

Request for Proposals  
Kentucky Cabinet for Health and Family Services  
State University Partnership Program  
SFY 2027-2028 Funding Cycle (SUP28 Cohort)  
July 15<sup>th</sup>, 2025



## Introduction

The State University Partnership Program is a collaborative initiative between the Kentucky Cabinet for Health and Family Services and Kentucky's public universities. The program aims to foster meaningful partnerships between university faculty and state policymakers and program administrators to advance evidence-informed health policy and program development. Our mission is to strengthen Kentucky's capacity to address complex health challenges and cultivate a collaborative research community dedicated to improving health for all Kentuckians.

## Requirements

### *Alignment with Kentucky Cabinet for Health and Family Services Priorities*

Each proposal may indicate one study topic from the list of 20 study topics provided by the Cabinet for Health and Family Services (CHFS) for this funding cycle that best aligns with the proposed study's scope and primary aims or select "Other" to propose a study topic that is not listed.

Proposals must indicate all relevant study domains from the list of 27 provided domains that best align with the proposed study's scope and primary aims.

### *General*

Selection and funding will be determined by the CHFS department(s) best aligned with the proposed study's scope and primary aims (e.g., studies connecting to CHFS priorities and using Kentucky Medicaid data may be funded through the Kentucky Department for Medicaid Services). Required proposal elements, including formatting and content instructions, are detailed in the electronic submission form available at the following link: [SUP28 Submission Form](#)

Proposals must be submitted electronically through the official submission form available at the link provided above. **Incomplete submissions or submissions not received through the provided form will not be accepted.**

## Timeline

RFP Release Date: July 15<sup>th</sup>, 2025  
Proposal Submission Deadline: September 1<sup>st</sup>, 2025  
Notification of Selection: November 15<sup>th</sup>, 2025

Selected proposals may be awarded contracts running from July 1, 2026 to June 30, 2028. Award amounts will be determined based on the scope and needs of the selected studies and cannot exceed 50% of the total project cost.

## Contact Information

For questions or additional information, please contact:

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## Topics

#	Topic	Description
1	Food as health	<i>Food as health initiatives involve the provision of healthy food such as medically tailored meals, medically tailored groceries, and produce prescriptions to treat or manage clinical conditions. Explore the provision of a Food as Health intervention within Kentucky Medicaid through one or more of the following mechanisms: Section 1115 demonstration waivers, Section 1915(b) waivers, Section 1915(c,i,j, and k) waivers, and managed care in lieu of services and settings authority. For example, in managed care in lieu of services and settings authority, Medicaid managed care plans may offer medically appropriate and cost-effective alternatives to state Medicaid benefits. Proposals should account for all relevant state and federal requirements (e.g., 42 CFR 438.16 In lieu of services and settings (ILOS) requirements). Proposals should include both national and Kentucky-specific relevant findings supporting the implementation of food as health initiatives, or associations between food as health initiatives and improved health outcomes. Studies should directly inform the design and implementation of a multimodal food as health intervention and initiative for Kentucky Medicaid beneficiaries.</i>
2	Food insecurity in Kentucky	<p><i>A portion of the Kentucky population eligible for and in need of nutrition assistance programs remain unenrolled. Studies should assess the current landscape of food insecurity among Kentucky Medicaid beneficiaries, and utilization rates of food and nutrition services such as the SNAP and Women, Infants, and Children's (WIC) programs. Examine Federal and State Cabinet programs that address food insecurity, as well as underlying factors and causes of food insecurity within the Kentucky Medicaid Population.</i></p> <p><i>Identify and assess barriers to accessing or applying for nutrition assistance programs, gaps in education around the benefits of these programs, stigma surrounding utilization of nutrition assistance programs, and gaps in service delivery and outreach to vulnerable populations. Include specific considerations for vulnerable populations such as the elderly and disabled, and consider geographic and other variations in population characteristics pertaining to food insecurity in the Commonwealth. Consider recommendations for increasing and improving education and workforce development through the SNAP-Ed and SNAP Employment and Training Programs. Consider the return on investment to Kentucky and health payors and carriers such as Medicaid and Managed Care Organizations associated with increased participation in nutrition assistance programs. Assess economic, social, and health-related impact and outcomes associated with nutrition assistance incentive programs including the Kentucky Double Dollars program, and the impact of these programs on local farmers and communities. Inform policy recommendations for nutrition assistance programs in Kentucky.</i></p> <p><i>Assess underlying factors and causes of food insecurity in Kentucky. Identify challenges to food and nutrition security among Kentucky residents. Investigate the effect of changes in food or nutrition security on mental and physical health. Assess how changes in mental and physical health affect income, food and nutrition security, and diet quality. Assess variations and differences between food insecurity and nutrition</i></p>

		<i>insecurity among Kentucky Medicaid beneficiaries. Investigate relationships between income, food security, nutrition security, diet quality, and health in Kentucky. Assess the extent to which different interventions targeting food and nutrition security are effective in improving food and nutrition security. Identify mechanisms for improving food and nutrition security among Kentucky residents. Identify causal pathways of food and nutrition insecurity in Kentucky and provide recommendations for policy development to improve food and nutrition security among Kentucky residents and Medicaid beneficiaries.</i>
3	Services for youth with high acuity needs	<i>The Kentucky CHFS Department for Community Based Services (DCBS) administers programs and services to many children and youth enrolled in Medicaid, including those who may be involved in foster care or dually involved with the Department for Juvenile Justice. Examine the impact of services and programs provided by CHFS and DCBS on education outcomes and well-being for children and youth in Kentucky. Assess regulatory landscape of emergency shelters, licensed childcare facilities, certified family childcare homes, residential child caring facilities, child placing agencies, and foster care. Identify opportunities for technical or administrative support for regulation of child caring and treatment facilities. Identify associations between child fatalities and standards of practice or training (or other measures of deficiency) in child caring and treatment facilities. Explore licensure regulations to provide for and encourage more integrative functioning and service delivery. Provide recommendations for policy development to inform and improve programs and services provided to children in Kentucky, specifically with a focus on education outcomes and well-being.</i>
4	Effect of Medicaid on population health	<p><i>Assess the effect of Medicaid on population health in Kentucky. Studies may examine historical and longitudinal changes in healthcare delivery systems within Kentucky and the effect of these changes on the health status of the Commonwealth over time. Examine differences in costs, coverage, and care outcomes between Medicaid and commercial carriers.</i></p> <p><i>Explore the difference between leading and lagging indicators of population health. Define leading indicators that could have predictive capacity for population health. Assess to what extent trends in health within the Medicaid population are reflective or predictive of broader state-wide population health trends. Identify additional data sources (e.g., wastewater data) with predictive capacity for healthcare outcomes. Examine associations or correlations between health care spending, leading causes of poor health, and health care outcomes among Kentucky Medicaid beneficiaries. Differentiate spending by specific service and care categories.</i></p> <p><i>Examine the difference between network adequacy and network access/availability and determine the impact of each on real health outcomes for Kentucky Medicaid beneficiaries. Studies are encouraged to include geospatial analysis of providers by service category and provider type, including consideration for regional disparities and 'phantom providers'; recommendations for improving existing federal and state network adequacy standards; and investigation of associations between variations in network access and adequacy and health outcomes.</i></p>

5	Primary care and prevention in Kentucky Medicaid	<i>Examine healthcare spending and outcomes associated with primary care and prevention service utilization among Kentucky Medicaid beneficiaries. Identify gaps, areas of improvement, or policy recommendations for primary care and prevention services. Consider cost-benefit analysis of primary care and prevention service utilization among Kentucky Medicaid beneficiaries. Study proposals are encouraged to include consideration for: age (e.g., differences between children and adults), geographic and other observed variations in Kentucky Medicaid population characteristics, and social drivers of health. Examine availability and access to primary care and prevention services, including examination of both overall Kentucky primary care and prevention services workforce as well as regional and demographic variations in Kentucky primary care and prevention services workforce by specialty and care type.</i>
6	Impact of federal reductions on overall health and wellness	<i>In Kentucky, there is significant overlap among participants in public assistance programs (e.g., Medicaid, SNAP, and WIC). Assess the impact of Federal reductions on overall health and wellness within the Kentucky Medicaid population. Explore associations between Federal support for public assistance programs and overall health and wellness using current projections and historical trends. Quantify social and economic externalities within local communities resulting from Federal reductions. Assess broader regional and state-wide impacts on public health. Identify key metrics to track and assess ongoing effects of federal reductions on health outcomes and community well-being in Kentucky.</i>
7	Efficiency, cost containment, and innovation in Medicaid service delivery	<i>Examine and provide recommendations for improving the efficiency, cost containment, and innovation in Kentucky Medicaid service delivery, including consideration for school and community-based services. Identify gaps in service delivery. Studies should include consideration for geographical or other variations in service delivery across the Commonwealth.</i>
8	Impact of prior authorizations on service utilization and outcomes	<i>Examine the impact of prior authorization requirements on service utilization and outcomes among Kentucky Medicaid beneficiaries. Studies are encouraged to focus specifically on behavioral health services, and among children using services with prior authorization requirements.</i>
9	Impact of healthcare ownership and investment structure on Medicaid beneficiaries and quality of care	<i>Examine the impact of private equity, real-estate investment trusts, and market consolidation in healthcare on Kentucky Medicaid beneficiaries and the quality of care received. Explore the impact of ownership type (e.g., private, independent medical practice, hospital or health system, public traded status, private equity held, etc.) on aspects of healthcare such as staffing ratios, quality of care, acuity score, and availability of services. Explore impacts across licensure categories (e.g., behavioral health multi-service providers, including certified community behavioral health clinics). Assess differences between Medicaid populations and non-Medicaid populations.</i>
10	Impact of KY CHFS programs on children's learning	<i>Examine the impact of Kentucky Cabinet for Health and Family Services programs on children's learning, education outcomes, and wellbeing within the Kentucky Medicaid population. For example, Family Resource and Youth Services Centers (FRYSC) provide services to Kentucky children, youth, and families in approximately 1,200 schools with the primary goal to remove non-academic barriers to learning as a means to enhance student academic success. Assess the economic, social, and health impact and return on investment of CHFS children's programs to local communities across the Commonwealth. Examine the role of CHFS programs in addressing social drivers of health needs and barriers to education, and how their role in the Commonwealth may impact the Medicaid-eligible population. Studies are expected to include</i>

		<i>and comply with relevant state and federal laws including the Family Educational Rights and Privacy Act (FERPA).</i>
11	Statewide health workforce analysis	<i>Provide recommendations for informing and improving ongoing statewide health workforce programs, evaluation, and reporting. Examine and assess the impact of Cabinet for Health and Family Services partnerships with post-secondary education (e.g., Kentucky Community and Technical College System) to train and expand Kentucky's healthcare workforce. Study proposals are encouraged to include geospatial analysis of providers categorized by service type, identify geographic disparities, particularly in rural and underserved areas, include social drivers of health data to highlight potential service gaps, and analyze licensing trends and provider growth. Examine how expansion of specific provider types (e.g., behavioral health) has impacted health care access, quality, and outcomes for Kentucky Medicaid beneficiaries. Provide policy recommendations based on findings.</i>
12	Integration of behavioral health and primary care	<i>Conduct a comparative analysis of outcomes, cost effectiveness, client satisfaction, and service experience in the Medicaid population across integrated care models.</i>
13	Healthcare outcomes associated with the use of non-traditional substances	<i>Examine associations between the evolving use of non-traditional substances such as cannabis, hemp-derived cannabinoids, kratom, and other generally available intoxicating substances on healthcare outcomes (e.g., substance use disorder diagnoses, cyclical vomiting syndrome, etc.) within the Medicaid population. Examine trends in utilization of non-traditional substances among Kentucky Medicaid beneficiaries. Explore associations between the availability and evolving use of non-traditional intoxicating substances with broad observable trends in healthcare utilization and outcomes within the Kentucky Medicaid population. Studies are encouraged to include consideration for age (e.g., differences between children and adults), geographic and other observed variations of population characteristics within the Kentucky Medicaid population, and social drivers of health.</i>
14	Prevalence of suicidal ideation, planning, and attempts among individuals with co-occurring AUD	<i>Examine the prevalence of suicidal ideation, planning, and attempts among Medicaid beneficiaries with co-occurring Alcohol Use Disorder (AUD) in Kentucky and compare these rates to national averages. Given Kentucky's strong alcohol culture, the study will explore how regional drinking norms, policies, and access to mental health resources impact the relationship between AUD and suicide risk. Findings will inform suicide prevention efforts, policy recommendations, and targeted interventions for individuals with AUD. In addition to alcohol, studies are encouraged to explore the use of other substances for intoxication that are allowed in the marketplace. Examine differences between established substances and substances that are newly allowed in the marketplace.</i>
15	Utilization of peer support services	<i>Investigate the role of peer support services in improving client engagement and retention in services for Medicaid beneficiaries.</i>
16	Predictive analysis of syndromic surveillance data	<i>Conduct a predictive analysis of syndromic surveillance data to examine whether self-harm and suicide attempt cases presenting to emergency departments (EDs) within the Kentucky Medicaid population are correlated with future suicide deaths in a community. Study proposals should aim to determine if real-time ED data on self-harm behaviors can serve as an early warning system for suicide risk at the population level, enabling targeted prevention strategies and resource allocation.</i>

17	Prevalence of problem gambling	<i>Assess the prevalence of problem gambling among the Kentucky Medicaid population, identifying demographic trends, risk factors, and behavioral patterns associated with gambling-related harm. Studies are encouraged to examine problem gambling rates across different age groups, socioeconomic backgrounds, geographic regions, and other variations in population characteristics. Provide insights for public health initiatives, policy recommendations, and targeted prevention and treatment programs for Medicaid beneficiaries.</i>
18	Screening and assessment process for recovery residence support services	<i>Develop and/or evaluate the validity of a screening and assessment process to determine appropriate recovery residence support services based on individualized clinical needs for Kentucky Medicaid beneficiaries. This may involve the creation of a new screening tool or adapting existing evidence-based screening tools to guide clinical recommendations. This process should align and incorporate the American Society of Addiction Medicine (ASAM) level of care screening and focus on recovery residences certified as meeting the National Alliance for Recovery Residence (NARR) standards. Research should explore best practices for assessing recovery services needed and explore clinical guidance on determining the appropriate NARR level of recovery residence based on the individual's clinical and recovery needs.</i>
19	Autism diagnostic and medical clinics in Kentucky	<i>Assess differences in service coverage and utilization for individuals with Autism between Medicaid and commercial insurers, including consideration of waiver services for Kentucky Medicaid beneficiaries. Assess perceptions and understanding of normal childhood development among Kentucky Medicaid beneficiaries. Assess gaps or barriers to the understanding of normal childhood development and identify opportunities to increase education and awareness of normal childhood development. Provide recommendations for policy development to improve public education, knowledge, and understanding about normal childhood development, and to improve access to resources and care supports for childhood development in Kentucky.</i>
20	Implementation of AI tools to improve Medicaid customer service	<i>Emerging technologies and tools that use artificial intelligence (AI) may represent an opportunity for states to improve the beneficiary experience and customer service provided through public programs such as Medicaid. Identify opportunities for integration of existing or novel AI tools into current practices. Proposals seeking support to develop novel AI tools are expected to clearly differentiate between the functions and capabilities of the novel tool versus commercially available tools.</i>

## Domains

#	Domain	#	Domain	#	Domain	#	Domain
1	Quality of Care	2	Access to Care	3	Cost of Care	4	Economic Impact
5	Return on Investment	6	Beneficiary Experience	7	Prevention	8	Food as Health
9	Immunizations	10	Behavioral Health	11	Mental Health	12	Substance Use Disorder
13	Maternal and Infant Health	14	Child Health and Wellbeing	15	Children's Services	16	Adverse Childhood Experiences
17	Child Abuse and Neglect	18	Foster Care	19	Juvenile Justice	20	Reentry
21	Services for Seniors	22	Workforce Development	23	Social Drivers of Health	24	Health Equity
25	Rural Health	26	Dental Services	27	Medicaid Policy		