



KANSAS  
MATERNAL &  
CHILD HEALTH





# Kansas Maternal and Child Health Council

*This project is supported by  
the Kansas Department of Health and Environment  
with funding through the Health Resources and  
Services Administration (HRSA) of the  
US Department of Health and Human Services (HHS)  
under grant number B04MC32543  
and Title V Maternal and Child Health Services*

Matt Lara

Zach Vincent

Cristi Smith

Abby Richwine

Kari Harris

Matt Lara

Zach Vincent

Cristi Smith

Abby Richwine



Kari Harris, MD

Executive Committee Chair

Welcome Members



**Matt Lara**

Chief of Staff | Rural Health  
Transformation Program Director

Zach Vincent

Cristi Smith

Abby Richwine

Kari Harris



# KANSAS

RURAL HEALTH TRANSFORMATION



**Inside Kansas' Rural Health Transformation Program**

**Kansas Maternal & Child Health Council**

**5/13/2026**

Draft – for preliminary discussion only



Matt Lara

*Chief of Staff at Kansas Department  
of Health and Environment (KDHE)  
RHTP Project Director*

By the end of this session, participants will be able to:

- 1 Describe the purpose, structure, and core initiatives of the Kansas RHTP
- 2 Explain how RHTP integrates public health, healthcare delivery, and community partnerships to improve rural health outcomes statewide
- 3 Understand how Kansas is positioned to sustain and scale rural health transformation in future years

This presentation is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$221,890,000 with 100 percent funded by CMS/HHS. 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

# CMS' \$50B Rural Health Transformation Program (RHTP) enables Kansas to accelerate statewide rural reform



## What is CMS RHTP?

- **\$50 billion federal Rural Health Transformation Program** authorized under the Big Beautiful Bill Act of 2025
- Structured as a **CMS cooperative agreement** with substantial federal oversight
- **Requires measurable transformation** across prevention, access, workforce, innovation, and technology



## How RHTP is structured

- **Multi-year, performance-driven funding model**
- **Ongoing CMS engagement** (project officer + grants management oversight)
- **Annual reassessment** tied to progress on initiatives and policy commitments



## How Kansas is deploying RHTP funding

- **Kansas awarded ~222M for Year 1** implementation (6th highest funding)
- Kansas is **implementing RHTP through 5 initiatives** and 24 programs
- Moving forward with a **coordinated approach** to achieve statewide rural health impact

# Kansas has moved quickly from budget approval to implementation, delivering early wins

☆ We are here

**December 29, 2025**  
Notice of Award

**January 30, 2026**  
Revised Budget due to CMS

**Q1 2026**  
Funds available to State for authorized expenditures

**July 31, 2026**  
End of first reporting period

**August 30, 2026**  
Annual report + funding request for 2nd budget period due

**October 30, 2026**  
First budget period ends

**By October 31, 2026**  
Second budget period funding announced

**By September 30, 2027**  
All 1<sup>st</sup> budget period funds must be expended

## Over the last couple months, we have been working on:

- Getting revised budget approved (approved in late Feb.)
- Establishing administrative support
- Determining funding & procurement strategy for each program

## We're beginning the process of formalizing agreements subrecipients

Kansas is deploying ~\$222M across 5 strategic initiatives to transform rural health



**Initiative 1**

Expand primary and secondary prevention programs

**Initiative 2**

Secure local access to primary care

**Initiative 3**

Build a sustainable rural health workforce

**Initiative 4**

Enable value-based care

**Initiative 5**

Harness data and technology

This portfolio reflects Kansas' commitment to protecting rural access today while modernizing care delivery and building a sustainable health system for the future

# Kansas designed and is delivering its RHTP initiatives and programs through strong governance and stakeholder collaboration

Initiative	Program
1 Expand Primary and Secondary Prevention Programs	1.1 Accountable Food is Medicine + CHW Deployment Program
	1.2 Consumer-Facing Technologies Program
	1.3 Behavioral Health Services Program
	1.4 Integrated Care for Dual Eligible Beneficiaries Program
	1.5 Mobile Cancer Screenings Program
	1.6 Tribal Health Program
2 Secure Local Access to Primary Care	2.1 Regional Partnerships Grant Program
	2.2 REH Conversion / Transformative Capital Investment Grant Program
	2.3 Revenue Improvement Program
	2.4 Anchor Hospital Advancement Program
	2.5 Mobile Integrated Health Pilot Program
	2.6 Rural Primary Care – Public Health Integration Program
3 Build a Sustainable Rural Health Workforce	3.1 Physician Pipeline Program
	3.2 Education and Training Program
	3.3 Recruitment and Retention Program
	3.4 Career Exploration Program
4 Enable Value-Based Care	4.1 Evidence-Based Practice Incentive Program
	4.2 ACO Readiness Program
	4.3 Transportation Program
	4.4 Medicaid Provider Incentive Payment Program
5 Harness Data and Technology	5.1 Remote Patient Monitoring Program
	5.2 Telehealth Navigator Program
	5.3 Data Infrastructure Program
	5.4 Emerging Technology Program

## How initiatives were developed

- Grounded in CMS RHTP program objectives and federal guidance
- Built through extensive stakeholder engagement
  - 250+ proposals submitted during application development
  - 50+ one-on-one stakeholder and rural provider meetings

## Governance and CMS partnership support implementation

- Structured state-level governance to coordinate implementation across agencies
  - Weekly Executive Committee meetings
  - Bi-weekly working sessions
  - Weekly Governor's Office alignment
- Ongoing stakeholder engagement through monthly KRHIA meetings
- Active CMS partnership ensures compliance and execution
  - Dedicated CMS Project Officer and Grants Management Specialist
  - Bi-weekly CMS check-ins and technical guidance

## Initiative 1 | Expand primary and secondary prevention programs

**Total Year 1 Funding: ~\$32.5M**

*Realize meaningful reductions in chronic disease rates and avoidable hospitalizations for complications related to chronic disease in rural Kansas*

### Programs

- 1.1 Accountable Food is Medicine + CHW Deployment Program
- 1.2 Consumer-Facing Technologies Program
- 1.3 Behavioral Health Services Program
- 1.4 Integrated Care for Dual Eligible Beneficiaries Program
- 1.5 Mobile Cancer Screenings Program
- 1.6 Tribal Health Program

## Program spotlight | Accountable Food is Medicine + CHW Deployment



**Program funding: ~\$4M**

***Deploys community health workers across rural Kansas to deliver nutrition-focused interventions and connect individuals to clinical and community-based services, addressing food insecurity and other social drivers of health.***

***The program integrates food-as-medicine strategies with care delivery to improve chronic disease outcomes and reduce avoidable healthcare utilization.***

## Initiative 2 | Secure local access to primary care

**Total Year 1 Funding: ~\$75.3M**

*Substantially reduce the number of rural Kansas hospitals with negative operating margins*

### Programs

- 2.1 Regional Partnerships Grant Program
- 2.2 REH Conversion / Transformative Capital Investment Grant
- 2.3 Revenue Improvement Program
- 2.4 Anchor Hospital Advancement Program
- 2.5 Mobile Integrated Health Pilot Program
- 2.6 Rural Primary Care – Public Health Integration Program

## Program spotlight | Regional Partnership Grant Program (RPGP)



**Program funding: ~\$44M**

*Provides funding to **support collaborative, regionally driven projects among Eligible Providers<sup>1</sup> and Kansas-based organizations to strengthen access, expand services, and improve care delivery.***

*The program enables providers to partner across organizations to **implement innovative, sustainable solutions tailored to the needs of their communities***

1. Eligible Providers are defined as: Kansas hospitals, physician practices and solo practitioners, rural health clinics, federally qualified health centers, local health departments, Native American Sovereign Tribe healthcare facilities, certified community behavioral health clinics, licensed substance use disorder facilities, and licensed long-term care facilities. These providers do not need to be based in a rural county as long as their project benefits rural communities. 2. Letters of Intent are non-binding and non-mandatory.

## Initiative 3 | Build a sustainable rural health workforce

**Total Year 1 Funding: ~\$18.9M**

*Improve provider-to-population ratios for primary care, dental, and behavioral health services and ease nursing and allied health shortages in rural Kansas*

### Programs

- 3.1 Physician Pipeline Program
- 3.2 Education and Training Program
- 3.3 Recruitment and Retention Program
- 3.4 Career Exploration Program

## Program spotlight | Education and Training program



**Program funding: ~8M**

***Expands the rural health and public health workforce pipeline by investing in education, training, and career development programs across Kansas.***

- Health Professions Service Educational Award Program
- Health Professions Training Grants Program
- Dental Educational Award Program
- Mobile Simulation Lab

## Initiative 4 | Enable Value-Based Care

**Total Year 1 Funding: ~\$52.2M**

*Have 100% of Medicare and Medicaid beneficiaries in rural Kansas in accountable care relationships by 2031*

### Programs

- 4.1 Evidence-Based Practice Incentive Program
- 4.2 ACO Readiness Program
- 4.3 Transportation Program
- 4.4 Medicaid Provider Incentive Payment Program

## Program spotlight | Transportation program



**Program funding: ~\$14M**

*This program **enhances rural access to care** by aiming to reduce delays in care, improve coordination, and ensure patients are directed to the most appropriate setting.*

- Interfacility Transport Teams
- Non-Emergency 911 Calls
- EMS Reimbursement for Treat-In-Place and Transport to Alternative Location
- Behavioral Health Crisis Transport
- Non-Emergency Transportation Grant Program

## Initiative 5 | Harness Data and Technology

**Total Year 1 Funding: ~\$35.8M**

*Enable rural Kansas providers to meaningfully engage in data sharing and analysis, expanded use of telehealth and remote monitoring, appropriate use of artificial intelligence, and utilization of consumer-facing technologies*

### Programs

- 4.1 Remote Patient Monitoring Program
- 4.2 Telehealth Navigator Program
- 4.3 Data Infrastructure Program
- 4.4 Emerging Technology Program

## Program spotlight | Emerging Technology Grant Program



**Program funding: ~10M**

***Advances rural health delivery by funding technology investments – including EHR, IT infrastructure, and emerging tools – that enhance care coordination, access, and operational efficiency.***

Draft – for preliminary discussion only

## Support resources and contact information



### KDHE Website

[kdhe.ks.gov/2361/Rural-Health-Transformation-Program](https://kdhe.ks.gov/2361/Rural-Health-Transformation-Program)



### CMS RHTP Website<sup>1</sup>

[cms.gov/priorities/rural-health-transformation-rht-program/overview](https://cms.gov/priorities/rural-health-transformation-rht-program/overview)



### Questions

[kdhe.RHTP@ks.gov](mailto:kdhe.RHTP@ks.gov)

Matt Lara



**Zach Vincent**

Director of Government Affairs,  
Education Policy, and OEC  
Transition Director



**Cristi Smith**

Office of Early Childhood Director

Abby Richwine

Kari Harris

Introducing the Kansa Office of Early Childhood (OEC)

Matt Lara

Zach Vincent

Cristi Smith



Abby Richwine

Education Coordinator  
Oral Health Kansas

Kari Harris



ORAL HEALTH KANSAS

# Abby Richwine, RDH, BS

---

## Current Role

- Education Coordinator- Oral Health Kansas
  - [arichwine@oralhealthkansas.org](mailto:arichwine@oralhealthkansas.org)

## Career Highlights

- Worked as a clinical Registered Dental Hygienist for over 10 years
- Adjunct faculty at Concorde Career College





# Oral Health Kansas

---



## Mission

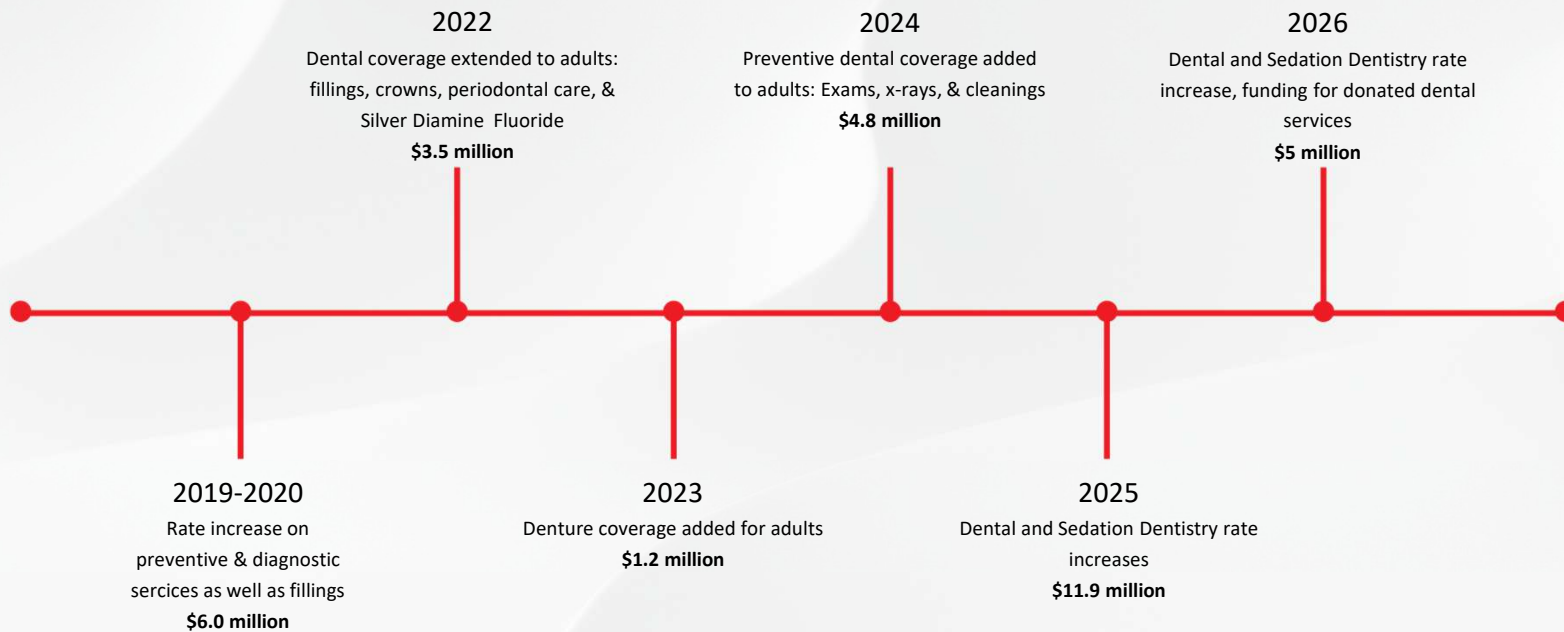
- To improve oral health in Kansas through advocacy, public awareness and education.

## Vision

- Kansas is a national leader in oral health education, prevention and treatment.



# Advocacy



**\$32.4 million** added to the Kansas Medicaid dental program in seven years

Visit Oral Health Kansas' Medicaid adult benefit webpage to learn more and find fact sheets for consumers and providers

<http://oralhealthkansas.org/MedicaidAdultDentalBenefits.html>



# Pathways to Oral Health

---

Committed to:

- Breaking down barriers
- Strengthening support for caregivers and providers
- Creating a more patient-centered oral healthcare system in Kansas.





# OHK Programs

---

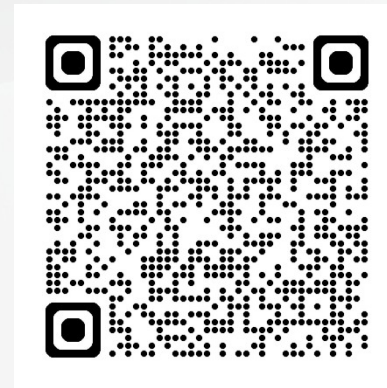
## Child Care Provider Training

How Teething, Weaning,  
and Oral Habits Impact Oral  
Health



Aug 20, 2026, 12:00 PM

The Whole Tooth and Nothing  
but the Tooth



Jul 23, 2026, 12:00 PM



# Resources



**ORAL HEALTH KANSAS**  
ADVOCACY • PUBLIC AWARENESS • EDUCATION

### Tips and Tricks: Thumbsucking

Many babies begin to suck their fingers or thumbs before they are even born. This "digit sucking" satisfies a psychological need. A baby's sucking needs vary widely, beginning as early as 9 months and lasting from 18-36 months.



**ORAL HEALTH KANSAS**  
ADVOCACY • PUBLIC AWARENESS • EDUCATION

### Tips and Tricks: Pacifier Use

Thumb or pacifier? Which is best for baby? Experts prefer pacifiers over thumb or finger sucking because a pacifier is less likely to cause physical problems and the habit is easier to break than thumbsucking.

**Potential benefits**

- Distraction in times of stress such as during shots
- Reduced risk of Sudden Infant Death Syndrome (SIDS) and reflux
- Helps some children get to sleep
- Helps distinguish between a hungry and a fussy baby

**Use and potential health issues**

- Sharing pacifiers can pass bacteria that cause cavities and other infections
- Avoid dipping the pacifier in sweet foods like honey or jam which increases risk for cavities
- Never tie a pacifier to a baby's wrist, neck or crib. The string can tangle around baby's neck, causing choking.
- Check pacifiers for wear. Pacifiers can weaken and come apart, causing a choking hazard.
- Wash a pacifier with soap and water, never your mouth. This can pass bacteria to the baby that can cause tooth decay.
- Prolonged pacifier use can cause developmental delays in swallowing and speech.

**Tips to wean from a pacifier**

- Limit pacifier uses to certain times (such as naptime or bedtime) or certain places such as in bed
- Child puts pacifier under pillow for the tooth fairy to trade for small gift
- Encourage child to throw pacifier away because they are no longer a baby
- Poke 2-3 holes in the pacifier with a clean pin, altering the pacifier so it is no longer satisfying to suck on
- For more ideas, look for our Tips & Tricks on "Kicking the Habit"

info@oralhealthkans.org 785-235-6039 www.oralhealthkans.org



# Resources

## Dynamite Dental Visits



Early and consistent trips to the dental office can help start your child off on a lifetime of positive dental experiences.

### Do you ask yourself:

- When should my child have their first dental visit?
- How do I find a dental office that is right for my child?
- Where can I find ideas to help my child have a successful dental appointment?

Click on this box to help your child have Dynamite Dental Visits!

## Beating Brushing Battles



We all know how important it is to have clean teeth, but when brushing is the last thing between your fussy child and bedtime, it can suddenly seem a lot less essential.

### Do you ask yourself:

- When should we start toothbrushing and how long should I help?
- What kind of toothpaste should my child use?
- How do I make toothbrushing fun?
- I need some ideas for brushing for my child with disabilities!

Hang in there! Click on this box to begin Beating Brushing Battles today!

## Overcoming Oral Habits



Sucking on a thumb, finger, or pacifier is normal and satisfies a psychological need. A baby's sucking needs vary widely and usually lasts from 18-36 months. Not all sucking is alike. Concerns about damage to the teeth and mouth are mainly when an oral habit is prolonged and intense.

### Do you ask yourself:

- Which is better, thumb or pacifier?
- When should my child stop their sucking habit?
- Where do I find ideas for helping my child stop a thumb or pacifier habit?

Click on this box to Overcome Oral Habits and cross this childhood transition off your list!

## Smart Snacking for Healthy Smiles

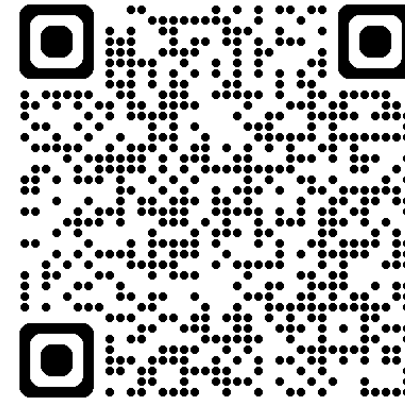


We've all heard it: sugar causes cavities. But going without is just not as much fun. Our Smart Snacking Journey is a fun way to learn tricks that will help you and your family find a balance between sweetness and a healthy smile.

### Do you ask yourself:

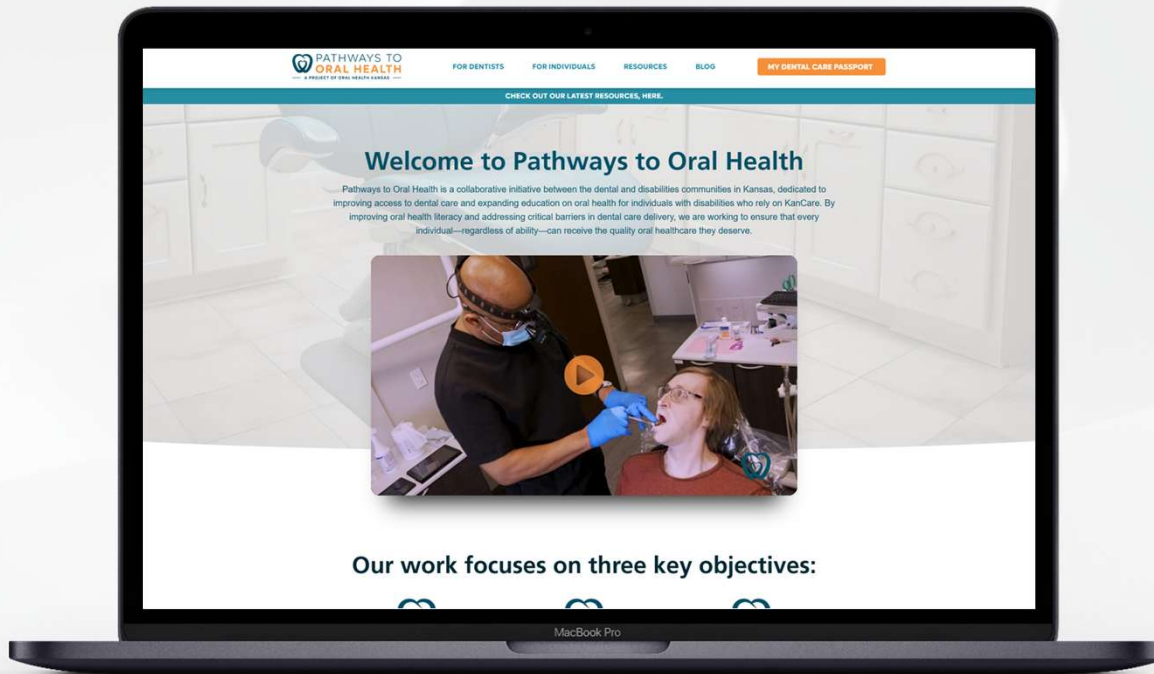
- Is there a way to eat sugar without getting cavities?
- How do I get my child to drink water?
- Do I need more ideas for healthy snacking?

The answers are just a click away! Click on this box to start your Smart Snacking journey!





# Resources






## Resources for:

- Providers
  - Trainings
  - Provider Guidance (Medicaid)
- Consumers
  - Finding a dentist
  - Confidence in Every Smile video series
  - Advocacy



# Resources

- 2  **Helpful Tips for Better Toothbrush Grip - Series Video 2**  
1:08  
Oral Health Kansas
- 3  **Brushing With Movement Challenges - Series Video 3**  
2:19  
Oral Health Kansas
- 4  **Toothpaste Tools That Work - Series Video 4**  
1:48  
Oral Health Kansas

Specialty Toothbrushes		
Name	Description	Sample Seller
1. Collis Curve	Bristles reach inside, outside and biting surfaces at the same time	www.kleenteeth.com
2. Surround	3 bristle pads to efficiently clean all surfaces at the same time	https://specializedcare.com
3. DexTBrush	Reaches all surfaces of teeth and includes tongue cleaner	www.amazon.com
4. Toothbrush with suction	Connects directly to standard suction tubing to more easily suck out the spit and other solutions from mouth	www.rehabmart.com
5. Power toothbrush	Wide variety of features and cost	discount stores pharmacies







## When a Person Resists Toothbrushing



**Remember:** You are brushing WITH them not FOR them.

### Quick Tips:

- Stay calm
- Be flexible
- Offer choices
- Praise every success

### 1. Start with Yourself

- Take a deep breath
- Stay calm — it supports trust
- Be patient and kind

### 2. Offer Choices

- Toothbrush: green or blue
- Type: small, electric, or 3-sided
- Toothpaste: mint or bubblegum

### 3. If They Push You Away

- Stop brushing — don't force it
- Step back and breathe
- Try again at a calmer time that day

### 4. Try a New Location

- Bedroom chair
- Couch while watching TV
- Kitchen or bathtub

### 5. Use Distractions

- Short video or song
- Fidget or comfort item

### 6. Create a Calm Setting

- Soft music or favorite song
- Speak slowly and gently
- Keep lights low if possible
- Same helper builds trust

### 7. Change Your Approach

- Brush from the side or behind
- Use a mirror

### 8. If They Bite or Won't Open

- Foam mouth rest to protect fingers
- Use calming talk, music, or touch

### 9. If They Gag

- Start with front teeth only
- Lean forward so saliva drains
- Take breaks, encourage deep breaths
- Ask dentist if gagging continues

### 10. Praise and Encourage

- "Good job!" even for a few teeth
- Small reward (song, sticker, show)

There will be easy moments and challenging ones—keep going!





???



# Domain Workgroups

---



# Expectations for Domain Work Groups

---

Stay present and participate actively.

Invite everyone into the conversation. Take turns talking.

ALL feedback is valid. There are no right or wrong answers.

Value and respect different perspectives (providers, families, agencies, etc.).

Be relevant. Stay on topic.

Allow facilitator to move through discussion questions.

Avoid repeating previous remarks.

Disagree with ideas, not people. Build on each other's ideas.

Capture "side" topics and concerns; set aside for discussion and resolution at a later time.

Reach closure and summarize conclusions or action steps for small group reports.

# Expectations for Domain Work Groups

---

Actively listen.

Be Part of the  
Conversation.  
Speak your mind.

Share the Workload.  
Volunteer for Action  
Steps.

Set action steps and team  
roles in the remaining 5  
minutes of the discussion.

# Work Group Questions

---

1. What were the most critical takeaways from today's presentations?
2. Summarize your workgroup's progress on your Special Project since the last meeting.
3. Update your action plan with action steps and identify work group members responsible for tasks.

# Work Group Projects

---

**Women/Maternal:** Develop a universal, consistent prenatal risk assessment form that includes clinical and social determinants of health data.

**Perinatal/Infant:** Welcome postcard for all Kansas babies.

**Children:** Help parents and caregivers access resources to address their child's behavioral health needs.

**Adolescents:** Improve civic engagement for adolescents.

# YOUR FACILITATORS



## WOMEN/MATERNAL

Britne Nasser | Women  
Maternal Health  
Consultant

KDHE Bureau of Family  
Health



## PERINATAL & INFANT

Jennifer Miller | State  
Maternal Child &  
Health Director

KDHE Bureau of  
Family Health



## CHILDREN

Ali Braun | Family  
Systems Consultant

KDHE Bureau of  
Family Health



## ADOLESCENT

Jason Geslois | Senior  
Epidemiologist

KDHE Bureau of  
Family Health

# WORK GROUP ASSIGNMENTS

## Women/Maternal

### Anton Room

**Facilitator: Britney Nasseri**

**Recorder: Kayla Stangis**

Antje	Anji
Pearl	Avari
Tisha	Coleman
Mariah	Chrans
Andra	Doyle-Tadlock
Patricia	Fox
Lisa	Frey Blume
Sapphire	Garcia
Shalae	Harris
Stephanie	Jerguson
Jamie	Kim
Karly	Lauer
Patricia	McNamar
Oluwakemi	Onyenagubo
Lisa	Shoop
Christy	Smith
Kristi	Weaver
Alice	Weingartner
Rachele	Wray
Kendra	Wyatt

## Perinatal/Infant

### Hughes Room

**Facilitator: Jennifer Miller**

**Recorder: Michelle Black**

Carrie	Akin
Deborah	Alliston
Brenda	Bandy
Kourtney	Bettinger
Heather	Braum
Stacy	Clarke
Drew	Duncan
Stephen	Fawcett
Kelsee	Fout
Katie	Givens
Kelly	Hayes
Sarah	Hinton
Sara	Hortenstine
Jacquie	Lightcap
Susan	Pence
Zachary	Ray
Cari	Schmidt
Katie	Schoenhoff
Christy	Schunn
Tara	Wells

## Children

### Perkins Room

**Facilitator: Ali Braun**

**Recorder: Cora Ungerer**

Jennifer	Brunning
Linda	Buchheister
Stephanie	Coleman
Amy	Dean-Campmire
Vanessa	Eberle
Derik	Flerlage
Kaitlin	Johnson
Julie	Laverack
Andres	Mata
Cherie	Sage
Melissa	Schoenberger
Heather	Schrotberger
Christi	Smith
Peter	Stoepker
Madeline	Wegner
Elizabeth	Whitson

## Adolescent

### Marvin A

**Facilitator: Jason Geslois**

**Recorder: Holly Frye**

Decarlo	Brady
Lisa	Chaney
Geno	Fernandez
Cory	Gibson
Kirstianna	Guerrero
Afsheen	Hasan
Kari	Harris
Elaine	Johannes
Steve	Lauer
Sookyung	Shin
Melissa	Valenza
Natalie	Watkins
Donna	Yadrich
Kaoutar	Yartaoui
Daina	Zolck



# Enjoy Your Lunch!

---

SEE YOU BACK SOON IN BREAKOUTS



# Welcome Back

---

TIME FOR REPORT OUTS



# **DOMAIN WORKGROUP REPORT OUT**

# WOMEN/MATERNAL

Develop a Universal and Consistent Prenatal Risk Assessment Form that Includes Clinical and Social Determinants of Health Data



# PERINATAL/INFANT

Welcome Postcard for all Kansas Babies



# CHILDREN

Help Parents and Caregivers Access Resources to  
Address their Child's Behavioral Health Needs.



## Slide 42

---

**MH1** Remove period at end of description just to be consistent with other slides  
Michelle Horst, 2026-01-13T18:24:29.851

# ADOLESCENT

Improve Civic Engagement for Adolescents



# Member Announcements

THE FLOOR IS YOURS!



We Want Your  
Feedback!



**Scan the QR Code  
for Evaluation**

**Leave Your Name  
Tags with  
Reception**



KANSAS  
MATERNAL &  
CHILD HEALTH

## Next Meeting Dates

**May 13<sup>th</sup>, 2026**

**10:00am – 2:00pm**

Topeka Shawnee Public Library

**July 15<sup>th</sup>, 2026**

**9:00am – 12:00pm**

Virtual

**September 16<sup>th</sup>, 2026**

**10:00am – 2:00pm**

Topeka Shawnee Public Library

## Contact information

Jennifer Miller  
State MCH/Title V Director  
[Jennifer.miller@ks.gov](mailto:Jennifer.miller@ks.gov)

Karey Padding  
KAAP Executive Director  
[karey.padding@kansasaap.org](mailto:karey.padding@kansasaap.org)





Department of Health  
and Environment

[kdhe.ks.gov](http://kdhe.ks.gov)

TO PROTECT AND IMPROVE THE HEALTH AND ENVIRONMENT OF ALL KANSANS