

Schedule A

Schedule of Services for Affiliation Agreement for fiscal year July 1, 2024 – June 30, 2025
Any changes to the services or capacities/restrictions herein must be amended by a revised Schedule of Services signed by both parties to the Affiliation Agreement.

Check All That Apply

Day Supports Full License Limited License	CK CR LB MG	Capacity Set at
Residential Supports Full License Limited License Children’s Residential Shared Living	CK CR LB MG	Capacity Set at
Targeted Case Management	CK CR LB MG	Capacity Set at
Supported Employment	CK CR LB MG	Capacity Set at
Agency Directed Services Personal Care Services Enhanced Care Services Overnight Respite	CK CR LB MG	Capacity Set at
Financial Management Services (FMS)	CK CR LB MG	Capacity Set at
Medical Alert Rental	CK CR LB MG	Capacity Set at
Specialized Medical Care	CK CR LB MG	Capacity Set at
Wellness Monitoring	CK CR LB MG	Capacity Set at

KanCare Insurance Accepted Healthy Blue Sunflower United

Affiliate Name:

Affiliation Contact Info (name, phone, email):

Referral Contact Info (name, phone, email):

Phone:

Email:

Website:

KMAP HCBS Provider Number:

KMAP TCM Provider Number

Federal Identification Number:

Signature of Affiliate: _____

Date:

Signature of CDDO: _____

Date: