditors, the accompanying financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities, the business-type activities, the aggregate remaining fund

information of the State of Wisconsin as of June 30, 2024, the respective changes in financial position and, where applicable, cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

c. How did your organization resolve any concerns?
DHS responded promptly to address all concerns identified by the Legislative Audit Bureau.

4. How does the accounting system provide for recording the non-Federal share and in-kind contributions (if applicable)
Not applicable for this grant program. DHS will not utilize in-kind contributions.

5. Does the organization's accounting system provide identification for award funding by Federal agency, pass-through entity, Assistance Listing (CFDA), award number and period of funding?
   a. If yes, how does your organization identify awards?
   Yes, DHS identifies awards using all of the above identifiers in addition to state-required accounting practices.
   b. If not, please explain why not.

C. Budgetary Controls

1. What are your organization's controls used to ensure that the Authorized Organizational Representative (AOR), as identified on the SF-424, approves all budget changes for the Federal award?
When budget changes are warranted, the DHS AOR reviews the changes to ensure requirements are met.

2. Describe your organization's procedures for minimizing the time between transfer of funds from the U.S. Treasury (e.g. Payment Management System) and disbursement for grant activities (See 2 CFR 200.305, "Federal Payment").
DHS operates grant activity on a reimbursement basis. We do not request a drawdown of federal funds until the funds have been expended by DHS or a subrecipient.

D. Personnel

1. Does your organization have a current organizational chart or similar document establishing clear lines of responsibility and authority?
Yes, DHS retains an organizational chart.
   a. If yes, please provide a copy.
   A copy of the DHS organizational chart is attached.
   b. If no, how are lines of responsibility and authority determined?

2. Does your organization have updated (last two years) written Personnel and/or Human Resource policies and procedures? If no, provide a brief explanation.
Yes, the State of Wisconsin Department of Personnel Management policies and procedures that govern DHS have been updated as needed within the last two years.

3. Does your organization pay compensation to Board Members?
   Not applicable. DHS does not have Board Members.

4. Are staff responsible for fiscal and administrative oversight of HHS awards? (Grants Manager, CEO, Financial Officer) familiar with Federal rules and regulations applicable to grants and cooperative agreements (e.g., 2 CFR 200)?
   Yes, staff are familiar with federal rules and regulations and reliance on multiple experienced staff ensures rules and regulations are followed correctly.

5. Please describe how the payroll distribution system accounts for, tracks, and verifies the total effort (100%) to determine employee compensation.
   Employees are required to record their time spent performing job duties. Each amount of time recorded also systematically requires the employee to indicate which project(s) they were working on during that time period. The system will not allow the time record to be saved unless a task is recorded for each amount of time entered by the employee to ensure 100% of effort is identified.

E. Payroll

1. In preparation of payroll is there a segregation of duties for the staff who prepare the payroll and those that sign the checks, have custody of cash funds and maintain accounting records? Please describe.
   Yes, there is a segregation of duties for staff who prepare payroll and maintain accounting records. DHS does not sign checks for payroll or maintain cash funds.

F. Consultants

1. Are there written policies or consistently followed procedures regarding the use of consultants which detail the following (include an explanation for each question below):
   DHS does not have a written policy for consultants. DHS follows the State Procurement Manual.
   a. Briefly describe your organization's method or policy for ensuring consultant costs and fees are allowable, allocable, necessary and reasonable.
      It is the responsibility of the program area's budget and policy analyst (BPA) and managerial accountant (MA) to determine if costs are allowable and allocable.
   b. Briefly describe your organization's method or policy to ensure prospective consultants prohibited from receiving Federal funds are not selected.
      DHS performs a variety of checks to ensure that entities are not debarred or suspended, or included on the WI Department of Revenue's sales and use tax compliance list.

G. Property Management

1. Briefly describe the system for property management (tangible or intangible) utilized for maintaining property records consistent with 2 CFR 20.313. Refer to (2 CFR 200) for definitions of property to include personal property, equipment, and supplies.
   DHS maintains records of assets using the PeopleSoft Asset Management System. The Asset Management System includes information on the acquisition cost, date of

acquisition, and location of each asset. DHS also complies with State and Federal requirements governing acquisition of supplies and equipment.

2. Does your organization have adequate insurance to protect the Federal interest in equipment and real property (see 2 CFR 200.310 "Insurance coverage")? How does the organization calculate the amount of insurance?
   Yes, DHS maintains adequate insurance based on state-calculated rates. This grant will not be used to purchase or maintain equipment or real property.

H. Property Standards

1. Describe the organization's property standards in accordance 2 CFR 200.310-327 "Procurement Standards")? If there are no procurement procedures, briefly describe how your organization handles purchasing activities.
   a. Include individuals responsible and their roles.
   b. Describe the competitive bid process for procurement purchases of equipment, rentals, or service agreements that are over certain dollar amounts.
      The CFR allows states to follow their own State procurement rules. As such, DHS follows the State of Wisconsin's Procurement Manual. For procurement thresholds, DHS follows PRO-101 in the State's Procurement Manual: https://doa.wi.gov/ProcurementManual/Documents/PRO-101.pdf

      For granted processes, DHS follows PRO-504 in the State's Procurement Manual: https://doa.wi.gov/ProcurementManual/Documents/PRO-504.pdf

I. Transportation Costs

1. Describe your organization's written travel policy. Ensure, at minimum, that:
   a. Travel charges are reimbursed based on actual costs incurred or by use of per diem and/or mileage rates (see 2 CFR 200.474, "Transportation costs").
      DHS travel is reimbursed based on a per diem rate.
   b. Receipts for lodging and meals are required when reimbursement is based on actual cost incurred.
      DHS requires receipts for lodging and meals for staff to be reimbursed.
   c. Subsistence and lodging rates are equal to or less than current Federal per diem and mileage rates.
      The State of Wisconsin subsistence and lodging rates are less than current Federal rates.
   d. Commercial transportation costs incurred at coach fares unless adequately justified. Lodging costs do not exceed GSA rate unless adequately justified (e.g. conference hotel).
      The State of Wisconsin mandates travel at commercial coach fare rates and lodging does not exceed GSA rates unless adequately justified.
   e. Travel expense reports show purpose and date of trip.
      DHS expense reports require staff to fill in the purpose and date of their trip.
   f. Travel costs are approved by organizational official(s) and funding agency prior to travel.
      DHS travel costs are approved by organizational officials and the funding agency.

J. Internal Controls

1. Provide a brief description of your organization's internal controls that will provide reasonable assurance that the organization will manage award funds properly. (see 2 CFR 200.303, "Internal controls.")
   The DHS Accounting Department manages more than 60 separate federal awards and has rigorous award management practices in place that follow policies mandated by both the federal government and the State of Wisconsin.

2. What is your organization's policy on separation of duties as well as responsibility for receipt, payment, and recording of cash transactions?
   Cash office staff have amounts deposited verified by customers providing deposits as well as our accounts payable supervisors. Check payment is handled for that State of Wisconsin centrally by the Department of Administration. DHS staff cannot create a check themselves and then pick it up.

3. Does your organization have internal audit or legal staff? If not, how do you ensure compliance with the award? Please describe.
   DHS has internal audit and legal staff. The State of Wisconsin also has an independent audit bureau to ensure additional programmatic and financial standards are maintained.

4. If your organization has a petty cash fund, how is it monitored?
   DHS does not maintain petty cash.

5. Who in the organization reconciles bank accounts? Is this person familiar with the organization's financial activities? Does your organization authorize this person to sign checks or handle cash?
   Bank accounts are reconciled by programmatic staff that work with customers with oversight by our financial staff. Bank accounts are not reconciled by staff that handle cash.

6. Are all employees who handle funds required to be bonded against loss by reason of fraud or dishonesty?
   Yes, as noted in A.10 DHS has a dishonest bond that includes all employees that handle funds.

K. Audit

1. What is your organization's fiscal year?
   The fiscal year begins on July 1 and ends on June 30.

2. Did your organization expend $1,000,000 or more in Federal awards from **all** sources during its most recent fiscal year?
   Yes.

3. Has your organization submitted;

Yes, these requirements have been met and the annual DHS audit is submitted to the FAC by the State of Wisconsin Legislative Audit Bureau.

a. An audit report to the Federal Audit Clearing House (FAC) in accordance with the Single Audit Act in the last 3 years? (see 2 CFR 200.501, "Audit requirements" and 2 CFR 300.218 "Special Provisions for Awards to for-profit organization as recipients.") **or**

b. An independent, external audit? If no, briefly explain.
   If yes, address the following

   i. The date of the most recently submitted audit report
      The most recent audit report was submitted on March 28, 2025

   ii. The auditor's opinion on the financial statement
      In our opinion, based on our audit and the reports of the other auditors, the accompanying financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities, the business-type activities, the aggregate discretely presented component units, each major fund, and the aggregate remaining fund information of the State of Wisconsin as of June 30, 2024, the respective changes in financial position and, where applicable, cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

   iii. If applicable, indicate if your organization has findings in the following areas:
      1. Internal controls
      2. Questioned or unallowable costs
      3. Procurement/suspension and debarment
      4. Cash management of award funds, and
      5. Subrecipient *monitoring*

      The following internal control and compliance concerns were identified:
      1. Eligibility for the Children's Health Insurance Program (Finding 2024-300);
      2. Summer Electronic Benefit Transfer Program for Children—Cash Management (Finding 2024-301);
      3. Social Services Block Grant—Subrecipient Contracts (Finding 2024-302);
      4. Social Services Block Grant—Federal Funding Accountability and Transparency Act Reporting (Finding 2024-303);
      5. Coronavirus State and Local Fiscal Recovery Funds—Unallowable Costs (Finding 2024-304);
      6. Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)— Subrecipient Monitoring (Finding 2024-305);
      7. Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises—Subrecipient Monitoring (Finding 2024-306);
      8. Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response—Subrecipient Monitoring (Finding 2024-307);

9. Supplemental Nutrition Assistance Program—Subrecipient Monitoring (Finding 2024-308); and
10. Multiple Grants—Federal Funding Accountability and Transparency Act Reporting (Finding 2024-309)

iv. Include (if applicable):
1. A description of each finding classified as Material Weakness
Material weaknesses noted in green
2. A description of each finding classified as Significant Deficiency
Significant deficiencies noted in red

4. Has your organization had corrective actions in the past 2 years for the findings identified above (3(iii))? If yes, describe the status (closed or open) and progress made on those corrective actions.
The link to our State of Wisconsin Legislative Audit Bureau's Single Audit report provided in B.3 contains all the information requested in this section. All findings occurred in the latest audit and remain open. DHS agreed with all recommendations and is taking steps to ensure compliance.

a. **Eligibility for the Children's Health Insurance Program (Finding 2024-300);**
Recommendation: We recommend the Wisconsin Department of Health Services continue with efforts to perform redeterminations of eligibility and remove eligibility for Children's Health Insurance Program participants who exceed the age requirement.

b. **Summer Electronic Benefit Transfer Program for Children—Cash Management (Finding 2024-301);**
Recommendation: We recommend the Wisconsin Department of Health Services review its procedures and make updates that will ensure recorded expenditures are supported by program expenditures; and minimize the time between the recording of expenditures and the drawdown of federal funds.

c. **Social Services Block Grant—Subrecipient Contracts (Finding 2024-302);**
Recommendation: We recommend the Wisconsin Department of Health Services implement its updated procedures for contract development to ensure information provided in its subrecipient contracts correctly identifies the Social Services Block Grant as the federal funding source for the basic county allocation of the community aids program related to the transferred Temporary Assistance for Needy Families funds.

d. **Social Services Block Grant—Federal Funding Accountability and Transparency Act Reporting (Finding 2024-303);**
Recommendation: We recommend the Wisconsin Department of Health Services continue its effort to implement its updated procedures for Federal Funding Accountability and Transparency Act reporting to ensure all Social Services Block Grant subawards are identified and reported.

e. **Coronavirus State and Local Fiscal Recovery Funds—Unallowable Costs (Finding 2024-304);**

Recommendation: We recommend the Wisconsin Department of Health Services: take steps to further its understanding of the Coronavirus State and Local Fiscal Recovery Funds grant it is administering to ensure it administers the grant in compliance with all federal rules; and review the non-federal match requirements for the Public Assistance grant and ensure it has met the non-federal match requirements.

f. **Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)— Subrecipient Monitoring (Finding 2024-305);**
Recommendation: We recommend the Wisconsin Department of Health Services: develop a written monitoring plan for the Epidemiology and Laboratory Capacity for Infectious Diseases grant that includes a description of the subrecipient monitoring expected for low-, moderate-, and high-risk subrecipients; procedures for completing and documenting desk reviews of subrecipient invoices; and procedures for assessing and documenting the reliance that can be placed on review of subrecipient single audit reports; provide training on the monitoring plan to staff with responsibilities for subrecipient monitoring activities; and develop and implement management oversight procedures to ensure monitoring is being completed and documented.

g. **Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises— Subrecipient Monitoring (Finding 2024-306)**
Recommendation: We recommend the Wisconsin Department of Health Services: continue to develop a written monitoring plan for the Health Disparities grant that includes a description of the subrecipient monitoring expected for low-, moderate-, and high-risk subrecipients; procedures for completing and documenting desk reviews of subrecipient invoices; and procedures for assessing and documenting the reliance that can be placed on review of subrecipient single audit reports; provide training on the monitoring plan to staff with responsibilities for subrecipient monitoring activities; and develop and implement management oversight procedures to ensure monitoring is being completed and documented.

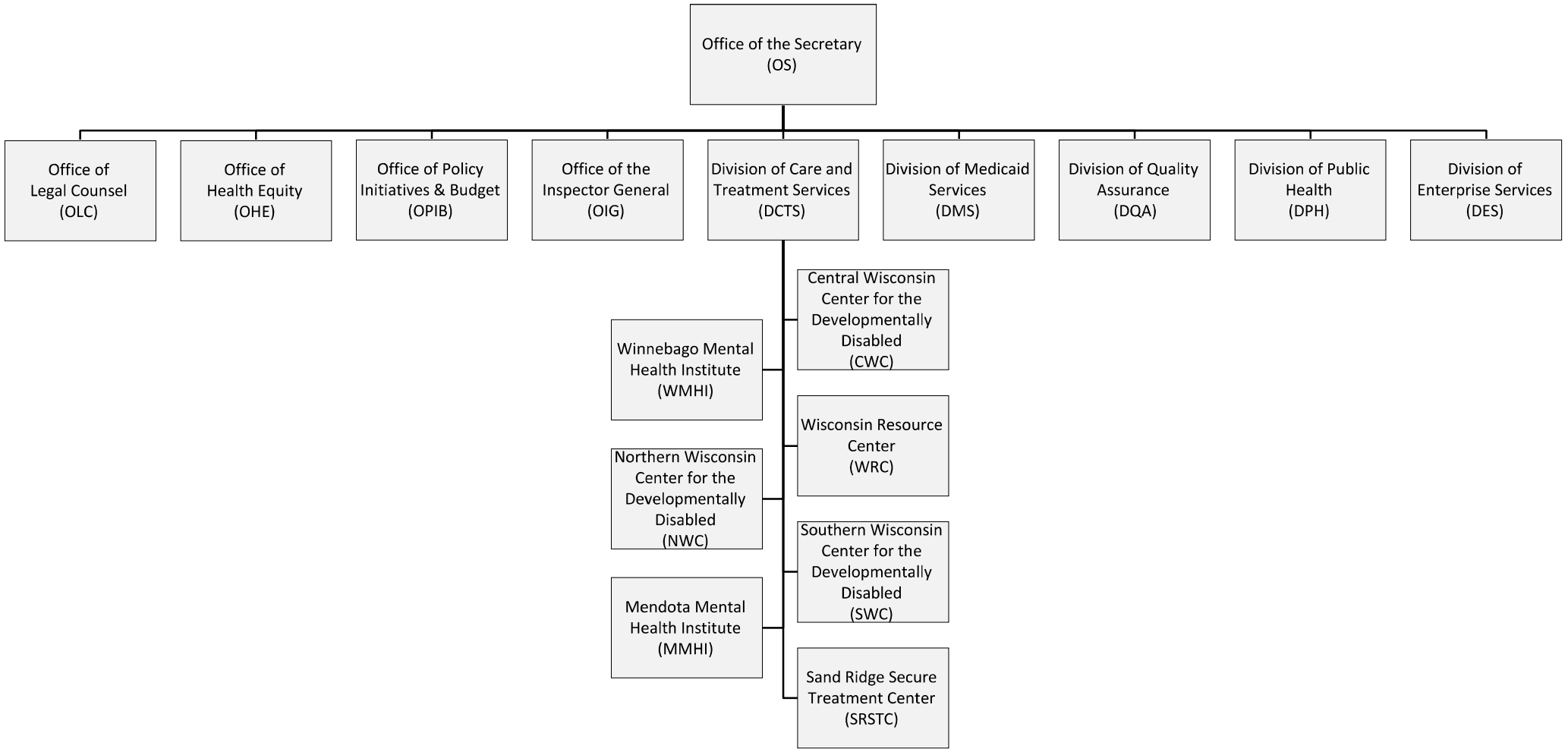
h. **Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response—Subrecipient Monitoring (Finding 2024-307)**
Recommendation: We recommend the Wisconsin Department of Health Services: complete its review of the FY 2022-23 subrecipient tracking spreadsheets and complete the assessment of the progress and fiscal reports and consideration of unallowable costs, document the conclusion, and return funding to the federal government if costs were determined to be unallowable; complete risk assessments for the three local and seven tribal public health agencies receiving funding under the Public Health Emergency Response grant during FY 2023-24 and adjust subrecipient monitoring appropriately; continue to develop a written monitoring plan for the Public Health Emergency Response grant that includes a description of the subrecipient monitoring expected for low-, moderate-,

and high-risk subrecipients; procedures for completing and documenting desk reviews of subrecipient invoices; and procedures for assessing and documenting the reliance that can be placed on review of subrecipient single audit reports; provide training on the monitoring plan to staff with responsibilities for subrecipient monitoring activities; and develop and implement management oversight procedures to ensure monitoring is being completed and documented.

i. **Supplemental Nutrition Assistance Program—Subrecipient Monitoring (Finding 2024-308)**
Recommendation: We recommend the Wisconsin Department of Health Services: complete risk assessments for each income maintenance consortia receiving administrative funding under the Supplemental Nutrition Assistance Program; develop and document a written monitoring plan that includes a description of the monitoring expected for low-, moderate-, and highrisk subrecipients to ensure that the subrecipient uses the subaward for authorized purposes, complies with the terms and conditions of the subaward, and achieves performance goals; specify in the written monitoring plan how existing monitoring procedures are incorporated into the plan and assess what additional monitoring procedures may be needed; and implement the written monitoring plan and maintain documentation related to the monitoring performed.

j. **Multiple Grants—Federal Funding Accountability and Transparency Act Reporting (Finding 2024-309)**
Recommendation: We recommend the Wisconsin Department of Health Services continue its efforts to implement updated procedures and make future revisions to these procedures for Federal Funding Accountability and Transparency Act reporting to ensure reporting is accurate, complete, and submitted in a timely manner.

Department of Health Services



Tony Evers
Office of the Governor | State of Wisconsin

November 3, 2025

Dr. Mehmet Oz, Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Dr. Mehmet Oz:

I write to express my strong support and endorsement of Wisconsin's Rural Health Transformation Plan, submitted with this letter. Having grown up in Plymouth, Wisconsin (population 8,932 as of the last U.S. Census), I know firsthand the immense strength of our rural communities as well as the unique economic and demographic challenges our rural communities face. My administration's proposed plan will empower the right providers, harness the right technology, and support the right professional networks, to improve the health and wellbeing of Wisconsinites in rural communities across our state.

- **Benefit to Rural Residents.** The application includes $1 billion of funding across three initiatives: Rural Talent Recruitment and Retention, Interoperability Infrastructure and Modernization, and Population Health Infrastructure. Initiatives will focus on expanding rural capacity, improving sustainability, and investing in innovation. **$944 million (94%) will be invested in rural communities.**

    - **Rural Talent Recruitment and Retention (Strengthen the Workforce) - $337 million.** 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 community-focused services.

    - **Interoperability Infrastructure and Modernization (Expand and Enhance Digital Capabilities) - $329 million.** Rural Wisconsin risks missing out on technological advancements, such as closed-loop referral systems and telehealth capabilities. Wisconsin will invest in a digital rural health care collaborative and allocate funds to rural providers to upgrade systems and infrastructure.

    - **Population Health Infrastructure (Improve Care Delivery Through Partnerships) - $279 million.** Fragmented systems of care in rural areas prevent coordination across primary care, behavioral health, and social supports in the community. Wisconsin DHS will stand up a competitive grant program for regional coalitions in rural areas to create coordinated systems of care across multiple partners. To receive funds, the regional coalitions will have to demonstrate multi-sector partnerships and a clear path to sustainability for any proposed work. Each tribal Nation will receive $500,000 per year to pursue RHT program goals.

    - **Administration and Evaluation - $55 million.** Administering this program will be a massive undertaking, with multiple grant programs to administer, new systems to stand up and administer, and multiple partner relationships to manage. Qualified staff will ensure funds are spent effectively, efficiently, and transparently. Wisconsin will partner with academic institutions to evaluate the impact of the program.

- **Lead Agency Designation.** I have designated the Wisconsin Department of Health Services (DHS) as the lead agency responsible for this program. Under state statute, DHS authority includes Medicaid, public health, behavioral health, and regulation of our hospital and long-term care sectors.

- **Partner Consultation and Engagement.** I certify that the State health agency developed this application in collaboration with Medicaid, the Wisconsin Office of Rural Health, local and tribal governments, tribal health directors, and an extensive list of other stakeholders identified in the planning process.

    - Wisconsin solicited a request for information and received over 170 responses from hospitals and health systems, local and tribal governments, health care vendors, tech companies, educational institutions, and associations. Wisconsin's health agency reviewed each proposal and met with over one dozen partners to further develop these ideas for our rural health transformation plan.

    - Respondents were asked which of the 10 CMS allowable activities the state should address in the plan. The majority (93 responses) focused on technology-enabled solutions to improve efficiency, enhance cybersecurity capacity, and improve care delivery and health outcomes. Other priorities included workforce development, behavioral health innovations, and infrastructure investments.

    - Stakeholders also identified key challenges with our rural health care system. Themes included low patient volume, reliance on public payers (Medicaid and Medicare), geographic and digital isolation, and workforce challenges.

    - Wisconsin will continue to engage stakeholders throughout the development and implementation of the program through formal and informal consultations, including an advisory group to ensure transparency and accountability.

- **State-Level Actions.** State-level actions that will ensure success include collaboration across agencies and regulatory changes to Medicaid implemented through state plan amendments and contracts. Medicaid will invest in community health worker services and coverage for dual eligible individuals to sustain investments in improved health services. The plan leverages the expertise and rural connections of state agencies, including the Departments of Administration; Agriculture, Trade, and Consumer Protection; Workforce Development; the University of Wisconsin – System; the Wisconsin Technical College System; and others to support program administration.

- **Prohibited Use of Funds.** I certify that Wisconsin will not spend any award funds on activities prohibited under 42 U.S.C. 1396ee(h)(2)(ii) related to intergovernmental transfers, certified public expenditures, or any other expenditure to finance the non-Federal share of expenditures required under any provision of law.

Wisconsin stands ready to execute on the initiatives described in the application and continue our ongoing work to improve the health of rural Wisconsin.

Respectfully submitted,

Tony Evers

Tony Evers
Governor

STATE AND LOCAL GOVERNMENT RATE AGREEMENT

EIN: 1396006469W
ORGANIZATION:
Wisconsin Department of Health Services
1 West Wilson Street
P.O. Box 7850
Madison, WI 53707-7850

Date: 04/15/2025
FILING REF.: The preceding agreement was dated 05/03/2024

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

	EFFECTIVE PERIOD				
TYPE	FROM	TO	RATE(%)	LOCATION	APPLICABLE TO
FINAL	07/01/2023	06/30/2024	6.70	On Site	Division of Public Health
FINAL	07/01/2023	06/30/2024	6.30	On Site	Division of Medicaid Services (excl. DDB)
FINAL	07/01/2023	06/30/2024	5.80	On Site	Disability Determination Bureau
FINAL	07/01/2023	06/30/2024	5.00	On Site	Division of Care and Treatment Services (excl. Facil.)
FINAL	07/01/2023	06/30/2024	4.60	On Site	Mental Health Facilities
FINAL	07/01/2023	06/30/2024	4.60	On Site	DD Facilities
FINAL	07/01/2023	06/30/2024	5.00	On Site	Division of Quality Assurance
FINAL	07/01/2023	06/30/2024	6.60	On Site	Office of the Secretary
FINAL	07/01/2023	06/30/2024	4.70	On Site	DES (excluding BITS)
FINAL	07/01/2023	06/30/2024	9.40	On Site	BITS
FINAL	07/01/2023	06/30/2024	5.80	On Site	Office of Policy Initiatives and Budget
FINAL	07/01/2023	06/30/2024	5.00	On Site	Office of Inspector General
FINAL	07/01/2023	06/30/2024	4.70	On Site	Office of Children's Mental Health
FINAL	07/01/2023	06/30/2024	6.10	On Site	Office of Health Equity
PROV.	07/01/2024	06/30/2027			Use same rates and conditions as those cited for fiscal year ending June 30, 2024

*BASE

Direct salaries and wages including vacation, holiday, sick pay and other paid absences but excluding all other fringe benefits.

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:
The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES:
Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

Note:

The indirect cost rates shown on this State and Local Rate Agreement do not apply to programs requiring the use of a restricted indirect cost rate(s).

Fringe Benefits:
FICA
Retirement
Group Insurance (Health, Life, Wage Continuation)
Unemployment Compensation
Worker's Compensation

1. The allocation/billing methodologies have been approved for the WI Department of Health Services.

a. Bureau of Fiscal Services (BFS)
b. Bureau of Information Technology Services (BITS)
c. DHS Mailroom

2. Effective as of July 2004, payments for unused leave when an employee retires or terminates employment will be allocated as a general administrative expense as required by 2 CFR Chapter 2, Section B, Subpart E, 200.431(b)(3)(i).

The rates in this rate agreement were reviewed in compliance with the HHS and NIH Grants Policy Statement applying a Salary Rate Limit (SRL) to indirect cost salaries & wages not exceeding the Executive Level II rate contained in the HHS Appropriations Act."

Equipment means tangible personal property (including information technology systems) having a useful life of more than two years and a per-unit acquisition cost which equals or exceeds $5,000.

SECTION III: GENERAL

A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted: such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

Wisconsin Department of Health Services
(INSTITUTION)

Barry R. Kasten
(SIGNATURE)

Barry R. Kasten
(NAME)

Finance Director, Bureau of Fiscal Services
(TITLE)

4/23/2025
(DATE)

ON BEHALF OF THE GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
(AGENCY)

Darryl W. Mayes -S
Digitally signed by Darryl W. Mayes -S
Date: 2025.04.11 17:29:54 -04'00'
(SIGNATURE)

Darryl W. Mayes
(NAME)

Director, Cost Allocation Services
(TITLE)

04/15/2025
(DATE)

HHS REPRESENTATIVE: Marcal Matthews
TELEPHONE: (212) 264-2069

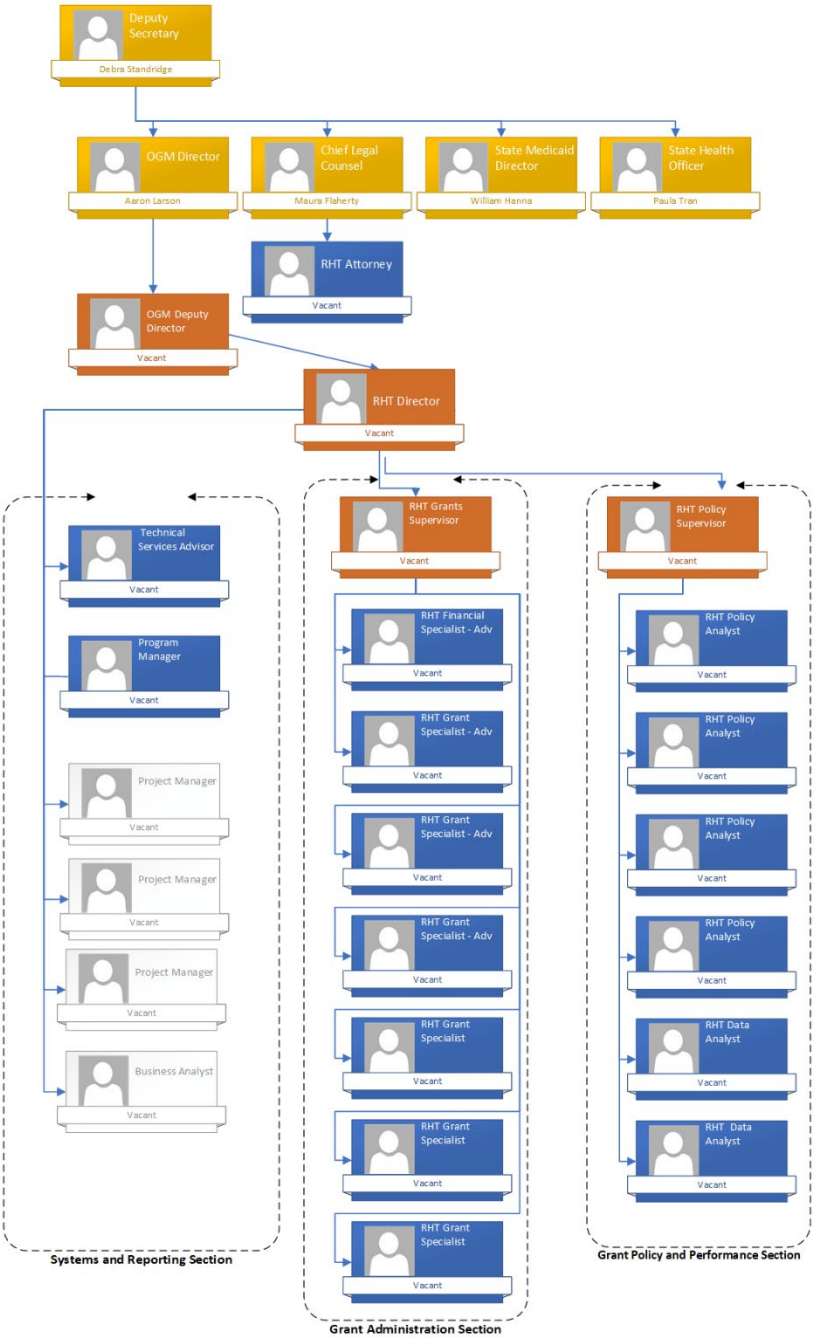
Wisconsin's Rural Health Transformation Program
Other Supporting Materials

Materials include: a list of stakeholders consulted, letters of support from stakeholders, information on state policy actions for scoring criteria, organizational charts for project governance, resumes for key program staff, more extensive data on rural health, and additional information on implementation regions.

Targeted Partner Engagement

Partner Name	Partner Type
National Alliance on Mental Illness (NAMI) -Wisconsin	Behavioral Health Advocacy
Wisconsin County Human Services Association	Behavioral Health System
United Way of Wisconsin	Community Based Organization
Medical College of Wisconsin	Education - Medical School
University of Wisconsin School of Medicine and Public Health	Education - Medical School
Wisconsin Technical College System (WTCS)	Education – Technical College
Marquette University	Education - University
University of Wisconsin School of Nursing	Education - University
University of Wisconsin School of Pharmacy	Education - University
University of Wisconsin Division of Extension	Education - University
Universities of Wisconsin (UW System)	Education - University System
Wisconsin Collaborative for Healthcare Quality (WCHQ)	Health Care Data Expertise
Walgreens	Provider
University of Wisconsin Health (UW Health)	Provider
Wisconsin Primary Health Care Association (WPHCA)	Provider Association – Community Health Centers
Wisconsin EMS Association	Provider Association – EMS
Wisconsin Hospital Association	Provider Association – Hospitals
Pharmacy Society of Wisconsin	Provider Association - Pharmacies
Rural Wisconsin Health Cooperative	Provider Association – Rural Hospitals
Wisconsin High Value Network	Provider Network – Rural Hospital Network
Wisconsin Association of Local Health Departments and Boards (WALHDAB) and Wisconsin Public Health Association (WPHA)	Public Health Association
Wisconsin Office of Rural Health	Rural Expertise
Wisconsin Department of Safety and Professional Services	State Agency
Wisconsin Department of Workforce Development	State Agency
Wisconsin Department of Agriculture, Trade, and Consumer Protection	State Agency
Wisconsin Office of the Commissioner of Insurance	State Agency
WISHIN	Statewide Health Information Network
Wisconsin EMS Board – Rural EMS Subcommittee	Statutory Advisory Body - EMS
Wisconsin Public Health Council	Statutory Advisory Body - Public Health
Stockbridge-Munsee Community Band of Mohican Indians	Tribal Nation
Bad River Band of the Lake Superior Tribe of Chippewa Indians	Tribal Nation
Red Cliff Band of Lake Superior Chippewa	Tribal Nation
Wisconsin Tribal Health Directors Associationyouth	Tribal Nations
Great Lakes Inter-Tribal Council, Inc.	Tribal Nations

Organizational Chart: RHT Program Administration



Rural Health Care Workforce Shortage Analysis[1]

Wisconsin's flagship initiatives focus on recruiting, retaining, and supporting a sustainable health care workforce based on an analysis of shortage areas for primary and behavioral health care.

Primary care and physicians: 1 million Wisconsinites live in federally designated shortage areas for primary care. While one-third of the state lives in rural areas, only one-in-ten physicians practice in rural areas. Primary care physicians serve as economic catalysts; a single rural physician generates an estimated $1.4 million in annual economic activity and over 26 local jobs.

Category	Challenges for Primary Care and Physicians
Financial 	▶ Gap in compensation between primary care and specialists
Educational 	▶ Education and training inadequate to meet demand ▶ Lack of clinical training opportunities in rural areas
Workplace 	▶ Burnout due to administrative burdens ▶ Burden of managing mid-level health professionals ▶ Challenges with rural practice settings (isolation, resource limitations, and long travels)

Oral health: Nearly half of Wisconsin counties (34 out of 72) are federally designated dental care shortage areas. Wisconsin Medicaid is one of 25 state programs with a comprehensive Medicaid dental benefit, covering both children and adults and reimbursing for a full range of dental services. Despite offering a comprehensive Medicaid dental benefit, utilization remains low. In 2021, 36% of children enrolled in Medicaid received dental services compared to 71% of children with private insurance. Additionally, Medicaid has difficulty enrolling and engaging enough dentists to provide dental services. Only 29% of dentists report serving Medicaid members and 34% of these providers plan to leave in the next 5 years.

Behavioral health: Includes psychiatrists, clinical social psychologists, clinical social workers, psychiatric nurse specialists, marriage and family therapists, and others who provide behavioral health services. Most Wisconsin counties (40 out of 72) are federally designated as mental health professional shortage areas, defined as fewer than one psychiatrist per 30,000 residents. The supply is particularly challenging in rural areas and is expected to worsen. Psychiatrists are a key component of the workforce, given their capability to diagnose, treat, and prescribe. Out of Wisconsin's 72 counties, 20 (28%) had no practicing psychiatrists in 2018, and 55 (76%) faced a significant shortage, defined as fewer than one for every 10,000 residents.

[1] Governor's Task Force on the Healthcare Workforce. (2024). *Task Force Report.* https://www.dhs.wisconsin.gov/hc-workforce/gov-taskforce-hcwf-report-2024.pdf

Category	Challenges for Behavioral Health Providers
Financial	▶ Low wages ▶ High debt-to-income ratios due to student loan debt
Educational	▶ Significant educational requirements for entry into workforce ▶ Top heavy workforce with limited advancement opportunities ▶ Shortage of clinical sites and licensed supervisors and preceptors
Workplace	▶ Excessive workloads, which can lead to burnout ▶ Lack of organizational support and high administrative burdens ▶ Challenges with rural practice settings (isolation, resource limitations, and long travels) ▶ Lack of interoperable technology that interfaces with other providers or care teams

Community health workers and other community providers

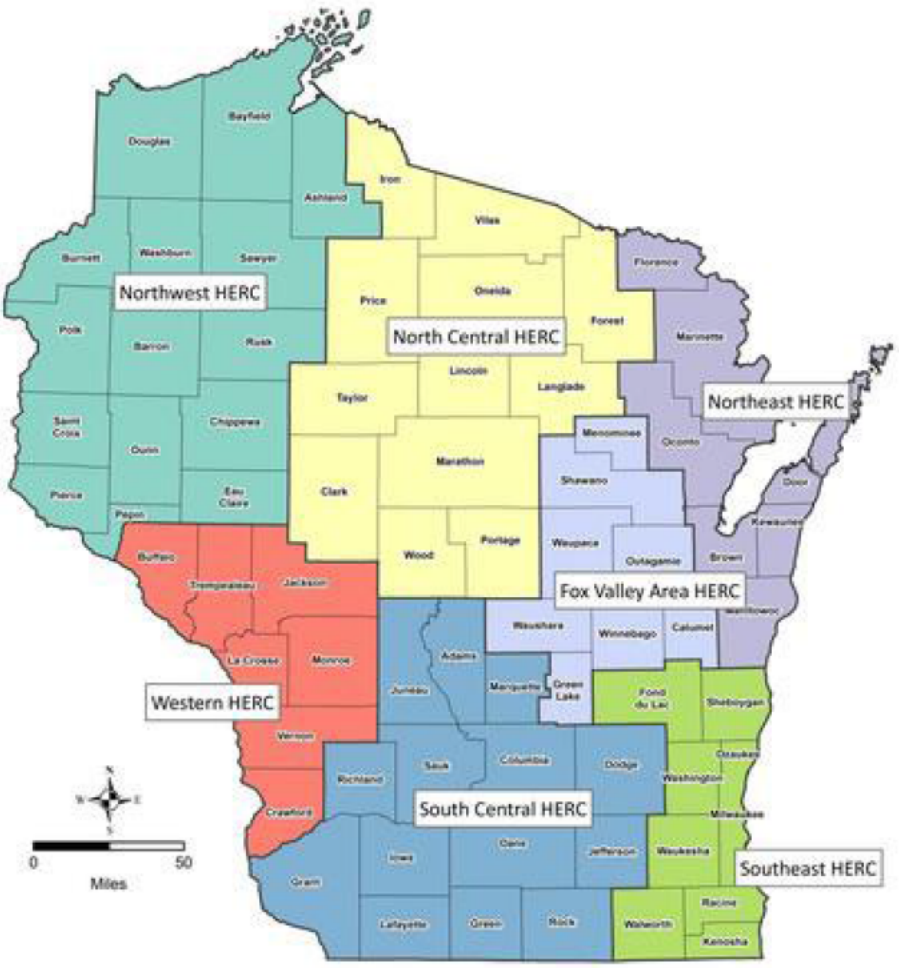
- Wisconsin does not have enough community-focused providers to help rural Wisconsinites navigate health systems because of low wages, limited training opportunities, and a lack of institutional supports. For example, our state has an estimated 500 CHWs who provide nonmedical services such as housing referrals, nutritional mentoring, stress management, and other wraparound supports. These workers earn an median wage of just $45,400. Although the state does not have a formal certification, there are three nationally certified training programs. Medicaid is not currently authorized to reimburse for CHW services. Additional CHWs will improve care coordination and patient navigation in rural areas.
- Other community-focused providers experiencing shortages include certified peer specialists, public health workers, and EMS. Peer specialists are people with lived experiences who are trained to support recovery from mental health and/or substance use challenges. Certification is awarded by DHS after successful completion of a training course and an exam. Public health workers include local or Tribal health officers, maternal and child health managers, health educators, preparedness staff, public health nurses, public health physicians, and other professionals employed by Wisconsin's local and Tribal health departments. EMS agencies include an estimated 5,800 emergency medical technicians and paramedics, with around 400 vacancies per year. Many are volunteer staffed, leading to insufficient resources to maintain 24/7 ambulance coverage. According to a 2023 report, 41% of EMS agencies did not have adequate staffing to respond to a request for an ambulance.

Category	Challenges for Community-Focused Providers
Financial	▶ Low wages and limited benefits ▶ Lack of insurance coverage and reimbursement
Educational	▶ Limited certifications or licenses ▶ Limited training opportunities in rural areas
Workplace	▶ Skepticism and disrespect from other health care professionals ▶ Unpredictable schedules and high administrative burdens ▶ Lack of interoperable technology that interfaces with other providers or care teams

Pharmacists: Pharmacists are essential community providers but face different challenges. Pharmacies are accessible health care sites. Nearly 90% of Americans live within five miles of a pharmacy, and 97% live within ten miles. Pharmacies offer extended hours, including evenings and weekends, when other providers are unavailable. However, a study of 287 Wisconsin community pharmacies found that many were performing services at a loss, due to a lack of insurance reimbursement and workforce shortages.

Category	Challenges for Pharmacists
Financial	▶ Lack of adequate reimbursement for time and services ▶ Not eligible for loan forgiveness
Workplace	▶ Lack of interoperable technology that interfaces with other providers or care teams ▶ Limited rural training opportunities during school ▶ High workload (36.5% rate workload as "excessively high").

Map: Initiative 3 Regions (Coordinated Care Grants)



Map: Wisconsin Public Transit Systems

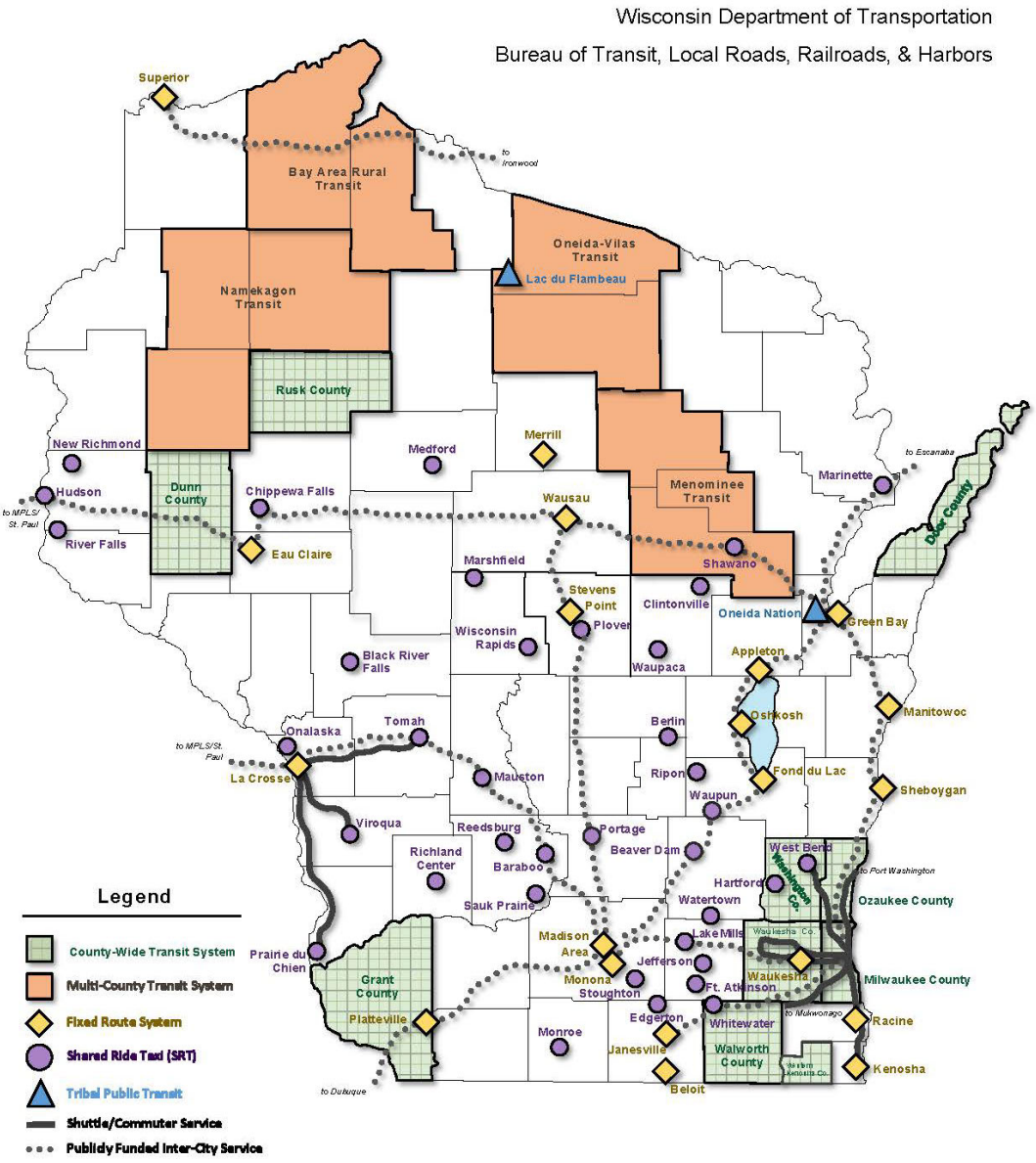


Table: State Policy Actions (Table 4 from the NOFO)

Technical Score Factor	State Policy Action	WI Current Policy	WI Policy Considerations
A.2.	Certified Community Behavioral Health Clinics (CCBHC)	Wisconsin currently has two CCBHCs located in urban areas, and no CCBHCs in rural areas (see table below).	RHT Initiative 3 proposes a study to understand the rural behavioral health landscape and will result in recommended strategies to restructure the system, such as adopting the CCBHC model.
A.7.	Medicaid Disproportionate Share Hospital Payments (DSH)	For 2025, 81 out of 174 hospitals received DSH payments (46%).	An attached table includes details on DSH payments by hospital.
B.2	Requires schools to reestablish the Presidential Fitness Test	Each school district is required to comply with standards set in state law. Current law provides minimum standards for physical education. The Department of Public Instruction publishes WI Standards for Physical Education.	Required standards and performance indicators establish what students should know and be able to do in physical education. Students must demonstrate skills to achieve a health-enhancing level of physical activity and fitness.
B.3	USDA SNAP Food Restriction Waiver	State legislators have authorized a proposed bill regarding SNAP purchase requirements (2025 Senate Bill 154). This would require DHS to seek a waiver to prohibit the purchase of candy or soft drinks with FoodShare.	DHS is committed to incentivizing healthy food purchases to support local farmers, grocers, and beneficiaries. In 2024, Wisconsin established a Healthy Food Incentive Program to provide matching funds to families using SNAP benefits to purchase fruits and vegetables.
B.4	State has a requirement for nutrition to be a component of continuing medical education (CME)	Nutrition CME is widely available online and in-person by the Medical College of Wisconsin, the University of Wisconsin, the Department of Public Instruction, and others.	WI licenses dietitians to help physicians operate at the top of their license and meet patients' needs. UW Health's CME program would gladly partner to expand nutrition CME offerings.
C.3	Certificate of Need (CON)	WI does not have any CON statutes except for a statewide bed limit for nursing homes (§150.31).	DHS is in the process of working with partners to revise the bed moratorium to meet the need for high-quality nursing home beds in rural Wisconsin.
D.2	Licensure Compacts	Wisconsin is a member state with licensure compacts for: • Physicians (§448.980), • Nurses (§441.51) • Psychologists (§455.50) • Physician assistants (§448.988) • Dieticians compact (in progress) • WI does not participate in a compact for EMS. Wisconsin has EMS reciprocity agreements instead.	EMS reciprocity agreements improve access to care and effectuate the intent of compacts while saving money. • EMS personnel licensed or who have received education and training in other states and territories may be eligible for EMS licensure in Wisconsin. The state has an online e-licensing system for EMS to allow for easy applications. • Joining the EMS Compact would substantially increase the time and cost to get a license in Wisconsin.
D.3	Scope of Practice	• Wisconsin expanded Nurse Practitioner scope of practice	• 2025 Act 17 expands authority to practice independently for advanced

		authority (Chapter 441). • Wisconsin has semi-restricted scope of practice for dental hygienists (§447.06) and pharmacists (Chapter 450). • Wisconsin currently gives Physician Assistants an advanced scope of practice (§448.975) and a bill for expanded authority is underway.	nurse practitioners (APRN). Act 17 dramatically changes the scope for APRNs. It grants ARPNs the opportunity to practice without a collaboration agreement and with the full scope of their license. • WI has developed dental therapists as an advanced form of dental hygienists with an expanded scope of practice. This innovative provider type helps meet the need for a higher-level of care and helps dental hygienists to advance. Dental therapists are expected to make a profound difference in rural areas.
E.3	Short-term Limited Duration Insurance (STLDI)	• Wis. Stat. 632.7495(4)(c) limits STLDI coverage plans to a maximum length of 18 months. • Wisconsin's maximum allowable initial contract term for STLDI is 12 months.	• WI wants to encourage residents to choose as comprehensive of a plan as they can afford. • Allowing them to stay on these plans for three years puts them in jeopardy of not obtaining the care they need or paying a lot out of pocket to obtain services and care. • Comprehensive plans save money and result in better care outcomes.
F.1.	Remote care services	• Medicaid reimburses live video, store and forward, and remote patient monitoring. • Medicaid currently allows out-of-state providers to provide telehealth-only services. • Out-of-state providers who wish to provide telehealth-only services to Medicaid members must enroll in ForwardHealth as an out-of-state provider and be licensed to practice medicine in their own state (they do not need a Wisconsin licensure).	• Medicaid currently supports remote care services through the policies identified in the NOFO. • Recognizing the importance of remote care, Initiatives 2 and 3 of Wisconsin's proposal will further enhance remote care services infrastructure.

DSH Hospital Payments, SFY2025 (factor A.7)

Provider	City	SFY 2025 DSH Payments
Children's Wisconsin-Milwaukee Hospital	Milwaukee	$ 12,284,556
Aurora St. Luke's Medical Center	Milwaukee	$ 12,267,889
Froedtert Memorial Lutheran Hospital	Milwaukee	$ 12,267,889
University of WI Hospital & Clinics Authority	Madison	$ 12,267,889
Ascension Columbia St. Mary's Hospital - Milwaukee	Milwaukee	$ 12,019,911
Ascension SE Wisconsin - St. Joseph's	Milwaukee	$ 10,326,357
Aurora Sinai Medical Center Inc	Milwaukee	$ 8,755,827
UnityPoint Health - Meriter Hospital	Madison	$ 8,062,857
Marshfield Medical Center - Marshfield fka St Joseph's	Marshfield	$ 7,642,839
SSM Health St. Marys Hospital - Madison	Madison	$ 7,444,102
Gundersen Lutheran Medical Center	La Crosse	$ 6,445,717
Ascension - All Saints	Racine	$ 5,569,241
HSHS St. Vincent Hospital	Green Bay	$ 5,087,428
Aspirus Wausau Hospital	Wausau	$ 4,458,517
Aurora BayCare Medical Center	Green Bay	$ 4,030,863
Aurora West Allis Medical Center aka West Allis Memorial Hospital	West Allis	$ 3,711,061
Ascension NE Wisconsin - St. Elizabeth	Appleton	$ 3,500,718
Mayo Clinic Health System - Eau Claire (aka Luther)	Eau Claire	$ 2,862,448
ProHealth Waukesha Memorial Hospital Inc	Waukesha	$ 2,629,580
Ascension - St. Francis Hospital	Milwaukee	$ 2,296,987
ThedaCare Medical Center - Neenah	Neenah	$ 2,279,026
Children's Hospital of Wisconsin - Fox Valley	Neenah	$ 2,257,018
Memorial Medical Center	Ashland	$ 2,246,628
Froedtert South - Froedtert Kenosha Hospital	Kenosha	$ 2,153,070
SSM Health St. Agnes Hospital - Fond du Lac	Fond du Lac	$ 1,879,721
Aurora Medical Center - Kenosha	Kenosha	$ 1,773,730
Bellin Memorial Hospital	Green Bay	$ 1,709,711
Mayo Clinic Health System - La Crosse	La Crosse	$ 1,473,005
Mercy Health System Corporation	Janesville	$ 1,469,566
ThedaCare Medical Center - Appleton	Appleton	$ 1,314,117
Ascension NE Wisconsin - Mercy Campus	Oshkosh	$ 1,146,000
Hayward Area Memorial Hospital	Hayward	$ 1,063,554
Aurora Medical Center - Oshkosh	Oshkosh	$ 1,010,048
Beloit Memorial Hospital Inc	Beloit	$ 986,523
Aurora St. Luke's South Shore	Cudahy	$ 978,360
Aurora Medical Center - Grafton	Grafton	$ 889,469
HSHS St. Mary's Hospital Medical Center	Green Bay	$ 719,991
Black River Memorial Hospital	Black River Falls	$ 702,492
Aurora Medical Center - Summit	Summit	$ 643,398
Marshfield Medical Center - Weston	Weston	$ 636,107
Aspirus Rhinelander Hospital fka Sacred Heart -St Mary's	Rhinelander	$ 628,488
Marshfield Medical Center - Eau Claire	Eau Claire	$ 619,346
Aurora Lakeland Medical Center	Elkhorn	$ 501,344
Tomah Memorial Hospital Inc	Tomah	$ 498,596
Froedtert West Bend Hospital fka St Joseph's Community Hospital	West Bend	$ 457,287
Aspirus Stevens Point fka St Michael's	Stevens Point	$ 447,726
Aspirus Riverview Hospital & Clinics, Inc	Wisconsin Rapids	$ 417,473
Mercy Walworth Hospital and Med Center	Lake Geneva	$ 417,092
SSM Health St. Clare Hospital - Baraboo	Baraboo	$ 369,074
Ascension SE Wisconsin - Elmbrook	Brookfield	$ 339,234
Marshfield Medical Center - Minocqua	Minocqua	$ 320,876
Aurora Medical Center Sheboygan County	Sheboygan	$ 316,369
ThedaCare Medical Center - Waupaca aka Riverside	Waupaca	$ 314,351
Aurora Medical Center of Manitowoc Co Inc	Two Rivers	$ 290,803
St. Croix Regional Medical Center	St. Croix Falls	$ 288,750
Aspirus Howard Young Medical Center	Woodruff	$ 287,573
Ascension SE Wisconsin Hospital - Franklin Campus	Franklin	$ 286,415
Aurora Medical Center - Mount Pleasant	Mount Pleasant	$ 256,183
Upland Hills Health Inc	Dodgeville	$ 241,732
Fort HealthCare	Fort Atkinson	$ 233,084
Watertown Regional Medical Center	Watertown	$ 233,033
HSHS St. Nicholas Hospital	Sheboygan	$ 225,988
Marshfield Medical Center – Rice Lake	Rice Lake	$ 215,264
Grant Regional Health Center Inc	Lancaster	$ 199,775
ProHealth Oconomowoc Memorial Hospital	Oconomowoc	$ 166,522
Richland Hospital Inc	Richland Center	$ 166,348
Marshfield Medical Center - Beaver Dam	Beaver Dam	$ 162,170
Ascension Columbia St. Mary's - Ozaukee	Mequon	$ 161,950
SSM Health Monroe Hospital fka Monroe Clinic	Monroe	$ 159,391
Westfields Hospital	New Richmond	$ 139,028
Sauk Prairie Memorial Hospital	Prairie du Sac	$ 135,598
Aspirus Divine Savior Healthcare Inc	Portage	$ 116,097
Aurora Medical Center - Bay Area	Marinette	$ 107,388
Amery Regional Medical Center	Amery	$ 80,848
Vernon Memorial Hospital	Viroqua	$ 79,748
Aspirus Plover Hospital	Stevens Point	$ 57,624
Aspirus Langlade Memorial Hospital	Antigo	$ 55,552
Bellin Psychiatric Center	Green Bay	$ 16,667
Brown County Community Treatment Center	Green Bay	$ 16,667
Bellin Health Oconto Hospital	Oconto	$ 9,501
ThedaCare Medical Center - Berlin	Berlin	$ 8,224
Total		**$ 181,309,387**

DEBRA K. STANDRIDGE

SUMMARY OF QUALIFICATIONS

Forty-eight years of diversified experience in healthcare with thirty-four years of specific experience in healthcare management. Administrative experience with numerous clinical services including management of nursing and ancillary support services, program development, quality and patient satisfaction planning, management of supply chain contracts, monitoring and tracking revenue cycle initiatives, and philanthropy.

Currently serve as the Deputy Secretary for the State of Wisconsin Department of Health Services. Appointed to the position by Governor Tony Evers in 2021. Responsibilities include operational oversight of Medicaid, public health, behavioral health, regulation of hospital and long-term care sectors, and oversight of the Office of Grants Management.

Served as the Chief Executive Officer for the State of Wisconsin's Alternate Care Facility in West Allis, Wisconsin from April 2020 through April 2021. In this role, was responsible for the development and operations of a 530-bed temporary patient care facility in a 200,000 square foot arena. The Alternate Care facility served all Wisconsin hospitals accommodating the overflow of low acuity COVID-19 patients when hospital capacity exceeded their own bed and staffing availability.

Served as the Regional President of the North Region for Ascension Wisconsin from August 2016 until June 2019, providing administrative oversight to 8 hospitals across a diverse geography from Stevens Point to Eagle River, Wisconsin. Oversight spanned a continuum of care including tertiary and community hospitals in metro areas to critical access hospitals in rural communities.

Prior to this was responsible for the strategic direction and operational management of Wheaton Franciscan Healthcare's North Market in Milwaukee, Wisconsin. This included accountability for three acute care hospitals, two ambulatory facilities, as well oversight of 138 employed Wheaton Franciscan Medical Group (WFMG) physicians (both primary care & specialists) and allied health professionals. Provided oversight and direction for North Market Philanthropy Division. The North Market (including Wheaton Franciscan Medical Group) generated over $475 million in operating revenue. The North Market comprised over 3,130 associates.

As well, served as Wheaton's Executive Sponsor overseeing the Oncology Service Line, Cardiac Service Line, and the Maternal Fetal Medicine Service Line for its Milwaukee hospitals.

Appointed to Wisconsin Hospital Association (WHA) Board of Directors in 2016 garnering recognition for Wheaton Franciscan-St. Joseph, receiving the 2015 WHA Advocacy All-Star Award. Served 2 terms as an At-Large member on the Board of Directors.

EDUCATION

Master of Public Health (M.P.H): School of Public Health, University of Michigan, Ann Arbor, Michigan.

Bachelor of Music (B.M.): Music Therapy, Michigan State University, East Lansing, Michigan.

Bachelor of Music (B.M.): Music Education-Instrumental (Teacher Certificate, K-12), Michigan State University, East Lansing, Michigan.

AARON M. LARSON

SUMMARY OF QUALIFICATIONS

Executive Office leader with administrative and managerial expertise in multiple public sector roles with a strong background in grants management, project leadership, IT modernization, and public policy. Over 20 years of experience managing complex federal and state-funded grant programs, leading cross-functional teams, and driving process improvements that enhance efficiency and compliance of federally funded programs.

Currently serve as Director of the Wisconsin Department of Health Services (DHS) Office of Grants Management (OGM), leading the state's enterprise grants administration modernization initiative. Under his direction, OGM is establishing standardized policies, systems, and training to support more than $800 million in annual grant awards to local governments, Tribes, health systems, and community-based organizations. Expertise in grant administration policy and practice alignment, including risk assessment, monitoring, and financial reconciliations that strengthen transparency and accountability for federally funded programs and positioning OGM to ensure the same standards for RHTP oversight.

In a previous role at DHS, served as the Policy and Research Section Manager in the Office of Policy Initiatives and Budget where he managed a diverse portfolio of strategic initiatives spanning health system innovation, IT modernization, and interagency collaboration, including statewide policy and funding frameworks to strengthen rural and community health systems, leading process improvement and data modernization effort, and coordinating complex grant programs that advanced workforce development, telehealth expansion, behavioral health access, and population health infrastructure.

Managed several federal Clean Water Act grant programs at the Wisconsin Department of Natural Resources (DNR) and the South Dakota Department of Environment and Natural Resources. Administered pre-award through post-award processes, budget monitoring, contract and vendor management, federal reporting, and performance evaluations.

While working for the Wisconsin DNR, led a grant administration system development project to gather business requirements from more than 60 federal and state grant programs to prepare for a software acquisition and build, engaging cross-functional teams on systems modernizations and data interoperability.

EDUCATION

Master of Science (M.S.) – Environmental Science and Policy, South Dakota State University, Brookings, South Dakota (1999 – 2001)

Bachelor of Science (B.S.) – Biological Science, South Dakota State University, Brookings, South Dakota (1995 – 1999)

October 16, 2025

Re: Rural Health Transformation Program

Dear Centers for Medicaid and Medicare Services,

The State of WI Tribal Health Directors are writing in support of the Wisconsin Department of Health Services (DHS) and their application for the Rural Health Transformation (RHT) Program funding opportunity.

We appreciate the Department's collaboration in recognizing the government-to-government relationship with WI tribal Federally Qualitied Health Centers (FQHCs). We support the objectives of the RHTP in developing and increasing rural care access to needed health services across Indian country while incorporating tribal trust and treaty obligations. Tribal FQHCs further appreciate the support of tribal self-determination in meeting the State of WI DHS objectives for Rural Health Transformation.

We look forward to further collaboration once the application is approved in the areas of facilitation of regional coordination, innovation in service and service delivery, payment reforms, and initiatives to expand access for all rural citizens.

Respectfully Submitted,

Jerry L Waukau
Chair-WI Tribal Health Directors
Menominee

CC: Tribal FQHC Directors
Robert Houle, Bad River
Tom Boelter and Briana Davies, Forest County Potawatomi
Penny Ybarra, HoChunk
Scott Johnson, Lac Courte Oreilles
Dave Poupart, Lac du Flambeau
Debra Danforth, Oneida
Diane Erickson, Red Cliff
Chris McGeshick, Sokaogon
Amber Heinz, St. Croix
Andrew Miller, Stockbridge Munsee

University of Wisconsin
SCHOOL OF MEDICINE AND PUBLIC HEALTH
Wisconsin Office of Rural Health

October 24, 2025

Dear Centers for Medicare and Medicaid Services,

I am writing this letter in support of Wisconsin Department of Health Services (DHS) and their application for the RHT Program funding opportunity. At the Wisconsin Office of Rural Health, we've worked alongside the DHS team over the years and can attest to their commitment to improving healthcare access, quality, and outcomes for rural Wisconsinites. Our missions align and they have been excellent partners. This federal funding, implemented through the plan they are proposing, has the potential to make a tremendous impact in our state.

Over one-third of Wisconsinites live in rural areas, with those in the northern and western regions of the state being particularly isolated geographically. Compared to urban populations, these rural residents are more likely to live in poverty and less likely to be insured. Rural communities have significantly higher rates of chronic diseases, including heart disease and diabetes. Four-in-ten rural residents live more than 30 minutes from an emergency department. However, in recent years, access to the spectrum of care – from primary to emergency care, has been at an increased risk due to workforce shortages and other challenges.

This initiative would specifically help Wisconsin:

- Improve efficiency, ease of use, and interoperability of technology for all rural patients and health facilities, ultimately leading to improved health outcomes, financial stability and fewer closures.
- Train, recruit and retain a thriving (clinical and non-clinical) workforce in all rural hospitals and health clinics.
- Improve primary and behavioral health access and chronic disease outcomes in rural counties through care coordination efforts.

Thank you for considering this application. I strongly believe the RHT Program funding will be a catalyst for innovative system-wide changes in Wisconsin's rural healthcare delivery ecosystem and make a meaningful difference in the lives of rural Wisconsin families. The Wisconsin Office of Rural Health is committed to working with DHS and other key partners to implement Wisconsin's RHT Program initiatives.

Sincerely,

John Eich, Director
Wisconsin Office of Rural Health

310 N. Midvale Blvd.
Suite 301
Madison, WI 53705

www.worh.org

608/261–1883
FAX 608/261-1893
800/385-0005

WPHCA
Wisconsin Primary Health Care Association

October 24, 2025

Dear Centers for Medicare and Medicaid Services,

As the Primary Care Association (PCA) for the state's 19 Federally Qualified Health Centers (Community Health Centers or CHCs), the Wisconsin Primary Health Care Association (WPHCA) has a deep understanding of the opportunities and barriers to improving access to high quality, cost-effective primary care. WPHCA is excited to support the Wisconsin Department of Health Services (DHS) application for the Rural Health Transformation Program (RHTP).

In 2024, Wisconsin CHCs served 298,192 unique patients through 1,159,674 primary care visits including medical, dental, behavioral health, substance use disorder, and enabling services. 66% of CHC patients earn at or below 100% of the Federal Poverty Level, and 58% are Medicaid-insured. 127 of 259 CHC sites have a rural service area population and CHCs are deeply invested in improving the quality of and access to care for rural residents.

As Chief Executive Officer of WPHCA, I work in close partnership with Wisconsin DHS and have had the privilege of working alongside the DHS team on many issues impacting rural health. I can attest to their commitment to improving healthcare access, quality, and outcomes for rural Wisconsinites and DHS's RHTP application will expand that commitment and capacity to meet shared goals. We believe this opportunity has the potential to make a real impact in our state through the work of CHCs and their partners, among others. This initiative would specifically help Wisconsin:

- Improve efficiency, ease of use, and interoperability of technology for all rural patients and health facilities including CHCs, ultimately leading to improved health outcomes and financial stability.
- Train, recruit and retain a thriving (clinical and non-clinical) workforce in rural health care providers.
- Improve primary and behavioral health access and chronic disease outcomes in rural counties through care coordination efforts and improved access to care.

Thank you for considering this application. I strongly believe the RHT Program funding will be a catalyst for innovative system-wide changes in Wisconsin's rural healthcare delivery ecosystem and make a meaningful difference in the lives of rural Wisconsin families. WPHCA is committed to working with DHS and other key partners to implement Wisconsin's RHTP initiatives.

Sincerely,

Scott Stewart, MPA
Chief Executive Officer | Wisconsin Primary Health Care Association
sstewart@wphca.org | 608-571-6038

October 24, 2025

Dear Centers for Medicare and Medicaid Services,

The Wisconsin Hospital Association (WHA) and the Rural Wisconsin Health Cooperative (RWHC) are writing this joint letter in support of Wisconsin's application for the Rural Health Transformation (RHT) Program funding opportunity submitted by the Department of Health Services (DHS). As long-standing partners with DHS, we appreciated the collaborative, transparent approach the agency's leadership took to actively solicit and respond to feedback and suggestions from Wisconsin hospitals, and the ongoing conversations we have had with them throughout the application writing process.

Established in 1920, WHA represents over 140 hospitals and health systems across Wisconsin, including the state's 58 Critical Access Hospitals and other hospitals that serve rural areas of the state. As a unified voice for Wisconsin's hospitals, WHA actively engages in legislative and regulatory advocacy to assist our members as they deliver some of the highest quality health care in the nation.

RWHC, established in 1979, is owned and operated by forty rural acute, general medical-surgical hospitals. The Cooperative's mission is to be a strong and innovative cooperative of diversified rural hospitals, with advocacy focus and programming to assist RWHC's members as they offer high-quality, cost-effective care.

Rural hospitals are a critical pillar supporting Wisconsin's health system infrastructure. Without a hospital in their area, many of our 1.5 million residents who live in rural Wisconsin would need to drive long distances to receive essential preventive, primary, complex or emergency care – or go without health care altogether. Workforce shortages, aging infrastructure and technology, at-risk service lines, and other systemic challenges seriously threaten the long-term sustainability of many of these hospitals, putting the health of the Wisconsin communities they serve at risk.

Fortunately, in Wisconsin, our rural hospitals are led by experienced leaders who are consistently innovating and collaborating with partners in their communities to develop solution-oriented strategies to address challenges that are often unique to their circumstances and the communities they serve. We support Wisconsin's RHT Program application because it offers broad based funding opportunities for all rural hospitals to invest in technology advancements as well as flexibility for hospitals to apply for funding to support their specific needs in areas such as workforce training, recruitment and retention; care coordination initiatives; and unmet patient care needs.

Thank you for considering Wisconsin's RHT Program application. We are committed to working with DHS and other key partners to implement Wisconsin's RHT Program initiatives.

Sincerely,

Kyle O'Brien
President/CEO
Wisconsin Hospital Association

Tim Size
Executive Director
Rural Wisconsin Health Cooperative

Department of Workforce Development
Secretary's Office
201 E. Washington Avenue
P.O. Box 7946
Madison, WI 53707
Telephone: (608) 266-3131
Fax: (608) 266-1784
Email: sec@dwd.wisconsin.gov

STATE OF WISCONSIN
DWD
Department of Workforce Development

Tony Evers, Governor
Amy Pechacek, Secretary

October 27, 2025

U.S. Department of Health and Human Services
200 Independence Ave., S.W.
Washington, D.C. 20201

Dear U.S. Department of Health and Human Services:

The Department of Workforce Development (DWD) is pleased to offer this letter of support for the Wisconsin Department of Health Services' (DHS) application for the Rural Health Transformation (RHT) Program.

DWD and DHS work closely to successfully advance healthcare and the healthcare workforce in Wisconsin, which is a largely rural state with many opportunities for innovation and growth. Our two state agencies jointly led the Governor's Task Force on the Healthcare Workforce, which worked closely with the state's technical schools and many other stakeholders to address shortages and improve care. The collaboration led to expanded apprenticeship programs and other initiatives with statewide impact that were adopted by the Legislature and signed into the current biennial state budget.

Some recent efforts and advances include launching the nation's first registered nurse apprentice program; investing in loan assistance for rural physicians as well as behavioral health practitioners, disorder treatment professionals and dental therapists in high-need areas; and establishing the first surgical technician apprenticeship program.

Wisconsin's rural hospitals and healthcare facilities are essential for the state's success, and they provide critical infrastructure for advancing and sustaining programs to serve people across all 72 counties. We are pleased to work closely with these stakeholders to expand the healthcare workforce across Wisconsin and we are eager to support the programs under this grant supplication. Thank you in advance for your consideration of this request.

Sincerely,

Amy Pechacek
Secretary

UNIVERSITIES OF WISCONSIN

Office of the President
1720 Van Hise Hall, 1220 Linden Drive, Madison, WI 53706
www.wisconsin.edu
jay.rothman@wisconsin.edu or 608-262-2321

October 24, 2025

To the Centers for Medicare & Medicaid Services:

I am writing to express my strong support for the Wisconsin Department of Health Services' application for the Rural Health Transformation (RHT) Program. This initiative represents a timely opportunity to strengthen healthcare delivery in rural Wisconsin—communities vital to our state's identity and prosperity.

As President of the Universities of Wisconsin, I lead 13 public universities serving over 164,000 students, many of whom come from—and return to—rural communities. Our institutions are committed to improving public health, preparing the next generation of healthcare professionals, and partnering with state agencies to address Wisconsin's urgent healthcare challenges. By deepening collaborations across academic, clinical, and community partners, we can advance sustainable solutions that improve rural health outcomes.

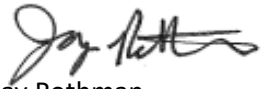
The Universities of Wisconsin and DHS share a long-standing partnership grounded in improving health outcomes, expanding access to care, and supporting the healthcare workforce. Programs such as the Orion Initiative at the UW School of Medicine and Public Health exemplify this collaboration, connecting rural providers with academic physicians to strengthen workforce capacity through pediatric EMS training, specialty field education, and other initiatives.

Similarly, the Workforce Innovation Grant at UW-Eau Claire, in partnership with Mayo Clinic Health System, has advanced rural workforce development through: addressing shortages in nursing, education, and social work; creating new academic programs; innovating healthcare delivery; and fostering entrepreneurship. Key outcomes include new programs such as a Master of Public Health, Psychiatric Mental Health Nurse Practitioner track, and Speech-Language Pathology Assistant certificate; a 60% expansion in nursing enrollment; and rural immersion experiences for over 600 students.

Building on these successes, the Wisconsin RHT proposal offers a comprehensive strategy to modernize rural healthcare infrastructure by leveraging technology, strengthening the workforce, and expanding access to primary, behavioral, and chronic care through team-based models. DHS has the leadership, experience, and collaborative infrastructure to implement this initiative successfully, reflecting a deep understanding of rural health dynamics and a commitment to sustainable, community-centered solutions.

Thank you for your consideration. The RHT Program has the potential to be transformative for Wisconsin's rural communities, and we are proud to stand in strong support.

Sincerely,



Jay Rothman
President, Universities of Wisconsin

WISCONSIN TECHNICAL COLLEGE SYSTEM

Layla Merrifield, President
Hill Farms State Office Building
4822 Madison Yards Way | North Tower, 5th Floor
P.O. Box 7874
Madison, WI 53707-7874
608.266.1207 | Wisconsin Relay System: 711
info@wtcsystem.edu | www.WTCSystem.edu

October 21, 2025

Dear Centers for Medicare and Medicaid Services,

I am writing in support of the Wisconsin Department of Health Services (DHS) and their application for the Rural Health Transformation (RHT) Program funding opportunity. The Wisconsin Technical College System (WTCS) is Wisconsin's largest higher education system, providing training and education to nearly 300,000 people every year. Our 16 colleges are in all corners of the state and I consistently hear about the need for healthcare workers in rural areas. We believe this opportunity has the potential to make a real impact in our state.

Over one-third of Wisconsinites live in rural areas, geographically isolated in the northern and western regions of the state. Compared to urban populations, these rural residents are more likely to live in poverty and less likely to be insured. Four-in-ten rural residents live more than 30 minutes from an emergency department. However, in recent years, access to the spectrum of care – from primary to emergency care, has been at an increased risk.

This initiative would specifically help Wisconsin:

- Improve efficiency, ease of use, and interoperability of technology for all rural patients and health facilities, ultimately leading to improved health outcomes, financial stability and fewer closures.
- Train, recruit and retain a thriving (clinical and non-clinical) workforce in all rural hospitals and health clinics.
- Improve primary and behavioral health access and chronic disease outcomes in rural counties through care coordination efforts.

Thank you for considering this application. I strongly believe the RHT Program funding will be a catalyst for innovative system-wide changes in Wisconsin's rural healthcare delivery ecosystem and make a meaningful difference in the lives of rural Wisconsin families. WTCS is committed to working with DHS and other key partners to implement Wisconsin's RHT Program initiatives.

Sincerely,

Layla Merrifield
President

Cc: Paul Hammer, WTCS Executive Vice President
Dr. Colleen McCabe, WTCS Provost and Vice President

MEDICAL COLLEGE OF WISCONSIN

Office of Government Relations

October 23, 2025

Subject: Letter of Support for Wisconsin's RHTP Funding Application

Dear Centers for Medicare and Medicaid Services:

On behalf of the Medical College of Wisconsin (MCW), I am writing in support of the Wisconsin Department of Health Services' (DHS) application for the Rural Health Transformation (RHT) Program funding opportunity. As Wisconsin's only private medical school and a leader in training physicians to serve rural and underserved communities, MCW is deeply invested in initiatives that strengthen rural health infrastructure and improve access to care. We believe this funding opportunity can significantly improve healthcare access across Wisconsin.

Over one-third of Wisconsinites live in rural areas, many facing geographic isolation, higher rates of poverty and chronic disease, and limited access to emergency and primary care. These challenges have intensified in recent years, putting rural healthcare systems at greater risk.

We commend DHS's commitment to long-term sustainability and strongly support launching the Wisconsin Psychiatry Extension (WISCOPE) Program with RHT funds. WISCOPE will deliver real-time psychiatric consultation and education to rural providers, enhancing care for adults with mental health and substance use disorders. Early implementation will generate data, stories, and partnerships that demonstrate the program's impact and build a strong case for continued investment.

Thank you for considering this application. MCW is committed to working with DHS and other partners to implement RHT Program initiatives that drive innovative, system-wide improvements in rural healthcare delivery and make a meaningful difference for Wisconsin families.

Sincerely,

Nathan Berken
Vice President of Government Relations
Medical College of Wisconsin

8701 Watertown Plank Road
Post Office Box 26509
Milwaukee, WI 53226-0509
(414) 955-8217
FAX (414) 955-6501

MARQUETTE UNIVERSITY

October 24, 2025

Dear Centers for Medicare and Medicaid Services,

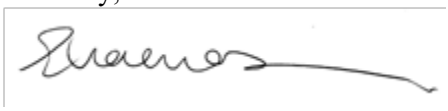
On behalf of the Marquette University School of Dentistry (MUSOD), I am writing in support of the Wisconsin Department of Health Services (DHS) and their application for the Rural Health Transformation (RHT) Program funding opportunity. As Wisconsin's only dental school, MUSOD has a longstanding partnership with the State of Wisconsin, supporting its dental workforce and serving as a critical source of access to oral health care, especially to underserved communities. MUSOD, in partnership with DHS, is uniquely positioned to create an Oral and Maxillofacial Surgery (OMFS) residency program, and we believe this opportunity has the potential to make a profound impact throughout rural Wisconsin.

Annually, MUSOD provides oral health care services to over 30,000 patients in 110,000 patient visits from residents of 66 of Wisconsin's 72 counties throughout a network of clinical sites. MUSOD serves 10,400 patients from rural communities and is one of the State of Wisconsin's largest dental Medicaid providers, including professional dental specialists and special needs dental care. Over one-third of Wisconsinites live in rural areas, geographically isolated in the northern and western regions of the state. Rural communities' healthcare needs in Wisconsin are largely served through rural hospitals that face challenges when it comes to specialized dental care. Though rural emergency room physicians and auxiliary healthcare providers can provide many diverse services in medicine and minor surgery, they do not have training and experience dealing with odontogenic infections and trauma. These needed services are normally provided by specialists trained in OMFS residency training programs. Currently, Wisconsin has only one remaining OMFS residency program located in La Crosse, a dental health professional shortage area. This program currently graduates just one oral surgeon per year. This program's output does not meet the needs of the state and puts strain on rural hospitals to find this specialty coverage.

This initiative would specifically help Wisconsin improve efficiency, ease of use, and interoperability of technology for all rural patients and health facilities, ultimately leading to improved health outcomes, financial stability and fewer closures; train, recruit and retain a thriving (clinical and non-clinical) workforce in all rural hospitals and health clinics; and improve primary and behavioral health access and chronic disease outcomes in rural counties through care coordination efforts.

I strongly believe the RHT Program funding will be a catalyst for innovative system-wide changes in Wisconsin's rural healthcare delivery ecosystem and make a meaningful difference in the lives of rural Wisconsin families. MUSOD is committed to working with DHS and other key partners to implement Wisconsin's RHT Program initiatives.

Sincerely,



Elsbeth Kalenderian, DDS, MPH, PhD
Dean and Professor

cc. Dr. Kimo Ah Yun, President

WCHSA

Wisconsin County Human Service Association
Matt Strittmater, *President*

John Tuohy, *Executive Director*
c/o Badger Bay Management Company

October 23, 2025

Centers for Medicare and Medicaid Services
US Department of Health and Human Services

Dear Centers for Medicare and Medicaid Services:

This letter is to support the Wisconsin Department of Health Services (DHS) application for the Rural Health Transformation (RHT) Program funding opportunity.

The Wisconsin County Human Services Association represents county human service and health and human service departments that provide behavioral health, long term care and public health services. County departments work closely with health care providers in their communities to meet health care needs and address client health issues that affect participation in county-provided services. County departments face challenges helping residents receive health services in rural areas, including limited access to services, different technologies across service providers and fragmented service delivery systems. We believe the RHT funding opportunity has the potential to make a real impact in our state.

Over one-third of Wisconsinites live in rural areas, with residents in the northern and western regions of the state being particularly isolated in their access to services. Compared to urban populations, these rural residents are more likely to live in poverty, have transportation barriers and be less likely to be insured. Rural communities have significantly higher rates of chronic diseases, such as heart disease and diabetes. Four-in-ten rural residents live more than 30 minutes from an emergency department. The challenges of accessing services, from primary care to emergency care, have gotten worse in recent years as more health care providers have ceased operations or no longer offer specific services in rural areas.

The RHT funding proposal will help Wisconsin:

- Improve efficiency, ease of use, and interoperability of technology for all rural patients and health facilities, ultimately leading to improved health outcomes, financial stability and fewer closures.
- Train, recruit and retain a thriving (clinical and non-clinical) workforce in all rural hospitals and health clinics.
- Improve primary and behavioral health access and chronic disease outcomes in rural counties through care coordination efforts.

Thank you for considering the DHS application. WCHSA strongly believes the RHT Program funding will be a catalyst for innovative system-wide changes in Wisconsin's rural healthcare delivery system. The RHT Program initiatives will make a meaningful difference in the lives of rural Wisconsin families by improving health care and helping county departments to serve families more effectively.

WCHSA

Wisconsin County Human Service Association
Matt Strittmater, *President*

John Tuohy, *Executive Director*
c/o Badger Bay Management Company

If the proposal is funded, WCHSA is committed to working with DHS and other key partners to implement the Wisconsin RHT Program initiatives.

Sincerely,

John Tuohy

John Tuohy
Executive Director
WCHSA

October 24, 2025

Dear Centers for Medicare and Medicaid Services,

We are writing in support of the Wisconsin Department of Health Services (DHS) and their application for the Rural Health Transformation (RHT) Program funding opportunity. The Wisconsin Public Health Association (WPHA) and the Wisconsin Association of Local Health Departments and Boards (WALHDAB) jointly work towards supporting the conditions for all people of Wisconsin to be healthy and thrive. WPHA & WALHDAB's network is broad, representing individual members, state and local health departments, healthcare systems, community-based organizations, academia, and non-profits. We believe this opportunity has the potential to make a real impact in our state.

Over one-third of Wisconsinites live in rural areas, geographically isolated in the northern and western regions of the state. Compared to urban populations, these rural residents are more likely to live in poverty and less likely to be insured. Rural communities have significantly higher rates of chronic diseases, including heart disease and diabetes. Four-in-ten rural residents live more than 30 minutes from an emergency department. However, in recent years, access to the spectrum of care – from primary to emergency care, has been at an increased risk, thus the need to support populations at the systems level. In addition to specific healthcare initiatives, public health organizations prioritize other factors such as safe housing, well-resourced schools, robust public transportation infrastructure, and family supporting jobs.

This initiative would specifically help Wisconsin:

- Improve efficiency, ease of use, and interoperability of technology for all rural patients and health facilities, ultimately leading to improved health outcomes, financial stability and fewer closures.
- Train, recruit and retain a thriving (clinical and non-clinical) workforce, composed of public health professionals and healthcare providers in all rural hospitals, health clinics and many additional organizations.
- Improve primary and behavioral health access and chronic disease outcomes in rural counties through care coordination efforts.

Thank you for considering this application. We strongly believe the RHT Program funding will be a catalyst for innovative system-wide changes in Wisconsin's rural healthcare delivery ecosystem and make a meaningful difference in the lives of rural Wisconsin families. WPHA & WALHDAB are committed to working with DHS and other key partners to implement Wisconsin's RHT Program initiatives.

Maureen Busalacchi
WPHA President

Katrina Harwood
WALHDAB Co-President

Marisa Roberts
WALHDAB Co-President

October 16, 2025

Centers for Medicare & Medicaid Services
Attn: Rural Health Transformation Program
7500 Security Boulevard
Baltimore, MD 21244

Dear Centers for Medicare & Medicaid Services:

On behalf of the Wisconsin EMS Association (WEMSA), I am writing our strong support of the Wisconsin Department of Health Services' application to the Rural Health Transformation (RHT) Program. WEMSA is a statewide, nonpartisan trade association representing municipal and non-profit emergency medical services (EMS) agencies and professionals, from urban, suburban, and rural areas, across all of Wisconsin. Our mission is to support Emergency Medical Services (EMS) through pre-hospital education, agency guidance, and advocacy, especially in rural regions.

We support and commend the Wisconsin Department of Health Service's partner-driven plan that targets three essentials for rural health and emergency readiness:

- Interoperability infrastructure: Building a rural digital health backbone and enabling secure information exchange improves care coordination between EMS, hospitals, clinics, and public health, and supports telehealth access where distance is a barrier.
- Rural talent recruitment and retention: Grants that strengthen local training pathways and career ladders, paired with community health worker reimbursement, help stabilize the workforce that rural patients rely on every day.
- Population health infrastructure: Competitive regional coalitions that integrate primary care, behavioral health, social support, and EMS reducing fragmentation and barriers, and improve outcomes for rural residents.

This program will directly benefit communities and EMS that serve them through better data at the point of care, safer and faster coordination, increased staffing pipelines, and stronger regional collaboration. WEMSA is committed to partnering with DHS and stakeholders to support outreach, integrate EMS participation, and align education and quality improvement with the RHT Program's goals.

We respectfully urge full and favorable consideration of Wisconsin's application. Thank you for your leadership in strengthening rural health for the long term.

Sincerely,

Alan DeYoung, MHA, MS
Chief Executive Officer
Wisconsin EMS Association
Direct: [redacted]
Office: (414) 431-8193
alan@wisconsinems.com

Pharmacy Society of Wisconsin

Dear Centers for Medicare & Medicaid Services,

The Pharmacy Society of Wisconsin (PSW) is pleased to express our strong support for the Wisconsin Department of Health Services (DHS) and its application for the Rural Health Transformation (RHT) Program funding opportunity.

PSW is a statewide professional organization representing thousands of pharmacists, pharmacy technicians, and student pharmacists across all practice settings. Our mission is to advance pharmacy practice to improve the health of the people of Wisconsin. We believe the RHT Program aligns directly with that mission, particularly in addressing the barriers that rural communities face in accessing comprehensive, coordinated, and sustainable healthcare.

Over one-third of Wisconsinites live in rural areas, many in geographically isolated regions of the state. These communities experience disproportionate health burdens, including higher rates of chronic diseases such as diabetes and heart disease, while also facing greater barriers to care. Four in ten rural residents live more than 30 minutes from an emergency department, and closures of hospitals and clinics in rural regions have further strained access to both primary and emergency care.

The RHT initiative will be crucial in ensuring that rural healthcare systems, including community pharmacies, can continue to meet the needs of Wisconsin families. Specifically, this program would:

- Enhance the efficiency, interoperability, and usability of healthcare technology across rural facilities, resulting in improved health outcomes, financial stability, and reduced closures.
- Support workforce recruitment, training, and retention of staff in rural hospitals, clinics, and pharmacies.
- Enhance access to primary and behavioral healthcare, and improve chronic disease outcomes through better care coordination across the healthcare continuum.

The Pharmacy Society of Wisconsin strongly believes that the RHT Program funding will serve as a catalyst for innovative, system-wide transformation in rural healthcare delivery. We are committed to working collaboratively with DHS and other healthcare partners to implement these initiatives and ensure that pharmacy professionals continue to play a key role in advancing access and equity in rural health.

Thank you for considering this important application and for your ongoing commitment to improving health outcomes in rural America.

Sincerely,

DMWomack

Danielle M. Womack, MPH, HIVPCP
Vice President, Public Policy & Advocacy
Pharmacy Society of Wisconsin

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UNITED WAY
Wisconsin

October 21, 2025

Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MC 21244

[Submitted electronically]

Dear Centers for Medicare and Medicaid Services,

I am writing on behalf of United Way of Wisconsin in support of the Wisconsin Department of Health Services (DHS) and their application for the Rural Health Transformation (RHT) Program funding opportunity. United Way of Wisconsin works to maximize the capacity of local United Ways to help Wisconsin communities grow stronger. We believe this opportunity has the potential to make an impact for our state.

United Ways mobilize people and resources to help their communities thrive and create lasting change. While each local United Way operates distinct programs and initiatives, each works on addressing one or more of United Way's four core areas: Youth Opportunity, Healthy Community, Financial Security, and Community Resiliency. United Ways pride themselves on bringing a comprehensive approach to challenges and providing localized and innovative solutions. Wisconsin has 38 local United Ways, many of which serve one or several rural counties. DHS' goal of reducing systematic barriers and improving care pathways for rural Wisconsinites is aligned with the United Way mission, and particularly its focus on building healthy communities.

Over one-third of Wisconsinites live in rural areas, geographically isolated in the northern and western regions of the state. United Way uses a measure called ALICE (Asset Limited, Income Constrained, Employed) to describe households that are struggling. In 2023, ALICE found that 35% of rural Wisconsin residents are below the ALICE threshold and struggling to make ends meet.

From DHS, we also know that rural communities have significantly higher rates of chronic diseases, including heart disease and diabetes. Four-in-ten rural residents live more than 30 minutes from an emergency department. However, in recent years, access to the spectrum of care – from primary to emergency care, has been at an increased risk.

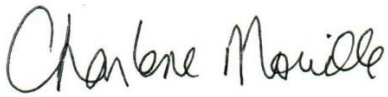
This initiative would specifically help Wisconsin:

- Improve efficiency, ease of use, and interoperability of technology for all rural patients and health facilities, ultimately leading to improved health outcomes, financial stability and fewer closures.
- Train, recruit and retain a thriving (clinical and non-clinical) workforce in all rural hospitals and health clinics.
- Improve primary and behavioral health access and chronic disease outcomes in rural counties through care coordination efforts.

Many United Ways in Wisconsin are already working to solve these issues and would be greatly supported by a DHS initiative in this area.

Thank you for considering this application. I strongly believe the RHT Program funding will be a catalyst for innovative system-wide changes in Wisconsin's rural healthcare delivery ecosystem and make a meaningful difference in the lives of rural Wisconsin families. United Way of Wisconsin is committed to working with DHS and other key partners to implement Wisconsin's RHT Program initiatives.

Sincerely,



Charlene Mouille
CEO, United Way of Wisconsin

Active Site of Care Name	Street Address	City	State	ZIP Code	Corresponding CCBHC Entity/Institution Name	Demonstration	State-certified	SAMHSA	HRSA Rurality (Y/N)
Milwaukee Center for Independence	2020 W. Wells St.	Milwaukee	WI	53233	Milwaukee Center for Independence				N
Saint A / Wellpoint Care Network	8901 W. Capitol Dr.	Milwaukee	WI	53222	Saint A / Wellpoint Care Network				N

Wisconsin's Rural Health Transformation Program Program Duplication Assessment

Confirming Responsibility to Avoid Program Duplication

- The Department of Health Services (DHS) confirms its responsibility to avoid program duplication. DHS confirms that awarded funds will not be used to duplicate or supplant current federal, state, or local funding, or to be used as the non-federal share of Medicaid benefits or administrative cost reimbursement. DHS confirms that awarded funds will not be used to pay for services already funded by Wisconsin Medicaid, Wisconsin CHIP, Medicare, or the Health Resources Services Administration.

- The Department's managerial structure, in which the DHS Secretary oversees the Divisions of Public Health (DPH) and Medicaid Services (DMS), would facilitate coordination and reduce duplication. Currently, grant funds from DPH support individual organizations that address population health concerns such as social determinants of health, mental well-being, responsible and equitable health care systems, workforce, care coordination, and wraparound support for sub-populations. During preparation of this application, DHS ensured that the activities proposed align with and mutually reinforce existing federal grants, but do not constitute programmatic or budgetary overlap. Demonstrated success through the Rural Health Transformation (RHT) program and existing grants would complement each other and ensure that Wisconsin has an aligned and coordinated approach to improve rural health.

- DHS would also ensure coordination across its divisions and grantees to avoid overlap or duplication across DPH and DMS programs. Most of the activities under the RHT program are not currently provided to Medicaid beneficiaries. For example, Medicaid is not currently authorized to reimburse directly for community health worker services.

- DHS plans to leverage the RHT program to transform rural health care. The program would support team-based and digitally enabled services in needed areas such as behavioral health, diabetes, hypertension, and health-related social needs.

Existing Programs and Resources

- The project narrative accounts for existing programs and resources that can be leveraged to support the RHT program. For example, DHS has strong existing relationships with rural facilities, including rural hospitals, Federally Qualified Health Centers (FQHCs), and local and Tribal health officials. DHS has already been working closely with facilities, providers, advocates, community members, and other stakeholders in rural Wisconsin to develop the RHT program application and will continue to work informally and formally with stakeholders to implement successful initiatives.

- Participation in the RHT program would align with existing efforts to support rural health. For example, DHS also administers the Chronic Disease Prevention Program (CDPP). The CDPP team was consulted in developing RHT initiatives to ensure that initiatives

complement, rather than duplicate, the existing program. The RHT program would leverage relationships that CDPP has developed with rural communities to quickly implement chronic disease initiatives. For example, CDPP has established five Heart Health Learning Collaboratives across the state, one of which is led by the Rural Wisconsin Health Cooperative to support twelve rural health systems (covering twelve counties) in implementing quality improvement initiatives to reduce hypertension and cholesterol by tailoring best practices to meet the unique challenges faced by rural communities. CDPP is forming a new multisector heart health learning collaborative in four additional rural counties, bringing together clinical and community partners. These collaboratives can help serve as launch points to rollout the RHT program transformations with partners already working together on chronic disease. DHS has also leveraged federal chronic disease grants to support community health worker training programs and would build on those existing programs to bolster the impact of RHT funds.

- Participation in the RHT program would help DHS coordinate health care initiatives to better meet the needs of rural residents. For example, creating a statewide rural health care collaborative would help the Department measure the effectiveness of existing initiatives, identify remaining gaps in residents' needs, and track progress towards goals. DHS recently conducted a statewide data infrastructure assessment, which included in-person site visits and surveys with local and Tribal governments across the state. Conversations underscored the importance of replacing and consolidating outdated systems, investing in data interoperability and streamlined data exchange capabilities, and strengthening partnerships for data-related efforts. The RHT program will build off that partner feedback and address needs identified in that assessment. As another example, Wisconsin is creating a state trauma plan to improve patient care. One of the proposed initiatives is to align indicators from the Wisconsin Ambulance Run Data System and the trauma registry focused on system analysis. Creating additional data linkages to patient records can help the state analyze and improve trauma care from initial intake through discharge.

- In considering potential duplications with Medicaid, Wisconsin Medicaid is currently participating in the Transforming Maternal Health (TMaH) model with CMS to transform maternal health in parts of rural Wisconsin. TMaH and RHT will complement each other to improve maternal health outcomes in rural Wisconsin. RHT provides one-time funds for systems transformation, whereas TMaH provides ongoing support through changes to Medicaid funding structures. The two teams within DHS will collaborate to ensure RHT initiatives help TMaH model beneficiaries. For example, deploying telemonitoring initiatives and paramedic at home services through coordinated care grants will help rural mothers receive ongoing support for chronic diseases like hypertension in the most appropriate care setting close to home. For women who must travel long distances to birthing hospitals, RHT can offer transformative strategies to connect with care teams without the burden of travel.

- Wisconsin Medicaid updated program policies in March 2020 to allow Medicaid members to receive telehealth services from any "originating site" (where the member is), including a home, pharmacy, homeless shelter, assisted living provider, and school. Previously, only hospitals, nursing homes, and physician offices were designated as originating sites for care. RHT will help increase take-up rates for these telehealth allowable services by subsidizing the cost of purchasing emerging technologies.

- The Wisconsin Broadband Office is implementing the Broadband Equity, Access, and Deployment (BEAD) program and has been allocated $1 billion to deploy high-speed internet to rural Wisconsin. DHS provided a formal letter of support for the initiative and has coordinated with the Broadband Office to ensure that Wisconsinites have access to affordable, reliable high-speed internet to take advantage of innovations like telehealth. While work remains to ensure rural residents can afford high-quality internet service and enabling technologies, this partnership will be key to ensuring rural residents can connect digitally to care.

Budget Analysis of Funding Streams

- This analysis identifies current funding streams that Wisconsin proposes to apply to state activities as braided funding to maximize RHT investments.

- RHT funds will be used to develop the Medicaid CHW SPA and study the financial benefits and health outcomes associated with CHW services. Wisconsin Medicaid services are funded by a combination of state, local, and federal funds. Once the Medicaid SPA is approved by CMS, state general purpose revenue funds will be used to fund approximately 40% of the costs of Medicaid community health worker services. RHT funds will be used to develop the SPA and study the financial benefits and health outcomes associated with CHW services.

- The DHS Division of Care and Treatment Services has reserved $2.2 million to transform behavioral health reporting systems. However, the total project cost is over $4 million, and DHS has not identified sufficient braided funds to achieve this high impact IT project. The state will cover over 50% of project costs using existing funds and will leverage the one-time RHT investment to complete this upgrade.

- DHS will provide allocations to rural health facilities to improve access to quality care through investments in technologies such as telehealth, remote patient monitoring, remote provider consultation, and data sharing and referral system improvements. Facilities may need to contribute funding from other sources to cover the full costs of purchasing and maintaining these technologies.

- Other RHT funds will be used for new and distinct activities, as described in the state's three proposed initiatives related to digital access, workforce, and coordinated care.

Procedures and Practices to Avoid Duplication

Wisconsin has a robust internal control framework designed to prevent and identify errors such as incorrect application of funding sources. Internal controls operate at three levels:

- Multiple levels of management review and approval for all contract and program expenditures, supplemented by internal audit risk assessments and reviews;

- System processes and edits built into both the State's Medicaid Management Information System (MMIS) system and the STAR Financial Management System used by all State agencies to make administrative and operational expenditures outside of the MMIS

(including MA administrative expenditures such as payroll and benefits for State civil service staff assigned to manage the Medicaid program, program contractors such as our External Quality Review Organization (EQRO), our Managed Care Capitated Rate Actuarial Services Contractor, and many others); and

- Annual independent external audit requirements for the fiscal agent, the enrollment and eligibility system, and the State.

DHS employees are required to complete task reporting with their payroll to account for time spent on RHT.

DHS health care programs have numerous safeguards in place to assure compliance with federal and state laws and regulations, including:

- **Certification of the Wisconsin MMIS by Centers for Medicare & Medicaid Services (CMS).** The Medicaid fiscal agent provides support to the department in preparation for periodic reviews by the federal CMS of the MMIS operated by the fiscal agent. CMS approval and therefore federal funding for MMIS and fiscal agent services are not available to the state unless CMS certification is maintained during the term of the fiscal agent's contract. CMS approval and re-approval ensure operation of the MMIS in accordance with federal guidelines;

- **Electronic Data Processing Audits.** The MMIS fiscal agent is required to contract with an independent firm to conduct annual electronic data processing audits of fiscal agent activities in accordance with applicable federal and state auditing standards. The audit topics and scope are determined by DMS, with input from BFS, and generally include areas such as claims processing accuracy, review of fiscal activities, account receivables and cash handling. A report of audit findings and recommendations is provided to the department after completion of audit activities. The department reviews the audit findings and approves a corrective action plan to be implemented by the fiscal agent to correct any deficiencies noted during the audit.

- **Written Progress Reports and Contract Monitoring Meetings.** Department and fiscal agent staff meet weekly, and the fiscal agent provides a weekly written progress report of MMIS and fiscal agent operations. These meetings and reports cover progress on projects during the past week, problems encountered and recommended solutions, and anticipated problems and solutions. This procedure allows department and fiscal agent staff to remain current on the status of fiscal agent operations.

- **Operational Trouble Reports.** The fiscal agent submits electronic operating trouble reports to the state when operational problems preventing normal operations occur. They describe the nature of the problem, the expected impact on ongoing functions, a corrective action plan, and expected date of problem resolution.

- **Inappropriate Payments.** The fiscal agent posts electronically a monthly report to the department of potential inappropriate payments (both overpayments and underpayments)

resulting from MMIS claims processing activities. The department directs the fiscal agent in any corrective action (e.g., system-generated adjustments, recoupments).

- **Claims Processing and Prior Authorization Performance Reports.** The fiscal agent is required to report monthly on timeliness of work performed in claims processing and prior authorization activities versus the contract standards.

Intention to Apply for Value-Based Payment or Delivery Reform Programs

- DHS does not intend to apply for other value-based payment or delivery reform programs or demonstrations that are related to rural health care during the RHT program.

State of Wisconsin
Department of Health Services

Tony Evers, Governor
Kirsten L. Johnson, Secretary

Dr. Mehmet Oz, Administrator
U.S. Department of Health and Human Services
Center for Medicare & Medicaid Services
Rural Health Transformation Program
MAHARural@cms.hhs.gov

Dear Dr. Mehmet Oz:

This letter is announcing Wisconsin's intent to apply for the Rural Health Transformation Program (RHT) funding opportunity, number CMS-RHT-26-001.

The Wisconsin Department of Health Services (DHS) will be submitting the application on behalf of Wisconsin. DHS oversees the state's Medicaid, behavioral health, and public health programs. DHS is one of the largest state agencies in Wisconsin, with an annual budget of approximately $15 billion and more than 6,700 employees.

DHS is committed to protecting and promoting the health and safety of the people of Wisconsin, ensuring everyone can live their best life. DHS partners with local and tribal health departments, health care providers, community partners, and others to provide alcohol and other drug abuse prevention, mental health, public health, implementation of long-term care, disability determination, regulation of state nursing homes, and other programs.

DHS ensures that the care provided to Wisconsin residents is provided in accordance with state and federal law, safeguards that Wisconsin taxpayer dollars are being used effectively and efficiently, and works to promote strong health outcomes and innovation.

Contact information:
Wisconsin Department of Health Services
201 East Washington Ave.
Madison, WI 53703

Contact person:
Debra Standridge, Deputy Secretary
Wisconsin Department of Health Services
608-266-9622
DHSSecretaryOffice@dhs.wisconsin.gov

Wisconsin looks forward to applying to this transformational initiative and improving healthcare outcomes for rural residents across our state.

Sincerely,

Tony Evers

Tony Evers
Governor