

Kansas RHTP Checkpoints Evidence Guide

Checkpoint 0.1: Establish governance

This section documents the governance structures Kansas uses to oversee RHTP activities. It includes the key stakeholder groups and decision-making bodies involved, the processes that govern program operation and the internal working groups involved, and the meeting cadences that keep oversight running on a regular schedule. It also includes organizational charts for Kansas RHTP teams and the partners supporting each of the five initiatives, showing who is involved and how oversight is structured. Together, this evidence shows how Kansas RHTP has been governed and staffed throughout Year 1. The evidence is organized as follows:

- Pg 4: Governance structure and stakeholders
- Pg 5: Progress oversight
- Pg 6: Steady state meeting cadences
- Pg 7: Illustrative calendar of steady state meeting cadences
- Pg 8: Kansas Office of Rural Health Transformation: Initiative 1
- Pg 9: Kansas Office of Rural Health Transformation: Initiative 2
- Pg 10: Kansas Office of Rural Health Transformation: Initiative 3
- Pg 11: Kansas Office of Rural Health Transformation: Initiative 4
- Pg 12: Kansas Office of Rural Health Transformation: Initiative 5

Checkpoint 0.2: Submit project plan to CMS

This section documents our updated 5-year project plan for Kansas RHTP, submitted in the optional template provided by CMS. It is uploaded as a separate Excel file outside this PDF. The plan is filled out with milestones at the initiative-level, which will match our revised Project Narrative submitted through the NCC process – there, we will clearly indicate how this initiative-level project plan builds from the program-level plan shared in the original application. Each of our five initiatives has its own tab in the file, with the status of each milestone marked according to its progress:

- Excel file: Kansas_Init_1-5_Checkpoint_0.2

Checkpoint 1.1: CMS approval of project plan

Evidence of completion of this checkpoint will be provided when CMS confirms our updated project plan for Kansas RHTP.

- Pg 15: Indication that CMS will provide approval of project plan

Checkpoint 1.2: Launch initiative

This section demonstrates launch of each initiative by providing purchase orders and scopes of work from agreements executed between KDHE and its key subrecipients, KDADS and CCA, documenting the signed agreements in place for each initiative. These purchase orders formalize the funding and scope of work between KDHE and its partners, confirming that each subrecipient is contractually engaged to carry out its portion of the initiative activities. Those documents are as follows:

- Pg 17: CCA Purchase Order for Initiative 1
- Pg 18: Signature page from CCA Initiative 1 Subrecipient Agreement
- Pg 19-22: Scope of Work from CCA Initiative 1 Subrecipient Agreement
- Pg 23: CCA Purchase Order for Initiative 2
- Pg 24: Signature page from CCA Initiative 2 Subrecipient Agreement
- Pg 25-28: Scope of Work from CCA Initiative 2 Subrecipient Agreement
- Pg 29: CCA Purchase Order for Initiative 3
- Pg 30: Signature page from CCA Initiative 3 Subrecipient Agreement

- Pg 31-35: Scope of Work from CCA Initiative 3 Subrecipient Agreement
- Pg 36: CCA Purchase Order for Initiative 4
- Pg 37: Signature page from CCA Initiative 4 Subrecipient Agreement
- Pg 38-41: Scope of Work from CCA Initiative 4 Subrecipient Agreement
- Pg 42: CCA Purchase Order for Initiative 5
- Pg 43: Signature page from CCA Initiative 5 Subrecipient Agreement
- Pg 44-47: Scope of Work from CCA Initiative 5 Subrecipient Agreement
- Pg 48-49: KDADS Purchase Order for Initiatives 1, 3, 4, and 5
- Pg 50: Signature page from KDADS Initiative 1, 3, 4, and 5 Subrecipient Agreement
- Pg 51-56: Scope of Work from KDADS Initiative 1, 3, 4, and 5 Subrecipient Agreement

Please note that many of these agreements have since undergone amendments to reflect Year 1 budget modifications throughout the implementation process. The agreements provided reflect point-in-time documents from April.

Checkpoints 2.1: Continue initiative activities

To demonstrate how initiative activities are continuing, we have included our Executive Committee status updates, which show how each initiative is progressing against the milestones outlined in our project plan. These updates are reviewed biweekly to provide progress updates on each program and indicate whether it is on-track, at-risk, or off-track, so the Executive Committee can identify and address issues early. Provided are our latest progress updates, reflecting where each of the five initiatives stands as of this reporting period.

- Pg 58: Status updates for Initiative 1
- Pg 59: Status updates for Initiative 2
- Pg 60: Status updates for Initiative 3
- Pg 61: Status updates for Initiative 4
- Pg 62: Status updates for Initiative 5

Checkpoint 2.2: Achieve at least one post-launch milestone

Per CMS guidance to use an implementation tracking document as evidence, we have included the same status update pages as above. We have also indicated with a blue box the program status updates that demonstrate completion of a post-launch milestone, as defined in the updated Project Plan.

- Pg 64: Status updates for Initiative 1
- Pg 65: Status updates for Initiative 2
- Pg 66: Status updates for Initiative 3
- Pg 67: Status updates for Initiative 4
- Pg 68: Status updates for Initiative 5

Checkpoint 2.3: Establish metric reporting methodology

We have attached an Excel document that lists each of our metrics and descriptions as aligned with CMS through the Initiative Information Report and state clarifications process. We have then detailed the methodology used to collect and analyze each metric for this Year 1 report, clarifying how raw data gets translated into the specific figures we are tracking, to ensure replicability of all metrics.

- Excel file: Kansas_Init_1-5_Checkpoint_2.3



Checkpoint 0.1 Establish governance

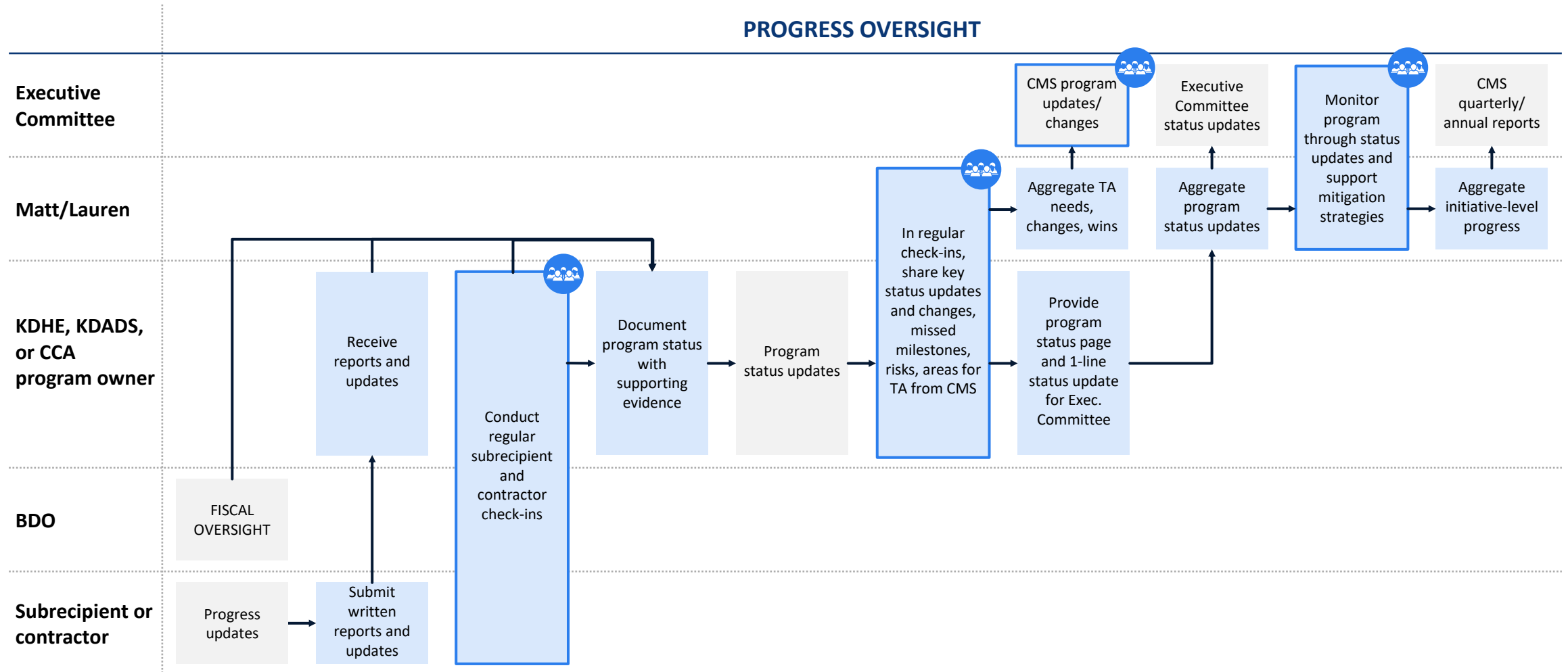
Evidence of completion: Key stakeholder groups, meeting cadences, and org charts

Governance and stakeholders

	<i>Primary touchpoints</i>				
	Executive Committee	Interstate Group / Interagency Task Force	Care Collaborative	KS Rural Health Innovation Alliance (KRHIA)	Other
Members	<u>KDHE/KDADS</u> • Sec. Janet Stanek • Sec. Laura Howard • Matt Lara • Lauren Evans • Ashley Goss • Leigh Keck • Amy Penrod • Derik Flerlage <u>Care Collaborative</u> • Jodi Schmidt • Dr. Bob Moser • Martie Ross	<u>KDHE/KDADS</u> • Sec. Janet Stanek • Sec. Laura Howard • Matt Lara • Lauren Evans • Ashley Goss • Leigh Keck • Amy Penrod • Dr. Dereck Totten • Christine Osterlund • Derik Flerlage <u>Governor's Office</u> • Will Lawrence • Ryan Wright • Kate Davis • Ethan Belshe • Zach Fletcher <u>Care Collaborative</u> • Jodi Schmidt • Dr. Bob Moser • Martie Ross	• University of KS Health System (TUKHS) • 91 provider organizations	• KS Hospital Association • Association of Community Mental Health Centers of KS • KS Rural Health Association • KS Academy of Family Physicians • KS Health Institute • KS Health Care Association • Community Care Network of KS • KS Association of Local Health Departments • KS Medical Society • KS Chapter, American Academy of Pediatrics • LeadingAge KS • KS Grantmakers in Health • Patterson Family Foundation	• Leaders of existing rural health networks • Professional associations • Community-based organizations • Consumer groups • Philanthropies • Researchers • Technology vendors • Colleges and universities • Medicaid managed care organizations
Decision Authority	Decisions not requiring full Interstate Group involvement	Overall coordination/ decision-making on grant application	Supports project mgmt. & program execution	Primary vehicle for ongoing stakeholder engagement, advises and assists on implementation matters	Consulted as needed for input on RHTP initiatives
Meeting Cadence	Mondays 10-11am Every other Tuesday 1-3pm	Fridays 3-3:30pm	<i>Proposed: Regular bi-weekly pre-meetings</i> <i>Ad hoc as needed</i>	At least quarterly	Ad hoc as needed

Note: Kansas Office of Native American Affairs, in Governor's Office, was also directly engaged in developing RHTP plan

Progress oversight



Steady state meeting cadences

Meeting	Cadence	Agenda	Attendees
Executive Committee	Weekly Mondays	Program status updates	KDHE: Sec. Stanek, Sec. Howard, Matt, Lauren, Leigh, Amy, Ashley, Derik CCA: Martie, Jodi, Dr. Moser BDO
Executive Committee working session	Biweekly Tuesdays	- Ad hoc priorities (e.g., annual reports, budget, etc.) - Risk and barrier mitigation	KDHE: Sec. Stanek, Sec. Howard, Matt, Lauren, Leigh, Amy, Ashley, Derik CCA: Martie, Jodi, Dr. Moser BDO
Secretaries Connect	Weekly Wednesdays	Risk and barrier mitigation (smaller group)	KDHE: Sec. Stanek, Sec. Howard, Matt, Lauren, Leigh BDO
Internal program check-ins	Biweekly with each program owner	Progress update on milestones, metrics, and fund use	KDHE: Matt or Lauren KDHE, KDADS, or CCA: Program owner BDO
Subrecipient and contractor meetings	Varies	- Progress update on milestones, metrics, and fund use - Technical assistance	KDHE, KDADS, or CCA: Program owner Subrecipient/contractor BDO

Illustrative calendar of steady state meeting cadences

Illustrative May calendar				
Monday	Tuesday	Wednesday	Thursday	Friday
4	5	6	7	8
CMS PO mtg.	Misc. prgm. check-ins	KDADS check-in	Misc. ptnr. check-ins	CCA check-in
EC touchbase	EC working session	Secretary connect		GO meeting
11	12	13	14	15
EC touchbase	Misc. ptnr. check-ins	Secretary connect	KBOR, KDA check-ins	CCA check-in
18	19	20	21	22
CMS PO mtg.	KDADS check-in	Misc. prgm. check-ins	Tribe check-ins	CCA check-in
EC touchbase	EC working session	Secretary connect		GO meeting
25	26	27	28	29
EC touchbase	Misc. ptnr. check-ins	Secretary connect	Grantee office hours	CCA check-in
				KRHIA meeting

Executive Committee meetings will cover program status updates and special topics as needed

Secretary connects are reserved for special topics and risk mitigation that must be discussed internally

Program and **partner check-ins** are formalized to varying cadences, allowing program managers to meet with program owners and program owners to meet with partners weekly, biweekly, or monthly

Legend:	Executive Committee	Secretaries	Program owner check-ins	SR/contractor check-ins	Other
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Kansas Office of Rural Health Transformation: Initiative 1

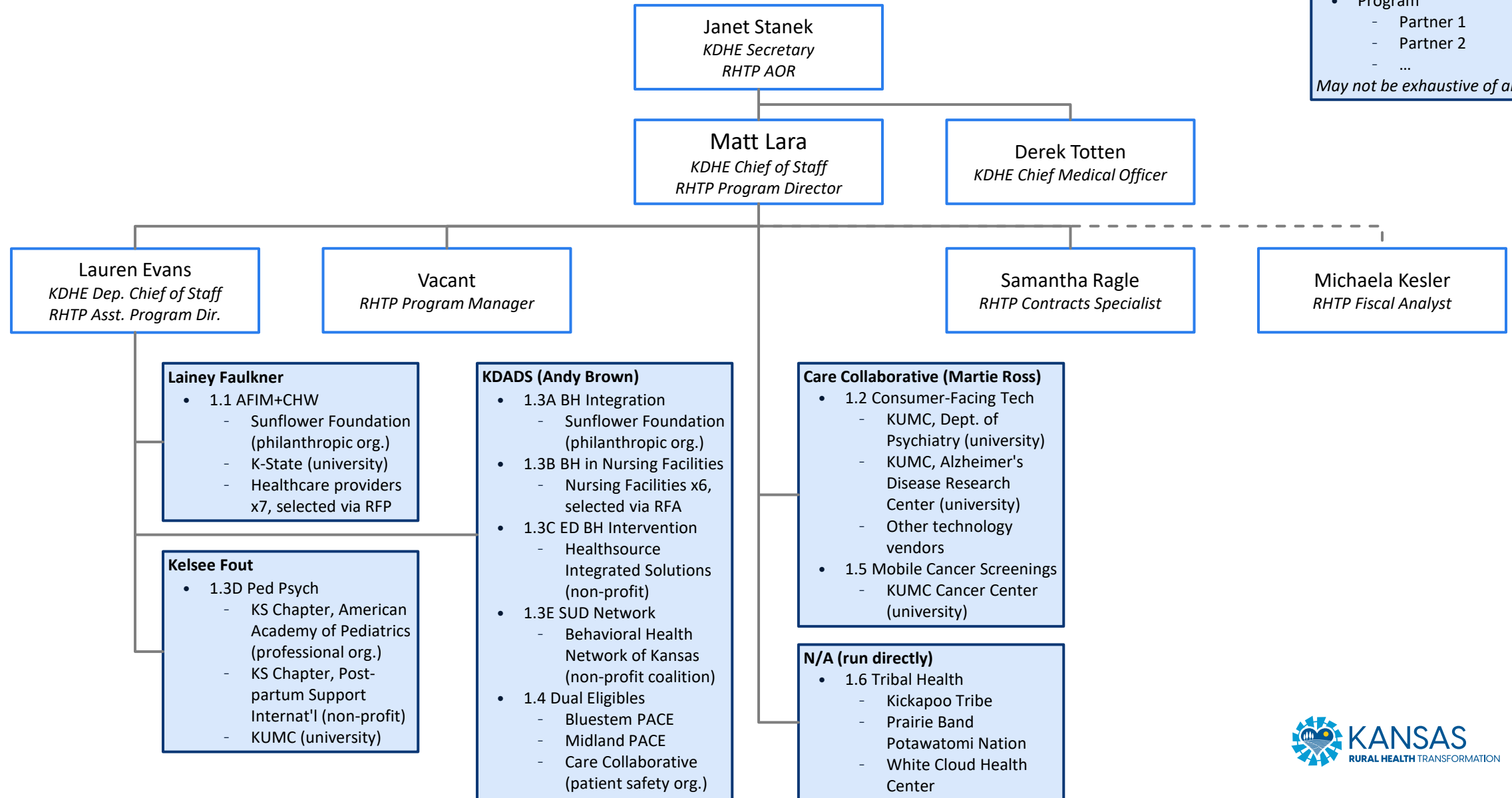
Legend

KDHE personnel
Position

Program owner / name

- Program
 - Partner 1
 - Partner 2
 - ...

May not be exhaustive of all vendors



Kansas Office of Rural Health Transformation: Initiative 2

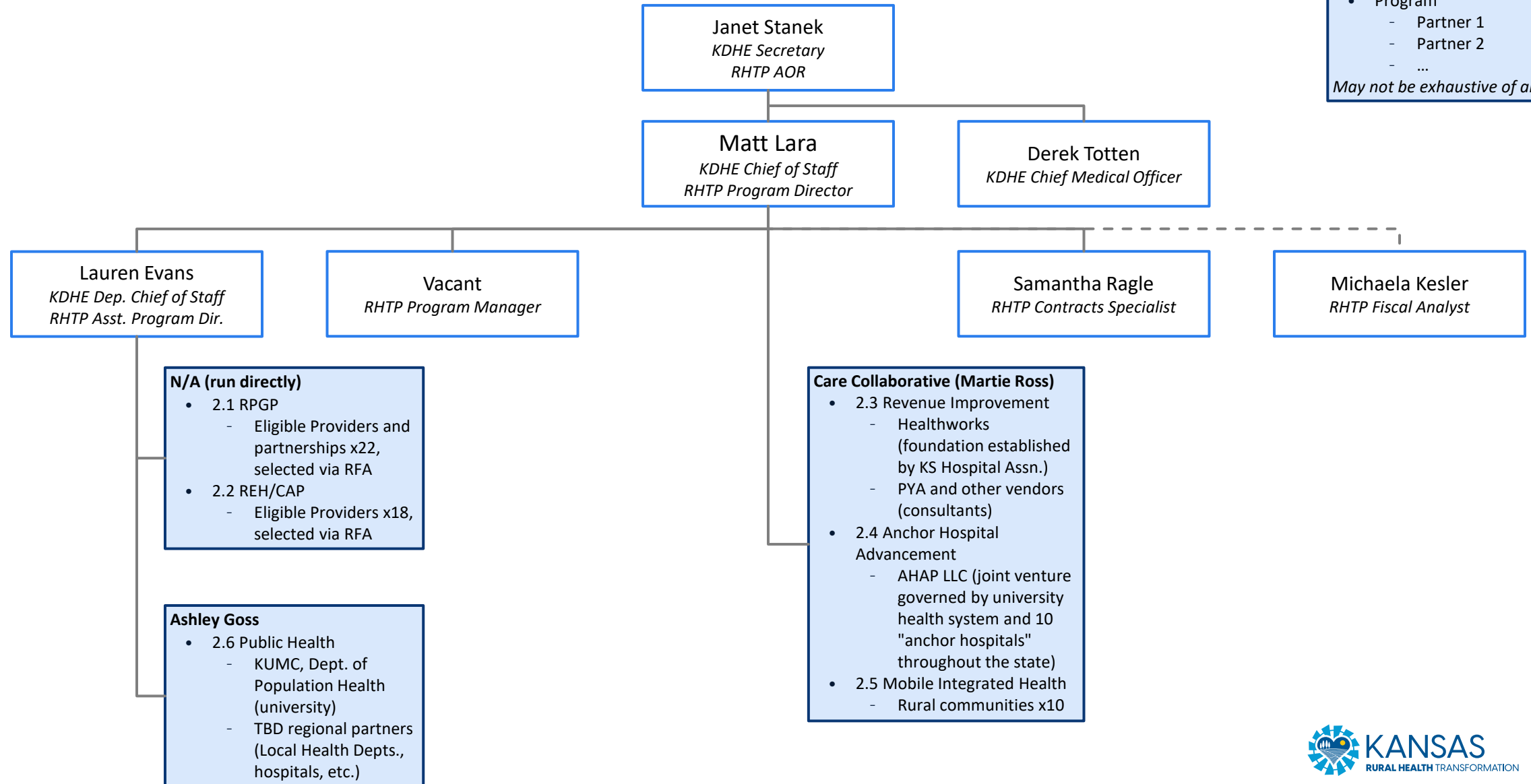
Legend

KDHE personnel
Position

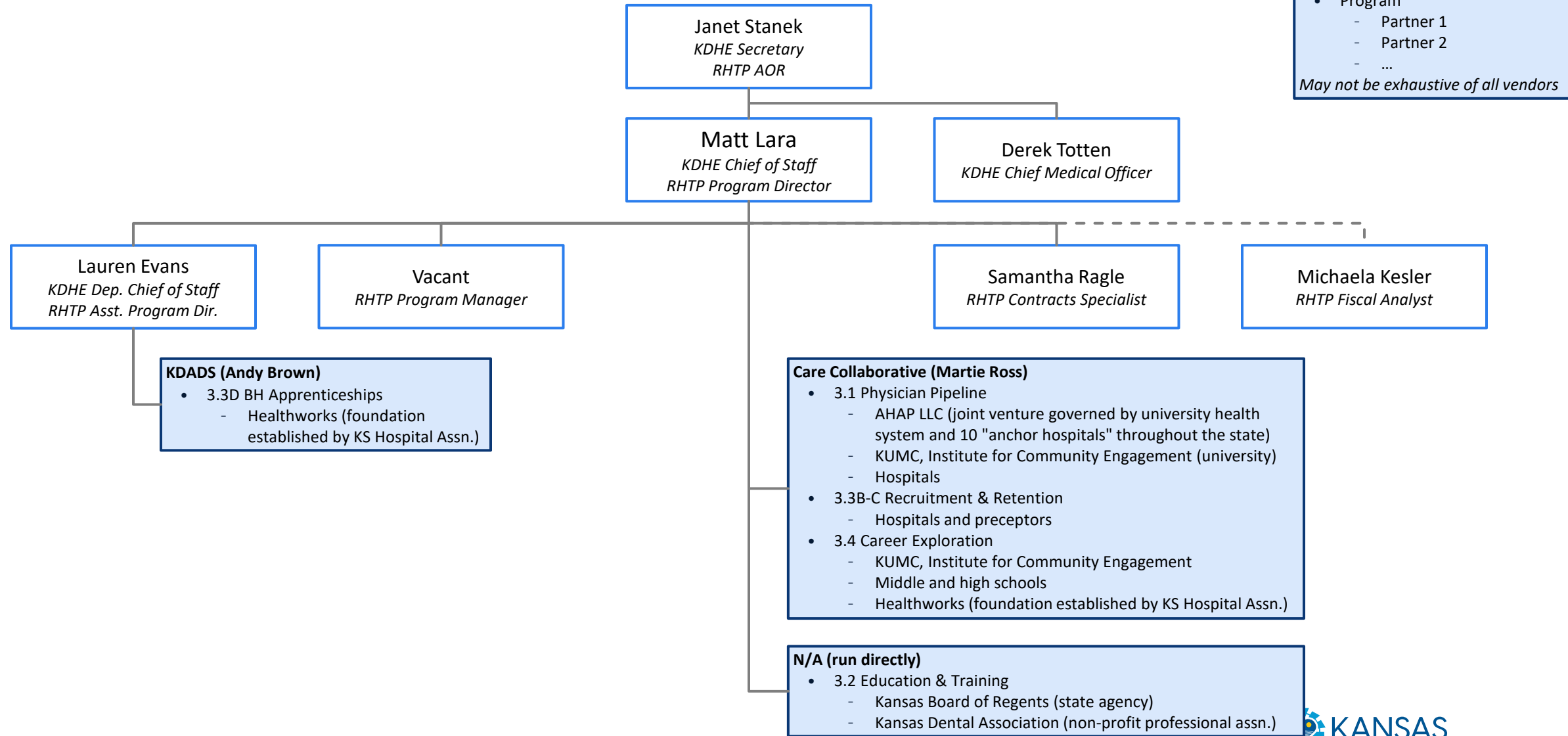
Program owner / name

- Program
 - Partner 1
 - Partner 2
 - ...

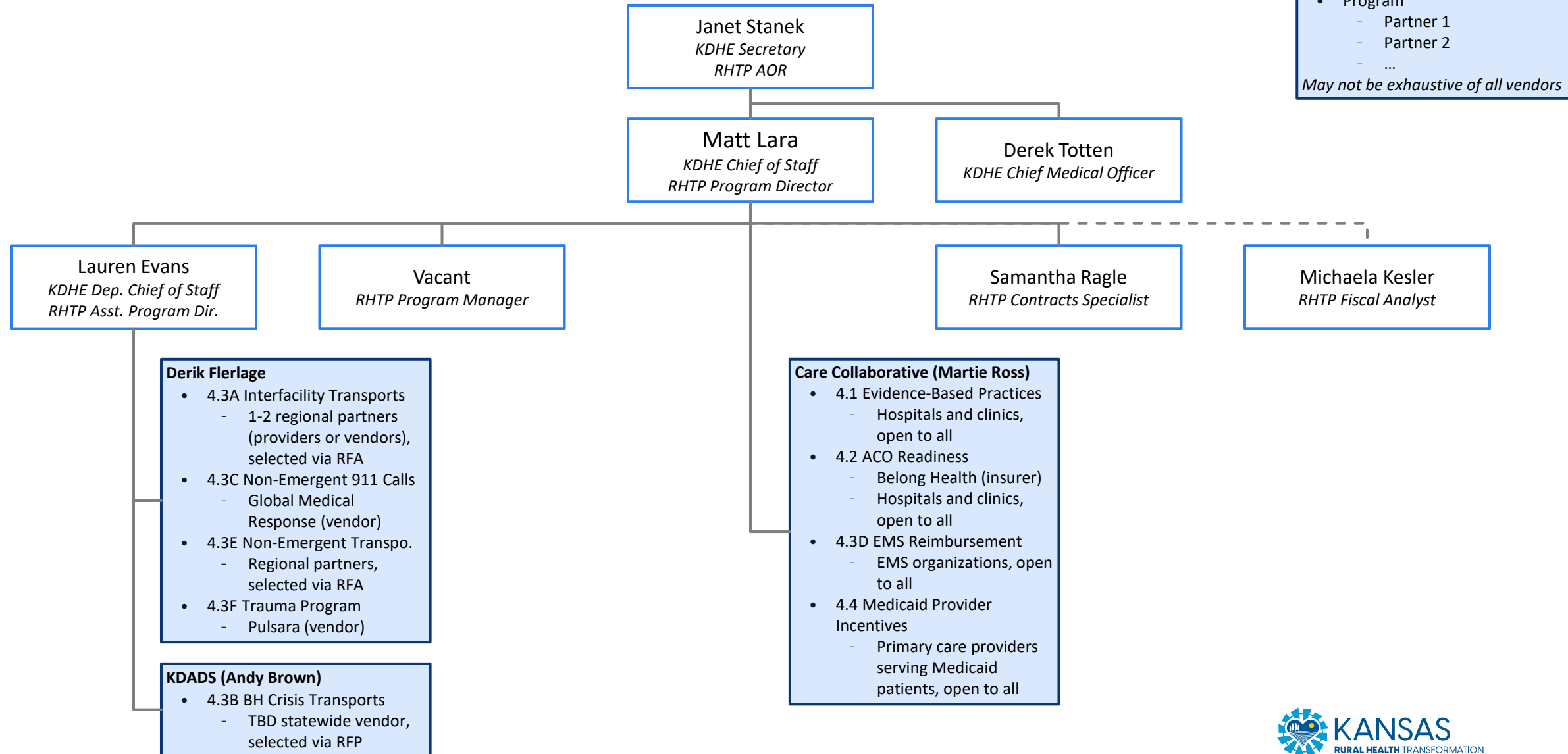
May not be exhaustive of all vendors



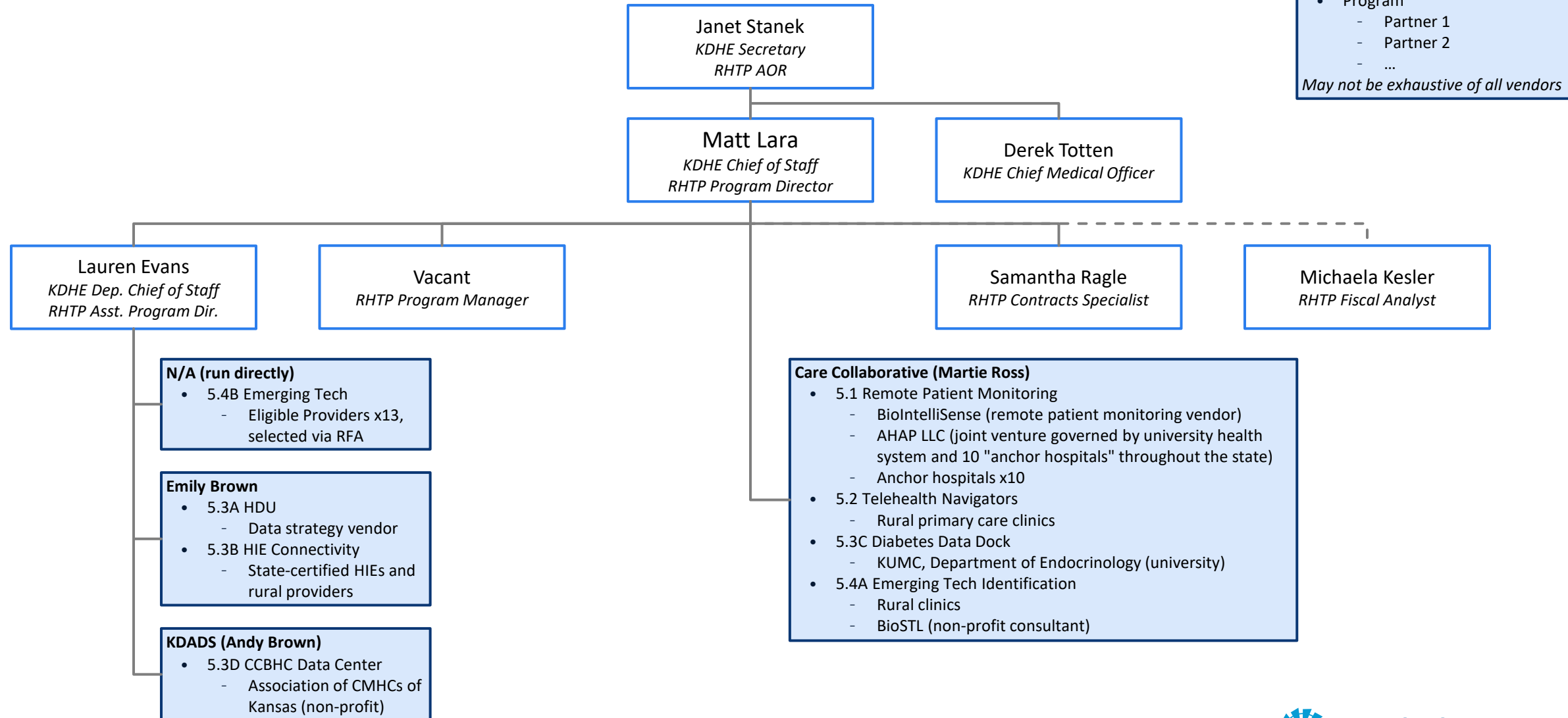
Kansas Office of Rural Health Transformation: Initiative 3



Kansas Office of Rural Health Transformation: Initiative 4



Kansas Office of Rural Health Transformation: Initiative 5



KDHE personnel
Position

Program owner / name

- Program
 - Partner 1
 - Partner 2
 - ...

May not be exhaustive of all vendors



Checkpoint 0.2 Submit project plan to CMS

Evidence of completion: Project plan in Excel



Checkpoint 1.1 Approval of project plan

Evidence of completion: Notification of CMS project plan approval

CMS approval, to be provided by CMS



Checkpoint 1.2 Launch initiative

Evidence of completion: Subrecipient agreements between KDHE and its key partners; Project plan in Excel (Checkpoint 0.2), Milestone 1.1 across each Initiative

Dept of Health & Environment

1000 SW Jackson St Room 570
Topeka KS 66612-1368
United States

Dispatched		Dispatch Via Print
Purchase Order 26400-0000133900	Date 04-22-2026	Revision
Payment Terms Due Now	Freight Terms FOB Dest Frght Prepaid Allow	Ship Via Common Carrier
Buyer Amy Hart	Phone 785/296-3138	Buyer Email Amy.Hart@ks.gov

Supplier: 0000750014
UKHS CARE
COLLABORATIVE
ASSOCIATION
1809 E 27TH STREET
HAYS KS 67601-2148
United States

Ship To: KDHE -Div of Mgmt &
Budget
1000 SW Jackson
Ste 570
Topeka KS 66612
United States

Attention: See Detail Below

Bill To: KDHE -Div of Mgmt &
Budget
1000 SW Jackson
Ste 570
Topeka KS 66612
United States

Currency: USD

Line-Sch	Item/Description	Mfg ID	Quantity	UOM	PO Price	Extended Amt	Due Date
1 - 1	RHTP- SUBAWARD C-40110		1.00	EA	10121396.00	10121396.00	2026-04-22

Attention: Amy Hart

DIST: 1

Chartfields

Status	Percentage	PO Qty	Amount
Open	100.0000	1.0000	10121396.000

GLUnit	Account	Fund	Dept	Program	BudRef
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PCBusUnit	Project	Activity			
26400	264RHTP25I NT1	OPERATIO NS			

Details/Tax

BaseAmt	BaseCurrency	Currency	Location	Consigned
10121396.000	USD	USD	BA26400	N

Req Details

ReqBU	ReqID	Lin	Sch	Dist	OpenQty	Requester	RequesterNm	Attention
26400	000012065	1	1	1				Amy Hart
	0							

Schedule Total 10121396.00

Item Total 10121396.00

Total PO Amount 10121396.00

This document represents a purchase order of the State of Kansas for the material or service described above. Please deliver the items or perform the service in accordance with the terms contained above. I certify that sufficient funds are available to cover this order. By acceptance of this purchase order, you agree to abide by the provisions of K.S.A. 44-1030. The items included on the purchase order are for the exclusive use of the State of Kansas and are exempt from Federal excise taxes under registration number 78-73-0167K and from Kansas sales tax under KSA 79-3606(b).

Unauthorized

For the faithful performance and consideration provided under the terms of this Agreement, the Parties hereto have caused this Agreement to be executed by their undersigned authorized representatives.

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

DocuSigned by:



Janet E. Stanek Secretary

4/20/2026

Date

UKHS CARE COLLABORATIVE ASSOCIATION

Signed by:



Signature of Authorized Individual

Christopher Wilson

Printed Name of Authorized Individual

SVP

Title

4/17/2026

Date

UKHS CARE COLLABORATIVE ASSOCIATION

Signed by:



Signature of Authorized Individual

Daniel Peters

Printed Name of Authorized Individual

SVP & General Counsel

Title

4/17/2026

Date

ATTACHMENT A

Schedule 1

State of Kansas - UKHS Care Collaborative Association SUB-RECIPIENT Agreement
State of Kansas Rural Health Transformation Plan
Initiative 1 – Programs 1.2 and 1.5
Scope of Work

1. **Purpose.** To define SUB-RECIPIENT's duties and responsibilities regarding the implementation and administration of Program 1.2 (inclusive of the five projects under this program) and Program 1.5 of the State's Plan (collectively, the "Programs") intended to achieve meaningful reductions in chronic disease rates and avoidable hospitalizations for complications related to chronic diseases by expanding primary and secondary prevention programs.
2. **Responsibilities.** SUB-RECIPIENT will be responsible for completing by September 30, 2027, the Year 1 project plan and milestones for the Programs as defined in the project narrative submitted with the State's November 4, 2025, application to CMS for the RHT Program (available to the general public at <https://www.kdhe.ks.gov/DocumentCenter/View/52810/Kansas-RHT-Full-Application-112025?bidId=>) ("Project Narrative") and the State's revised budget narrative approved by CMS on February 17, 2026 (available to the general public at <https://www.kdhe.ks.gov/DocumentCenter/View/56710/RHT-Plan-Updated-Budget-Narrative-2026-PDF>), as may be revised from time-to-time with CMS' approval.
3. **Funding.** The State will make available to SUB-RECIPIENT the following amounts from the State's Year 1 award under the RHT Program to perform this Scope of Work:

Program	Amount
1.2.1 - Computerized Cognitive Behavioral Health Therapy	\$6,600,000
1.2.2 – LEAP!	\$500,000
1.2.3 – My ALZ Journey	\$2,500,000
1.2.4 – Lifestyle/Fitness/Nutrition Application	\$250,000
1.2.5 – Asynchronous Diabetes Prevention Program	\$127,396
1.5 – Mobile Cancer Screening Program	\$144,000

4. **Period of Performance.** SUB-RECIPIENT will perform work beginning on the date this Agreement is fully executed by the parties and ending on September 30, 2027. No costs may be incurred outside the period of performance unless expressly authorized in writing by the State and allowable under the RHT Program. The parties anticipate SUB-RECIPIENT will continue serving the State in a similar capacity during subsequent performance years with regard to the Programs.
5. **Service Area and Target Population.** The service area and target population for SUB-RECIPIENT's work under this Agreement will be the same as the area and population identified by the State on pages 1 to 5 of the Project Narrative.
6. **Tasks and Activities.** SUB-RECIPIENT will perform the following tasks and activities relating to the implementation and administration of the Programs during the period of performance:

ATTACHMENT A

A. Management and Governance

- i. Assign a Program Director and key staff, maintain an organizational chart, and ensure adequate segregation of duties.
- ii. Participate in recurring meetings with the State as directed by the State and deliver to the State regular written reports regarding implementation and administration of Programs 1.2 and 1.5.
- iii. Maintain written procedures for financial management and internal controls, procurement, subawards, and record retention and documentation.
- iv. Maintain a risk/issue log and escalate material issues to the State within five (5) business days.

Deliverables: staffing plan; meeting cadence; updated procedures upon request; quarterly risk/issue log.

B. Program Implementation and Administration

- i. *Direct Services.*
 - a. SUB-RECIPIENT will implement and administer Program 1.2.5 including finalizing the asynchronous diabetes prevention program (“DPP”) workflow (including virtual health coaching sessions, pharmacist consultations, and remote monitoring), completing asynchronous DPP content, and establishing enrollment processes.
 - b. SUB-RECIPIENT will develop and finalize a provider and consumer engagement/marketing plan and a community health worker workflow and training program encompassing the five projects included under Program 1.2. Such plans, workflows, and training programs shall be subject to the prior approval of KDHE.
- ii. Subaward Agreement. SUB-RECIPIENT will enter into a subaward agreement with the University of Kansas Medical Center (KUMC) to implement and administer Programs 1.2.1, 1.2.2, and 1.5. Such agreement will include a detailed implementation plan and timeline, budget, key personnel, and evaluative measures for these Programs. SUB-RECIPIENT will monitor KUMC’s performance and financial management in accordance with 2 CFR 200.332 to ensure compliance with all RHT Program requirements and all applicable state and federal laws and regulations.
- iii. Procurement Contracts. SUB-RECIPIENT will enter into procurement contracts with third-party vendors for the specialized goods and services required to implement and administer Programs 1.2.3 and 1.2.4. All such procurements will follow the SUB-RECIPIENT’s documented procedures and comply with federal procurement standards in 2 CFR 200.317 to 200.327. Each such procurement contract will include a detailed implementation plan and timeline, budget, key personnel, and evaluative measures for the Program for which the third-party vendor is providing goods and services. SUB-RECIPIENT will be responsible for the technical and financial performance of any third-party vendor and will ensure such vendor’s compliance with all RHT Program requirements and all applicable state and federal laws and regulations.

ATTACHMENT A

C. Data Collection, Performance Measurement & Reporting

- i. Collect and report required performance and outcome measures relating to the Programs, including baseline values, targets, and periodic updates; definitions and methodologies for each metric; and data quality checks and validation steps.
- ii. Maintain documentation supporting all reported data (source reports, extracts, attestations).
- iii. Report to the State any suspected data integrity issues promptly.
- iv. Reporting Metrics:
 - o Consumer-facing tech vendor-reported utilization in rural Kansas counties and vendor-reported outcomes for rural Kansas users, state-level
 - o Number of rural communities in which cancer screenings were held
 - o Number of skin and urological cancer screenings performed in rural communities
 - o Follow-up rate for positive cancer screens
 - o Number of unique individuals served

Deliverables: performance measure submissions per schedule below; data dictionary/methodology; data quality memo.

Deliverable	Frequency	Due
Task A and C: Program workplan + staffing plan	One-time	Within 30 days of start
Task A: Risk/issue log	Quarterly	With quarterly report
Task B: Agreements with sub-sub-recipients and contractors	Ad hoc	Drafts due at least 10 business days prior to being signed; final agreements due no more than 10 days after being signed. <i>Note all of these agreements must be submitted by Q1 2027.</i>
Task D: Progress narrative report, including: - Achievement of project plan milestones - Success stories - Sustainability plans	Quarterly	7/31/2026 10/30/2026 1/30/2027 4/30/2027
Task D: Annual report, including: - Performance measures as defined in Task D - Data dictionary/methodology - Data quality memo	Yearly	7/31/2026 7/31/2027

ATTACHMENT A

Task E: Budget-to-actual + invoice package	Monthly	With invoice
Task F: Audit reporting	Ad hoc / as needed	Within [X] days

D. Financial Management, Budget Control & Allowable Costs

- i. Manage subaward funds in accordance with 2 CFR Part 200, the State's Cooperative Agreement with CMS, and the approved budget.
- ii. Maintain systems to ensure costs are allowable, allocable, reasonable, and consistently treated; supported by adequate documentation; and incurred within the period of performance.
- iii. Submit invoices with sufficient detail and supporting documentation as required by the State.

Deliverables: detailed invoices; budget-to-actual reports

E. Compliance, Monitoring Support, and Audit Readiness

- i. Cooperate with State monitoring (desk reviews, site visits, corrective actions).
- ii. Maintain all records needed to support monitoring, audits, and public records requests.
- iii. Ensure timely completion of Single Audit and submission of audit reporting package and notify the State of any relevant findings.

Deliverables: monitoring response packages within 5 business days; corrective action plans when needed; audit status notifications.

7. Performance Standards / Acceptance Criteria. Work will be considered acceptable when:

- A. Completed deliverables are submitted in a timely manner in the State-specified format;
- B. Reported metrics are supported by source documentation and pass reasonableness/data quality checks; and
- C. Expenditures are properly documented and align to the approved budget.

8. Key Personnel. SUB-RECIPIENT will maintain an Executive Director (Jodi Schmidt), a Medical Director (Robert Moser, M.D.), and an Operations Director (Martie Ross). SUB-RECIPIENT will notify the State of any changes to key personnel and provide transition plans. SUB-RECIPIENT will coordinate external communications about the RHT Program with the State and comply with any publicity/branding requirements as directed by the State.

Dept of Health & Environment

1000 SW Jackson St Room 570
Topeka KS 66612-1368
United States

Dispatched		Dispatch Via Print
Purchase Order 26400-0000133892	Date 04-21-2026	Revision
Payment Terms Due Now	Freight Terms FOB Dest Frght Prepaid Allow	Ship Via Common Carrier
Buyer Amy Hart	Phone 785/296-3138	Buyer Email Amy.Hart@ks.gov

Supplier: 0000750014
UKHS CARE
COLLABORATIVE
ASSOCIATION
1809 E 27TH STREET
HAYS KS 67601-2148
United States

Ship To: KDHE -Div of Mgmt &
Budget
1000 SW Jackson
Ste 570
Topeka KS 66612
United States

Attention: See Detail Below

Bill To: KDHE -Div of Mgmt &
Budget
1000 SW Jackson
Ste 570
Topeka KS 66612
United States

Currency: USD

Line-Sch	Item/Description	Mfg ID	Quantity	UOM	PO Price	Extended Amt	Due Date
1 - 1	RHTP- SUBAWARD C-40111		1.00	EA	16059843.00	16059843.00	2026-04-21

Attention: Amy Hart

DIST: 1

Chartfields

Status	Percentage	PO Qty	Amount
Open	100.0000	1.0000	16059843.000

GLUnit	Account	Fund	Dept	Program	BudRef
26400	550600	3939	2642101 113	01033	3939
PCBusUnit	Project	Activity			
26400	264RHTP25I NT2	OPERATIO NS			

Details/Tax

BaseAmt	BaseCurrency	Currency	Location	Consigned
16059843.000	USD	USD	BA26400	N

Req Details

ReqBU	ReqID	Lin	Sch	Dist	OpenQty	Requester	RequesterNm	Attention
26400	000012065	1	1	1				Amy Hart
	1							

Schedule Total 16059843.00

Item Total 16059843.00

Total PO Amount 16059843.00

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Unauthorized

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KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

DocuSigned by:



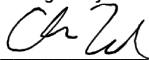
Janet E. Stanek Secretary

4/20/2026

Date

UKHS CARE COLLABORATIVE ASSOCIATION

Signed by:



Signature of Authorized Individual

Christopher Wilson

Printed Name of Authorized Individual

SVP

Title

4/17/2026

Date

UKHS CARE COLLABORATIVE ASSOCIATION

Signed by:



Signature of Authorized Individual

Daniel Peters

Printed Name of Authorized Individual

SVP & General Counsel

Title

4/17/2026

Date

ATTACHMENT A

Schedule 1

State of Kansas - UKHS Care Collaborative Association SUB-RECIPIENT Agreement
State of Kansas Rural Health Transformation Plan
Initiative 2 – Programs 2.3, 2.4, and 2.5
Scope of Work

1. **Purpose.** To define Subrecipient’s duties and responsibilities regarding the implementation and administration of Programs 2.3 (inclusive of three projects under this program) 2.4, 2.5, and 2.6 of the State’s Plan (collectively, the “Programs”) intended to substantially reduce the number of rural Kansas hospitals with negative operating margins.
2. **Responsibilities.** Subrecipient will be responsible for completing by September 30, 2027, the Year 1 project plan and milestones for the Programs as defined in the project narrative submitted with the State’s November 4, 2025, application to CMS for the RHT Program (available to the general public at <https://www.kdhe.ks.gov/DocumentCenter/View/52810/Kansas-RHTP-Full-Application-112025?bidId=>) (“Project Narrative”) and the State’s revised budget narrative approved by CMS on February 17, 2026 (available to the general public at <https://www.kdhe.ks.gov/DocumentCenter/View/56710/RHT-Plan-Updated-Budget-Narrative-2026-PDF>), as may be revised from time-to-time with CMS’ approval.
3. **Funding.** The State will make available to Subrecipient the following amounts from the State’s Year 1 award under the RHT Program to perform this Scope of Work:

Program	Amount
2.3.1 – Commercial Rate Analysis	\$1,500,000
2.3.2 – Revenue Cycle Support and Centralized Credentialing Organization	\$3,605,843
2.3.3 – Direct-to-Employer Contracting Infrastructure	\$114,000
2.4 – Anchor Hospital Advancement Program	\$10,214,000
2.5 – Mobile Integrated Health Pilot Program	\$125,000
2.6 – Pathways to Integration - Rural Primary Care/Public Health Integration Program	\$501,000

4. **Period of Performance.** Subrecipient will perform work beginning on the date this Agreement is fully executed by the parties and ending on September 30, 2027. No costs may be incurred outside the period of performance unless expressly authorized in writing by the State and allowable under the RHT Program. The parties anticipate Subrecipient will continue serving the State in a similar capacity during subsequent performance years with regard to the Programs.
5. **Service Area and Target Population.** The service area and target population for Subrecipient’s work under this Agreement will be the same as the area and population identified by the State on pages 1 to 5 of the Project Narrative.
6. **Tasks and Activities.** Subrecipient will perform the following tasks and activities relating to the implementation and administration of the Programs during the period of performance:

ATTACHMENT A

A. *Management and Governance*

- i. Assign a Program Director and key staff, maintain an organizational chart, and ensure adequate segregation of duties.
- ii. Participate in recurring meetings with the State as directed by the State and deliver to the State regular written reports regarding implementation and administration of the Programs.
- iii. Maintain written procedures for financial management and internal controls, procurement, subawards, and record retention and documentation.
- iv. Maintain a risk/issue log and escalate material issues to the State within five (5) business days.

Deliverables: staffing plan; meeting cadence; updated procedures upon request; quarterly risk/issue log.

B. *Program Implementation and Administration*

- i. *Direct Services.* Subrecipient will hire a contracting manager for Program 2.3; implement and administer Program 2.5 including identifying a pilot program director; defining the scope and methods for delivery of mobile integrated health (MIH) services; recruiting five participating communities; recruiting, training, and placing certified medical assistants in pilot communities to furnish MIH services; and defining data collection requirements.
- ii. *Subaward Agreements.* Subrecipient will enter into a subaward agreement with Healthworks KHA Foundation, Inc. (Healthworks), to implement and administer Program 2.3.2 and with the University of Kansas Medical Center (KUMC) to implement and administer Program 2.6. Each agreement will include a detailed implementation plan and timeline, budget, key personnel, and evaluative measures for their respective Programs. Subrecipient will monitor Healthwork's and KUMC's performance and financial management in accordance with 2 CFR 200.332 to ensure compliance with all RHT Program requirements and all applicable state and federal laws and regulations.
- iii. *Procurement Contracts.* Subrecipient will enter into procurement contracts with third-party vendors for the specialized goods and services required to implement and administer Programs 2.3.1 and 2.4. All such procurement will follow the Subrecipient's documented procedures and will comply with federal procurement standards in 2 CFR 200.317 to 200.327. Each such procurement contract will include a detailed implementation plan and timeline, budget, key personnel, and evaluative measures for the Program for which the third-party vendor is providing goods and services. Subrecipient will be responsible for the technical and financial performance of any third-party vendor and will ensure such vendor's compliance with all RHT Program requirements and all applicable state and federal laws and regulations.

ATTACHMENT A

C. Data Collection, Performance Measurement & Reporting

- i.** Collect and report required performance and outcome measures relating to the Programs, including baseline values, targets, and periodic updates; definitions and methodologies for each metric; and data quality checks and validation steps.
- ii.** Maintain documentation supporting all reported data (source reports, extracts, attestations).
- iii.** Report to the State any suspected data integrity issues promptly.
- iv.** Reporting Metrics
 - Year-over year changes in individual rural hospital operating margins as reported on Medicare cost reports or via self-attestation
 - Utilization of Anchor Hospital Advancement Program services by type of service and individual hospital
 - Results of survey of rural anchor hospital CEOs' perception of program participation and effectiveness
 - Number of unique individuals served

Deliverables: performance measure submissions per schedule; data dictionary/methodology; data quality memo.

Deliverable	Frequency	Due
Task A and C: Program workplan + staffing plan	One-time	Within 30 days of start
Task A: Risk/issue log	Quarterly	With quarterly report
Task B: Agreements with sub-sub-recipients and contractors	Ad hoc	Drafts due at least 10 business days prior to being signed; final agreements due no more than 10 days after being signed. <i>Note all of these agreements must be submitted by Q1 2027.</i>
Task D: Progress narrative report, including: - Achievement of project plan milestones - Success stories - Sustainability plans	Quarterly	7/31/2026 10/30/2026 1/30/2027 4/30/2027
Task D: Annual report, including:	Yearly	7/31/2026 7/31/2027

ATTACHMENT A

- Performance measures as defined in Task D - Data dictionary/methodology - Data quality memo		
Task E: Budget-to-actual + invoice package	Monthly	With invoice
Task F: Audit reporting	Ad hoc / as needed	Within [X] days

D. Financial Management, Budget Control & Allowable Costs

- i. Manage subaward funds in accordance with 2 CFR Part 200, the State's Cooperative Agreement with CMS, and the approved budget.
- ii. Maintain systems to ensure costs are allowable, allocable, reasonable, and consistently treated; supported by adequate documentation; and incurred within the period of performance.
- iii. Submit invoices with sufficient detail and supporting documentation as required by the State.

Deliverables: detailed invoices; budget-to-actual reports

E. Compliance, Monitoring Support, and Audit Readiness

- i. Cooperate with State monitoring (desk reviews, site visits, corrective actions).
- ii. Maintain all records needed to support monitoring, audits, and public records requests.
- iii. Ensure timely completion of Single Audit and submission of audit reporting package and notify the State of any relevant findings.

Deliverables: monitoring response packages within 5 business days; corrective action plans when needed; audit status notifications.

7. Performance Standards / Acceptance Criteria. Work will be considered acceptable when:

- A. Completed deliverables are submitted in a timely manner in the State-specified format;
- B. Reported metrics are supported by source documentation and pass reasonableness/data quality checks; and
- C. Expenditures are properly documented and align to the approved budget.

8. Key Personnel. Subrecipient will maintain an Executive Director (Jodi Schmidt), a Medical Director (Robert Moser, M.D.), and an Operations Director (Martie Ross). Subrecipient will notify the State of any changes to key personnel and provide transition plans. Subrecipient will coordinate external communications about the RHT Program with the State and comply with any publicity/branding requirements as directed by the State.

Dept of Health & Environment

1000 SW Jackson St Room 570
Topeka KS 66612-1368
United States

Dispatched		Dispatch Via Print
Purchase Order 26400-0000133901	Date 04-22-2026	Revision
Payment Terms Due Now	Freight Terms FOB Dest Frght Prepaid Allow	Ship Via Common Carrier
Buyer Amy Hart	Phone 785/296-3138	Buyer Email Amy.Hart@ks.gov

Supplier: 0000750014
UKHS CARE
COLLABORATIVE
ASSOCIATION
1809 E 27TH STREET
HAYS KS 67601-2148
United States

Ship To: KDHE -Div of Mgmt &
Budget
1000 SW Jackson
Ste 570
Topeka KS 66612
United States

Attention: See Detail Below

Bill To: KDHE -Div of Mgmt &
Budget
1000 SW Jackson
Ste 570
Topeka KS 66612
United States

Currency: USD

Line-Sch	Item/Description	Mfg ID	Quantity	UOM	PO Price	Extended Amt	Due Date
1 - 1	RHTP- SUBAWARD C-40112		1.00	EA	11148190.00	11148190.00	2026-04-22

Attention: Amy Hart

DIST: 1

Chartfields

Status	Percentage	PO Qty	Amount
Open	100.0000	1.0000	11148190.000

GLUnit	Account	Fund	Dept	Program	BudRef
26400	550600	3939	2642101 113	01033	3939
PCBusUnit	Project	Activity			
26400	264RHTP25I NT3	OPERATIO NS			

Details/Tax

BaseAmt	BaseCurrency	Currency	Location	Consigned
11148190.000	USD	USD	BA26400	N

Req Details

ReqBU	ReqID	Lin	Sch	Dist	OpenQty	Requester	RequesterNm	Attention
26400	000012065 2	1	1	1				Amy Hart

Schedule Total 11148190.00

Item Total 11148190.00

Total PO Amount 11148190.00

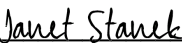
This document represents a purchase order of the State of Kansas for the material or service described above. Please deliver the items or perform the service in accordance with the terms contained above. I certify that sufficient funds are available to cover this order. By acceptance of this purchase order, you agree to abide by the provisions of K.S.A. 44-1030. The items included on the purchase order are for the exclusive use of the State of Kansas and are exempt from Federal excise taxes under registration number 78-73-0167K and from Kansas sales tax under KSA 79-3606(b).

Unauthorized

For the faithful performance and consideration provided under the terms of this Agreement, the Parties hereto have caused this Agreement to be executed by their undersigned authorized representatives.

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

DocuSigned by:



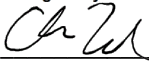
Janet E. Stanek, Secretary

4/20/2026

Date

UKHS CARE COLLABORATIVE ASSOCIATION

Signed by:



Signature of Authorized Individual

Christopher Wilson

Printed Name of Authorized Individual

SVP

Title

4/17/2026

Date

UKHS CARE COLLABORATIVE ASSOCIATION

Signed by:



Signature of Authorized Individual

Daniel Peters

Printed Name of Authorized Individual

SVP & General Counsel

Title

4/17/2026

Date

ATTACHMENT A

Schedule 1

State of Kansas - UKHS Care Collaborative Association SUB-RECIPIENT Agreement
State of Kansas Rural Health Transformation Plan
Initiative 3 – Programs 3.1, 3.3, and 3.4
Scope of Work

- Purpose.** To define Subrecipient’s duties and responsibilities regarding the implementation and administration of Programs 3.1 (inclusive of three projects under this program), 3.3, 3.3.2, 3.3.3, and 3.4.1, 3.4.2, and 3.4.4 of the State’s Plan (collectively, the “Programs”) intended to improve provider-to-population ratios for primary care, dental, and behavioral health providers and ease nursing and allied health shortages in rural Kansas.
- Responsibilities.** Subrecipient will be responsible for completing by September 30, 2027, the Year 1 project plan and milestones for the Programs as defined in the project narrative submitted with the State’s November 4, 2025, application to CMS for the RHT Program (available to the general public at <https://www.kdhe.ks.gov/DocumentCenter/View/52810/Kansas-RHTP-Full-Application-112025?bidId=>) (“Project Narrative”) and the State’s revised budget narrative approved by CMS on February 17, 2026 (available to the general public at <https://www.kdhe.ks.gov/DocumentCenter/View/56710/RHT-Plan-Updated-Budget-Narrative-2026-PDF>), as may be revised from time-to-time with CMS’ approval.
- Funding.** The State will make available to Subrecipient the following amounts from the State’s Year 1 award under the RHT Program to perform this Scope of Work:

Program	Amount
3.1.1 – Rural Residency Program	\$8,500,000
3.1.2 - Expansion of Kansas Bridging Program	\$654,500
3.1.3 - Medical Student Rural Rotation Housing	\$500,000
3.3.2 – Rural Nurse Residencies	\$303,142
3.3.3 – Clinical Instructor and Preceptor Incentives	\$500,000
3.4.1 – Rural Chapters of HOSA	\$135,000
3.4.2 – K-12 Health Science CTE	\$256,500
3.4.4 – Regional Career Expo	\$43,500
3.0 – Central KHA Support	\$255,548

- Period of Performance.** Subrecipient will perform work beginning on the date this Agreement is fully executed by the parties and ending on September 30, 2027. No costs may be incurred outside the period of performance unless expressly authorized in writing by the State and allowable under the RHT Program. The parties anticipate Subrecipient will continue serving the State in a similar capacity during subsequent performance years with regard to the Programs.
- Service Area and Target Population.** The service area and target population for Subrecipient’s work under this Agreement will be the same as the area and population identified by the State on pages 1 to 5 of the Project Narrative.

ATTACHMENT A

6. **Tasks and Activities.** Subrecipient will perform the following tasks and activities relating to the implementation and administration of the Programs during the period of performance:

A. *Management and Governance*

- i. Assign a Program Director and key staff, maintain an organizational chart, and ensure adequate segregation of duties.
- ii. Participate in recurring meetings with the State as directed by the State and deliver to the State regular written reports regarding implementation and administration of the Programs.
- iii. Maintain written procedures for financial management and internal controls, procurement, subawards, and record retention and documentation.
- iv. Maintain a risk/issue log and escalate material issues to the State within five (5) business days.

Deliverables: staffing plan; meeting cadence; updated procedures upon request; quarterly risk/issue log.

B. *Program Implementation and Administration*

i. *Direct Services.*

- a. Subrecipient will implement and administer Program 3.1.1 including developing an implementation plan, milestones, and evaluation framework for rural residency program development; establishing an administrative and technical assistance infrastructure to support rural residency programs; engaging hospitals and medical schools and identifying priorities for rural residency programs; and establishing priorities for new ACGME-accredited rural residency programs.
- ii. *Subaward Agreements.* Subrecipient will enter into a subaward agreement with Healthworks KHA Foundation, Inc. (Healthworks), to provide cross-program support and to implement and administer Programs 3.1.3, 3.3.2, 3.3.3, 3.4.2, and 3.4.4 and a subaward agreement with the University of Kansas Medical Center (KUMC) to implement and administer Programs 3.1.2 and 3.4.1. Each agreement will include a detailed implementation plan and timeline, budget, key personnel, and evaluative measures for their respective Programs. Subrecipient will monitor Healthwork's and KUMC's performance and financial management in accordance with 2 CFR 200.332 to ensure compliance with all RHT Program requirements and all applicable state and federal laws and regulations.

C. *Data Collection, Performance Measurement & Reporting*

- i. Collect and report required performance and outcome measures relating to the Programs, including baseline values, targets, and periodic updates; definitions and methodologies for each metric; and data quality checks and validation steps.
- ii. Maintain documentation supporting all reported data (source reports, extracts, attestations).

ATTACHMENT A

iii. Report to the State any suspected data integrity issues promptly.

iv. Reporting Metrics

- Increase in rural physician residency programs/tracks by specialty, state-level
- Number of medical students assisted with housing during rural rotations, state-level
- County Health Rankings & Roadmaps Project year-over-year changes in provider-to-patient ratios in rural Kansas counties
- Number of training sites and participants in mobile simulation labs, state- and regional-level
- Participant-reported skill improvement after mobile simulation lab (post-training survey), state- and regional-level
- Year-to-year changes in allied health staff shortages (Kansas Hospital Association Kansas Health Workforce Report)
- Year-to-year changes in nursing and allied health staff turnover rates (KHA Kansas Health Workforce Report)
- Number of students trained at new clinical sites (by job category), state- and county-level
- Number of rural HOSA chapters created using RHT Program funds, state-level
- Number of rural schools offering the health science CTE pathway using RHT Program funds, state-level
- Number of unique individuals served

Deliverables: performance measure submissions per schedule; data dictionary/methodology; data quality memo.

Deliverable	Frequency	Due
Task A and C: Program workplan + staffing plan	One-time	Within 30 days of start
Task A: Risk/issue log	Quarterly	With quarterly report
Task B: Agreements with sub-sub-recipients and contractors	Ad hoc	Drafts due at least 10 business days prior to being signed; final agreements due no more than 10 days after being signed. <i>Note all of these agreements must be submitted by Q1 2027.</i>
Task D: Progress narrative report, including:	Quarterly	7/31/2026 10/30/2026 1/30/2027

ATTACHMENT A

- Achievement of project plan milestones - Success stories - Sustainability plans		4/30/2027
Task D: Annual report, including: - Performance measures as defined in Task D - Data dictionary/methodology - Data quality memo	Yearly	7/31/2026 7/31/2027
Task E: Budget-to-actual + invoice package	Monthly	With invoice
Task F: Audit reporting	Ad hoc / as needed	Within [X] days

D. Financial Management, Budget Control & Allowable Costs

- i. Manage subaward funds in accordance with 2 CFR Part 200, the State's Cooperative Agreement with CMS, and the approved budget.
- ii. Maintain systems to ensure costs are allowable, allocable, reasonable, and consistently treated; supported by adequate documentation; and incurred within the period of performance.
- iii. Submit invoices with sufficient detail and supporting documentation as required by the State.

Deliverables: detailed invoices; budget-to-actual reports

E. Compliance, Monitoring Support, and Audit Readiness

- i. Cooperate with State monitoring (desk reviews, site visits, corrective actions).
- ii. Maintain all records needed to support monitoring, audits, and public records requests.
- iii. Ensure timely completion of Single Audit and submission of audit reporting package and notify the State of any relevant findings.

Deliverables: monitoring response packages within 5 business days; corrective action plans when needed; audit status notifications.

7. Performance Standards / Acceptance Criteria. Work will be considered acceptable when:

- A. Completed deliverables are submitted in a timely manner in the State-specified format;
- B. Reported metrics are supported by source documentation and pass reasonableness/data quality checks; and
- C. Expenditures are properly documented and align to the approved budget.

ATTACHMENT A

8. **Key Personnel.** Subrecipient will maintain an Executive Director (Jodi Schmidt), a Medical Director (Robert Moser, M.D.), and an Operations Director (Martie Ross). Subrecipient will notify the State of any changes to key personnel and provide transition plans. Subrecipient will coordinate external communications about the RHT Program with the State and comply with any publicity/branding requirements as directed by the State.

Dept of Health & Environment

1000 SW Jackson St Room 570
Topeka KS 66612-1368
United States

Dispatched		Dispatch Via Print
Purchase Order 26400-0000133902	Date 04-22-2026	Revision
Payment Terms Due Now	Freight Terms FOB Dest Frght Prepaid Allow	Ship Via Common Carrier
Buyer Amy Hart	Phone 785/296-3138	Buyer Email Amy.Hart@ks.gov

Supplier: 0000750014
UKHS CARE
COLLABORATIVE
ASSOCIATION
1809 E 27TH STREET
HAYS KS 67601-2148
United States

Ship To: KDHE -Div of Mgmt &
Budget
1000 SW Jackson
Ste 570
Topeka KS 66612
United States

Attention: See Detail Below

Bill To: KDHE -Div of Mgmt &
Budget
1000 SW Jackson
Ste 570
Topeka KS 66612
United States

Currency: USD

Line-Sch	Item/Description	Mfg ID	Quantity	UOM	PO Price	Extended Amt	Due Date
1 - 1	RHTP- SUBAWARD C-40113		1.00	EA	37849250.00	37849250.00	2026-04-22

Attention: Amy Hart

DIST: 1

Chartfields

Status	Percentage	PO Qty	Amount
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PCBusUnit	Project	Activity			
26400	264RHTP25I NT4	OPERATIO NS			

Details/Tax

BaseAmt	BaseCurrency	Currency	Location	Consigned
37849250.000	USD	USD	BA26400	N

Req Details

ReqBU	ReqID	Lin	Sch	Dist	OpenQty	Requester	RequesterNm	Attention
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Schedule Total 37849250.00

Item Total 37849250.00

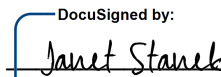
Total PO Amount 37849250.00

This document represents a purchase order of the State of Kansas for the material or service described above. Please deliver the items or perform the service in accordance with the terms contained above. I certify that sufficient funds are available to cover this order. By acceptance of this purchase order, you agree to abide by the provisions of K.S.A. 44-1030. The items included on the purchase order are for the exclusive use of the State of Kansas and are exempt from Federal excise taxes under registration number 78-73-0167K and from Kansas sales tax under KSA 79-3606(b).

Unauthorized

For the faithful performance and consideration provided under the terms of this Agreement, the Parties hereto have caused this Agreement to be executed by their undersigned authorized representatives.

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

DocuSigned by:

Janet K. Stanek, Secretary

4/20/2026
Date

UKHS CARE COLLABORATIVE ASSOCIATION

Signed by:

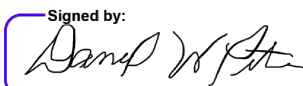
9E5EA00E559A40B...
Signature of Authorized Individual

Christopher Wilson
Printed Name of Authorized Individual

SVP
Title

4/17/2026
Date

UKHS CARE COLLABORATIVE ASSOCIATION

Signed by:

E838C53B9F024A6...
Signature of Authorized Individual

Daniel Peters
Printed Name of Authorized Individual

SVP & General Counsel
Title

4/17/2026
Date

ATTACHMENT A

Schedule 1

State of Kansas - UKHS Care Collaborative Association SUB-RECIPIENT Agreement
State of Kansas Rural Health Transformation Plan
Initiative 4 – Programs 4.1, 4.2, and 4.4
Scope of Work

1. **Purpose.** To define Subrecipient’s duties and responsibilities regarding the implementation and administration of Programs 4.1, 4.2, and 4.4 of the State’s Plan (collectively, the “Programs”) intended to have 100% of rural Medicare and Medicaid beneficiaries in accountable care relationships by 2031.
2. **Responsibilities.** Subrecipient will be responsible for completing by September 30, 2027, the Year 1 project plan and milestones for the Programs as defined in the project narrative submitted with the State’s November 4, 2025, application to CMS for the RHT Program (available to the general public at <https://www.kdhe.ks.gov/DocumentCenter/View/52810/Kansas-RHTP-Full-Application-112025?bidId=>) (“Project Narrative”) and the State’s revised budget narrative approved by CMS on February 17, 2026 (available to the general public at <https://www.kdhe.ks.gov/DocumentCenter/View/56710/RHT-Plan-Updated-Budget-Narrative-2026-PDF>), as may be revised from time-to-time with CMS’ approval.
3. **Funding.** The State will make available to Subrecipient the following amounts from the State’s Year 1 award under the RHT Program to perform this Scope of Work:

Program	Amount
4.1 – Evidence-Based Practices Program	\$33,377,027
4.2 – ACO Readiness Program	\$3,400,000
4.4 – Medicare Provider Incentive Payment Program	\$1,072,223

4. **Period of Performance.** Subrecipient will perform work beginning on the date this Agreement is fully executed by the parties and ending on September 30, 2027. No costs may be incurred outside the period of performance unless expressly authorized in writing by the State and allowable under the RHT Program. The parties anticipate Subrecipient will continue serving the State in a similar capacity during subsequent performance years with regard to the Programs.
5. **Service Area and Target Population.** The service area and target population for Subrecipient’s work under this Agreement will be the same as the area and population identified by the State on pages 1 to 5 of the Project Narrative.
6. **Tasks and Activities.** Subrecipient will perform the following tasks and activities relating to the implementation and administration of the Programs during the period of performance:

A. Management and Governance

- i. Assign a Program Director and key staff, maintain an organizational chart, and ensure adequate segregation of duties.

ATTACHMENT A

- ii. Participate in recurring meetings with the State as directed by the State and deliver to the State regular written reports regarding implementation and administration of the Programs.
- iii. Maintain written procedures for financial management and internal controls, procurement, subawards, and record retention and documentation.
- iv. Maintain a risk/issue log and escalate material issues to the State within five (5) business days.

Deliverables: staffing plan; meeting cadence; updated procedures upon request; quarterly risk/issue log.

B. *Program Implementation and Administration*

- i. *Direct Services.*
 - a. Subrecipient will implement and administer Program 4.1 including drafting and securing executed participation agreements; hiring staff; developing, promoting, and delivering capacity-building resources for providers; establishing performance measures; contracting with QHi for data submission; making infrastructure and incentives payments to participating providers; and monitoring provider compliance with program requirements.
 - b. Subrecipient will implement and administer Program 4.4 including defining specifications and processes for rural provider incentive payments for Medicaid beneficiary engagement in care management and care coordination services; deploying performance improvement specialist to assist providers in identifying and engaging with Medicaid beneficiaries; and coordinating activities with State Medicaid program.
- ii. *Procurement Contracts.* Subrecipient will enter into a procurement contract with a third-party vendor for the specialized goods and services required to implement and administer Program 4.2. All such procurement will follow the Subrecipient's documented procedures and comply with federal procurement standards in 2 CFR 200.317 to 200.327. Each such procurement contract will include a detailed implementation plan and timeline, budget, key personnel, and evaluative measures for the Program for which the third-party vendor is providing goods and services. Subrecipient will be responsible for the technical and financial performance of any third-party vendor and will ensure such vendor's compliance with all RHT Program requirements and all applicable state and federal laws and regulations.

C. *Data Collection, Performance Measurement & Reporting*

- i. Collect and report required performance and outcome measures relating to the Programs, including baseline values, targets, and periodic updates; definitions and methodologies for each metric; and data quality checks and validation steps.
- ii. Maintain documentation supporting all reported data (source reports, extracts, attestations).

ATTACHMENT A

iii. Report to the State any suspected data integrity issues promptly.

iv. Reporting Metrics

- Year-over-year changes in number of rural providers (by provider type) participating in Medicare or Medicaid value-based care arrangements, state- and county-level
- Year-over-year changes in percentage of rural providers (by provider type) participating in Medicare or Medicaid value-based care arrangements, state-level
- Number and percentage of eligible rural providers receiving full or partial incentive payments via Evidence-Based Practices Program, state- and county-level
- Number of incentive payments made to PCPs for engaging eligible Medicaid beneficiaries in care management/care coordination services, state- and county-level
- Progress toward inclusion of rural provider incentive payments for care management services in MCO contracts (2028–2030 period)

Deliverables: performance measure submissions per schedule; data dictionary/methodology; data quality memo.

Deliverable	Frequency	Due
Task A and C: Program workplan + staffing plan	One-time	Within 30 days of start
Task A: Risk/issue log	Quarterly	With quarterly report
Task B: Agreements with sub-sub-recipients and contractors	Ad hoc	Drafts due at least 10 business days prior to being signed; final agreements due no more than 10 days after being signed. <i>Note all of these agreements must be submitted by Q1 2027.</i>
Task D: Progress narrative report, including: - Achievement of project plan milestones - Success stories - Sustainability plans	Quarterly	7/31/2026 10/30/2026 1/30/2027 4/30/2027
Task D: Annual report, including: - Performance measures as defined in Task D - Data dictionary/methodology - Data quality memo	Yearly	7/31/2026 7/31/2027
Task E: Budget-to-actual + invoice package	Monthly	With invoice

ATTACHMENT A

Task F: Audit reporting	Ad hoc / as needed	Within [X] days
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D. *Financial Management, Budget Control & Allowable Costs*

- i. Manage subaward funds in accordance with 2 CFR Part 200, the State’s Cooperative Agreement with CMS, and the approved budget.
- ii. Maintain systems to ensure costs are allowable, allocable, reasonable, and consistently treated; supported by adequate documentation; and incurred within the period of performance.
- iii. Submit invoices with sufficient detail and supporting documentation as required by the State.

Deliverables: detailed invoices; budget-to-actual reports

E. *Compliance, Monitoring Support, and Audit Readiness*

- i. Cooperate with State monitoring (desk reviews, site visits, corrective actions).
- ii. Maintain all records needed to support monitoring, audits, and public records requests.
- iii. Ensure timely completion of Single Audit and submission of audit reporting package and notify the State of any relevant findings.

Deliverables: monitoring response packages within 5 business days; corrective action plans when needed; audit status notifications.

7. Performance Standards / Acceptance Criteria. Work will be considered acceptable when:

- A. Completed deliverables are submitted in a timely manner in the State-specified format;
- B. Reported metrics are supported by source documentation and pass reasonableness/data quality checks; and
- C. Expenditures are properly documented and align to the approved budget.

8. Key Personnel. Subrecipient will maintain an Executive Director (Jodi Schmidt), a Medical Director (Robert Moser, M.D.), and an Operations Director (Martie Ross). Subrecipient will notify the State of any changes to key personnel and provide transition plans. Subrecipient will coordinate external communications about the RHT Program with the State and comply with any publicity/branding requirements as directed by the State.

Dept of Health & Environment

1000 SW Jackson St Room 570
Topeka KS 66612-1368
United States

Dispatched		Dispatch Via Print
Purchase Order 26400-0000133903	Date 04-22-2026	Revision
Payment Terms Due Now	Freight Terms FOB Dest Frght Prepaid Allow	Ship Via Common Carrier
Buyer Amy Hart	Phone 785/296-3138	Buyer Email Amy.Hart@ks.gov

Supplier: 0000750014
UKHS CARE
COLLABORATIVE
ASSOCIATION
1809 E 27TH STREET
HAYS KS 67601-2148
United States

Ship To: KDHE -Div of Mgmt &
Budget
1000 SW Jackson
Ste 570
Topeka KS 66612
United States

Attention: See Detail Below

Bill To: KDHE -Div of Mgmt &
Budget
1000 SW Jackson
Ste 570
Topeka KS 66612
United States

Currency: USD

Line-Sch	Item/Description	Mfg ID	Quantity	UOM	PO Price	Extended Amt	Due Date
1 - 1	RHTP- SUBAWARD C-40115		1.00	EA	23779203.00	23779203.00	2026-04-22

Attention: Amy Hart

DIST: 1

Chartfields

Status	Percentage	PO Qty	Amount
Open	100.0000	1.0000	23779203.000

GLUnit	Account	Fund	Dept	Program	BudRef
26400	550600	3939	2642101 113	01033	3939
PCBusUnit	Project	Activity			
26400	264RHTP25I NT5	OPERATIO NS			

Details/Tax

BaseAmt	BaseCurrency	Currency	Location	Consigned
23779203.000	USD	USD	BA26400	N

Req Details

ReqBU	ReqID	Lin	Sch	Dist	OpenQty	Requester	RequesterNm	Attention
26400	000012065 4	1	1	1				Amy Hart

Schedule Total 23779203.00

Item Total 23779203.00

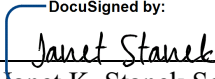
Total PO Amount 23779203.00

This document represents a purchase order of the State of Kansas for the material or service described above. Please deliver the items or perform the service in accordance with the terms contained above. I certify that sufficient funds are available to cover this order. By acceptance of this purchase order, you agree to abide by the provisions of K.S.A. 44-1030. The items included on the purchase order are for the exclusive use of the State of Kansas and are exempt from Federal excise taxes under registration number 78-73-0167K and from Kansas sales tax under KSA 79-3606(b).

Unauthorized

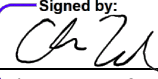
For the faithful performance and consideration provided under the terms of this Agreement, the Parties hereto have caused this Agreement to be executed by their undersigned authorized representatives.

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

DocuSigned by:

Janet K. Stanek, Secretary

4/20/2026
Date

UKHS CARE COLLABORATIVE ASSOCIATION

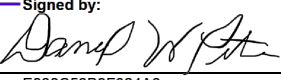
Signed by:

Signature of Authorized Individual

Christopher Wilson
Printed Name of Authorized Individual

SVP
Title

4/17/2026
Date

UKHS CARE COLLABORATIVE ASSOCIATION

Signed by:

Signature of Authorized Individual

Daniel Peters
Printed Name of Authorized Individual

SVP & General Counsel
Title

4/17/2026
Date

ATTACHMENT A

Schedule 1

State of Kansas - UKHS Care Collaborative Association SUB-RECIPIENT Agreement
State of Kansas Rural Health Transformation Plan
Initiative 5 – Programs 5.1, 5.2, 5.3, and 5.4
Scope of Work

1. **Purpose.** To define Subrecipient’s duties and responsibilities regarding the implementation and administration of Program 5.1, 5.2, 5.3.3, and 5.4 of the State’s Plan (collectively, the “Programs”) intended to enable rural Kansas providers to meaningfully engage in data sharing and analysis, expanded use of telehealth and remote monitoring, appropriate use of artificial intelligence, and utilization of consumer-facing technologies.
2. **Responsibilities.** Subrecipient will be responsible for completing by September 30, 2027, the Year 1 project plan and milestones for the Programs as defined in the project narrative submitted with the State’s November 4, 2025, application to CMS for the RHT Program (available to the general public at <https://www.kdhe.ks.gov/DocumentCenter/View/52810/Kansas-RHTP-Full-Application-112025?bidId=>) (“Project Narrative”) and the State’s revised budget narrative approved by CMS on February 17, 2026 (available to the general public at <https://www.kdhe.ks.gov/DocumentCenter/View/56710/RHT-Plan-Updated-Budget-Narrative-2026-PDF>), as may be revised from time-to-time with CMS’ approval.

3. **Funding.** The State will make available to Subrecipient the following amounts from the State’s Year 1 award under the RHT Program to perform this Scope of Work:

Program	Amount
5.1- Remote Patient Monitoring	\$9,750,000
5.2 – Telehealth Navigator Program	\$175,140
5.3.3 – Diabetes Dock	\$1,096,063
5.4 – Emerging Technology Program	\$12,758,000

4. **Period of Performance.** Subrecipient will perform work beginning on the date this Agreement is fully executed by the parties and ending on September 30, 2027. No costs may be incurred outside the period of performance unless expressly authorized in writing by the State and allowable under the RHT Program. The parties anticipate Subrecipient will continue serving the State in a similar capacity during subsequent performance years with regard to the Programs.
5. **Service Area and Target Population.** The service area and target population for Subrecipient’s work under this Agreement will be the same as the area and population identified by the State on pages 1 to 5 of the Project Narrative.
6. **Tasks and Activities.** Subrecipient will perform the following tasks and activities relating to the implementation and administration of the Programs during the period of performance:

A. Management and Governance

- i. Assign a Program Director and key staff, maintain an organizational chart, and ensure adequate segregation of duties.

ATTACHMENT A

- ii. Participate in recurring meetings with the State as directed by the State and deliver to the State regular written reports regarding implementation and administration of the Programs.
- iii. Maintain written procedures for financial management and internal controls, procurement, subawards, and record retention and documentation.
- iv. Maintain a risk/issue log and escalate material issues to the State within five (5) business days.

Deliverables: staffing plan; meeting cadence; updated procedures upon request; quarterly risk/issue log.

B. *Program Implementation and Administration*

- i. *Direct Services.* Subrecipient will implement and administer Program 5.2 including recruiting, hiring, and training nurse navigators and securing necessary supplies and resources; working with specialists and rural providers to establish processes and to schedule telehealth clinics based on demonstrated need.
- ii. *Subaward Agreement.* Subrecipient will enter into a subaward agreement with the University of Kansas Medical Center (KUMC) to implement and administer Program 5.3.3. Such agreement will include a detailed implementation plan and timeline, budget, key personnel, and evaluative measures for these Programs. Subrecipient will monitor KUMC's performance and financial management in accordance with 2 CFR 200.332 to ensure compliance with all RHT Program requirements and all applicable state and federal laws and regulations.
- iii. *Procurement Contracts.* Subrecipient will enter into procurement contracts with third-party vendors for the specialized goods and services required to implement and administer Programs 5.1 and 5.4 (KDHE will administer the Emerging Technology Grant Program under Program 5.4; CCA will enter into procurement contracts for the balance of the work under Program 5.4). All such procurement will follow the Subrecipient's documented procedures and comply with federal procurement standards in 2 CFR 200.317 to 200.327. Each such procurement contract will include a detailed implementation plan and timeline, budget, key personnel, and evaluative measures for the Program for which the third-party vendor is providing goods and services. Subrecipient will be responsible for the technical and financial performance of any third-party vendor and will ensure such vendor's compliance with all RHT Program requirements and all applicable state and federal laws and regulations.

C. *Data Collection, Performance Measurement & Reporting*

- i. Collect and report required performance and outcome measures relating to the Programs, including baseline values, targets, and periodic updates; definitions and methodologies for each metric; and data quality checks and validation steps.
- ii. Maintain documentation supporting all reported data (source reports, extracts, attestations).

ATTACHMENT A

iii. Report to the State any suspected data integrity issues promptly.

iv. Reporting Metrics

- Year-over-year changes in Medicare Inpatient Quality Reporting Program safety of care measure scores, complication rates, mortality rates, lengths of stay, and readmission rates at hospitals implementing remote monitoring, all at individual hospital-level
- Number of unique individuals served per program (calculation methodology to be determined)

Deliverables: performance measure submissions per schedule; data dictionary/methodology; data quality memo.

Deliverable	Frequency	Due
Task A and C: Program workplan + staffing plan	One-time	Within 30 days of start
Task A: Risk/issue log	Quarterly	With quarterly report
Task B: Agreements with sub-sub-recipients and contractors	Ad hoc	Drafts due at least 10 business days prior to being signed; final agreements due no more than 10 days after being signed. <i>Note all of these agreements must be submitted by Q1 2027.</i>
Task D: Progress narrative report, including: - Achievement of project plan milestones - Success stories - Sustainability plans	Quarterly	7/31/2026 10/30/2026 1/30/2027 4/30/2027
Task D: Annual report, including: - Performance measures as defined in Task D - Data dictionary/methodology - Data quality memo	Yearly	7/31/2026 7/31/2027
Task E: Budget-to-actual + invoice package	Monthly	With invoice
Task F: Audit reporting	Ad hoc / as needed	Within [X] days

D. Financial Management, Budget Control & Allowable Costs

ATTACHMENT A

- i. Manage subaward funds in accordance with 2 CFR Part 200, the State's Cooperative Agreement with CMS, and the approved budget.
- ii. Maintain systems to ensure costs are allowable, allocable, reasonable, and consistently treated; supported by adequate documentation; and incurred within the period of performance.
- iii. Submit invoices with sufficient detail and supporting documentation as required by the State.

Deliverables: detailed invoices; budget-to-actual reports

E. Compliance, Monitoring Support, and Audit Readiness

- i. Cooperate with State monitoring (desk reviews, site visits, corrective actions).
- ii. Maintain all records needed to support monitoring, audits, and public records requests.
- iii. Ensure timely completion of Single Audit and submission of audit reporting package and notify the State of any relevant findings.

Deliverables: monitoring response packages within 5 business days; corrective action plans when needed; audit status notifications.

7. Performance Standards / Acceptance Criteria. Work will be considered acceptable when:

- A.** Completed deliverables are submitted in a timely manner in the State-specified format;
- B.** Reported metrics are supported by source documentation and pass reasonableness/data quality checks; and
- C.** Expenditures are properly documented and align to the approved budget.

8. Key Personnel. Subrecipient will maintain an Executive Director (Jodi Schmidt), a Medical Director (Robert Moser, M.D.), and an Operations Director (Martie Ross). Subrecipient will notify the State of any changes to key personnel and provide transition plans. Subrecipient will coordinate external communications about the RHT Program with the State and comply with any publicity/branding requirements as directed by the State.

Dept of Health & Environment

1000 SW Jackson St Room 570
Topeka KS 66612-1368
United States

Dispatched		Dispatch Via Print
Purchase Order 26400-0000134202	Date 05-06-2026	Revision
Payment Terms Due Now	Freight Terms FOB Dest Frght Prepaid Allow	Ship Via Common Carrier
Buyer Amy Hart	Phone 785/296-3138	Buyer Email Amy.Hart@ks.gov

Supplier: 03900
DEPARTMENT ON AGING
503 S KANSAS AVE
TOPEKA KS 66603-3404
United States

Ship To: KDHE -Div of Mgmt &
Budget
1000 SW Jackson
Ste 570
Topeka KS 66612
United States

Attention: See Detail Below

Bill To: KDHE -Div of Mgmt &
Budget
1000 SW Jackson
Ste 570
Topeka KS 66612
United States

Currency: USD

Line-Sch	Item/Description	Mfg ID	Quantity	UOM	PO Price	Extended Amt	Due Date
1 - 1	RHTP- SUBAWARD 332072-001-6		1.00	EA	17720948.61	17720948.61	2026-05-06

Attention: Amy Hart

DIST: 1

Chartfields

Status	Percentage	PO Qty	Amount
Open	81.7744	.8177	14491201.650

GLUnit	Account	Fund	Dept	Program	BudRef
26400	773100	3939	2642101 113	01033	3939
PCBusUnit	Project	Activity			
26400	264RHTP25I NT1	OPERATIO NS			

Details/Tax

BaseAmt	BaseCurrency	Currency	Location	Consiged
14491201.650	USD	USD	BA26400	N

Req Details

ReqBU	ReqID	Lin	Sch	Dist	OpenQty	Requester	RequesterNm	Attention
26400	000012092 4	1	1	1				Amy Hart

DIST: 2

Chartfields

Status	Percentage	PO Qty	Amount
Open	.8939	.0089	158400.000

GLUnit	Account	Fund	Dept	Program	BudRef
26400	773100	3939	2642101 113	01033	3939
PCBusUnit	Project	Activity			
26400	264RHTP25I NT3	OPERATIO NS			

Details/Tax

BaseAmt	BaseCurrency	Currency	Location	Consiged
158400.000	USD	USD	BA26400	N

DIST: 3

Chartfields

Status	Percentage	PO Qty	Amount
Open	15.2714	.1527	2706229.000

GLUnit	Account	Fund	Dept	Program	BudRef
26400	773100	3939	2642101 113	01033	3939
PCBusUnit	Project	Activity			
26400	264RHTP25I	OPERATIO			

This document represents a purchase order of the State of Kansas for the material or service described above. Please deliver the items or perform the service in accordance with the terms contained above. I certify that sufficient funds are available to cover this order. By acceptance of this purchase order, you agree to abide by the provisions of K.S.A. 44-1030. The items included on the purchase order are for the exclusive use of the State of Kansas and are exempt from Federal excise taxes under registration number 78-73-0167K and from Kansas sales tax under KSA 79-3606(b).

Unauthorized

Dept of Health & Environment

1000 SW Jackson St Room 570
Topeka KS 66612-1368
United States

Dispatched		Dispatch Via Print
Purchase Order 26400-0000134202	Date 05-06-2026	Revision
Payment Terms Due Now	Freight Terms FOB Dest Frght Prepaid Allow	Ship Via Common Carrier
Buyer Amy Hart	Phone 785/296-3138	Buyer Email Amy.Hart@ks.gov

Supplier: 03900
DEPARTMENT ON AGING
503 S KANSAS AVE
TOPEKA KS 66603-3404
United States

Ship To: KDHE -Div of Mgmt &
Budget
1000 SW Jackson
Ste 570
Topeka KS 66612
United States

Attention: See Detail Below

Bill To: KDHE -Div of Mgmt &
Budget
1000 SW Jackson
Ste 570
Topeka KS 66612
United States

Currency: USD

Line- Sch	Item/Description	Mfg ID	Quantity	UOM	PO Price	Extended Amt	Due Date
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	NT4	NS					
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Details/Tax

BaseAmt	BaseCurrency	Currency	Location	Consiged
2706229.000	USD	USD	BA26400	N

DIST: 4

Chartfields

Status	Percentage	PO Qty	Amount
Open	1.1194	.0112	198375.000

GLUnit	Account	Fund	Dept	Program	BudRef
26400	773100	3939	2642101 113	01033	3939

PCBusUnit	Project	Activity
26400	264RHTP25I NT5	OPERATIO NS

Details/Tax

BaseAmt	BaseCurrency	Currency	Location	Consiged
198375.000	USD	USD	BA26400	N

DIST: 5

Chartfields

Status	Percentage	PO Qty	Amount
Open	.9409	.0094	166742.960

GLUnit	Account	Fund	Dept	Program	BudRef
26400	773100	3939	2642101 113	01033	3939

PCBusUnit	Project	Activity
26400	264RHTP25A DM	OPERATIO NS

Details/Tax

BaseAmt	BaseCurrency	Currency	Location	Consiged
166742.960	USD	USD	BA26400	N

Schedule Total 17720948.61

Item Total 17720948.61

Total PO Amount 17720948.61

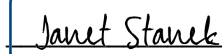
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Unauthorized

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KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

DocuSigned by:

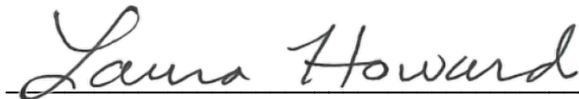


Janet K. Stanek, Secretary

5/18/2026

Date

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES



Laura Howard, Secretary

5/15/2026

Date

ATTACHMENT A

Schedule 1

State of Kansas – Kansas Department of Aging and Disability SUB-RECIPIENT Agreement

State of Kansas Rural Health Transformation Plan

Initiative 1 – Programs 1.3A, 1.3B, 1.3C, 1.3E, and 1.4

Initiative 3 – Program 3.3D

Initiative 4 – Program 4.3B

Initiative 5 – Program 5.3D

Scope of Work (SOW) — 2 CFR 200–aligned (Rural Health Transformation Program)

1. Project Title

Rural Health Transformation Program (RHTP) — Subrecipient Administration and Implementation Support for KDADS-led Initiatives

2. **Responsibilities.** SUB-RECIPIENT will be responsible for completing by September 30, 2027, the Year 1 project plan and milestones for the Programs as defined in the project narrative submitted with the State’s November 4, 2025, application to CMS for the RHT Program (available to the general public at <https://www.kdhe.ks.gov/DocumentCenter/View/52810/Kansas-RHT-Full-Application-112025?bidId=>) (“Project Narrative”) and the State’s revised budget narrative approved by CMS on February 17, 2026 (available to the general public at <https://www.kdhe.ks.gov/DocumentCenter/View/56710/RHT-Plan-Updated-Budget-Narrative-2026-PDF>), as may be revised from time-to-time with CMS’ approval.

3. Purpose / Statement of Need

The purpose of this subaward is for **Kansas Department for Aging & Disability Services** (“Subrecipient”) to administer and implement a defined portion of **Kansas Department of Health & Environment**’s Rural Health Transformation Program award. Activities will support rural health system transformation by improving **access, quality, care coordination, workforce capacity, and/or financial sustainability** of rural providers and communities in the **State of Kansas**. Specifically, KDADS will administer the following programs as the defined portion of the RHTP in this agreement:

- i. Program 1.3A: Behavioral Health Integration in Primary Care
- ii. Program 1.3B: Behavioral Health Services in Nursing Facilities
- iii. Program 1.3C: Emergency Department Behavioral Health Intervention Hubs
- iv. Program 1.3E: Statewide SUD Network
- v. Program 1.4: Integrated Care for Dual Eligible Beneficiaries
- vi. Program 3.3D: Behavioral Health Apprenticeships
- vii. Program 4.3B: Behavioral Health Crisis Transports
- viii. Program 5.3D: CCBHC Data Center

4. Period of Performance

Subrecipient will perform the work during **4/1/2026 through 9/30/27**. No costs may be incurred outside the period of performance unless expressly authorized in writing by the Prime Recipient and allowable under the prime award.

ATTACHMENT A

5. Service Area / Target Population

- i. **Geographic area:** State of Kansas (specific areas vary by project).
- ii. **Target entities/populations:** Behavioral health and long term care providers and patients.
- iii. **Equity/access considerations:** Subrecipient will ensure outreach and service design consider underserved populations and barriers (transportation, broadband, language access, disability access).

6. Scope: Tasks and Activities

Subrecipient will complete the following tasks.

A. Program Administration & Governance (For All Programs)

- i. Assisting a Program Director and key staff, maintain an org chart, and ensure adequate separation of duties. KDADS will hire a KDADS Program Manager and two Process Improvement Specialists to provide administration of the KDADS-led initiatives. These positions will report to the Secretary's Chief of Staff as part of the Office of the Secretary.
- ii. Participate in kickoff and recurring governance meetings with Prime Recipient monthly.
 - i. Maintain written procedures for:
 - ii. financial management and internal controls,
 - iii. procurement,
 - iv. sub-subawards/contracts,
 - v. records retention and documentation.
- iii. Maintain a **risk/issue log** and escalate material issues to Prime Recipient within **15 business days**.

Deliverables: staffing plan; meeting cadence; governance artifacts; updated procedures upon request; quarterly risk/issue log.

B. Program Implementation and Administration (By Program)

- i. 1.3A Behavioral Health Integration in Primary Care. -Engage Sunflower Foundation to support rural clinics in integrating BH
 - a. KDADS will execute a NOGA for a sub-award grant agreement with Sunflower Foundation to execute the BH Integration program.
 - b. KDADS will execute a contract with CCA to hire a telehealth project manager and two care managers for the telehealth program
- ii. 1.3B Behavioral Health Services in Nursing Facilities -Create embedded BH model for potential Medicaid BH add-on
 - a. KDADS will hire one FTE to execute the BH in Nursing Facilities program
 - b. KDADS will execute a contract with Advancing States to work on policies for sustainability of the NF add-on.
 - c. KDADS staff will provide training and technical assistance to rural NFs that are selected for subawards
 - d. KDADS staff will execute NOGAs for subawards to selected rural NFs as part of RFA selection process.

ATTACHMENT A

- e. Selected rural NFs will utilize RHTP funding for staff to attend training and provide BH services.
- iii. 1.3C Emergency Department Behavioral Health Intervention Hubs. -Embed BH Interventions in 6 rural ED hubs
 - a. KDADS will execute a NOGA for a subaward grant agreement with ACMHCK to execute the ED BH Intervention
- iv. 1.3E Statewide SUD Network – Engage a TBD vendor to serve as a SPOC for SUD crisis referrals
 - a. KDADS will develop a plan to deliver a Statewide SUD Network
- v. 1.4 Integrated Care for Dual Eligible Beneficiaries Program -expand two successful PACE programs and one remote patient monitoring program.
 - a. KDADS will execute a contract with Bluestem to expand their PACE Service Area
 - b. KDADS will execute a contract with Midland to establish alternative PACE care sites
 - c. KDADS will execute a contract with CCA to expand remote patient monitoring for non-PACE dual eligibles.
- vi. 3.3D Behavioral Health Apprenticeships Project – TBD Place Holder for Description
 - a. KDADS will execute a NOGA for a subaward grant agreement with a selected entity to coordinate BH Apprenticeships
- vii. 4.3B Behavioral Health Crisis Transports Project -Provide 24/7 access to patient assessments, coordinated services, and transportation to appropriate level of care for patients in behavioral health crisis
 - a. KDADS will develop a RFP to select a contractor to deliver BH crisis transport services.
 - b. KDADS will execute a contract with the selected contractor
- viii. 5.3D CCBHC Data Center Project -Operate a central data warehouse for CCBHC reporting via contract with ACMHCK
 - a. KDADS will execute a contract with ACMHCK to support the AIMS reporting integration into the CCBHC data center.

Deliverables: Direct Services, Contracts, Subgrant Awards, SOWs.

C. Stakeholder Engagement & Rural Provider Participation (Only for Program 1.3B: Behavioral Health Services in Nursing Facilities, Program 1.3C: Emergency Department Behavioral Health Intervention Hubs, Program 1.3E: Statewide SUD Network, Program 3.3D: Behavioral Health Apprenticeships, Program 4.3B: Behavioral Health Crisis Transports)

- i. Identify and engage participating rural providers/partners consistent with program requirements.
- ii. Conduct intake/needs assessments for participating entities (baseline capability, gaps, transformation priorities).
- iii. Document participation agreements/MOUs if required.

Deliverables: outreach plan; roster of participating entities; needs assessment summaries.

ATTACHMENT A

D. Transformation Implementation Support (For All Programs)

- i. Provide technical assistance, training, and implementation support in the following domains:
 - a. care coordination and referral management,
 - b. behavioral health integration,
 - c. workforce recruitment/retention strategies,
 - d. data reporting infrastructure and interoperability.
- ii. Develop and maintain work plans for each participating entity, including milestones and responsible parties.
- iii. Support adoption of evidence-based practices and document implementation progress.

Deliverables: TA/training curriculum; entity workplans; implementation status reports; training attendance logs/materials.

E. Data Collection, Performance Measurement & Reporting (For All Programs)

- i. Collect and report performance and outcome measures required by the prime award and the Prime Recipient, including:
 - a. baseline values, targets, and periodic updates,
 - b. definitions and methodologies for each metric,
 - c. data quality checks and validation steps.
- ii. Maintain documentation supporting all reported data (source reports, extracts, attestations).
- iii. Report any suspected data integrity issues promptly.
- iv. Reporting Metrics
 - a. Initiative 1
 - 1. Number of PACE-eligible individuals in rural Kansas counties enrolled in PACE, state-level
 - 2. Number of non-PACE enrolled dual eligible individuals in rural Kansas counties receiving intensive care management services, state-level
 - 3. Number of unique individuals served in each program (1.3A, 1.3B, 1.3C, 1.3E, 1.4)
 - b. Initiative 3
 - 1. Number of behavioral health apprenticeships created with RHT Program funds, state- and county-level
 - 2. Number of unique individuals served by project 3.3D
 - c. Initiative 4
 - 1. Number of unique individuals served by project 4.3B
 - d. Initiative 5
 - 1. Number of unique individuals served by project 5.3D

Deliverables: performance measure submissions per schedule; data dictionary/methodology; data quality memo (at least annually).

F. Financial Management, Budget Control & Allowable Costs (For All Programs)

- i. Manage subaward funds in accordance with **2 CFR Part 200**, the prime award terms, and the approved budget.
- ii. Maintain systems to ensure costs are:
 - a. allowable, allocable, reasonable, and consistently treated,
 - b. supported by adequate documentation,

ATTACHMENT A

- c. incurred within the period of performance.
- iii. Submit invoices with sufficient detail and supporting documentation as required by the Prime Recipient.
- iv. If match or program income applies, track and report per prime award terms.

Deliverables: detailed invoices; budget-to-actual reports; match/program income reports (if applicable).

G. Compliance, Monitoring Support, and Audit Readiness (For All Programs)

- i. Cooperate with Prime Recipient monitoring (desk reviews, site visits, corrective actions).
- ii. Maintain all records needed to support monitoring, audits, and public records requests (if applicable).
- iii. If Single Audit applies, ensure timely completion and submission of audit reporting package, and notify Prime Recipient of any relevant findings.

Deliverables: monitoring response packages within **15 days**; corrective action plans when needed; audit status notifications.

7. Deliverables Summary & Due Dates

Deliverable	Frequency	Due
Task A and C: Program workplan + staffing plan	One-time	Within 30 days of start
Task A: Risk/issue log	Quarterly	With quarterly report
Task B: Agreements with sub-sub-recipients and contractors	Ad hoc	Drafts due at least 10 business days prior to being signed; final agreements due no more than 10 days after being signed. <i>Note all of these agreements must be submitted by Q1 2027.</i>
Task D: Progress narrative report, including: - Achievement of project plan milestones - Success stories - Sustainability plans	Quarterly	7/31/2026 10/30/2026 1/30/2027 4/30/2027
Task D: Annual report, including:	Yearly	7/31/2026 7/31/2027

ATTACHMENT A

- Performance measures as defined in Task D - Data dictionary/methodology - Data quality memo		
Task E: Budget-to-actual + invoice package	Monthly	With invoice
Task F: Audit reporting	Ad hoc / as needed	Within 15 days

8. Performance Standards / Acceptance Criteria

Work will be considered acceptable when:

- i. deliverables are submitted **on time**, complete, and in the required format;
- ii. reported metrics are supported by source documentation and pass reasonableness/data quality checks;
- iii. expenditures align to the approved budget and are adequately documented;
- iv. Subrecipient meets agreed milestones in the entity workplans or provides written variance explanations and corrective actions.

9. Key Personnel

Subrecipient will maintain, at minimum:

- i. **Program Director:** [TBD]
- ii. **Finance Lead/Grants Manager:** [TBD]
- iii. **Data & Reporting Lead:** [TBD]
 - a. Subrecipient will notify Prime Recipient within **15 days** of changes to key personnel and provide transition plans.

10. Coordination & Communications

- i. Primary point of contact: **Leigh Keck, Chief of Staff, leigh.keck@ks.gov**
- ii. Standing meetings: **bi-weekly**
- iii. Documentation platform (if applicable): **SharePoint**
- iv. Subrecipient will coordinate externally facing communications about the program with Prime Recipient and comply with any publicity/branding requirements in the prime award.

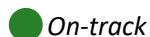


Checkpoint 2.1 Continue initiative activities

*Evidence of completion: Program status updates from biweekly Executive Committee meetings;
Project plan in Excel (Checkpoint 0.2), all Milestones*

Status updates for Initiative 1

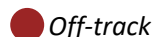
Initiative	Program	Budget	Owner	Status (progress towards milestones, changes, risks, etc.)	KDHE agreements
Expand Primary and Secondary Prevention Programs	1.1 AFIM + CHW Deployment Program	\$2.3 M	KDHE, Lainey	● Clinic RFA awardees selected; CCA agreement executed; K-State agreement in execution; Sunflower agreement near complete	<i>In-progress</i>
	1.2 Consumer-Facing Technologies Program	\$5.3 M	CCA	● CCBHC: CCA-KUMC SRA executed 7/20 ● LEAP: CCA-KUMC SRA executed 7/20; Brain Health Boot Camp conducted, with 320 enrollees for four-week pilot program ● MyAlz Journey: Project delayed to Y2, scheduling meeting with Alz. Assn. ● Fitness/nutrition app RFP: RFP to be issued by 7/31 ● A-DPP: Round I of video recordings completed	<i>Signed</i>
	1.3 Behavioral Health Services Program	\$7.7 M	<i>Varies</i>	● KDHE-KDADS SRA signed; key KDADS subrecipients and other KDHE partners engaged with most agreements nearly ready for execution	<i>Varies</i>
	a Behavioral Health Integration	\$2.7 M	KDADS	● BDO redlined KDADS SRA templates; KDADS provided responses; once finalized, to compile full Sunflower and CCA agreements	<i>Signed</i>
	b BH in Nursing Facilities	\$1.4 M	KDADS	● GO approved nursing facilities RFA for release 7/24, pending press release; KDADS has proceeded with DOA to contract Myers and Stauffer for support	<i>Signed</i>
	c ED Intervention Hubs	\$1.0 M	KDADS	● Healthsource Integrated Solutions provided draft SOW and budget narrative, but has been asked to reduce amount to originally budgeted value	<i>Signed</i>
	d Pediatric Psych	\$1.2 M	KDHE, Kelsee	● BDO compiling full agreements for 2 subrecipients; task orders ready for final content review and execution	<i>In-progress</i>
	e Statewide SUD Network	\$1.4 M	KDADS	● BDO confirming KDADS contract compliance for RHTP, and will compile BHNK agreement after	<i>Signed</i>
	1.4 Integrated Care for Dual Eligible Beneficiaries Program	\$7.6 M	KDADS	● KDHE-KDADS SRA signed; Midland and CCA SRAs ready for compilation into KDADS SRA pending redlines; Bluestem SOWs ready for review	<i>Signed</i>
	1.5 Mobile Cancer Screenings Program	\$0.1 M	CCA	● Finalized revised Contractor Agreement; completed screenings in 5 of 10 counties, reaching 265 unique patients	<i>Signed</i>
	1.6 Tribal Health Program	\$2.3 M	KDHE, Matt	● PBPN SRA compiled and provided back for sign-off; received budget from White Cloud but missing SOW; received documents from Kickapoo	<i>In-progress</i>



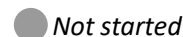
On-track



At-risk



Off-track



Not started

Status updates for Initiative 2

Initiative	Program	Budget	Owner	Status (progress towards milestones, changes, risks, etc.)	KDHE agreements
Secure Local Access to Primary Care	2.1 RPGP	\$50.0 M	KDHE, Lauren	● All awardees engaged	<i>In-progress</i>
	2.2 REH/CAP	\$31.0 M	KDHE, Lauren	● All awardees engaged	<i>In-progress</i>
				● Rate Analysis: CCA-PYA Contractor Agreement executed; Patterson Family Foundation-funded KCIC rate analysis in data collection/analysis phase	
	2.3 Revenue Improvement Program	\$5.2 M	CCA	● RSO & CVO: Healthworks has issued RFPs, anticipate vendor selection by 9/1	<i>Signed</i>
				● Direct to employer: RFP to be issued by 7/31	
	2.4 Anchor Hospital Advancement Program	\$10.2 M	CCA	● CCA/AHAP Contractor Agreements executed, with AHAP's governing body formalized with ten hospital CEOs and representatives from founding health systems; AHAP board to finalize use of Year 1 AI/EHR optimization and SME funds by 8/1 via monthly meeting cadence; See also Rural Residency Program (3.1) and Remote Patient Monitoring (5.1)	<i>Signed</i>
	2.5 Mobile Integrated Health Pilot Program	\$0.1 M	CCA	● Program Manager hired and has recruited 5 students, now starting nine-month CMA program at a technical college to receive specialized training for home visits.	<i>Signed</i>
	2.6 Rural Primary Care – Public Health Integration Program	\$0.4 M	KDHE, Ashley	● First stakeholder meeting convened last week; SRA templates provided to KUMC to draft; Sherman LHD to confirm role as primary hub partner	<i>In-progress</i>
● On-track ● At-risk ● Off-track ● Not started					

Status updates for Initiative 3

Initiative	Program	Budget	Owner	Status (progress towards milestones, changes, risks, etc.)	KDHE agreements
Build a Sustainable Rural Health Workforce	3.1 Physician Pipeline Program	\$3.1 M	CCA	Rural Residencies: Executed Contractor Agreement with AHAP (\$2.2M to AHAP for centralized administration, expansion of Salina and Pittsburg FP residencies, new rural tracks in OB/GYN (Newton, Salina & Emporia), Pediatrics (Great Bend), Psychiatry (Hutchinson & Salina)); AHAP drafting contracts with KUMC-KC and KUMC-ICT KCOM Y1 funding of \$978K reallocated due to KCOM's lack of engagement KBP: CCA-KUMC SRA executed on 7/21 Housing: CCA-Healthworks contract executed; Healthworks finalizing workplan	<i>Signed</i>
	3.2 Education and Training Program	\$7.6 M	KDHE, Matt	Allied Health + RFA: Feedback on budget/SOWs with KBOR; 5-year commitment guidance to be provided Dental: SRA pending provision of 5-year commitment guidance Mobile Sim: Contract amendment executed; Program Mgr. in place, recruiting nurse trainer; Secured bids on vehicle, equipment	<i>In-progress</i>
	3.3 Recruitment and Retention Program	\$0.8 M	Varies	KHA has provided all budget and SOW documents; CCA has executed its KHA contract and KDADS is working on agreement	<i>Signed</i>
	a/b Nurse Residency, Preceptor Payments	\$0.7 M	CCA	Both projects: CCA-Healthworks Contractor Agreement executed; Healthworks finalizing workplans; recently completed survey of KS nursing schools, indicating lack of instructors as key contributing factor to shortages at clinical sites	<i>Signed</i>
	c Behavioral Health Apprenticeships	\$0.1 M	KDADS	Budget/SOW approved for compilation of full contract; team discussing whether to use RHTP standard contract or KDADS template	<i>Signed</i>
	3.4 Career Exploration Program	\$0.7 M ¹	CCA	HOSA: CCA-KUMC SRA executed on 7/21; Rural Chapter Support Program fully developed, with statewide online resource platform with application materials, competitive event preparation, and health career exploration resources CTE and Career Expo: CCA-Healthworks Contractor Agreement executed; Healthworks finalizing workplans	<i>Signed</i>

● On-track
 ● At-risk
 ● Off-track
 ● Not started

1. The budget for this program here includes \$0.3M of cross-cutting Initiative 3 support

Status updates for Initiative 4

Initiative	Program	Budget	Owner	Status (progress towards milestones, changes, risks, etc.)	KDHE agreements
Enable Value-Based Care	4.1 Evidence-Based Practices Program	\$33.4 M	CCA	Accepting provider participation agreements (87 hospitals (+2), 204 clinics (+9)); ongoing promotion; Now receiving and processing completed Attestation Forms (21 hospitals, 44 clinics) indicating completion of training, incorporation of practices into workflows, and establishment of reporting processes Completed virtual learning series and compiling capacity-building resources Completed build of QHi reporting templates Assigned current employee as metrics data manager; hired 1 clinic PI specialist and recruiting 2nd ; assigned current employee as hospital PI specialist (not RHTP funded in Year 1) 41 hospital site visits scheduled, 13 completed; 11 clinic site visits scheduled Healthworks/QHi contract executed; Healthworks Participation Agreement executed by participating providers; Healthworks QHi training underway CCA-Belong Health Contractor Agreement executed; Belong has signed	<i>Signed</i>
	4.2 ACO Readiness Program	\$3.4 M	CCA	agreements and has commenced work with Coffeyville, Nemaha Valley, and Phillips County and now recruiting FQHCs	<i>Signed</i>
	4.3 Transportation Program	\$8.4 M	KDHE, Derik	Contracting underway for all projects, with one RFA released and one RFP preparing to be released; EMS project to run through CCA	<i>Varies</i>
	a Interfacility Transports	\$0.9 M	KDHE, Derik	Interfacility Transports RFA open for applications; closes July 31	<i>Not started</i>
	b Non-Emergent 911 Calls	\$3.3 M	KDHE, Derik	GMR provided contract draft; KDHE team has provided feedback and requested compliance review before sharing back with GMR	<i>In-progress</i>
	c EMS Reimbursement	\$1.5 M	KDHE, Derik	Amendment to CCA SRA for Initiative 4 to include payment administration ready for execution; Draft Participant Agreement to BDO on 7/24; Working on program outreach	<i>In-progress</i>
	d BH Crisis Transports	\$2.7 M	KDADS	KDADS team proceeding with RFP, with release pending final decision from CMS (currently indicating they will approve statewide model)	<i>Signed</i>
	4.4 Medicaid Provider Incentive Payment Program	\$1.1 M	CCA	Job description for Medicaid Practice Facilitator complete and position posted; CCA developing practice engagement activities	<i>Signed</i>

Status updates for Initiative 5

Initiative	Program	Budget	Owner	Status (progress towards milestones, changes, risks, etc.)	KDHE agreements
Harness Data and Technology	5.1 Remote Patient Monitoring Program	\$9.7 M	CCA	● CCA/BioIntelliSense contract executed; CCA/AHAP contract executed BioIntelliSense/Houston Methodist monitoring agreement nearly complete Initial hospital cohort (Labette Health, Newman Regional) engaged in implementation (go-live early September)	<i>Signed</i>
	5.2 Telehealth Navigator Program	\$0.2 M	CCA	● 1 nurse navigator position filled and deployed to support neurology telehealth (~500 patients so far), interviewing for 2 add'l positions Launch of Patterson Family Foundation-funded telehealth specialty clinics in SEK week of 6/1, Emporia week of 8/3	<i>Signed</i>
	5.3 Data Infrastructure Program	\$1.8 M	<i>Varies</i>	● Task order closed for HDU SOW for Year 1; agreements for other projects executed or in-progress	<i>Varies</i>
	a Health Data Utility Formerly Kansas Data Trust	\$1.0 M	KDHE, Emily	● Task order closed 7/24	<i>Not started</i>
	c Diabetes Data Dock	\$0.6 M	CCA	● CCA-KUMC SRA executed on 7/21	<i>Signed</i>
	d CCBHC Data Center	\$0.2M	KDADS	● Some challenges with OITS, potential need for security review; Sec. Howard to engage IT	<i>Signed</i>
	5.4 Emerging Technology Program	\$20.5 M	<i>Varies</i>	● Proposed RFA awardees for discussion today; CCA agreements executed and ETC meetings underway	<i>Varies</i>
	a Emerging Tech Committee	\$6.8 M	CCA	● BioSTL and KHI Contractor Agreements executed; Fourth meeting scheduled for July 29 (in-person 12:00 to 4:00 pm) to finalize non-Oracle ambient listening AI GPHA Contractor Agreement to BDO on 7/24; Working with Oracle to contract with non-GPHA Oracle users	<i>Signed</i>
Admin	b Emerging Tech RFA	\$13.7 M	KDHE, Lauren	● 70+ applications with \$80M+ total funding request; initial awardee proposal for discussion today	<i>Not started</i>
	o Admin	\$8.7 M	KDHE, Matt	● KHI provided results for hospital, CCBHC, and NF CEOs; Commissioner of Education aligned with implementing Pres. Fitness Test	<i>Signed</i>



Checkpoint 2.2 Achieve at least one post-launch milestone

*Evidence of completion: Program status updates, clearly indicating completion of milestone;
Project plan in Excel (Checkpoint 0.2), with specific Milestones referenced on each page*

Status updates for Initiative 1

Initiative	Program	Budget	Owner	Status (progress towards milestones, changes, risks, etc.)
Expand Primary and Secondary Prevention Programs	1.1 AFIM + CHW Deployment Program	\$2.3 M	KDHE, Lainey	● Clinic RFA awardees selected; CCA agreement executed; K-State agreement in execution; Sunflower agreement near complete ● CCBHC: CCA-KUMC SRA executed 7/20 ● LEAP: CCA-KUMC SRA executed 7/20; Brain Health Boot Camp conducted, with 320 enrollees for four-week pilot program ● MyAlz Journey: Project delayed to Y2, scheduling meeting with Alz. Assn. ● Fitness/nutrition app RFP: RFP to be issued by 7/31 ● A-DPP: Round I of video recordings completed
	1.2 Consumer-Facing Technologies Program	\$5.3 M	CCA	
	1.3 Behavioral Health Services Program	\$7.7 M	Varies	● KDHE-KDADS SRA signed; key KDADS subrecipients and other KDHE partners engaged with most agreements nearly ready for execution
	a Behavioral Health Integration	\$2.7 M	KDADS	● BDO redlined KDADS SRA templates; KDADS provided responses; once finalized, to compile full Sunflower and CCA agreements
	b BH in Nursing Facilities	\$1.4 M	KDADS	● GO approved nursing facilities RFA for release 7/24, pending press release; KDADS has proceeded with DOA to contract Myers and Stauffer for support
	c ED Intervention Hubs	\$1.0 M	KDADS	● Healthsource Integrated Solutions provided draft SOW and budget narrative, but has been asked to reduce amount to originally budgeted value
	d Pediatric Psych	\$1.2 M	KDHE, Kelsee	● BDO compiling full agreements for 2 subrecipients; task orders ready for final content review and execution
	e Statewide SUD Network	\$1.4 M	KDADS	● BDO confirming KDADS contract compliance for RHTP, and will compile BHNK agreement after
	1.4 Integrated Care for Dual Eligible Beneficiaries Program	\$7.6 M	KDADS	● KDHE-KDADS SRA signed; Midland and CCA SRAs ready for compilation into KDADS SRA pending redlines; Bluestem SOWs ready for review
	1.5 Mobile Cancer Screenings Program	\$0.1 M	CCA	● Finalized revised Contractor Agreement; completed screenings in 5 of 10 counties, reaching 265 unique patients
	1.6 Tribal Health Program	\$2.3 M	KDHE, Matt	● PBPN SRA compiled and provided back for sign-off; received budget from White Cloud but missing SOW; received documents from Kickapoo

Progress updates indicate completion of **Milestone 2.1:** Initial program operations have begun, with first/pilot populations receiving services, including consumer-facing tech and mobile cancer screenings

Status updates for Initiative 2

Initiative	Program	Budget	Owner	Status (progress towards milestones, changes, risks, etc.)
Secure Local Access to Primary Care	2.1 RGP	\$50.0 M	KDHE, Lauren	● All awardees engaged
	2.2 REH/CAP	\$31.0 M	KDHE, Lauren	● All awardees engaged
	2.3 Revenue Improvement Program	\$5.2 M	CCA	● Rate Analysis: CCA-PYA Contractor Agreement executed; Patterson Family Foundation-funded KCIC rate analysis in data collection/analysis phase ● RSO & CVO: Healthworks has issued RFPs, anticipate vendor selection by 9/1 ● Direct to employer: RFP to be issued by 7/31
	2.4 Anchor Hospital Advancement Program	\$10.2 M	CCA	● CCA/AHAP Contractor Agreements executed, with AHAP's governing body formalized with ten hospital CEOs and representatives from founding health systems; AHAP board to finalize use of Year 1 AI/EHR optimization and SME funds by 8/1 via monthly meeting cadence; See also Rural Residency Program (3.1) and Remote Patient Monitoring (5.1)
	2.5 Mobile Integrated Health Pilot Program	\$0.1 M	CCA	● Program Manager hired and has recruited 5 students, now starting nine-month CMA program at a technical college to receive specialized training for home visits.
	2.6 Rural Primary Care – Public Health Integration Program	\$0.4 M	KDHE, Ashley	● First stakeholder meeting convened last week; SRA templates provided to KUMC to draft; Sherman LHD to confirm role as primary hub partner

Progress updates indicate completion of **Milestone 1.3:** Key stakeholders involved in implementation have been engaged, with the Anchor Hospital Advancement Program joint venture and its governing body formalized and actively conducting meetings, and the first Mobile Integrated Health pilot program students recruited

Status updates for Initiative 3

Initiative	Program	Budget	Owner	Status (progress towards milestones, changes, risks, etc.)
Build a Sustainable Rural Health Workforce	3.1 Physician Pipeline Program	\$3.1 M	CCA	Rural Residencies: Executed Contractor Agreement with AHAP (\$2.2M to AHAP for centralized administration, expansion of Salina and Pittsburg FP residencies, new rural tracks in OB/GYN (Newton, Salina & Emporia), Pediatrics (Great Bend), Psychiatry (Hutchinson & Salina)); AHAP drafting contracts with KUMC-KC and KUMC-ICT KCOM Y1 funding of \$978K reallocated due to KCOM's lack of engagement KBP: CCA-KUMC SRA executed on 7/21 Housing: CCA-Healthworks contract executed; Healthworks finalizing workplan Allied Health + RFA: Feedback on budget/SOWs with KBOR; 5-year commitment guidance to be provided
	3.2 Education and Training Program	\$7.6 M	KDHE, Matt	Dental: SRA pending provision of 5-year commitment guidance Mobile Sim: Contract amendment executed; Program Mgr. in place, recruiting nurse trainer; Secured bids on vehicle, equipment
	3.3 Recruitment and Retention Program	\$0.8 M	Varies	KHA has provided all budget and SOW documents; CCA has executed its KHA contract and KDADS is working on agreement
	a/b Nurse Residency, Preceptor Payments	\$0.7 M	CCA	Both projects: CCA-Healthworks Contractor Agreement executed; Healthworks finalizing workplans; recently completed survey of KS nursing schools, indicating lack of instructors as key contributing factor to shortages at clinical sites
	c Behavioral Health Apprenticeships	\$0.1 M	KDADS	Budget/SOW approved for compilation of full contract; team discussing whether to use RHTP standard contract or KDADS template
	3.4 Career Exploration Program	\$0.7 M ¹	CCA	HOSA: CCA-KUMC SRA executed on 7/21; Rural Chapter Support Program fully developed, with statewide online resource platform with application materials, competitive event preparation, and health career exploration resources CTE and Career Expo: CCA-Healthworks Contractor Agreement executed; Healthworks finalizing workplans

Progress updates indicate completion of **Milestone 1.3:** Key implementation partners have begun making critical workforce resources available to students and employees, while generating interest and initiating recruitment for forthcoming opportunities

● On-track
 ● At-risk
 ● Off-track
 ● Not started

1. The budget for this program here includes \$0.3M of cross-cutting Initiative 3 support

Status updates for Initiative 4

Initiative	Program	Budget	Owner	Status (progress towards milestones, changes, risks, etc.)
Enable Value-Based Care	4.1 Evidence-Based Practices Program	\$33.4 M	CCA	Accepting provider participation agreements (87 hospitals (+2), 204 clinics (+9)); ongoing promotion; Now receiving and processing completed Attestation Forms (21 hospitals, 44 clinics) indicating completion of training, incorporation of practices into workflows, and establishment of reporting processes Completed virtual learning series and compiling capacity-building resources Completed build of QHi reporting templates Assigned current employee as metrics data manager; hired 1 clinic PI specialist and recruiting 2nd ; assigned current employee as hospital PI specialist (not RHTP funded in Year 1) 41 hospital site visits scheduled, 13 completed; 11 clinic site visits scheduled Healthworks/QHi contract executed; Healthworks Participation Agreement executed by participating providers; Healthworks QHi training underway
	4.2 ACO Readiness Program	\$3.4 M	CCA	CCA-Belong Health Contractor Agreement executed; Belong has signed agreements and has commenced work with Coffeyville, Nemaha Valley, and Phillips County and now recruiting FQHCs
	4.3 Transportation Program	\$8.4 M	KDHE, Derik	Contracting underway for all projects, with one RFA released and one RFP preparing to be released; EMS project to run through CCA
	a Interfacility Transports	\$0.9 M	KDHE, Derik	Interfacility Transports RFA open for applications; closes July 31
	b Non-Emergent 911 Calls	\$3.3 M	KDHE, Derik	GMR provided contract draft; KDHE team has provided feedback and requested compliance review before sharing back with GMR
	c EMS Reimbursement	\$1.5 M	KDHE, Derik	Amendment to CCA SRA for Initiative 4 to include payment administration ready for execution; Draft Participant Agreement to BDO on 7/24; Working on program outreach
	d BH Crisis Transports	\$2.7 M	KDADS	KDADS team proceeding with RFP, with release pending final decision from CMS (currently indicating they will approve statewide model)
	4.4 Medicaid Provider Incentive Payment Program	\$1.1 M	CCA	Job description for Medicaid Practice Facilitator complete and position posted; CCA developing practice engagement activities

Progress update indicates completion of **Milestone 2.2**: Initial evidence-based practices have been incorporated into first/pilot provider workflows

Status updates for Initiative 5

Initiative	Program	Budget	Owner	Status (progress towards milestones, changes, risks, etc.)
Harness Data and Technology	5.1 Remote Patient Monitoring Program	\$9.7 M	CCA	● CCA/BioIntelliSense contract executed; CCA/AHAP contract executed BioIntelliSense/Houston Methodist monitoring agreement nearly complete Initial hospital cohort (Labette Health, Newman Regional) engaged in implementation (go-live early September)
	5.2 Telehealth Navigator Program	\$0.2 M	CCA	● 1 nurse navigator position filled and deployed to support neurology telehealth (~500 patients so far), interviewing for 2 add'l positions Launch of Patterson Family Foundation-funded telehealth specialty clinics in SEK week of 6/1, Emporia week of 8/3
	5.3 Data Infrastructure Program	\$1.8 M	Varies	● Task order closed for HDU SOW for Year 1; agreements for other projects executed or in-progress
	a Health Data Utility <i>Formerly Kansas Data Trust</i>	\$1.0 M	KDHE, Emily	● Task order closed 7/24
	c Diabetes Data Dock	\$0.6 M	CCA	● CCA-KUMC SRA executed on 7/21
	d CCBHC Data Center	\$0.2M	KDADS	● Some challenges with OITS, potential need for security review; Sec. Howard to engage IT
	5.4 Emerging Technology Program	\$20.5 M	Varies	● Proposed RFA awardees for discussion today; CCA agreements executed and ETC meetings underway
	a Emerging Tech Committee	\$6.8 M	CCA	● BioSTL and KHI Contractor Agreements executed; Fourth meeting scheduled for July 29 (in-person 12:00 to 4:00 pm) to finalize non-Oracle ambient listening AI GPHA Contractor Agreement to BDO on 7/24; Working with Oracle to contract with non-GPHA Oracle users
Admin	b Emerging Tech RFA	\$13.7 M	KDHE, Lauren	● 70+ applications with \$80M+ total funding request; initial awardee proposal for discussion today
	o Admin	\$8.7 M	KDHE, Matt	● KHI provided results for hospital, CCBHC, and NF CEOs; Commissioner of Education aligned with implementing Pres. Fitness Test

Progress update indicates completion of **Milestone 2.1:** Initial program operations have begun, with Telehealth Navigation or Remote Patient Monitoring reaching first/pilot patients and providers



Checkpoint 2.3 Establish metric reporting methodology

Evidence of completion: Metrics and methodology in Excel