

**ATTACHMENT E**  
**KHS PROVIDER CONTRACT**  
**PARTICIPATION IN PRTF SCREENING PROGRAM**

*Provider Must Indicate One Selection:*

\_\_\_\_\_ By initialing, Provider **AGREES** to be available 24 hours per day, 7 days per week to Certification of Need screens for PRTF facilities, subject to the policies and procedures outlined in the Provider Manual. Eligibility to provide the service will be based upon successful completion of KHS sponsored training.

\_\_\_\_\_ By initialing, Provider **DECLINES** participation in Certification of Need screens for PRTF facilities.