

**Small Hospital Improvement Program
FY26 Application**

Due Date: January 15, 2026
Grant Period: June 1, 2026 - May 31, 2027

Facility Information

Hospital Name

Thank you for taking the time to complete the 2026-2027 SHIP Grant Application. KDHE Office of Primary Care and Rural Health will submit one application on behalf of all Kansas hospitals. The dates for this program will be June 1, 2026 through May 31, 2027. This application should take no more than 10 minutes of your time and must be completed by Thursday, Jan. 15 for inclusion in the 2026-2027 SHIP application.

If you have any questions about the survey, please contact Jennifer Findley at jfindley@kha-net.org or Susan Runyan at srunyan@kha-net.org.

Please indicate below who you would like to be your hospital's primary contact for all SHIP related communications. We will update our database with the information provided.

Hospital SHIP Contact Name

Hospital SHIP Contact Email

Hospitals must first meet the SHIP funding priorities before using resources to support investments in other areas. The SHIP funding priority area for FY26 is below:

Hospitals must meet MBQIP participation requirements in order to improve hospital quality outcomes. (Using funds for inpatient HCAHPS surveys is included.)

Is your hospital pooling SHIP funds with other hospitals in the form of a network or consortium?

If you are a PPS hospital, please list the number of beds per line 14 of the most recent Medicare Cost Report.

Please provide any recommendations you may have for improving the SHIP program in the box below.

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SHIP Budget

Hospitals may use 2026-2027 SHIP grant funds towards activities listed in the SHIP purchasing menu below.

Please indicate the dollar amount and brief description of the activities your hospital intends to implement during the 2026-2027 grant period.

Each hospital should allocate SHIP grant funds assuming that the total amount will equal **\$13,528**.

Hospitals must allocate some funds in MBQIP Data Collection/Training (HCAHPS) category.

2026-2027 SHIP Purchasing Menu Item	Amount		Please list vendor and/or name of education program.
	Budgeted	Describe the planned activity (how will you use the money?)	
Quality reporting data collection/related training or software			
MBQIP data collection process/related training (including HCAHPS)			
Provider based clinic-based (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 medications)			
Population health or disease registry training and/or software/hardware			
Social drivers of health screening software/training			
Systems performance training in support of ACO or shared savings related initiatives			
Telehealth and mobile health hardware/software (not telecommunications)			
Community paramedicine training and/or hardware/software			
Health information technology training for value and ACOs, including training/ software and risk assessments for cybersecurity			

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ICD-10/11 software			
ICD-10/11 training			
S-10 Cost Reporting training (not software)			
Pricing Transparency Training/Software			
Chargemaster training			
Quality improvement Training – no projects (List category -- see below).			
Quality improvement Software – no projects (List category -- see below).			
Efficiency Training – no projects (List category -- see below).			

Total Amount Budgeted (should equal \$13,528)

Quality Improvement TRAINING

Discharge planning
Patient Safety
Reducing readmissions
Antibiotic stewardship
Immunization
Hospital safety/emergency preparedness

Lean
PDSA
Team STEPPS
CMS abstraction tool
Medicare spending per beneficiary
Non-clinical operations
Swing-bed utilization/measures
Population Health
Health Information Exchange

Quality Improvement SOFTWARE

Medicare spending per beneficiary
Non-clinical operations
Swing-bed utilization/measures
Population Health
Health Information Exchange

Efficiency Training

Financial operational strategies
340B

**PLEASE NOTE NEW for FY26 SHIP: Prior approval from your state SHIP Coordinator is required before changing investments;
no changes can be made after the mid-year point. If you have questions, please ask Jennifer or Susan prior to submitting this application.**

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Affirmation of Information

I affirm that my hospital will adhere to all FY26 SHIP eligibility and program requirements, including selected menu investment(s) based upon the specific selection priorities listed in the SHIP Purchasing Menu Instructions. Hospitals that do not follow the purchase priorities and/or purchase hardware and/or software or services that are not listed on the SHIP Purchasing Menu will be subject to penalties including suspension from the next SHIP funding opportunity.

SHIP Contact Signature:

Date:

Email:

Phone number:

Hospital CEO Signature:

Date:

CEO email:

E-signatures are acceptable

Email completed application to ship@kha-net.org no later than January 15, 2026.