

Kentucky Rural Health Transformation

Budget Period 1 Annual Report

CMS Checkpoint Model Evidence

August 28, 2026

Kentucky Cabinet for Health and Family Services
Department for Public Health

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Kentucky Rural Health Transformation

CMS Checkpoint Model Evidence

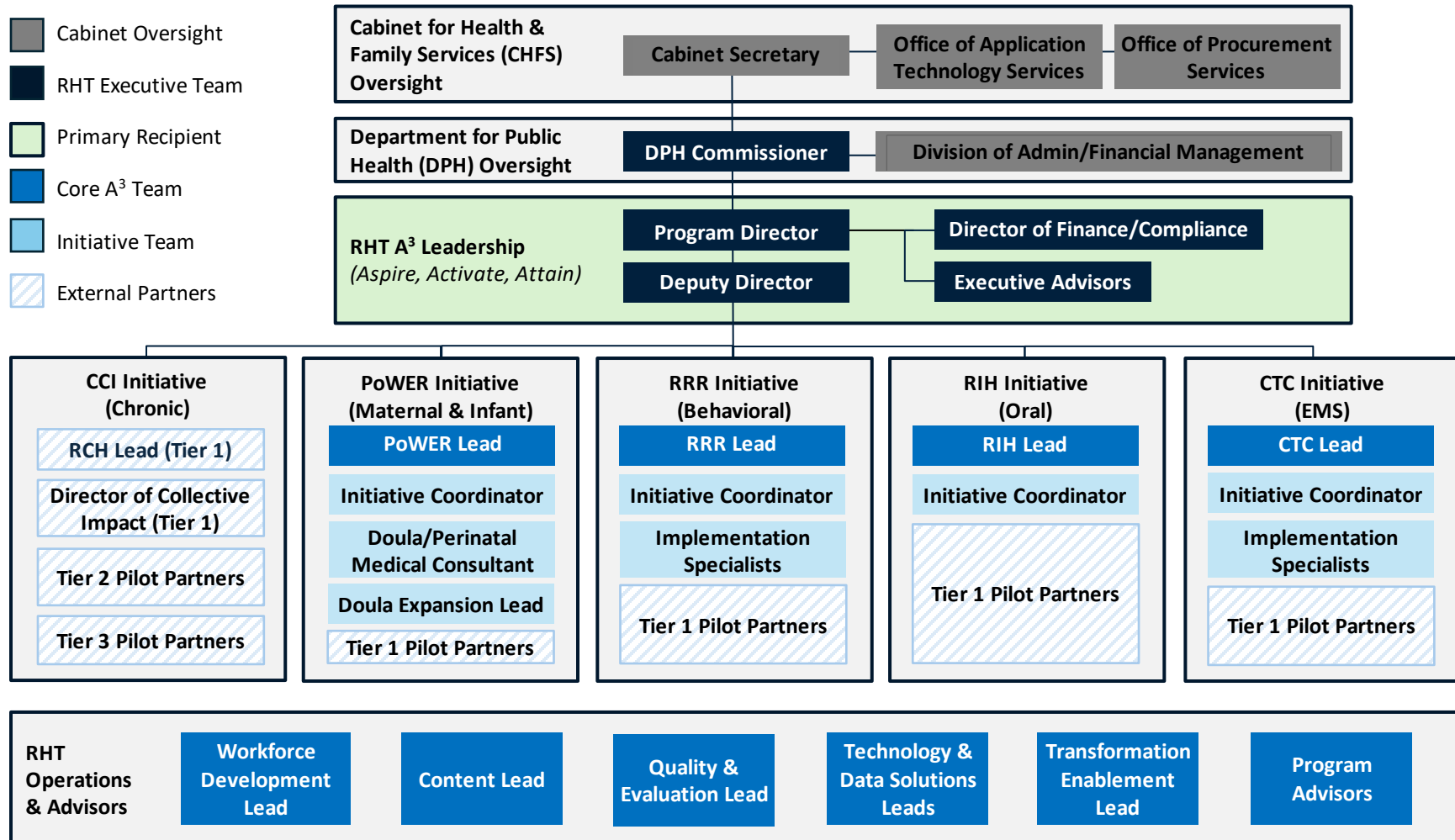
Overall Program and Cross-Initiative Evidence

Kentucky Cabinet for Health and Family Services

Department for Public Health

0.1 Establish Governance

Kentucky RHT Organizational Structure



Each RHT initiative operates under a similar governance structure with the following key roles. Detailed governance and organizational charts are included in each Initiative's section.

Role	Key responsibilities
Initiative Lead	• Makes final decisions on what the initiative funds, prioritizes, or changes across focus areas • Primary point of contact to A³ leadership and executive sponsors • Approves contracts, budget changes, and scope adjustments • Holds team accountable to milestone, funding timelines, and outcomes
Initiative Advisors	• Provides advisory input and CHFS/institutional knowledge to Initiative Team • Introduces, influences, or owns external stakeholder relationships critical to the success of the initiative; drives awareness and support for the initiative in established external stakeholder meetings or forums
Initiative Coordinator	• Provides capacity for the Initiative Lead and coordinates day-to-day operations • Manages initiative CRM and stakeholder engagement strategy • Owns initiative-level PMO and reporting, synthesizing inputs from execution team for leadership updates, CMS reporting, and performance tracking • Executes focused projects for the Initiative Lead as needed
Execution Team	• Builds and monitors focus area's implementation progress (site readiness, onboarding, partner engagement, etc.) • Manages subrecipient contracts, deliverables, timelines, and compliance for initiative components/focus areas • External partner engagement/communications planning • Translates implementation activities into structured inputs (plans, OKRs) to support Initiative Lead/Coordinator with initiative-level reporting and ongoing budget revisions
Operational Partners	• Contracted implementation partners for identified pilot locations • Co-develops the initiative sub-component and implementation plan • Reports on progress to the Initiative Coordinator or Execution Team

Kentucky Rural Health Transformation – A³ Executive Leadership Team

Team Member	Relevant Experience	Connection to Rural Kentucky
 John Langefeld, MD <i>DPH Commissioner</i>	• Dr. Langefeld is a physician executive and public health leader with more than four decades of experience spanning clinical care, Medicaid policy, managed care, and healthcare innovation. He currently serves as Commissioner of the Kentucky Department for Public Health, where he provides statewide leadership to advance a vision of a commonwealth where every person can achieve their full human potential and communities thrive • A strong advocate for moving from reactive care to proactive, community-centered well-being, Dr. Langefeld champions the use of leading indicators, real-time data, and collective impact models to drive measurable improvement in population health. He is also leading Kentucky's Rural Health Transformation (RHT), a historic effort to modernize care delivery, strengthen rural systems, and accelerate innovation through technology, interoperability and new economic models of care • Prior to his current role, Dr. Langefeld served as Medical Director for Health Insights & Innovation within CHFS, Chief Medical Officer for Kentucky Medicaid, and held senior leadership roles with Vizient Southern States and Gainwell Technologies. He also founded Insights4Health, advising states and organizations on health system transformation and data strategy • In 2015, he was recognized as Citizen Doctor of the Year by the Kentucky Academy of Family Physicians	• Deep roots in rural Kentucky healthcare, including full-spectrum family medicine, obstetrics, primary care leadership, skilled nursing care, and home-based care • Direct experience bridging clinical medicine and public health through service as a local health department medical director and provider of community-based public health and family planning services • Longstanding community engagement beyond the clinical setting, including service on local rural boards and firsthand experience with the health, access, and social challenges facing rural Kentucky communities
 Tom Walton <i>Program Director</i>	• Over 30 years of leadership experience in hospital, provider office, and corporate settings • Director of Population Health for a Kentucky health system with a large rural footprint • Director of Business Development for an Accountable Care Organization • Executive in Residence at the University of Louisville School of Public Health and Information Sciences	• Community engagement through the Kentucky Department of Public Health, Foundation for a Healthy Kentucky, Kentucky Diabetes Network, Kentucky Diabetes Collaborative, Kentuckiana Health Collaborative, Northern Kentucky University, Coalition for the Homeless, Fridell Committee for Health Systems Transformation

Team Member	Relevant Experience	Connection to Rural Kentucky
 Andrew Bledsoe, PhD, MBA, MS <i>Deputy Director</i>	• Andrew Bledsoe serves as Deputy Director of Rural Health Transformation. Bledsoe brings nearly 20 years of healthcare experience to the role, beginning his career at a regional hospital, where he first encountered the challenges facing rural healthcare delivery. That early experience shaped his focus on how health information technology could be used to improve patient outcomes and care coordination — a focus that has defined much of his career since • He was appointed by the Governor of Kentucky as Deputy Inspector General for the Office of the Inspector General within the Cabinet for Health and Family Services. Prior to that appointment, Bledsoe spent approximately seven years as Executive Director of the Kentucky Health Information Exchange (KHIE), where he led the statewide exchange of patient health information, spearheaded new services to improve care coordination, and developed new approaches to reduce reporting burdens and strengthen inter-agency collaboration • He holds an MBA from Morehead State University and is currently pursuing a PhD in Strategic Leadership at Sullivan University, with a research focus on rural healthcare leadership decision-making	• Andrew grew up on a farm 15 minutes away from the nearest town, Olive Hill, KY, with a population of 1,400 residents • Former President of the Kentucky Rural Health Association • Previously served as Executive Director of the Kentucky Rural Health Information Organization • Currently lives in a designated rural county in Kentucky
 Laken Adams-Clay, MBA, CRFA <i>Director of Finance and Compliance</i>	• Laken Adams-Clay is a Public Health Finance and Compliance Director at the Kentucky Department for Public Health, where she has overseen numerous federal cooperative agreements for 5+ years. She holds an MBA along with dual bachelor's degrees in financial accounting and risk management and insurance from Eastern Kentucky University and is a Certified Financial Research Administrator through the Research Administrator's Certification Council • Prior to entering Public Health, she worked as a Grant Accountant at Eastern Kentucky University, where she managed compliance for more than 50 grant budgets and supported funding processes for principal investigators across the university • Known for strengthening internal controls and streamlining administrative workflows, she has been recognized with the Division of Epidemiology's "We Rise by Lifting Others" Peer Nominated Award (2x) and the Kentucky Department for Public Health's Outstanding Performance Award. With a career focused on federal grant compliance, budget management, and audit readiness, Laken brings deep expertise in navigating complex regulatory and financial reporting environments in the public health sector for the Rural Health Transformation Program	• Familial roots over several generations tied to rural Pike County, Kentucky • Grew up in rural Johnson County, Kentucky where the county seat of Paintsville has a population of 4,200 residents • Completed undergrad and post-grad education at Eastern Kentucky University, which has a focus on servicing students from rural east Kentucky counties • Spent several years working closely with local health leaders in rural Kentucky to improve health outcomes utilizing federal funding

Team Member	Relevant Experience	Connection to Rural Kentucky
 Dr. Brent Wright, MD, MMM <i>Executive Advisor</i>	• Dr. Brent Wright is the Associate Dean for Rural Innovation with the University of Louisville School of Medicine • He has consistently served the state of Kentucky in statewide leadership through his work with the Kentucky Rural Health Association, Kentucky Medical Association, Kentucky Academy of Family Physicians, and Foundation for a Healthy Kentucky. In several of these efforts he has served as President and/or Board Chair • Dr. Wright has received the highest awards for service to both the KAFP and the KMA related to his work in advancing the health of the Commonwealth through physician leadership and engagement • He has helped to obtain approximately \$50M in grant and support funding with the University of Louisville School of Medicine through his outreach and strategic work • Dr. Wright has a graduate business degree from the USC Marshall School of Business and is sought out nationally for his strategic insight on rural health, entrepreneurship, and startup companies	• In his 25 plus years with the university, he has been responsible for training over 100 board certified family physicians in rural and community settings • His roots are in the farming and historic community of Hodgenville, Kentucky, birthplace to our nation's 16th president
 Andrea Adams, MBA-MPH <i>Senior Advisor and RHT Liaison to DPH Commissioner</i>	• Over 20 years of experience in the Kentucky health care environment working with providers and payers as well as state and federal agencies • Deputy Director of the Kentucky Primary Care Association for a decade • Cross Cabinet experience working on a Medicaid Planning Grant for the Kentucky Office of Health Policy • Consulting experience with multiple states primarily regarding CMS funding of Medicaid Health IT Projects and interoperability policy	• Born and raised in Hazard, Kentucky • Returned home to Kentucky after schooling out of state to be near family • Worked with providers in underserved areas of Kentucky for over a decade • Lives on a small farm in Scott County, Kentucky

1.2 Launch Initiative

Stakeholder Engagement – One-Page Summary to Launch the Overall RHT Program

Serving as Kentucky RHT's version of a "public announcement," these handouts are distributed at stakeholder engagement events and conferences.

**KENTUCKY RURAL
HEALTH TRANSFORMATION**

A healthier rural Kentucky. Built to last.

Our chance for a future
where every person
reaches their full human
potential and all
communities thrive.



**Five programs, each targeting
a specific transformation in
rural health, *all designed to
work together.***

**The Kentucky Rural Health Transformation
(KY RHT)** is a locally led, state-coordinated
effort designed to create immediate impact
while strengthening rural communities for
generations to come.

Here's what that looks like in practice:

- ▶ Tailored support for mom and baby,
from pregnancy through the first year.
- ▶ Investing in dental care availability
where it's needed most.
- ▶ Shifting crisis response toward
coordinated, lasting mental health care.
- ▶ Turning fragmented chronic care into
connected networks of support.
- ▶ Redefining emergency and
trauma response.

**TEAM
KENTUCKY**
CABINET FOR HEALTH
AND FAMILY SERVICES

**KENTUCKY RURAL
HEALTH TRANSFORMATION**
ruralhealthplan.ky.gov

A better way to care for rural Kentucky.

Over 1.8 million Kentucky residents live in a rural community.
Getting care can mean long drives, limited options, and too many gaps in support.
That's what this program is built to change.

**Five connected programs. Locally led, state-coordinated,
and built to deliver the care rural Kentucky deserves.**



**Supporting mother and baby, from
pregnancy through year one**

For too many pregnant women in rural Kentucky,
pregnancy can feel isolating, with no nearby
delivery provider and no one to call between
appointments. KY RHT is working to change that
by bringing coordinated care teams directly into
these communities.



**Expanding dental care
where it's needed most**

Dental care has been out of reach in too many
rural communities for too long. KY RHT is
training dentists, hygienists, and assistants
where they are needed most, so dental care
does not require a long drive or months-long
wait.



**Matching every emergency to
the care it needs, every time**

When a crisis hits in rural Kentucky, help can be
far away and the path to recovery even farther.
KY RHT is working to expand the emergency
responder workforce, connecting responders with
hospital teams in real time, and strengthening
community-based care so people receive support
beyond the emergency itself.



**Turning crisis response into
lasting mental health care**

A mental health crisis should not end at the
emergency room with nowhere to turn next.
KY RHT is working to connect mobile crisis teams,
behavioral health providers, and recovery services
because stabilizing someone in the moment is not
the same as helping them heal over time.



**Turning fragmented chronic
care into connected care**

Rural Kentucky has the organizations, the
providers, and the programs needed to make
a real dent in diabetes and obesity. KY RHT is
building the network and infrastructure to link
local partners, align care, and reduce
fragmentation, so managing chronic disease in
rural Kentucky becomes coordinated, consistent,
and easier for the people who rely on it.



Rapid Response to Recovery

**Five programs.
One promise.**

A healthier rural Kentucky. Built to last.



See how to get involved at
ruralhealthplan.ky.gov

This project is 100% funded by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services (HHS) for a total of \$212.9 million in budget year 1 with 100% by CMS/HHS. The RHT grant spans five budget periods aligned with federal fiscal years (FY2026–FY2030). Funding is disbursed annually by CMS based on achievement of performance metrics. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government. [View the Notice of Funding Opportunity from CMS.](#)

Notable Cross-Initiative Stakeholder Events (not comprehensive)

Date	Event	Meeting Type	Description	Attendees
4/19/2026	RHT Open House	In-person	Hosted an open house for 60 Department for Public Health staff to introduce the team and share program goals and progress to date.	60
5/5/2026	RHT Open House	In-person	Hosted a second open house for 30 Department for Public Health staff to introduce the team and share program goals and progress to date.	30
5/26/2026	RHT Open House	In-person	Hosted an open house for 35 members of the Cabinet for Health and Family Services executive team to introduce the team and share program goals and progress to date.	35
6/10/2026	Stakeholder Innovation Day 1	In-person	Hosted a collaborative, tradeshow-style half-day event where every program held rotating 30-minute informational small group discussions. 36 individuals attended, representing 19 organizations from across the Commonwealth.	36
6/17/2026	Stakeholder Innovation Day 2	In-person	Hosted a collaborative, tradeshow-style half-day event where every program held rotating 30-minute informational small group discussions about their work. 31 individuals attended, representing 14 organizations from across the Commonwealth.	31
7/15/2026	Food is Medicine Collaborative Forum	In-Person	Hosted a collaborative, tradeshow-style half-day event where every program held rotating 30-minute informational small group discussions with a focus on Food Is Medicine. 40 individuals attended, representing 21 organizations from across the Commonwealth.	40
7/28/2026	Innovation Day - DPH Leadership	In-Person	Participated in the Department for Public Health Leadership event and held a collaborative, tradeshow-style half-day discussion where every program held rotating 30-minute informational small group sessions about their work. 30 individuals attended, representing all departments within the Kentucky Department for Public Health.	30

List of Signed Contracts (Cross-Initiative)

See below for evidence of RHT program and initiative launch; contract scope details and signatures have been provided for the first contract in each section (highlighted in yellow). Additional contract details beyond the first contract can be provided upon request.

#	Vendor	Vendor Type	Contract Description	Signed Date	Start Date
(0)	<i>Contract applicable across multiple categories: (1-5) RHT Programs – CCI, PoWER, RRR, RIH, CTC</i>				
0.A	University of Kentucky Research Foundation	Subrecipient	Area Health Education Centers	6/29/2026	7/1/2026
0.B	University of Kentucky Research Foundation	Contractor	Consulting Services	6/29/2026	7/1/2026
0.C	University of Louisville Research Foundation	Subrecipient	Area Health Education Centers	7/30/2026	8/1/2026
0.D	University of Louisville Research Foundation for the Trager Institute	Subrecipient	Community Health Worker Foundational Training	7/30/2026	8/1/2026
0.E	Appalachian Kentucky Health Care Access Network (AKHCAN)	Subrecipient	Community Health Worker Foundational Training	7/30/2026	8/1/2026
0.F	Ernst & Young	Contractor	Strategy, Planning, and Implementation Support	2/12/2026	1/2/2026

0.A. University of Kentucky Research Foundation – Area Health Education Centers



Commonwealth of Kentucky

CONTRACT

Document Number:	PON2 728 2600004478	Version:	1
Record Date:	07/01/2026		
Document Description:	SUBRECIPIENT - RHT - Services Contract UKRF C6789		
Cited Authority:	FAP111-44-00NP Memorandum of Agreement - Non Profit 501 (c) 3		
Reason for Modification:			

Issuer Contact:
Name: Dani Pyles
Phone:
E-mail: Dani.Pyles@ky.gov

Vendor Name:	Vendor No.	KY0032872
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION UKRF 109 KINKEAD HALL LEXINGTON KY 40506	Vendor Contact	Name: KIM CARTER Phone: 859-257-9420 E-mail: ospa@uky.edu

Shipping Information:	Billing Information: CHFS DPH Division of Epidemiology HS2EA 275 E Main Street HS2EA Frankfort KY 40621
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Effective From: 07/01/2026		Effective To: 06/30/2027					
Line Item	Delivery Date	Quantity	Unit	Description	Unit Price	Contract Amount	Total Price
1		0.00000		FY27 UK R3 EmPATH - RHT	\$0.000000	\$517,107.00	\$517,107.00

Extended Description:

This is a subaward of federal financial assistance.

The University of Kentucky Research Foundation (UKRF) will provide advisory, support and technical assistance to nine integrated programs including Rapid Response to Recovery EmPATH, Telebehavioral Health Hub, Digital Denture Mobile Clinic, Comprehensive Mobile Dentistry, Oral and Maxillofacial Surgery Training, Teledentistry, Regional Medical Operations Coordination Center, Homeplace Community Health Worker, Area Health Education Center.

100% Federal Funds
CFDA - 93.798
FAIN - RHTCMS332079
UEI - H1HYASZINTM5

Effective From: 07/01/2026

Effective To: 06/30/2027

Line Item	Delivery Date	Quantity	Unit	Description	Unit Price	Contract Amount	Total Price
6		0.00000		FY27 UK RIH Teledentistry - RHT	\$0.000000	\$1,450,473.00	\$1,450,473.00

Extended Description:

100% Federal Funds
CFDA - 93.798
FAIN - RHTCMS332079

Effective From: 07/01/2026

Effective To: 06/30/2027

Line Item	Delivery Date	Quantity	Unit	Description	Unit Price	Contract Amount	Total Price
7		0.00000		FY27 UK CTC RMOCC - RHT	\$0.000000	\$3,240,118.00	\$3,240,118.00

Extended Description:

100% Federal Funds
CFDA - 93.798
FAIN - RHTCMS332079

Effective From: 07/01/2026

Effective To: 06/30/2027

Line Item	Delivery Date	Quantity	Unit	Description	Unit Price	Contract Amount	Total Price
8		0.00000		FY27 UK CTC Homeplace CHW - RHT	\$0.000000	\$331,465.00	\$331,465.00

Extended Description:

100% Federal Funds
CFDA - 93.798
FAIN - RHTCMS332079

Effective From: 07/01/2026

Effective To: 06/30/2027

Line Item	Delivery Date	Quantity	Unit	Description	Unit Price	Contract Amount	Total Price
9		0.00000		FY27 RHT UK AHECS	\$0.000000	\$1,250,000.00	\$1,250,000.00

Extended Description:

100% Federal Funds
CFDA - 93.798
FAIN - RHTCMS332079

Contract portion applicable to O.A.

Effective From: 07/01/2026

Effective To: 06/30/2027

Line Item	Delivery Date	Quantity	Unit	Description	Unit Price	Contract Amount	Total Price
10		0.00000		FY27 RHT UK CGS Consulting	\$0.000000	\$865,125.00	\$865,125.00

Extended Description:

100% Federal Funds
CFDA - 93.798
FAIN - RHTCMS332079

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3. Care Coordination Technology Statewide Implementation
 - a. Support statewide rollout and adoption of Care Coordination Technology as a real-time communication and coordination platform.
 - b. Provide onboarding, training, and technical support to hospitals, EMS agencies, and care teams.
 - c. Assist with coordinating outreach and engagement activities to ensure consistent utilization across the network.
 - d. Monitor adoption and support continuous improvement of workflows and utilization.
4. The Southern Regional Disaster Response System (SRDRS) Bed Board Development (Epic Integration)
 - a. Build and initiate the SRDRS multi-state disaster response bed board within Epic.
 - b. Support interoperability through Epic CareEverywhere, CareLink, and Health Level 7 (HL7/FHIR) integrations (a modern HL7 specification designed to simplify and standardize electronic health information sharing).
 - c. Coordinate with regional partners to support cross-state functionality and alignment.
5. State Bed Board Development
 - a. Design and initiate development of a statewide bed board to increase visibility of resources.
 - b. Establish standardized data elements and workflows to support real-time visibility of hospital capacity.
6. Staffing and Program Development
 - a. Recruit, support, and onboard core RMOCC staff, including leadership, outreach, technical, and analytics roles.
 - b. Develop training plans and onboarding materials to support staff readiness.
 - c. Establish internal roles, responsibilities, and coordination processes.
7. Stakeholder Engagement and Coordination
 - a. Initiate and maintain engagement with Emergency Medical Services (EMS) agencies, hospitals, state partners, and key stakeholders.
 - b. Facilitate meetings, workgroups, and training sessions to support alignment and adoption.
 - c. Support relationship-building across healthcare systems to enable coordinated care delivery.
8. Program Management and Implementation Oversight
 - a. Provide project management support, including timeline development, milestone tracking, and coordination across workstreams.
 - b. Monitor risks, dependencies, and progress toward Year 1 goals.
 - c. Support communication with state leadership and stakeholders.

Program Eight: Homeplace (Community Health Worker)

1. Implement a virtual mentorship training program in alignment with Kentucky Office of Community Health Workers (KOCHW) mentorship standards to train community health workers (CHW) in targeted rural counties with limited or no CHW representation.
2. Develop and deliver a one-hour continuing education course, free of charge, focused on building skills for CHWs working in EMS settings, with content hosted and launched through the CHFS TRAINS platform.
3. Present at or maintain an exhibit booth at EMS leadership or educational spaces such as the Rural Health Leadership Academy, Kentucky EMS Conference, or other relevant venues to promote and increase awareness of the CHW role and the value of CHW integration within the EMS systems.
4. Identify a point of contact to serve on the RHT Workforce Workgroup to serve as a subject matter resource in the development of tools and resources to support, sustain and strengthen the rural CHW workforce.
5. Provide training stipends to eligible mentorship participant individuals.

Program Nine: Area Health Education Center

1. Serve as the designated business and financial agent responsible for managing subaward payments and ensuring timely processing and distribution of funds.
2. Facilitate ongoing communication and coordination between subaward recipients, program leadership, and fiscal stakeholders to support effective implementation and compliance.

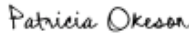
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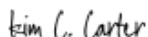
Approvals

This contract is subject to the terms and conditions stated herein. By affixing signatures below, the parties verify that they are authorized to enter into this contract and that they accept and consent to be bound by the terms and conditions stated herein. In addition, the parties agree that (i) electronic approvals may serve as electronic signatures, and (ii) this contract may be executed in any number of counterparts, each of which when executed and delivered shall constitute a duplicate original, but all counterparts together shall constitute a single contract.

CHFS Cabinet Approval:

	Deputy Secretary
_____ Signature	_____ Title
Patricia Okeson	6/29/2026 11:27 AM EDT
_____ Printed Name	_____ Date

Contractor Approval:

	Associate Director
_____ Signature	_____ Title
Kim C. Carter	6/29/2026 7:12 AM PDT
_____ Printed Name	_____ Date

CHFS Department Review:

	Deputy Commissioner, Operations
_____ Signature	_____ Title
Andrew Yunt	6/29/2026 10:14 AM EDT
_____ Printed Name	_____ Date

Approved as to form and legality:


_____ Attorney
6/17/2026 8:17 PM EDT
_____ Date

2.1 Continue initiative activities

Please see attached project plan. Evidence included above in 1.2 Launch initiative may also be of interest.

2.2 Complete at least one post-launch milestone

Please see attached project plan. Evidence included above in 1.2 Launch initiative may also be of interest.

RHT Success Stories

See below for a selected sample of the many success stories RHT has had so far. Additional details can be provided upon request.

Success Stories
<i>Applicable across multiple categories: (1-5) RHT Programs – CCI, PoWER, RRR, RIH, CTC</i>
Stakeholder Innovation Day (6/2026) Kentucky’s RHT Strategy is focused on innovation and collaboration in communities across the Commonwealth. We are committed to engaging a variety of cross-sector stakeholders in RHT Initiative design and delivery. Over two days, Kentucky brought together over 65 leaders from across the state's rural health ecosystem, including community-based organizations, academic institutions, and government agencies with one common goal: introduce and brainstorm around Kentucky’s five RHT initiatives with a clear focus on the impact on Kentuckians. Jane is our persona archetype across Kentucky’s five RHT initiatives, a single mother in rural Eastern Kentucky. These Innovation Day breakout sessions gave stakeholders the opportunity to step into Jane’s shoes, mapping out her current experience and asking: what will actually change for Jane after RHT? What's still missing from her journey? And what do we need to get right to make that vision a reality? The sessions resulted in five refined journey maps for Jane, each grounded in Jane’s real circumstances rather than assumptions, and built directly by stakeholders who are closest to rural communities like Jane’s. As importantly, these Innovation Days have begun to shape thinking across the Kentucky RHT team and our ecosystem stakeholders. The impact and energy created by these RHT Stakeholder Innovation Days is laying the foundation for innovation and collaboration for Kentuckians to get the care, services and support they deserve.

Kentucky Rural Health Transformation

CMS Checkpoint Model Evidence

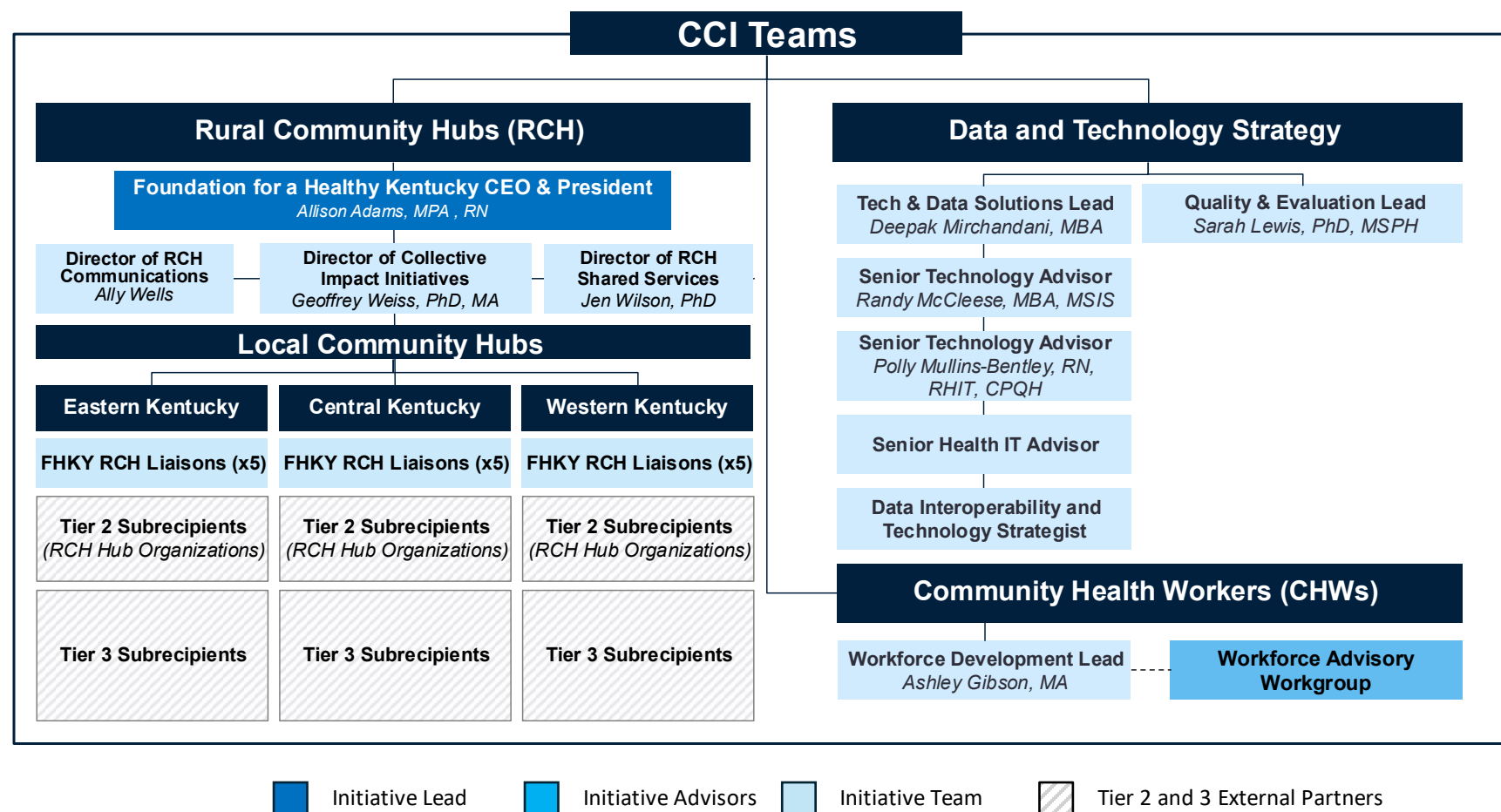
Chronic Care Innovation (CCI): Rural Community Hubs, Community Health Workers, and Data and Technology Strategy

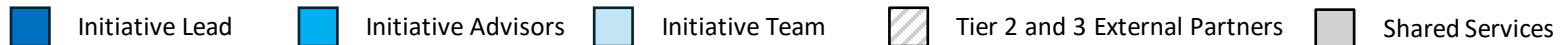
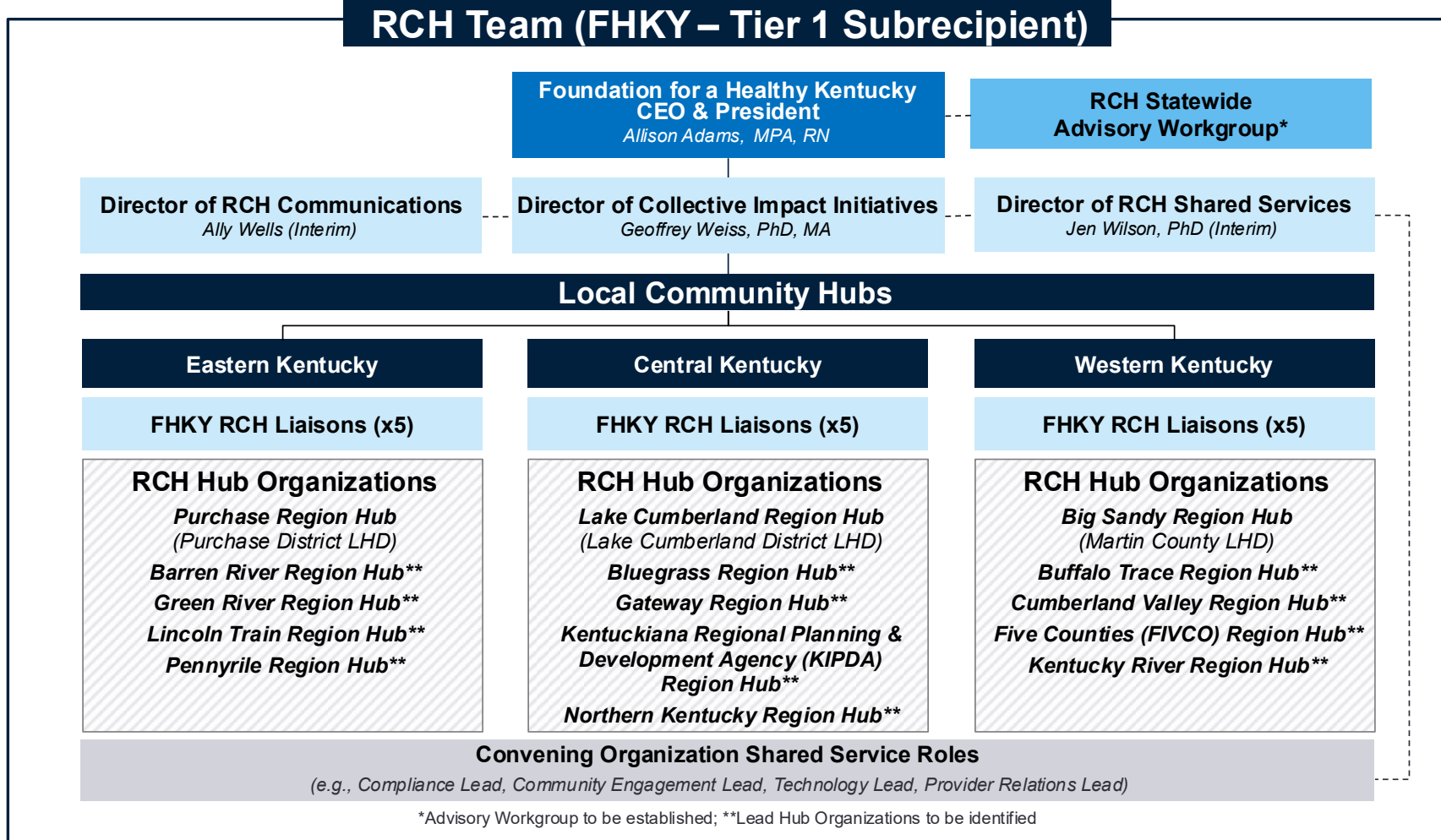
Kentucky Cabinet for Health and Family Services

Department for Public Health

0.1 Establish Governance

Initiative Governance





Chronic Care Innovation (CCI) – RCH Team

Team Member	Relevant Experience	Connection to Rural Kentucky
 Allison Adams MPA, RN <i>FHKY CEO & President</i>	• 15 years of coalition and association leadership, building collaborative partnerships across communities, healthcare organizations, and public agencies • 15+ years in public health executive leadership, guiding programs, partnerships, and services that supports the health and well-being of Kentucky residents • 20+ years advocating for health and public health policy, representing the interests and needs of rural communities at local, regional, and state levels • 22 years of experience serving Kentucky communities through a local public health system, addressing the unique health needs and challenges of rural populations	• Lifelong resident of rural Kentucky with deep personal and cultural ties to local communities • As a former basketball coach, I appreciate the pride and competitive rivalries between counties particularly those rooted in longstanding high school sports traditions • Growing up in a rural community fostered my value of always extending a helping hand to those in need
 Geoffrey Weiss, PhD, MA <i>FHKY Director of Collective Impact Initiatives</i>	• 16 years of program and grant proposal development in higher education and health system settings • 16 years on federally funded teams through National Institutes of Health and National Endowment for the Arts; assistant evaluator and proposal development coach for science faculty developing NIH grant proposals; program director for NEA primary & secondary teacher professional development program • 20+ years of classroom teaching and facilitation helping a variety of learners refine their critical thinking and communication skills	• Lifelong Kentuckian who has lived and worked in rural North Carolina & Illinois and always returned home • Proud graduate of two of our state universities where Kentuckians from all parts of the state come together and where the love of learning and common purpose that unites us is greater than the basketball fandom that divides us • Enthusiastic participant in all the expressions of our local cultures from the Fulton Banana Festival to the Knott County Gingerbread Festival to the Hodgenville Lincoln Days Celebration
 Jen Wilson, PhD <i>FHKY Director of RCH Shared Services (Interim)</i>	• 5+ years of grant strategy, proposal and writing development with non-profit organizations and health systems that respond to federal, state and local funding opportunities. Participated in program development, evaluation, convening experts, and writing grant applications in population health, maternal and fetal medicine, prevention and wellness, and behavioral health • 5+ years in grant management and compliance • 10+ years working in higher education as an instructor and researcher, focused on program and course design	• Although I'm a relatively new Kentuckian, I grew up in a very rural community, where geographic isolation and limited access to health care shaped my commitment to rural health. That experience continues to inform the work I do in my chosen home • My grandfather's family were all coal miners, giving me a particular affinity for the lives and experiences of Kentucky's Appalachian communities and a personal connection to the work of the Rural Health Transformation Program

Chronic Care Innovation (CCI) – Data and Technology Team

Team Member	Relevant Experience	Connection to Rural Kentucky
 Sarah Lewis, PhD, MSPH <i>Quality and Evaluation Lead</i>	• 13+ years in health services research and public health research fields • 7+ years at the Innovation Center at the Centers for Medicare and Medicaid Services (CMMI) in the Research and Rapid Cycle Evaluation group • 2 years as a Prevention Effectiveness Fellow in the Office of Health Policy in the Office of the Assistant Secretary for Planning and Evaluation (ASPE) where she worked on data and research infrastructure within the U.S. Department of Health and Human Services (HHS) • PhD in Health Services Research	• Born and raised in Frankfort, Kentucky
 Deepak Mirchandani, MBA <i>Technology and Data Solutions Lead</i>	• 25+ years of results-driven leadership in the health care industry, spanning advanced analytics, business operations, and information systems for payers, providers, pharmacy benefit managers, clinically integrated networks, and insurance exchanges • Extensive experience leveraging IT and data-driven insights to drive business growth, improve clinical outcomes, and strengthen operational excellence • Achievements include optimizing population health management operations to earn national recognition, coordinating the IT build-out of a new, state-of-the-art \$300M+, 250-bed hospital, designing and implementing a new business intelligence framework for a \$10B pharmacy benefits management division, and developing and operationalizing an innovative integrated testing methodology	• Served rural populations in Kentucky through work on a Clinically Integrated Network at KentuckyOne Health • Worked closely with rural healthcare providers on care coordination activities, identifying and addressing gaps in home care, transportation, and access to adherence
 Randy McCleese, MBA, MSIS <i>Senior Technology Advisor</i>	• 40+ years of information management experience, with responsibilities spanning systems evaluation, project management, telecommunications, biomedical engineering, business analytics, clinical informatics, strategic planning, and budget development • Extensive national leadership in health IT policy and advocacy, including four years on the CHIME Board of Trustees (one as Chair), representation of rural health care at Senate and House briefings on Capitol Hill and a 2012 White House meeting, and service on the national HIMSS Advocacy Committee and eight years on the Kentucky Bluegrass HIMSS Chapter Board • Deep roots in Kentucky health IT infrastructure as co-founder of the Northeast Kentucky Regional Health Information Organization, and served on the Kentucky Health Information Exchange (KHIE) Coordinating Council	• Dedicated 30 of his 40+ years in his information management career to serving rural healthcare

Team Member	Relevant Experience	Connection to Rural Kentucky
 Polly Mullins-Bentley, RN, RHIT, CPHQ <i>Senior Technology Advisor</i>	• Over 40 years of experience in healthcare, including health and human services. Background combines clinical expertise with corporate and state-level executive experience in HIT/HIE • A seasoned leader who optimizes her experience having served as Kentucky State Health Information Technology Coordinator and Deputy Executive Director for the Governor's Office of Electronic Health Information to provide efficient management of the Kentucky Health Information Exchange and other HIT/HIE projects • Provides unique expertise to help bridge the gap between the technical environments and clinical application • Polly is a Registered Nurse, Registered Health Information Technician, and Certified Professional in Healthcare Quality • Worked as an ER nurse for a number of years and then transitioned to quality improvement and eventually clinical IT	• Polly was born and raised in Pike County, far eastern Kentucky in one of the most rural areas of the country • After college she returned home to work at Appalachian Regional Healthcare, an integrated delivery network across the coal fields of eastern Kentucky, west Virginia and southwest West Virginia • Retired after 35 years of employment and started working in the KY Cabinet for Health & Family Services to launch the KY Health Information Exchange where she worked with rural providers across the state on health IT adoption and interoperability

Chronic Care Innovation (CCI) – Community Health Workers (CHW) Team

Team Member	Relevant Experience	Connection to Rural Kentucky
 Ashley Gibson, MA <i>Workforce Development Lead</i>	• Workforce Development Lead with 10+ years of experience advancing rural healthcare workforce development and strategy • Experience spans the full workforce pipeline, from early career programming through a regional Area Health Education Center (AHEC) to workforce initiatives supporting FQHCs and RHCs, including development of a rural Family Medicine Teaching Health Center • Holds a Master's degree in Wellness Promotion, with a focus on strengthening healthcare workforce capacity and expanding access in rural communities	• Born and raised on a cattle farm in the foothills of Appalachia in Eastern Kentucky • Professionally engaged in rural health, including service as Board President of the Kentucky Rural Health Association and involvement in National Rural Health Association education and advocacy

1.2 Launch Initiative

Stakeholder Engagement – One-Page Summary to Launch the CCI/RCH Initiative

Serving as Kentucky RHT's version of a "public announcement," these handouts are distributed at stakeholder engagement events and conferences.

**KENTUCKY RURAL
HEALTH TRANSFORMATION**



Rural Community Hubs: Chronic Care Innovation

Coordinating communities to prevent diabetes and manage chronic disease.

Rural Community Hubs focus on preventing disease, working with the people and partners that Kentuckians already know and trust.

It is difficult to tackle chronic disease when resources and organizations work separately. Local community hubs bring these efforts together, offering organized support that helps Kentuckians stay healthy at every stage of life.

Here's what that looks like in practice:

- ▶ Bringing together rural organizations and health care providers to improve health.
- ▶ Focusing on common chronic conditions such as obesity and diabetes using proven, community-led approaches.
- ▶ Using innovative tools and data to reduce duplication and keep community health worker efforts connected over time.

In Kentucky, **diabetes alone has mortality rates up to 39% higher** than the national average.



TEAM
KENTUCKY
CABINET FOR HEALTH
AND FAMILY SERVICES

**KENTUCKY RURAL
HEALTH TRANSFORMATION**
ruralhealthplan.ky.gov

Building communities where rural Kentuckians can be healthy.

Obesity and diabetes cost Kentucky \$6.1 billion in 2023. The organizations best positioned to help are doing good work, but without a shared structure, they can't provide maximum support to communities.

**The people and organizations already exist...
Rural Community Hubs bring them together.**



Shared Direction
A hub unites them around a common agenda. Shared goals, shared measurement, and a coordinated plan for addressing what communities actually need: healthy food, stable housing, safe places to move and gather.

Working Together
No single organization can create a healthy community alone. Hubs bring together a variety of partners, such as providers, schools, employers, faith communities, and government agencies to the same table, each doing what they do best toward a shared goal.

Collective Impact
When people work together and share talent, tools, and resources are more likely to reach those who need them most. When rural organizations join forces for a shared goal, they can accomplish more than they could on their own.

When resources are connected and barriers are removed, rural Kentuckians can live healthier lives.



Kentucky Rural Health Transformation
Five programs. One promise.
ruralhealthplan.ky.gov

This project is 100% funded by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services (HHS) for a total of \$212.9 million in budget year 1 with 100% by CMS/HHS. The RHT grant spans five budget periods aligned with federal fiscal years (FY2026–FY2030). Funding is disbursed annually by CMS based on achievement of performance metrics. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government. [View the Notice of Funding Opportunity from CMS.](#)

Notable Initiative Stakeholder Events (not comprehensive)

Date	RHT Initiative	Event	Meeting Type	Description
6/17/2026	CCI – Rural Community Hubs	KHDA Meeting	Virtual	Met with the Kentucky Health Departments Association (KHDA), representing all 120 counties in Kentucky, to share information on the Rural Community Hubs for Chronic Care Innovation RFA process.
6/24/2026	CCI – Community Health Workers	Workforce Advisory Workgroup	Virtual	Convened the CHW Advisory Workgroup to provide insight and guidance on workforce development and planning.
7/9/2026	CCI – Rural Community Hubs	KHDA Meeting	Virtual	Met with the Kentucky Health Departments Association, representing all 120 counties in Kentucky, to share information on the Rural Community Hubs for Chronic Care Innovation RFA process.

Advisory Workgroup – CHW Team



Workforce Advocacy Groups

- Melissa Stokes (Purchase Area Health Education Center)
- Ethan Morgan (University of Kentucky College of Medicine Student, Kentucky Rural Health Association Student Representative)
- Matt Coleman (Kentucky Office of Rural Health)
- Joshua Ball (Shaping Our Appalachian Region)

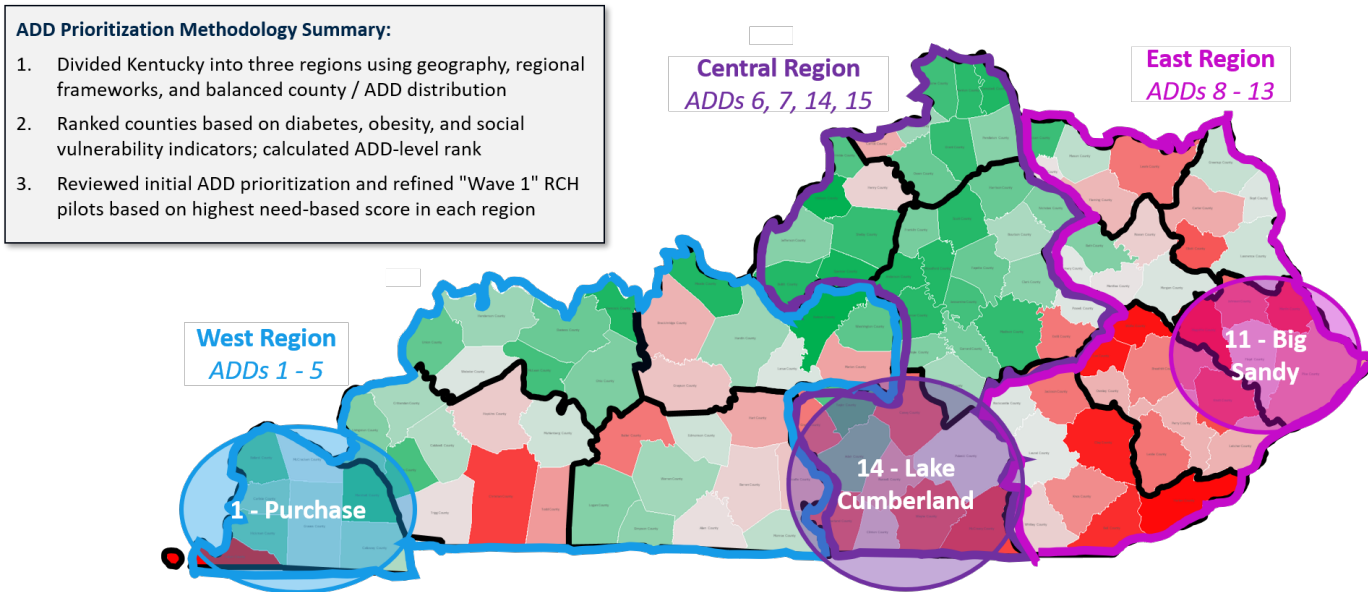
Health Workforce Employers

- Donovan Lane (Kentucky Primary Care Association)
- John Hamm (Kentucky Hospital Association)

State and Government Agencies

- Leslie Sizemore (Council on Postsecondary Education)
- Susan Readnowar (Kentucky Education – Health Occupation Students of America)
- Amanda Shafer (Kentucky Department of Public Health, Kentucky Primary Care Office)

Pilot Site Prioritization and Selection – RCH



List of Signed Contracts

See below for evidence of RHT program and initiative launch; contract scope details and signatures have been provided for the first contract in each section (highlighted in yellow). Additional contract details beyond the first contract can be provided upon request.

#	Vendor	Vendor Type	Contract Description	Signed Date	Start Date
(1)	<i>Chronic Care Innovation: Rural Community Hubs, Community Health Workers, and Data and Technology Strategy (CCI)</i>				
1.A	University of Kentucky Research Foundation for the College of Public Health	Subrecipient	Vitality Signs	6/24/2026	7/1/2026
1.B	University of Kentucky Research Foundation for the College of Public Health	Subrecipient	Vitality Signs (March – June, 2026)	3/16/2026	3/16/2026

#	Vendor	Vendor Type	Contract Description	Signed Date	Start Date
(1)	<i>Chronic Care Innovation: Rural Community Hubs, Community Health Workers, and Data and Technology Strategy (CCI)</i>				
1.C	Foundation for a Healthy Kentucky	Contractor	Rural Community Hub Convening Partner (January – June, 2026)	1/2/2026	1/2/2026
1.D	Local Health Departments (LHDs)	Subrecipient	Rural Health Ambassadors	6/12/2026	7/1/2026

1.A. University of Kentucky Research Foundation for the College of Public Health – Vitality Signs



Commonwealth of Kentucky CONTRACT

Document Number:	PON2	728	2600004173	Version: 1
Record Date:	06/30/2026			
Document Description:	SUBRECIPIENT - RHT - Vitality Signs - UKRF C6758			
Cited Authority:	FAP111-44-00NP Memorandum of Agreement - Non Profit 501 (c) 3			
Reason for Modification:				

Issuer Contact:	
Name:	Dani Pyles
Phone:	
E-mail:	Dani.Pyles@ky.gov

Vendor Name:	Vendor No.	KY0032872
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION UKRF 109 KINKEAD HALL LEXINGTON KY 40506	Vendor Contact	
	Name:	KIM CARTER
	Phone:	859-257-9420
	E-mail:	ospa@uky.edu

Shipping Information:	Billing Information:
	CHFS DPH Division of Epidemiology HS2EA 275 E Main Street HS2EA Frankfort KY 40621

Effective From: 07/01/2026		Effective To: 06/30/2027					
Line Item	Delivery Date	Quantity	Unit	Description	Unit Price	Contract Amount	Total Price
1		0.00000		FY27 Programmatic Execution - Rural Health Transformation	\$0.000000	\$2,248,831.00	\$2,248,831.00

Extended Description:

This is a subaward of federal financial assistance.

The University of Kentucky Research Foundation (UKRF) College of Public Health Center for Public Health Analytics Informatics will create, launch and operationalize a secure, analytical digital environment to bring together cross-sector data, performance measures, and actionable insights to support rural community hubs, Rural Health Transformation Plan initiatives.

100% Federal Funds
CFDA - 93.798
FAIN - RHTCMS332079
UEI - H1HYA8Z1NTM5

2600004173	Document Phase Final	Document Description SUBRECIPIENT - RHT - Vitality Signs - UKRF C6758	Page 3 Total Pages: 28
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SUBRECIPIENT Memorandum of Agreement Terms and Conditions
Exemption (501c3) UKRF (PON2)

This Memorandum of Agreement (MOA) is issued by the Commonwealth of Kentucky, Cabinet for Health and Family Services, Division of Procurement and Grant Oversight, on behalf of Department for Public Health ("the Commonwealth") with the University of Kentucky Research Foundation for Public Health Analytics and Informatics ("the Contractor"). For purposes of this agreement and all federal requirements incorporated herein, the Contractor shall be considered the "Subrecipient" as that term is defined in 2 CFR §200.1. The initial MOA is effective from 07/01/2026 through 06/30/2027.

SECTION 1 – ADMINISTRATIVE OVERVIEW

1.00 Purpose and Background

The Rural Health Transformation (RHT) Program was authorized by House Resolution One (Section 71401 of Public Law 119-21) and empowers states to strengthen rural communities across America by improving healthcare access, quality, and outcomes by transforming the healthcare delivery ecosystem. Centers for Medicare and Medicaid Services administers and provides oversight to the funds allocated through the RHT Program throughout the nation, including Kentucky over the next five years. Kentucky was awarded \$212.9 million to help support health care addressing chronic conditions, maternity care, oral care, emergency services and behavioral health for Kentucky's rural communities.

The University of Kentucky College of Public Health was established in 2004, accredited in 2005 and is in Lexington, Kentucky. Its programs are accredited by the Council on Education for Public Health and the Commission on Accreditation of Healthcare Management Education. Public Health Analytics and Informatics is focused on strengthen population well-being and modernization of public health systems by advancing innovative analytics and emerging technologies, translating research into real-world practice, and developing workforce solutions and community-informed frameworks that improve the lives of Kentuckians and shape national models for the future of public health.

1.01 Terminology

For this Contract, the following terms may be used interchangeably:

Vendor: Contractor, Offeror, The Second Party, Proposer

Issuer of Contract: Buyer

Commonwealth of Kentucky: Commonwealth, State

Cabinet for Health and Family Services: Cabinet, the Agency, the Department, CHFS

Fiscal Year: July 1 through June 30

Biennium: July 1 of each even-numbered year through June 30 of the next even-numbered year.

1.02 Definitions/Acronyms

1. CMS – Centers for Medicaid and Medicare Services
2. RHT - Rural Health Transformation Program

SECTION 2 – SCOPE OF SERVICES

2.00 Services Required

The University of Kentucky Research Foundation (UKRF) Analytics and Informatics shall:

1. Create, launch and operationalize a secure, digital dashboard environment, Vitality Signs, powered by the RAdoR Analytical Platform engine including governance, stakeholder coordination, and delivery management to automate cross-sector data, validate data, and deliver role-based analytics including trends, benchmarking, and geospatial views that translate complex information into timely operational decision support.
2. Establish and follow standard operating procedures (SOPs) for measure development and feature requests, clearly defining RHTP ownership of conceptual requirements and V/S/R responsibility for technical specifications, operational definitions, metadata, and acceptance criteria

↓
Scope applicable to **1.A.**

2600004173	Document Phase Final	Document Description SUBRECIPIENT - RHT - Vitality Signs - UKRF C6758	Page 4 Total Pages: 28
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3. Implement RHTP priority measures (leading/lagging indicators and OKRs as well as other priorities (such as provider workforce mapping, care journeys)) through an intake, specification, review, and RHTP sign-off workflow, followed by handoff to the VS/R Production team for implementation and testing.
4. Design and build data ingestion and analytic pipelines, including data dictionaries, validation rules, quality control processes, and reproducible documentation to support hub-level reporting.
5. Develop informatics capabilities and system architecture (APIs, secure access, and interoperability workflows), including integration with KHIE, kynect, and other partner systems.
6. Support development of geospatial (GIS) and innovation features (e.g., AI navigation/chatbot and machine-learning-based indicators) using a Standard Operating Procedure (SOP)-driven requirements and approval process.
7. Conduct testing and quality assurance; review validation results; and confirm release readiness prior to deployment, in coordination with the VS/R Production Team Project Manager.
8. Provide initial production support and sustainability planning, including training, documentation, and transition of maintenance and support processes for ongoing VS/R operations. The VS/R production team will be responsible for ongoing maintenance according to the agreed-upon schedule.
9. Partner with the University of Kentucky College of Public Health's Center for Public Health Systems and Services Research to provide the strategic framework, analytical expertise, and technical assistance needed to modernize rural health delivery systems, strengthen cross-sector alignment, and support evidence-based, sustainable transformation.
10. Develop and maintain the foundational architecture and standardized partnership metrics for Rural Community Hubs (including additional hubs as identified by state partners), including collection, analysis, and integration of partnership network data to support longitudinal tracking, statewide benchmarking, and evaluation of hub connectivity and vitality.
11. Ensure accessibility and ADA compliance for Vitality Signs by designing and maintaining dashboards, reports, and user interfaces that conform to WCAG 2.1 AA standards.

2.01 Deliverables

UKRF Analytics and Informatics shall:

Scope applicable to 1.A.

1. Create, launch and operationalize a secure, digital dashboard environment, Vitality Signs, powered by the RADO Analytics Platform engine. Submit detailed plan including action steps, timeframe, person responsible within 30 days after contract's effective start date.
2. Establish and follow standard operating procedures (SOPs) for measure development and feature requests, clearly defining RHTP ownership of conceptual requirements and VS/R responsibility for technical specifications, operational definitions, metadata, and acceptance criteria. Submit detailed SOP within 30 days after contract executed and submit updated versions monthly.
3. Implement RHTP priority measures (leading/lagging indicators and OKRs as well as other priorities (such as provider workforce mapping, care journeys)) through an intake, specification, review, and RHTP sign-off workflow, followed by handoff to the VS/R Production team for implementation and testing.
4. Design and build data ingestion and analytic pipelines, including data dictionaries, validation rules, quality control processes, and reproducible documentation to support hub-level reporting.
5. Develop informatics capabilities and system architecture (APIs, secure access, and interoperability workflows), including integration with KHIE, kynect, and other partner systems.
6. Support development of geospatial (GIS) and innovation features (e.g., AI navigation/chatbot and machine-learning-based indicators) using an SOP-driven requirements and approval process.
7. Conduct testing and quality assurance; review validation results; and confirm release readiness prior to deployment, in coordination with the VS/R Production Team Project Manager.
8. Provide initial production support and sustainability planning, including training, documentation, and transition of maintenance and support processes for ongoing VS/R operations. The VS/R production team will be responsible for ongoing maintenance according to the agreed-upon schedule.
9. Partner with the University of Kentucky College of Public Health's Center for Public Health Systems and Services Research to provide the strategic framework, analytical expertise, and technical assistance needed to modernize rural health delivery systems, strengthen cross-sector alignment, and support evidence-based, sustainable transformation.
10. Develop and maintain the foundational architecture and standardized partnership metrics for Rural Community Hubs (including additional hubs as identified by state partners), including collection, analysis, and integration

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2600004173	Draft	SUBRECIPIENT - RHT - Vitality Signs - UKRF C6758	Total Pages: 28

Approvals

This contract is subject to the terms and conditions stated herein. By affixing signatures below, the parties verify that they are authorized to enter into this contract and that they accept and consent to be bound by the terms and conditions stated herein. In addition, the parties agree that (i) electronic approvals may serve as electronic signatures, and (ii) this contract may be executed in any number of counterparts, each of which when executed and delivered shall constitute a duplicate original, but all counterparts together shall constitute a single contract.

CHFS Cabinet Approval:

	
_____ Signature	_____ Deputy Secretary
	_____ Title
_____ Patricia Okeson	_____ 6/24/2026 9:03 PM EDT
_____ Printed Name	_____ Date

Contractor Approval:

	
_____ Signature	_____ Associate Director
	_____ Title
_____ Kim C. Carter	_____ 6/24/2026 8:14 AM PDT
_____ Printed Name	_____ Date

CHFS Department Review:

	
_____ Signature	_____ Deputy Commissioner, Operations
	_____ Title
_____ Andrew Yunt	_____ 6/24/2026 11:30 AM EDT
_____ Printed Name	_____ Date

Approved as to form and legality:


_____ Attorney
_____ 6/17/2026 8:21 PM EDT
_____ Date

2.1 Continue initiative activities

Please see attached project plan. Evidence included above in 1.2 Launch initiative may also be of interest.

2.2 Complete at least one post-launch milestone

Please see attached project plan. Evidence included above in 1.2 Launch initiative may also be of interest.

CCI Success Stories

See below for a selected sample of the many success stories CCI has had so far. Additional details can be provided upon request.

Success Stories
(1) Chronic Care Innovation: Rural Community Hubs, Community Health Workers, and Data and Technology Strategy (CCI) RCH Leadership Team Convened and Deployed in the Field The Chronic Care Innovation: Rural Community Hubs, Community Health Workers, and Data and Technology Strategy (CCI) Initiative moved from design to community engagement by hiring and onboarding a dedicated RCH Leadership Team and deploying it to Kentucky's first three pilot regions. This milestone created the leadership capacity to introduce the Rural Community Hub model through local information sessions, build local buy-in with 90+ participants, and prepare organizations to consider serving as Hub Lead Organizations. The RCH Program Lead brings 22 years of experience in public health, coalition, and association leadership, advancing partnerships, programs, policy, and services that support rural Kentucky communities. The Director of Collective Impact Initiatives brings 16 years of experience in program development, grant writing, reporting, and multi-sector collaboration, strengthening the initiative's capacity for coordination and performance management. After onboarding, the team translated Kentucky's rural health transformation strategy into direct outreach by coordinating on-site community information sessions in the three initial pilot regions. These sessions introduced stakeholders to the RCH Program, the RCH model, and the collective impact approach that will guide collaboration among providers, public agencies, community organizations, local leaders, and residents. They also shared opportunities for organizations to participate in the Hubs.

Success Stories

The information sessions generated strong engagement, with more than 90 participants across the three ADDs representing approximately 20 public health schematic sectors, including healthcare, public health, broadband, parks and recreation, corrections, education, community organizations, and other local partners. This breadth showed that the initiative is resonating beyond traditional healthcare and that communities value a coordinated model for addressing chronic disease.

The sessions helped stakeholders understand the program's focus on obesity, diabetes, and chronic disease prevention, while showing how organizations could contribute through care, public health, education, food access, transportation, workforce support, engagement, and enabling services. They also served as an early listening effort, giving participants space to share community strengths, initiatives, priorities, service gaps, barriers, and partnership opportunities that informed future Hub Lead and partner support needs.

This early successful deployment of the RCH Leadership Team demonstrates their experience working in rural communities across stakeholder groups. By convening stakeholders early, the RCH Leadership Team strengthened the foundation for Hub selection and implementation by increasing awareness, clarifying roles, building relationships, and creating momentum for community-led planning across the first three pilot regions.

Kentucky Rural Health Transformation

CMS Checkpoint Model Evidence

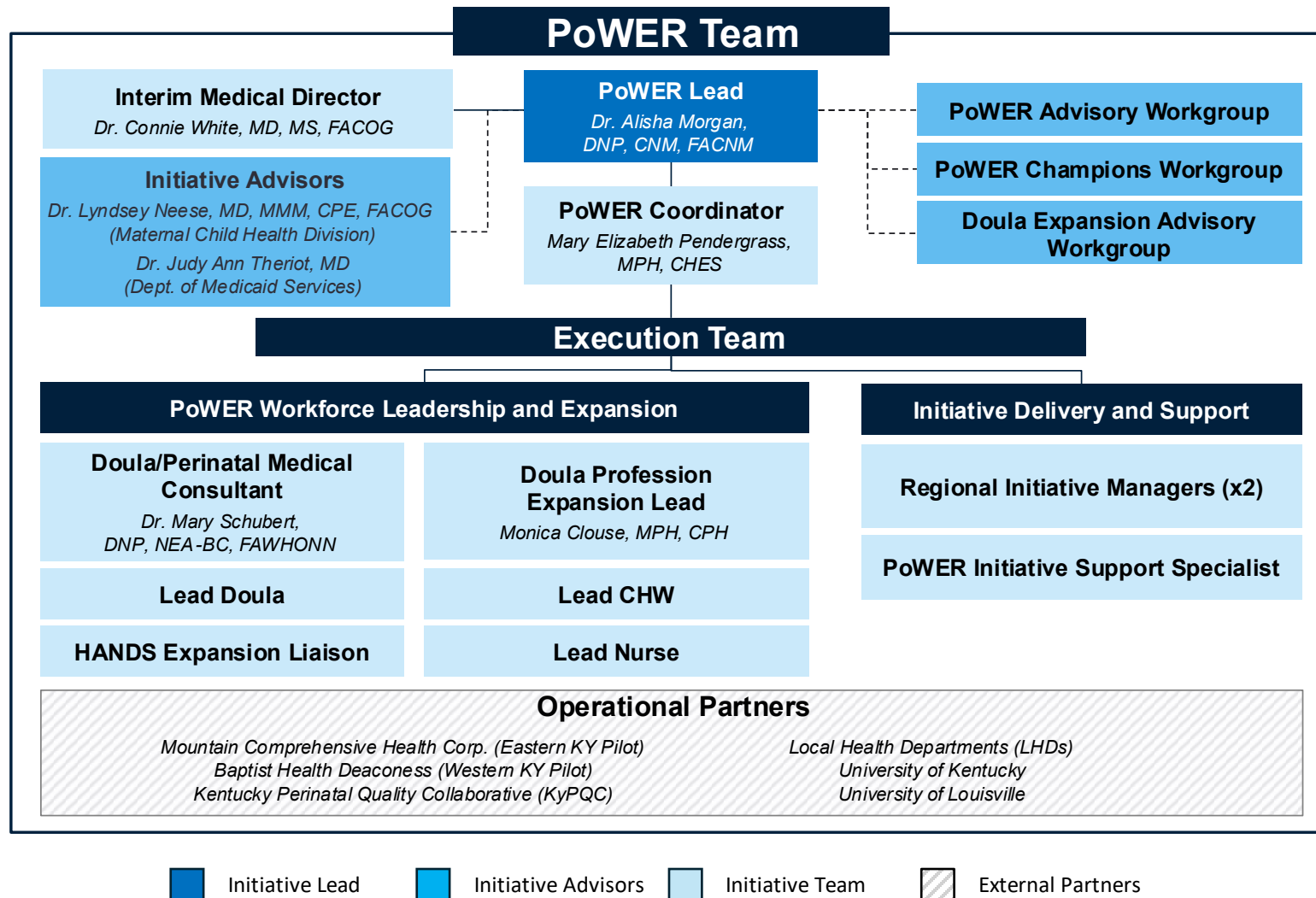
**PoWERing Maternal and Infant Health (PoWER):
People Who Work for Engagement and Resilience**

Kentucky Cabinet for Health and Family Services

Department for Public Health

0.1 Establish Governance

Initiative Governance



Powering Maternal and Infant Health (PoWER) Team

Team Member	Relevant Experience	Connection to Rural Kentucky
 Dr. Alisha Morgan, DNP, CNM, FACNM <i>Initiative Lead</i>	• Certified Nurse Midwife with 25+ years of clinical experience providing care to women and infants residing in rural areas of Kentucky with low access or no access to maternity care services • Doctor of Nursing Practice specializing in rapid-cycle quality improvement, waste reduction, standardized work processes, hybrid care model design and implementation, and translating national clinical guidelines into practicable workplans to systematically improve health outcomes and care experiences • State and national level leadership experience in public policy, legislation, maternal quality initiatives, and maternal child healthcare advocacy	• Native of rural Wayne County, KY, a designated maternity care desert • Lived experience as a healthcare-consumer residing in a maternity care desert with first-hand knowledge of barriers to care access • Extensive experience as a maternity care provider in rural, underserved Kentucky communities with first-hand knowledge of barriers to providing care in maternity care deserts and areas with low resource availability
 Dr. Connie White, MD, MS, FACOG <i>Interim Medical Director</i>	• OB/GYN with 20+ years of clinical experience providing care to women and infants • Physician leader who has served as medical director and medical consultant for numerous state initiatives bringing expertise and extensive experience in public health, maternal quality improvement initiatives, epidemiology, risk reduction, and opioid use disorder • Retired Deputy Commissioner for Clinical Affairs for the Kentucky Department for Public Health • 20+ years of health advocacy and legislative leadership experience at the state and district level	• Native of rural Taylor County, KY • Extensive experience as a maternity care provider for rural, underserved Kentucky communities with first-hand knowledge of barriers to providing care in areas with low resource availability
 Mary Elizabeth Pendergrass, MPH, CHES <i>Initiative Coordinator</i>	• Public health professional with a Master of Public Health with a concentration in Health Behaviors and Society • Certified Health Education Specialist (CHES) with experience applying health education, behavior change, community engagement, and public health principles • Completed Effective Facilitator training through Leadership Strategies, with demonstrated skills in facilitation, stakeholder engagement, and collaborative problem-solving	• Led and supported the development of Community Health Assessments, Community Health Needs Assessments, and strategic plans across 24 rural Kentucky counties • Rural health experience spanning LHDs and local healthcare organizations, with direct insight into the priorities, resources, and challenges that shape health outcomes in rural Kentucky communities • Statewide perspective on rural Kentucky developed through continued engagement with communities across the Commonwealth

Team Member	Relevant Experience	Connection to Rural Kentucky
 Dr. Mary Schubert, DNP, NEA-BC, FAWHONN <i>Doula/Perinatal Medical Consultant</i>	• Executive nurse leader with over 40 years women’s health experience • Doctor of Nursing Practice specializing in Lean leadership for team development and program implementation • Served as the Northern Michigan Rural Perinatal Quality Leader for regions 2 and 3 • State and national level leadership experience. Co-chair for Michigan AIM outreach and implementation	• Implemented a hospital-based doula program directly impacting maternal health outcomes for Kentucky mothers
 Monica Clouse, MPH, CPH <i>Doula Profession Expansion Lead</i>	• 16+ years of experience advancing public health initiatives across Kentucky • Extensive leadership experience in maternal and infant health programs including implementation of statewide health access initiatives • Expertise in epidemiology, program development and evaluation, quality improvement, stakeholder engagement, building community partnerships and grant and contract management including implementation of federally funded initiatives	• Family originally from Lawrence County in rural eastern Kentucky

1.2 Launch Initiative

Stakeholder Engagement – One-Page Summary to Launch the PoWER Initiative:

Serving as Kentucky RHT's version of a "public announcement," these handouts are distributed at stakeholder engagement events and conferences.

KENTUCKY RURAL
HEALTH TRANSFORMATION

PoWERing Rural Maternal and Infant Health

Giving mom and baby
the full circle of support
they deserve.

Behind the name, a promise.
People who **Work** for
Engagement and Resilience

**The PoWER program puts
mothers and infants at the
center of a dedicated care team.**

Support extends beyond clinic walls,
from prenatal care through
postpartum, in rural Kentucky.

Here's what that looks like in practice:

- Enhanced support teams for local providers so that mothers and babies receive the support they need when reaching a clinic is challenging.
- Expanded training for doulas and perinatal community health workers (CHWs), increasing care capacity in rural areas.
- PoWER teams coordinate wraparound care, helping mothers and babies connect to telehealth visits, access transportation, nutrition, behavioral health support, infant care resources, and parenting skills.

**One in six Kentucky women of
childbearing age lives in a maternity care desert.**

TEAM KENTUCKY
CABINET FOR HEALTH
AND FAMILY SERVICES

**KENTUCKY RURAL
HEALTH TRANSFORMATION**
ruralhealthplan.ky.gov

Supported moms. Stronger babies. Healthier families.

Kentucky is facing a maternal health crisis, with nearly half of its counties lacking obstetrics care. For nearly 6 in 10 rural women, the nearest birthing hospital is more than a half-hour away.

The PoWER program brings perinatal and infant care to Kentucky's maternity care deserts, from pregnancy through a baby's first year.

During the pregnancy

Clinical providers develop care plans, supported by telehealth, and the nurse-led PoWER Team.

During the delivery

The PoWER Team facilitates care delivery across clinical and community-based settings.

During the first year

Ongoing care coordination connects moms to postpartum support and infants to newborn care through their first year.

CLINICAL PROVIDER

PoWER Teams support delivery of high-quality maternal and infant care and reduce gaps in services for rural patients.

PoWER Nurses coordinate the team, schedule follow-ups, communicate with providers, and other support programs.

Peer Support Specialists provide lived-experience support for families facing additional challenges.

CHWs connect families to wraparound services such as transportation, referrals, and care navigation.

Doulas provide continuous support throughout pregnancy, delivery, and postpartum.

When support reaches rural moms, outcomes follow:

- A stronger maternal health workforce means this care reaches more families.
- Pregnancies are healthier, births are safer, and behavioral health needs are caught sooner.
- More women get prenatal care early and stay connected to care throughout pregnancy.
- Rural newborns get consistent care through their first year of life.

Kentucky Rural Health Transformation
Five programs. One promise.
ruralhealthplan.ky.gov

This project is 100% funded by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services (HHS) for a total of \$212.9 million in budget year 1 with 100% by CMS/HHS. The RHT grant spans five budget periods aligned with federal fiscal years (FY2026–FY2030). Funding is disbursed annually by CMS based on achievement of performance metrics. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government. [View the Notice of Funding Opportunity from CMS.](#)

Notable Initiative Stakeholder Events (not comprehensive)

Date	RHT Initiative	Event	Meeting Type	Description
5/5/2026	PoWER	PoWER Advisory Workgroup Kickoff	Virtual	Convened the PoWERing Maternal and Infant Health Advisory Workgroup to provide in-depth guidance on program components, ensuring implementation stays aligned with best practices and data.
5/18/2026	PoWER	PoWER Champions Workgroup	Virtual	Convened the PoWERing Maternal and Infant Health Champions Workgroup, made up of maternal and infant care professionals from across the Commonwealth, to gather feedback on the program and carry information back to their communities.
6/4/2026	PoWER	PoWER eNOP Workgroup	Virtual	Convened the PoWERing Maternal and Infant Health electronic Notice of Pregnancy (eNOP) Workgroup to gather input and feedback during development of a comprehensive eNOP form for use at all PoWER sites.
6/23/2026	PoWER	PoWER Advisory Workgroup	Virtual	Convened the PoWERing Maternal and Infant Health Advisory Workgroup to provide in-depth guidance on program components, ensuring implementation stays aligned with best practices and data.
5/21/2026	PoWER	Doula Workgroup	Virtual	Convened the PoWERing Maternal and Infant Health Doula Workgroup to provide insight and guidance on doula work within the program.
8/5/2026	PoWER	Doula Workgroup	Virtual	Convened the PoWERing Maternal and Infant Health Doula Workgroup to provide insight and guidance on doula work within the program.
4/9/2026	PoWER	MCHC Site Visit	In-Person	Conducted a preliminary site visit and discussion with MCHC as a potential pilot site.
7/9/2026	PoWER	Madisonville Site Visit	In-Person	Conducted a preliminary site visit and discussion with a potential pilot site in Madisonville.

Advisory Workgroups



Advisory Workgroup

The PoWER Advisory Workgroup provides strategic guidance, stakeholder expertise, and community-informed perspectives to support program planning, implementation, and key decisions across the initiative.



Champions Workgroup

The PoWER Champions Workgroup serves as a network of advocates who promote awareness of the initiative, connect PoWER with partners and resources, and share emerging insights to support implementation.



Doula Workgroup

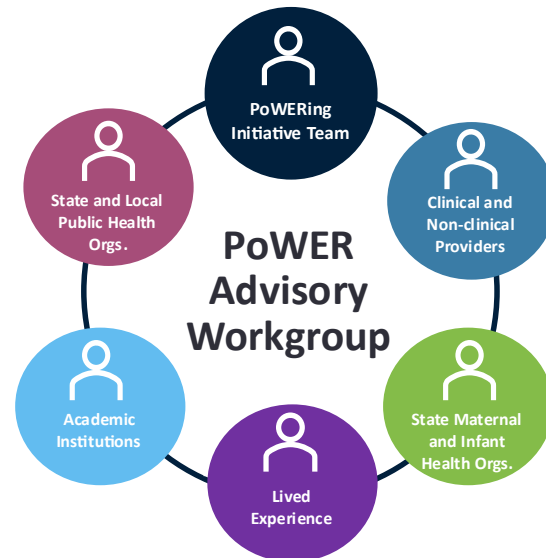
The PoWER Doula Workgroup provides practitioner-informed guidance to support doula workforce expansion and programming by informing key decisions and aligning strategies with workforce needs.

State and Local Public Health Organizations

- Denise Beach, MS, BSN, RN (Hopkins County Health Dept.)
- Shawna Donaldson, PMHNP (Dept. for Public Health)
- Laura Eirich, MPH (Dept. for Public Health)
- Phyllis Millsbaugh, MA (Cabinet for Health and Family Svs.)
- Lyndsey Neese, MD, MMM, CPE, FACOG (Dept. for Public Health)
- Judy Theriot, MD (Department for Medicaid Services)

Academic Institutions

- Kristin Ashford, PhD, RN (Frontier Nursing University)
- Emily DeFranco, MD (University of Kentucky Dept. of OB/GYN)
- Bethany Hodge, MD, MPH (University of Kentucky Healthcare)
- Sara Petruska, MD (University of Louisville)



Clinical and Non-Clinical Providers

- Alecia Fields, DO (Lake Cumberland Regional Hospital)
- Dusti Murray (The Journey Doula)
- Blair Tolar, MD (Baptist Health)

State Maternal and Infant Health Organizations

- Molly Lewis, JD (Kentucky Primary Care Association)
- Dana Nickles, JD (Kentucky Health Dept. Association)
- Tammy Riley, MA (Kentucky Health Dept. Association)

State and Local Public Health Organizations

- Denise Beach, MS, BSN, RN (Hopkins County Health Dept.)
- Matt Coleman, MS (Kentucky Office of Rural Health)
- Vernon Cook, MD (Kentucky Maternal Mortality Review Committee)
- Elizabeth Ottoman, MD, FACOG (Maternal and Infant Health Collaborative Panel)
- Audrey Summers, MD (Kentucky Consultant and Outreach for Maternal Psychiatry and Support Services)

Academic Institutions

- Mark Birtwistle, MPA (University of Kentucky)
- Heather Bush, PhD (University of Kentucky)
- Rob Sprang, MBA (University of Kentucky, Telecare)



Healthcare Delivery and Provider Organizations

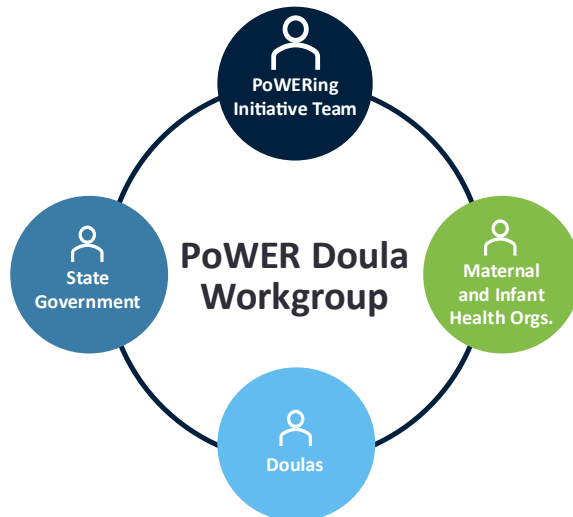
- Mace Baker, RN (Kentucky Homeplace, UK)
- Mike Caudill, JD (Mountain Comprehensive Health Corp.)
- Audrey Summers, MD (Kentucky Consultant and Outreach for Maternal Psychiatry and Support Services)

State Maternal and Infant Health Organizations

- Emily Beauregard, MPH (Kentucky Voices for Health)
- Kelly Ernst, MPH (March of Dimes, Kentucky Section)
- Colby Hall (Shaping our Appalachian Region)
- Dana Nickles, JD (Kentucky Health Dept. Association)

Professional Organizations

- LeAndre Knox, CPC, CCHW, CRHCP (Kentucky Rural Health Assoc.)
- Melanie Landrum (Kentucky Hospital Assoc.)
- Molly Lewis, JD (Kentucky Primary Care Association)
- Cheryl Parker, DNP, CRNA, RNCOB, FAWHONN, FAANA (Assoc of Women's Health)
- Laura Senn, MSN, RNC (Kentucky Perinatal Association)



State Government

- Judy Theriot (Department for Public Health)
- Lyndsey Neese (Department for Public Health)

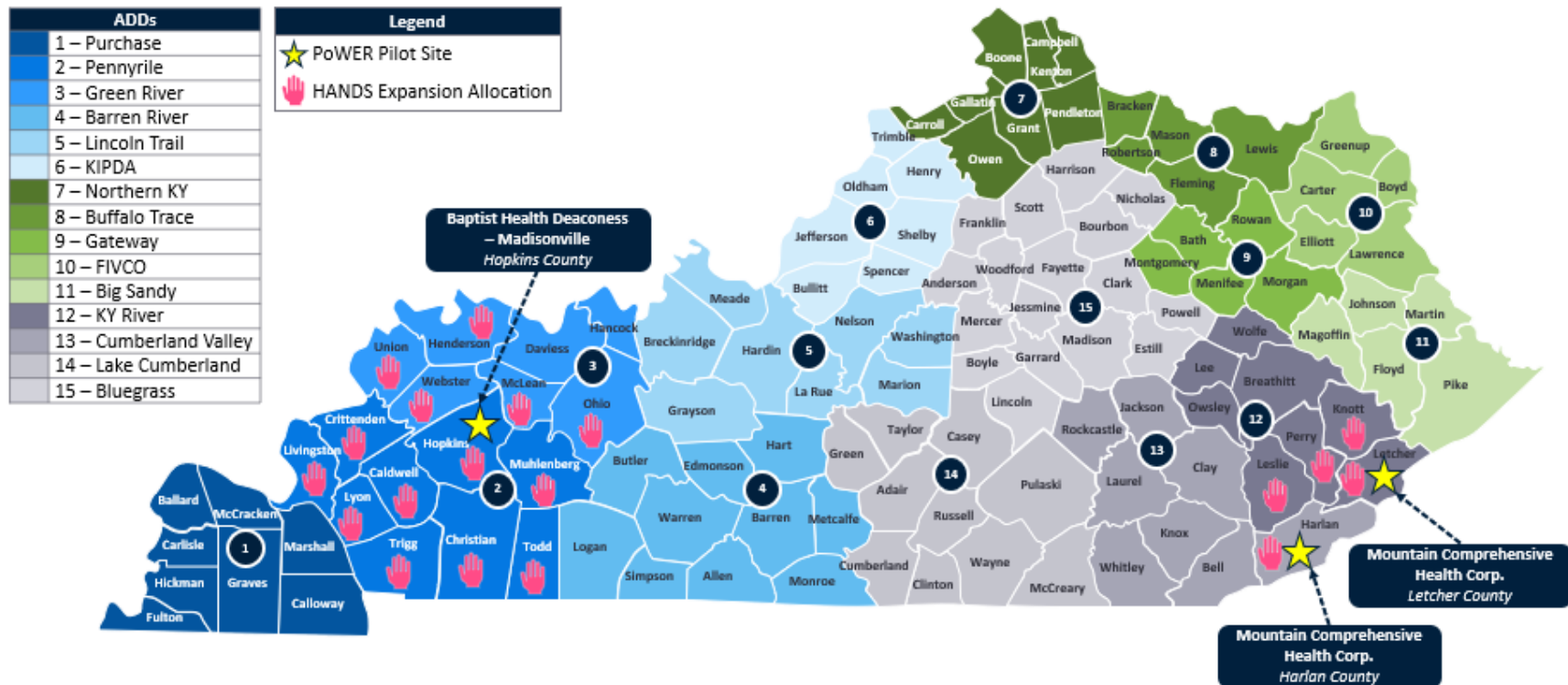
Maternal and Infant Health Organizations

- Anna Chamberlain (KyCOMPASS)
- Casandra Vargas (KY Perinatal Quality Collaborative)

Doulas

- | | |
|-------------------|--------------------|
| Robin Elise Weiss | Dusti Murray |
| Alecia Fields | Julie Six |
| Renee Basham | Jada "Jae" Roberts |
| Kafayat White | |

Pilot Site Prioritization and Selection



List of Signed Contracts

See below for evidence of RHT program and initiative launch; contract scope details and signatures have been provided for the first contract in each section (highlighted in yellow). Additional contract details beyond the first contract can be provided upon request.

#	Vendor	Vendor Type	Contract Description	Signed Date	Start Date
(2)	PoWERing Maternal and Infant Health (PoWER)				
2.A	Kentucky Perinatal Quality Collaborative (KyPQC)	Subrecipient	Doula Workforce Expansion	7/31/2026	7/31/2026
2.B	Local Health Departments (LHDs)	Subrecipient	HANDS Expansion to Supplement PoWER Teams	7/30/2026	8/1/2026

2.A. Kentucky Perinatal Quality Collaborative (KyPQC) – Doula Workforce Expansion



INTRADEPARTMENTAL MEMORANDUM

Division of Maternal Child Health | Rural Health Transformation Program (RHTP)

TO: Dr. Lyndsey Neese, Division of Maternal Child Health (DMCH)
FROM: Tom Walton, Rural Health Transformation Program (RHTP)
DATE: July 31, 2026
RE: Agreement for RHTP Support of KyPQC Doula-led Doula Workforce Expansion in the Commonwealth of Kentucky Through September 30, 2027

Purpose

This memorandum confirms the agreement between the Division of Maternal Child Health (DMCH) and the Rural Health Transformation Program (RHTP) regarding RHTP's financial support to the Kentucky Perinatal Quality Collaborative (KyPQC) to expand the doula workforce in Kentucky. This memorandum documents the terms of that agreement for the mutual records of both divisions.

Agreement

RHTP agrees to provide funding in the total amount of **\$175,000** in support of doula-led activities, identified in Attachment A, by the KyPQC to expand the doula workforce and the accessibility of doula services in Kentucky. Doulas are a core component of the PoWER model, yet the profession has historically lacked the formal workforce infrastructure and continuous professional development needed to sustain and advance practice. The KYPQC will support the convening of a Doula Workforce Expansion Advisory Group as one of the CMS milestones for the PoWER program.

This funding commitment is effective as of the date of this memorandum and shall remain in effect through September 30, 2027, unless otherwise modified or terminated in writing by mutual agreement of both divisions.

The specifics covered under this agreement, including position titles and associated funding allocations, are detailed in Attachment A.

Responsibilities

RHTP: Provide the agreed-upon funding amount of \$175,000 for the duration of this agreement, in accordance with applicable budgetary and procurement policies. RHT fiscal staff will establish a program code to support this initiative, along with an associated subfunction for financial tracking purposes of the above listed total. Financial reporting will roll-up to the overall RHT program in CHFS' financial tracking system, requiring no additional internal reporting requirements financially.

DMCH: KyPQC will be responsible for the recruitment, staffing, and training of a certified doula for the development and operational deployment of activities to support doula-led doula expansion in Kentucky, assisting in

Our Mission: To improve the health and safety of people in Kentucky through
Prevention, Promotion and Protection

Our Vision: Healthier People, Healthier Communities.

Our REACH Values: Responsiveness Equity Accountability Collaboration Honesty





the improvement of maternal health outcomes, and meeting the CMS milestone of convening stakeholders to develop a statewide doula workforce for the Commonwealth of Kentucky expansion and strengthening strategy. Furnish RHTP with monthly deliverable updates or reporting as may be requested regarding programmatic activity and project status.

Review and Amendment

Either division may request a review of this agreement prior to its expiration date. Any modification to the terms outlined in this memorandum must be documented in writing and agreed to by authorized representatives of both DMCH and RHTP.

Division Director

Lyndsey Neese

Division of Maternal Child Health (MCHC)

Date: 7/31/26

Director

Tom Walton

**Rural Health Transformation Program
(RHTP)**

Date: 7/31/2026

Our Mission: To improve the health and safety of people in Kentucky through
Prevention, Promotion and Protection
Our Vision: Healthier People, Healthier Communities.
Our REACH Values: Responsiveness Equity Accountability Collaboration Honesty



2.1 Continue initiative activities

Please see attached project plan. Evidence included above in 1.2 Launch initiative may also be of interest.

2.2 Complete at least one post-launch milestone

Please see attached project plan. Evidence included above in 1.2 Launch initiative may also be of interest.

PoWER Success Stories

See below for a selected sample of the many success stories PoWER has had so far. Additional details can be provided upon request.

Success Stories
(2) PoWERing Maternal and Infant Health (PoWER) Established a PoWERing Rural Maternal and Infant Health leadership team with over 137 years of combined clinical experience in maternal and infant health. Members of the team include a certified nurse midwife, a registered nurse, two board certified obstetricians, and a board certified pediatrician. Their collaborative expertise will guide program development rooted in evidence-based maternal and infant care and dedicated to advancing the health of rural Kentuckians. Convened a statewide doula advisory group to unite the multiple and varied voices of Kentucky doulas as one. The Doula Workforce Expansion Advisory workgroup meets regularly to inform programs and processes for doula workforce development and sustainment. Convened statewide, multi-sectoral rural health champions to serve as a network of advocates in the PoWER Champions Workgroup. The group, comprised of representatives from 19 Kentucky organizations, promotes program awareness and shares emerging insights to support implementation of the PoWERing Program. Representatives of the workgroup represent multiple sectors, including state and local public health organizations, academic institutions, healthcare delivery and provider organizations, state maternal and infant health organizations, and professional organizations.

Success Stories

Established a PoWER Advisory Workgroup to provide local, strategic guidance to shape the program's direction through practical field experience, stakeholder insight, and community-informed perspectives. The workgroup meets regularly and is comprised of representatives from 13 multi-sectoral organizations, including representation from state and local public health organizations, academic institutions, rural clinical and non-clinical providers, and state maternal and infant health organizations. Subgroups are formed to inform processes as needed.

Collaborated with the Department of Public Health and the Division of Maternal Child Health to develop a rigorous metric used to identify LHDs and LIAs where the HANDS expansion program will benefit pregnant women and infants in 19 rural KY counties.

Aligned with the Kentucky Perinatal Quality Collaborative for doula organization and expansion. This collaboration resulted in the first patient referral by a community-doula to KyCompass—Kentucky's consultation and outreach program for maternal psychiatry and support services.

Selected two PoWER Pilot Sites to launch the PoWERing Rural Maternal and Infant Health Model of Care. The first pilot site will be located within an FQHC located in southeastern Kentucky. The second pilot site will be located within a hospital-based practice in western Kentucky. An average of 750 babies are delivered annually between the two sites. Rural families from 19 Kentucky counties will benefit from increased access to care, integration of telehealth services, and increased access to wraparound services provided by the PoWERing Program.

Kentucky Rural Health Transformation

CMS Checkpoint Model Evidence

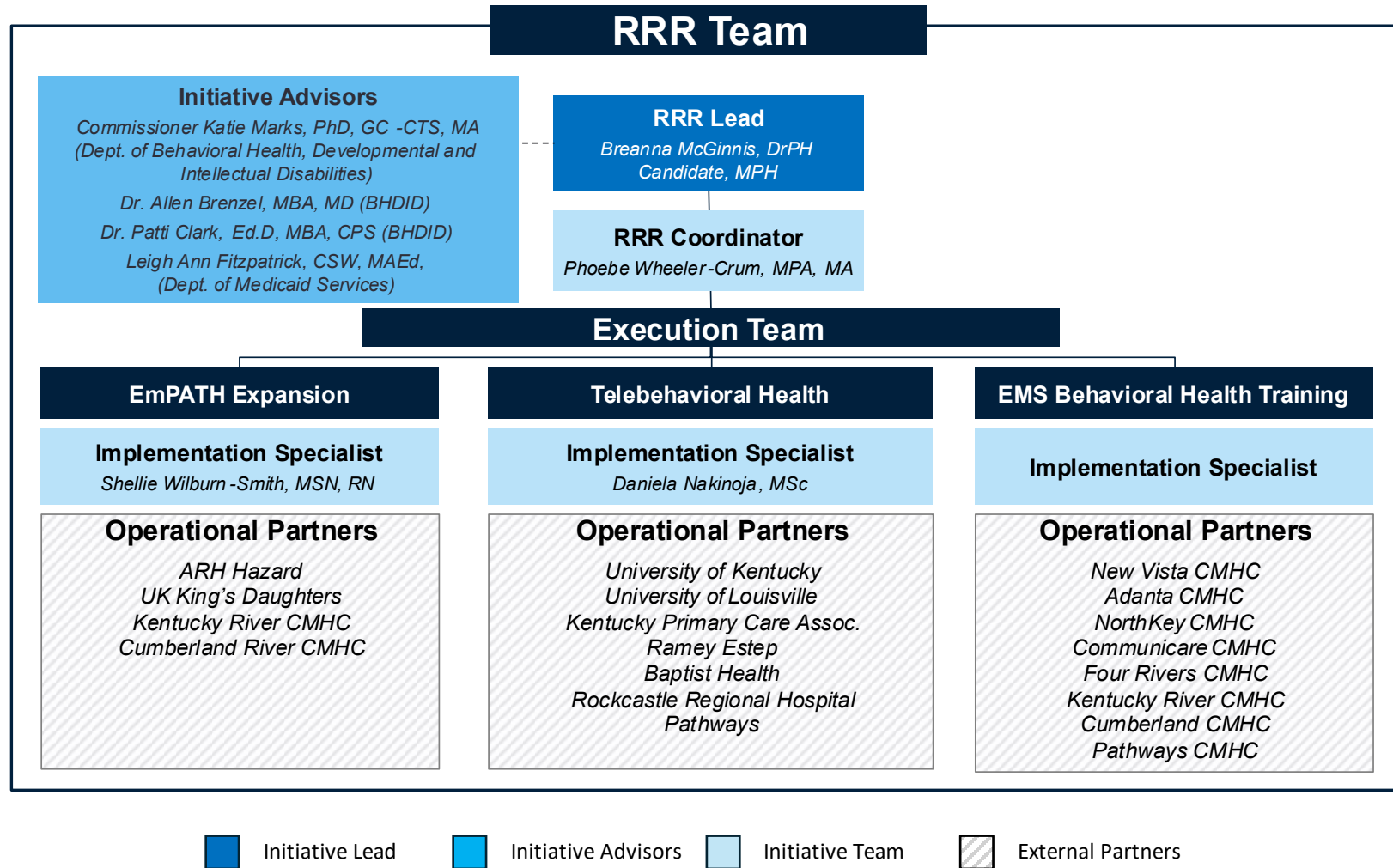
**Rapid Response to Recovery (RRR):
EmPATH Model, Crisis Response, and
Telebehavioral Health Hub**

Kentucky Cabinet for Health and Family Services

Department for Public Health

0.1 Establish Governance

Initiative Governance



Rapid Response to Recovery (RRR) Team

Team Member	Relevant Experience	Connection to Rural Kentucky
 Breanna McGinnis, DrPH Candidate, MPH Initiative Lead	• Education Credentials: Doctoral candidate in Johns Hopkins Bloomberg School of Public Health DrPH program, with a Master of Public Health from University of North Carolina Gillings School of Global Public Health • State Public Health Leadership: Several years of experience in state public health, including as a Program Administrator with the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities, and as a Program Manager and Evaluator with the North Carolina Department of Health and Human Services • Impactful Skills: Expertise and professional experience leading systems change, program planning and design, implementation science, program evaluation, capacity building, grants and project management, and innovative models of healthcare	• Lifelong Rural Roots: Living in rural hometown considered the “Gateway to Appalachia,” Bre is incredibly passionate about rural health • Rurality as area of expertise: Expertise in community engagement, community based participatory research, public health program design and evaluation for optimal rural outcomes, and strategic leader for population health strategies • History of Professional Rural Focus: Previous work with MDC Rural Forward, qualitative research about food insecurity in rural communities, and more demonstrates dedicated history of academic, professional, and personal partnership with rural communities
 Phoebe Wheeler-Crum, MPA, MA Initiative Coordinator	• Education Credentials: Holds a Master of Public Administration (MPA) with an emphasis in Public Management and a Master of Arts (MA) in Educational and Instructional Leadership • State Public Health Leadership: Formerly Department for Public Health Harm Reduction Branch Training Coordinator	• Lifelong Rural Roots: Has deep family roots and a longstanding connection to rural Kentucky. • Rurality as area of expertise: Brings more than 10 years of direct experience providing community-based resources, education, and case management services to children, adolescents, and adults in rural communities
 Shellie Wilburn Smith, MSN, RN EmPATH Implementation Specialist	• Chief Nursing Leadership: Over 15 years of progressive leadership experience including Chief Nursing Officer, Director of Behavioral Health Services, Nurse Manager, and Nursing Coordinator Roles • Behavioral Health Administration: Extensive expertise in behavioral health operations, SUD/Recovery services, and program development across hospital and community settings • Regulatory Compliance: Skilled in Joint Commission, ASAM, and CARF standards with a strong record of successful audits, policy development, and quality improvement • Emergency Services Coordination: Background in ED patient flow and care, crisis response, and interdisciplinary coordination	• Lifelong Rural Roots: Born, raised, and currently living in Northeastern Kentucky. Deeply connected to the culture, values, and needs of those in rural communities • History of Professional Rural Focus: More than a decade of leadership at St. Claire Healthcare in Morehead, serving rural populations across multiple counties

Team Member	Relevant Experience	Connection to Rural Kentucky
 Daniela Nakinoja, MSc <i>Telebehavioral Health Implementation Specialist</i>	• Education Credentials: Holds a bachelor's degree in Public Health from the University of Kentucky and a master's degree in Global Health from Duke University, with a certification in Project Management • Former Prevention Specialist with the University of Kentucky's HEALing Communities Study (HEAL Initiative), supporting effort to reduce opioid overdose deaths across Kentucky	• History of Professional Rural Focus: Delivered opioid overdose education and naloxone distribution directly in underserved and rural Kentucky communities through the HEAL Initiative

1.2 Launch Initiative

Stakeholder Engagement – One-Page Summary to Launch the RRR Initiative

Serving as Kentucky RHT's version of a "public announcement," these handouts are distributed at stakeholder engagement events and conferences.



KENTUCKY RURAL HEALTH TRANSFORMATION

Rapid Response to Recovery: Reshaping Behavioral Health Crisis Care

Supporting timely stabilization, continuity of care, and healing.

The Rapid Response to Recovery program strengthens how Kentucky responds to behavioral health crises.

The program creates an integrated, welcoming, and hopeful system to serve patients with high needs. The result is more immediate help, fewer repeat behavioral health crises, and clearer paths to recovery so people can heal and grow stronger over time.

Here's what that looks like in practice:

- ▶ Newly launched Emergency Psychiatric Assessment, Treatment, and Healing (EmPATH) units enhance therapeutic care for individuals in crisis, reduce hospitalizations and strain on emergency departments (EDs), and connect patients to community-based providers.
- ▶ A centralized tele-behavioral health hub ensures individuals get the right care at the right time, regardless of which door they walk through.
- ▶ First responders are equipped with the skills and partnerships needed to support individuals in crisis and refer them to recovery services.

Every year since 2020, Kentucky EDs have reported about 1.1 million diagnoses of mental illness or substance use disorder.

—Kentucky Hospital Association Data Center, 2024

TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

KENTUCKY RURAL HEALTH TRANSFORMATION
ruralhealthplan.ky.gov

Faster help. Fewer crises. A clearer path to recovery.

A limited number of mental health professionals in rural Kentucky, 30 per 100,000 residents, means people in behavioral health crisis too often rely on first responders and EDs (Pathways, 2024).

The Rapid Response to Recovery program makes the most of integrated care teams, tech solutions, and community services.

Someone to call	Someone to respond	A safe place for help	Someone to follow up
Individuals in crisis benefit from enhanced coordination between the 988 crisis response line, first responders, and care providers.	EMS and Mobile Crisis teams deescalate crises, prioritize timely treatment, refer patients to the right place for their needs, and benefit from tele-connectivity to behavioral health specialists.	New EmPATH units across Kentucky, plus expanded telehealth options, give patients more destinations for care that were designed with behavioral health crisis treatment in mind.	After stabilization, patients return to their communities with wraparound support. Coordinated care teams help people pursue lasting recovery and avoid repeat crises.

Not every crisis belongs in the emergency room.



What is an EmPATH unit?

An EmPATH unit is an emergency stabilization space on hospital grounds, linked to the ED for triage and the referral of individuals in behavioral health crisis.

How does it help?

It follows a nationally recognized care model, treating patients in a calm, therapeutic environment outside of traditional EDs. It stabilizes patients in crisis and connects them directly to community services, reducing the need for extended ED boarding times and hospital admissions.

The first unit launched in the state in 2024, stabilizing more than 5,000 patients in the first year and discharging them to community services. As more units emerge, even more Kentuckians will benefit.

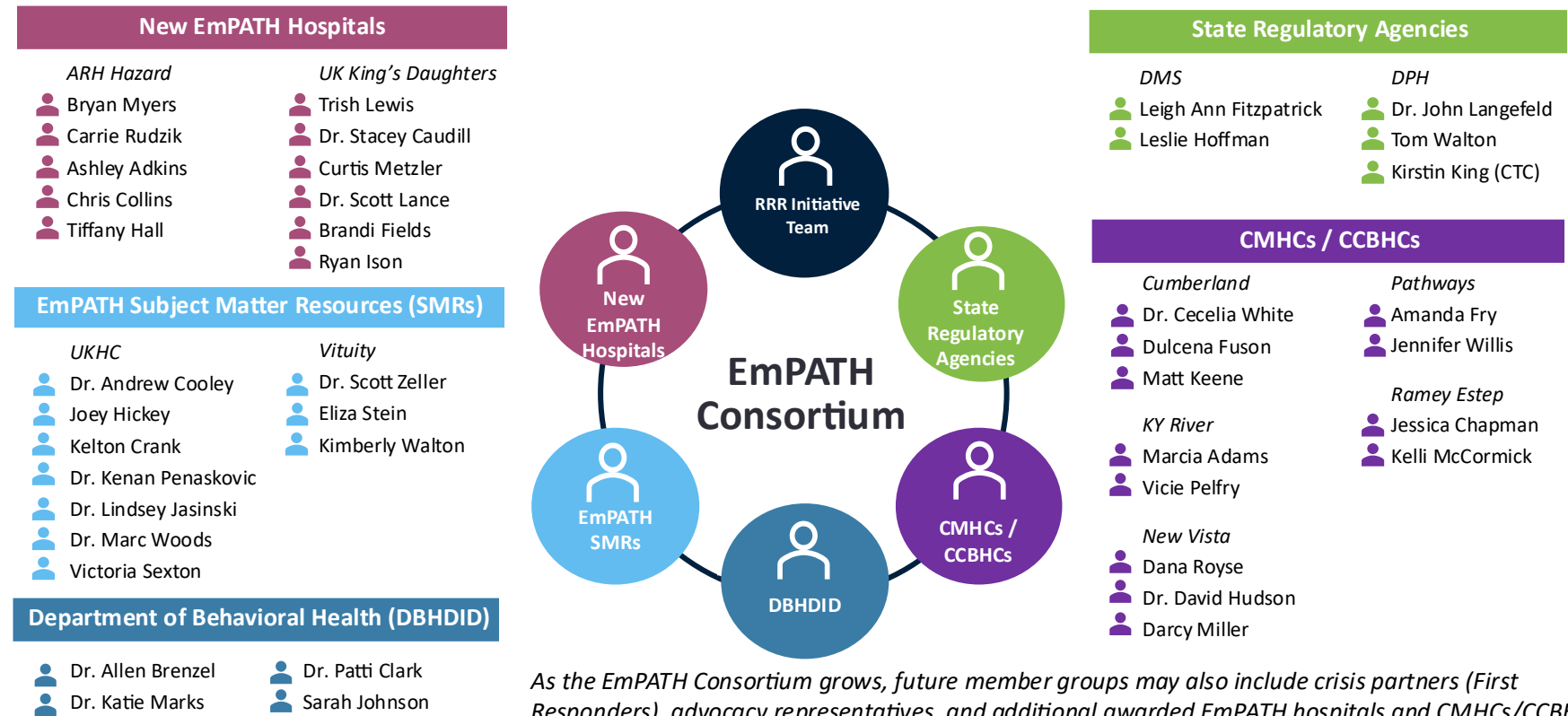
Kentucky Rural Health Transformation
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This project is 100% funded by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services (HHS) for a total of \$212.9 million in budget year 1 with 100% by CMS/HHS. The RHT grant spans five budget periods aligned with federal fiscal years (FY2026–FY2030). Funding is disbursed annually by CMS based on achievement of performance metrics. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government. [View the Notice of Funding Opportunity from CMS.](#)

Notable Initiative Stakeholder Events (not comprehensive)

Date	RHT Initiative	Event	Meeting Type	Description
6/22/2026	Rapid Response to Recovery	CMHC RFA Information Session	Virtual	Hosted an information session on the Community Mental Health Center (CMHC) RFA process for the Rapid Response to Recovery initiative.
6/22/2026	Rapid Response to Recovery	Tele-BH RFA Information Session	Virtual	Hosted an information session on the Telehealth Behavioral Health RFA process for the Rapid Response to Recovery initiative.
6/24/2026	Rapid Response to Recovery	CMHC RFA Office Hours	Virtual	Held office hours to answer questions and provide support on the Community Mental Health Center RFA process for the Rapid Response to Recovery initiative.
6/25/2026	Rapid Response to Recovery	Tele-BH RFA Office Hours	Virtual	Held office hours to answer questions and provide support on the Telehealth Behavioral Health RFA process for the Rapid Response to Recovery initiative.
6/29/2026	Rapid Response to Recovery	CMHC RFA Office Hours	Virtual	Held office hours to answer questions and provide support on the Community Mental Health Center RFA process for the Rapid Response to Recovery initiative.
6/30/2026	Rapid Response to Recovery	Tele-BH RFA Office Hours	Virtual	Hosted an information session on the Telehealth Behavioral Health RFA process for the Rapid Response to Recovery initiative.
7/30/2026	Rapid Response to Recovery	EmPATH Consortium	Virtual	Convened the EmPATH Consortium to provide insight and guidance on EmPATH work for the Rapid Response to Recovery initiative.

Advisory Workgroups



Committees engaged by RRR for ongoing community and advisory support

202a Transportation Advisory Committee

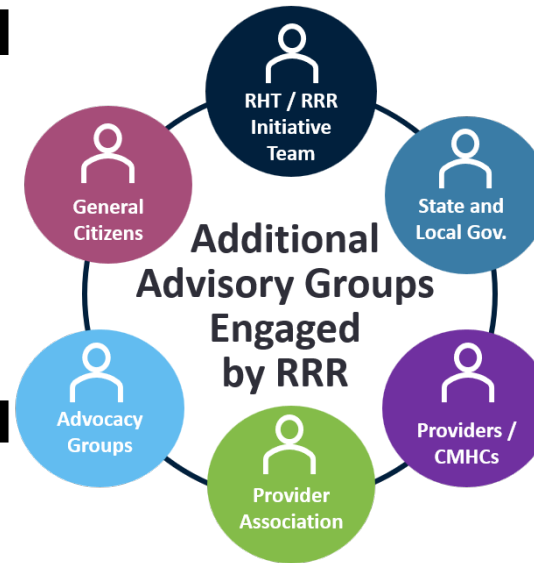
Informs and advises on crisis transportation policy, strategy, and implementation planning.

 Andrew Bledsoe (RHT)	 Dr. Allen Brenzel (BHDID)
 Breanna McGinnis (RRR)	 Dr. David Susman (BHDID)
 Joey Riddle (CTC)	 Virginia Marshall (BHDID)
 Julia DeBoor (CTC)	 Dpt. for Medicaid Services
 Angela Kits (CTC)	 Melanie Watts (Lifeskills)
 Brian Myers (ARH)	 Western State Hospital
	 Central State Hospital

DMS Advisory Committee

Provides input on Medicaid alignment, reimbursement and sustainability considerations.

 Loreenne Albillo (DMS)	 Dr. Allen Brenzel (BHDID)
 Leslie Hoffman (DMS)	 Breanna McGinnis (RRR)
 Angela Partner (DMS)	 Phoebe Wheeler-Crum (RRR)
 Leigh Ann Fitzpatrick (DMS)	

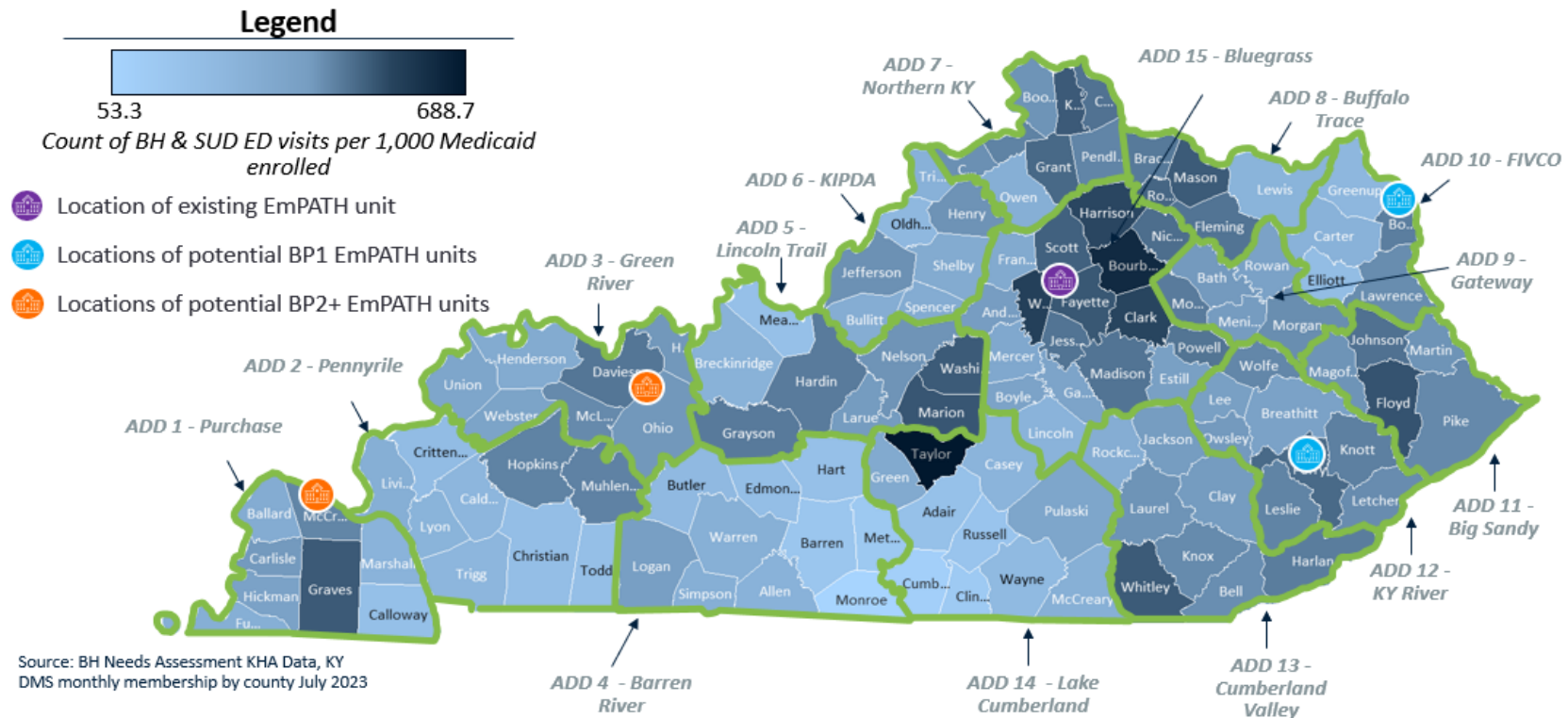


Behavioral Health Planning and Advisory Council

Convenes statewide stakeholders to inform behavioral health priorities, policy, and system improvement.

 KY residents and families with Lived Experience	 Dpt. Of Aging and Independent Living
 Kentucky Partnership for Families and Children	 Dpt. for Community Based Services
 Mental Health America of Kentucky	 Dpt. for Medicaid Services
 National Alliance on Mental Illness, Lexington	 Dpt. for Public Health
 People Advocating Recovery	 Dpt. of Correction
 Kentucky Association of Regional Programs	 Dpt. of Education
 Regional Prevention Center	 Dpt. for Juvenile Justice
 Kentucky Protection and Advocacy	 Statewide Housing Organization
 Dpt. For Behavioral health, Developmental and Intellectual Disabilities	 Office of Vocational Rehabilitation
	 RRR

Pilot Site Prioritization and Selection – Geographic Analysis of Behavioral and Substance Abuse ED Visits Billed to Medicaid



List of Signed Contracts

See below for evidence of RHT program and initiative launch; contract scope details and signatures have been provided for the first contract in each section (highlighted in yellow). Additional contract details beyond the first contract can be provided upon request.

#	Vendor	Vendor Type	Contract Description	Signed Date	Start Date
(3)	Rapid Response to Recovery: EmPATH Model, Crisis Response, and Telebehavioral Health Hub (RRR)				
3.A	University of Kentucky Research Foundation	Subrecipient	Hospitals for Emergency Psychiatric Assessment, Treatment, and Healing (EmPATH) Units and Training	6/29/2026	7/1/2026

#	Vendor	Vendor Type	Contract Description	Signed Date	Start Date
(3)	<i>Rapid Response to Recovery: EmPATH Model, Crisis Response, and Telebehavioral Health Hub (RRR)</i>				
3.B	University of Kentucky Research Foundation	Subrecipient	Academic Institutions for Telebehavioral Health Central Hub	6/29/2026	7/1/2026

3.A. University of Kentucky Research Foundation – Hospitals for Emergency Psychiatric Assessment, Treatment, and Healing (EmPATH) Units and Training



Commonwealth of Kentucky CONTRACT

Document Number:	PON2 728 2600004478	Version: 1
Record Date:	07/01/2026	
Document Description:	SUBRECIPIENT - RHT - Services Contract UKRF C6789	
Cited Authority:	FAP111-44-00NP Memorandum of Agreement - Non Profit 501 (c) 3	
Reason for Modification:		

Issuer Contact:	
Name:	Dani Pyles
Phone:	
E-mail:	Dani.Pyles@ky.gov

Vendor Name:	Vendor No.	KY0032872
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION UKRF 109 KINKEAD HALL LEXINGTON KY 40506	Vendor Contact	
	Name:	KIM CARTER
	Phone:	859-257-9420
	E-mail:	ospa@uky.edu

Shipping Information:	Billing Information:
	CHFS DPH Division of Epidemiology HS2EA 275 E Main Street HS2EA Frankfort KY 40621

Effective From: 07/01/2026		Effective To: 06/30/2027					
Line Item	Delivery Date	Quantity	Unit	Description	Unit Price	Contract Amount	Total Price
1		0.00000		FY27 UK R3 EmPATH - RHT	\$0.000000	\$517,107.00	\$517,107.00

Extended Description:

This is a subaward of federal financial assistance.

The University of Kentucky Research Foundation (UKRF) will provide advisory, support and technical assistance to nine integrated programs including Rapid Response to Recovery EmPATH, Telebehavioral Health Hub, Digital Denture Mobile Clinic, Comprehensive Mobile Dentistry, Oral and Maxillofacial Surgery Training, Teledentistry, Regional Medical Operations Coordination Center, Homeplace Community Health Worker, Area Health Education Center.

100% Federal Funds
CFDA - 93.798
FAIN - RHTCMS332079
UEI - H1HYA8Z1NTM5

Contract portion applicable to 3.A.

2600004478	Document Phase Final	Document Description SUBRECIPIENT - RHT - Services Contract UKRF C6789	Page 5 Total Pages: 36
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SUBRECIPIENT Memorandum of Agreement Terms and Conditions
Exemption (501c3) UKRF (PON2)

This Memorandum of Agreement (MOA) is issued by the Commonwealth of Kentucky, Cabinet for Health and Family Services, Division of Procurement and Grant Oversight, on behalf of Department for Public Health ("the Commonwealth") with the University of Kentucky Research Foundation ("the Contractor"). For purposes of this agreement and all federal requirements incorporated herein, the Contractor shall be considered the "Subrecipient" as that term is defined in 2 CFR §200.1. The initial MOA is effective from 07/01/2026 through 06/30/2027.

SECTION 1 – ADMINISTRATIVE OVERVIEW

1.00 Purpose and Background

The Rural Health Transformation (RHT) Program was authorized by House Resolution One (Section 71401 of Public Law 119-21) and empowers states to strengthen rural communities across America by improving healthcare access, quality, and outcomes by transforming the healthcare delivery ecosystem. The Centers for Medicare and Medicaid Services (CMS) administers and oversees the funds allocated through the RHT Program throughout the nation, including Kentucky over the next five years. Kentucky was awarded \$212.9 million to support health care addressing chronic conditions, maternity care, oral care, emergency services and behavioral health for Kentucky's rural communities.

1.01 Terminology

For this Contract, the following terms may be used interchangeably:

Vendor: Contractor, Offeror, The Second Party, Proposer

Issuer of Contract: Buyer

Commonwealth of Kentucky: Commonwealth, State

Cabinet for Health and Family Services: Cabinet, the Agency, the Department, CHFS

Fiscal Year: July 1 through June 30

Biennium: July 1 of each even-numbered year through June 30 of the next even-numbered year.

1.02 Definitions/Acronyms

1. CMS – Centers for Medicaid and Medicare Services
2. RHT - Rural Health Transformation Program

SECTION 2 – SCOPE OF SERVICES

2.00 Services Required

The University of Kentucky Research Foundation (UKRF) shall provide advisory, support and technical assistance services to the following activities:

Program One: Rapid Response to Recovery (RRR) Emergency Psychiatric Assessment, Treatment and Healing (EmPATH)

1. EmPATH Multidisciplinary Workgroup Support

- a. Assist the Cabinet with the formation, coordination, and facilitation of the EmPATH Consortium, bringing together cross sector partners to align strategy, design, implementation, and continuous quality improvement to expand and sustain EmPATH access across Kentucky. The Consortium is responsible for:
 - i. Assembling EmPATH sites and system partners to share implementation experience, surface common challenges, and inform continuous quality improvement of EmPATH design, operations, and coordination across the state.
 - ii. Enabling peer-led learning, collaborative design, and collective problem solving.
 - iii. Utilizing data for continuous quality improvement.
 - iv. Guiding the expansion of EmPATH units across the state of Kentucky, especially for the advancement of rural communities.

Contract portion applicable to 3.A.

2600004478	Document Phase Final	Document Description SUBRECIPIENT - RHT - Services Contract UKRF C6789	Page 6 Total Pages: 36
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- b. Assist the Cabinet with the facilitation of planning and evaluation-focused sub-workgroups of the EmPATH Consortium composed of subject matter experts in:
 - i. Clinical Operations
 - ii. Finance
 - iii. Billing and reimbursement
 - iv. Information technology
 - v. Legal and regulatory affairs
- c. Support or facilitate workgroup discussions, document key considerations, and summarize planning level recommendations for Cabinet review
2. EmPATH Consulting Contract Support with Vituity
 - a. Facilitate the extension of the University of Kentucky Health Care's (UKHC) existing EmPATH consulting engagement with Vituity to include services rendered to additional organizations planning an EmPATH unit, per the Statement of Work provided by Vituity and agreed upon mutually by UKHC, the Cabinet and Vituity.
 - b. The agreement with Vituity managed by UKHC, should include at minimum:
 - i. Consultation, technical assistance, and subject matter expertise that is readily available for partner(s) receiving funding from the Cabinet for the adoption of the EmPATH model.
 - ii. Preliminary support through limited consultation, technical assistance, and subject matter expertise for partners pursuing funding from the Cabinet for the adoption of the EmPATH model, as needed to support applicants in model criteria and pro forma processes.
 - iii. Vituity engagement in the EmPATH Consortium, which may include facilitation of group learning opportunities.
 - iv. Travel for site visits and in-person support as needed by requesting partners, prioritizing site visits for construction and space consultation.
3. Implementation Planning and Subject Matter Expertise
 - a. Participate in planning stage meetings, site visits, tours, workshops, and other stakeholder engagements at the request of the Cabinet in support of EmPATH.
 - b. Provide technical assistance services through subject matter insight and advisory feedback to inform planning and initiative design.
 - c. Support information exchange and collaborative discussion.

Program Two: Telebehavioral Health Hub

1. Work in collaboration with other partners to build statewide infrastructure for a telebehavioral health hub designed to strengthen rural access to timely behavioral health expertise across the crisis and non-emergent care continuum. The hub is intended to connect rural hospitals, primary care providers, and EmPATH-trained behavioral health professionals who can deliver real-time, virtual follow-ups.
 - a. Build an internal team capable of rendering specific services of the hub, which may include planning and development, triage, dispatch, care coordination, and tech support.
2. Establish baseline infrastructure for prevention and postvention efforts through the Collaborative Care Model
 - a. Plan to provide access to asynchronous behavioral health expertise and consultative services for participating primary care providers in specialty areas that may be difficult for regional telebehavioral spokes to provide.
 - b. Utilize an interoperable software or technology platform that allows for protected information exchange and shared care planning between different providers.
 - c. As appropriate, increase direct access to behavioral health services for enrolled patients via telehealth.
 - d. Align and amplify with existing teleservices and consultation programs.
 - e. Work in collaboration with regional spokes, enabling regional and local capacity and offering UKHC services for infrastructure, backup, and specialty supports.
3. Build infrastructure for on-demand telebehavioral health support for providers who are treating individuals in behavioral health crisis.
 - a. Equip the UKHC EmPATH unit with telecapabilities and response availability for first responders.

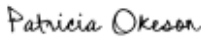
Contract portion applicable to 3.A.

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2600004478	Draft	SUBRECIPIENT - RHT - Services Contract UKRF C6789	Total Pages: 36

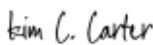
Approvals

This contract is subject to the terms and conditions stated herein. By affixing signatures below, the parties verify that they are authorized to enter into this contract and that they accept and consent to be bound by the terms and conditions stated herein. In addition, the parties agree that (i) electronic approvals may serve as electronic signatures, and (ii) this contract may be executed in any number of counterparts, each of which when executed and delivered shall constitute a duplicate original, but all counterparts together shall constitute a single contract.

CHFS Cabinet Approval:

	
_____ Signature	_____ Deputy Secretary
_____ Patricia Okeson	_____ 6/29/2026 11:27 AM EDT
_____ Printed Name	_____ Date

Contractor Approval:

	
_____ Signature	_____ Associate Director
_____ Kim C. Carter	_____ 6/29/2026 7:12 AM PDT
_____ Printed Name	_____ Date

CHFS Department Review:

	
_____ Signature	_____ Deputy Commissioner, Operations
_____ Andrew Yunt	_____ 6/29/2026 10:14 AM EDT
_____ Printed Name	_____ Date

Approved as to form and legality:


_____ Attorney
_____ 6/17/2026 8:17 PM EDT
_____ Date

2.1 Continue initiative activities

Please see attached project plan. Evidence included above in 1.2 Launch initiative may also be of interest.

2.2 Complete at least one post-launch milestone

Please see attached project plan. Evidence included above in 1.2 Launch initiative may also be of interest.

RRR Success Stories

See below for a selected sample of the many success stories RRR has had so far. Additional details can be provided upon request.

Success Stories
<i>(3) Rapid Response to Recovery: EmPATH Model, Crisis Response, and Telebehavioral Health Hub (RRR)</i>
Bringing Proven Psychiatric Emergency Care Models to Kentucky Kentuckians experiencing behavioral health crises often face long waits in emergency departments not designed for specialized psychiatric care. As Kentucky improves access to acute crisis care through the expansion of EmPATH units (Emergency Psychiatric Assessment, Treatment, and Healing units), Kentucky partnered with UK HealthCare's EmPATH program and national experts to support development of a statewide EmPATH consortium and learning collaborative. The first meeting included participants from our first year EmPATH partners (2 hospitals, 3 Community Mental Health Centers) and leadership from Rural Health Transformation RRR and CTC initiatives, leadership from the Department for Behavioral Health, Developmental and Intellectual Disabilities, and leadership from the Department for Medicaid Services. These partnerships are helping hospitals implement proven clinical and operational practices while accelerating program development through established workgroups for 1) clinical operations, 2) finance, 3) billing and reimbursement, 4) information technology, and 5) legal/regulatory affairs. Combined with Kentucky's inaugural EmPATH Summit in which all partners were also in attendance, these efforts are expanding access to timely, specialized crisis care for communities across the state.

Kentucky Rural Health Transformation

CMS Checkpoint Model Evidence

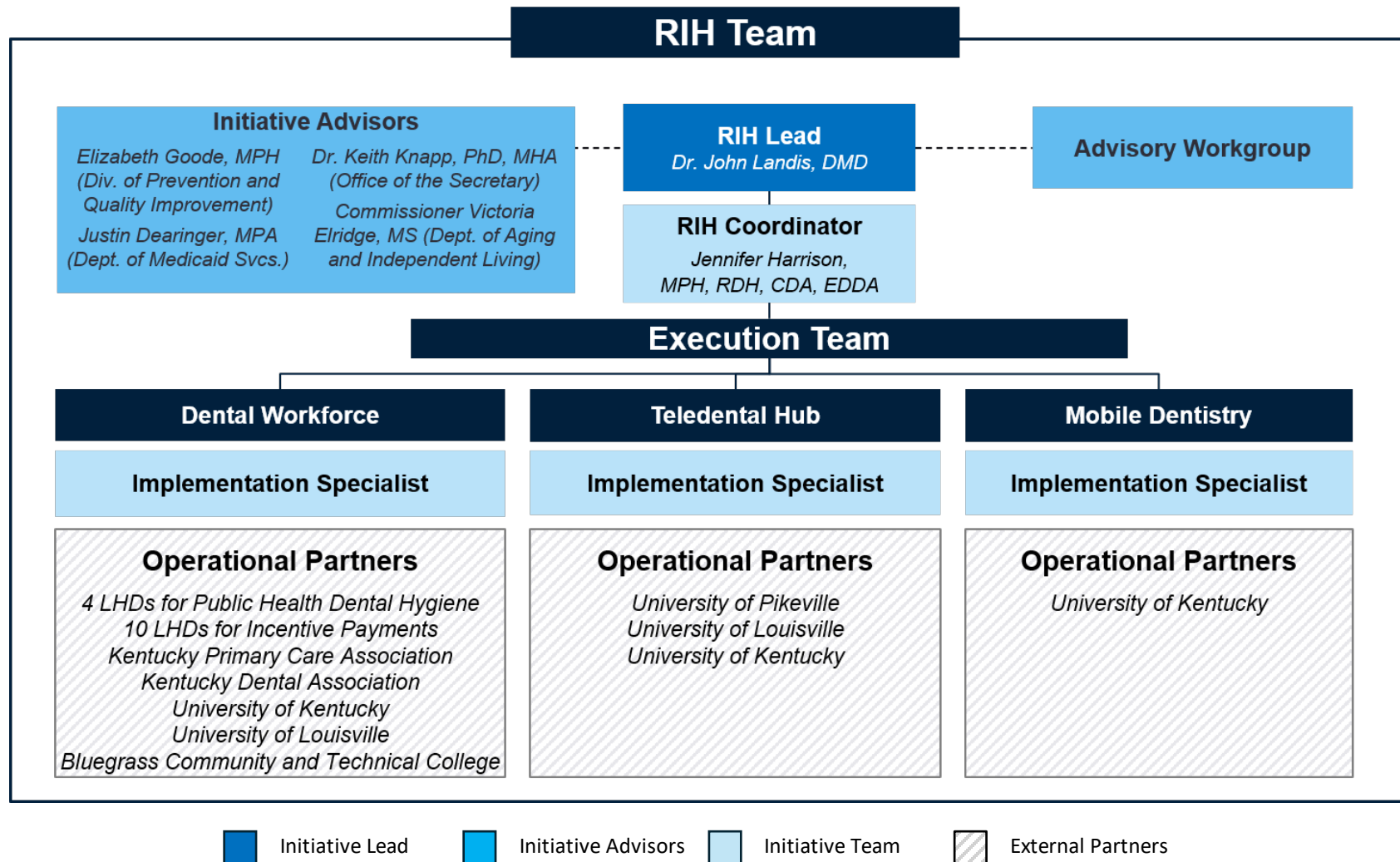
Rooted in Health (RIH): Rural Dental Access Program

Kentucky Cabinet for Health and Family Services

Department for Public Health

0.1 Establish Governance

Initiative Governance



Rooted in Health (RIH) Team

Team Member	Relevant Experience	Connection to Rural Kentucky
 Dr. John Landis, DMD <i>Initiative Lead</i>	- Dentist and oral health leader with 30+ years' experience spanning the private, public, corporate, and academic sectors, including serving as Chief Dental Officer and leading the development of a Federally Qualified Health Center that expanded oral health access, school-based outreach, and integrated behavioral health services into care delivery to improve health outcomes across Kentucky - Skilled in oral health program leadership, stakeholder engagement, implementation planning, community partnership development, and data-driven quality improvement - Dedicated educator and mentor committed to developing the next generation of servant leaders in oral health, supporting students and emerging professionals as they grow into health care leaders	- Brings firsthand experience owning and operating a private dental practice in Harlan County, Kentucky, for 12 years, serving Appalachian communities and developing a deep understanding of the unique culture, strengths, and healthcare challenges facing rural Kentucky - Believes that building relationships and trust is the foundation of effective healthcare delivery in Kentucky's rural communities, shaped by decades of service to patients and families across the Commonwealth
 Jennifer Harrison, MPH, RDH, CDA, EDDA <i>Initiative Coordinator</i>	- Public health and oral health leader with experience developing school-based dental programs, community dental clinics, and access-to-care initiatives in underserved communities - Skilled in program leadership, workforce development, community outreach, oral health program implementation, and academic instruction across clinical and educational settings - Brings experience as a dental director within a Federally Qualified Health Center and advancing oral health initiatives through state and national professional organizations	- Led school-based and community dental programs serving underserved populations in Kentucky through a Federally Qualified Health Center, including outreach in 10 Jefferson County public schools - Partnered with the University of Kentucky College of Dentistry and the Kentucky Department of Public Health on a statewide oral health surveillance initiative that assessed oral health trends among 6,600 Kentucky children - Has supported Kentucky oral health improvement efforts for more than a decade through leadership roles with the Kentucky Oral Health Coalition, DentaQuest Foundation, and statewide oral health advocacy initiatives - Brings Kentucky-based education, professional, and volunteer experience spanning Louisville, western Kentucky, and rural communities across the Commonwealth

1.2 Launch Initiative

Stakeholder Engagement – One-Page Summary to Launch the RIH Initiative

Serving as Kentucky RHT's version of a "public announcement," these handouts are distributed at stakeholder engagement events and conferences.

**KENTUCKY RURAL
HEALTH TRANSFORMATION**

Rooted in Health: Bringing Dental Care Within Reach

Prioritizing oral health
through workforce
development and
treatment expansion



**Too many rural Kentuckians
have no dental provider to call.
Rooted in Health is expanding
the workforce and advancing
the training that makes
treatment possible.**

When there is no provider nearby, small
problems become serious ones. Rooted
in Health prioritizes getting people out
of the emergency room and into a place
where coordinated care can meet more
dental needs.

Here's what that looks like in practice:

- ▶ Training and placing more dental hygienists in rural Kentucky communities so more people have somewhere to turn.
- ▶ Bringing teledental and mobile dental services to rural communities so people drive less and get care sooner.
- ▶ Equipping general dentists in rural communities with advanced continuing education for surgical extractions to decrease wait times and reduce referrals.

**Only about 28% of all dentists
in Kentucky practice in rural areas.**

**TEAM
KENTUCKY**
CABINET FOR HEALTH
AND FAMILY SERVICES

**KENTUCKY RURAL
HEALTH TRANSFORMATION**
ruralhealthplan.ky.gov

Routine dental care within reach.

Thirty-two counties have a worse dentist-to-population ratio than the national average, and five counties have no practicing dentists at all. This means a simple cleaning often requires a long drive, a long wait, or both.

**Oral health and overall health go hand in hand.
Rooted in Health is making sure rural Kentuckians can have both.**

▶ **Getting care
when it can't wait**

When there is no provider nearby, a small problem can quickly become a serious one. Mobile dental units, teledentistry, and expanded extraction training work to make sure rural Kentuckians can get care before that happens.

▶ **Expanding access by
building the workforce**

More providers where people live means care that doesn't depend on how far someone can drive. More dental hygienists and assistants expand schedules. Community Health Workers get patients in the door.

▶ **Preventing the
next problem**

When providers are available and care is within reach, people can get a cleaning before it becomes a cavity and treat a cavity before it becomes a crisis. Routine care is how rural Kentuckians stop managing dental emergencies and start maintaining their health.

Working to transform the state's dental landscape:

Workforce development and training

- ▶ Supporting the development of new dental hygiene programs and expanding existing ones to grow the pipeline of providers in rural Kentucky
- ▶ Partnering with dental colleges to create hubs that connect patients to specialists and reduce transportation barriers
- ▶ Embedding dental assistant training in rural communities to increase the availability of oral health workforce

Reducing the Wait and Drive

- ▶ Teledentistry provides triage and referral support to public health hygienists, allowing hygienists to connect patients to care
- ▶ Mobile dental units bring complex care, including extractions and denture services, directly to rural communities



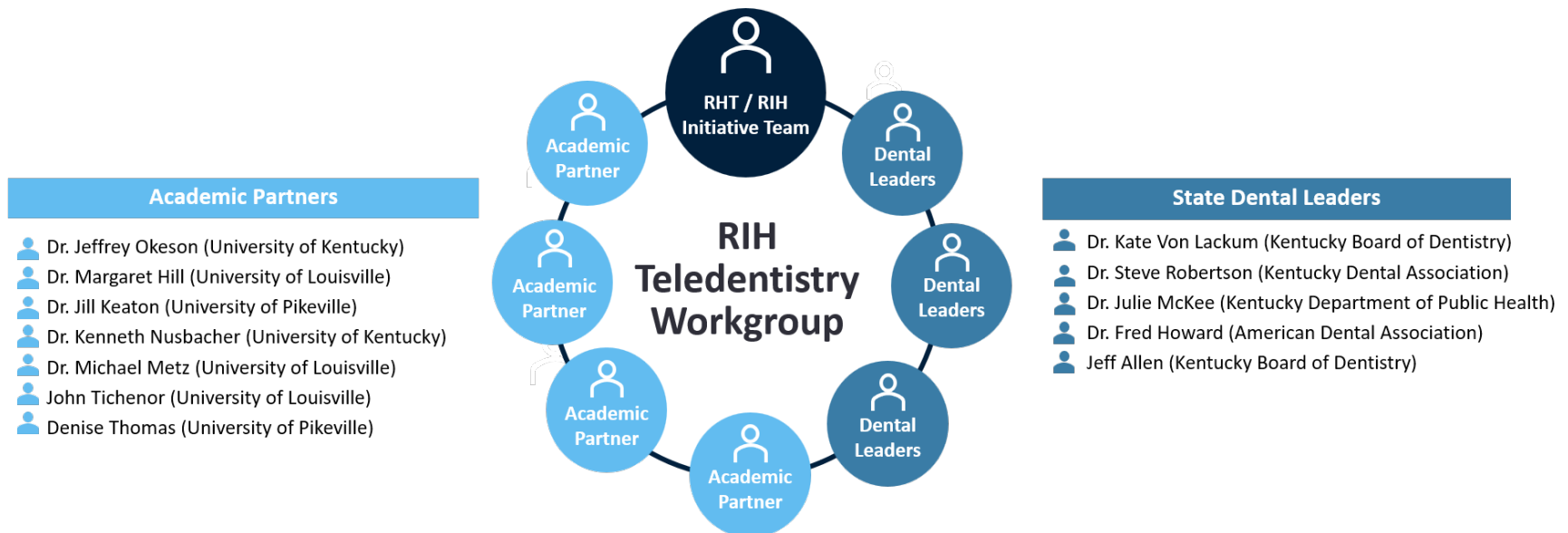
**Kentucky Rural Health Transformation
Five programs. One promise.**
ruralhealthplan.ky.gov

This project is 100% funded by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services (HHS) for a total of \$212.9 million in budget year 1 with 100% by CMS/HHS. The RHT grant spans five budget periods aligned with federal fiscal years (FY2026–FY2030). Funding is disbursed annually by CMS based on achievement of performance metrics. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government. [View the Notice of Funding Opportunity from CMS.](#)

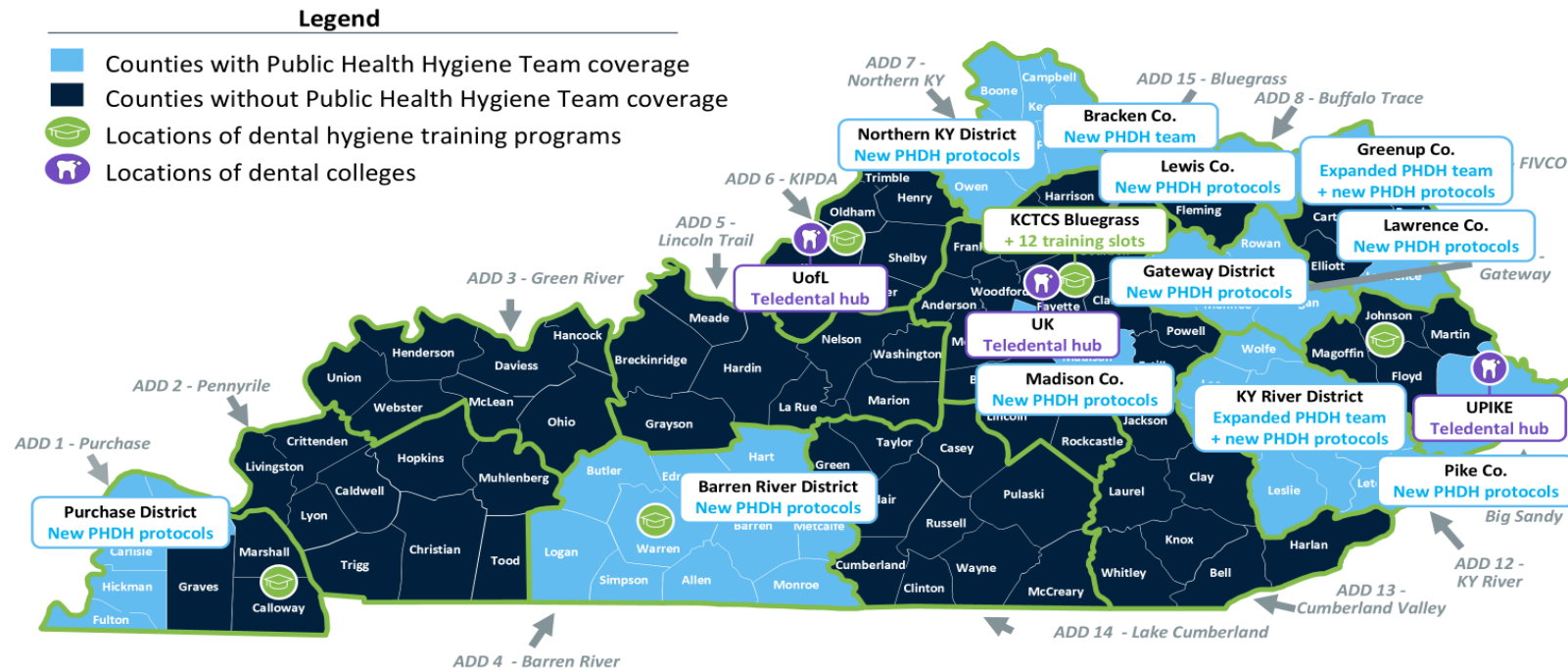
Notable Initiative Stakeholder Events (not comprehensive)

Date	RHT Initiative	Event	Meeting Type	Description
3/20/2026	Rooted in Health	Public Health Dental Hygiene RFA Information Session	Virtual	Hosted an information session on the Public Health Dental Hygiene RFA process for Rooted in Health.
4/3/2026	Rooted in Health	Public Health Dental Hygiene RFA Office Hours	Virtual	Hosted office hours for the Public Health Dental Hygiene RFA process for Rooted in Health.
5/5/2026	Rooted in Health	Accredited Dental Hygiene Programs RFA Information Session	Virtual	Hosted an information session on the Accredited Dental Hygiene Programs RFA process for Rooted in Health.
5/15/2026	Rooted in Health	Accredited Dental Hygiene Programs RFA Office Hours	Virtual	Hosted office hours for the Accredited Dental Hygiene Programs RFA process for Rooted in Health.
5/21/2026	Rooted in Health	Mobile Dentistry RFA Information Session (FQHCs)	Virtual	Hosted an information session for FQHCs on the Mobile Dentistry RFA process for Rooted in Health.
6/16/2026	Rooted in Health	Mobile Dentistry RFA Information Session (FQHCs)	Virtual	Hosted an information session for FQHCs on the Mobile Dentistry RFA process for Rooted in Health.

Advisory Workgroup



Pilot Site Prioritization and Selection



List of Signed Contracts

See below for evidence of RHT program and initiative launch; contract scope details and signatures have been provided for the first contract in each section (highlighted in yellow). Additional contract details beyond the first contract can be provided upon request.

#	Vendor	Vendor Type	Contract Description	Signed Date	Start Date
(4)	Rooted in Health: Rural Dental Access Program (RIH)				
4.A	Bluegrass Community and Technical College System (BCTC)	Subrecipient	New/Expanded Accredited Dental Hygiene Programs and Externships	6/15/2026	7/1/2026
4.B	University of Kentucky Research Foundation	Subrecipient	Colleges of Dentistry to Manage Teledental Hub and Distribute Equipment	6/29/2026	7/1/2026
4.C	University of Kentucky Research Foundation	Subrecipient	Full Spectrum Dental Care in Mobile Clinics	6/29/2026	7/1/2026
4.D	University of Kentucky Research Foundation	Subrecipient	Dental Extraction Training	6/29/2026	7/1/2026

#	Vendor	Vendor Type	Contract Description	Signed Date	Start Date
(4)	<i>Rooted in Health: Rural Dental Access Program (RIH)</i>				
4.E	Local Health Departments (LHDs)	Subrecipient	New Public Health Dental Hygiene Teams	6/12/2026	7/1/2026

4.A. Bluegrass Community and Technical College (BCTC) – New/Expanded Accredited Dental Hygiene Programs and Externships



Commonwealth of Kentucky CONTRACT

Document Number:	PON2 728 2600004112	Version:	1
Record Date:	06/22/2026		
Document Description:	Rural Health Transformation Dental Hygiene Program C6764		
Cited Authority:	FAP111-44-00 Memorandum of Agreement		
Reason for Modification:			

Issuer Contact:	
Name:	Nina Anglin
Phone:	502-564-7606
E-mail:	nina.anglin@ky.gov

Vendor Name:	Vendor No.	KY0032869
BLUEGRASS COMMUNITY AND TECHNICAL COLLEGE	Vendor Contact	
	Name:	TANIA CRAWFORD GROSS
164 OPPORTUNITY WAY, N-121	Phone:	8592563100
LEXINGTON KY 40511	E-mail:	TANIA.CRAWFORD@KCTCS.EDU

Shipping Information:	Billing Information:
	CHFS DPH Commissioners Office 275 E Main Street HS1GW-A
	Frankfort KY 40621

Effective From: 07/01/2026		Effective To: 06/30/2027					
Line Item	Delivery Date	Quantity	Unit	Description	Unit Price	Contract Amount	Total Price
1		0.00000		FY27 Rural Health Transformation Dental Hygiene	\$0.000000	\$350,869.00	\$350,869.00

Extended Description:
The Bluegrass Community and Technical College will offer an associate degree through the Dental Hygiene Program to help develop a workforce pipeline for Kentucky's rural counties that face challenges recruiting dental hygienists.

100% Federal Funds CFDA 93.798

Vendor Contact: Melanie Williamson
email: melanie.williamson@kctcs.edu

Agency Contact: John Landis
email: john.landis@ky.gov

2600004112	Document Phase Final	Document Description Rural Health Transformation Dental Hygiene Program C6764	Page 3 Total Pages: 17
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**Memorandum of Agreement Terms and Conditions
Regular (Government/Quasi-Governmental) (PON2)**

This Memorandum of Agreement (MOA) is issued by the Commonwealth of Kentucky, Cabinet for Health and Family Services, Division of Procurement and Grant Oversight on behalf of the Department for Public Health ("the Commonwealth") with Bluegrass Community and Technical College ("the Contractor"). The initial MOA is effective from 07/01/2026 through 06/30/2027.

SECTION 1 – ADMINISTRATIVE OVERVIEW

1.00 Purpose and Background

The Rural Health Transformation (RHT) Program was authorized by House Resolution One (Section 71401 of Public Law 119-21) and empowers states to strengthen rural communities across the United States by improving healthcare access, quality, and outcomes through transforming the healthcare delivery system. The Centers for Medicare and Medicaid Services administers and oversees the funds allocated through the RHT Program nationwide, including Kentucky over the next five years. Kentucky was awarded \$212.9 million to support healthcare initiatives addressing chronic conditions, maternity care, oral health, emergency services, and behavioral health for its rural communities.

The Bluegrass Community and Technical College (BCTC) is part of the Kentucky Community and Technical College System, accredited by the Southern Association of Colleges and Schools, and was established in 1939. It was formed from the consolidation of two separate institutions: Lexington Community College and Central Kentucky Technical College. The Dental Hygiene facility is located on the BCTC Newton North Campus in Lexington, Kentucky. BCTC offers an associate degree through the Dental Hygiene Program.

The American Dental Association and Health Policy Institute's recent survey found that dentists reported recruiting dental hygienists as extremely and very challenging. Thus, developing a workforce pipeline for Kentucky's rural counties will address that challenge and support the US Bureau of Labor Statistics' projected job outlook, which shows that employment for dental hygienists is expected to grow seven percent from 2024 to 2034, much faster than the average for all occupations.

1.01 Terminology

For this Contract, the following terms may be used interchangeably:

Vendor: Contractor, Offeror, The Second Party, Proposer

Issuer of Contract: Buyer, Purchaser, Contract Officer

Commonwealth of Kentucky: Commonwealth, State

Cabinet for Health and Family Services: the Cabinet, the Department, the Agency, CHFS

Fiscal Year: July 1 through June 30

Biennium: July 1 of each even numbered year through June 30 of the next even numbered year.

1.02 Definitions/Acronyms

BCTC - Bluegrass Community and Technical College

CMS – Centers for Medicaid and Medicare Services

RHT - Rural Health Transformation Program

SECTION 2 – SCOPE OF SERVICES

2.00 Services Required

Bluegrass Community and Technical College (BCTC) shall:

1. Hire one full-time dental faculty member.
2. Enroll 12 new students per semester.
3. Purchase approved instructional, medical, and classroom equipment to furnish the school dental clinic.

2.01 Reporting Requirements

BCTC shall submit monthly narrative reports on program activities, accomplishments, and financial status. Reports are due by the 15th of each month for the previous month's activities and must also be submitted electronically to DPHGrantsCoordination@ky.gov.

Scope applicable to 4.A.

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2600004112	Draft	Rural Health Transformation Dental Hygiene Program C6764	Total Pages: 17

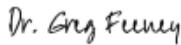
Approvals

This contract is subject to the terms and conditions stated herein. By affixing signatures below, the parties verify that they are authorized to enter into this contract and that they accept and consent to be bound by the terms and conditions stated herein. In addition, the parties agree that (i) electronic approvals may serve as electronic signatures, and (ii) this contract may be executed in any number of counterparts, each of which when executed and delivered shall constitute a duplicate original, but all counterparts together shall constitute a single contract.

CHFS Cabinet Approval:

	Deputy Secretary
Signature	Title
Patricia Okeson	6/15/2026 8:19 AM EDT
Printed Name	Date

Contractor Approval:

	President/CEO
Signature	Title
Dr. Greg Feeney	6/15/2026 8:12 AM EDT
Printed Name	Date

CHFS Department Review:

	Deputy Commissioner, Operations
Signature	Title
Andrew Yunt	6/15/2026 8:15 AM EDT
Printed Name	Date

Approved as to form and legality:


Attorney
6/4/2026 8:43 AM EDT
Date

2.1 Continue initiative activities

Please see attached project plan. Evidence included above in 1.2 Launch initiative may also be of interest.

2.2 Complete at least one post-launch milestone

Please see attached project plan. Evidence included above in 1.2 Launch initiative may also be of interest.

RIH Success Stories

See below for a selected sample of the many success stories RIH has had so far. Additional details can be provided upon request.

Success Stories
<i>(4) Rooted in Health: Rural Dental Access Program (RIH)</i>
<u>5/9/26: Building Statewide Momentum for Mobile Dentistry and Teledentistry</u> Expanding access to oral health services in rural communities requires strong statewide partnerships and alignment among public health leaders, providers, educators, and policymakers. On May 9, 2026, the Kentucky Board of Dentistry convened dental leaders from across Kentucky to build awareness of the Rooted in Health initiative and strengthen engagement around strategies to improve oral health access in rural communities. This presentation helped increase awareness of Rooted in Health amongst Kentucky’s dental leadership community and created an opportunity to build relationships with stakeholders who will play an important role in future oral health transformation. By engaging dental leaders early, Kentucky is strengthening the partnerships needed to support teledental hubs, mobile dentistry programs, and other innovative oral health care delivery models. <u>6/12/26: Bringing Preventive Oral Health Services to Rural Kentucky Students</u> Rural communities often face limited access to preventive oral health services, particularly for children who may not otherwise receive routine dental screenings. Through RHT funding, Bracken County’s Local Health Department hired an entirely new Public Health Dental Hygiene (PHDH) team to expand local oral health capacity. By expanding PHDH teams, Kentucky is increasing access to preventive oral health screenings in K-12 school settings and creating earlier opportunities to connect children with follow-up dental care. This investment strengthens local oral health infrastructure and supports a sustainable approach to expand access to preventive oral health services for rural students.

Success Stories

6/15/26: Growing Kentucky's Dental Hygiene Workforce Pipeline

A strong oral health workforce is essential to improving access to care in rural communities. Bluegrass Community and Technical College (BCTC) introduced its first RHT-funded dental hygiene cohort in August following contract finalization in June, which enabled BCTC to add four (4) new training slots to its existing program. This expansion marks an early workforce development milestone for the Rooted in Health initiative and represents an important step toward addressing oral health workforce shortages in rural communities. By increasing training capacity, Kentucky is helping prepare more dental hygienists to enter the workforce and serve communities where oral health provider shortages limit access to care. This investment supports both near-term program growth and long-term sustainability by strengthening the pipeline of future oral health professionals.

Kentucky Rural Health Transformation

CMS Checkpoint Model Evidence

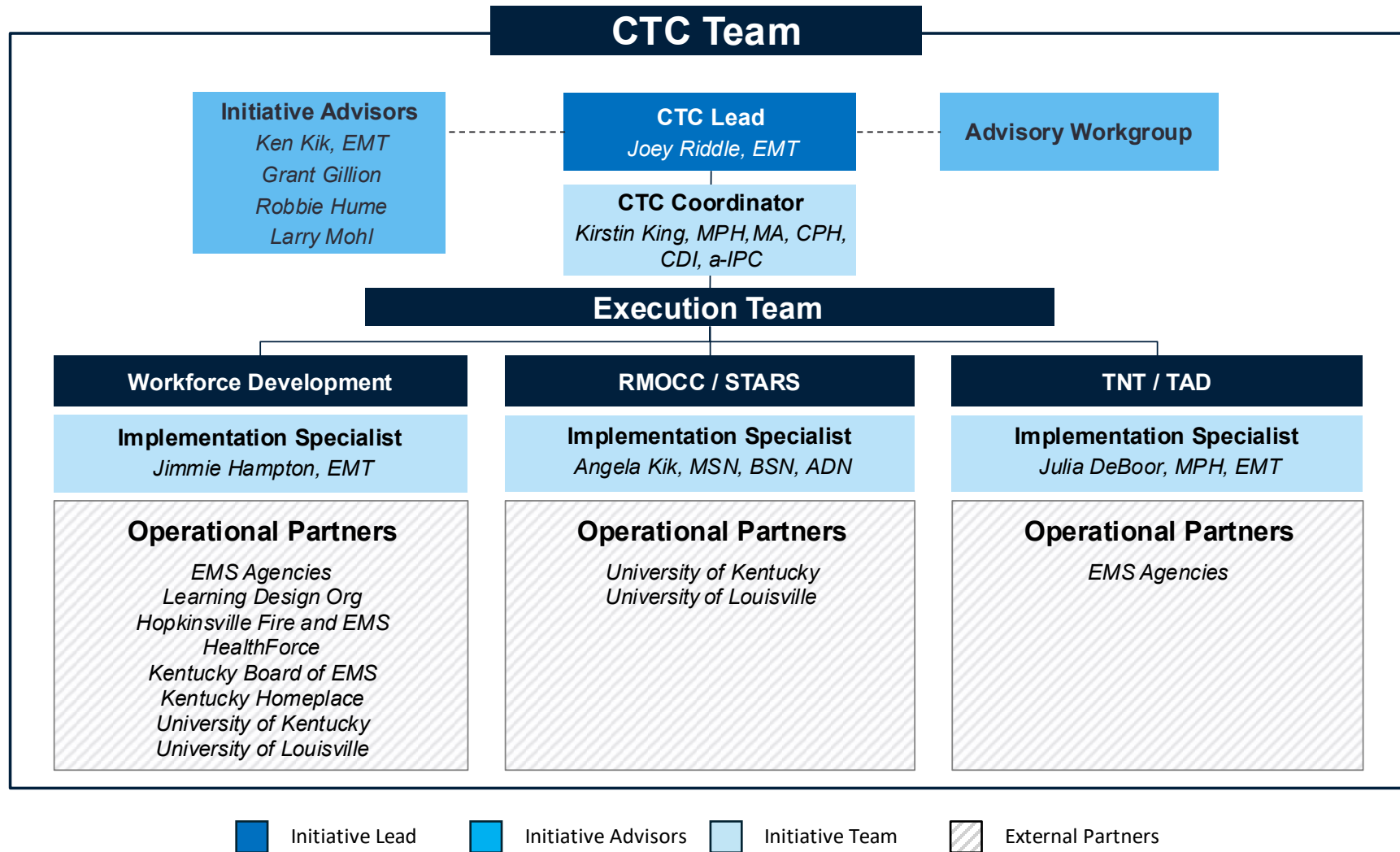
Crisis to Care (CTC): Integrated EMS and Trauma Response

Kentucky Cabinet for Health and Family Services

Department for Public Health

0.1 Establish Governance

Initiative Governance: Crisis to Care (CTC): Integrated EMS and Trauma Response



Crisis to Care (CTC) Team

Team Member	Relevant Experience	Connection to Rural Kentucky
 Joey Riddle, EMT <i>Initiative Lead</i>	• 8+ years as a Regional Emergency Preparedness Coordinator at the Kentucky Department for Public Health (DPH) • 40+ years of experience as a firefighter and EMT in Kentucky • Currently serves as Deputy Director for Shelby County Emergency Management	• Supports statewide emergency preparedness and public health response efforts affecting rural communities throughout Kentucky • Brings practical EMS and first responder experience from Kentucky communities
 Kirstin King, MPH, MA, CPH, CDI, a-IPC <i>Initiative Coordinator</i>	• 5+ years as Program Evaluator and Epidemiologist for local and state public health organizations including time at Kentucky Department for Public Health (KDPH) • Currently serves as the Safety and Security Coordinator for the Gateway Community and Technical College System's Emergency Preparedness Team • Holds graduate degrees in Public Health, Emergency & Disaster Management, and Homeland Security	• Experience evaluating and tracking public health improvement efforts at both state and local levels • Brings experience as a volunteer first responder through Northern Kentucky's water rescue team • Brings expertise in emergency preparedness, public health infrastructure, and local health department operations
 Jimmie Hampton, EMT <i>Workforce Development Implementation Specialist</i>	• 24+ years of experience as a paramedic, firefighter, and former local Emergency management Director at Rowan County • Previously served as Emergency Management Director in Morehead and worked extensively with the Kentucky Department for Public Health (DPH) • Leads training coordination, workforce development initiatives, and emergency preparedness planning within Kentucky public health	• Brings direct experience from emergency response, EMS operations, and emergency management in eastern Kentucky • Focuses on strengthening EMS workforce pipelines and training accessibility statewide

Team Member	Relevant Experience	Connection to Rural Kentucky
 Angela Kik, MSN, BSN, ADN <i>RMOCC/STARS Implementation Specialist</i>	• Public health nurse with more than 30 years of nursing and preparedness experience • Former Emergency Response Section Supervisor and Incident Management Team leader within Kentucky Department for Public Health (DPH) • Led statewide patient tracking initiatives and worked with EMS, hospitals, and emergency management partners to improve incident response coordination	• Extensive experience working within emergency response across Kentucky • Expertise in regional healthcare coordination aligns directly with RMOCC implementation goals
 Julia DeBoor, MPH, EMT <i>TNT/TAD Implementation Specialist</i>	• Advanced Practice Paramedic and Critical Care Paramedic with frontline EMS experience • Former Kentucky Department of Public Health (DPH) intern supporting public health initiatives • Holds a bachelor's degree in emergency medical care and is completing a Master of Public Health (MPH) at Eastern Kentucky University	• Clinical experience with EMS agencies serving rural Kentucky communities • Professional and academic focus on EMS systems, healthcare delivery, and disaster management • Community Paramedic certification and experience align closely with community paramedicine programming

1.2 Launch Initiative

Stakeholder Engagement – One-Page Summary to Launch the CTC Initiative

Serving as Kentucky RHT's version of a "public announcement," these handouts are distributed at stakeholder engagement events and conferences.

KENTUCKY RURAL HEALTH TRANSFORMATION

Crisis to Care: Integrated Response and Coordination

Redefining emergency and trauma response for rural Kentucky.



The Crisis to Care program works to strengthen emergency medical services (EMS) by expanding training, improving coordination, and extending care beyond the emergency itself.

This is Kentucky's moment to reimagine emergency care in rural Kentucky. The Crisis to Care program coordinates response in real time, when every second counts. And community paramedicine alongside community health workers ensures care continues after a crisis.

Here's what that looks like in practice:

- ▶ Expanding the workforce of skilled EMS and paramedic professionals to meet demand in rural Kentucky.
- ▶ Connecting responders and hospital teams in real time using cutting-edge technology.
- ▶ Supporting treatment where you live and transporting each patient to the most appropriate care setting.
- ▶ Integrating community health workers into the care team to ensure follow-up after emergencies.
- ▶ Alerting emergency responders for complex cases to improve coordination.

Nearly half of Kentucky's paramedics are **concentrated in five metro counties**, leaving rural regions with limited coverage.

TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

KENTUCKY RURAL HEALTH TRANSFORMATION
ruralhealthplan.ky.gov

Increasing responders. Improving coordination. Personal crisis care.

In rural Kentucky, emergency help is at least 25 minutes away. In a city, it's only six minutes. That's because 110 of 120 counties statewide are classified as ambulance deserts.

The Crisis to Care program works to improve EMS and trauma response so every emergency is matched to the care it needs, every time.

▶ **During the emergency**

EMS providers use enhanced training, protocols, and technology to assess, stabilize, and route patients to the most appropriate level of care.

▶ **At the point of care**

Shared real-time data connects EMS, emergency departments, and alternative care destinations so crews and receiving teams coordinate before the patient arrives.

▶ **After the emergency**

Community paramedicine and CHWs support follow-up care, reduce repeat 911 calls, and connect patients to ongoing services in their community.

Program components work together to create a coordinated system of care:

Workforce development and recruitment

- ▶ EMS training is expanding statewide, with simulation labs and hybrid course delivery reaching rural communities.
- ▶ Becoming an EMT, Advanced EMT, or paramedic is more accessible with financial support for initial training.

Case management and treatment in place

- ▶ Ambulance crews in rural areas deliver telemedicine services, including diagnoses and treatment plans.
- ▶ Agencies transport patients to the facility best suited to their needs, instead of a traditional emergency department.

Statewide emergency care coordination

- ▶ Coordination centers give EMS teams real-time visibility into which trauma facilities can receive patients, reducing critical delays.
- ▶ Before they arrive on scene, first responders access critical information about children with complex conditions.

Connected care means faster treatment and better outcomes for rural Kentuckians.



Kentucky Rural Health Transformation
Five programs. One promise.
ruralhealthplan.ky.gov

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Notable Initiative Stakeholder Events (not comprehensive)

Date	RHT Initiative	Event	Meeting Type	Description
3/16/2026	Crisis to Care	CTC Advisory Workgroup #1	In-Person	Convened the Advisory Workgroup to provide guidance during development of the program.
5/2/2026	Crisis to Care	RMOCC Subcommittee Meeting #1	Virtual	Convened the RMOCC Subcommittee to provide feedback informed by deep subject matter expertise.
5/4/2026	Crisis to Care	CTC Advisory Workgroup #2	In-Person	Convened the Advisory Workgroup to provide guidance during development of the program.
5/8/2026	Crisis to Care	Community Paramedicine RFA Information Session	Virtual	Hosted an information session on the Community Paramedicine RFA process.
5/21/2026	Crisis to Care	Education & Training Modernization RFA Information Session	Virtual	Hosted an information session on the Education & Training Modernization RFA process.
5/27/2026	Crisis to Care	Education & Training Modernization RFA Office Hour Session #1	Virtual	Held office hours to answer questions and provide support on the Education & Training Modernization RFA process.
5/15/2026	Crisis to Care	Community Paramedicine RFA Office Hour Session #1	Virtual	Held office hours to answer questions and provide support on the Community Paramedicine RFA process.
5/28/2026	Crisis to Care	EMS Transformation RFA Information Session	Virtual	Hosted an information session on the EMS Transformation RFA process.
6/2/2026	Crisis to Care	EMS Transformation RFA Office Hour Session #1	Virtual	Held office hours to answer questions and provide support on the EMS Transformation RFA process.
6/4/2026	Crisis to Care	EMS Agency RFAs Subcommittee #1	Virtual	Convened the EMS Agency RFAs Subcommittee to provide feedback informed by deep subject matter expertise.
6/5/2026	Crisis to Care	Community Paramedicine RFA Office Hour Session #2	Virtual	Held a second round of office hours to answer questions and provide support on the Community Paramedicine RFA process.
6/8/2026	Crisis to Care	Education & Training Modernization RFA Office Hour Session #2	Virtual	Held a second round of office hours to answer questions and provide support on the Education & Training Modernization RFA process.
6/11/2026	Crisis to Care	EMS Transformation RFA Office Hour Session #2	Virtual	Held a second round of office hours to answer questions and provide support on the EMS Transformation RFA process.
6/12/2026	Crisis to Care	E&T Subcommittee #1	Virtual	Convened the Education & Training Subcommittee to provide feedback informed by deep subject matter expertise.
6/22/2026	Crisis to Care	CTC Advisory Workgroup #3	In-Person	Convened the Advisory Workgroup to provide guidance during development of the program.
7/20/2026	Crisis to Care	RMOCC Subcommittee Meeting #2	Virtual	Convened the RMOCC Subcommittee to provide feedback informed by deep subject matter expertise.
7/30/2026	Crisis to Care	E&T Subcommittee #2	Virtual	Convened the Education & Training Subcommittee to provide feedback informed by deep subject matter expertise.

Advisory Workgroup



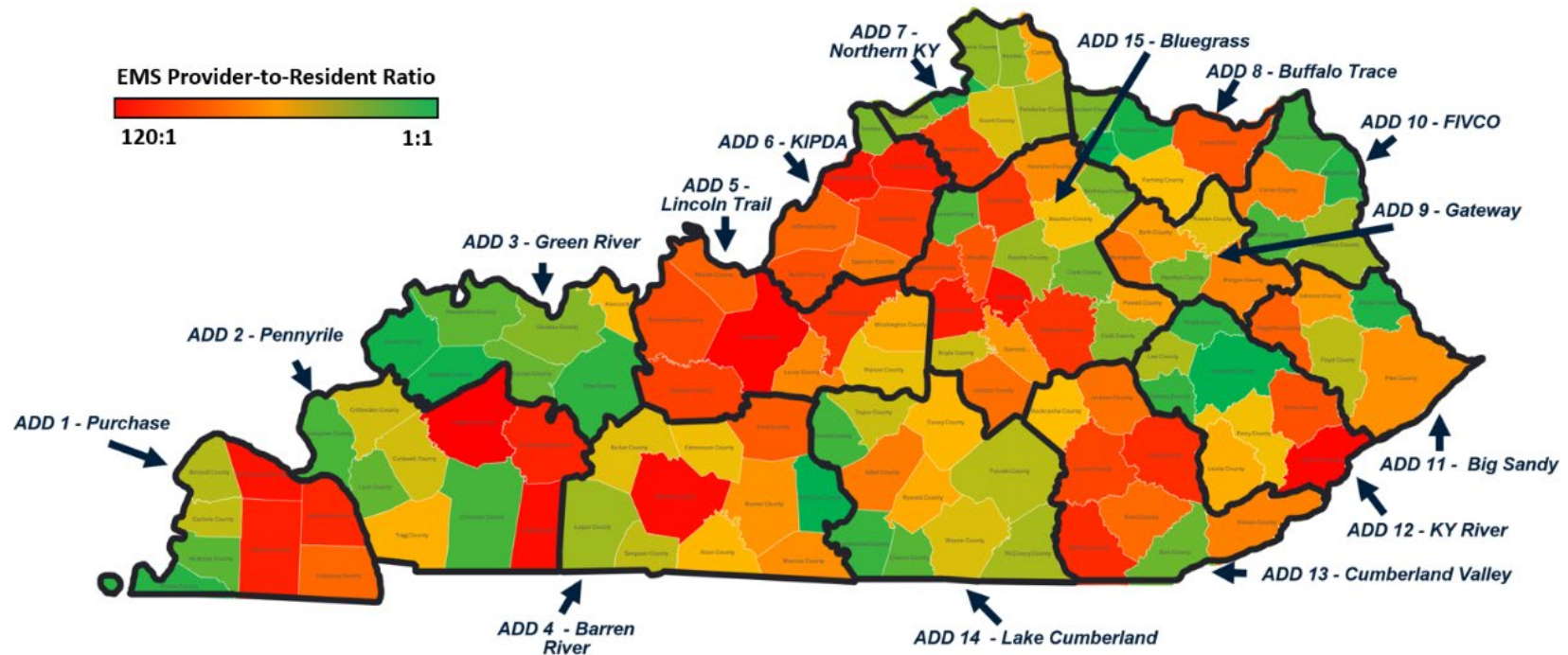
**Member Names are subject to change*

***The chart does not represent a hierarchy between individual component members*

Advisory Workgroup Members

- Joey Riddle (Initiative Lead)
- Dick Bartlett (Kentucky Hospital Association)
- Brent Turvey (Boyd County EMS)
- Brandon Remley (Georgetown-Scott County EMS)
- Eddie Sloane (Kentucky Board of EMS)
- Chuck O'Neal (Kentucky Primary Care Association)
- Jim Duke (Kentucky Ambulance Providers Association)
- Dr. Andrew Bernard (University of Kentucky)
- Dr. Mary Fallat (University of Louisville)
- Dr. Julia Costich (State Trauma Advisory Council)
- Scott Helle (KY Office of Rural Health)
- Wayne Briscoe (Kentucky Board of EMS)
- Ken Kik (Kentucky Department for Public Health)
- Grant Gillion (Kentucky Department for Public Health)

Pilot Site Prioritization and Selection – Geographic Analysis of County Rankings by Population per EMS Provider



List of Signed Contracts

See below for evidence of RHT program and initiative launch; contract scope details and signatures have been provided for the first contract in each section (highlighted in yellow). Additional contract details beyond the first contract can be provided upon request.

#	Vendor	Vendor Type	Contract Description	Signed Date	Start Date
(5)	<i>From Crisis to Care: Integrated EMS and Trauma Response (CTC)</i>				
5.A	University of Kentucky Research Foundation	Subrecipient	Lead Entities to Create Regional Medical Operations Coordination Centers	6/29/2026	7/1/2026
5.B	University of Kentucky Research Foundation (Kentucky Homeplace)	Subrecipient	Community Health Worker Foundational Training	6/29/2026	7/1/2026

5.A. University of Kentucky Research Foundation - Lead Entities to Create Regional Medical Operations Coordination Centers



Commonwealth of Kentucky CONTRACT

Document Number:	PON2 728 2600004478	Version: 1
Record Date:	07/01/2026	
Document Description:	SUBRECIPIENT - RHT - Services Contract UKRF C6789	
Cited Authority:	FAP111-44-00NP Memorandum of Agreement - Non Profit 501 (c) 3	
Reason for Modification:		

Issuer Contact:	
Name:	Dani Pyles
Phone:	
E-mail:	Dani.Pyles@ky.gov

Vendor Name:	Vendor No.	KY0032872
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION UKRF 109 KINKEAD HALL LEXINGTON KY 40506	Vendor Contact	
	Name:	KIM CARTER
	Phone:	859-257-9420
	E-mail:	ospa@uky.edu

Shipping Information:	Billing Information:
	CHFS DPH Division of Epidemiology HS2EA 275 E Main Street HS2EA Frankfort KY 40621

Effective From: 07/01/2026				Effective To: 06/30/2027			
Line Item	Delivery Date	Quantity	Unit	Description	Unit Price	Contract Amount	Total Price
1		0.00000		FY27 UK R3 EmPATH - RHT	\$0.000000	\$517,107.00	\$517,107.00

Extended Description:

This is a subaward of federal financial assistance.

The University of Kentucky Research Foundation (UKRF) will provide advisory, support and technical assistance to nine integrated programs including Rapid Response to Recovery EmPATH, Telebehavioral Health Hub, Digital Denture Mobile Clinic, Comprehensive Mobile Dentistry, Oral and Maxillofacial Surgery Training, Teledentistry, Regional Medical Operations Coordination Center, Homeplace Community Health Worker, Area Health Education Center.

100% Federal Funds
CFDA - 93.798
FAIN - RHTCMS332079
UEI - H1HYA8Z1NTM5

Effective From: 07/01/2026

Effective To: 06/30/2027

Line Item	Delivery Date	Quantity	Unit	Description	Unit Price	Contract Amount	Total Price
6		0.00000		FY27 UK RIH Teledentistry - RHT	\$0.000000	\$1,450,473.00	\$1,450,473.00

Extended Description:

100% Federal Funds
CFDA - 93.798
FAIN - RHTCMS332079

Effective From: 07/01/2026

Effective To: 06/30/2027

Line Item	Delivery Date	Quantity	Unit	Description	Unit Price	Contract Amount	Total Price
7		0.00000		FY27 UK CTC RMOCC - RHT	\$0.000000	\$3,240,118.00	\$3,240,118.00

Extended Description:

100% Federal Funds
CFDA - 93.798
FAIN - RHTCMS332079

Contract portion applicable to 5.A.

Effective From: 07/01/2026

Effective To: 06/30/2027

Line Item	Delivery Date	Quantity	Unit	Description	Unit Price	Contract Amount	Total Price
8		0.00000		FY27 UK CTC Homeplace CHW - RHT	\$0.000000	\$331,465.00	\$331,465.00

Extended Description:

100% Federal Funds
CFDA - 93.798
FAIN - RHTCMS332079

Effective From: 07/01/2026

Effective To: 06/30/2027

Line Item	Delivery Date	Quantity	Unit	Description	Unit Price	Contract Amount	Total Price
9		0.00000		FY27 RHT UK AHECS	\$0.000000	\$1,250,000.00	\$1,250,000.00

Extended Description:

100% Federal Funds
CFDA - 93.798
FAIN - RHTCMS332079

Effective From: 07/01/2026

Effective To: 06/30/2027

Line Item	Delivery Date	Quantity	Unit	Description	Unit Price	Contract Amount	Total Price
10		0.00000		FY27 RHT UK CGS Consulting	\$0.000000	\$865,125.00	\$865,125.00

Extended Description:

100% Federal Funds
CFDA - 93.798
FAIN - RHTCMS332079

2600004478	Document Phase Final	Document Description SUBRECIPIENT - RHT - Services Contract UKRF C6789	Page 7 Total Pages: 36
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- b. Equip the UKHC with telecapabilities and response availability for primary care providers if the regional spokes are not able to respond to the crisis event at the time of occurrence or if escalation and transport to an EmPATH unit is required.
- c. Expand the reach of the UKHC EmPATH unit to support rural emergency departments in surrounding areas or throughout the UK health system through teleservices.

Program Three: Digital Denture Mobile Clinic

1. Comprehensive oral examination of edentulous patients, with or without existing removable prostheses.
2. Fabrication of complete removable dentures for edentulous patients without any current prosthesis using digital technology, including intraoral scanning, digital design, and 3D printing of dental removable prostheses.
3. Fabrication of complete removable dentures for edentulous patients with existing but old, ill-fitting, or defective prostheses using digital technology, including intraoral scanning, digital design, and 3D printing of dental removable prostheses.
4. Conduct evaluation and report findings.

Program Four: Comprehensive Mobile Dentistry

1. Support and train dental staff to provide teledentistry services.
2. Partner with Kentucky's Area Development Districts.
3. Purchase a mobile clinic.
4. Conduct evaluation and report findings.

Program Five: Oral and Maxillofacial Surgery (OMFS) Training

1. Provide a ten-hour, evidence-based, continuing education course in two phases. Instruction will emphasize preoperative assessment, surgical decision-making, atraumatic extraction techniques, flap design, soft tissue management, and suturing.
2. Provide instructional materials, dentiform models, surgical instruments, suturing supplies, facility usage, and instructional time to successfully complete the training.
3. Conduct evaluation and report findings.

Program Six: Teledentistry

1. Support and train staff.
2. Develop teledentistry curriculum, workflows and protocols.
3. Purchase teledentistry equipment including cameras, portable x-ray and dental supplies.
4. Identify and establish agreements ready partner sites to operationalize and serve as spokes to receive clinical guidance, consult with general and specialty dentists and refer treatment options.
5. Participate in collaborative working sessions with other Kentucky dental schools and public health dental hygiene teams.
6. Identify a dedicated space and establish a technological network with multiple workstations to enable communication with remote sites and have the ability to receive images, provide dental consultations and treatment plans/referrals.
7. Conduct evaluation and report findings on services.

Program Seven: Regional Medical Operations Coordination Center (RMOCC)

1. RMOCC Strategy, Planning, and Operating Model Development
 - a. Develop and establish foundational framework for statewide RMOCC implementation, including governance structure, operational model, and stakeholder alignment.
 - b. Define a multi-year RMOCC roadmap, including phased rollout strategy and implementation milestones.
 - c. Support alignment with statewide healthcare priorities and the Rural Health Transformation Program.
2. Clinical and Operational Design
 - a. Develop workflows for patient intake, triage, transfer coordination, and placement across medical, behavioral health, and emergency services.
 - b. Standardize processes to improve patient movement and reduce transfer delays.
 - c. Establish protocols to support coordination during both routine and surge conditions.

Contract portion applicable to 5.A.

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3. Care Coordination Technology Statewide Implementation
 - a. Support statewide rollout and adoption of Care Coordination Technology as a real-time communication and coordination platform.
 - b. Provide onboarding, training, and technical support to hospitals, EMS agencies, and care teams.
 - c. Assist with coordinating outreach and engagement activities to ensure consistent utilization across the network.
 - d. Monitor adoption and support continuous improvement of workflows and utilization.
4. The Southern Regional Disaster Response System (SRDRS) Bed Board Development (Epic Integration)
 - a. Build and initiate the SRDRS multi-state disaster response bed board within Epic.
 - b. Support interoperability through Epic CareEverywhere, CareLink, and Health Level 7 (HL7/FHIR) integrations (a modern HL7 specification designed to simplify and standardize electronic health information sharing).
 - c. Coordinate with regional partners to support cross-state functionality and alignment.
5. State Bed Board Development
 - a. Design and initiate development of a statewide bed board to increase visibility of resources.
 - b. Establish standardized data elements and workflows to support real-time visibility of hospital capacity.
6. Staffing and Program Development
 - a. Recruit, support, and onboard core RMOCC staff, including leadership, outreach, technical, and analytics roles.
 - b. Develop training plans and onboarding materials to support staff readiness.
 - c. Establish internal roles, responsibilities, and coordination processes.
7. Stakeholder Engagement and Coordination
 - a. Initiate and maintain engagement with Emergency Medical Services (EMS) agencies, hospitals, state partners, and key stakeholders.
 - b. Facilitate meetings, workgroups, and training sessions to support alignment and adoption.
 - c. Support relationship-building across healthcare systems to enable coordinated care delivery.
8. Program Management and Implementation Oversight
 - a. Provide project management support, including timeline development, milestone tracking, and coordination across workstreams.
 - b. Monitor risks, dependencies, and progress toward Year 1 goals.
 - c. Support communication with state leadership and stakeholders.

Program Eight: Homeplace (Community Health Worker)

1. Implement a virtual mentorship training program in alignment with Kentucky Office of Community Health Workers (KOCHW) mentorship standards to train community health workers (CHW) in targeted rural counties with limited or no CHW representation.
2. Develop and deliver a one-hour continuing education course, free of charge, to CHWs working in EMS settings, with content hosted and launched through the **Contract portion applicable to 5.A.**
3. Present at or maintain an exhibit booth at EMS leadership or educational spaces such as the Rural Health Leadership Academy, Kentucky EMS Conference, or other relevant venues to promote and increase awareness of the CHW role and the value of CHW integration within the EMS systems.
4. Identify a point of contact to serve on the RHT Workforce Workgroup to serve as a subject matter resource in the development of tools and resources to support, sustain and strengthen the rural CHW workforce.
5. Provide training stipends to eligible mentorship participant individuals.

Program Nine: Area Health Education Center

1. Serve as the designated business and financial agent responsible for managing subaward payments and ensuring timely processing and distribution of funds.
2. Facilitate ongoing communication and coordination between subaward recipients, program leadership, and fiscal stakeholders to support effective implementation and compliance.

DocuSign Envelope ID: 0D52341C-0DFA-8D01-83E6-2AC200235E0F		Document Description	Page 36
2600004478	Draft	SUBRECIPIENT - RHT - Services Contract UKRF C6789	Total Pages: 36

Approvals

This contract is subject to the terms and conditions stated herein. By affixing signatures below, the parties verify that they are authorized to enter into this contract and that they accept and consent to be bound by the terms and conditions stated herein. In addition, the parties agree that (i) electronic approvals may serve as electronic signatures, and (ii) this contract may be executed in any number of counterparts, each of which when executed and delivered shall constitute a duplicate original, but all counterparts together shall constitute a single contract.

CHFS Cabinet Approval:

 Signature	Deputy Secretary Title
Patricia Okeson Printed Name	6/29/2026 11:27 AM EDT Date

Contractor Approval:

 Signature	Associate Director Title
Kim C. Carter Printed Name	6/29/2026 7:12 AM PDT Date

CHFS Department Review:

 Signature	Deputy Commissioner, Operations Title
Andrew Yunt Printed Name	6/29/2026 10:14 AM EDT Date

Approved as to form and legality:

 Attorney
6/17/2026 8:17 PM EDT Date

2.1 Continue initiative activities

Please see attached project plan. Evidence included above in 1.2 Launch initiative may also be of interest.

2.2 Complete at least one post-launch milestone

Please see attached project plan. Evidence included above in 1.2 Launch initiative may also be of interest.

CTC Success Stories

See below for a selected sample of the many success stories CTC has had so far. Additional details can be provided upon request.

Success Stories
(5) From Crisis to Care: Integrated EMS and Trauma Response (CTC) Convening the Crisis Care Ecosystem Crisis to Care (CTC) has established a collaborative workgroup and active subcommittees to guide program planning and implementation. By the end of August, the initiative will have hosted four working group sessions bringing together representatives from the Office of Rural Health (ORH), Kentucky Board of EMS (KBEMS), Department for Public Health (DPH) Emergency Preparedness Branch, EMS agencies, University of Kentucky (UK), University of Louisville (UofL), and education and training partners. These sessions are helping to ensure that implementation decisions reflect the perspectives and expertise of stakeholders across the crisis and trauma response continuum.