Exhibit 1: Statement of Work (SOW)
Project: Rural Health Transformation Program , Department of Veterans Affairs

GENERAL INFORMATION

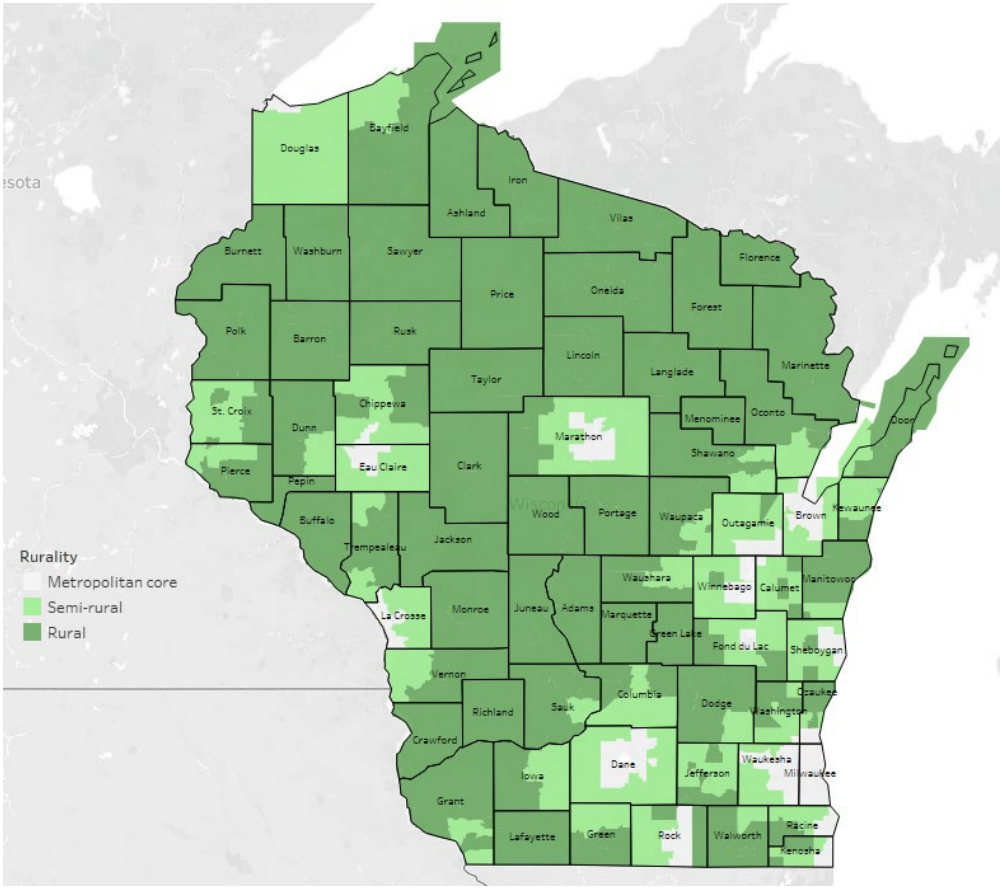
1.0 **Scope of Work:** The Rural Health Transformation (RHT) Program will provide one-time funding for the Department of Veterans Affairs (DVA) – also referred to as the Interagency Party. Of this, $1 million will be provided in Budget Year 1 while the remainder will be provided upon confirmation of federal funding in subsequent years.

Access to broadband at home 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 DVA and will help offices purchase technology, remodel spaces for privacy, and educate veterans on using technology.

2.0 **Background:**

Wisconsin applied to the federal Centers for Medicare and Medicaid Services (CMS) to participate in the Rural Health Transformation Program from 2026 to 2030. The program will improve rural health in 71 counties, as defined by the 2020 U.S. Census.

Target Areas of Wisconsin



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

CONTRACTOR REQUIREMENTS

3.0 Technical Requirements/Tasks:

The sub-awardee must comply with the terms of the Notice of Award, including complying with prohibited uses of grant or cooperative agreement funds.

The sub-awardee is responsible for the following actions:

A. Operate as a sub-awardee on this grant, subject to all applicable terms and conditions;

B. Create an application and eligibility process for County / Tribal Veteran Service Offices to receive up to $50,000 each for the build-out and implementation of telehealth services within their jurisdictions, with the concept of fielding 20 sub-awards annually;

C. Create and manage a grant application portal and process that enables applicants to submit applications on a rolling basis, with an emphasis on rapid adoption and implementation at the local level;

D. Provide public notice and evaluate sufficiency and completion of grant applications on a rolling basis throughout the performance period as funds allow, with completion of 80 projects to all eligible Tribes and Counties over a 4-year grant delivery window;

E. Create and manage subaward agreements with each designated sub-awardee during the performance period of the grant;

F. Ensure compliance and documentation from each sub-awardee pursuant to the grant;

G. Verify satisfactory project completion and implementation from sub-awardees;

H. Provide reports to the Wisconsin Department of Health Services at the timeline below;

I. Operate financially as described in the enclosed budget, with 0% administrative costs and all funds continuing to sub-awardees.

4.0 Deliverables / Schedule:

Timely submission of deliverables is essential to achieving the program's goals. The reporting schedule is specified in the table below. The Interagency Party and DHS will meet regularly to discuss progress and troubleshoot any issues.

DVA is required to provide written progress reports from 2026 to 2031. DHS will provide a template for reports. Reports shall be submitted to DHS as a word document via email, and DVA must respond in a timely manner to any follow-up questions from the evaluation team. Reports shall cover all work completed during the specified period and shall present the work to be accomplished during the subsequent period. Reports shall include qualitative progress updates on milestones and implementation, quantitative updates on metrics that the subgrantee is tracking as a part of their workplan, quantitative description of funds expenditure by initiative and use of funds, and any additional information helpful to CMS. Reports shall also identify any problems that arose and a statement explaining how the problem was resolved. Reports shall also identify any problems that have arisen but have not been completely resolved and provide an explanation.

Reports shall include project outcomes, including the following milestones for this project:

- By June 2027, report on the coordinated telehealth projects with local agencies.
- By August 2029, report on number of telehealth centers open to serve veterans at existing community sites.

Reporting Schedule

Deliverable	Reporting Period	Report Due to DHS
Annual Report #1	**December 29, 2025 to July 31, 2026**	**August 10, 2026**
Quarterly Report #1	August 1, 2026 to October 30, 2026	November 10, 2026
Quarterly Report #2	October 31, 2026 to January 30, 2027	February 10, 2027
Quarterly Report #3	January 31, 2027 to April 30, 2027	May 10, 2027
Annual Report #2	**August 1, 2026 to July 31, 2027**	**August 10, 2027**
Quarterly Report #4	August 1, 2027 to October 30, 2027	November 10, 2027
Quarterly Report #5	October 31, 2027 to January 30, 2028	February 10, 2028
Quarterly Report #6	January 31, 2028 to April 30, 2028	May 10, 2028
Annual Report #3	**August 1, 2027 to July 31, 2028**	**August 10, 2028**
Quarterly Report #7	August 1, 2028 to October 30, 2028	November 10, 2028
Quarterly Report #8	October 31, 2028 to January 30, 2029	February 10, 2029
Quarterly Report #9	January 31, 2029 to April 30, 2029	May 10, 2029
Annual Report #4	**August 1, 2028 to July 31, 2029**	**August 10, 2029**
Quarterly Report #10	August 1, 2029 to October 30, 2029	November 10, 2029
Quarterly Report #11	October 31, 2029 to January 30, 2030	February 10, 2030
Quarterly Report #12	January 31, 2030 to April 30, 2030	May 10, 2030
Annual Report #5	**August 1, 2029 to July 31, 2030**	**August 10, 2030**
Quarterly Report #13	August 1, 2030 to October 30, 2030	November 29, 2030
Final Report	**December 29, 2025 to October 30, 2030**	**January 10, 2031**

5.0 Contractor's Key Personnel:

Jeremy Lyon, Division Administrator, Division of Veterans Benefits, Wisconsin Department of Veterans Affairs: program oversight and implementation.

Erin Armbrust, Grant Specialist, Division of Enterprise Services, Wisconsin Department of Veterans Affairs: subaward documentation and grant reporting.

Jenny Fahey, Bureau Director, Bureau of Health Services, Wisconsin Department of Veterans Affairs: telehealth implementation and best practices.

6.0 **Data Rights:** The Rural Health Transformation Program is partnering with the Wisconsin Office of Rural Health, the University of Wisconsin – Population Health Institute, and the Wisconsin Collaborative for Healthcare Quality for technical assistance and program evaluation. DVA will partner with these entities as requested by DHS to share data on program performance and outcomes.

7.0 **Award Amounts and Allowable Expenses**

The Interagency Party must submit a detailed budget to DHS for each year that funds are Awarded using the template provided. The Interagency Party must submit subawards once subaward applications are received. Funds are subject to federal restrictions of the timing and use of funds. All Year 1 funds must be obligated before October 30, 2026, with the state having until September 30, 2027, to spend obligated funding. Funds will be allocated as follows:

	Budget Year 1*	**Budget Year 2****	**Budget Year 3****	**Budget Year 4****	**Budget Year 5****
DVA Award	$1,000,000	$1,000,000	$0	$0	$0

*Date contract signed to October 30, 2026.
**Subject to availability of federal funds.

Eligible expenses must align with approved project budget and comply with requirements described in Exhibit 2: Federal Compliance Requirements.

Invoicing Schedule:

Invoices should be recorded at a monthly level of detail. Subrecipients may submit payment requests to DHS on a monthly basis in accordance with the GEARS Processing Dates schedule (https://www.dhs.wisconsin.gov/gears/gears-proc-pymnt.htm).

8.0 **Pass-Through Requirements**

All terms and conditions stated in the Notice of Award apply to the Interagency Party. This section describes key requirements. However, the Interagency Party should refer to the Notice of Award for all requirements. Financial compliance requirements are detailed in Exhibit 2. Per the Notice of Award:

- *Subrecipient Tracking*. The Interagency Party must provide DHS with the National Provider Identified (NPI), Tax ID, and EIN, as applicable. DHS is required to submit this information within 30 days from the start of the award.
- *Communications Materials.* The State of Wisconsin must submit communications to CMS for review and comment prior to publication. This includes external presentations, public materials, press releases, media interviews, releases of information, and other communications included under the Stevens Amendment. The Department of Health Services will serve as the Wisconsin liaison with CMS. The Interagency Party must only use approved communications materials or must submit materials to DHS for CMS review prior to publication.
- *Programmatic and Financial Reports.* The State of Wisconsin is required to submit regular reports to CMS. The reporting schedule in part 4.0 is structured to meet these requirements. DHS will provide a template for the Interagency Party.