Schedule A

Schedule of Services for Affiliation Agreement for fiscal year July 1, 2026 – June 30, 2027
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.

Services Provided:	Counties Served:	Set Capacity:
☐ **Day Supports** ☐ Full License ☐ Limited License	☐ Cherokee ☐ Labette ☐ Crawford ☐ Montgomery	
☐ **Residential Supports** ☐ Full License ☐ Limited License ☐ Children's Residential ☐ Shared Living	☐ Cherokee ☐ Labette ☐ Crawford ☐ Montgomery	
☐ **Targeted Case Management**	☐ Cherokee ☐ Labette ☐ Crawford ☐ Montgomery	
☐ **Supported Employment**	☐ Cherokee ☐ Labette ☐ Crawford ☐ Montgomery	
☐ **Agency Directed Services** ☐ Personal Care Services ☐ Enhanced Care Services ☐ Overnight Respite	☐ Cherokee ☐ Labette ☐ Crawford ☐ Montgomery	
☐ **Financial Management Services (FMS)**	☐ Cherokee ☐ Labette ☐ Crawford ☐ Montgomery	
☐ **Medical Alert Rental**	☐ Cherokee ☐ Labette ☐ Crawford ☐ Montgomery	
☐ **Specialized Medical Care**	☐ Cherokee ☐ Labette ☐ Crawford ☐ Montgomery	
☐ **Wellness Monitoring**	☐ Cherokee ☐ Labette ☐ Crawford ☐ Montgomery	

KanCare Insurance Accepted: ☐ Healthy Blue ☐ Sunflower ☐ United

Affiliate Name:

Contact Info for Affiliation (name, phone, email):

Contact Info for Referrals (name, phone, email):

Affiliate Address:

Phone: _____ **Email:** _____

Website: _____

KMAP HCBS Provider Number: _____

KMAP TCM Provider Number _____

Federal Identification Number: _____

Signature of Affiliate: _____ **Date:** _____

Signature of CDDO: _____ **Date:** _____