

**SMALL HOSPITAL IMPROVEMENT PROGRAM  
PARTICIPATION AGREEMENT  
FY 2025-2026**

HOSPITAL: \_\_\_\_\_

CITY: \_\_\_\_\_

GRANT AMOUNT: **\$10,477.09\*** – \*If all deliverables are met

AGREEMENT PERIOD: JUNE 01, 2025 through MAY 31, 2026

Healthworks STAFF CONTACT: Jennifer Findley, [ship@kha-net.org](mailto:ship@kha-net.org), (785) 233-7436

CEO: \_\_\_\_\_ (Name)  
\_\_\_\_\_ (Email)  
\_\_\_\_\_ (Phone)

This Agreement is entered into this \_\_\_\_\_, 2025 (Effective Date) by and between the Healthworks KHA Foundation, Inc., hereinafter referred to as Healthworks, a non-profit corporation located at 215 SE 8<sup>th</sup> Street, Topeka, Kansas 66603, and \_\_\_\_\_ (Hospital) located at \_\_\_\_\_ (Address, City, State Zip).

The Kansas Department of Health and Environment (KDHE) receives funds from the Federal Office of Rural Health Policy, U.S Department of Health and Human Services to administer the Small Hospital Improvement Program (SHIP) – CFDA 93.301.

KDHE through its Bureau of Community Health in cooperation with Healthworks desires to help rural communities support sustainable health care delivery systems and to ensure access to services in rural Kansas; and,

Through the SHIP, KDHE and Healthworks assists small rural hospitals and hospitals with fewer than 50 beds in meeting the costs related to value-based payment and quality improvement goals for their respective organizations through purchases of hardware, software and training.

**A. It is mutually agreed that:**

1. Healthworks serves as the contracting agent for KDHE, the federal grantee for SHIP grant funds. Funding for this Agreement is contingent upon the availability of federal funds in the State Treasury and the federal authorization to expend those funds.
2. All reports submitted to Healthworks from Hospital related to this grant need to be sent electronically to [ship@kha-net.org](mailto:ship@kha-net.org).
3. KDHE maintains all federal and/or state regulatory responsibilities for the SHIP. KDHE will provide guidance and recommendations to Hospital regarding requirements consistent with this Agreement.

**B. Hospital agrees:**

1. To provide contact information for key staff to Healthworks as outlined in **Appendix A**.
2. To meet all deliverables as outlined and to provide information to Healthworks and/or KDHE related to the attainment of federal performance measures upon request.
3. Expend all funds within the project budget and in accordance with the SHIP grant guidance pursuant to Section 1820(g)(3) of the Social Security Act. Dates of service must take place during the grant period (6-1-25 through 5-31-26). **Hospital must provide proof of actual expenditures made as**

**part of this program.** Failure to expend all funds in qualified areas as described in **Appendix B** could result in forfeiture of funds.

4. To routinely submit quality measures as outlined in **Appendix C** in order to receive full funding.
5. Submit the mid-year SHIP expense and activity report by December 31, 2025.
6. Submit the year-end SHIP expense and activity report by June 30, 2026.
7. That failure to meet grant deliverables will result in Hospital's grant funds being re-directed at the discretion of KDHE and Healthworks.
8. Payments may be withheld and/or refunds requested for any previous period in this grant year, if any required Program/Fiscal Reports have not been received or if the program requirements/objectives are not met as specified in this Agreement.
9. To provide a contact person's name and information to serve as SHIP contact for Healthworks and KDHE. Hospital must provide Healthworks written information with new contact name and/or information for any changes within thirty (30) days of said change.
10. To comply with the terms of the Pilot Program For Enhancement Of Contractor Employee Whistleblower Protections and the Non-Debarment Certification and Warranty provisions. **(Appendix D).**
11. That funds received are federal grant funds and subject to the uniform cost principles and audit requirements for all federal awards established by the Office of Management and Budget.
12. To allow access, upon written request, to the Secretary of KDHE and Legislative Post Audit, to any documents or records necessary to certify compliance with this Agreement, Kansas legislative appropriations, Kansas statutes and the Federal Grant Acts and Regulations.

C. Healthworks Agrees:

1. To provide guidance to Hospital as to the reporting requirements of the Agreement, including providing necessary forms for reporting.
2. To serve as a resource for information and assistance as needed.
3. To reimburse the Hospital in two payments upon completion of each milestone as referenced below.

**Milestone 1:** Submission and approval of mid-year SHIP expense and activity report, due December 31, 2025. **Payment amount: \$3,477.09**

**Milestone 2:** Submission and approval of end-of-year SHIP expense and activity report, due June 30, 2026 and submission of quality data as outlined in Appendix C. Payment will be issued once verification of data reporting has taken place. All data must be reported to receive the entire milestone payment. **Payment amount: \$7,000.00**

- D. This Agreement shall be interpreted in accordance with, and the performance thereof governed by, the laws of the State of Kansas without giving effect to its conflict of laws provisions. Shawnee County, State of Kansas shall be the sole and exclusive venue for any litigation, proceeding or other action which may be brought or arise out of or in connection with this Agreement.
- E. In case one or more of the provisions of this Agreement or any application thereof shall be deemed invalid, unenforceable, or illegal, the validity, enforceability, and legality of the remaining provisions and any other application thereof shall not be affected.

F. This Agreement shall be deemed to express, embody and supersede all previous understandings, agreements and commitments, whether written or oral, between the parties hereto with respect to the subject matter stated in this document and to fully and finally set forth the entire agreement between the parties. No modifications to this agreement shall be in effect or binding unless stated in writing and signed by both parties.

Notices: Any and all notices, requests or other communications as are required or permitted in or by any provision of this Agreement shall be in writing and may be delivered personally or by certified mail directed to Jennifer Findley, Healthworks, 215 SE 8<sup>th</sup> Avenue, Topeka, KS 66603 and, if sent by certified mail, shall be deemed to have been delivered when deposited, postage prepaid.

IN WITNESS THEREOF, this Agreement has been executed by the parties and is in effect as of the Effective Date first above written, notwithstanding actual execution on a different date.

**Healthworks KHA Foundation, Inc.**

**Hospital Name:**

\_\_\_\_\_  
**Printed Name and Title**

\_\_\_\_\_  
**Jennifer Findley, Executive Director**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

## Hospital Contact Information Form

Please complete all the following to make sure Healthworks has the correct contact information, and your staff receives all necessary communication.

SHIP Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Direct Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Data Abstraction Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Direct Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Quality Manager Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Direct Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Community Health/Population Health Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Direct Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Antibiotic Stewardship Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Direct Phone: \_\_\_\_\_ Email: \_\_\_\_\_

NHSN Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Direct Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## SHIP Purchasing Menu – FY25

- Quality reporting data collection/related training or software
- **MBQIP** data collection process/related training (includes HCAHPS)
- Provider based clinic (Rural Health Clinic) quality measures education
- Alternative payment model and quality payment program training/education
- Computerized provider order entry implementation and/or training
- Pharmacy services training, hardware/software, and machines (not pharmacist services or medication)
- Population health or disease registry training and/or software/hardware
- Social determinants of health screening software/training
- Systems performance training in support of ACO or shared savings related initiatives
- Telehealth and mobile health hardware and/software (not telecommunications)
- Community paramedicine training and hardware/software
- Health information technology training for value and ACOs including training, software and risk assessments associated with cybersecurity
- ICD-11 software/training
- S-10 Cost Reporting training (charity care)
- Pricing transparency training and software (chargemaster training)
- Efficiency or quality improvement training – no projects – PRIOR APPROVAL REQUIRED
  - discharge planning
  - patient safety
  - reducing readmissions
  - antibiotic stewardship
  - Immunizations
  - Hospital safety training and emergency preparedness
  - Lean
  - Plan/Do/Study/Act
  - Team STEPPS
  - CMS abstraction tool
  - Medicare spending per beneficiary
  - Non-clinical operations
  - swing bed utilization and quality measures
  - care coordination
  - population health
  - health information exchange
  - financial and operational strategies
  - 340B
- Efficiency or quality improvement software
  - Medicare spending per beneficiary
  - Non-clinical operations
  - Swing bed utilization and quality measures
  - Care coordination
  - Health information exchange
  - Population health

# APPENDIX C

## Medicare Beneficiary Quality Improvement Project (MBQIP) Hospital Data Submission Deadlines Reporting Quarters Applicable to SHIP 2025-2026 Grant (FY25)

| Measure ID                 | Measure Name   | Reported To  | Submission Deadline by Encounter Period                                   |                             |                             |                             |
|----------------------------|--|--|---|-----------------------------|-----------------------------|-----------------------------|
|                            |  |  | Q4 / 2024<br>Oct 1 - Dec 31   | Q1 / 2025<br>Jan 1 - Mar 31 | Q2 / 2025<br>Apr 1 - Jun 30 | Q3 / 2025<br>Jul 1 - Sep 30 |
| OP-18                      | Median time from ED Arrival to ED Departure for Discharged ED Patients | Hospital Quality Reporting (HQR) portal OR Vendor  | May 1, 2025   | August 1, 2025              | November 1, 2025            | February 1, 2026            |
| OP-22                      | Patient left without being seen  | Hospital Quality Reporting (HQR) portal            | May 15, 2026<br>(Aggregate based on full calendar year 2025)              |                             |                             |                             |
| HCAHPS                     | Hospital Consumer Assessments of Healthcare Providers and Systems      | Hospital Quality Reporting (HQR) portal via Vendor | April 2, 2025   | July 9, 2025                | October 8, 2025             | January 14, 2026            |
| HCP/IMM-3                  | Influenza vaccination coverage among health care personnel             | National Healthcare Safety Network (NHSN)          | May 15, 2026<br>(Aggregate based on Q4 2025/Q1 2026)                      |                             |                             |                             |
| Antibiotic Stewardship     | CDC NHSN Annual Facility Survey  | National Healthcare Safety Network (NHSN)          | March 1, 2026 (Survey year 2025)  |                             |                             |                             |
| EDTC                       | Emergency Department Transfer Communication                            | QHi  | Submit each month by the end of the following month                       |                             |                             |                             |
| Quality Program Assessment | National CAH Quality Inventory and Assessment                          | Flex Monitoring Team (FMT) via Qualtrics           | October 17, 2025  |                             |                             |                             |
| Safe Use of Opioids        | Safe Use of Opioids - Concurrent Prescribing (eCQM)                    | Hospital Quality Reporting (HQR) portal            | March 2, 2026<br>(4 quarters of data: Q1 2025, Q2 2025, Q3 2025, Q4 2025) |                             |                             |                             |

\*Please note Hybrid Hospital-Wide All Cause Readmission will be required as part of MBQIP reporting in the next grant cycle (FY26)

\*\* Please note these are subject to change at any time during the grant cycle with directive from the Federal Office of Rural Health Policy and will be updated as soon as changes are known

Updated 08/08/25

Updated 10-11-21

## **COMPLIANCE WITH THE "PILOT PROGRAM FOR ENHANCEMENT OF CONTRACTOR EMPLOYEE WHISTLEBLOWER PROTECTIONS"**

Congress has enacted a law, found at 41 U.S.C. 4712, encouraging employees to report fraud, waste, and abuse. This law applies to all employees working for contractors, grantees, subcontractors and subgrantees on federal grants and contracts [for the purpose of this document, "Recipient of Funds"]. The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) mandated a pilot program entitled, "PILOT PROGRAM FOR ENHANCEMENT OF CONTRACTOR EMPLOYEE WHISTLEBLOWER PROTECTIONS". 41 U.S.C. 4712 has been amended, enacting a permanent extension of the pilot program.

This program requires all grantees, their subgrantees and subcontractors to:

- Inform their employees working on any Federal award they are subject to the whistleblower rights and remedies of the pilot program;
- Inform their employees in writing of employee whistleblower protections under 41 U.S.C. 4712 in the predominant native language of the workforce; and,
- Contractors and grantees will include such requirements in any agreement made with a subcontractor or subgrantee.

Employees of a contractor, subcontractor, grantee [or subgrantee] may not be discharged, demoted, or otherwise discriminated against as reprisal for "whistleblowing." In addition, whistleblower protections cannot be waived by any agreement, policy, form or condition of employment.

Whistleblowing is defined as making a disclosure "that the employee reasonably believes is evidence of any of the following:

- Gross mismanagement of a federal contract or grant;
- A gross waste of federal funds;
- An abuse of authority relating to a federal contract or grant;
- A substantial and specific danger to public health or safety; or,
- A violation of law, rule, or regulation related to a federal contract or grant (including the competition for, or negotiation of, a contract or grant).

To qualify under the statute, the employee's disclosure must be made to:

- A Member of Congress or a representative of a Congressional committee;
- An Inspector General;
- The Government Accountability Office;
- A federal employee responsible for contract or grant oversight or management at the relevant agency;
- An official from the Department of Justice, or other law enforcement agency;
- A court or grand jury; or,
- A management official or other employee of the contractor, subcontractor, grantee, or subgrantee who has the responsibility to investigate, discover, or address misconduct.

**The Recipient of Funds acknowledges that as a condition of receiving funds, it has complied with the terms of the "PILOT PROGRAM FOR ENHANCEMENT OF CONTRACTOR EMPLOYEE WHISTLEBLOWER PROTECTIONS", as amended, and has informed its employees in writing and in the predominant native language of the workforce, that by working on any Federal award, the employees are subject to the whistleblower rights and remedies.**