Strategic Management & Consulting

Revision 10/29/2026

EMS Considerations
for Waushara and Marquette Counties

Marquette County Wisconsin

Waushara County Wisconsin

Presented By:



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Executive Summary

Emergency Medical Services (EMS) is a function of Government. In the late 1960's and early 1970's, Emergency Medical Services (EMS) was recognized by the Federal Government and placed under the authority of the National Highway Traffic Safety Administration (NHTSA) through the U.S Department of Transportation (USDOT). Congress then passed laws that allowed the individual states to regulate EMS, as it best suited the local needs of each community. Ambulance services are licensed in Wisconsin to respond to 9-1-1 calls and/or perform interfacility transfers because the State laws allow them to do so. Wis. Stat § 60.565 states that Towns shall provide ambulance service. Cities and Villages may provide ambulance service according to Wis. Stats. § 256.12(2)(a) and § 61.64. Wis. Stat § 66.0602(3)(e)6 provides an incentive for Counties to provide EMS--which allows an exemption to the Tax Levy limit (cap) for Countywide EMS expenses.



Over the past number of years many studies related to EMS have been completed across the United States. Those studies present the public with a great amount of information to include the history of EMS, the implementation of EMS, the national and statewide staffing shortage issues, and why things have transpired to such a crisis mode.

Executive Summary

A key study released by the Office of Rural Health in March 2023 was titled, "The Reliability of Wisconsin's 9-1-1 Ambulance Response". **Some of the highlights include the following:**

- 41% of EMS services in Wisconsin are staffed by 6 or fewer people, with 21% of services being run by 2-3 staff members.
- 29% of the EMS services do not have adequate funding to operate.
- 41% of ambulance services reported that they had open periods in their schedules where they were unavailable to respond to a single 9-1-1 call.
- 78% reported running a call for a neighboring service due to low staffing, which places their ambulance(s) out of reach for their own communities.
- 33% of services that staff multiple ambulances report that they placed some of their ambulances out of service due to lack of staffing.
- In the worst-case scenario, Wisconsin citizens in at least 10 communities placed a 9-1-1 call in which an ambulance never arrived — because there was not a staffed ambulance to send.

The full Report can be found here:
https://worh.org/wp-content/uploads/2023/03/EMS-Reliability-Report_March2023.pdf

This Project and Study Report was enacted to answer a number of questions that falls into the categories of the following two questions:

1. Should Waushara County and Marquette County consider merging or consolidating their seperate Countywide EMS agencies into one large combined Regional EMS Ambulance Service?
2. What are the parameters for the Counties to consider, if they wish to apply for the Innovation Grant (which currently a pool of $225 million for funding)?

Ambulance Services are experiencing issues with the current model of providing Public Safety. A conclusion can easily be made that in order to maintain a viable and sustainable Service, an adjustment is needed in the mindset regarding the delivery of Emergency Medical Services (EMS). Some of the challenges that have become commonplace to Ambulance Services, that need to be resolved include:

+ A precipitous drop in volunteerism
+ Escalation of costs to provide services
+ Lack of increase in funding
+ Increased call volume
+ Workforce staffing shortages (career & volunteer)
+ Staff burnout (career & volunteer)

These are exactly the issues that are affecting many other Services across the State of Wisconsin (and even across the Nation). Thus, the resulting pages of information are presented in order to guide the Counties in the best direction in which to proceed—in order to maintain a viable and sustainable Emergency Medical Services system in the local communities for many years to come.

The Counties have accepted the responsibility to provide high-quality EMS service to their respective communities. There should be an expectation that providing that service has a significant cost. EMS was never intended to be a profit center to the municipality, even though they have the ability to charge for their services.

The Wisconsin State Legislature is aware of some of the issues facing Public Safety, and they created legislation in which to provide grants to fund entities that need assistance, who are also willing to work together. The Wisconsin State Department of Revenue (DOR) is the administrator of both the Innovation Planning Grant (which is funding this Study/Project) and the Innovation Grant—to which the Report will address the eligibility and parameters of those that want to apply for the additional Grant funding.

As the review and analysis for this Report was taking place, ideas were developed that should be thought of as a roadmap or a guidebook. Several recommendations are being provided--based on a variety of items, including the volumes of data that were collected as part of this Study and State and Federal Rules & Regulations.

To further support the initial point of EMS being a function of Government, the parameters of the Innovation Grant application require that the Municipalities make the decision to participate and sign the Agreement to 'share services' regarding Emergency Medical Services (EMS). The existing entities will then need to collaborate to operationally bring to fruition whatever decisions are made by the Municipalities.

PREFACE

This report is being developed due to a question regarding consolidation between Waushara County EMS and Marquette County EMS. Consolidation has been discussed in this region on and off for at least a decade, but no serious reviews were conducted until now. The initial driving force currently is related to the sudden departure of the Chief and Deputy Chief of Waushara County EMS.

The State of Wisconsin created a 5-year reoccurring Innovation grant process (with 4 years remaining) that is designed to determine whether certain efficiencies can be attained by consolidating similar services within its own government structure or between neighboring municipal government agencies.

The Waushara County Administrator informally reached out to the Marquette County Administrator to determine the feasibility of the consolidation of each counties' EMS agency. Further discussions were held and a formal process was developed to seek the assistance of an EMS consulting firm. Strategic Management & Consulting LLC was hired to produce a 'Pro's and Con's' summary of the potential two County consolidation.

Due to the fact that employees are the biggest assets in any organization, it seemed appropriate for this overall assessment that a general overview of the employee surveys and the information that was obtained in the collection of information from the on-site interviews that were performed in each County to be included in the evaluation and analysis. It would be an understatement to say that employees expressed much concern regarding the overall question of whether consolidation would prove to be beneficial for both Counties.



SUMMARY OF EMPLOYEE SURVEY

Taken as a whole, the employee survey responses indicate that the two individual organizations are not yet broadly prepared for full consolidation. The prevailing stance is cautious with skepticism—rather than categorically resistant to change. Respondents appear willing to consider collaboration, restructuring, or even consolidation, if leadership can demonstrate that the proposal solves a clearly defined problem, improves long-term sustainability, and protects patient care and local coverage. At present, however, many employees do not believe those conditions have been established.

The feedback also reveals that the issue extends beyond the proposed organizational structure. Concerns about communication, morale, retention, chain of command, leadership accountability, and unresolved workplace culture are influencing how employees judge the proposal. These conditions create a significant implementation risk: even a financially sound model could fail to achieve its intended benefits if introduced without first rebuilding trust, clarifying authority, and stabilizing the workforce.

A recurring weakness is the perceived lack of a neutral, evidence-based decision framework. Questions about the survey's wording, limited staff involvement, grant dependence, leadership selection, and the absence of a detailed business case have reduced confidence in the process. Before a final decision is made, leadership would benefit from comparing full consolidation with clearly defined alternatives using common measures such as response capability, staffing resilience, total long-term cost, governance, employee protections, operational risk, and community impact.

Overall, the responses point toward a staged and transparent approach rather than an immediate merger. The most credible path would be to define the problem, publish the financial and operational assumptions, obtain structured frontline input, address current leadership and culture concerns, and test less disruptive forms of inter-county cooperation. Clear decision criteria, employee transition protections, measurable service standards, and contingency plans would help determine whether consolidation is genuinely the least risky and most effective option—not simply the most available or grant-supported one. The central unresolved question remains: What specific problem must be solved, and which option will deliver the best sustainable outcome for patients, communities, employees, and both Counties?

Overall, many of the responses indicate that the greatest concerns are retaining employees, integrating workplace cultures, standardizing operations, maintaining adequate coverage and response times, and creating a transparent and equitable administrative structure. Clear communication, phased implementation, employee involvement, and a demonstrated benefit to both departments and their communities were viewed as essential to a successful transition. It became apparent early on that one of the main purposes for consideration of a consolidated EMS system was that cost savings would be gained. The overarching questions are:

1. **Will there be any actual cost savings?**
2. **Will any cost savings be sustainable for the future?**

The following section presents some historical information that helps to understand the pressures that have been placed on municipalities over the movement to the modern EMS models of providing emergency medical services.

Departments of all sizes and scopes reported that increasing call volumes are putting pressure on their finances and staffing. Below are some representative responses:

- Rapidly increasing call volume and evolving needs of the community we serve with limited resources and a very restrictive budget that makes maintaining fleet, EMS stations, and recruiting and retaining EMS personnel incredibly difficult.
- Keeping up with growth in call volume and avoiding staff burnout.
- The ability to add staffing to keep pace with increasing call volume and community growth. Funding challenges departments of all sizes and scopes reported challenges related to funding. Many were general complaints; however, several respondents mentioned the challenge posed by state levy limits.

The following are some representative responses:

+ Funding for apparatus, maintaining equipment, and buildings.
+ LACK OF FUNDING!
+ Staffing shortages and funding for staffing, our crews are significantly understaffed and underfunded.
+ Staffing Respondents reported struggling with recruitment and retention. Notably, staffing challenges exist for both the career and volunteer fire service. Reasons cited for staffing challenges include a decline in volunteerism, competition from other professions, rural brain drain and pay.
+ Lack of young people staying in the area, small town politics, programs for businesses to allow employees to leave work for calls.
+ Staffing is our greatest challenge.
+ Recruitment. There just [aren't] enough kids going into fire/ems to fill all the openings we have.
+ Acute lack of age-appropriate volunteers.
+ Getting people to work for the pay that we receive. Mandates and Training Costs A substantial number of respondents referenced the financial burden of state mandates and training as their largest challenge. Below are some representative responses:
+ More money is not always the solution. But the limitations put on our communities by the state, no tax increases and no shared revenue are a double negative.
+ I feel the greatest challenge to our department is the financial burden of training.
+ Funding for staffing and training.

WHAT IS THE COST OF READINESS?

It is not well understood within the political jurisdictions of mainstream Emergency Medical Services (EMS) systems across the United States on how EMS is funded. Communities face a fundamental lack of understanding of the daily infrastructure financing challenges for EMS.

Costs driven by 24/7 readiness requirements, workforce pressures, regulatory obligations, and expanding clinical expectations have increased significantly, while reimbursement models remain largely anchored to transport volume. At the same time, ground ambulance payment in the United States is governed by a fragmented system of state and local rate setting authorities, rather than a uniform federal standard. This misalignment has left many EMS agencies chronically underfunded, regardless of size, geography, or service model, and has limited the State's ability to set rates that reflect the true cost of providing emergency response. Incremental rate increases alone will not solve this problem.

A readiness-informed Cost-of-Service Analysis (COSA) provides this foundation by quantifying both fixed readiness costs and variable service costs using verified financial, operational, and utilization data. Federal advisory bodies highlight the complexity of EMS reimbursement, with thousands of state and local ambulance rates nationwide. Effective reform should start with accurate local cost measurement instead of national fee schedules. Without standard cost measures, rate setting can be arbitrary and disconnected from actual operations.

EMS systems operate as readiness-based public safety systems. Communities rely on EMS to maintain continuous availability, requiring personnel, vehicles, medical oversight, training, and geographic coverage every day of the year. These obligations define the operational reality of EMS nationwide, yet reimbursement policy has not kept pace.

Unlike many healthcare services, EMS must be prepared to respond at any moment—24 hours a day, 365 days a year. That means communities are paying not just for ambulance transport, but for everything required to keep trained professionals, vehicles, equipment and communications ready before the next emergency happens. This is known as the Cost of Readiness.

WHY EMS IS DIFFERENT

Unlike most healthcare providers (who know when patients are coming to their facility) EMS providers must:

- Be available 24/7/365
- Respond immediately
- Travel to the patient
- Be prepared for any type of emergency
- Maintain enough staff and equipment for multiple emergencies happening at once

Whether the ambulance is transporting a patient or waiting for the next call, the costs continue.

THE HIDDEN COST OF BEING READY

Many of the largest EMS expenses occur even when no 9-1-1 calls are coming in. Examples include:

- Staffing ambulances around the clock
- Replacing medical equipment before it expires
- Maintaining emergency vehicles
- Keeping medications stocked and rotated
- Training personnel
- Meeting state and federal requirements

Communities must fund being prepared and ready to respond—not simply just when the ambulance responds.

WHY AMBULANCE BILLS DON'T COVER ALL EMS COSTS

Many people assume ambulance services are paid only through transport fees.

In reality:

- EMS agencies receive little to no payment when patients are treated but not transported.
- Reimbursement from Medicare and Medicaid mostly fall below the actual cost of providing care.
- Agencies must maintain the same level of readiness regardless of daily call volume.
- Rural communities often have higher readiness costs because ambulances must cover larger geographic areas.

FINDINGS

In the process of gathering information, Strategic Management & Consulting reviewed a significant amount of data for each agency, as well as conducting 3 days of interviews in Waushara County and 3 days of interviews in Marquette County. These interviews were held at each EMS headquarters station and were with each County Administrator, County Board members (when available) and EMS staff. A tour of each of the County EMS station locations was also conducted by the Consultant to provide the realities of response difficulties inherent in typical rural EMS counties. Both Counties have made a substantial financial commitment with the addition of purpose-built EMS station facilities that provide for the housing of in-house 24/7/365 coverage.

Many Marquette County elected officials have a perception that no work-related activities take place other than responding to emergency calls. Some didn't understand the work schedule, therefore were surprised that the EMS personnel slept during their duty shifts. While there are periods of the day that don't produce revenue, the daily work schedule is filled with many work-related activities. There is daily training that takes place, housekeeping tasks that must be completed (vacuuming, moping, dusting, cleaning toilets, dishes, etc.). Further, there are responsibilities for cleaning, stocking and inventory of supplies in the ambulance and the station storage room.

Typically, a 24-hour shift looks something like below:

- First 8-hour block of time is dedicated to the above cleaning and station chores, completing paperwork and preparation of billing reports. (During this time, they are also 100% available to respond to calls)
- The second 8 hours are for down time. Ambulance calls responded to during the first 8 hours of the shift will require many of the housekeeping tasks to get pushed back to the down-time block. (Again, during this time block ambulance calls will be responded as needed)
- The final block of time can be used for personal use and sleeping.

Both departments work 48 hours on-duty, followed by 96 hours off-duty. It needs to be pointed out that due to this type of schedule, significant time is spent away from family. The stations are set up to create a "home-like" atmosphere that helps staff deal with the extended time spent on-duty. This type of schedule, or similar variations are considered to be the industry standard for EMS departments nationwide.

Both agencies are certainly interested in providing a high quality, medically proficient service to the citizens, at the best possible price. The financial picture appears to be on stronger footing in Waushara County and more tenuous in Marquette County. Many Marquette County representatives believe that only 2 stations should be in operation. The fact that in-house staffing makes up lost time that a volunteer response provides, there is still no replacement for the faster response times that a system with in-house staffing can accomplish as well as a system that has more than two stations can attain.

Below are some random comments from the Elected officials and employees of both Counties.

+ How did we get here?
+ We only need 2 stations...One north and one south.
+ Why don't we do interfacility transports any longer?
+ Why does Med 1 go to every call?
+ Marquette County is the only winner in this merger proposal. (multiple comments)
+ The problems we have don't need consolidation to make them better

All we hear about is this Innovation Grant. What happens when the money stops and we have the same problem 5 years from now?

As mentioned earlier in this Report, the question was asked, "Should Waushara County and Marquette County consider merging or consolidating their separate Countywide EMS agencies into one large combined Regional EMS Ambulance Service?" It was requested that Strategic Management & Consulting develop a list of Pro's and Con's that can be used as a guide for the elected and appointed officials to reference. The Pro's and Con's to that question are listed below.

PRO'S

The general premise that there automatically is a savings if consolidation were to be selected, need much deeper analysis.

+ It was mentioned numerous times during the interviews that with the loss of the Chief and Deputy Chief in Waushara County that significant saving would be gained. Approximately as much as $150,000 - $175,000. (Waushara County has hired a Deputy Chief since this project was started.)
+ The potential to reduce costs because of the buying power with added purchasing needs collectively.
+ There are possibilities for savings that could be found in the future, because of consolidation. It was difficult to investigate every level of operations in the short duration review such as this.
+ There are some economies of scale benefits that could occur with the consolidation of the two services in equipment standardization over time.
+ As a combined two -County entity, response areas could be looked at and revised to provide the closest unit for response.

CON'S

- ⊗ There is a distinct discrepancy in wages between the two agencies, with Marquette County showing the highest wages at as much as $5.00 per hour more for EMT's
- ⊗ There would need to be a change in Medical Direction and which Healthcare system the Medical Director would come from
- ⊗ Patient care treatment protocols would also need to be changed, requiring significant time in re-training
- ⊗ Creation of new Standard Operating guidelines would need to be created to reflect the new service operating structure
- ⊗ Need to establish new Policy and Procedures that reflect how the new services daily activities will be held accountable
- ⊗ Standardizing the medical equipment between the agencies to ensure that critical time situations are not spent trying to operate unfamiliar equipment, such as:
  - Cardiac Monitors ($50,000 each) Total initial cost = $250,000.00
  - Ventilators ($12,000 each) Total cost = $48,000.00
  - One new ambulance for each County, based on replacement schedule ($300,000 - $350,000 each) Total cost = $700,000.00
  - Standardizing of the ambulance appearance packages ($20,000 - $30,000 each) Total cost = $100,000.00
  - Standardizing uniforms (at least $700.00 per employee) Total cost, $15,000
  - Patient loading transport equipment (cot & auto load systems will need to standardized, and if needed the cost is. ($56,000 per ambulance)
  - Medical treatment bags (Cardiac bag, Trauma bag, Pediatric bag, General response bag) Due to the fact that there are differences between the two agencies, a full set will need to be purchased ($1,500 per ambulance) Total cost = $7,500.00
- ⊗ New State Licensure. Application for change in licensure with the State of Wisconsin (30 to 60 days)
- ⊗ A new Medicare certification will need to be requested and applied for, which includes a new 855 application form ($750 fee)
- ⊗ A new Medicaid certification will need to be requested and applied for (60 – 90 days)
- ⊗ A new National Provider (NPI) number will need to be obtained, which allows for proper billing of claims (45 – 60 days)
- ⊗ A new Federal DEA certification process will need to be created with the proper federal application procedures followed
- ⊗ The two departments are represented by two different International Association of Fire Fighters (IAFF) locals. A decision will need to be made and the proper dissolution of one and creation or transfer of the remaining one.
- ⊗ The actual shift staffing model will need to be determined with the model that provides the best coverage without concern of staff fatigue
- ⊗ There was considerable concern with the loss of identity that would occur with the potential consolidation. Each service has created a specific identity within the respective communities over time, that will be lost.
- ⊗ Personnel in both agencies indicated that if a consolidation were to take place that some of the membership would most likely leave (estimated at 5-6 people)
- ⊗ If the personnel were required to work in both Counties on a regular basis, the number of those that would consider leaving may be higher (6-10 people)

Based on the Pro's and Con's list, the interviews with the Stakeholders, and the data / information that was collected from both Counties, the recommendation from Strategic Management & Consulting is that the Counties do NOT combine their ambulance services into one regional EMS agency.

With that said, there are some areas in which the two Counties could collaborate together in certain areas, as a benefit to both entities. Those opportunities are discussed in the following pages.

Efficiencies that could be gained by each County without consolidation.

The following items could be considered between the two Counties if consolidation does not move forward. Many of the below items could be developed between the Counties using Intergovernmental agreements or other agreed upon methods to share, for the possibility of cost savings to each.

Buying Consortium

- Ambulances
- Medical Supplies
- Training Center
- Uniforms

The following comments and observations were made by the Consultant during formal and informal conversations during the time that the consultant was available. Some of the information was anecdotal in nature. Some of the observations and recommendations are items that Strategic Managment & Consulting is presenting, using experience and industry standards that are identified as possible areas of improvement.

Waushara County Items

- Consider implementing Interfacility transports. (It could be a modified version from the previous model.) In the past, Waushara County EMS had a very busy Interfacility transport service. This was stopped less than a year ago. Many of the reasons used for justification were that there were no filters on where they would go or the type of patients they would accept. A modified version could be developed where very specific criteria would focus on more local hospital needs with very distinct destinations. The sheer volume of IFT's were placing a major stressor on the personnel along with the wear and tear on the vehicles, resulting in equipment replacement schedules being moved up at a significant cost. Implementing this modified version could bring in significant revenue without putting people and equipment at risk.

- An EMS Training Center could support an EMS educator position that would benefit the service and the community. Many of the medical professionals that reside in the community would be candidates for the training center for their professional certifications that could be taught at the facility.

- It appears that Waushara County does not gain significantly with consolidation. The staffing and station locations appear to allow for an equalized response time when all stations are staffed.

- Consideration could be made for System Status Management (SSM) on days with higher call volume. They do a good job of using the Captains to man the chase car and move to vulnerable locations from a response time standpoint to allow for shortened response time throughout the remaining areas in the County.

- There appears to have been a growing disconnect between Staff and department leadership leading up to the departure of the Chief and Deputy Chief.

Marquette County items

- Review the personnel allocations when the service is taxed with calls so that greater overall response time can be attained.

- Better utilization of Med 1. Currently, Med 1 responds to most of all calls, along with the dispatched ambulance. There are situations when the extra Paramedic has proven to be beneficial to the treatment of the patient. However, it may be more prudent to use a triage system that is strong to patient acuity situations.

- There is no use of System Status Management (SSM) The agency does not move ambulance locations when ambulance calls are dispatched. What this means is as each one of the ambulances respond to a call there is no effort to even up the response zone by moving to pre-designated locations to even up the response time to the rest of the County.

- Better use of management staff when all other ambulance units are out on calls prior to seeking a mutual-aid response from a neighboring jurisdiction.

- There was concern by many that there are many times that 20 to 30-minute response times occur due to the call location, versus station location.

- When the initial station locations were established, they were positioned based more on political pressures rather than logical, ideal locations that should be based on response time.

- There needs to be attempts to negotiate with neighboring EMS agencies for a better working relationship as far as mutual-aid response. An EMS service to the southwest will not respond to Marquette County until ALL of the Marquette County units are on calls at the same time, no matter how close to the County line the call is.

- There seems to be a fair number of elected officials who don't feel the need to maintain 3 stations. No matter which station would be eliminated if a reduction to 2 stations is contemplated, the potential for a significant loss in previous investment may have a negative reaction in the community.

- There has been no effort to reach out to neighboring Towns that have been covered by Marquette County in the past, to gauge their interest in once again obtaining services from Marquette County. It is believed by various members that approximately 4 townships—and as many as 600 calls could be added to the Marquette County totals. (This information is based on unofficial conversations.)

- It was noted during several discussions that many felt that the ambulances could be better maintained. No specific incidents were identified, however.

- Key medical equipment (that has allowed for a higher level of patient care) would not otherwise have been procured without funding from the EMT Inc. group. Some of that equipment (though not all) includes patient ventilators, ultrasound monitors, and many other items too numerous to mention--have totaled tens of thousands of dollars in purchases.

Innovation Grant

One of the factors for consideration was that of the Counties eligibility to participate in the Innovation Grant. Though Strategic Management & Consulting is not recommending a full "sharing of services" for the provision of EMS between the two Counties, there may be some opportunities for other types of "sharing services". Thus, the following section provides details regarding the Innovation Grant.

The Innovation Grant program was created under 2023 WI Act 12 as Wis. Stat. § 79.038. Two pages of amendments were subsequently added under 2025 WI Act 15. Many Municipalities have been waiting a long time for the $300 million in funding to come to fruition. After completion of the first round of the Innovation Grant, there is about $225 million in remaining funds to be awarded.

Any Municipality (including Towns, Cities, and Villages) in Wisconsin—along with any County or Tribe can submit an application for an "Innovation Plan", in which they intend to transfer or share services with another municipality, county, tribe, nonprofit organization, or private entity.

A priority has been established for those entities that wish to apply for the Grant—specifically to fund initiatives associated with Public Safety—including Law Enforcement, Fire, and EMS. This section will present a number of components associated with the Innovation Grant.



When the concept of the Innovation Grant was created, it was anticipated that the funds would be able to be used specifically for projects such as new buildings or stations, new apparatus, and/or wages for staffing, including adding part-time and full-time employees. After researching the rules of the Grant—including the amendment changes made in July 2025, Strategic Management & Consulting discovered that the parameters for the funds to be awarded were not like that of other grants, such as the Assistance to Firefighter's Grant (AFG). Unfortunately, the reality of what the Innovation Grant will provide is different from the original expectation. From the Legislative perspective, the Grant is encouraging local Municipalities to join forces (share services) and the funds from the Grant award will be given directly to the participating Municipality(ies).

The following general requirements must be met:

1. A copy of an agreement between the participating Municipalities must be submitted to the Department of Revenue (DOR) signed by the participating entities, stating the Shared Service that is to be transferred.
2. The Municipalities transferring services (Transferor) must have provided the service being transferred for the calendar year prior to the transfer.

The Agreement for the transfer of services must include:

1. List of the service to transfer.
2. Signature date on or after November 13, 2024, which was the Administrative Rule notice date for Innovation Grants.
3. The transfer effective date.
4. The length of the agreement for the transfer of services (must be for a minimum of three years).
5. For the transferor – the total cost (actual expenses) of providing the service/duty to the municipality transferring the service/duty in the calendar year prior to the transfer. The total cost includes, but is not limited to, the cost of wages, fringe benefits, training, and equipment of providing the service.
6. For the transferee – if the transferee is a county, municipality, or tribe, the total cost of providing the service/duty in the calendar year prior to the transfer of the service/duty. The total cost includes, but is not limited to, the cost of wages, fringe benefits, training, and equipment of providing the service/duty.
7. Amount the transferor will pay to the transferee for the length of the agreement.
8. Details regarding how the grant award will be allocated to the participating Municipalities listed in the agreement.
9. For public safety, fire protection, and emergency services - a stipulation that the service or duty being transferred will maintain the appropriate level of such service.

There were some changes to the parameters of the Innovation Grant that occurred in July, 2025 based on a number of amendments that were added to the Law. Several of those changes are summarized on the next page.

Innovation Grant amendment changes and clarifications are summarized here:

- The Grant program has been extended by two years – for a total of five (5) possible annual grant payments. (Since the first Grant Round has been completed, there are a total of four (4) annual payments remaining.)

- The initial requirement to achieve a 10% cost savings with the Shared Service has been removed. Also, the requirement for a grant recipient to certify their actual cost savings to DOR has been removed. In its place, however, a cap of 115% has been placed on the subsequent Budgets for the shared service entity over the 5-year time period of the entire Grant.

+ The 115% increase is based on the actual expense of the participating Municipalities from the calendar year prior to the implementation of the sharing of services. If the shared services are to start on June 1, 2027, then the actual expenses would be from 2026.

+ The 115% cap is related to the actual expenses of each of the participating Municipalities...not the overall Budget of the Department or District. For example, if a Municipality paid $100,000 for EMS in the year prior to the transfer of services, to remain eligible the amount of actual expenses contributed by the Municipality in any of the years of the grant program could not exceed $115,000.

+ The new entity could receive additional funding from other sources such as a savings account; other Grants; CD's, fundraising; donations, etc. The new entity could spend those additional funds (separate from the Municipal contribution) and it would not count towards the 115% cap placed on the actual expenses of the participating Municipalities.

+ The 115% Municipality increase could be accounted for as a specific percentage increase each year, for each of the Grant award years. Or it could be an increase of 15% in the first year of shared services, with no increases in the remaining years, in order to remain eligible.



+ If, for a year during the grant award period, the above requirement is not met, the Department of Revenue must inform the Department of Administration of those Municipalities that are part of the agreement, and DOA may not make a grant payment in the following year. (With that said, there does not appear to be a provision in which a penalty would have to be paid, or funds would have to be returned, if any Municipality exceeded the 115% increase prior to the final year of the grant program.)

- The initial requirement for an agreement of the transfer of services was to be for at least six years. That has been reduced to only needing an agreement for a minimum of three years. (Though to gain the maximum amount of payments from the Grant, the transfer of services agreement would need to be for the four remaining years.)

- The Grant payment calculation is streamlined for all of the eligible applicants, in which the annual grant payment will equal 25% of the total actual expenses to the transferors of providing the service in the year prior to the transfer.

The parameters for determining the Grant award - as well as the 115% Budget cap - is based on the 'actual expenses' to the Municipality in the year prior to the transfer of services. There is no provision to address the high and low call volumes of the Ambulance Service each year (which would potentially affect the staff response/wages/stipends paid out in a specific year). The DOR will only be using the actual expenses contributed by the participating transferor Municipalities in the year prior to the transfer of services to determine the Grant award.

After staff conferred with the Division Administrator, the DOR has determined that joint EMS Districts that are organized through intergovernmental cooperation agreements under statute 66.0301(2) will be classified as a non-profit for the purposes of applying for the Innovation Grant. As a result, the total costs for a joint EMS District will not be considered as part of the 25% Grant calculation, nor will it be considered as part of the 115% cost limitation.

In cases where an EMS District is the transferee (or recipient) of a Municipality's contracted or member services, the 115% cost limitation would be based on the payments made from the Municipality to the joint EMS District to provide the service to the Municipality. It is not based on the joint EMS District's costs to perform the service, as a joint EMS District is not a County, Municipality, or Tribe.

Likewise, if pre-transfer Municipalities are contracted with a joint EMS District and seek to terminate their current contract or membership to pursue a new and distinct contract or membership with an entirely separate EMS District, the 25% Grant calculation would be based on the Municipality's pre-transfer payments to the EMS District before the termination of their agreement.

Overall, the decision has been made (by the DOR) that joint EMS Districts will be treated the same way a non-profit organization would be treated for purposes of the Innovation Grant.



If additional information is needed regarding any aspect of the Innovation Grant, the contact information for the DOR staff administering the Grant is being provided below, in which any of the listed staff from the Department of Revenue may be contacted via phone or email.

Valeah Foy, Administrator
State and Local Finance Division
valeah.foy@wisconsin.gov
(608) 266-9759

Nick Foerster, Supervisor
Local Government Services
State and Local Finance Division
nicholas.foerster@wiscosnin.gov
(608) 266-2294

James Fahley
Revenue Auditor 3
Local Government Services
james.fahley@wisconsin.gov
(608) 266-1932

Rama Devi Lingampally
Local Government Services
ramadevi.lingampally@wisconsin.gov
(608) 266-5815

Generic email:
lgs@wisconsin.gov



The Department of Revenue (DOR) will allocate the grant funds to be distributed as provided by the Innovation Plan agreement. They will also certify the amounts of grants awarded to the Wisconsin Department of Administration (DOA), and the DOA will pay the amount of the grants awarded on an annual basis to the Municipality(ies) identified in the submitted application.

The total cost of providing the service will at a minimum include the cost of wages, fringe benefits, training, and equipment associated with providing the service. The DOR has published several documents that can be used to determine fair market compensation for the services provided by volunteers. Those numbers can then be utilized in determining the total costs associated with providing the service, with the understanding that it will increase the actual cost numbers--as a positive affect in calculating the Grant award.

The annual payments will be distributed to the Municipality(ies) as described in their Agreement, and the Grant application. The award could go to just one Municipality, or it could be divided evenly between any and all of the participating Municipalities, or it could be divided based on their percentage of contribution in the prior year of service. The payments are considered unrestricted or unencumbered, meaning that when the participating Municipality(ies) receive the funds they are free to use it as they wish. Since the issue at hand is the sustainability of Emergency Medical Services (EMS), the recommendation is to place the awarded grant funds into a segregated account for the length of the Grant program. After the time frame is completed, the funds can then be used in future years to offset the expenses of the new entity as needed.

In order to determine what the amount that the DOR Innovation Grant award will be, each of the participating Municipalities will need to submit the actual expenses that were contributed by the participating Municipalities to their Ambulance Service in the year prior to the 'sharing of services'. The soft due date for the Grant submission is December 31, 2026, and the hard due date is March 31, 2027. For clarification, if the transfer of services would occur in 2027, the submission for the Grant application would also have to be in 2027--in order to assure that all municipality contributions in 2026 were accounted for.

To get an idea of what the Grant awards could be, we are providing several examples for consideration on the following pages. As a reminder, the DOR has indicated that the amount to be reported must be the actual expenses for the year...not the Budgeted amounts for the year.

There are a number of options that can be considered. With regards to 'shared services' in which the entities could merge or consolidate into an EMS District. The Counties should continue to communicate with each other, in order to begin working together on real solutions to create a viable and sustainable model for the provision of Emergency Medical Services (EMS) in which the correct equipment, vehicles, and staff are able to respond to an emergency 9-1-1 call in their area.

The following point needs to be made clear, specific to EMS providers participtionin the Innovation Grant: The decision to participate in any 'shared services' rests solely with the Counties. Of course, it makes sense to collaborate with the staff of the exisiting Ambulance Services - as they will be the backbone of the new entity, and it is important to gain buy-in from the EMT's and Paramedics in moving forward with this Project. However, the Intermunicipal Agreements for the Grant submission will be determined, approved, and signed by the Municipalities that wish to particpate in the 'shared services' Project.

The information on the following pages will be used to illustrate the amount of funds that the Innovation Grant award could generate. Though the information provided in this Report is specific to the "sharing of services" for EMS, it should be mentioned that there are a number of other areas in which Municipalities could consider 'sharing services'.

Those areas include:

- ☑ Administration – including staffing, payroll and human resources
- ☑ Communications
- ☑ Courts
- ☑ Economic development and tourism
- ☑ Emergency services
- ☑ Fire protection
- ☑ Housing, planning and zoning
- ☑ Information technology
- ☑ Jails
- ☑ Parks and recreation
- ☑ Public health
- ☑ Public safety – including law enforcement, but not including jails
- ☑ Public works
- ☑ Training

Example: Marquette County EMS and Waushara County EMS 'share services' as an EMS District. Since a new entity would be formed, the total cost for the participating Municipalities can be included, and the total combined amount for the Grant award formula would be:

Marquette County $1,944,428.00
Waushara County $2,732,742.00
..... **Total = $4,677,170.00**

The Grant award would be 25% of $4,677,170.00, which equals $1,169,292.50 for each year of participation. If the Counties received funding for the remaining four years, then the total amount of the Grant award payments would be $1,169,292.50 x 4 years = $4,677,170.00.

As a reminder, there is a 115% cap on subsequent Municipal contributions during the Grant program, which would equate to a maximum annual County contribution to the Budget for each of the next four years of $5,378,745.50. A question was asked about purchasing capital equipment in the year prior to the transfer of services taking place, and if that expense would be able to be counted towards the initial expenses on which the Grant formula is based. The DOR responded that if the Municipality purchased a vehicle in the year prior to transfer with CASH, and they were using the cash accounting method, then it would be acceptable to count those costs as actual expenses. That said, they would have to use the cash accounting method—not the accrual method. Additionally, if the Municipality were to take out a loan or use the accrual method of accounting, only the interest expense and the depreciation expense could be counted.

The merger / consolidation / transfer of services during Grant award time period could be agreed upon just for the Operations and staffing components of the new entity. It does not necessarily need to include any of the buildings, grounds, and/or vehicles that are owned by the Counties. Instead, the Counties could lease the buildings and vehicles to the new entity for a set price each year, during the Grant period. At the end of the Grant period, discussions could then occur in which the new entity would begin to purchase the various items from the Municipalities, as the entity builds up funds to make those purchases. For clarification, if an asset owned by a County were to be sold off during the Grant period, since the County still owns that item, the County would receive the revenue from the sale.

Prior to the changes in the Grant parameters, there was a thought to sell off excess equipment and vehicles that would most likely not be needed in the Shared Services transition. However, with the inception of the 115% cap in the Budget over the Grant time period, we are revising our recommendation. Vehicles and equipment should be prioritized such that any item that is needed for Operations on the first day of transition should be placed in service. Any equipment, vehicles, bunker gear, uniforms, etc. that are not initially needed in the first year of the consolidation should be placed in a safe, climate controlled storage area. As equipment, vehicles, and other items need repair or replacement over the subsequent years of the Grant Program, the items can be taken from the stock of reserve that is in storage, and can then be placed into service. This practice should help to hold down some of the costs of the equipment and vehicle line items, which in turn should assist in keeping the subsequent Budgets below the 115% limit.

The Grant application is required to be submitted by a Clerk from one of the participating Counties, via MyDORgov. There are 3 different options, in which the Clerk can allow others to access the Grant application, in order to assist with uploading the requested information into the application portal.

The Clerk can provide permission for another person to:

A. View the application only.
B. Edit the application, but not submit the application.
C. Allow all access: a person can view, edit, save and submit the application.

The DOR staff has indicated that prior to the Clerk submitting the Grant application, that they would be willing to meet virtually with the Clerk, to walk through a Template Grant application with them—in order to work through the specifics of the application, as well as to determine what the anticipated Grant award would be.

The initial deadline for the Innovation Grant was 3/31/2026. There were a total of 56 applications. Of those applications, only 35 met the eligibility parameters. In Round 1, the Wisconsin DOR allocated $72 million in funding over a five-year award period, and distributed nearly $14.5 million in June 2026. That leaves $228 million available for the next grant round. Round 2 of the Grant was opened at the beginning of October, 2026. There is a soft due date of 12/31/2026--in which eligible grant submissions will be awarded grant funds in early 2027. A hard due date of 3/31/2027 will also occur--in which eligible grant submission will be awarded grant funds in June 2027. Round 2 award recipients will be able to receive up to four annual payments, and the entire Innovation Grant program would then end on June 30, 2030.

The DOR will evaluate the submitted applications using a scoring method that allocates points for the following:

- Service categories – public safety, fire protection, or emergency services
- Service transfer between local governments (counties, Municipalities, and tribes)
- Improved quality of service and/or accessibility
- Long-term duration of service transfer
- Process improvements that enhance the service method or delivery
- Increased collaboration with multiple local government participants
- Use of Innovation Planning Grant funds

The more points that are acquired, the more chance there is of an award being granted to the applicant. If an award is granted by the DOR, the annual payment will go to the identified Municipality(ies). Any nonprofit/private entity transferees will not receive a direct distribution of grant funds from the DOR. The Counties could use the annual payments to assist with funding the new entity, or they could place it into a segregated account, to use after the grant program has ended.

It is recognized that the parameters for the Innovation Grant are clunky, and some of the requirements do not fit well in the context of EMS. Since the innovation Grant is based in Wisconsin Law, the only way to make changes would be for Legislators to make amendments to the Law.

Plan for Shared Services / Consolidation / Merging

The majority of those reading this document know that EMS across the region and State has been struggling for years. Due to the ever-changing post COVID-19 landscape, many in Public Safety are still struggling with the impact that this has had on the operational aspects of their Department. As a result, it has been even more difficult to maintain awareness for the various elected officials. It is imperative that an effort be made to educate the populous as to the issues that EMS faces—as well as the potential solutions that can be implemented. This section of the Report was developed with the idea that all parties are looking for a guide to implement specific actions and needed changes today and into the future.

The following pages list a number of items that would need to be considered and implemented when establishing a new EMS District. If the Counties decided to merge or consolidate, the following points (at a minimum) would need to be taken.

We understand that no one wants to go through the process of developing a new District. That said, if a new Distirct would be created, all of the Items in the following Section would need to be addressed. This material could be used when speaking with the State legislators--to share with them the exceptional amount of work that needs to be accomplished in creating a new EMS District--just to be compliant with the requirements of the Innovation Grant--in maximizing the amount of the Grant award.



Though the recommendation from Strategic Management & Consulting is that the two Counties do NOT merge or consolidate the Ambulance Services, we understand that the final decision rests in the vote of the elected officials. If either County were to consider merging / consolidating the Ambulance Services, each of the items that are listed in this Section should be considered and implemented when creating a new EMS District.This will be a step-by-step process, that will ebb and flow timewise, depending on which item is being worked on. Our recommendation is to continue moving forward in the process, and not get stalled out by one specific Item. Prior to starting with Item 1, an assumption is being made that at least one public meeting was held, in which the elected officials voted to approve an Intergovernmental Agreement between the two Counties, that included the terms that are outlined on page 18 of this Report.

Item 1

When it is determined and approved by the Counties to merge into an EMS District, a new Federal Employer Identification Number (FEIN) for the District needs to be acquired as soon as possible—in order to be eligible to apply for the Innovation Grant. The FEIN can be obtained from the IRS website.

The link is here:
https://www.irs.gov/businesses/small-businesses-self-employed/get-an-employer-identification-number



A 147C letter is an IRS-issued document that verifies an already-existing EIN, which is why it's also called an "EIN verification letter." This letter serves as a replacement for the CP 575 notice. The District can request one, if the CP 575 is ever lost or misplaced.

Item 2

A name will need to be determined for the new entity. It could be a combination of the names of the existing Services, or it could be a brand-new name that describes the area being served. Be sure to use the same version of that name on all Government forms that are filled out. Do not use abbreviations, unless it is part of the actual name. Determine the mailing address (only one location) that is not a P.O. Box.



Item 3

A date to begin the transition to the new entity should be chosen. Based on the parameters of the Innovation Grant, it should be no later than June 1, 2027, in order to be eligible for all four years of the Grant awards. The 9-1-1 Dispatch Centers should also be notified of the transition / start date of the new entity.

Item 4

A Board of Commissioners will need to be established that represents the participating Municipalities, that has responsibility to oversee the new District. This group will be defined as the District Board of Commissioners in the Intermunicipal Agreement / Bylaws. The Intermunicipal Agreement / Bylaws for the new District will need to include the following points:

- Creation of the Board of Commissioners, identifying the Municipal members of the District
- The Composition of the voting (and any non-voting) Members of the Board
- The Appointment of Commissioners
- The Term of the Commissioners
- The Officers of the Board, and their Duties
- The Powers and Duties of the Board
- Determining Regular and Special Meetings of the Board
- Determining Assets and Liabilities
- Determining Procedures for:
  - Admitting new members into the District
  - Terminating current members from the District
- The Responsibilities of the Board, including:
  - Budget
  - Approving Fee Structure
  - Records
  - Vehicles & Equipment
  - Setting Salaries Obtaining
  - Approving Legal Contracts
  - Maintaining Insurance
  - Legal Counsel
  - Hiring / Terminating the Chief and/or Service Director



Item 5

A Chief / EMS Service Director needs to be appointed/hired to lead the new EMS District and to be the point person to complete the remaining items listed in this Report. The remaining items will require quite a bit of time from this person and their staff, that is dedicated to implementing the Steps, and following up as needed with each item that is listed. The person hired into this position will be a liaison with many different entities including the Counties; the Emergency Management Offices, the County Sheriff's Office, and the Fire Chiefs / EMS Service Directors from the surrounding Public Safety agencies.

Item 6

A new bank account for the entity will need to be established. Identify early on who the check-signers will be, and what the spending limits will be based on the Board approval.

Item 7

Other positions should be considered and either promoted or appointed to assist the Chief / EMS Service Director in their duties. There are so many administrative duties and items that will need to be dealt with in the first year of Sharing Services, that some of the duties and responsibilities should be delegated to others. Additional staff would allow for the continuity of Operations when the Chief / Service Director is busy at other meetings, as well as potentially allow for additional personnel to be available to respond to emergency calls. Some positions to consider immediately include:



Deputy Chief / Deputy Service Director
This person will be the number two ranked Administrative Officer in the organization, and can assist with many of the administrative tasks and duties. In the absence of the Chief / Service Director, this person will make the necessary decisions.

The Chief / EMS Service Director will need to build the Leadership team that will help to implement the changes associated with transitioning to the new entity. This would be a good time to implement an application process to promote individuals into the various Officer positions that will be needed in the organization.

Item 8

The Wisconsin Office of Rural Health can also assist with questions on implementation of the recommendations that are given in this Report. (They are the entity that performed the EMS study referenced in the Executive Summary.)

The contact with expertise in this area is:

Rural EMS Outreach Program Manager- James Small .....(608) 265-8221 .....Small5@wisc.edu

The Counties are in two different EMS Regions. Marquette County is in Region 5, and Waushara County is in Region 6. The EMS Office staff that will be key to work with in updating the EMS Operational Plan is:

EMS Coordinator for Region 5
Jason Witte.....608-261-8360.....Jason.Witte@dhs.wisconsin.gov

EMS Coordinator for Region 6
Mark Mandler.....608-266-8853.....Mark.Mandler@dhs.wisconsin.gov

Item 9

Vision and Mission Statements should be developed as a Team approach with the Board of Commissioners, the Chief / EMS Service Director, and the staff. This will help to guide the direction of the Organization, as they continue to move along in the Shared Services process.

Item 10

The State EMS Coordinators can guide the Chief / Service Director on several of the initial items that may need to be performed—regarding transferring the current Ambulance license, or establishing a new License for the District. In lieu of performing a Feasibility Study, this entire Report can be uploaded for review and approval. The Service Director will then need to fill out the EMS Demographics F02570 Form, and submit it to the EMS Office. Once the Online application is available in eLicensing, the Service Director can begin to fill out the Operational Plan. Numerous documents will need to be uploaded to the Operational Plan including the nine policies required by DHS 110, proof of insurance, ambulance inspection documentation, mutual aid agreements, and coverage agreements, to name a few.

The specific information for the components of the Operational Plan can be found at the link to the State EMS website, which is here: https://www.dhs.wisconsin.gov/ems/licensing/operational.htm The Operational Plan can be submitted through the Wisconsin e-Licensing portal that is associated with the Service Director's account. When all components of the Application are complete, it can be submitted to the EMS Office for review and approval.

Item 11

Discussion will need to take place regarding general Operations of the new entity. These can sometimes be difficult to navigate through, as each Municipality and current agency has their point of view. Several of the items to discuss, and make a decision on include:

- Use of the current stations, including meeting rooms and specific vehicle placement
- Which building will be designated as the 'Main Station'?
- Where will the offices of the Chief / Service Director, Officers, and crews be located?
- Where to place rooms for crews to stay overnight?
- Setting up a website for the new entity
- Setting up new emails for the staff
- Creating a new logo to be used for uniforms, vehicles, letterhead, signs, etc.

Item 12

The entity will need to set up a new Sam.gov registration. After accessing the webpage, the Chief / Service Director can determine which documents will need to be acquired in conjunction with the submission of the application request. Once in the application portal, the Chief / Service Director can also obtain the Unique Entity ID number.

Item 13

Any EMS agency performing blood glucose checks will need to obtain a Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver (CW) since they will be performing blood glucose measurements and/or performing lab skills in the field.

General information, as well as applications for obtaining the waiver can be found at this link:
https://www.cms.gov/regulations-and-guidance/legislation/clia?redirect=/clia/

The link to the form to get started in the State of Wisconsin is below. The agency will need to complete form CMS-116 and pay a fee. When completing the application, include the Service name, as well as the wording 'And Area EMS', so that surrounding EMR agencies can also legally use a glucometer...unless they already happen to have a CLIA waiver.

The website to start the CLIA Waiver process in Wisconsin is here:
https://www.dhs.wisconsin.gov/regulations/labs/forms.htm

Item 14

Each County currently has their own Medical Director. A decision will need to be made on whether to retain one of the current Medical Directors, or develop a co-Medical Directorship--that would need to agree on the below items. The Chief / Service Director should meet with the Medical Director(s) to discuss the concept of the new entity—and the expected role of the Medical Director(s). If there is an agreement that the current Medical Director(s) remains in place, then they can proceed with points a., b., and c., that are listed below. If there is an agreement that a transition should occur to a new Medical Director, then the Chief / Service Director should prioritize the advertising, interviewing of applicants, and appointment of a new Medical Director position (which will add additional time to this particular item.) Once the Medical Director(s) has/have been chosen and a contract has been signed, the Chief / Service Director and Medical Director(s) should plan to meet on a regular basis to work on the following items:

A. Update or create a set of Patient Care Guidelines / Protocols.
B. Create Procedural Guidelines.
C. Create a Quality Assurance plan.

An annual Training Program for crew Continuing Education should be developed, based on the parameters of the Quality Assurance plan. During this time period, the Chief / Service Director should also contact the receiving Hospitals Emergency Department staff, in order to build relationships with the stakeholders, inform them of the changes that are going to be occurring, and update any existing contracts / agreements. As well, key Hospital staff can be identified that would be willing to assist with teaching some of the Continuing Education components in the annual Training Program.

Item 15

The Medical Director will need to apply for the Drug Enforcement Administration (DEA) registration, on behalf of the new entity. For clarification, the Medical Director needs their own personal DEA number, and they also need to acquire a separate DEA number for each ALS Ambulance service in which they are the Medical Director.

Information to apply for the DEA number can be found at:
https://apps.deadiversion.usdoj.gov/webforms2/spring/main?execution=e2s1



The cost is currently $888 per license, which is good for three (3) years. The time frame to obtain the DEA number is usually 30 – 60 days. The doctor then needs to apply for the 222 forms, which takes another couple of weeks. When dealing with Vendors, a license authorization form will need to be filled out, signed by the Medical Director, and then submitted to the vendor(s).

Item 16

There are a number of Administrative tasks that the Leadership Team can be working on, in addition to assuring the daily operations of the District. Listed below is a checklist of items, in which the Chief / Service Director or their designee should contact the various entities to explain the new model, and begin transferring the services provided under the umbrella of the entity. Those items include, but are not limited to the following:

- ☑ Insurance
- ☑ Vehicle titles
- ☑ Workers Comp
- ☑ Tax Exempt Number
- ☑ Update MABAS Cards
- ☑ Retirement funding (LOSA)
- ☑ Networking with neighboring Fire Departments and Ambualnce Services
- ☑ Radios, pagers, and frequencies to be paged on
- ☑ Assure FCC license is up-to-date and approved
- ☑ "Friends of" organization(s) that are a non-profit / not-for-profit partner to the Fire District that raises funds for the entity
- ☑ Dispatch
  + Use of current paging tones or new tones?
  + What units should be dispatched to which type of emergency?

Item 17

Continue using third-party Billing service for the Ambulance runs / claims performed by EMS. A significant benefit to maintaining a professional Billing agency is the value-added services that are provided beyond just the billing component. The Billing service can assist the Service in a number of areas including preparing data / paperwork for:

A. Assisting with registering with various Payors

B. Registering and updating the Medicare Revalidation / Form 855 (through PECOS—reference the website portal in Item 20.)

C. Performing the HIPAA Security Risk Assessment

Item 18



The Chief / Service Director can also work with the Billing Service to apply for a National Provider Identifier (NPI) for the new entity. As stated on the Centers for Medicare & Medicaid Services (CMS) website, "the National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA."

The Portal can be found at the following link: http://nppes.cms.hhs.gov/



Item 19

The Chief / Service Director should then access the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) website, to become the Registered User. They will need to create an account in that portal. The CMS Form 885 will need to be completed, and the Billing Service should also be able to assist with that task.

The Portal can be found at: https://pecos.cms.hhs.gov/

Item 20



After being notified of the Innovation Grant award, and prior to the next Budgeting cycle, the Chief / EMS Director will need to work with the Board to develop and adopt a Budget related to the anticipated income and expenses of the entity for subsequent years. The challenge for the remaining years will be to maintain a Budget that does not exceed 115% of the actual expenses that were contributed by each of the participating Municipalities in the year prior to sharing services. If the next Budget related to the individual County contributions has exceed the 115% cap the group will need to adjust the contribution amounts to reflect an increase of less than, or equal to 115%--in order to remain eligible for future Innovation Grant award payments.

Item 21

Associated with the Budget (specifically related to determining what amounts should be budgeted for Ambulance Billing income) the Commission will need to determine the charges / amounts to be billed by the Ambulance Service for the Base Rates and Mileage of the ambulance runs. There are two common methods of determining the Base Rates / mileage.

1. Multiply the current Medicare Reimbursement rates and mileage by a number ranging from 150% - 200%, as determined by the Commission.I.e.: the BLS Emergency Rural Medicare reimbursement rate for 2026 is: $455.17. Multiplying that amount by 150% = $682.75 (round up to $690.00). Multiplying that amount by 200% = $910.34 (round up to $925.00).
2. Determine an amount that the Commission is comfortable charging for Ambulance Services that will typically be paid in full by an Insurance Company (with about half of the Private Pay citizens that do not have Health Insurance paying in full, and the other half not paying anything) with the understanding that Medicare and Medicaid will require the Ambulance Service to "Accept Assignment", and write-off the difference between what is being billed, and what Medicare / Medicaid will actually pay.

Ie: If the Commission set a rate for BLS Emergency trips at $925.00, they should have the expectation that Insurance companies and half of the Private Pay patients will pay that full amount, and half of the Private Pay patients won't pay anything. Medicare will only pay the 2026 reimbursement rate of $455.17, and Medicaid will only pay the 2026 reimbursement rate of $371.51.

The remaining amount of $469.83 would be required to be written off for patients that are Medicare recipients—and the remaining amount of $553.49 would be required to be written off for patients that are Medicaid recipients. The full amount would initially need to be written off for about half of the Private Pay patients (due to none payments), however, if they are a resident of the State of Wisconsin, and the Service is enrolled in the State of Wisconsin Department of Revenue Tax Refund Intercept Program (TRIP) a good amount of the Private Pay money that was written off can be recovered.

The initial webpage to start at, to enroll in TRIP is here:
https://www.revenue.wi.gov/Pages/ISE/trip-home.aspx

Item 22

The EMS District may wish to consider securing an Accounting firm, that can assist with Budgeting and Financial reports and/or use the financial resources from either of the Counties.

Item 23

Based on approval of staff positions within the Budget, the Chief / Service Director should create an Organizational Chart that represents the staffing configuration of the District. Concurrently, the Chief / Service Director can also implement the process to advertise for, and hire new staff as is needed.

It will be helpful to work with the County Human Resources (HR) department, to assist with hiring. They can be used as a resource when HR-related items need to be addressed. The HR staff can be used as often or as little as needed, and many of their tasks can be completed remotely.

Item 24

Over time, a number of documents will need to be reviewed, and combined to reflect the current aspects of the new agency. The Leadership Team can be utilized to review, update, create, combine, and/or adopt the following documents, with approval from Legal Counsel:

tions within the Service

A. An Employee Handbook
B. A Policies & Procedures Manual
C. Standard Operating Guidelines (SOG's)
D. Job Descriptions for each of the posi-

Item 25

Minimum qualifications will need to be established, and an Orientation / On Boarding process should be created to assure that required components are met with both current staff, as well as all new hires.

The points listed below are some items to consider for this process. In order to assure compliance, all current staff members should adhere to the same standard. If someone does not have a certain qualification / certification / documentation of a standard that is expected to be met, then the person should be made aware of that item(s) and then given a reasonable amount of time to complete the task that is needed to be compliant. All new hires should complete the required minimum qualifications prior to becoming an active member.

Perform Background Checks

https://exclusions.oig.hhs.gov/ ..... (Free)
https://www.wicourts.gov/casesearch.htm ..... (Free)
https://wisconsindot.gov/Documents/formdocs/mv2896.pdf $5.50
https://recordcheck.doj.wi.gov/ ..... General $7.00
..... Caregiver $3.00
..... **Total = $15.50**

Documentation / Admin items

+ Any required EMS credentials & CPR Card
+ ICS – NIMS 100, 200, 700, 800
+ W-4 form
+ I-9 Eligibility Verification form (Passport / Driver's License / Social Security)
+ State Tax withholding form (if applicable)

Initial Physical exam / TB testing / N95 fit testing

Vehicle and skills

+ Vehicle and equipment orientation & familiarization
+ Skills verification
+ Driver training (EVOC / CEVO)
+ Meet with Medical Director (at a Training meeting)

Other Training

+ WARDS and any other needed software access and reporting
+ Bloodborne Pathogen & other required Compliance items
+ Review of Employee Handbook / Policies & Procedures

Item 26

Included with the Benefits section of the Budget the entity that has full-time employees will need to determine if they wish to participate in the State Employee Trust Fund (ETF) Wisconsin Retirement System. To enroll, the entity will need to contact the Wisconsin Retirement System (WRS) to participate in the pension portion of the program. The contact information is:

Department of Employee Trust Funds .....P.O. Box 7931 Madison, WI 53713

Employer Communications Center .....1-877-533-5020 .....**etf.wi.gov**

A total of four Resolutions / forms needs to be filled out by the due date of 11/15 of any given year—in order to begin participation on 1/1 of the following year. If the deadline is missed, then you will not be able to participate until the following year.

Direct links and step-by-step instructions for completing each form begin on page 10 in the "How to Join the WRS" (ET-1129) brochure:

- Resolution of Inclusion Under the Wisconsin Retirement System (ET-1319)
- Designation of Agent (ET-1313)
- Online Access Security Agreement (ET-8928)
- Automated Clearing House (ACH) Direct Withdrawal Authorization (ET-1734)

Several resolutions will also need to be filled out for the Insurance aspect of the program, depending on what Benefit are approved for the employees. Those benefits include:

- Income Continuation Insurance (ICI) which is currently on Premium Holiday. (Form ET1326)
- Life Insurance (Form ET1303)
- Health Insurance (Form ET1324)

Item 27

This Item and the following item should be considered an "on-going" process. The Chief / Service Director should develop Business Associate Agreements with any 'covered entities' (a person or business) that the District receives services from, that might come in contact with protected health information (PHI). The agreement allows the entities to view patient care reports and protected healthcare records for proper business activities, thus protecting each agency from potential HIPAA violations. The Agreements should be reviewed on a regular basis.



Additional information on Business Associate Agreements, as well as sample contracts can be found at the following website:https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/business-associates/index.html

Item 28

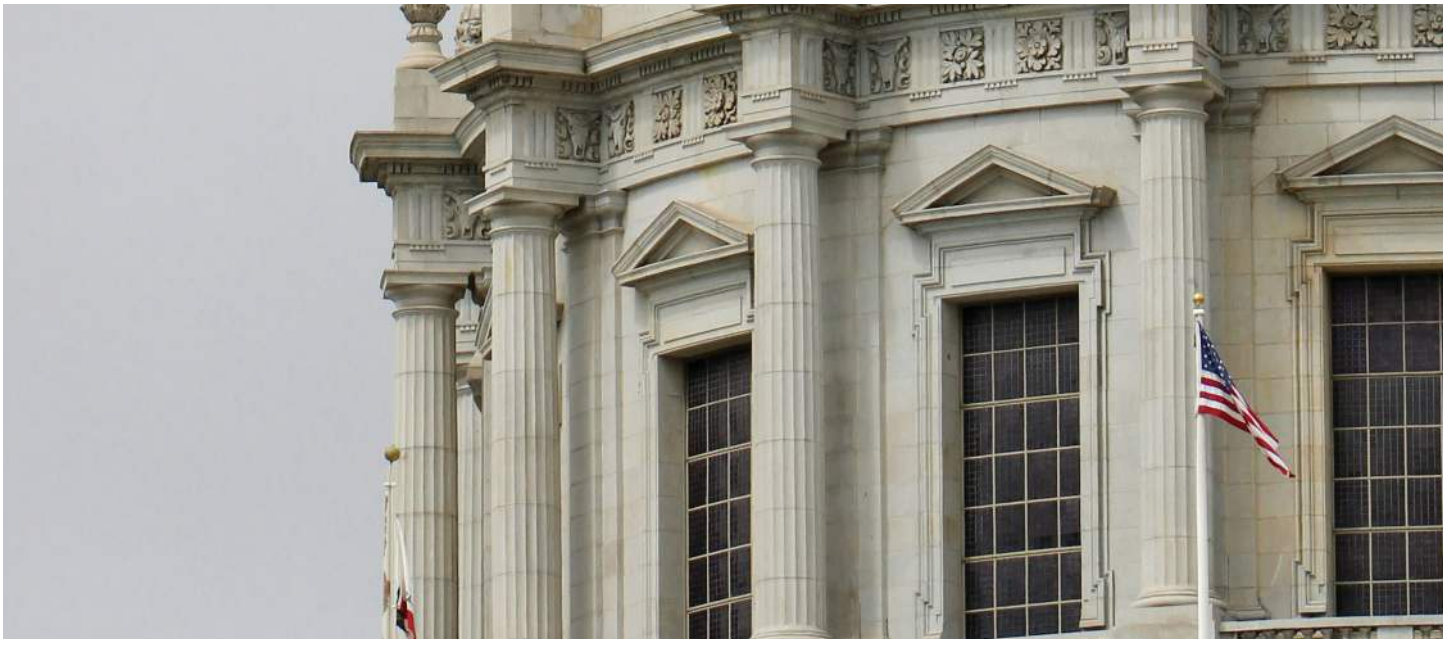


The Health Insurance Portability and Accountability Act (HIPAA) Security Rule establishes national standards to protect individuals' electronic personal health information that is created, received, used, or maintained by a covered entity. The Security Rule requires appropriate administrative, physical, and technical safeguards to ensure the confidentiality, integrity, and security of electronic protected health information. The Security Rule is located at 45 CFR Part 160 and Subparts A and C of Part 164.

Since EMS agencies are considered 'Covered Entities" they are required to perform a HIPAA Security Risk Assessment. The risk assessment also helps reveal areas where the organization's protected health information (PHI) could be at risk. Thus, the Ambulance Service is required to complete the Assessment—in which the EMS Coordinator could assist with the process.

The Office of the National Coordinator for Health Information Technology (ONC) and the HHS Office for Civil Rights (OCR) have jointly launched a HIPAA Security Risk Assessment (SRA) Tool. The tool's features make it useful in assisting covered entities in complying with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule.

The SRA Tool can be found here: https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment-tool



Grants & Other Funding Sources

One of the factors driving the discussions for the potential consolidation of EMS was funding / revenue. To assist with providing information on that topic, the following pages list a number of Grants and other funding sources that can be explored each year, to assist with obtaining funds to support EMS.

FEMA

There are several Fire safety grants that can fund critically needed resources to equip and train emergency personnel, enhance efficiencies, and support community resilience. These include:

+ Fire Prevention & Safety Grants
+ Assistance to Firefighter's Grant (AFG)
+ Staffing for Adequate Fire and Emergency Response (SAFER)

The specific information for these grants can be found at:
https://www.fema.gov/grants/preparedness/firefighters

U.S. Department of Agriculture (USDA) Rural Development programs

There are several programs that offer flexible, inexpensive funding, in order to improve rural communities. They provide loans and grants for many projects including health care, public safety, and public services.

Programs for Community Facilities can be found here:
https://www.rd.usda.gov/programs-services/community-facilities

Additional initiatives can be found here:
https://www.rd.usda.gov/about-rd/initiatives

CPR Savers

CPR Savers provides grants to cover all or parts of the costs of purchasing an AED. **No Deadline.**

The specific information for their award and donations programs can be found at:
https://cpr-savers.com/AED-Grant-Programs_ep_51-1.html

National Volunteer Fire Council (NVFC): The NVFC administers a wide array of programs to assist fire departments, firefighters, EMS personnel, and emergency responders. These programs address issues ranging from health and safety, recruitment and retention, fire department capacity, fire prevention, and more.

The programs and grants are divided into different categories, which can be found at these links:
https://www.nvfc.org/
https://www.nvfc.org/programs/
https://www.nvfc.org/ems/funding/
https://www.nvfc.org/firefighters/funding/
https://www.nvfc.org/special-opportunities-for-volunteer-fire-ems-and-rescue-personnel/

Education Center for Agricultural Safety (NECAS): Awards rural Emergency First Responders Grain Rescue tubes and Hands-on Rescue Training. **No deadline.**

The specific information for this grant can be found at:
https://www.necasag.org/

Compeer Financial: Compeer Financial Emergency Response Equipment Grant Program has up to $4,000 grants to support response equipment for Rural volunteer fire, rescue, or ambulance departments located in, or providing direct services to, the 144-county territory served by Compeer Financial.
Application Period: August 1st - August 31st of each year.

The specific information for this grant can be found at:
https://www.compeer.com/investing-in-rural-communities/giving-back/grants/emergency-response-equipment

Kwik Trip / Kwik Star: Kwik Trip / Kwik Star has several programs that you can apply for or coordinate with the local store. They prefer to work with local entities, so in addition to filling out the donation request form online, be sure to contact your local Kwik Trip store for specific needs of your Department. Individual awards and donations may be given throughout the year by individual stores, but large requests are due by **August 1st** of each year.

The specific information for their award and donations programs can be found at:
https://www.kwiktrip.com/community/donations/kwik-trip-kares

Alliant Energy: Alliant Energy has a Giving for Good program that funds a variety of projects in the communities that they serve. Priorities include Lifesaving/protective equipment for first responders, thermal imaging cameras, gas monitors, fire protective gear, and AEDs. **No deadline.**

The specific information for their award and donations programs can be found at:
https://www.alliantenergy.com/communitysupportandsafety/grantssponsorships/givingforgood
https://www.alliantenergy.com communitysupportandsafety grantssponsorships/focusareas

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Target: Target has a number of grants available. The start page for the various grants can be found here:

The specific information for this grant can be found at:
https://corporate.target.com/sustainability-governance/communities/grants-corporate-giving

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Wal-Mart: Walmart U.S. stores, Sam's Clubs Distribution Centers award local cash grants ranging from $250 to $5000. Applications are accepted and reviewed on a quarterly basis**.**

The specific information for this grant can be found at:
https://www.walmart.org/how-we-give/program-guidelines/spark-good-local-grants-guidelines

Foundations and Trusts

Foundation for Rural Service Community Grant:

This program provides funding for projects in rural communities served by the National Telecommunications Cooperative Association (NTCA) members. Grants up to $5,000 support a variety of local efforts to build and sustain a high quality of life in rural America. Projects eligible for funding include equipment for firefighters and first responders, park improvements to encourage physical activity, mobile telemedicine carts, and telehealth programs.

The specific information for this grant can be found at:
https://www.frs.org/programs/grant-program/community-grant

BNSF Railway Foundation:

Offers grants to organizations that operate near a BNSF railway (in WI, their line generally runs along the Mississippi River). Priority giving areas include chemical dependency treatment and prevention, hospitals, and parks and recreation, among others.
No deadline.

The specific information for this grant can be found at:
http://www.bnsffoundation.org/

Union Pacific Foundation:

The Union Pacific Foundation will provide funding to independent non-profit EMS agencies to effectively respond to emergencies. The funding must aid a community served by Union Pacific Railway.
No deadline.

The specific information for this grant can be found at:
https://www.up.com/aboutup/community/foundation/local-grants/index.htm

Firehouse Subs Public Safety Foundation:

Grants up to $50,000 in various areas including life-saving equipment (vehicle extrication tools, AEDs, automated chest compression systems, all-terrain vehicles, etc.); prevention education (education materials, DUI education, carbon monoxide poisoning, CPR training and accessibility, etc.); and training scholarships. There are quarterly deadlines, and a maximum of 600 grant applications are accepted per quarter.

The specific information for this grant can be found at:
https://firehousesubsfoundation.org/

Other Foundations

Leona M. and Harry B. Helmsley Charitable Trust
https://helmsleytrust.org/about/#hero-section

The Leona Cloud Foundation (LSS Foundation)
https://lssfoundation.org/

The Brotz Family Foundation
https://fconline.foundationcenter.org/fdo-grantmaker-profile?key=BROT002#contact

The Kohler Company Foundation
https://www.kohlerfoundation.org/grants/

The Campbell's Foundation
www.campbellsoupcompany.com/our-impact/community/campbell-soup-foundation/

Other Potential Grants

The following links are websites where you can search for Grants related to EMS & Fire. Opportunities are constantly being added to each website, so be sure to check back on a regular basis for new Grants that may be posted.

- www.nih.gov
- www.rwjf.org
- www.ahrq.gov
- www.grants.gov
- https://wpp.med.wisc.edu
- www.ahwendowment.org
- www.medicafoundation.org
- www.dma.wi.gov/DMA/wem/grants/available-grants
- https://www.acuity.com/about/media-center/in-the-news/2024/acuity-employees-distribute-usd680000-to-charitable-organizations

Concluding Statements



This Report addresses a number of topics that stemmed from questions regarding the merging / consolidation of the EMS agencies from Marquette County and Waushara County. Strategic Management & Consulting has provided a number of points for consideration by the Elected and appointed officials for each County. We anticipate that the provided information will assist both Counties in moving into a positive direction, structure, and model for sustainable EMS in the future.



We recognize that decisions regarding the Innovation Grant, the merging or sharing of services, and implementing the Recommendations being presented are not going to be made by just one entity. Rather, the process for improvements will involve the coordination of the participating Counties and the existing Ambulance Services. We further recognize that one entity making positive changes can be difficult, thus when adding in additional political entities, the road to positive change is anticipated to have some bumps in it. Monthly meetings should be set up between representatives from the Counties and current agencies to have systematic discussions on each of the topics affecting the various groups, in order to reach consensus on the implementation of each item. A running checklist can be used to track the discussion and implementation of each topic / item. As needed, documents and agreements can be created that reflect the decisions of the participants.



In as much as a review of this type is not intended to please everyone within a governmental organization, the intent is to provide information regarding the implementation of "Best Practices" found within the EMS industry. The Counties and EMS agencies may decide that they wish to use a 'Phased approach' to implement some of the recommendations. That may be helpful as related to the planning and implementation process of the Recommendation(s). As each recommendation is implemented, the process should be evaluated, and adjustments can be made, in order to maintain a forward motion with the overall goal of assuring a timely response to 9-1-1 calls, by the emergency crews.

As with any Study from an outside agency, the information can be overwhelming and seem as though the tasks necessary for change are unattainable. The goal of Strategic Management & Consulting, LLC is to provide you with realistic recommendations. The Recommendations and list of Items given in the Report are reasonable goals that are attainable over time. With due diligence, they can be implemented to assure viable and sustainable Emergency Medical Services (EMS) system within the communities represented.



We wish both Marquette County and Waushara County the best as they commit to working on providing high quality Emergency Medical Services (EMS) to the residents and visitors of their communities.