

# KANSAS REGISTER



**State of Kansas**

**BILL GRAVES  
Secretary of State**

**Vol. 9, No. 33**

**August 16, 1990**

**Pages 1211-1268**

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## State of Kansas

## State Banking Board

## Notice of Meeting

The State Banking Board will meet at 9:30 a.m. Monday, September 17, in the conference room of the State Banking Department, Suite 300, 700 S.W. Jackson, Topeka. The board reviews matters relating to its supervisory authority set forth in K.S.A. 9-1801 *et seq.*

W. Newton Male  
State Bank Commissioner

Doc. No. 009604

## State of Kansas

## State Emergency Response Commission

## Notice of Meeting

The State Emergency Response Commission will meet at 9 a.m. Tuesday, August 28, in the Kansas Department of Health and Environment conference room, fifth floor, Mills Building, 109 S.W. 9th, Topeka.

Stanley C. Grant  
Secretary of Health  
and Environment

Doc. No. 009621

## State of Kansas

## Board of Emergency Medical Services

## Notice of Meeting

The Board of Emergency Medical Services will meet by teleconference at 9 a.m. Friday, August 24, at 109 S.W. 6th, Topeka. Agenda items include adoption of a proposed budget for fiscal year 1992.

All meetings of the board are open to the public. For more information, contact the administrator at 109 S.W. 6th, Topeka 66603, (913) 296-7296.

Bob McDanel  
Administrator

Doc. No. 009599

## State of Kansas

## Kansas Advocacy and Protective Services, Inc.

## Notice of Meeting

The Kansas Advocacy and Protective Services will conduct its governing board meeting at 7 p.m. Monday, August 20, at the Topeka West Holidome, 605 Fairlawn Road, Topeka. Opportunity is provided for oral or written public comment on the priorities established by and activities of the protection and advocacy system. For more information, call (913) 776-1541.

Joan Strickler  
Executive Director

Doc. No. 009605

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**Bill Graves**  
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**Topeka, KS 66612-1594**  
**(913) 296-2236**



**Register Office:**  
**235-N, State Capitol**  
**(913) 296-3489**

## State of Kansas

## Board of Accountancy

Notice of Meeting and Hearing on  
Proposed Administrative Regulations

The Board of Accountancy will conduct a regularly scheduled meeting at 9 a.m. Wednesday, September 19, in Conference Room 108, Landon State Office Building, 900 S.W. Jackson, Topeka. Persons interested in agenda items or in attending should contact the board office in Suite 556 of the Landon Building.

The board also will conduct a public hearing at 11 a.m. the same day for the purpose of amending K.A.R. 74-5-202 and 74-5-203 (accounting principles and auditing standards) to make reference to the latest published updates from the American Institute of CPAs and the Federal Accounting Standards Board, which is required yearly. No economic or fiscal impact is anticipated to anyone by amendment of 74-5-202 and 203.

This notice constitutes a 30-day public comment period. Persons interested in seeing the proposed regulation amendment should contact the board secretary at Suite 556 of the Landon Building. Anyone wishing to address the board at the hearing should also contact the board secretary.

Glenda Sherman  
Executive/Board Secretary

Doc. No. 009610

## State of Kansas

## Attorney General

## Opinion No. 90-92

**Public Records, Documents and Information—Records Open to Public—Certain Records Not Required to be Open; Post Audit Reports.**

**Legislature—Legislative Post Audit—Post Audit Reports; Status Under the Kansas Open Records Act. Meredith Williams, Post Auditor, Legislative Division of Post Audit, Topeka, August 2, 1990.**

Rules of the Legislative Post Audit Committee (LPAC) adopted March 12, 1990, prohibit distribution of a Legislative Division of Post Audit final audit report to LPAC members and to the public prior to four days before the report is scheduled to be presented to the committee. While such a report is a public record subject to the Kansas open records act (KORA), K.S.A. 45-215 *et seq.*, LPAC rules are not inconsistent with the KORA because discretionary closure of the record is permitted by K.S.A. 45-221(a)(22). Under this exemption to the KORA, disclosure would be required only if the report is publicly cited or identified in an open meeting or an agenda of an open meeting or if the report was distributed to a majority of a quorum of the committee. Mere announcement of the record's name in an open meeting without any discussion of its content does not require disclosure of a record otherwise permissibly closed under K.S.A. 1989 Supp. 45-221(a)(22). The facts presented thus do not mandate disclosure under these provisions. Therefore, pursuant to LPAC rules, the post auditor must decline

this record request. Cited herein: K.S.A. 45-215 *et seq.*; 45-217; K.S.A. 1989 Supp. 45-221(a)(22); K.S.A. 46-1101; 46-1102; 46-1103; 46-1108; 46-1114; 75-4713. TMN

## Opinion No. 90-93

**Crimes and Punishments—Crimes Against Property—Giving a Worthless Check; Statutory Service Charge; Intent to Defraud; Preexisting Indebtedness; Notice; Refusal of Payment.**

**Consumer Credit Code—Consumer Credit Transactions; Other Charges and Modifications—Additional Charges; Statutory Service Charge; Preexisting Indebtedness; Notice; Refusal of Payment.**

**Procedure, Civil—General Provisions—Civil Liability for Worthless Check; Statutory Service Charge; Preexisting Indebtedness; Notice; Refusal of Payment. Senator Nancy Parrish, 19th District, Topeka; Senator Alicia L. Salisbury, 20th District, Topeka; Representative Susan Roenbaugh, 114th District, Lewis, August 3, 1990.**

In comparing and contrasting the three Kansas worthless check statutes, this opinion reaches the following conclusions: Pursuant to the criminal code, the civil procedure code and the uniform consumer credit code, the maximum allowable service charge for a worthless check is \$10; while it is unclear whether the criminal worthless check statute covers preexisting indebtedness, the civil procedure code and the uniform consumer credit code provide legal remedies to the holder of a worthless check given in payment of a preexisting debt; notice requirements vary between the criminal code, the civil procedure code and the uniform consumer credit code regarding worthless checks; actual refusal of payment is not an element of a criminal offense of giving a worthless check, but notice is a prerequisite to a civil cause of action and of the uniform consumer credit code prior to adding the allowable statutory service charge. Cited herein: K.S.A. 16a-2-501, as amended by L. 1990, ch. 209, § 2; K.S.A. 21-3103; 21-3110; K.S.A. 1989 Supp. 21-3707; 60-2610, as amended by L. 1990, ch. 209, § 1. CN

## Opinion No. 90-94

**Intoxicating Liquors and Beverages—Bonded Warehouses and Related Provisions—Exclusive Territorial Franchises; Termination or Modification of Franchise. Tom Hanna, Director, Alcoholic Beverage Control, Topeka, August 6, 1990.**

K.S.A. 1989 Supp. 41-410 does not require an administrative proceeding to determine whether reasonable cause exists for the termination of a franchise agreement. However, should the director of the division of alcoholic beverage control make a finding that a termination was made without reasonable cause, he is authorized to take appropriate action against the licensee for violation of the liquor control act. Cited herein: K.S.A. 1989 Supp. 41-210; 41-320; 41-328; 41-328a; 41-410; K.A.R. 14-16-15. JLM

Robert T. Stephan  
Attorney General

Doc. No. 009607

**State of Kansas  
State Conservation Commission**

**Notice to Contractors**

Sealed bids for the construction of a 25,000 and 40,000 cubic yard detention dam, Site 27-9A and Site 21-15 in Brown County, will be received by the Nemaha-Brown Watershed Joint District No. 7 at the district office, 125 W. 4th, Holton 66436, until 5 p.m., or hand carried to Woodlawn Hall and submitted immediately prior to bid opening on July 6. Bids will be opened at 7 p.m. on August 28 at Woodlawn Hall, Woodlawn. A copy of the invitation for bids and the plans and specifications can be obtained from the district office, (913) 364-4309.

Kenneth F. Kern  
Executive Director

Doc. No. 009595

**State of Kansas  
State Conservation Commission**

**Notice to Contractors**

Sealed bids for the construction of a 40,250 and 40,650 cubic yard detention dam, Site 111 in Pottawatomie County and Site 119 in Jackson County, will be received by Kenneth Kerwin of the Cross Creek Watershed, Box 454, Rossville 66533, (913) 771-3875, or hand carried and submitted prior to the bid opening at 10:30 a.m. on September 8 at the office of Dennis G. Hall, 104 W. Pottawatomie, Rossville. A copy of the invitation for bids and the plans and specifications can be obtained by calling Dennis G. Hall, (913) 584-6164.

Kenneth F. Kern  
Executive Director

Doc. No. 009618

**State of Kansas  
State Conservation Commission**

**Notice to Contractors**

Sealed bids for the construction of a 48,854 and 27,000 cubic yard detention dam, Site C-16 and Site D-30 in Anderson County, will be received by the Pottawatomie Creek Watershed Joint District No. 90 at the Soil Conservation Service office, 6th and Elm, Garnett 66032, until noon on September 5. Bids will be opened at 1:30 p.m. for Site C-16 and at 2:30 p.m. for Site D-30 on September 5 at the Community Building, North City Park, Garnett. A copy of the invitation for bids and the plans and specifications can be obtained from the Soil Conservation Service office, (913) 448-3642.

Kenneth F. Kern  
Executive Director

Doc. No. 009601

**State of Kansas  
State Conservation Commission**

**Notice to Contractors**

Sealed bids for the construction of a 21,000 and 25,500 cubic yard detention dam, Site 3-18 and Site 8-24 in Marshall County, will be received by the Vermillion Creek Watershed District No. 70 at the district office, 125 W. 4th, Holton 66436, until 10:30 a.m. on September 11, or hand carried and submitted prior to bid opening. Bids will be opened at 1:30 p.m. for Site 3-18 and at 2 p.m. for Site 8-24 on September 11 at the Legion Building, West Main Street, Beattie. A copy of the invitation for bids and the plans and specifications can be obtained from the office of King and Associates Engineering, (913) 364-4312, or reviewed at the Soil Conservation Service field office, East Highway 36, Marysville.

Kenneth F. Kern  
Executive Director

Doc. No. 009594

**State of Kansas  
University of Kansas**

**Notice to Bidders**

Sealed bids for items listed below will be received by the University of Kansas Purchasing Office, Lawrence, until 2 p.m. local time on the date indicated and then will be publicly opened. Interested bidders may call (913) 864-3416 for additional information.

Monday, August 27, 1990

RFQ 91 0160

Medium performance desktop workstation for use  
with VAX/VMS cluster

Gene Puckett, L.C.P.M.  
Director of Purchasing

Doc. No. 009613

**State of Kansas  
Secretary of State  
Executive Appointments**

Executive appointments made by the Governor, and in some cases by other state officials, are filed with the Secretary of State's office.

Complete listings of state agencies, boards and commissions are included in the *Kansas Directory*. County officials are listed in the *Directory of County Officers*. Both directories are published by the Secretary of State's office and are available free of charge.

The following appointments were filed August 1-15:

**Harvey County Sheriff**

Byron L. Motter, 716 S. Main, Halstead 67056. Term expires when a successor is elected and qualifies according to law. Succeeds Galen Morford.

**Linn County Commissioner, 1st District**

Charlene E. Sims, Route 1, Box 4, Parker 66072. Term expires when a successor is elected and qualifies according to law. Succeeds Marshall Tatum, resigned.

**State Civil Service Board**

Ruth Hicklin, 11800 E. 1st, Wichita 67206. Subject to Senate confirmation. Term expires January 31, 1993. Succeeds Tim Holt.

Mary Lynn Holbrook, 2005 Washington Blvd., Kansas City 66102. Subject to Senate confirmation. Term expires July 31, 1994. Succeeds Billy Sparks.

**Kansas Dental Board**

Jacquelyn Straub, Route 2, Box 134D, Emporia 66801. Term expires July 31, 1994. Succeeds Phyllis Watkins.

**Joint Committee on Economic Development**

Rep. Ellen Samuelson, Route 1, Box 73, Newton 67114. Term expires January 14, 1991. Succeeds Jayne Aylward. Appointed by the Speaker of the House.

**Kansas Select Commission on Ethical Conduct**

(Established by 1990 Senate Substitute for Substitute for House Bill No. 3065)

Robert Bennett, P.O. Box 8030, Prairie Village 66208. Appointed by the President of the Senate.

Rep. Martha Jenkins, Route 1, Box 47, Leavenworth 66048. Appointed by the Speaker of the House.

John Lechliter, 309 N. Ohio, Coffeyville 67337. Appointed by the Senate Minority Leader.

Tim Miller, 620 Indiana, Lawrence 66044. Appointed by the House Minority Leader.

Chief Justice (Retired) David Prager, 5130 S.W. 53rd, Topeka 66604. Appointed by the Chief Justice of the Supreme Court.

Sen. Richard Rock, Route 5, Box 618, Arkansas City 67005. Appointed by the Senate Minority Leader.

Sen. Don Sallee, Route 2, Box 79, Troy 66087. Appointed by the President of the Senate.

Rep. Michael Tom Sawyer, 1116 Dayton, Wichita 67213. Appointed by the House Minority Leader.

**Kansas Film Services Commission**

Sen. Edward Reilly, P.O. Box 9, Leavenworth 66048. Appointed by the President of the Senate.

**Hazardous Waste Disposal Facility Approval Board**

Marsha R. Marshall, 8560 Rik-Mar Drive, DeSoto 66018. Subject to Senate confirmation. Term expires July 31, 1993.

Jim Patterson, 2612 N. 10th, Independence 67301. Subject to Senate confirmation. Term expires July 31, 1992.

**State Board of Indigents' Defense Services**

Thomas Osborn, 2632 Armstrong, Kansas City 66102. Subject to Senate confirmation. Term expires July 31, 1993. Succeeds Maurice Ryan.

Stanley D. Wethington, Route 2, Box 65, Anthony 67003. Subject to Senate confirmation. Term expires July 31, 1993. Succeeds Paul Winckler.

Peter Williams, Box 874, Russell 67665. Subject to Senate confirmation. Term expires July 31, 1993. Succeeds Larry Tittel.

**North Central Kansas Regional Library System**

Margaret F. White, Route 1, Box 217, Council Grove 66846. Term expires August 1, 1994. Succeeds Betty Barker.

**Northeast Kansas Regional Library System**

Beverly Harvey, 228 N.E. 82nd, Topeka 66617. Term expires August 1, 1994.

Emily J. Stoll, Route 1, Holton 66436. Term expires August 1, 1994.

Katherine Woodbury, Route 1, Box 14, Quenemo 66528. Term expires August 1, 1994. Succeeds Frances Hover.

**Kansas Public Disclosure Commission**

Jack Janssen, Route 1, Lyons 67554. Appointed by the Senate Minority Leader.

Brian Moline, 4132 S.W. Emland Drive, Topeka 66606. Term expires January 31, 1991. Appointed by the Chief Justice of the Supreme Court.

**Savings and Loan Board**

Roy D. Myers, 502 S. Hillside Drive, Chanute 66720. Subject to Senate confirmation. Term expires June 30, 1994. Succeeds Richard Reynolds.

**Commission on Waste Reduction, Recycling and Market Development**

(Established by 1990 Senate Bill No. 310)

Rep. Jeff Freeman, 302 Sanders, Apt. 7, Burlington 66839. Term expires July 1, 1992. Appointed by the Speaker of the House.

Sen. Lana Oleen, 1631 Fairchild Ave., Manhattan 66502. Appointed by the President of the Senate.

Joyce Wolf, 2535 Arkansas, Lawrence 66044. Appointed by the Senate Minority Leader.

**Kansas Water Authority**

Byron Johnson, 5930 Beverly, Mission 66202. Term expires July 1, 1991. Succeeds James R. Meitl. Appointed by the President of the Senate.

**Kansas Wildlife and Parks Commission**

Carl M. Coonrod, Route 1, Box 39, Elk Falls 67345. Term expires July 1, 1994. Succeeds William Browning.

Bill Graves  
Secretary of State

## State of Kansas

## Legislature

## Interim Committee Schedule

The following committee meetings have been scheduled during the period of August 20 through September 2:

Date	Room	Time	Committee	Agenda
August 20 August 21	514-S 514-S	10 a.m. 9 a.m.	Special Committee on Public Health and Welfare	20th: 10:00 a.m.-noon. The Honorable Jan Meyers, 3rd Congressional District, Kansas, speaking on low level nuclear waste disposal. 20th: 1:30 p.m. and 21st: Hearings on Proposal No. 32—Local Health Department Financing.
August 20 August 21	123-S 123-S	10 a.m. 9 a.m.	Legislative Budget Committee	20th: Conference with representatives of the Wesley Foundation at KUMC; report on status of military pensions litigation; conference with Department of Corrections and community corrections officials re: inmate populations trends and budgeting for community corrections; and report on SRS caseloads model by Division of the Budget. 21st: Lottery and Racing Commissions—conference with executive director of Lottery and staff reports; Proposal No. 17—Staff Reports.
August 22	531-N	9 a.m.	Health Care Stabilization Fund Oversight Committee	Agenda not available.
August 23 August 24	531-N 531-N	10 a.m. 9 a.m.	Legislative Educational Planning Committee	23rd: Long-range planning 24th: Proposal No. 19 (Area Vocational Schools); graduate teaching assistants; other matters.
August 23 August 24	519-S 519-S	10 a.m. 9 a.m.	Special Committee on Local Government	23rd: Hearing and discussion on Proposal No. 22—Planning and Zoning. 24th: Hearing on Proposal No. 23—Fire District Annexation, and Proposal No. 25—Township Roads.
August 27 August 28	514-S 514-S	10 a.m. 9 a.m.	Task Force on SRS	Review of medical assistance program; public hearings on medical assistance program.
August 27 August 28	123-S 123-S	10 a.m. 9 a.m.	Joint Committee on State Building Construction	27th: On tour. 28th: On tour.
August 29 August 30	519-S 519-S	10 a.m. 9 a.m.	Special Committee on Insurance	Public hearings on the impact of health insurance mandates on the availability and affordability of group health insurance.

August 30	514-S	10 a.m.	Special Committee on Judiciary	30th: Proposal No. 16—Juvenile Offenders. Proposal No. 14—Temple University Report on Community Corrections.
August 31	514-S	9 a.m.		31st: Proposal No. 2—Private Prisons
August 30	531-N	10 a.m.	Joint Committee on Special Claims Against the State	Hearings on claims filed to date.
August 31	531-N	9 a.m.		

Emil Lutz  
Director of Legislative Administrative Services

Doc. No. 009611

**State of Kansas  
Department of Administration  
Division of Purchases  
Notice to Bidders**

Sealed bids for the following items will be received by the Director of Purchases, Landon State Office Building, 900 S.W. Jackson, Room 102, Topeka, until 2 p.m. C.D.T. on the date indicated and then will be publicly opened. Interested bidders may call (913) 296-2377 for additional information.

**Monday, August 27, 1990**

27315

Statewide—Office furniture

27326

University of Kansas, University of Kansas Medical Center, Kansas State University, and Wichita State University—Specialized laboratory chemicals

28300

Winfield State Hospital and Training Center—Incontinent items

85032

Kansas State University—Booths and bar stools

**Tuesday, August 28, 1990**

27305

University of Kansas—Hematology reagents and controls

27319

Statewide—Cookies and crackers

27334—Supp.

Statewide—Plastic and rubber goods (Class 10)

27388 (Rebid)

Statewide—Gloves, packs and trays (Class 06)

27474

University of Kansas Medical Center—October (1990) meat products

27524

University of Kansas—October (1990) meat products

84993

Department of Health and Environment—CO<sub>2</sub> incubator

84994

University of Kansas Medical Center—Equipment for research animals

85004

Department of Commerce—Terminal laser printers

85007

Kansas State University—Soybean meal

**Wednesday, August 29, 1990**

27516

Statewide—October (1990) meat products

28301

Department of Human Resources—Audit services

85008

Department of Health and Environment—Environmental equipment

85009

Kansas State University—Plant growth chamber

**Thursday, August 30, 1990**

A-6422

Emporia State University—Road and parking lot improvements

A-6539

Department of Wildlife and Parks—Farlington fish hatchery renovation

85027

Department of Wildlife and Parks—Sand, Cheyenne Bottoms

85029

Emporia State University—Microcomputer workstations

**Friday, August 31, 1990**

85041

Winfield State Hospital and Training Center—Laundry bags and washcloths

**Tuesday, September 4, 1990**

85020

University of Kansas—Disk drive for DEC System 5400

**Wednesday, September 5, 1990**

85040

Department of Human Resources—Expert system (AI) development

**Wednesday, September 12, 1990**

A-6239, A-6240, A-6241, A-6242, A-6243

Parsons State Hospital and Training Center—Cottages/laundry building maintenance projects

Nicholas B. Roach  
Director of Purchases

Doc. No. 009617

## State of Kansas

**Department of Corrections  
Kansas Correctional Industries**

**Notice to Bidders**

Sealed bids for state of Kansas surplus property (Quotation No. 910001) will be received by State Surplus Property, Building 344, Forbes Air Industrial Park, P.O. Box 19226, Topeka 66619-0226, until 2 p.m. C.D.T. Tuesday, August 28, and then will be publicly opened. Interested bidders may call (913) 296-2334 for additional information.

Robert F. Kelley  
Manager, State Surplus Property

Doc. No. 009606

## State of Kansas

**Department of Transportation**

**Notice to Contractors**

Sealed proposals for the construction of road and bridge work in the following Kansas counties will be received at the office of the Chief of Construction and Maintenance, K.D.O.T., Topeka, until 10 a.m. C.D.T. September 20, 1990, and then publicly opened:

**District One—Northeast**

**Marshall—36-58 K-4366-01—U.S. 36, from the junction of K-87 and U.S. 36 east to the Marshall/Nemaha county line, 5.0 miles, overlay. (State Funds)**

**Nemaha—36-66 K-4367-01—U.S. 36, from the Marshall/Nemaha county line, east to the old city limits of Seneca, 9.0 miles, overlay. (State Funds)**

**Osage—70 C-2679-01—County road, 5.7 miles north of Overbrook, then north, 0.3 mile, grading, surfacing and bridge. (Federal Funds)**

**Shawnee—70-89 K-4275-01—I-70, Valencia Road overpass 6, west of Topeka, bridge overlay. (State Funds)**

**District Three—Northwest**

**Norton—69 C-2787-01—County road, 1.3 miles north and 4.0 miles east of Almena, then north, 0.2 mile, grading and bridge. (Federal Funds)**

**Thomas—70-97 K-2348-02—I-70, rest areas west of Colby, rest area modification work. (Federal Funds)**

**Trego—98 K-2830-01—Cedar Bluff State Park, 4.8 miles, overlay. (State Funds)**

**District Four—Southeast**

**Cherokee—160-11 X-1547-02—Burlington Northern crossing of U.S. 160 south of Cherokee, grading and surfacing. (Federal Funds)**

**Cherokee—160-11 X-1551-02—Southeast Kansas Railroad crossing of U.S. 160 southeast of Cherokee, grading and surfacing. (Federal Funds)**

**Cherokee—11 C-2683-01—County road, 8.4 miles south and 8.7 miles west of Columbus, then east, 0.1 mile, grading and bridge. (Federal Funds)**

**Labette—50 C-2611-01—County road, 1.2 miles south and 1.8 miles west of Bartlett, then west, 0.2 mile, grading and bridge. (Federal Funds)**

**Neosho—39-67 X-1445-02—Missouri-Kansas-Texas Railroad crossing of K-39, north of Stark, grading and surfacing. (Federal Funds)**

**District Five—Southcentral**

**Kiowa—49 C-2537-01—County road, 4.5 miles north of Greensburg, then north, 0.3 mile, grading and bridge. (Federal Funds)**

**Rice—56-80 K-2596-01—U.S. 56, north fork Little Arkansas River 16, 3.9 miles east of K-46, bridge replacement. (Federal Funds)**

**District Six—Southwest**

**Gray—23-35 K-4250-01—K-23, Arkansas River bridge 27, 0.6 mile south of U.S. 50, bridge painting. (State Funds)**

**Kearny—25-47 K-4259-01—K-25, Arkansas River bridge 14, 1.6 miles south of U.S. 50, bridge painting. (State Funds)**

**Lane—4-51 X-1447-02—K-4, Union Pacific Railroad system crossing of K-4, west of Shields, grading and surfacing. (Federal Funds)**

**Meade—23-60 K-4251-01—K-23, Crooked Creek bridge 18, 10.5 miles south of U.S. 54, bridge painting. (State Funds)**

**Meade—60 C-2731-01—County road, 2.0 miles west and 1.5 miles south of Fowler, then north, grading and bridge. (Federal Funds)**

**Seward—83-88 K-4283-01—U.S. 83, Cimarron River bridge 5, 5.6 miles north of U.S. 270, bridge painting. (State Funds)**

Proposals will be issued upon request to all prospective bidders who have been prequalified by the Kansas Department of Transportation on the basis of financial condition, available construction equipment, and experience. Also, a statement of unearned contracts (Form No. 284) must be filed. There will be no discrimination against anyone because of race, age, religion, color, sex, handicap, or national origin in the award of contracts.

Each bidder shall file a sworn statement executed by or on behalf of the person, firm, association or corporation submitting the bid, certifying that such person, firm, association or corporation has not, either directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding in connection with the submitted bid. This sworn statement shall be in the form of an affidavit executed and sworn to by the bidder before a person who is authorized by the laws of the state to administer oaths. The required form of the affidavit will be provided by the state to each prospective bidder. Failure to submit the sworn statement as part of the bid-approval package will make the bid nonresponsive and not eligible for award consideration.

Plans and specifications for the projects may be examined at the office of the respective county clerk or at the K.D.O.T. district office responsible for the work.

Horace B. Edwards  
Secretary of Transportation

Doc. No. 009616



## State of Kansas

## Department of Transportation

## Notice to Contractors and Materials Suppliers

The Kansas Department of Transportation anticipates letting federal-aid construction contracts in the amount of \$18,500,000 for federal fiscal year 1991. There are approximately 100 certified businesses owned by disadvantaged individuals in the state of Kansas. Based on the projected dollar volume and the current availability of disadvantaged business, KDOT proposes a utilization goal of 10 percent for federal fiscal year 1991.

Public comments on this goal are requested. Comments should be sent to: KDOT Office of Engineering Support, Attn: Sandra Greenwell, Docking State Office Building, Topeka 66612.

Horace B. Edwards  
Secretary of Transportation

Doc. No. 009588

## State of Kansas

Department of Health  
and EnvironmentNotice Concerning Proposed  
Permit Action

The secretary of the Kansas Department of Health and Environment is proposing to issue a permit in accordance with K.A.R. 28-19-14 (permits required) to the city of Kingman to install and operate one additional reciprocating engine-driven electric generator at the municipal power plant.

Written materials, including the application and information relating to the application submitted by the city, draft permit, permit summary, and analysis of KDHE describing the basis for the proposed permit, are available for public inspection during normal business hours through September 14 by contacting David Butler, KDHE, 1919 N. Amidon, Wichita 67603, (316) 838-1071. This material also can be reviewed at the KDHE office in Building 740, Forbes Field, Topeka 66620. Questions concerning this proposed permit should be directed to L.C. Hinthner, KDHE, (913) 296-1576.

K.S.A. 65-3008 provides that any person affected by the issuance of a permit can request a public hearing prior to issuance of the permit. The request must be in writing and addressed to the secretary. If the secretary determines there is sufficient reason in the request, a public hearing will be conducted—the place, date and time of the hearing will be announced in this publication. A request for hearing or written comments on the proposed permit must be submitted to the Secretary, KDHE, Landon State Office Building, 900 S.W. Jackson, Topeka 66612, before September 14.

Stanley C. Grant  
Secretary of Health  
and Environment

Doc. No. 009596

## State of Kansas

Department of Health  
and EnvironmentNotice Concerning Variance Request  
From Hazardous Waste Regulations

The Kansas Department of Health and Environment is providing public notice that on March 28, 1990, Exline Incorporated, 3256 E. Country Club Road, Salina, submitted a request for a variance from specific hazardous waste regulations. The request for a variance was submitted in accordance with Kansas Administrative Regulation (K.A.R.) 28-31-13(a). The variance is requested from K.A.R. 28-31-10, which requires payment of specified annual monitoring fees by hazardous waste treatment, storage, or disposal facilities, hazardous waste generators and hazardous waste transporters.

Exline owns a closed hazardous waste disposal facility in Salina. This facility has obtained a Resource Conservation and Recovery Act (RCRA) post-closure care permit. The permit establishes long term care, inspection, and monitoring requirements for a hazardous waste landfill located at the facility. K.A.R. 28-31-10(c) specifies that each RCRA regulated hazardous waste disposal facility with a landfill shall pay an annual monitoring fee of \$10,000. Exline has requested that this fee be reduced to \$1,500 because the facility is no longer actively disposing of waste.

KDHE has reviewed the variance request and concluded that the variance is not justified. KDHE considers all permitted facilities to be operating irregardless of whether they are currently disposing of waste. Exline has a permit and is therefore considered an operating facility. Exline did not remove all contaminants from a surface impoundment during closure of the unit. The unit is considered to be a hazardous waste landfill because of the remaining contamination.

Kansas Statutes Annotated 65-3431(u), which is the basis for K.A.R. 28-31-10, directs the Secretary of Health and Environment to establish a schedule of fees paid by permittees operating hazardous waste facilities. K.S.A. 65-3431(u) specifies that the fees established shall be for monitoring of the facility during operation. K.A.R. 28-31-10 specifies that the fee for those facilities with hazardous waste landfills shall be \$10,000. KDHE has determined that this fee is appropriate for oversight of a facility undergoing post-closure care; therefore, KDHE has made a tentative decision to deny the variance.

In accordance with K.A.R. 28-31-13(b), public notice is being provided of KDHE's decision. Copies of the variance request will be available for public review until September 15 from 8 a.m. to 4:30 p.m. weekdays at the KDHE, Building 740, Forbes Field, Topeka, and the KDHE district office, 2501 Market Place, Suite D, Salina.

Comments concerning this variance request may be directed to John Paul Goetz, Hazardous Waste Section, KDHE, Topeka 66620. Comments must be submitted in writing prior to September 15. Requests for additional information may be made by contacting KDHE at (913) 296-1607.

(continued)

Upon the written request of any interested person, a public meeting may be held to consider comments on this tentative decision. The person requesting a meeting shall state the issues to be raised and why written comments would not suffice to communicate the person's views. If a decision is made to conduct a public meeting, a separate public notice detailing the date and place of the public meeting will be issued.

After evaluating all public comments, a final decision will be made by the secretary and a notice of the final decision will be published in the *Kansas Register*.

Stanley C. Grant  
Secretary of Health  
and Environment

Doc. No. 009597

## State of Kansas

### Department of Health and Environment

#### Notice Concerning Variance Request From Hazardous Waste Regulations

The Kansas Department of Health and Environment is providing public notice that on April 5, 1990, The Sherwin-Williams Company, 1800 W. 4th, Coffeyville, submitted a request for a variance from specific hazardous waste regulations. The request for a variance was submitted in accordance with Kansas Administrative Regulation (K.A.R.) 28-31-13(a). The variance is requested from K.A.R. 28-31-10, which requires payment of specified annual monitoring fees by hazardous waste treatment, storage, or disposal facilities, hazardous waste generators and hazardous waste transporters.

The Sherwin-Williams Company owns and operates a closed hazardous waste disposal facility in Coffeyville. This facility has obtained a Resource Conservation and Recovery Act (RCRA) post-closure care permit. The permit establishes long term care, inspection, and monitoring requirements for several hazardous waste landfills located at the facility. K.A.R. 28-31-10(c) specifies that each hazardous waste disposal facility with a landfill shall pay an annual monitoring fee of \$10,000. Sherwin-Williams has requested that this fee be reduced to \$1,500 because the facility is no longer actively disposing of waste in the landfills.

KDHE has reviewed the variance request and concluded that the variance is not justified. KDHE considers all permitted facilities to be operating irregardless of whether they are currently disposing of waste. Sherwin-Williams' Coffeyville facility has a permit and is therefore considered an operating facility. The Coffeyville facility did not remove all contaminants from several surface impoundments and a waste pile during closure of these units. These units are considered hazardous waste landfills because of the remaining contamination.

Kansas Statutes Annotated 65-3431(u), which is the basis for K.A.R. 28-31-10, directs the Secretary of Health and Environment to establish a schedule of fees paid by permittees operating hazardous waste facilities. K.S.A. 65-3431(u) specifies that the fees established shall be for monitoring of the facility during operation. K.A.R. 28-31-

10 specifies that the fee for those facilities with hazardous waste landfills shall be \$10,000. KDHE has determined that this fee is appropriate for oversight of a facility undergoing post-closure care; therefore, KDHE has made a tentative decision to deny the variance.

In accordance with K.A.R. 28-31-13(b), public notice is being provided of KDHE's decision. Copies of the variance request will be available for public review until September 15 from 8 a.m. to 4:30 p.m. weekdays at the KDHE, Building 740, Forbes Field, Topeka; the KDHE district office, 1500 W. 7th, Chanute; and during normal business hours at the Coffeyville Public Library, 311 W. 10th, Coffeyville.

Comments concerning this variance request may be directed to John Paul Goetz, Hazardous Waste Section, KDHE, Topeka 66620. Comments must be submitted in writing prior to September 15. Requests for additional information may be made by contacting KDHE at (913) 296-1607.

Upon the written request of any interested person, a public meeting may be held to consider comments on this tentative decision. The person requesting a meeting shall state the issues to be raised and why written comments would not suffice to communicate the person's views. If a decision is made to conduct a public meeting, a separate public notice detailing the date and place of the public meeting will be issued.

After evaluating all public comments, a final decision will be made by the secretary and a notice of the final decision will be published in the *Kansas Register*.

Stanley C. Grant  
Secretary of Health  
and Environment

Doc. No. 009598

## State of Kansas

### Department of Health and Environment

#### Notice Concerning Kansas Water Pollution Control Permits

In accordance with state regulations 28-16-57 through 28-16-63 and the authority vested with the state by the administrator of the U.S. Environmental Protection Agency, tentative permits have been prepared for discharges to the waters of the United States and the state of Kansas for the applicants described below. The tentative determinations for permit content are based on preliminary limitations of the state of Kansas and the EPA, and when issued will result in a state water pollution control permit and national pollutant discharge elimination system authorization to discharge subject to certain effluent limitations and special conditions.

##### Name and Address of Applicant

Shawnee County S.D. #33  
c/o Shawnee County  
Courthouse  
Room 212  
Topeka, KS 66603  
Shawnee County, Kansas

##### Waterway

Kansas River via  
Stinson Creek

##### Type of Discharge

Secondary waste-  
water treatment  
facility

Kansas Permit No. M-KS72-D033 Fed. Permit No. KS-0079324

Description of Facility: This facility is designed for the treatment of domestic sewage. This is an existing facility. Proposed effluent limitations are pursuant to Kansas Surface Water Quality Standards, K.A.R. 28-16-28(b-f), and are technology based.

Name and Address of Applicant	Waterway	Type of Discharge
Mayor and City Council c/o City Clerk P.O. Box 15 Atlanta, KS 67008 Cowley County, Kansas	Timber Creek via Dutch Creek via Lower Dutch Creek via un- named tributary	Secondary waste- water treatment facility

Kansas Permit No. M-WA02-0001 Fed. Permit No. KS-0086801

Description of Facility: This facility is designed for the treatment of domestic sewage. This is an existing facility. Proposed effluent limitations are pursuant to Kansas Surface Water Quality Standards, K.A.R. 28-16-28(b-f), and are technology based.

Name and Address of Applicant	Waterway	Type of Discharge
Leavenworth County S.D. #1 4th and Walnut Leavenworth, KS 66048 Attn: James Hewitt, County Planning Dir. Leavenworth County, Kansas	Little Sandy Creek, a tributary of Stranger Creek	Secondary waste- water treatment facility

Kansas Permit No. M-MO12-0002 Fed. Permit No. KS-0086835

Description of Facility: This facility is designed for the treatment of domestic sewage. This is a new facility. Proposed effluent limitations are pursuant to Kansas Surface Water Quality Standards, K.A.R. 28-16-28(b-f), and are technology based.

Written comments on the proposed determinations may be submitted to Bethel Spotts, Permit Clerk, Kansas Department of Health and Environment, Division of Environment, Bureau of Water, Forbes Field, Topeka 66620. All comments received prior to September 14 will be considered in the formulation of final determinations regarding this public notice. Please refer to the appropriate application number (KS-90-86/88) and the name of applicant as listed when preparing comments.

If no objections are received, the Secretary of Health and Environment will issue the final determinations. If response to this notice indicates significant public interest, a public hearing may be held in conformance with state regulation 28-16-61.

The application, proposed permit, including proposed effluent limitations and special conditions, fact sheets as appropriate, comments received, and other information are on file and may be inspected at the Division of Environment offices from 8 a.m. to 4:30 p.m. Monday through Friday. The documents are available upon request at the copying cost assessed by KDHE. Additional copies of this public notice also may be obtained at the Division of Environment.

Stanley C. Grant  
Secretary of Health  
and Environment

Doc. No. 009615

## State of Kansas

### Department of Administration Division of Architectural Services

#### Notice of Commencement of Negotiations for Architectural Services

Notice is hereby given of the commencement of negotiations for architectural services for the renovation of the Kansas Union—Phase II at the University of Kansas, Lawrence.

Any questions or expressions of interest should be directed to Gerald R. Carter, AIA, Director of Planning and Design, Division of Architectural Services, 625 Polk, Topeka 66603, (913) 233-9367, on or before August 31. An SF 255 form should be submitted with letters of interest.

Edward A. Martin, AIA  
Director, Division of  
Architectural Services

Doc. No. 009608

## State of Kansas

### Kansas State University

#### Notice to Bidders

Sealed bids for items listed below will be received by Kansas State University Purchasing Office, Manhattan, until 2 p.m. local time on the date indicated and then will be publicly opened. Interested bidders may call (913) 532-6214 for additional information.

Monday, August 27, 1990

#10039

Textbooks

#10043

1/2-ton pick-up truck

Tuesday, August 28, 1990

#10040

Workstation

#10042

Servo motors, amplifiers and encoders

William H. Sesler  
Director of Purchasing

Doc. No. 009609

## State of Kansas

### State Corporation Commission

#### Notice of Motor Carrier Hearings

Applications set for hearing are to be heard before the State Corporation Commission, 1500 S.W. Arrowhead Road, Topeka, at 9:30 a.m. unless otherwise noticed.

This list does not include cases previously assigned hearing dates for which parties of record have received notice.

(continued)

Questions concerning applications for hearing dates should be addressed to the State Corporation Commission, 1500 S.W. Arrowhead Road, Topeka 66604-4027, (913) 271-3196 or 271-3149.

Your attention is invited to Kansas Administrative Regulations 82-1-228, "Rules of Practice and Procedure Before the Commission."

Applications set for August 28, 1990

**Application for Certificate of Convenience and Necessity:**

Johnny Carter, dba ) Docket No. 171,850 M  
Johnny Carter's Body Shop )  
108 E. Filmore )  
Arkansas City, KS 67005 ) MC ID No. 138500

Applicant's Attorney: None

*Wrecked and disabled automobiles,*

Between all points and places in Cowley, Sumner, Chautauqua, Butler and Sedgwick counties, Kansas.

\*\*\*\*\*

**Application for Extension Certificate of Convenience and Necessity:**

Healthcare Transportation ) Docket No. 131,850 M  
System, Inc. )  
1220 Senlac Drive )  
Carrollton, TX 75006 ) MC ID No. 116395

Applicant's Attorney: William Barker, 3401 Harrison, Topeka, KS 66611

*General commodities (except classes A and B explosives, commodities in bulk and household goods),*

Between all points in Kansas.

\*\*\*\*\*

**Application for Certificate of Convenience and Necessity:**

Michael L. Jimenez, dba ) Docket No. 171,851 M  
City Wide Courier Service )  
1334 S. Dodge )  
Wichita, KS 67213 ) MC ID No. 138501

Applicant's Attorney: None

*Laboratory work, mail, documents, luggage and office supplies,*

Between all points and places in Sedgwick, Harvey, Butler, Cowley, Sumner, Harper, Kingman and Reno counties, Kansas.

\*\*\*\*\*

**Application for Certificate of Convenience and Necessity:**

K.M.A. Towing, Inc. ) Docket No. 171,852 M  
P.O. Box 10113 )  
Olathe, KS 66061 ) MC ID No. 137834

Applicant's Attorney: William Smith, 6900 Squibb Road, Suite 314, Mission, KS 66202

*Wrecked, disabled, repossessed, abandoned, and replacement vehicles,*

Between all points and places in Johnson, Miami, Franklin, Wyandotte, Leavenworth, Shawnee, Douglas, Jefferson, Osage, Atchison and Jackson counties, Kansas.

\*\*\*\*\*

**Application for Transfer of Certificate of Convenience and Necessity:**

Vincent P. Thompson, dba ) Docket No. 151,503 M  
Wichita Insurance Pool )  
270 W. 53rd St. North )  
Wichita, KS 67204 ) MC ID No. 124110

TO:

Wichita Insurance Pool, Inc.  
270 W. 53rd St. North  
Wichita, KS 67204

Applicant's Attorney: Clyde Christey, Southwest Plaza Building, Suite 202, 3601 W. 29th, Topeka, KS 66614

*Wrecked, disabled, repossessed and replacement motor vehicles, trailers, recreational vehicles, recreational trailers, golf carts, campers, pick-up toppers, boats and motorcycles,*

Between points and places in Sedgwick County, Kansas, on the one hand, and points and places in Kansas, on the other hand.

\*\*\*\*\*

**Application for Extension of Certificate of Convenience and Necessity:**

Zirkle Truck Line, Inc. ) Docket No. 30,327 M  
9125 S.W. 79th )  
Auburn, KS 66402 ) MC ID No. 100260

Applicant's Attorney: Clyde Christey, Southwest Plaza Building, Suite 202, 3601 W. 29th, Topeka, KS 66614

*Building materials, construction materials, fencing materials, iron and steel articles, metal products, machinery and road building equipment, livestock, grain, hay, dry feed, dry feed ingredients, dry fertilizer, dry fertilizer ingredients, salt, seeds, plastic materials and plastic articles and cement in bags,*

Between all points and places in the state of Kansas.

\*\*\*\*\*

**Application for Certificate of Convenience and Necessity:**

Rodney Weeks ) Docket No. 172,848 M  
P.O. Box 149 )  
Sublette, KS 67877 ) MC ID No. 138502

Applicant's Attorney: None

*Wrecked, disabled, repossessed or replacement vehicles,*  
Between points and places in Haskell, Gray, Grant, Meade, Finney, Seward and Stevens counties, Kansas.

\*\*\*\*\*

**Application for Abandonment of Certificate of Convenience and Necessity:**

B & G Mobile Home ) Docket No. 169,658 M  
Parts, Inc. )  
5201 S.W. Topeka Blvd. )  
Topeka, KS 66609 ) MC ID No. 119435

Applicant's Attorney: None

\*\*\*\*\*

Application for Certificate of Convenience and Necessity:

Lackey Tank Service, Inc. ) Docket No. 167,886 M
Route 1, Box 58 )
Sterling, KS 67579 ) MC ID No. 100513

Applicant's Attorney: Kenneth Kerns, 2006 Washington, P.O. Box 1530, Great Bend, KS 67530

Crude oil, used in and for production, processing, treating, salvage, construction and for lease road purposes in bulk, fresh water for drilling purposes and salt water for disposal purposes,

Between all points and places in Sheridan, Graham, Rooks, Osborne, Trego, Ellis, Russell, Ness, Rush, Barton, Ellsworth, Saline, Dickinson, Finney, Hodgeman, Pawnee, Stafford, Rice, McPherson, Marion, Gray, Ford, Edwards, Pratt, Reno, Harvey, Meade, Clark, Comanche, Kiowa, Barber, Kingman, Harper, Sumner, Sedgwick, Logan, Scott, Seward, Mitchell, Lincoln, Cloud, Ottawa, Chase, Butler, Haskell, Gove, Lane and Cowley counties, Kansas.

\*\*\*\*\*

Application for Certificate of Convenience and Necessity:

Robert W. James, dba ) Docket No. 172,849 M
Robert W. James Truck )
Express )
1104 S. Walnut )
Ottawa, KS 66067 ) MC ID No. 136756

Applicant's Attorney: None

Dry bulk commodities, building, construction and fencing materials, machinery, trucks, iron and steel articles, junk and fabricated metal articles,

Between all points and places in the state of Kansas.

\*\*\*\*\*

Application for Certificate of Convenience and Necessity:

Wheat State Carriers, Inc. ) Docket No. 172,850 M
2141 Centennial Road )
Salina, KS 67401-0228 ) MC ID No. 123061

Applicant's Attorney: William Barker, 3401 Harrison, Topeka, KS 66611

General commodities (except hazardous commodities and household goods),

Between all points and places in the state of Kansas.

\*\*\*\*\*

Application for Certificate of Convenience and Necessity:

George E. Rexroat, dba ) Docket No. 171,840 M
R. B. Poor Farm )
214 N. Baughman )
Ulysses, KS 67880 ) MC ID No. 138178

Applicant's Attorney: None

Grain, dry feed, dry feed ingredients, dry fertilizer, dry fertilizer ingredients, seeds,

Between all points and places in Cheyenne, Sherman, Wallace, Greeley, Hamilton, Stanton, Morton, Rawlins, Thomas, Logan, Wichita, Kearny, Grant, Stevens, Scott, Finney, Haskell, Seward, Decatur, Sheridan, Gove, Lane, Gray, Meade, Norton, Graham, Trego, Ness, Hodgeman, Ford, Clark, Phillips, Rooks, Ellis, Rush, Pawnee, Edwards, Kiowa, Comanche, Smith, Osborne, Russell, Barton, Stafford, Pratt, Barber, Jewell, Mitchell, Lincoln, Ellsworth, Rice, Reno, Kingman, Harper, Republic, Cloud, Ottawa, Saline, McPherson, Harvey, Sedgwick, Sumner, Dickinson, Marion, Butler and Cowley counties, Kansas.

\*\*\*\*\*

Application for Certificate of Convenience and Necessity:

C.C.K., Inc. ) Docket No. 171,075 M
200 Manchester )
Newton, KS 67114 ) MC ID No. 137622

Applicant's Attorney: W. Robert Alderson, 1610 S.W. Topeka Blvd., P.O. Box 237, Topeka, KS 66612-1840

General commodities (except classes A and B explosives and household goods),

Between points and places in the state of Kansas.

\*\*\*\*\*

Application for Certificate of Convenience and Necessity:

E L M Transit Co. ) Docket No. 172,851 M
Route 1 )
Springfield, IL 62707 ) MC ID No. 104846

Applicant's Attorney: W. Robert Alderson, 1610 S.W. Topeka Blvd., P.O. Box 237, Topeka, KS 66612-1840

General commodities (except household goods, classes A and B explosives and commodities in bulk),

Between points and places in the state of Kansas.

\*\*\*\*\*

Application for Contract Carrier Permit:

TLT, Inc. ) Docket No. 171,849 M
312 Jefferson )
Sedgwick, KS 67135 ) MC ID No. 138499

Applicant's Attorney: Jolynn Oakman, 330 N. Main, Wichita, KS 67202

General commodities (except classes A and B explosives and hazardous commodities),

Between all points and places in the state of Kansas, under contract with Airborne Freight Corporation, Seattle, Washington.

\*\*\*\*\*

Alfonzo A. Maxwell
Administrator
Transportation Division

Doc. No. 009600

**State of Kansas  
Social and Rehabilitation Services**

**Request for Proposals**

Kansas Rehabilitation Services (KRS) is requesting proposals for establishment grants for new or expanded community-based services which produce competitive integrated employment for persons with severe disabilities. Proposed projects are to be designed to meet current and future needs of Kansans challenged by disabilities to prepare for and engage in competitive employment. Proposals should outline projects which are model applications of rehabilitation engineering, supported employment and/or transitional employment methodology in an integrated setting.

A total not to exceed \$800,000 is available to fund grant awards for one year. A 23 percent cash match will be required of grantees. The closing date for receipt of proposals is September 4.

To obtain a request for proposal and grant application packet, contact Marnie Brown at (913) 296-3911 or TDD (913) 296-7029.

Gabriel R. Faimon  
Commissioner of Rehabilitation Services

Doc. No. 009619

**State of Kansas  
Social and Rehabilitation Services**

**Request for Proposals**

Kansas Rehabilitation Services (KRS) is requesting proposals for grants for model community-based vocational rehabilitation services to assist persons with head injury prepare for, engage in and retain competitive employment in an integrated setting. Proposals should outline projects that feature individualized (rather than group) employment-related services based on methodology which incorporates integrated community settings, compensatory techniques and behavioral approaches.

A total not to exceed \$166,500 is available to fund at least one but not more than three projects. Applicants will not be required to provide match funds. Funding is available for one year. Funding for subsequent years will be contingent upon availability of KRS funds and successful performance by the grantee. The closing date for receipt of proposals is September 10.

To obtain a request for proposal and grant application packet, contact Marnie Brown at (913) 296-3911 or TDD (913) 296-7029.

Gabriel R. Faimon  
Commissioner of Rehabilitation Services

Doc. No. 009620

**State of Kansas  
Social and Rehabilitation Services**

**Request for Proposals**

The Department of Social and Rehabilitation is soliciting grant proposals from private or public agencies for the provision of training services for individuals recruited by counties to act as attendants in the county-operated youth attendant care program. The proposals must provide up to six, two-day regular training sessions and up to three, one-day refresher sessions during the period from October 1, 1990, to September 30, 1991.

The request for proposals is available from the Grants Program Administrator, SRS Youth Services, Smith/Wilson Building, 300 S.W. Oakley, Topeka 66606, (913) 296-2017. Responses to the request are due no later than 5 p.m. September 14.

Robert C. Barnum  
Commissioner, Youth Services

Doc. No. 009593

**State of Kansas  
Social and Rehabilitation Services**

**Notice of Hearing on Proposed  
Administrative Regulations**

A public hearing will be conducted at 9 a.m. Tuesday, September 18, in the SRS board room, sixth floor, Docking State Office Building, 915 Harrison, Topeka, to consider the adoption of proposed changes in existing rules and regulations and the adoption of new regulations on a temporary and a permanent basis.

This 30-day notice of the public hearing shall constitute a public comment period for the purpose of receiving written public comments on the proposed rules and regulations. All interested parties may submit written comments prior to the hearing to the Secretary of Social and Rehabilitation Services, Room 603-N, Docking State Office Building, 915 Harrison, Topeka 66612. All interested parties will be given a reasonable opportunity to present their views orally on the adoption of the proposed regulations during the hearing. In order to give all parties an opportunity to present their views, it may be necessary to request each participant to limit any oral presentation to five minutes.

The temporary regulations are proposed for adoption and are scheduled to become effective on October 1, 1990. The permanent regulations are also proposed for adoption and are scheduled to become effective on January 30, 1991. A summary of proposed regulations and their economic impact follows.

The phrase "Federal Mandate" following an item indicates that the change is required by federal policy. Optional changes in regulations related to federal programs are subject to approval by the U.S. Department of Health and Human Services.

**Article 5.—PROVIDER PARTICIPATION, SCOPE OF SERVICES, AND REIMBURSEMENTS FOR THE MEDICAID (MEDICAL ASSISTANCE) PROGRAM**

**30-5-81. Scope of hospital services.** This regulation is being amended to delete the requirement that all liver and heart transplants must be performed at the Kansas University Medical Center, and to allow liver and heart transplants to be performed elsewhere upon the written recommendation of the medical staff of the Kansas University Medical Center.

**Economic Impact:** For the change concerning liver transplants, there is no fiscal effect. It is estimated that one heart transplant may take place at a location other than the University of Kansas Medical Center, which could result in an expenditure of \$28,000 in state general funds.

**30-5-88. Scope of physician services.** This regulation is being amended to delete the requirement that all liver and heart transplants must be performed at the Kansas University Medical Center, and to allow liver and heart transplants to be performed elsewhere upon the written recommendation of the medical staff of the Kansas University Medical Center. This change parallels the change to K.A.R. 30-5-81, Scope of Hospital Services.

**Economic Impact:** None.

**30-5-118. Scope of federally-qualified health center services.** The secretary is proposing to adopt a new regulation, the text of which is set forth below:

**30-5-118. Scope of federally-qualified health center services.** (a) Covered services and limitations shall include those of physician and physician assistant services pursuant to K.A.R. 30-5-88, advanced registered nurse practitioner services pursuant to K.A.R. 30-5-113, medical supplies pursuant to K.A.R. 30-5-108, psychological services pursuant to K.A.R. 30-5-104, home health services pursuant to K.A.R. 30-5-89, and dental services pursuant to K.A.R. 30-5-100.

(b) Other covered ambulatory services and clinical social worker services shall be covered when provided by federally-qualified health center services. (Federal Mandate.)

**Economic Impact:** Estimated increased expenditures of \$203,104 (\$87,335 state general funds).

**30-5-118a. Reimbursement for federally-qualified health center services.** The secretary is proposing to adopt a new regulation, the text of which is set forth below:

**30-5-118a. Reimbursement for federally-qualified health center services.** Reimbursement for established federally-qualified health center services shall be based upon a prospective encounter rate established from costs submitted by the facility on an annual cost report. There shall not be a year-end settlement. For newly-opened facilities, an interim rate shall be set for the first year based upon the average of encounter rates set for established facilities. After the completion of the first full fiscal year of operation for the new facility, a cost report shall be submitted to and analyzed by the Kansas department of social and rehabilitation services. A rate adjustment, if necessary, shall be effected at that time along with a retroactive pay-out or recoupment. Reimbursement shall not exceed the amount that would be paid by applying Medicare cost reimbursement principles. (Federal Mandate.)

**Economic Impact:** See the economic impact statement for K.A.R. 30-5-118.

**Article 6.—MEDICAL ASSISTANCE PROGRAM—CLIENTS' ELIGIBILITY FOR PARTICIPATION**

**30-6-106. General rules for consideration of resources, including real property, personal property, and income.** This regulation is being amended to require that the combined resources of the husband and wife be considered available to both for the month the institutional arrangement begins if both spouses enter an institutional living arrangement. Previously, the combined resources were considered for an additional six months in certain instances. (Federal Mandate.)

**Economic Impact:** Estimated increased expenditures of \$50,400 (\$21,672 state general funds).

**Article 10.—ADULT CARE HOME PROGRAM**

**30-10-1a. Nursing facility program definitions.** This regulation and the following regulations (K.A.R. 30-10-1b thru 30-10-28) are being amended throughout to rename and reclassify "intermediate care facilities and skilled nursing facilities" to the vocations of "nursing facilities," and "intermediate care facilities for mental health" to "nursing facilities for mental health." These changes are required by federal mandates of the Federal Omnibus Budget Reconciliation Act (OBRA) of 1987. All references to the intermediate care facility for the mentally retarded are being placed in a new section beginning with K.A.R. 30-10-200.

**Economic Impact:** The direct definition changes have no impact, but are related to economic impacts as discussed in the changes for K.A.R. 30-10-2.

This regulation is being further amended to state "Reasonable transportation expenses necessary to secure routine and non-emergency medical services are considered reimbursable through the medicaid per diem rate."

**Economic Impact:** Estimated increased expenditures of \$298,160 (\$128,209 state general funds).

The definition of "twenty-four hour nursing care" is being amended to read as follows: "Twenty-four hour nursing care" means the provision of nursing services by at least one registered nurse (RN) on the day shift per facility for 24 hours per day, seven days per week." (Federal Mandate.)

**Economic Impact:** Estimated increased expenditures of \$500,000 (\$215,000 state general funds).

The following new definitions are being added:

"Hospital-based nursing facility" means a facility that is attached or associated with a hospital. An allocation of expenditures between the hospital and the long term care facility is required through a step-down process.

"Working trial balance" means the summary from the provider's general ledger that was used in completing the cost report. This summary should contain the account number, and a description of the account, amount of the account and on what line of the cost report it was reported.

The regulation is also being amended to make technical changes.

**30-10-1b. Nursing facilities.** This regulation is being amended to change terminology as indicated in K.A.R. 30-10-1a.

(continued)

**Economic Impact:** The estimated fiscal impact of combining the arrays of the cost data for nursing facilities and nursing facilities for mental health in setting new upper reimbursement limits is \$1 million (\$430,000 state general funds).

**30-10-1c. Provider agreement.** This regulation is being amended to change terminology as indicated in K.A.R. 30-10-1a.

**Economic Impact:** None.

**30-10-1d. Inadequate care.** This regulation is being amended to delete "or the inspection of care teams" and to make technical changes. The inspection of care teams have been transferred to the department of health and environment.

**Economic Impact:** None.

**30-10-1f. Private pay wings.** This regulation is being amended to change terminology as indicated in K.A.R. 30-10-1a and to make technical changes.

**Economic Impact:** None.

**30-10-2. Standards for participation; nursing facility.** This regulation is being amended to change terminology as indicated in K.A.R. 30-10-1a. This regulation is being further amended to add an additional prerequisite for participation in the medicaid/medikan program which states that the provider must inform all new residents of the availability of potential eligibility assessment under the federal spousal impoverishment law. This assessment is to be completed by the area/local agency offices. (Federal Mandate.)

**Economic Impact:** Estimated increased expenditures as follows:

\$ 500,000—24 hour nursing
1,000,000—Combining ICFs & SNFs
739,000—Medical Directors
500,000—Medical Assessments

Total \$2,739,000 (\$1,177,700 state general funds).

**30-10-3. Standards for participation; nursing facility for mental health.** This regulation is being amended to change terminology as indicated in K.A.R. 30-10-1a. This regulation is being further amended to add an additional prerequisite for participation in the medicaid/medikan program which states that the provider must inform all new residents of the availability of potential eligibility assessment under the federal spousal impoverishment law. This assessment is to be completed by the area/local agency offices. (Federal Mandate.)

**Economic Impact:** See the economic impact statement for K.A.R. 30-10-2.

**30-10-6. Admission procedure.** This regulation is being amended to use the language of the federal omnibus budget reconciliation act of 1987 such as nursing facility instead of intermediate care facility. (Federal Mandate.)

**Economic Impact:** None.

**30-10-7. Certification and recertification by physicians.** This regulation is being amended to delete the time-lines for obtaining a physician or physician extender's recertification.

This regulation is being further amended to add a new subsection which reads as follows: "Screening, evaluation, and referral for nursing facility services for persons ineligible to participate in the medicaid/medikan program. Each individual requesting screening, evaluation, and re-

ferred for admission to a nursing facility or referral to community-based services shall make application on forms prescribed by the secretary. The fee for the service shall be the contract rate negotiated between the agency and the performing provider. The fee shall be payable at the time the application for services is approved."

This regulation is being further amended to make technical changes.

**Economic Impact:** None.

**30-10-8. Inspection of care review in nursing facilities and nursing facilities for mental health.** This regulation is being amended to change terminology as indicated in K.A.R. 30-10-1a. This regulation is being further amended to add that "Any nursing facility where the inspection of care team finds inappropriately placed residents shall be responsible for providing transportation for the resident to a more appropriate placement facility." (Federal Mandate.)

**Economic Impact:** None.

**30-10-9. Utilization review of adult care homes.** This regulation is being revoked due to the change in requirements of OBRA '87. (Federal Mandate.)

**Economic Impact:** None.

**30-10-11. Personal needs fund.** This regulation is being amended to change the reference to "adult care home" to "nursing facility" and to change the reference to "recipients" to "residents."

**Economic Impact:** None.

**30-10-14. Prospective reimbursement.** This regulation is being amended to change the reference from "patient-related costs" to "resident-related costs" and to conform with the other changes of these terms throughout the definition and payment regulations. Since this is a regulation pertaining to cost references in the payment system, it is necessary that it be amended in conformity to those regulations.

**Economic Impact:** None.

**30-10-15a. Reimbursement.** This regulation is being amended to add the term physician extender and to delete reference to the utilization review committee due to OBRA '87.

This regulation is being further amended to clarify that payment for urinary supplies shall not be reimbursed in the per diem rate of the cost report.

For clarification for medicare certified facilities the following subsection is being added: "For medicare certified facilities, the cost of occupational, physical and speech therapy shall be adjusted by both the ratio of medicaid units of service to total units of service and the ratio of total resident days to medicaid days. The facility shall report the total expense on the cost report and the total and medicaid units of service in an attachment. Adult services or its designee will calculate the adjustment. If the required information is not provided, the medicare revenue shall be offset against the expense, but not below zero. (Federal Mandate.)"

**Economic Impact:** None.

**30-10-15b. Financial data.** This regulation is being amended to state that 30 days before suspending payment to a provider, the agency will give written notice to the provider of its intent. The language relating to reduction of payments is being deleted. Other changes in this reg-



ulation are for clarification due to OBRA '87. (Federal Mandate.)

Economic Impact: None.

**30-10-16. Heavy care.** This regulation is being amended to change the references to adult care homes to nursing facilities and recipients to residents. Since this regulation pertains to specific payment allowances, it is necessary that it be amended at the same time as the other definition and payment sections.

Economic Impact: None.

**30-10-17. Cost reports.** This regulation is being amended by adding the statement "No amended cost report shall be allowed after 13 months have passed from the report year end."

This regulation is being further amended by deleting the sentence, "The interim settlement shall not exceed 90% of the anticipated overpayment or underpayment." and to make other technical changes.

The adult care home financial and statistical report and related instructions were revised for clarity and to reflect the OBRA '87 requirements.

Economic Impact: None.

**30-10-18. Rates of reimbursement.** This regulation is being amended to change terminology as indicated in K.A.R. 30-10-1a. This regulation is being further amended to add the following new subparagraph:

(5) Providers shall have a grace period to raise the rate or rates charged to residents not under the medicaid/medikan program for the same types of service.

(A) The grace period shall end the first day of the third calendar month following notification of a new medicaid/medikan rate.

(B) The notification date is the date typed on the letter which informs the provider of a new medicaid/medikan rate.

(C) There shall be no penalty during the grace period if the rate or rates charged to residents not under the medicaid/medikan program is lower than the medicaid/medikan rate.

(D) If the rate or rates charged to residents not under the medicaid/medikan program are lower after the grace period, the medicaid/medikan rate will be lowered accordingly.

This regulation is being further amended to make technical changes. (Federal Mandate.)

Economic Impact: None.

**30-10-19. Rates; effective dates.** This regulation is being amended to state that the effective date of per diem rates for existing facilities and for new providers will be the third calendar month following the month the complete cost report is received by the agency. (Federal Mandate.)

This regulation is being further amended to add a new subsection which reads as follows: "All rates established October 1, 1990 shall remain in effect through September 30, 1991 with the exception of rates affected by K.A.R. 30-10-18(d), (e) and (g)." (Federal Mandate.)

Economic Impact: This action is a rate freeze which may save the agency up to \$10 million in staying within limited budget appropriations while attempting to meet payment requirements.

**30-10-20. Payment of claims.** This regulation is being amended to change terminology as indicated in K.A.R.

30-10-1a. This regulation is being further amended by adding the following wording: "The unexpended portion of the resident's liability payment shall be refunded to the resident or resident's agent if the resident dies or otherwise permanently leaves the facility." (Federal Mandate.)

Economic Impact: None.

**30-10-21. Reserve days.** This regulation is being amended to change terminology as indicated in K.A.R. 30-10-1a. This regulation is being further amended by deleting the words "except in those cases where the recipient is receiving a skilled level of care in the swing-bed hospital and the recipient would ultimately be returning to an intermediate care facility." (Federal Mandate.)

Economic Impact: None.

**30-10-22. Skilled utilization review services.** This regulation is being revoked due to OBRA '87 changes.

Economic Impact: None.

**30-10-23a. Non-reimbursable costs.** This regulation is being amended to indicate that costs not related to resident care shall not be considered in computing reimbursable costs. The following additional expenses or costs are being added and these expenses or costs will not be allowed:

(19) items or services provided only to non-medicaid/medikan residents and reimbursed from third party payors;

(20) automobiles and related accessories in excess of \$25,000. Buses and vans for resident transportation shall be reviewed for reasonableness and may exceed \$25,000 in costs; and

(21) airplanes.

Economic Impact: The regulation will result in savings by not reimbursing certain costs. The estimated impact is not known until audits determine the extent that these costs were reimbursed.

**30-10-23b. Costs allowed with limitations.** This regulation is being amended for clarification due to OBRA '87. (Federal Mandate.)

Economic Impact: None.

**30-10-23c. Revenues.** This regulation is being amended to change terminology as indicated in K.A.R. 30-10-1a. This regulation is being further amended to add that "Miscellaneous revenue with insufficient explanation in the cost report shall be offset." (Federal Mandate.)

This regulation is being further amended to add that "Each NF-MH provider with a day habilitation program shall not be required to deduct the income earned from the costs incurred on contracts." (Federal Mandate.)

Economic Impact: None.

**30-10-24. Compensation of owners, spouses, related parties and administrators.** This regulation is being amended to change terminology as indicated in K.A.R. 30-10-1a. This regulation is being further amended to make technical changes.

Economic Impact: None.

**30-10-25. Real and personal property fee.** This regulation is being amended to state that effective dates for rebased property fees shall be the next following October 1.

(continued)

This regulation is being further amended to add that "A property fee rebasing shall not be allowed if the request and documentation are submitted more than one year after the property subject to the rebasing has been acquired and put into service."

Economic Impact: None.

**30-10-26. Interest expense.** This regulation is being amended to change terminology as indicated in K.A.R. 30-10-1a. This regulation is being further amended to make technical changes. (Federal Mandate.)

Economic Impact: None.

**30-10-27. Central office costs.** This regulation is being amended to state that failure to submit detailed central office expenses and allocation methods shall result in cost reports being considered incomplete and to add a provision that the agency may establish a central office cost limit within the overall administrative cost center limit.

Economic Impact: None.

**30-10-28. Resident days.** This regulation is being amended to change terminology as indicated in K.A.R. 30-10-1a. (Federal Mandate.)

Economic Impact: None.

**30-10-29. Reimbursement for 24-hour nursing care.** This regulation is being amended to change terminology as indicated in K.A.R. 30-10-1a. (Federal Mandate.)

Economic Impact: Estimated increased expenditures of \$500,000 (\$215,000 state general funds).

**30-10-31 to 30-10-199.** These regulation numbers are being reserved for future use.

**30-10-200. Intermediate care facilities for mentally retarded (ICF's-MR) definitions.** The secretary is proposing to adopt a new regulation, the text of which is set forth below:

**30-10-200. Intermediate care facilities for mentally retarded (ICF's-MR) definitions.** (a) "Inadequate care" means any act or failure to take action which potentially may be physically or emotionally harmful to a recipient.

(b) "Inspection of care review of intermediate care facilities for the mentally retarded" means a yearly, client-oriented review of only medicaid/medikan clients, conducted by a team from the Kansas department of health and environment consisting of a nurse, a social worker, and a medical doctor, to determine whether those clients' needs are being met.

(c) "Intermediate care facility for the mentally retarded" means a facility which has met state licensure standards and which provides habilitation-related care and services, prescribed by a physician, in conjunction with active treatment programming for clients who are mentally retarded and who have related health and physical conditions.

(d) "Mental retardation" means subaverage general intellectual functioning which originates in the developmental period and which is associated with impairment in adaptive behavior.

(e) "Developmental disability" means a severe, chronic disability of a person which:

- (1) Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- (2) is manifested before the person attains age 22;
- (3) is likely to continue indefinitely;
- (4) results in substantial functional limitations in three or more of the following areas of major life activity:

- (A) Self-care;
- (B) receptive and expressive language;
- (C) learning;
- (D) mobility;
- (E) self-direction;
- (F) capacity for independent living; and
- (G) economic self-sufficiency; and

(5) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.

(f) "Plan of care" means a document which states the need for care, the estimated length of the program, the methodology to be used, and expected results.

(g) "Psychological evaluations or re-evaluations in intermediate care facilities for the mentally retarded" means a review of the previous pertinent psychological material to determine if it is consistent with the client's present status.

(h) "Routine services and supplies" mean services and supplies that are commonly stocked for use by or provided to any client. They are to be included in the provider's cost report.

(1) Routine services and supplies may include:

- (A) All general nursing services;
- (B) items which are furnished routinely to all clients;
- (C) items stocked at nursing stations in large quantities and distributed or utilized individually in small quantities;
- (D) routine items covered by the pharmacy program when ordered by a physician for occasional use; and
- (E) items which are used by individual clients but which are reusable and expected to be available in a facility.

(2) Routine services and supplies are distinguished from non-routine services and supplies which are ordered or prescribed by a physician on an individual or scheduled basis. Medication ordered may be considered non-routine if:

- (A) It is not a stock item of the facility; or
- (B) it is a stock item with unusually high usage by the individual for whom prior authorization may or may not be required.

(E) Routine services and supplies do not include ancillary services and other medically necessary services as defined in subsection (i) and also do not include those services and supplies the client must provide.

(4) Reasonable transportation expenses necessary to secure routine and non-emergency medical services are considered reimbursable through the medicaid per diem rate.

(i) "Ancillary services and other medically necessary services" mean those special services or supplies for which charges are made in addition to routine services. This includes oxygen. The purchase of oxygen gas shall be reimbursed to the oxygen supplier through the social and rehabilitation services' fiscal agent or the fiscal agent may reimburse the ICF-MR directly if an oxygen supplier is unavailable.

(j) "Costs related to client care" means all necessary and proper costs, arising from arms-length transactions in accordance with general accounting rules, which are appropriate and helpful in developing and maintaining the operation of client care facilities and activities. Specific

items of expense shall be limited pursuant to K.A.R. 30-10-218, K.A.R. 30-10-219, K.A.R. 30-10-220, K.A.R. 30-10-221, K.A.R. 30-10-222, K.A.R. 30-10-223, K.A.R. 30-10-224 and K.A.R. 30-10-225.

(k) "Costs not related to client care" means costs which are not appropriate or necessary and proper in developing and maintaining the ICF-MR operation and activities. These costs are not allowable in computing reimbursable costs.

(l) "Related parties" means any relationship between two or more parties in which one party has the ability to influence another party to the transaction such that one or more of the transacting parties might fail to pursue its own separate interests fully. Related parties include parties related by family, business or financial association, or by common ownership or control. Transactions between related parties shall not be considered to have arisen through arms-length negotiations. Transactions or agreements that are illusory or a sham shall not be recognized.

(m) "Related to the ICF-MR" means that the facility, to a significant extent, is associated or affiliated with, has control of, or is controlled by, the organization furnishing the services, facilities, or supplies.

(n) "Common ownership" means that any individual or an organization holds 5% or more ownership or equity of the ICF-MR and of the facility or organization services the ICF-MR.

(o) "Control" means that an individual or organization has the power, directly or indirectly, to significantly influence or direct the actions or policies of an organization or facility.

(p) "Approved staff educational activities" means formally organized or planned programs of study usually engaged in by providers in order to enhance the quality of client care in an ICF-MR. These activities shall be licensed when required by state law.

(q) "Net cost of educational activities" means the cost of approved educational activities less any grants, specific donations or reimbursements of tuition.

(r) "Cost finding" means the process of recasting the data derived from the accounts ordinarily kept by a provider to ascertain costs of the various types of services rendered.

(s) "Accrual basis of accounting" means that revenue of the provider is reported in the period when it is earned, regardless of when it is collected, and expenses are reported in the period in which they are incurred, regardless of when they are paid.

(t) "Adequate cost and other accounting information" means that the data, including source documentation, is accurate, current, and in sufficient detail to accomplish the purposes for which it is intended. Source documentation, including petty cash pay out memoranda and original invoices, shall be valid only if it originated at the time and near the place of the transaction. In order to provide the required costs data, financial and statistical records shall be maintained in a manner that is consistent from one period to another. This requirement shall not preclude a beneficial change in accounting procedures when there is a compelling reason to effect a change of procedures.

(u) "Organization costs" mean those costs directly incidental to the creation of the corporation or other form of business. These costs are intangible assets in that they represent expenditures for rights and privileges which have value to the enterprise. The services inherent in organization costs extend over more than one accounting period and should be amortized over a period of not less than 60 months from the date of incorporation.

(v) A "client day" means that period of service rendered to a client between the census-taking hours on two successive days and all other days for which the provider receives payment, either full or partial, for any medicaid/medikan or non-medicaid/medikan client who was not in the home. The census-taking hours consist of 24 hours beginning at midnight.

(w) "Representative" means legal guardian, conservator or representative payee as designated by the social security administration, or any person designated in writing by the client to manage the client's personal funds, and who is willing to accept the designation.

(x) "Heavy care" means the care required by a client that takes more time, services and supplies than the care provided an average ICF-MR client. Heavy care requires prior authorization before reimbursement.

(y) "Non-working owners" means any individual or organization having 5% or more interest in the provider, who does not perform a client-related function for the ICF-MR.

(z) "Non-working related party" means any related party as defined in K.A.R. 30-10-200 who does not perform a client-related function for the ICF-MR.

(aa) "Owner-related party compensation" means salaries, drawings, consulting fees, or other payments paid to or on behalf of any owner with a 5% or greater interest in the provider or any related party as defined in K.A.R. 30-10-200, whether the payment is from a sole proprietorship, partnership, corporation, or non-profit organization.

(bb) "Projection status" means that a provider has been assigned a previous provider's rate for a set period of time or is allowed to submit a projected cost report. The provider shall submit an historic cost report at the end of the projection period to be used for a settlement of the interim rates and to determine a prospective rate.

(cc) "Projected cost report" means a cost report submitted to the agency by a provider prospectively for a 12-month period of time. The projected cost report is based on an estimate of the costs, revenues, resident days, and other financial data for the 12-month period of time.

(dd) "Survey correction budget" means a budget of the estimated costs for a 12-month period needed to correct state- and federally- determined deficiencies found in intermediate care facilities for the mentally retarded.

(ee) "Provider" means the operator of the ICF-MR specified in the provider agreement.

(ff) "General accounting rules" mean the generally accepted accounting principles as established by the American Institute of Certified Public Accountants except as otherwise specifically indicated by ICF-MR program policies and regulations. Any adoption of these principles does not supersede any specific regulations and policies of the ICF-MR program.

(continued)

(gg) "Working trial balance" means the summary from the provider's general ledger that was used in completing the cost report. This summary should contain the account number, and a description of the account, amount of the account and on what line of the cost report it was reported.

**30-10-201. Intermediate care facilities for mentally retarded.** The secretary is proposing to adopt a new regulation, the text of which is set forth below:

**30-10-201. Intermediate care facilities for mentally retarded.** (a) Change of provider.

(1) The current provider or prospective provider shall notify the agency of a proposed change of providers at least 60 days in advance of the closing transaction date. Failure to submit a timely notification shall result in the new provider assuming responsibility for any overpayment made to the previous provider before the transfer. This shall not release the previous provider of responsibility for such overpayment.

(2) Before the dissolution of the business entity, the change of ownership of the business entity, or the sale, exchange or gift of 5% or more of the depreciable assets of the business entity, the agency shall be notified in writing concerning the change at least 60 days before the change. Failure to submit a timely notification shall result in the new provider assuming responsibility for any overpayment made to the previous provider before the transfer. This shall not release the previous provider of responsibility for such overpayment. The secretary may expressly agree in writing to other overpayment recovery terms.

(3) Any partnership that is dissolved shall not require a new provider agreement if at least one member of the original partnership remains as the provider of services. Any addition or substitution to a partnership or any change of provider resulting in a completely new partnership shall require that an application to be a provider of services be submitted to the agency.

(4) If a sole proprietor not incorporated under applicable state law transfers title and property to another party, a change of ownership shall have occurred. An application to be a provider of services shall be submitted to the agency.

(5) Transfer of participating provider corporate stock shall not in itself constitute a change of provider. Similarly, a merger of one or more corporations with the participating provider corporation surviving shall not constitute a change of provider. A consolidation of two or more corporations which creates a new corporate entity shall constitute a change of provider and an application to be a provider of services shall be submitted to the agency.

(6) The change of or a creation of a new lessee, acting as a provider of services, shall constitute a change of provider. An application to be a provider of services shall be submitted to the agency. If the lessee of the facility purchases the facility, the purchase shall not constitute a change in provider.

(b) Each new provider shall be subject to a certification survey by the department of health and environment and, if certified, the period of certification shall be as established by the Kansas department of health and environment.

**30-10-202. ICF-MR provider agreement.** The secretary is proposing to adopt a new regulation, the text of which is set forth below:

**30-10-202. ICF-MR provider agreement.** As a prerequisite for participation in the medicaid/medikan program as an ICF-MR provider, the owner or lessee shall enter into a provider agreement with the agency on forms prescribed by the secretary.

**30-10-203. ICF-MR inadequate care.** The secretary is proposing to adopt a new regulation, the text of which is set forth below:

**30-10-203. ICF-MR inadequate care.** (a) When the agency determines that inadequate care is being provided to a client, payment to the ICF-MR for the client may be terminated.

(b) When the agency receives confirmation from the Kansas department of health and environment that an ICF-MR has not corrected deficiencies which significantly and adversely affect the health, safety, nutrition or sanitation of ICF-MR clients, payments for new admissions shall be denied and future payments for all clients shall be withheld until confirmation that the deficiencies have been corrected.

**30-10-204. ICF-MR standards for participation; intermediate care facility for the mentally retarded or clients with related conditions.** The secretary is proposing to adopt a new regulation, the text of which is set forth below:

**30-10-204. ICF-MR standards for participation; intermediate care facility for the mentally retarded or clients with related conditions.** As a prerequisite for participation in the medicaid/medikan program as a provider of intermediate care facility services for the mentally retarded or clients with related conditions, each ICF-MR shall: (a) Meet the requirements of 42 CFR 442, subparts A, B, C and E, effective October 3, 1988, which is adopted by reference, and 42 CFR 483, subpart D, effective October 3, 1988, which is adopted by reference; and

(b) be certified for participation in the program by the Kansas department of health and environment.

**30-10-205. ICF-MR admission procedure.** The secretary is proposing to adopt a new regulation, the text of which is set forth below:

**30-10-205. ICF-MR admission procedure.** (a) Admission procedure for ICF's-MR shall be pursuant to 42 CFR 483.440, effective October 3, 1988, which is adopted by reference.

(b) An ICF-MR shall not require a private-paying client to remain in a private-pay status for any period of time after the client becomes eligible for medicaid/medikan.

(c) Each client shall be screened and found eligible for services before the client is admitted in the medicaid/medikan program.

**30-10-206. ICF-MR certification and recertification by physicians.** The secretary is proposing to adopt a new regulation, the text of which is set forth below:

**30-10-206. ICF-MR certification and recertification by physicians.** (a) Certification. At the time of admission to an ICF-MR or at the time any ICF-MR client applies for medical assistance under the medicaid/medikan program, a physician or physician extender shall certify that the services must be given on an inpatient basis. Services shall be furnished under a plan established by the phy-

sician or physician extender before authorization of payment. Before reimbursement is approved, a screening team designated by the secretary shall review the physician's or physician extender's certification and shall certify that services in an ICF-MR are the most appropriate services available for the individual. The certification of need shall become part of the individual's medical record. The date of certification shall be the date the case is approved for payment and the certification is signed.

(b) Recertification.

(1) Each ICF-MR shall be responsible for obtaining a physician's or physician extender's recertification for each client.

(2) The recertification shall be included in the client's medical record. Recertification statements may be entered on or included with forms, notes, or other records a physician or physician extender normally signs in caring for a client. The statement shall be authenticated by the actual date and signature of the physician or physician extender.

(c) If the appropriate professional refuses to certify or recertify because, in the professional's opinion, the client does not require ICF-MR care on a continuing basis, the services shall not be covered. The reason for the refusal to certify or recertify shall be documented in the client's records.

**30-10-207. ICF-MR inspection of care and utilization review.** The secretary is proposing to adopt a new regulation, the text of which is set forth below:

**30-10-207. ICF-MR inspection of care and utilization review.** (a) The inspection of care team from the Kansas department of health and environment shall conduct an inspection of care and utilization review of each medicaid/medikan client in all intermediate care facilities for the mentally retarded certified to participate in the medicaid/medikan program.

(b) Each ICF-MR shall cooperate with authorized representatives of the agency and the department of health and human services in the discharge of their duties regarding all aspects of the inspection of care and utilization review.

(c) Any ICF-MR where the inspection of care team finds inappropriately placed clients shall be responsible for providing transportation for the clients to a more appropriate placement facility.

**30-10-208. ICF-MR personal needs fund.** The secretary is proposing to adopt a new regulation, the text of which is set forth below:

**30-10-208. ICF-MR personal needs fund.** (a) At the time of admission, ICF-MR providers shall furnish that client and the representative with a written statement that:

(1) Lists all services provided by the provider, distinguishing between those services included in the provider's per diem rate and those services not included in the provider's basic rate, that can be charged to the client's personal needs fund;

(2) states that there is no obligation for the client to deposit funds with the provider;

(3) describes the client's rights to select one of the following alternatives for managing the personal needs fund:

(A) The client may receive, retain and manage the client's personal needs fund or have this done by a legal guardian, if any;

(B) the client may apply to the social security administration to have a representative payee designated for purposes of federal or state benefits to which the client may be entitled;

(C) except when paragraph (B) of this subsection applies, the client may designate, in writing, another person to act for the purpose of managing the client's personal needs fund;

(4) states that any charge for these services is included in the provider's per diem rate;

(5) states that the provider is required to accept a client's personal needs fund to hold, safeguard, and provide an accounting, upon the written authorization of the client or representative, or upon appointment of the provider as a client's representative payee; and

(6) states that, if the client becomes incapable of managing the personal needs fund and does not a representative, the provider is required to arrange for the management of the client's personal funds as provided in K.A.R. 30-10-208(j).

(b) (1) The provider shall upon written authorization by the client, accept responsibility for holding, safeguarding and accounting for the client's personal needs fund. The provider may make arrangements with a federally or state insured banking institution to provide these services. However, the responsibility for the quality and accuracy of compliance with the requirements of K.A.R. 30-10-208 shall remain with the provider. The provider may not charge the client for these services, but shall include any charges in the provider's per diem rate.

(2) The provider shall maintain current, written, individual records of all financial transactions involving each client's personal needs fund for which the provider has accepted responsibility. The records shall include at least the following:

(A) The client's name;

(B) an identification of client's representative, if any;

(C) the admission date;

(D) the date and amount of each deposit and withdrawal, the name of the person who accepted the withdrawn funds, and the balance after each transaction;

(E) receipts indicating the purpose for which any withdrawn funds were spent; and

(F) the client's earned interest, if any.

(3) The provider shall provide each client reasonable access to the client's own financial records.

(4) The provider shall provide a written statement, at least quarterly, to each client or representative. The statement shall include at least the following:

(A) The balance at the beginning of the statement period;

(B) total deposits and withdrawals;

(C) the interest earned, if any, and;

(D) the ending balance.

(c) Commingling prohibited. The provider shall keep any funds received from a client for holding, safeguarding and accounting separate from the provider's operating funds, activity funds, client council funds and from the

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funds of any person other than another client in that facility.

(d) Types of accounts; distribution of interest.

(1) Petty cash. The provider may keep up to \$50.00 of a client's money in a non-interest bearing account or petty cash fund.

(2) Interest-bearing accounts. The provider shall, within 15 days of receipt of the money, deposit in an interest-bearing account any funds in excess of \$50.00 from an individual client. The account may be individual to the client or pooled with other client accounts. If a pooled account is used, each client shall be individually identified on the provider's books. The account shall be in a form that clearly indicates that the provider does not have an ownership interest in the funds. The account shall be insured under federal or state law.

(3) The interest earned on any pooled interest-bearing account shall be distributed in one of the following ways, at the election of the provider:

(A) Pro-rated to each client on an actual interest-earned basis; or

(B) pro-rated to each client on the basis of the client's end-of-quarter balance.

(e) The provider shall provide the clients with reasonable access to their personal needs funds. The provider shall, upon request or upon the client's transfer or discharge, return to the client, the legal guardian or the representative payee the balance of the client's personal needs fund for which the provider has accepted responsibility, and any funds maintained in a petty cash fund. When a client's personal needs fund for which the provider has accepted responsibility is deposited in an account outside the facility, the provider, upon request or upon the client's transfer or discharge, shall within 15 business days, return to the client, the legal guardian, or the representative payee, the balance of those funds.

(f) When a provider is a client's representative payee and directly receives monthly benefits to which the client is entitled, the provider shall fulfill all of its legal duties as representative payee.

(g) Duties on change of provider.

(1) Upon change of providers, the former provider shall furnish the new provider with a written account of each client personal needs fund to be transferred, and obtain a written receipt for those funds from the new provider.

(2) The provider shall give each client's representative a written accounting of any personal needs fund held by the provider before any change of provider occurs.

(3) In the event of a disagreement with the accounting provided by the previous provider or the new provider, the client shall retain all rights and remedies provided under state law.

(h) Upon the death of a client, the provider shall provide the executor or administrator of a client's estate with a written accounting of the client's personal needs fund within 30 business days of a client's death. If the deceased client's estate has no executor or administrator, the provider shall provide the accounting to:

(1) The client's next of kin;

(2) the client's representative; and

(3) the clerk of the probate court of the county in which the client died.

(i) The provider shall purchase a surety bond or employee indemnity bond, or submit a letter of credit or individual or corporate surety, to guarantee the security of clients' funds when the amount in the aggregate exceeds \$1,000.00. The guarantee requirement shall not exceed the highest quarterly balance from the previous year.

(j) If a client is incapable of managing the client's personal needs fund, has no representative, and is eligible for SSI, the provider shall notify the local office of the social security administration and request that a representative be appointed for that client. If the client is not eligible for SSI, the provider shall refer the client to the local agency office, or the provider shall serve as a temporary representative payee for the client until the actual appointment of a guardian or conservator or representative payee.

(k) Client property records.

(l) The provider shall maintain a current, written record for each client that includes written receipts for all personal possessions deposited with the provider by the client.

(2) The property record shall be available to the client and the client's representative.

(l) Providers shall keep the funds in the state of Kansas.

(m) Personal needs fund shall not be turned over to any person other than a duly accredited agent or guardian of the client. With the consent of the client, if the client is able and willing to give consent, the administrator shall turn over a client's personal needs fund to a designated person to purchase a particular item. However, a signed, itemized, and dated receipt shall be required for deposit in the client's personal needs fund envelope or another type of file.

(n) Receipts shall be signed by the client, legal guardian, conservator or responsible party for all transactions. Recognizing that a legal guardian, conservator or responsible party may not be available at the time each transaction is made for or on behalf of a client, the provider shall have a procedure which includes a provision for signed receipts at least quarterly.

(o) The provider shall provide and maintain a system of accounting for expenditures from the client's personal needs fund. This system shall follow generally accepted accounting principles and shall be subject to audit by representatives of the agency.

**30-10-209. ICF-MR prospective reimbursement.** The secretary is proposing to adopt a new regulation, the text of which is set forth below:

**30-10-209. ICF-MR prospective reimbursement.** Providers participating in the medicaid/medikan program shall be reimbursed for long term care services through rates that are reasonable and adequate to meet the client-related costs which must be incurred by efficiently and economically operated facilities in order to provide care and services in conformity with applicable state and federal laws, regulations, and quality and safety standards.

**30-10-210. ICF-MR reimbursement.** The secretary is proposing to adopt a new regulation, the text of which is set forth below:

**30-10-210. ICF-MR reimbursement.** Payment for services. (a) Providers with a current signed provider agreement shall be paid a per diem rate for services furnished

to eligible medicaid/medikan clients. Payment shall be for the type of medical or health care required by the beneficiary as determined by:

(1) The attending physician's or physician extender's certification upon admission; or

(2) inspection of care and utilization review teams, as provided for in K.A.R. 30-10-207.

However, payment for services shall not exceed the type of care the provider is certified to provide under the medicaid/medikan program. The type of care required by the beneficiary may be verified by the agency prior to and after payment. No payment shall be made for care or services determined to be the result of unnecessary utilization.

(b) Payment for routine services and supplies, pursuant to K.A.R. 30-10-200, shall be included in the per diem reimbursement and such services and supplies shall not be otherwise billed or reimbursed.

(1) The following durable medical equipment, medical supplies and other items and services may be considered routine unless used in excessive quantities:

- (A) Alternating pressure pads and pumps;
- (B) armboards;
- (C) bedpans, urinals and basins;
- (D) bed rails, beds, mattresses and mattress covers;
- (E) canes;
- (F) commodes;
- (G) crutches;
- (H) denture cups;
- (I) dialysis, including supplies and maintenance;
- (J) dressing items, including applicators, tongue blades, tape, gauze, bandages, band-aides, pads and compresses, ace bandages, vaseline gauze, cotton balls, slings, triangle bandages and pressure pads;
- (K) emesis basins and bath basins;
- (L) enemas and enema equipment;
- (M) facial tissues and toilet paper;
- (N) footboards;
- (O) footcradles;
- (P) gel pads or cushions;
- (Q) geri-chairs;
- (R) gloves, rubber or plastic;
- (S) heating pads;
- (T) heat lamps and examination lights;
- (U) humidifiers;
- (V) ice bags and hot water bottles;
- (W) intermittent positive pressure breathing (IPPB) machines;
- (X) I.V. stands and clamps;
- (Y) laundry, including personal laundry;
- (Z) lifts;
- (AA) nebulizers;
- (BB) occupational therapy;
- (CC) oxygen masks, stands, tubing, regulators, hoses, catheters, cannulae and humidifiers;
- (DD) parenteral and enteral infusion pumps;
- (EE) patient gowns, pajamas and bed linens;
- (FF) physical therapy;
- (GG) restraints;
- (HH) sheepskins and foam pads;
- (II) speech therapy;
- (JJ) sphygmomanometers, stethoscopes and other examination equipment;

- (KK) stretchers;
- (LL) suction pumps and tubing;
- (MM) syringes and needles, except insulin syringes and needles for diabetics that are covered by the pharmacy program;
- (NN) thermometers;
- (OO) traction apparatus and equipment;
- (PP) underpads and adult diapers, disposable and non-disposable;
- (QQ) walkers;
- (RR) water pitchers, glasses and straws;
- (SS) weighing scales;
- (TT) wheelchairs;
- (UU) irrigation solution, i.e., water and normal saline;
- (VV) lotions, creams and powders, including baby lotion, oil and powders;
- (WW) first-aid type ointments;
- (XX) skin antiseptics such as alcohol;
- (YY) antacids;
- (ZZ) mouthwash;
- (AAA) over-the-counter analgesics;
- (BBB) two types of laxatives;
- (CCC) two types of stool softeners;
- (DDD) nutritional supplements;
- (EEE) blood glucose monitors and supplies; and
- (FFF) dental services.

(2) Urinary supplies. Urinary catheters and accessories shall be covered services in the medicaid/medikan program when billed through the durable medical equipment or medical supply provider. This expense shall not be reimbursed in the per diem rate of the cost report.

(3) Nutritional therapy. Total nutritional replacement therapy shall be prior authorized to qualify for reimbursement by the durable medical equipment program. If not prior authorized, it is an allowable cost to be covered in the per diem rate.

(c) Payment for ancillary services, as defined in K.A.R. 30-10-200, shall be billed separately when the services or supplies are required.

(d) Payment for a day activity program for an ICF-MR shall be included in the per diem reimbursement.

(e) Payment shall be limited to providers who accept, as payment in full, the amount paid in accordance with the fee structure established by the medicaid/medikan program.

(f) Payment shall not be made for allowable non-routine services and items unless prior authorized.

**30-10-211. ICF-MR financial data.** The secretary is proposing to adopt a new regulation, the text of which is set forth below:

**30-10-211. ICF-MR financial data.** (a) General. The per diem rate or rates for providers participating in the medicaid/medikan program shall be based on an audit or desk review of the costs reported to provide client care in each facility. The basis for conducting these audits or reviews shall be the adult care home financial and statistical report. Each provider shall maintain sufficient financial records and statistical data for proper determination of reasonable and adequate rates. Standardized definitions, accounting, statistics, and reporting practices which are widely accepted in the ICF-MR and related fields shall be followed, except to the extent that they may conflict

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with or be superseded by state or federal medicaid requirements. Changes in these practices and systems shall not be required in order to determine reasonable and adequate rates.

(b) Pursuant to K.A.R. 30-10-213, cost reports shall be required from providers on an annual basis.

(c) Adequate cost data and cost findings. Each provider shall provide adequate cost data on the cost report. This cost data shall be in accordance with state and federal medicaid requirements and general accounting principles, shall be based on the accrual basis of accounting, and may include a current use value of the provider's fixed assets used in client care. Estimates of costs shall not be allowable except on projected cost reports submitted pursuant to K.A.R. 30-10-213.

(d) Recordkeeping requirements.

(1) Each provider shall furnish any information to the agency that may be necessary:

(A) To assure proper payment by the program pursuant to paragraph (2);

(B) to substantiate claims for program payments; and

(C) to complete determinations of program overpayments.

(2) Each provider shall permit the agency to examine any records and documents that are necessary to ascertain information pertinent to the determination of the proper amount of program payments due. These records shall include:

(A) Matters of the ICF-MR ownership, organization, and operation, including documentation as to whether transactions occurred between related parties;

(B) fiscal, medical, and other recordkeeping systems;

(C) federal and state income tax returns and all supporting documents;

(D) documentation of asset acquisition, lease, sale or other action;

(E) franchise or management arrangements;

(F) matters pertaining to costs of operation;

(G) amounts of income received, by source and purpose; and

(H) a statement of changes in financial position.

Other records and documents shall be made available as necessary. Records and documents shall be made available in Kansas.

(3) Each provider, when requested, shall furnish the agency with copies of client service charge schedules and changes thereto as they are put into effect. The agency shall evaluate the charge schedules to determine the extent to which they may be used for determining program payment.

(4) Suspension of program payments to a provider. If the agency determines that any provider does not maintain or no longer maintains adequate records for the determination of reasonable and adequate per diem rates under the program, payments to that provider may be suspended until deficiencies are corrected. Thirty days before suspending payment to the provider, the agency shall send written notice to the provider of its intent to suspend payments. The notice shall explain the basis for the agency's determination with respect to the provider's records and shall identify the provider's recordkeeping deficiencies.

(5) All records of each provider that are used in support of costs, charges and payments for services and supplies shall be subject to inspection and audit by the agency, the United States department of health and human services, and the United States general accounting office. All financial and statistical records to support costs reports shall be retained for five years from the date of filing the cost report with the agency.

30-10-212. ICF-MR heavy care. The secretary is proposing to adopt a new regulation, the text of which is set forth below:

30-10-212. ICF-MR heavy care. (a) Additional reimbursement for direct services shall be available to ICF's-MR for medicaid/medikan clients in need of heavy care. Failure to obtain prior authorization shall negate reimbursement for this service.

(b) Heavy care shall be considered a covered service within the scope of the program unless the request for prior authorization is denied. Reimbursement for this service shall be contingent on approval by the agency.

(c) The additional reimbursement for heavy care shall be offset to the cost center of benefit on the adult care home financial and statistical report.

30-10-213. ICF-MR cost reports. The secretary is proposing to adopt a new regulation, the text of which is set forth below:

30-10-213. ICF-MR cost reports. (a) Historical cost data.

(1) For cost reporting purposes, each provider shall submit the adult care home financial and statistical report in accordance with the instructions included in this regulation. The report shall cover a consecutive 12-month period of operations. The 12-month period shall coincide with the fiscal year used for federal income tax or other financial reporting purposes, except that the same 12-month period shall be used by providers related through common ownership, common interests or common control. If the operator of a facility under a management agreement has not signed a provider agreement, the operator shall not be considered a provider for the purpose of this paragraph. A working trial balance, as defined in K.A.R. 30-10-200, shall be submitted with the cost report.

(2) If a provider has more than one facility, and if one of those facilities is reimbursed on the basis of projected cost data, the provider shall allocate central office costs to each facility, including those facilities being paid rates from projected cost data, for cost reporting at the end of the provider's designated fiscal year for all other related facilities. The method used to allocate central office costs to those facilities filing projected cost reports shall be consistent with the method used to allocate such costs to those facilities filing historical cost reports and other non-medicaid/medikan programs operated by the provider.

(b) Amended cost reports. Amended cost reports revising cost report information previously submitted by a provider shall be required when the error or omission is material in amount and results in a change in the provider's rate of \$.10 or more per client day. Amended cost reports shall also be permitted when the error or omission affects the current or future accounting periods of the provider. No amended cost report shall be allowed after 13 months have passed from the report year end.

(c) Due dates of cost reports. Cost reports shall be



received by the agency no later than the close of business on the last day of the third month following the close of the period covered by the report. Cost reports from each provider with more than one facility shall be received on the same date.

(d) Extension of time for submitting a cost report to be received by the agency.

(1) A one-month extension of the due date of a cost report may, for good cause, be granted by the agency. The request shall be in writing and shall be received by the agency prior to the due date of the cost report. Untimely requests shall not be accepted.

(2) A second extension may be granted in writing by the secretary of the agency when the cause for further delay is beyond the control of the provider.

(3) Each provider who requests an extension of time for filing a cost report to delay the effective date of the new rate, which is lower than the provider's current rate, shall have the current rate reduced to the amount of the new rate. The reduced rate shall be effective on the date that the new rate would have been effective if the cost report had been received on the last day of the filing period without the extension.

(e) Penalty for late filing. Except as provided in subsection (d), each provider filing a cost report after the due date shall be subject to the following penalties.

(1) If the cost report has not been received by the agency by the close of business on the due date, all further payments to the provider shall be withheld and suspended until the complete adult care home financial and statistical report has been received.

(2) Failure to submit cost information within one year after the end of the provider's fiscal year shall be cause for termination from the medicaid/medikan program.

(f) Projected cost data.

(1) Projected cost reports for providers with only one facility.

(A) If a provider is required to submit a projected cost report under K.A.R. 30-10-214, the provider's rate or rates shall be based on a proposed budget with costs projected on a line item basis for the provider's most immediate future 12-month period.

(B) The projection period shall end on the last day of a calendar month. Providers shall use the last day of the month nearest the end of the 12-month period specified in subparagraph (A) or the end of their fiscal year when that period ends not more than one month before or after the end of the 12-month report period. The projection period shall not be less than 11 months or more than 13 months. The cost data reported shall be for the full period reported if that period is less than 12 months or the latest consecutive 12-month period if the report period is extended beyond 12 months to meet this requirement.

(C) The projected cost report shall be reviewed for reasonableness and appropriateness by the agency before the rate or rates are established for the projection period, and upon receipt of the provider's historical cost report for the time period covered by the projected cost report. The projected cost report items which are determined to be unreasonable or which contain deviations from the historical cost report shall, upon audit, be handled in accordance with subsection (f) of K.A.R. 30-10-214.

(2) The projection period of each provider filing a projected cost report in accordance with paragraph (2) of subsection (e) of K.A.R. 30-10-214 shall be extended to the last day of the 12th month following the date the new construction is certified for use by the appropriate agency. The projected and historical cost reports for this projection period shall be handled in accordance with paragraph (1) of this subsection. If the projection period prior to the certification of the new construction exceeds three months, the provider shall be required to file a historical cost report for this period for the purpose of retroactive settlement in accordance with paragraph (1) of this subsection.

(3) Projected cost reports for each provider with more than one facility. Each provider required to file a projected cost report in accordance with this subsection and who operates more than one facility, either in-state or out-of-state, shall allocate central office costs to each facility being paid rates from the projected cost data at the end of the provider's fiscal year that ends during the projection period. The method of allocating central office costs to those facilities on projection shall be consistent with the method used to allocate such costs to those facilities in the chain who are filing historical cost reports and other non-medicaid/medikan programs operated by the provider.

(4) An interim settlement, based on a desk review of the historical cost report for the projection period, may generally be determined within 90 days after the provider is notified of the new rate determined from such cost report. The final settlement shall be based on an audit of the historical cost report.

(g) Balance sheet requirement. A balance sheet prepared in accordance with cost report instructions shall be filed as part of the cost report forms for each provider.

**30-10-214. ICF-MR rates of reimbursement.** The secretary is proposing to adopt a new regulation, the text of which is set forth below:

**30-10-214. ICF-MR rates of reimbursement.** (a) Rates for existing ICF's-MR.

(1) The determination of per diem rates shall be made, at least annually, on the basis of the cost information supplied by the provider and retained for cost auditing. The cost information for each provider shall be compared with other providers that are similar in size, scope of service and other relevant factors to determine the allowable per diem cost.

(2) Per diem rates shall be limited by absolute caps on cost centers.

(A) The cost center limits shall be based on facility size or level of care or both. The cost centers and limiting factors are as follows:

(i) Direct service based on facility size and level of care. Direct service consists of the room and board and health care cost centers in the adult care home financial and statistical report.

(ii) Administration based on facility size and a corresponding percentage of the direct service limit.

(iii) Ownership based on facility size and the ability of clients to evacuate the facility in emergency situations. All ICF's-MR initially certified to participate in the med-

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icaid/medikan program prior to October 1, 1990 shall not be held to the ownership limits until after June 30, 1992.

(iv) Plant operating shall be limited by facility size.

(B) The absolute caps shall be established at least annually based on the analysis of the most recent allowable historical costs of each provider in the data base. The absolute caps shall be approved by the secretary or a designated official.

(3) To establish a per diem rate for each provider by facility size and level of care, a factor for inflation and efficiency incentive may be added to the allowable per diem cost. The per diem rate shall be based on the lower of the actual allowable cost or the absolute cost center limits. After the rate is established for a provider, a detailed listing of the computation of that rate shall be provided to the provider. The effective date of the rate for existing facilities shall be in accordance with subsection (a) of K.A.R. 30-10-215.

(b) Comparable service rate limitations.

(1) Intermediate care facilities for the mentally retarded and persons with related conditions. The per diem rate for intermediate care for the mentally retarded and persons with related conditions shall not exceed the rate or rates charged to clients not under the medicaid/medikan program for the same level of care in the ICF-MR and for the same types of services.

(2) All private pay rate structure changes and the effective dates shall be reported on the uniform cost report.

(3) The agency shall be notified of any private pay rate structure changes within 30 days of the effective date.

(4) Providers shall have a grace period to raise the rate or rates charged to clients not under the medicaid/medikan program for the same level of care in the ICF-MR and for the same types of service.

(A) The grace period shall end the first day of the third calendar month following notification of a new medicaid/medikan rate.

(B) The notification date is the date typed on the letter which informs the provider of a new medicaid/medikan rate.

(C) There shall be no penalty during the grace period if the rate or rates charged to clients not under the medicaid/medikan program are lower than the medicaid/medikan rate.

(D) If the rate or rates charged to clients not under the medicaid/medikan program are lower after the grace period, the medicaid/medikan rate will be lowered accordingly.

(c) Rates for new construction or bed additions. The per diem rate or rates for newly constructed ICF's-MR shall be based on a projected cost report submitted in accordance with K.A.R. 30-10-213. No rate shall be paid until an adult care home financial and statistical report is received and approved. Limitations established for existing facilities providing the same level of care shall apply. The effective date of the per diem rate shall be in accordance with K.A.R. 30-10-215.

(d) Rates for existing facilities which have received certification for a different level of care. Providers who made changes to their level of care which relate to a higher payment limit for reimbursement shall be allowed to file a projected cost report to reflect an interim rate for the

changed level of care, if approved by the secretary or a designated official.

(e) Change of provider.

(1) When a provider makes no change in the facility, number of beds or operations, the interim payment rate for the first 12 months of operation shall be based on the historical cost data of the previous owner or provider. The new owner or operator shall file an historical cost report within 90 days after the end of the 12-month period and again within 90 days after the end of the provider's fiscal year established for tax or accounting purposes. A retroactive settlement will be made based on the variances between the interim payment rates and the historic rates from the first cost report filed by the new provider subject to K.A.R. 30-10-214(a)(2). The rates determined from these cost reports shall be effective in accordance with K.A.R. 30-10-215.

(2) The new provider may file a projected cost report when the care of the clients may be at risk because the per diem rate of the previous provider is not sufficient for the new provider to provide care and services in conformity with applicable state and federal laws, regulations, and quality and safety standards. The provisions of this subparagraph shall not apply when capital improvements, applicable to all providers, are required by new state or federal regulations.

(f) Per diem rates with errors.

(1) When per diem rates, whether based upon projected or historical cost data, are audited by the agency and are found to contain errors, a direct cash settlement shall be required between the agency and the provider for the amount of money overpaid or underpaid. If a provider no longer operates a facility with an identified overpayment, the settlement shall be recouped from a facility owned or operated by the same provider or provider corporation unless other arrangements have been made to reimburse the agency. A net settlement may be made when a provider has more than one facility involved in settlements.

(2) Per diem rates for providers may be increased or decreased as a result of a desk review or audit on the provider's cost reports. Written notice of these per diem rate changes and of the audit findings due to an audit shall be sent to the provider. Retroactive adjustments of rates paid during any projection period shall apply to the same period of time covered by the projected rates, except that no adjustment shall be made for the period of time that the lowest rate, or other penalty-reduced rate, is in effect.

(3) Providers have 30 days from the date of the audit report cover letter to request an administrative review of the audit adjustments that result in an overpayment or underpayment. The request shall specify the finding or findings that the provider wishes to have reviewed.

(g) Out-of-state providers. Rates for clients served by out-of-state providers certified to participate in a medicaid program shall be the rate or rates approved by the agency. Out-of-state providers require prior authorization by the agency.

(h) Projected cost report to meet survey requirements.

(1) Intermediate care facilities for the mentally retarded (ICF-MR) required by a state or federal certification sur-

vey to incur additional operating costs in excess of \$125,000.00 for facilities with more than 15 beds, and \$40,000.00 for facilities with 15 beds or less, to meet certification requirements shall be allowed to file a projected cost report when approved by the secretary or a designated official.

(2) The projected cost report shall be based on a proposed budget for the survey corrections for the provider's most immediate future 12-month period. The projection period shall end on the last day of a calendar month. Copies of the survey deficiencies shall be attached to the projected cost report.

(3) The projected cost report shall be reviewed for reasonableness and appropriateness by the agency before the rate or rates are established for the projection period. The projected budget items which are determined to be unreasonable or not appropriate to the survey corrections shall be excluded.

(4) A reasonable add-on to the per diem rate already in effect shall be determined from the reviewed projected cost report. The increases to the per diem rate shall not be limited by K.A.R. 30-10-214(a)(2).

(5) Within three months after the end of the projection period, the provider shall submit an historical cost report for an audit of its actual expenditures for the survey correction projection period.

(i) Determination of rates for ICF-MR providers re-entering the medicaid program.

(1) The per diem rate for each provider re-entering the medicaid program shall be determined from:

(A) A projected cost report in those cases where the provider:

(i) Has not actively participated and been certified in the program for 24 months or more; or

(ii) has not participated in the medicaid program for less than 24 months and the per diem rate to be paid is not sufficient reimbursement for providing the economic and efficient care and services required by program laws and regulations; or

(B) the last historic cost report filed with the agency if the provider has actively participated in the program during the most recent 24 months, and if the per diem rate to be paid is sufficient reimbursement for providing the economic and efficient care and services required by program laws and regulations. The appropriate inflation factors shall be applied to the per diem rate determined in accordance with this paragraph.

(2) Where the per diem rate for a provider re-entering the program is determined in accordance with paragraph (1)(A) of this subsection, a settlement shall be made in accordance with K.A.R. 30-10-214(f).

(3) Where the per diem rate for a provider re-entering the program is determined in accordance with paragraph (1)(B) of this subsection, a settlement shall be made only on those historic cost reports with fiscal years beginning after the date on which the provider re-entered the program.

**30-10-215. ICF-MR rates; effective dates.** The secretary is proposing to adopt a new regulation, the text of which is set forth below:

**30-10-215. ICF-MR rates; effective dates.** (a) Effective date of per diem rates for existing facilities. The effective

date of a new rate that is based on information and data in the adult care home cost report shall be the first day of the third calendar month following the month the complete cost report is received by the agency.

(b) Effective date of the per diem rate for a new provider. The effective date of the per diem rate for a new provider, as set forth in subsection (c) of K.A.R. 30-10-214, shall be the date of certification by the department of health and environment pursuant to 42 CFR section 442.13, effective October 3, 1988, which is adopted by reference. The interim rate determined from the projected cost report filed by the provider shall be established with the fiscal agent by the first day of the third month after the receipt of a complete and workable cost report. The effective date of the final rate, determined after audit of the historical cost report filed for the projection period, shall be the date of certification by the department of health and environment.

(c) Effective date of the per diem rate for a new provider resulting from a change in provider.

(1) The effective date of the per diem rate for a new provider, as set forth in K.A.R. 30-10-215, shall be the date of certification by the department of health and environment. The effective date of the final rate, determined after audit of the historical cost report filed for the projection period, shall be the date of certification by the department of health and environment.

(2) The effective date of the projected and final rate for a new provider, as set forth in K.A.R. 30-10-214, shall be the later of the date of the receipt of the adult care home financial and statistical report or the date the new construction is certified.

(d) The effective date of the per diem rates for providers with more than one facility filing an historic cost report, in accordance with K.A.R. 30-10-213, shall be the first day of the third calendar month after all cost reports due from that provider have been received.

(e) The effective date for a provider filing an historic cost report covering a projection status period shall be the first day of the month following the report year-end. This is the date that historic and estimated inflation factors are applied in determining prospective rates.

**30-10-216. ICF-MR payment of claims.** The secretary is proposing to adopt a new regulation, the text of which is set forth below:

**30-10-216. ICF-MR payment of claims.** (a) Payment to participating provider. Each participating provider shall be paid, at least monthly, a per diem rate for ICF-MR services, excluding client liability, rendered to eligible beneficiaries provided that:

(1) The agency is billed on the turn-around document furnished by the contractor serving as the fiscal agent for the medicaid/medikan program;

(2) the turn-around document is verified by the administrator of the facility or a designated key staff member; and

(3) the claim is filed no more than six months after the time the services were rendered pursuant to K.S.A. 39-708a, and any amendments thereto.

(b) Client's liability. The client's liability for services shall be the amount determined by the local agency office

(continued)

in which a medicaid/medikan client or the client's agent applies for care. The client's liability begins on the first day of each month and shall be applied in full prior to any liability incurred by the medicaid/medikan program. The unexpended portion of the client's liability payment shall be refunded to the client or client's agent if the client dies or otherwise permanently leaves the facility.

(c) The payment of claims may be suspended if there has been an identified overpayment and the provider is financially insolvent.

**30-10-217. ICF-MR reserve days.** The secretary is proposing to adopt a new regulation, the text of which is set forth below:

**30-10-217. ICF-MR reserve days.** (a) Payment shall be available for days for which it is necessary to reserve a bed in an intermediate care facility for the mentally retarded when the client is absent for:

- (1) Admission to a hospital for acute conditions;
- (2) a temporary absence for therapeutically indicated home visits with relatives or friends; or
- (3) a temporary absence to participate in state-approved therapeutic or rehabilitative programs.

(b) The following conditions shall be met in any instance in which a bed is reserved during a temporary absence in a hospital for acute conditions:

(1) Payment shall be available only for the days during which there is a likelihood that the reserved bed would otherwise be required for occupancy by some other client.

(2) The local agency office shall approve the request for hospital reserve days within five to seven working days.

(3) The periods of hospitalization for acute conditions shall not exceed 10 days per any single hospital stay.

(4) The client shall intend to return to the same facility after hospitalization.

(5) The hospital shall provide a discharge plan for the client.

(c) The client's plan of care shall provide for the non-hospital related absence. Payment for non-hospital related reserve days for eligible clients residing in intermediate care facilities for the mentally retarded shall not exceed 21 days per calendar year, including travel. If additional days are required to obtain or retain employment, participate in a job readiness training program or alleviate a severe hardship, the requesting party shall send the request for additional days and supporting documentation to the fiscal agent for approval or disapproval.

(d) This regulation shall not prohibit any client from leaving a facility if the client so desires.

(e) Payments made for unauthorized reserve days shall be reclaimed by the agency.

(f) Prior to any routine absence by eligible clients, the provider shall notify the local agency office. In case of emergency admission to a hospital, notification shall be submitted to the local agency office no later than five working days following admission.

(g) Payment for reserve days shall not be made until written authorization has been given by the local agency office to the provider. A copy of the authorization shall be attached to the turn-around document.

(h) Payment for reserve days shall be approved except when:

(1) The request for reserve days is received by the area or local agency more than seven working days after the beginning of absence; or

(2) the request for reserve days is for an absence longer than 10 hospital days.

**30-10-218. ICF-MR non-reimbursable costs.** The secretary is proposing to adopt a new regulation, the text of which is set forth below:

**30-10-218. ICF-MR non-reimbursable costs.** (a) Costs not related to client care, as set forth in K.A.R. 30-10-200, shall not be considered in computing reimbursable costs. In addition, the following expenses or costs shall not be allowed:

(1) Fees paid to non-working directors and the salaries of non-working officers;

(2) bad debts;

(3) donations and contributions;

(4) fund-raising expenses;

(5) taxes, including:

(A) Federal income and excess profit taxes, including any interest or penalties paid thereon;

(B) state or local income and excess profits taxes;

(C) taxes from which exemptions are available to the provider;

(D) taxes on property which is not used in providing covered services;

(E) taxes levied against any client and collected and remitted by the provider;

(F) self-employment taxes applicable to individual proprietors, partners, or members of a joint venture; and

(G) interest or penalties paid on federal and state payroll taxes;

(6) insurance premiums on lives of officers and owners;

(7) the imputed value of services rendered by non-paid workers and volunteers;

(8) utilization review;

(9) costs of social, fraternal, and other organizations which concern themselves with activities unrelated to their members' professional or business activities;

(10) oxygen;

(11) vending machine and related supplies;

(12) board of director costs

(13) client personal purchases;

(14) barber and beauty shop expenses;

(15) advertising for client utilization;

(16) public relations expenses;

(17) penalties, fines, and late charges;

(18) prescription drugs;

(19) items or services provided only to non-medicaid/medikan clients and reimbursed from third party payors;

(20) automobiles and related accessories in excess of \$25,000.00. Buses and vans for client transportation shall be reviewed for reasonableness and may exceed \$25,000.00 in costs; and

(21) airplanes.

(b) The following contract cost limitations under the day habilitation program shall not be allowed:

(1) Client salaries and FICA match;

(2) all material costs, including sub-contracts;

(3) all costs related to securing contracts; and

(4) 50% of the cost of the following items:

(A) Cost of equipment lease;

- (B) maintenance of equipment;
- (C) purchase of small tools under \$100.00; and
- (D) depreciation of production equipment.

**30-10-219. ICF-MR costs allowed with limitations.** The secretary is proposing to adopt a new regulation, the text of which is set forth below:

**30-10-219. ICF-MR costs allowed with limitations.** (a) The following expenses or costs shall be allowed with limitations:

(1) Loan acquisition fees and standby fees shall be amortized over the life of the related loan if the loan is related to client care.

(2) Only the taxes specified below shall be allowed as amortized costs.

(A) Taxes in connection with financing, re-financing, or re-funding operations; and

(B) special assessments on land for capital improvements over the estimated useful life of those improvements.

(3) Purchase discounts, allowances, and refunds shall be deducted from the cost of the items purchased. Refunds of prior year expense payments shall also be deducted from the related expenses.

(4) Any start-up cost of a provider with a newly constructed facility shall be recognized if it is:

(A) Incurred prior to the opening of the facility and related to developing the ability to care for clients;

(B) amortized over a period of not less than 60 months;

(C) consistent with the facility's federal income tax return, and internal and external financial reports with the exception of (B) above; and

(D) identified in the cost report as a start-up cost which may include:

(i) Administrative and nursing salaries;

(ii) utilities;

(iii) taxes;

(iv) insurance;

(v) mortgage interest;

(vi) employee training costs; and

(vii) any other allowable costs incidental to the operation of the facility.

(5) Any cost which can properly be identified as organization expenses or can be capitalized as construction expenses shall be appropriately classified and excluded from start-up cost.

(6) Organization and other corporate costs, as defined in K.A.R. 30-10-200, of a provider that is newly organized shall be amortized over a period of not less than 60 months beginning with the date of organization.

(7) Membership dues and costs incurred as a result of membership in professional, technical, civic, or business-related organizations shall be allowable. However, similar expenses set forth in paragraph (a)(9) of K.A.R. 30-10-218 shall not be allowable.

(8) (A) Costs associated with services, facilities, and supplies furnished to the ICF-MR by related parties, as defined in K.A.R. 30-10-200, shall be included in the allowable cost of the facility at the actual cost to the related party, except that the allowable cost to the ICF-MR provider shall not exceed the lower of the actual cost or the market price.

(B) When a provider chooses to pay an amount in excess of the market price for supplies or services, the

agency shall use the market price to determine the allowable cost under the medicare/medicaid program in the absence of a clear justification for the premium.

(9) The net cost of approved staff educational activities shall be an allowable cost. The net cost of "orientation" and "on-the-job training" shall not be within the scope of approved educational activities, but shall be recognized as normal operating costs.

(10) Client-related transportation costs shall include only reasonable costs that are directly related to client care and substantiated by detailed, contemporaneous expense and mileage records. Transportation costs only remotely related to client care shall not be allowable. Estimates shall not be acceptable.

(11) Lease payments. Lease payments shall be reported in accordance with the financial account statements of the Financial Accounting Standards Board.

**30-10-220. ICF-MR revenues.** The secretary is proposing to adopt a new regulation, the text of which is set forth below:

**30-10-220. ICF-MR revenues.** A statement of revenue shall be required as part of the cost report forms. (a) Revenue shall be reported in accordance with general accounting rules as recorded in the accounting records of the facility and as required in the detailed revenue schedule in the uniform cost report.

(b) The cost of non-covered services provided to clients shall be deducted from the related expense item. The net expense shall not be less than zero.

(c) Revenue received for a service that is not related to client care shall be used to offset the cost of providing that service, if the cost incurred cannot be determined or is not furnished to the agency by the provider. The cost report line item which includes the non-client related costs shall not be less than zero. Miscellaneous revenue with insufficient explanation in the cost report shall be offset.

(d) Expense recoveries credited to expense accounts shall not be reclassified as revenue to increase the costs reported in order to qualify for a higher rate.

(e) Each ICF-MR provider with a day habilitation program shall not be required to deduct the income earned from the costs incurred on contracts.

**30-10-221. ICF-MR compensation of owners, spouses, related parties and administrators.** The secretary is proposing to adopt a new regulation, the text of which is set forth below:

**30-10-221. ICF-MR compensation of owners, spouses, related parties and administrators.** (a) Non-working owners and related parties. Remunerations paid to non-working owners or other related parties, as defined in K.A.R. 30-10-200, shall not be considered an allowable cost regardless of the name assigned to the transfer or accrual or the type of provider entity making the payment. Each payment shall be separately identified and reported as owner compensation in the non-reimbursable and non-client related expense section of the cost report.

(b) Services related to client care.

(1) If owners with 5% or more ownership interest, spouses, or related parties actually perform a necessary function directly contributing to client care, a reasonable

(continued)

amount shall be allowed for such client care activity. The reasonable amount allowed shall be the lesser of:

(A) The reasonable cost that would have been incurred to pay a non-owner employee to perform the client-related services actually performed by owners or other related parties, limited by a schedule of salaries and wages based on the state civil service salary schedule in effect when the cost report is processed until the subsequent cost report is filed; or

(B) the amount of cash and other assets actually withdrawn by the owner, spouse, or related parties.

(2) The client-related functions shall be limited to those functions common to the industry and for which cost data is available which are normally performed by non-owner employees. The job titles for administrative and supervisory duties performed by an owner, spouse, or related party shall be limited to the work activities included in the schedule of the owner, spouse, or related party salary limitations.

(3) The salary limit shall also be pro-rated in accordance with subsection (c) of this regulation. In no case shall the limitation exceed the highest salary limit on the civil-service-based chart.

(4) The owner, spouse, or related party shall be professionally qualified for those functions performed which require licensure or certification.

(5) Cash and other assets actually withdrawn shall include only those amounts or items actually paid or transferred during the cost reporting period in which the services were rendered and reported to the internal revenue service.

(6) Any liabilities established shall be paid in cash within 75 days after the end of the accounting period.

(c) Allocation of owner, spouse, or related party total work time for client-related functions. When any owner, spouse, or related party performs a client-related function for less than a full-time-equivalent work week, the compensation limit shall be pro-rated. The time spent on each function within a facility or within all facilities in which they have an ownership or management interest, shall be pro-rated separately by function, but shall not exceed 100% of that person's total work time. Time spent on other non-related business interests or work activities shall not be included in calculations of total work time.

(d) Reporting owner, spouse, or related party compensation on cost report. Owner, spouse, or related party compensation shall be reported on the owner compensation line in the appropriate cost center for the work activity involved. Any compensation paid to employees who have an ownership interest of 5% or more, including employees at the central office of a chain organization, shall be considered to be owner compensation. Providers with professionally qualified owner, spouse, or related party employees performing duties other than those for which they are professionally qualified shall report the cost for such duties in the administrative cost center.

(e) Owner-administrator compensation limitation.

(1) Reasonable limits shall be determined by the agency for owner-administrator compensation based upon the current civil service salary schedule.

(2) This limitation shall apply to the salaries of each administrator and co-administrator of that facility and to owner compensation reported in the administrative cost

center of the cost report. This limitation shall apply to the salary of the administrator and co-administrator, regardless of whether they have any ownership interest in the business entity.

(3) Each salary in excess of the owner, spouse, or related party limitations determined in accordance with subsections (b) and (c) of this regulation shall be transferred to the owner compensation line in the administrative cost center and shall be subject to the owner-administrator compensation limitation. All owner-administrator compensation in excess of the limitation shall be included in the administrative costs used to compute the efficiency factor.

(f) Management consultant fees. Fees for consulting services provided by the following professionally qualified people shall be considered owner's compensation subject to the owner-administrator compensation limit and shall be reported on the owner compensation line in the administrative cost center if the actual cost of the service is not submitted with the adult care home financial and statistical report:

(1) Related parties as defined in K.A.R. 30-10-200;

(2) current owners of the provider agreement and operators of the facility;

(3) current owners of the facility in a lessee-lessor relationship;

(4) management consulting firms owned and operated by former business associates of the current owners in this and other states;

(5) owners who sell and enter into management contracts with the new owner to operate the facility; and

(6) accountants, lawyers and other professional people who have common ownership interests in other facilities, in this or other states, with the owners of the facility from which the consulting fee is received.

(g) Costs not related to client care. An allowance shall not be made for costs related to investigation of investment opportunities, travel, entertainment, goodwill, administrative or managerial activities performed by owners or other related parties that are not directly related to client care.

**30-10-222. ICF-MR ownership reimbursement fee.** The secretary is proposing to adopt a new regulation, the text of which is set forth below:

**30-10-222. ICF-MR ownership reimbursement fee. (a)** The agency shall determine an allowable cost for ownership.

(b) (1) The ownership allowance shall include an appropriate component for:

(A) Rent or lease expense based on the actual expense of the facility owner;

(B) interest expense on real estate mortgage;

(C) amortization of leasehold improvements; and

(D) depreciation on buildings and equipment, calculated pursuant to subsection (d).

(2) The ownership allowance shall be subject to a program maximum.

(c) (1) The depreciation component of the ownership allowance shall be:

(A) Identifiable and recorded in the provider's accounting records;

(B) based on the historical cost of the asset as established in this regulation; and

(C) pro-rated over the estimated useful life of the asset using the straight-line method.

(2) (A) Appropriate recording of depreciation shall include identification of the depreciable assets in use, the assets' historical costs, the method of depreciation, the assets' estimated useful life, and the assets' accumulated depreciation.

(B) Gains and losses on the sale of depreciable personal property shall be reflected on the cost report at the time of such sale. Trading of depreciable property shall be recorded in accordance with the income tax method of accounting for the basis of property acquired. Under the income tax method, gains and losses arising from the trading of assets are not recognized in the year of trade but are used to adjust the basis of the newly acquired property.

(3) (A) Gains from the sale of depreciable assets while the provider participates in the medicaid/medikan program, or within one year after the provider terminates participation in the program, shall be used to reduce the allowable costs for each cost reporting period prior to the sale, subject to limitation. The total sale price shall be allocated to the individual assets sold on the basis of an appraisal by a qualified appraiser or on the ratio of the seller's cost basis of each asset to the total cost basis of the assets sold.

(B) The gain on the sale shall be defined as the excess of the sale price over the cost basis of the asset. The cost basis for personal property assets shall be the book value. The cost basis for real property assets sold or disposed of before July 18, 1984, shall be the lesser of the book value adjusted for inflation by a price index selected by the agency or an appraisal by an American institute of real estate appraiser or an appraiser approved by the agency. The cost basis for real property assets sold or disposed of after July 17, 1984 shall be the book value.

(C) The gain on the sale shall be multiplied by the ratio of depreciation charged while participating in the medicaid/medikan program to the total depreciation charged since the date of purchase or acquisition. The resulting product shall be used to reduce allowable cost.

(4) For depreciation purposes, the cost basis for a facility acquired after July 17, 1984 shall be the lesser of the acquisition cost to the holder of record on that date or the purchase price of the asset. The cost basis shall not include costs attributable to the negotiation or final purchase of the facility, including legal fees, accounting fees, travel costs and the cost of feasibility studies.

**30-10-223. ICF-MR interest expense.** The secretary is proposing to adopt a new regulation, the text of which is set forth below:

**30-10-223. ICF-MR interest expense.** (a) Only necessary and proper interest on working capital indebtedness shall be an allowable cost.

(b) The interest expense shall be incurred on indebtedness established with:

(1) Lenders or lending organizations not related to the borrower; or

(2) partners, stockholders, home office organizations, or related parties, if the following conditions are met:

(A) The terms and conditions of payment of the loans shall resemble terms and conditions of an arms-length transaction by a prudent borrower with a recognized, local

lending institution with the capability of entering into a transaction of the required magnitude.

(B) The provider shall demonstrate, to the satisfaction of the agency, a primary business purpose for the loan other than increasing the per diem rate.

(C) The transaction shall be recognized and reported by all parties for federal income tax purposes.

(c) When the general fund of an ICF-MR "borrows" from a donor-restricted fund, this interest expense shall be an allowable cost. In addition, if an ICF-MR operated by members of a religious order borrows from the order, interest paid to the order shall be an allowable cost.

(d) The interest expense shall be reduced by the investment income from restricted or unrestricted idle funds or funded reserve accounts, except when that income is from gifts and grants, whether restricted or unrestricted, which are held in a separate account and not commingled with other funds. Income from the provider's qualified pension fund shall not be used to reduce interest expense.

(e) Interest earned on restricted or unrestricted reserve accounts of industrial revenue bonds or sinking fund accounts shall be offset against interest expense and limited to the interest expense on the related debt.

(f) Loans made to finance that portion of the cost of acquisition of a facility that exceeds historical cost or the basis recognized for program purposes shall not be considered to be reasonable related to client care.

**30-10-224. ICF-MR central office costs.** The secretary is proposing to adopt a new regulation, the text of which is set forth below:

**30-10-224. ICF-MR central office costs.** (a) Allocation of central office costs shall be reasonable, conform to general accounting rules, and allowed only to the extent that the central office is providing a service normally available in the ICF-MR. Central office costs shall not be recognized or allowed to the extent they are unreasonably in excess of similar ICF's-MR in the program. The burden of furnishing sufficient evidence to establish a reasonable level of costs shall be on the provider. All expenses reported as central office cost shall be limited to the actual client-related costs of the central office.

(b) Expense limitations,

(1) Salaries of professionally qualified employees performing the duties for which they are professionally qualified shall be allocated to the room and board and health care cost centers as appropriate for the duties performed. Professionally qualified employees include licensed and registered nurses, dietitians, qualified mental retardation professionals, and other as may be designated by the secretary.

(2) Salaries of chief executives, corporate officers, department heads, and employees with ownership interests of 5% or more shall be considered owner's compensation and shall be reported as owner's compensation in the administrative cost center. Salaries of the chief executive officers of non-profit organizations shall also be considered owner's compensation and included in the administrative cost center.

(3) The salary of an owner or related party performing a client-related service for which such person is professionally qualified shall be included in the appropriate cost center for that service.

(continued)

(4) Salaries of all other central office personnel performing client-related administrative functions shall be reported in the administrative cost center.

(5) All providers operating more than one facility shall complete and submit detailed schedules of all salaries and expenses incurred for each fiscal year. Failure to submit detailed central office expenses and allocation methods shall result in the cost report being considered incomplete. Methods for allocating costs to all facilities in this and other states shall be submitted for prior approval. Changes in these methods shall not be permitted without prior approval.

(6) A central office cost limit may be established by the agency within the overall administrative cost center limit.

**30-10-225. ICF-MR client days.** The secretary is proposing to adopt a new regulation, the text of which is set forth below:

**30-10-225. ICF-MR client days.** (a) Calculation of client days.

(1) Client day has the meaning set forth in K.A.R. 30-10-200.

(2) If both admission and discharge occur on the same day, that day shall be considered to be a day of admission and shall count as one client day.

(3) If the provider does not make refunds on behalf of a client for unused days in case of death or discharge, and if the bed is available and actually used by another client, these unused days shall not be counted as a client day.

(4) Any bed days paid for by the client, or any other party on behalf of the client, before an admission date shall not be counted as a client day.

(5) The total client days for the cost report period shall be precise and documented; an estimate of the days of care provided shall not be acceptable.

(6) In order to facilitate accurate and uniform reporting of client days, the accumulated method format set forth in forms prescribed by the secretary shall be used for all clients. These forms shall be submitted to the agency as supportive documentation for the client days shown on the cost report forms and shall be submitted at the time the cost report forms are submitted to the agency. Each provider shall keep these monthly records for each client, whether a medicaid/medikan recipient or a non-recipient. If a provider fails to keep accurate records of client days in accordance with the accumulated method format, the assumed occupancy rate shall be 100%.

(7) The provider shall report the total number of medicaid/medikan client days in addition to the total client days on the uniform cost report form.

(b) Any provider which has an occupancy rate of less than 90% for the cost report period shall calculate client days at a minimum occupancy of 90%.

(c) The minimum occupancy rate shall be determined by multiplying the total licensed bed days available by 90%. Therefore, in order to participate in the medicaid/medikan program, each ICF-MR provider shall obtain proper certification for all licensed beds.

(d) Respite care days shall be counted as client days and reported on the monthly census forms.

(e) Day care and day treatment shall be counted as one client day for 18 hours of service. The total hours of service provided for all clients during the cost reporting

year shall be divided by 18 hours to convert to client days.

**30-10-226. ICF-MR reimbursement for nurse aide training for FY 1990.** The secretary is proposing to adopt a new regulation, the text of which is set forth below:

**30-10-226. ICF-MR reimbursement for nurse aide training for FY 1990.** (a) ICF-MR providers receiving the \$.43 per client day payments in FY 1990 for nurse aide training costs shall:

(1) Promptly complete required in-service preparation sheets to document the training sessions, the nurse aides attendance, and the expense involved; and

(2) complete and file the required OBRA nurse aide training/funding form with the agency after July 1, 1990 and before September 1, 1990. All completed in-service preparation sheets shall also be filed at the same time. An extension of the filing deadline for up to 30 days may be granted for good cause if filed in writing prior to the filing deadline.

(b) Completion of the in-service preparation sheets shall require a detailed statement of costs for nurse aide training. Costs may include, but are not limited to, the aides' wages and benefits while they are in training and the instructors' expenses, contracts with outside institutions, educational materials and supplies, and travel expenses. Each cost of \$100.00 or more shown on the statement must be supported by originals or copies of invoices, cancelled checks, agreements, or other documents which clearly describe the goods or services purchased and their cost. Any necessary backup information or documents must be available on any audit requests to the agency.

(c) Notwithstanding the provisions of K.A.R. 30-10-201, any new provider shall be responsible for obtaining nurse aide training information from the prior provider to document costs and client days and any new provider shall be responsible for any overpayment of reimbursement for nurse aide training for FY 1990 to the prior provider.

(d) The agency shall audit the in-service preparation sheets and documents filed by each provider. The total allowable training costs will be divided by the total days of service to determine the actual per diem cost. There will be no minimum occupancy in determining the actual cost per day. The variance between the actual cost per day and the \$.43 reimbursed to the provider will be multiplied by the medicaid days to determine any overpayment. A settlement will then be recovered from the provider.

(e) A failure of a provider to timely submit the required forms or to supply accurate information may result in the determination of an overpayment of the entire amount of reimbursement for nurse aide training for FY 1990 paid to that provider.

**Economic Impact:** The anticipated total cost savings for proposed regulations 30-10-200 through 30-10-226 is \$6 million (\$2,580,000 state general funds).

Copies of the regulations and their economic impact statements may be obtained from the Office of Policy, Room 606-N, Docking State Office Building, Topeka 66612, (913) 296-3969.

Dennis R. Taylor  
Acting Secretary of Social and  
Rehabilitation Services

Doc. No. 009590



State of Kansas

**Office of Judicial Administration  
Court of Appeals Docket**

(Note: Dates and times of arguments are subject to change.)

Kansas Court of Appeals  
Court of Appeals Courtroom, 2nd Floor, Kansas Judicial Center  
Topeka, Kansas

Monday, August 20, 1990

Before Gernon, P.J.; Rees and Davis, JJ.

9:30 a.m.

Case No.	Case Name	Attorneys	County
64,653	Kenneth D. Griffin, Appellee, v. State of Kansas, Appellant.	Craig J. Altenhofen Brian Cox	Geary
64,884	Dorothy Mae Emery, Appellant, v. Union Central Life Insurance Co. and C & H Trenching Service, Inc., Appellees.	Jack L. Heath Steven K. Coffin Lee Baty Steven G. Piland	Johnson

10:30 a.m.

64,960	Citizens State Bank, Appellee, v. Verl M. Byerley, <i>et al.</i> , Appellants.	J. Eugene Balloun Jeff Dewey William Zimmerman Curtis L. Tideman	Seward
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1:00 p.m.

64,662	Sandra K. Hughs, <i>et al.</i> , Appellants, v. E.L. Hatcher, <i>et al.</i> , Appellees.	John M. Lindner Ward E. Loyd E. Edward Brown	Hamilton
64,969	Darrell Sooter, Appellee, v. Boeing Military Airplane Co., <i>et al.</i> , Appellants.	Michael Snider Frederick L. Haag Michael T. Harris	Sedgwick

2:00 p.m.

64,611	State of Kansas, Appellee, v. Daniel L. Funke, Appellant.	Eric Godderz Attorney General John A. Reynolds	Saline
64,602	Hutchinson National Bank & Trust Co., now Emprise Bank, N.A., Appellee, v. Floyd D. Bell, <i>et al.</i> , Appellants.	Jerry Ricksecker Richard J. Rome	Reno

(continued)

Tuesday, August 21, 1990

Before Abbott, C.J.; Briscoe and Elliott, JJ.

9:30 a.m.

- |        |   |   |         |
|--------|---|---|---------|
| 64,902 | Doris Davis, Appellant,<br>v.<br>City of Lawrence, Appellee.  | John W. Nitcher<br><br>John M. Cooley     | Douglas |
| 64,657 | Southeast Kansas Community Action<br>Program, Inc., Appellant,<br>v.<br>Kansas Dept. of Health & Environment,<br><i>et al.</i> , Appellees. | William Metcalf<br><br>Marvin Stottlemire | Shawnee |

10:30 a.m.

- |        |   |   |          |
|--------|---|---|----------|
| 64,478 | State of Kansas, Appellee,<br>v.<br>Richard C. Ham, Appellant.              | Susan G. Stanley<br>Attorney General<br><br>Donn J. Everett<br>Brenda J. Bell | Marshall |
| 64,655 | Leonard Major, Appellant,<br>v.<br>Alyne Strube, <i>et al.</i> , Appellees. | Dennis J. Keenan<br><br>Robert L. Earnest                                     | Russell  |

1:00 p.m.

- |        |   |   |            |
|--------|---|---|------------|
| 64,153 | State of Kansas, Appellee,<br>v.<br>Jana Sinclair, Appellant.   | Terry P. Todd<br>Attorney General<br><br>Rick Hines           | Montgomery |
| 64,125 | State of Kansas, Appellee,<br>v.<br>Danny R. Porter, Appellant. | Kerwin L. Spencer<br>Attorney General<br><br>Jessica R. Kunen | Sumner     |
| 64,150 | State of Kansas, Appellee,<br>v.<br>Jorge A. Lovera, Appellant. | Debra Byrd Wagner<br>Attorney General<br><br>Jessica R. Kunen | Sedgwick   |

2:00 p.m.

- |        |  |  |            |
|--------|--|--|------------|
| 64,507 | In the Matter of the Marriage of Susan R.<br>Nielsen and Leon R. Nielsen.                      | Jerry D. Fairbanks<br>Jeffery A. Mason | Cheyenne   |
| 64,923 | Rodney Williams, <i>et al.</i> , Appellants,<br>v.<br>Earl Edwards, <i>et al.</i> , Appellees. | Gary House<br><br>John M. Wall         | Chautauqua |

Wednesday, August 22, 1990

Before Abbott, C.J., Briscoe and Elliott, JJ.

9:30 a.m.

- |        |   |   |          |
|--------|---|---|----------|
| 64,202 | Becky A. Potter, Appellant,<br>v.<br>Board of County Commissioners of<br>Sedgwick County, Appellee. | Randall K. Rathbun<br><br>Jacob S. Graybill | Sedgwick |
|--------|---|---|----------|

64,595	State of Kansas, Appellee,	Frank E. White, Jr. Attorney General	Montgomery
	v.		
	Russell Cartwright Harris, Sr., Appellant.	Reid T. Nelson	

10:30 a.m.

64,466	Roy E. Humphrey, Appellant,	Jessica R. Kunen	Finney
	v.		
	State of Kansas, Appellee.	Attorney General Ricklin Pierce	
65,021 SC	Farley Industries/General Battery Corp. and Travelers Insurance Co., Appellees,	John W. Mize	Saline
	v.		
	Terry O'Flannagan, Appellant.	Jeffrey E. King	

## Summary Calendar—No Oral Argument

64,396	State of Kansas, Appellee,	Debra Byrd Wagner Attorney General	Sedgwick
	v.		
	Lou A. Dillon, Appellant.	Lucille Marino	
63,742	In the Matter of the Marriage of Kenneth R. Ross and Kimberly L. Ross.	Thomas E. Gleason, Jr. Bruce C. Hedrick	Franklin

Thursday, August 23, 1990

Before Gernon, P.J., Rees and Davis, JJ.  
9:30 a.m.

64,724	In the Interest of M.C., Jr., <i>et al.</i>	Margaret Pemberton Shelley Kurt Bock Craig A. Stancliffe Shelley Hickman Clark Charles Whitman Diane Celesky	Douglas
64,977 SC	State of Kansas, Appellee,	Paul C. Nelson Attorney General	Bourbon
	v.		
	Tracy Meredith, Appellant.	Charles Gentry	
64,785	In the Matter of the Marriage of Gail P. Newton and Arthur R. Newton.	Thomas DeCoursey John P. Biscanin	Wyandotte

## Summary Calendar—No Oral Argument

64,556	State of Kansas, Appellee,	Debra Byrd Wagner Attorney General	Sedgwick
	v.		
	Lee W. Howard, Appellant.	Robert L. Mitchell	
64,265	Samuel Turner, Appellant,	Louis M. Clothier	Leavenworth
	v.		
	Kansas State Prison and Herb Maschner, Appellees.	Charles Simmons	
64,522	State of Kansas, Appellee,	Robin A. Lewis Attorney General	Johnson
	v.		
	Harris A. Saunders, Appellant.	Jessica R. Kunen	

(continued)

64,799	Larry Gene Beam, Appellee, v. Beech Aircraft Corp., <i>et al.</i> , Appellants.	Marvin R. Appling David S. Wooding	Sedgwick
64,728	Donald Cranston, Appellant, v. State of Kansas, Appellee.	Joseph D. Johnson Attorney General William E. Kennedy	Riley

Kansas Court of Appeals  
Supreme Court Courtroom, 3rd Floor, Kansas Judicial Center  
Topeka, Kansas

Tuesday, August 21, 1990

Before Brazil, P.J., Rulon and Lewis, JJ.

9:30 a.m.

Case No.	Case Name	Attorneys	County
64,604	Michelle R. Durrett, Appellant, v. Richard E. Bryan and United Serv. Auto. Association, Appellees.	P. John Brady Greg L. Musil J.H. Eschmann Paul Hasty, Jr. Ted R. Fay Mike Broemmell	Wyandotte
64,418	State of Kansas, Appellee, v. Larry Joe Scott, Appellant.	Wendell J. Barker Attorney General Rebecca E. Hobham	Franklin

10:30 a.m.

64,048	State of Kansas, Appellee, v. Kevin W. Ross, Appellant.	Debra Byrd Wagner Attorney General C.A. Beier	Sedgwick
64,638	Robert H. Dunn and Cheri Dunn, Appellants, v. Safeco Insurance Co. of America and General Insurance Co. of America, Appellees.	Michael R. Norlen Paul Hasty, Jr.	Johnson

1:00 p.m.

64,822	Robert W. Shumaker, Appellee, v. Farm Bureau Mutual Insurance Co., Appellant.	Marlin Johanning Paul Hasty, Jr.	Atchison
64,605	Southwest National Bank, Appellant, v. Simpson & Son, Inc., Appellee.	Carol A. Zuschek Bruce Waugh Brian C. Wright	Sedgwick

2:00 p.m.

64,140	Air Capital Aircraft Sales, Inc., Appellee, v. Associated Aviation Underwriters, <i>et al.</i> , Appellants.	Frank McMaster Ronald P. Williams Lynn D. Preheim Richard V. Foote	Sedgwick
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64,735 In the Interest of D.M.

Louie Barney  
Eric Rosenblad  
Robert R. Johnson  
John R. Bullard  
Michael S. Boohar  
Don Noland

Crawford

Wednesday, August 22, 1990

Before Brazil, P.J.; Rulon and Lewis, JJ.

9:30 a.m.

Case No.	Case Name	Attorneys	County
64,357	State of Kansas, Appellee, v. Cecil Edward Lamb, Appellant.	Susan Stanley Attorney General  Steven R. Zinn	Labette
64,860	Kansas Workers Compensation Fund, Appellant, v. W.F. Anderson Co., <i>et al.</i> , Appellees.	W. Robert Alderson  J.D. Lysaught	Shawnee

10:30 a.m.

64,793 SC	State of Kansas, Appellee. v. Patricia A. Atwell, Appellant.	W. Scott Toth Attorney General  J. Charles Droege	Johnson
64,217 SC	State of Kansas, Appellee, v. John Wyatt Duncan, Appellant.	Mike Ward Attorney General  Michael F. Brunton	Butler

## Summary Calendar—No Oral Argument

64,541	State of Kansas, Appellee, v. James A. Badders, Appellant.	Janice J. Jorns Attorney General  Jessica R. Kunen	Pratt
64,642	State of Kansas, Appellee, v. Robert D. Reisinger, Appellant.	Gene M. Olander Attorney General  Lucille Marino	Shawnee
64,632	State of Kansas, Appellee, v. Christopher James Muse, Appellant.	Phillip Burdick Attorney General  Jessica R. Kunen	Brown

Lewis C. Carter  
Clerk of the Appellate Courts

(Published in the Kansas Register, August 16, 1990.)

**Notice of Redemption  
Geary County, Kansas  
Single Family Mortgage Revenue Bonds  
1980 Series A**

Notice is hereby given that, pursuant to Section 3.01 of the Trust Indenture dated April 1, 1980, \$110,000 principal amount of the bonds are called for redemption October 1, 1990, at the redemption price of 100 percent of the principal amount being redeemed plus accrued interest thereon to the redemption date. This notice was first published on Thursday, August 16, 1990, in the *Kansas Register* and *The Bond Buyer*.

The serial numbers of the bearer bonds to be redeemed are as follows: Note: Coupons due October 1, 1990, should be presented in the normal manner. Coupons due April 1, 1991, and all subsequent coupons must be attached to bonds called for redemption.

**Due April 1, 1994: 201**  
(CUSIP 368342 AN)

**Due April 1, 2011**  
(CUSIP 368342 AP)

356	799	1187	1554
401	807	1212	1721
455	893	1288	1729
564	1037	1446	1791
708	1153	1497	

The serial numbers of the registered bonds to be partially or fully redeemed in the amounts described below are as follows:

**Due April 1, 2011**  
(CUSIP 368342 AP)

Registered Bond Number	Amount Called
R106	5,000
R112	5,000

Payment of the redemption price of the bearer bonds and the registered bonds to be redeemed will be made at Security Bank of Kansas City, One Security Plaza, Kansas City, KS 66101. To avoid a 20 percent backup withholding required by the Interest and Dividend Tax Act of 1983, bondholders should submit certified taxpayer identification numbers on I.R.S. Form W-9 when presenting their securities for redemption.

Notice is hereby given that on and after October 1, 1990, interest on the bonds hereby called for redemption shall cease to accrue.

Security Bank of Kansas City  
Kansas City, Kansas, Trustee

Doc. No. 009603

(Published in the Kansas Register, August 16, 1990.)

**Notice of Redemption  
Riley County, Kansas  
Single Family Mortgage Revenue Bonds  
1980 Series A**

Notice is hereby given that, pursuant to Section 3.01 of the Trust Indenture dated April 1, 1980, \$160,000 principal amount of the bonds are called for redemption October 1, 1990, at the redemption price of 100 percent of the principal amount being redeemed plus accrued interest thereon to the redemption date. This notice was first published on Thursday, August 16, 1990, in the *Kansas Register* and *The Bond Buyer*.

The serial numbers of the bearer bonds to be redeemed are as follows: Note: Coupons due October 1, 1990, should be presented in the normal manner. Coupons due April 1, 1991, and all subsequent coupons must be attached to bonds called for redemption.

**Due April 1, 1993: 278**  
(CUSIP 766642 AM)

**Due April 1, 1994: 319**  
(CUSIP 766642 AN)

**Due April 1, 2011:**  
(CUSIP 766642 AP)

335	1006	1719	2242
528	1145	1721	2457
548	1278	1793	2556
702	1372	1805	2573
745	1430	2126	2703
913	1464	2154	2849
915	1586	2235	

The serial numbers of the registered bonds to be partially or fully redeemed in the amounts described below are as follows:

**Due April 1, 2011:**  
(CUSIP 766642 AP)

Registered Bond Number	Amount Called
R 99	5,000
R209	5,000
R217	5,000

Payment of the redemption price of the bearer bonds and the registered bonds to be redeemed will be made at Security Bank of Kansas City, One Security Plaza, Kansas City, KS 66101. To avoid a 20 percent backup withholding required by the Dividend and Interest Tax Act of 1983, bondholders should submit certified taxpayer identification numbers on I.R.S. Form W-9 when presenting their securities for redemption.

Notice is hereby given that on and after October 1, 1990, interest on the bonds hereby called for redemption shall cease to accrue.

Security Bank of Kansas City  
Kansas City, Kansas, Trustee

Doc. No. 009602

(Published in the Kansas Register, August 16, 1990.)

**Summary Notice of Bond Sale  
Leavenworth County, Kansas  
\$455,000  
General Obligation Bonds  
Series 1990**

**(general obligation bonds payable from  
unlimited ad valorem taxes)  
(bonds are taxable under federal law)**

**Sealed Bids**

Subject to the official notice of bond sale and official statement dated August 16, 1990, sealed bids will be received by the Leavenworth County Clerk on behalf of the governing body at the Leavenworth County Courthouse, 4th and Walnut, Leavenworth, Kansas, until 11 a.m. C.D.T. on August 23, 1990, for the purchase of \$455,000 principal amount of General Obligation Bonds, Series 1990. No bid of less than the entire par value of the bonds and accrued interest thereon to the date of delivery will be considered.

**Bond Details**

The bonds will consist of fully registered bonds in the denomination of \$5,000 or any integral multiple thereof. The bonds will be dated August 1, 1990, and will become due serially on September 1 in the years as follows:

Year	Principal Amount
1991	\$30,000
1992	30,000
1993	35,000
1994	40,000
1995	45,000
1996	45,000
1997	50,000
1998	55,000
1999	60,000
2000	65,000

The bonds will bear interest from the date thereof at rates to be determined when the bonds are sold as hereinafter provided, which interest will be payable semi-annually on March 1 and September 1 in each year, beginning on March 1, 1991.

**Paying Agent and Bond Registrar**

Kansas State Treasurer, Topeka, Kansas.

**Good Faith Deposit**

Each bid shall be accompanied by a cashier's or certified check drawn on a bank located in the United States of America in the amount of \$9,100 (2 percent of the principal amount of the bonds).

**Delivery**

The county will pay for printing the bonds and will deliver the same properly prepared, executed and registered without cost to the successful bidder on or before August 31, 1990, at such bank or trust company in the state of Kansas or Kansas City, Missouri, as may be specified by the successful bidder.

**Assessed Valuation and Indebtedness**

The equalized assessed tangible valuation for computation of bonded debt limitations for the year 1989 is \$231,557,687. The total general obligation indebtedness

of the county as of the date of the bonds, including the bonds being sold, is \$3,161,000.

**Approval of Bonds**

The bonds will be sold subject to the legal opinion of Gilmore & Bell, Overland Park, Kansas, bond counsel, whose approving legal opinion as to the validity of the bonds will be furnished and paid for by the county, printed on the bonds and delivered to the successful bidder as and when the bonds are delivered.

**Additional Information**

Additional information regarding the bonds may be obtained from the County Clerk, Leavenworth County Courthouse, 4th and Walnut, Leavenworth, KS 66048, (913) 682-7611.

Dated August 16, 1990.

Leavenworth County, Kansas  
By Linda A. Scheer, County Clerk

Doc. No. 009614

(Published in the Kansas Register, August 16, 1990.)

**Abbreviated Notice of Bond Sale  
Public Building Commission  
of Johnson County, Kansas  
\$13,200,000**

**Lease Purchase Revenue Bonds  
Series 1990  
(County Administration Building Project)**

**Sealed Bids**

Sealed bids will be received by the finance officer of the Public Building Commission of Johnson County, Kansas (the PBC), at the Johnson County Courthouse, Room 208, Cherry Street at Park, Olathe, until 10 a.m. C.D.T. on Thursday, August 23, 1990, for the purchase of \$13,200,000 aggregate principal amount of Lease Purchase Revenue Bonds, Series 1990 (County Administration Building Project), hereinafter described. All bids will be publicly opened and acted upon by the PBC immediately thereafter.

**Bond Details**

The bonds will consist of fully registered bonds in denominations of \$5,000 or any integral multiple thereof, dated September 1, 1990; will be issued in the aggregate principal amount of \$13,200,000; under certain conditions or events will be subject to redemption prior to maturity; and will become due serially on September 1 in the years as follows:

Maturity September 1	Principal Amount
1991	\$660,000
1992	660,000
1993	660,000
1994	660,000
1995	660,000
1996	660,000
1997	660,000
1998	660,000
1999	660,000

(continued)

2000	660,000
2001	660,000
2002	660,000
2003	660,000
2004	660,000
2005	660,000
2006	660,000
2007	660,000
2008	660,000
2009	660,000
2010	660,000

#### Good Faith Deposit

A good faith deposit in the form of a certified or cashier's check in the amount of 2 percent of the total amount of the bonds must accompany each bid.

#### Costs

The PBC will pay the cost of printing the bonds and the expense of all legal services, including the opinion of Burke, Williams, Sorensen & Gaar, bond counsel, approving the legality of the bonds and the exclusion of the interest thereon from federal and state gross income taxes.

#### Security for the Bonds

The bonds are special obligations of the PBC payable as to both principal and interest from lease payments received from Johnson County, Kansas, by the PBC for the county's use of the administration building. Application has been made to Moody's Investors Service, Inc. for a rating on the bonds.

#### Additional Information

A complete notice of bond sale, preliminary official statement and bid form approved by the PBC will be mailed to all interested parties. Additional information regarding the bonds may be obtained from the Finance Officer, Johnson County Courthouse, Olathe, KS 66061, Attention: Ronald F. Cousino, (913) 791-5534.

Public Building Commission  
of Johnson County, Kansas  
By: Ronald F. Cousino  
Finance Officer

Doc. No. 009612

### State of Kansas

## Social and Rehabilitation Services

### Permanent Administrative Regulations

#### Article 2.—GENERAL

**30-2-16.** Permanency planning goals for title IV-E of the federal social security act. (a) The agency's permanency planning goal for the federal fiscal year commencing on October 1, 1990 shall be to have no more than 450 children who have been in foster care placements in excess of 24 consecutive months receive federal funding during the course of the year.

(b) The agency shall take the following steps to achieve the above stated goal. The agency shall:

(1) Make a reasonable effort to make adoption assistance available on behalf of eligible children; and

(2) initiate a case review and develop a plan for each child in the custody of the agency. The effective date of this regulation shall be October 1, 1990. (Authorized by and implementing K.S.A. 39-708c, as amended by 1990 HB 3085; effective, T-83-26, Sept. 22, 1982; effective May 1, 1983; amended, T-85-24, Sept. 18, 1984; amended May 1, 1985; amended, T-87-5, May 1, 1986; amended, T-87-29, Oct. 22, 1986; amended May 1, 1987; amended May 1, 1988; amended Sept. 26, 1988; amended July 30, 1990; amended Oct. 1, 1990.)

#### Article 4.—PUBLIC ASSISTANCE PROGRAM

**30-4-63.** KanWork program requirements. Each assigned recipient, unless exempted, shall be required to participate in one or more components of the KanWork program. Any exempt recipient may volunteer for participation in the KanWork program. The geographic areas in the state and the public assistance programs in which the KanWork requirements are to be enforced shall be designated by the secretary. The administration of the KanWork program shall be within the limits of appropriations. (a) Exemptions. The persons listed below shall be exempt from the KanWork requirements:

(1) Any person who is ill, when determined on the basis of medical evidence or another sound basis that the illness or injury is serious enough to temporarily prevent entry into employment or training;

(2) any person who is incapacitated, when verified that a physical or mental impairment, determined by a physician or a licensed or certified psychologist, by itself or in conjunction with age, prevents the individual from engaging in employment or training. When an individual claims exempt status due to incapacity, but medical verification is needed to establish the incapacity, the individual shall be regarded as temporarily exempt for a period not to exceed 30 days while the individual's status is being verified. If verification is not provided because of a legitimate delay in obtaining an examination by or a consultation with a medical practitioner, the temporary exemption period shall be extended for a period not to exceed 15 days. For GA, a statement from a vocational rehabilitation counselor may be used to determine incapacity;

(3) any person who is 60 years of age or older;

(4) any person who is needed in the home because another member of the household requires the individual's presence due to illness or incapacity and no other appropriate member of the household is available to provide the needed care;

(5) any parent or other relative who is personally providing care for a child under age three, except that a custodial parent shall not be exempt from the educational component if the parent is under age 20, does not possess a high school diploma or its equivalent, and is not otherwise exempt. Only one person or other relative in a case may be exempt for providing care for a child under age three. This exemption cannot be claimed if the other parent or caretaker relative in the home or the stepparent in the plan is exempt from the work program require-



ments for another reason and is available and capable of providing child care;

(6) any person who is employed full-time, unless the employment was obtained during current participation in the program. Employment is considered to be full-time when the person is employed 30 or more hours a week and is earning at least the federal minimum wage;

(7) any child who is under age 16 or who attends full-time an elementary, secondary, vocational or technical school. This exemption shall not apply to a child age 16 or older who:

(A) Is a custodial parent who does not possess a high school diploma or its equivalent; or

(B) attends full-time an elementary, secondary, vocational or technical school as a required KanWork activity;

(8) any woman who is three or more months pregnant;

(9) any person who resides in an area of the state where the work program is available, but in a location which is so remote that effective participation is precluded. The individual shall be considered remote if a round trip of more than two hours by reasonably available public or private transportation, exclusive of time necessary to transport children to and from a child care facility, would be required for a normal work or training day. However, if normal round trip commuting time in the area is more than two hours, then the round trip commuting time shall not exceed the generally accepted community standards;

(10) any parent or other caretaker of a child when another adult relative in the plan is participating in the KanWork program and the youngest child in the plan is under the age of three. If all children in the plan are age three or older, both parents shall be required to participate in the KanWork program; and

(11) any person who is a full-time volunteer serving under the Volunteers In Service To America (VISTA) program.

(b) Participation requirements. Each assigned recipient shall enter into a written agreement with the agency for the purpose of participating in one or more components of an agency-approved, work-related program directed toward a plan of self-sufficiency. The components of the KanWork program may include, but are not limited to, the following:

(1) Job search. Each assigned recipient shall participate in job search activities which may include agency-approved job clubs, supervised and unsupervised job search activities, job referral and placement services, and employment counseling.

(2) Community work experience program (CWEP). Each assigned recipient shall participate in CWEP activities which may include the opportunity to regain work skills, learn new skills, test interest and skills on the job, gain a work history, and obtain a work reference.

(3) Education and training. Each assigned recipient shall participate in education and training activities which are aimed at facilitating a recipient's movement toward self-sufficiency and employment retention. Education and training activities include such elements as vocational training, adult basic education, literacy training, general educational development, and post-secondary education and training.

(4) Work supplementation. Each assigned recipient shall participate in a work supplementation program in

which an employer receives a wage subsidy from money diverted from public assistance grants for employing program participants.

(c) Support services. Support services shall be provided to participants. Support services shall include, but are not limited to:

(1) Transportation expenses, as outlined in K.A.R. 30-4-120(a)(1);

(2) day care expenses, as outlined in K.A.R. 30-4-120(a)(2); and

(3) education and training expenses, as outlined in K.A.R. 30-4-120(a)(3).

(d) Transitional services. Transitional services shall be provided to each participant and members of the participant's assistance family group who lose eligibility for public assistance due to the participant's employment. Transitional services shall include, but are not limited to, child care and transportation, as outlined in K.A.R. 30-4-120(a)(4), and medical assistance, as outlined in K.A.R. 30-6-65(j) and (p).

(e) Penalty. When a person who is required to participate in the KanWork program fails without good cause to participate in the program or refuses without good cause to accept employment, or terminates employment or reduces earnings without good cause, the individual shall be ineligible for assistance. In ADC-UP and GA, the spouse of the individual or the other parent in the household shall also be ineligible unless the spouse or the other parent is a KanWork participant. In GA, a potential employment penalty, as set forth in K.A.R. 30-4-58(d), shall be considered in combination with any other KanWork penalty. The period of ineligibility shall be as follows:

(1) For the first such failure or refusal, until the failure or refusal ceases;

(2) for the second such failure or refusal, until the failure or refusal ceases, or three months, whichever is longer; and

(3) for any subsequent failure or refusal, until the failure or refusal ceases, or six months, whichever is longer.

(f) Good cause. The individual shall be determined to have good cause for failing to participate in the program, refusing to accept employment, terminating employment, or reducing earnings if the individual has presented verification that one of the criteria listed below has been met:

(1) The person is exempt from participation in the program;

(2) there was no bona fide offer of employment or training;

(3) the person was incapable of performing the work or training;

(4) the work or training was so dangerous or hazardous according to OSHA standards as to make the refusal or termination a reasonable one;

(5) the payment offered was less than the applicable minimum wage;

(6) child care or day care for any incapacitated individual living in the same home is necessary for an individual to participate or continue participation in the program or accept employment and such care is not available and the agency fails to provide such care;

(continued)

(7) the employment would result in the family of the participant experiencing a net loss of cash income;

(8) the assignment for training was not within the scope of the agency-approved plan;

(9) the total daily commuting time to and from home to the work or training site to which the individual is assigned exceeds two hours, not including the transporting of a child to and from a child care facility. If a longer commuting distance is generally accepted in the community, the round trip commuting time shall not exceed the generally accepted community standards; or

(10) the person is the parent or other relative personally providing care for a child under age six and the employment requires the person to work more than 20 hours per week. The effective date of this regulation shall be October 1, 1990. (Authorized by and implementing K.S.A. 39-708c, as amended by 1990 HB 3085, K.S.A. 1989 Supp. 39-7,103; effective, T-30-7-29-88, July 29, 1988; effective Sept. 26, 1988; amended July 1, 1989; amended Oct. 1, 1989; amended Jan. 1, 1990; amended, T-30-3-29-90, April 1, 1990; revoked, T-30-7-2-90, July 2, 1990; amended, T-30-7-2-90, July 2, 1990; revoked, T-30-8-14-90, Oct. 1, 1990; amended Oct. 1, 1990.)

**30-4-64. Work program requirements.** Each assigned recipient, unless exempted, shall be required to participate in one or more components of the work program. Any exempt recipient may volunteer for participation in the program. The geographic areas in the state and the public assistance programs in which the work requirements are to be enforced shall be designated by the secretary. The administration of the work programs shall be within the limits of appropriations. (a) Exemptions. The persons listed below shall be exempt from the work requirements:

(1) Any person who is ill, when determined on the basis of medical evidence or another sound basis that the illness or injury is serious enough to temporarily prevent entry into employment or training;

(2) any person who is incapacitated, when verified that a physical or mental impairment, determined by a physician or a licensed or certified psychologist, by itself or in conjunction with age, prevents the individual from engaging in employment or training. When an individual claims exempt status due to incapacity, but medical verification is needed to establish the incapacity, the individual shall be regarded as temporarily exempt for a period not to exceed 30 days while the individual's status is being verified. If verification is not provided because of a legitimate delay in obtaining an examination by or a consultation with a medical practitioner, the temporary exemption period shall be extended for a period not to exceed 15 days. For GA, a statement from a vocational rehabilitation counselor may be used to determine incapacity;

(3) any person who is 60 years of age or older;

(4) any person who is needed in the home because another member of the household requires the individual's presence due to illness or incapacity and no other appropriate member of the household is available to provide the needed care;

(5) any parent or other relative who is personally providing care for a child under age three, except that a

custodial parent shall not be exempt from the educational component if the parent is under age 20, does not possess a high school diploma or its equivalent, and is not otherwise exempt. Only one person or other relative in a case may be exempt for providing care for a child under age three. This exemption cannot be claimed if the other parent or caretaker relative in the home or the stepparent in the plan is exempt from the work program requirements for another reason and is available and capable of providing child care;

(6) any person who is employed full-time, unless the employment was obtained during current participation in the program. Employment is considered to be full-time when the person is employed 30 or more hours a week and is earning at least the federal minimum wage;

(7) any child who is under age 16 or who attends full-time an elementary, secondary, vocational or technical school. This exemption shall not apply to a child age 16 or older who:

(A) Is a custodial parent who does not possess a high school diploma or its equivalent; or

(B) attends full-time an elementary, secondary, vocational or technical school as a required work program activity;

(8) any woman who is three or more months pregnant;

(9) any person who resides in an area of the state where the work program is available, but in a location which is so remote that effective participation is precluded. The individual shall be considered remote if a round trip of more than two hours by reasonably available public or private transportation, exclusive of time necessary to transport children to and from a child care facility, would be required for a normal work or training day. However, if normal round trip commuting time in the area is more than two hours, then the round trip commuting time shall not exceed the generally accepted community standards;

(10) any parent or other caretaker of a child when another adult relative in the plan is participating in the work program and the youngest child in the plan is under the age of three. If all children in the plan are age three or older, both parents shall be required to participate in the work program; and

(11) any person who is a full-time volunteer serving under the Volunteers In Service To America (VISTA) program.

(b) Participation requirements. Each assigned recipient shall participate in one or more components of an agency-approved, work-related program directed toward a plan of self-sufficiency. The components of the work program may include, but are not limited to, the following:

(1) Job search. Each assigned recipient shall participate in job search activities which may include agency-approved job clubs, supervised and unsupervised job search activities, job referral and placement services, and employment counseling.

(2) Community work experience program (CWEP). Each assigned recipient shall participate in CWEP activities which may include the opportunity to regain work skills, learn new skills, test interest and skills on the job, gain a work history, and obtain a work reference.

(3) Education and training. Each assigned recipient shall participate in education and training activities which are aimed at facilitating a recipient's movement toward

self-sufficiency and employment retention. Education and training activities include such elements as vocational training, adult basic education, literacy training, general educational development, and post-secondary education and training.

(c) Support services. Support services shall be provided to participants. Support services shall include, but are not limited to:

(1) Transportation expenses, as outlined in K.A.R. 30-4-120(a)(1);

(2) day care expenses, as outlined in K.A.R. 30-4-120(a)(2); and

(3) education and training expenses, as outlined in K.A.R. 30-4-120(a)(3).

(d) Transitional services. Transitional services shall be provided to each participant and to members of the participant's assistance family group who lose eligibility for ADC or APW due to the participant's employment. Transitional services shall include, but are not limited to, child care, as outlined in K.A.R. 30-4-120(a)(4), and medical assistance, as outlined in K.A.R. 30-6-65(p).

(e) Penalty. When a person who is required to participate in the work program fails without good cause to participate in the program, refuses without good cause to accept employment, or terminates employment or reduces earnings without good cause, the individual shall be ineligible for assistance. In ADC-UP and GA, the spouse of the individual or the other parent in the household shall also be ineligible unless the spouse or the other parent is a work program participant. In GA, a potential employment penalty, as set forth in K.A.R. 30-4-58(d), shall be considered in combination with any work program penalty. The period of ineligibility shall be as follows:

(1) For the first such failure or refusal, until the failure or refusal ceases;

(2) for the second such failure or refusal, until the failure or refusal ceases, or three months, whichever is longer; and

(3) for any subsequent failure or refusal, until the failure or refusal ceases, or six months, whichever is longer.

(f) Good cause. The good cause criteria set forth in K.A.R. 30-4-63(f) shall be used in determining good cause for the work program requirements. The effective date of this regulation shall be October 1, 1990. (Authorized by and implementing K.S.A. 39-708c, as amended by 1990 HB 3085, K.S.A. 1989 Supp. 39-7,103; effective Oct. 1, 1989; amended Jan. 2, 1990; amended, T-30-3-29-90, April 1, 1990; revoked, T-30-7-2-90, July 2, 1990; amended, T-30-7-2-90, July 2, 1990; revoked, T-30-8-14-90, Oct. 1, 1990; amended Oct. 1, 1990.)

**30-4-73. Deprivation in ADC.** (a) A child, to be eligible for ADC, shall be deprived of parental support or care by reasons of the death, continued absence from the home, physical or mental incapacity of a parent, or unemployment of the parent.

(b) Continued absence from the home. Continued absence from the home of either or both natural or adoptive parents shall be established as a basis for ADC when the parent is physically absent from the home and the absence interrupts or terminates the parent's functioning as a provider of maintenance, physical care, or guidance for the child. Absence of a parent based solely on active military

service shall not constitute deprivation under this provision.

(c) Physical or mental incapacity of a parent.

(1) Physical or mental incapacity of a parent shall be established as a basis for ADC when either parent is physically or mentally incapacitated, when the incapacity is expected to last at least 30 days and when the incapacity:

(A) Limits the parent's ability to support and care for the child. "Limits" means that, as a result of the incapacity, the parent is capable of only earning an applicable income, excluding the earned income disregard, which is less than public assistance standards;

(B) reduces substantially the parent's ability to support or care for the child. "Substantial" means a 30% reduction of gross earned income or adjusted gross income for self-employment; or

(C) eliminates the parent's ability to support or care for the child.

(2) A parent shall meet the following criteria to be considered physically or mentally incapacitated under the above provision:

(A) The incapacity shall be established by eligibility for OASDI or SSI benefits based on disability or incapacity; or

(B) the incapacity shall be established by a written or oral statement of a psychologist, an optometrist or a person licensed by the board of healing arts, within the scope of that person's professional competence, or by a written team diagnostic evaluation from the veteran's administration, vocational rehabilitation, a mental health clinic, or related types of agencies.

(d) Unemployment. The unemployment of a parent determined to be the principal wage earner shall be established as a basis for this factor of eligibility for ADC when the parent has been unemployed for at least 30 days before receipt of assistance and the child is not otherwise deprived of support because of the death, absence or incapacity of a parent. The principal wage earner shall be the parent who earned the greater amount of income in the 24-month period immediately preceding the month of application. A parent shall meet the criteria listed below to be considered unemployed under this provision:

(1) The parent has not been fully employed for at least 30 days before receipt of aid to dependent children. A "fully employed" person is one who works 100 hours or more a month. If the parent's work is intermittent and is in excess of 100 hours for only a temporary period, the parent is not considered fully employed if the parent worked less than 100 hours for each of the two prior months and is expected to be under the 100-hour standard during the next month;

(2) the parent has not without good cause, within the last 30 days, refused a bona fide offer of employment or training for employment;

(3) the parent has six or more quarters of work in any 13 calendar quarter period ending within one year before the application for assistance, or the parent received unemployment compensation under the state's unemployment compensation law or under the United States law, or the parent was qualified for unemployment compen-

(continued)

sation under the unemployment compensation law of the state within one year before the application for assistance. An individual shall be deemed qualified under the state's unemployment compensation law if the individual would have been eligible to receive benefits upon filing applications, or when the individual performed work not covered by law which, if it had been covered, would (together with any covered work the individual performed) have made the individual eligible to receive benefits upon filing application. A quarter of work shall be a period of three consecutive calendar months ending March 31, June 30, September 30, or December 31 in which the individual,

(A) Earned not less than \$50.00;  
 (B) participated in the KanWork or work program as an ADC recipient;  
 (C) attended full-time an elementary or secondary school, or a vocational or technical course which is designed to prepare the individual for gainful employment; or

(D) participated in an education or training program established under the Job Training Partnership Act. No more than four quarters of work as defined in subparagraphs (C) and (D) may be considered;

(4) the parent is required to participate in the KanWork or work program or exempted from it;

(5) the parent, if exempted from the KanWork or work program due to remoteness, is registered for employment with the division of employment, state department of human resources, job services center; and

(6) the parent has applied for, and if eligible has not refused, unemployment compensation benefits.

(e) Continued eligibility. After the deprivation ceases, eligibility may continue for a period not to exceed six months following the month in which deprivation ceased to exist to allow for a satisfactory reconstruction of normal family life. The effective date of this regulation shall be October 1, 1990. (Authorized by and implementing K.S.A. 39-708c, as amended by 1990 HB 3085; effective May 1, 1981; amended, E-82-19, Oct. 29, 1981; amended May 1, 1982; amended, T-83-38, Nov. 23, 1982; amended May 1, 1983; amended July 1, 1989; amended Oct. 1, 1989; amended April 1, 1990; amended Oct. 1, 1990.)

**30-4-112.** Income exempt from consideration as income and as a cash asset. The following income shall be exempt, except as provided in K.A.R. 30-4-110(b): (a) Grants to any undergraduate student for educational purposes that are made or insured under any programs administered by the commissioner of education;

(b) grants obtained and used for purposes of meeting needs not related to current living costs;

(c) the value of the coupon allotment under the food stamp program;

(d) the value of the U.S. department of agriculture donated foods;

(e) the value of supplemental food assistance received under the child nutrition act of 1966, as amended, and the special food service program for children under the national school lunch act, as amended;

(f) benefits received under title VII, nutrition program for the elderly, of the older Americans act of 1965, as amended;

(g) Indian funds distributed or held in trust, including

interest and investment income accrued on such funds while held in trust and initial purchases made with such funds;

(h) distributions to natives under the Alaska native claims settlement act;

(i) payments provided to individual volunteers serving as foster grandparents, senior health aides and senior companions, and to persons serving in the service corps of retired executives and active corps of executives under titles II and III of domestic service act of 1973;

(j) payments to individual volunteers under title I, sec. 404(g) of Public Law 93-113 when the director of ACTION determines that the value of such payments, adjusted to reflect the number of hours such volunteers are serving, is less than the federal minimum wage;

(k) payments received under the uniform relocation assistance and real property acquisition policies act of 1970;

(l) death benefits from SSA, VA, railroad retirement, or other burial insurance policy when the benefit is used toward the cost of burial;

(m) a one-time payment or a portion of a one-time payment from a cash settlement for repair or replacement of property or for legal services, or medical costs or other required obligations to a third party, if the payment is expended or committed to be expended for the intended purpose within six months of its receipt;

(n) money which VA determines may not be used for subsistence needs held in trust by VA for a child;

(o) retroactive corrective assistance payments in the month received or in the following month;

(p) income directly provided by vocational rehabilitation;

(q) benefits from special government programs at the discretion of the secretary, including energy assistance programs, and VA aid and attendance and housebound allowances;

(r) assistance provided by another agency or organization that complements, but does not duplicate assistance provided by the agency;

(s) reimbursements for out-of-pocket expenses in the month received and the following month;

(t) proceeds from any bona fide loan requiring repayment;

(u) payments granted to certain U.S. citizens of Japanese ancestry and resident Japanese aliens under Title I of Public Law 100-383;

(v) payments granted to certain Aleuts under Title II of Public Law 100-383; and

(w) agent orange settlement payments. The effective date of this regulation shall be October 1, 1990. (Authorized by K.S.A. 39-708c, as amended by 1990 HB 3085; implementing K.S.A. 39-708c, as amended by 1990 HB 3085, K.S.A. 1989 Supp. 39-709; effective May 1, 1981; amended, E-82-19, Oct. 21, 1981; amended May 1, 1982; amended May 1, 1983; amended May 1, 1984; amended May 1, 1986; amended May 1, 1987; amended, T-88-14, July 1, 1987; amended May 1, 1988; amended July 1, 1989; amended Oct. 1, 1989; amended Jan. 2, 1990; amended, T-30-7-2-90, July 2, 1990; revoked, T-30-8-14-90, Oct. 1, 1990; amended Oct. 1, 1990.)

**30-4-120.** Special allowances and requirements for applicants and recipients of ADC, ADC-FC, APW, GAU

and GA-FC. (a) Special allowances. Special allowances shall be issued to otherwise eligible recipients under the conditions as specified. The allowances shall include, but are not limited to, the following:

(1) Transportation. A \$30.00 standard allowance for work-related transportation expenses shall be issued monthly for each person who is assigned to participate in the community work experience program. A \$25.00 standard allowance for job-seeking transportation expenses shall be issued to each person who is assigned to, and who participates in, an agency-approved job club or related activity for each assignment of one to four weeks. A \$25.00 standard allowance for work-related transportation expenses shall be issued monthly for each person who is assigned to participate in other KanWork or work program activities based on an agency-approved plan.

(2) Day care. An allowance for work-related day care expenses shall be issued in accordance with an agency-approved plan.

(3) Education and training. If there is an agency-approved plan, the education and training costs shall be allowed for the participant. Such costs shall include, but are not limited to, tuition, books and fees.

(4) Transition services. Transitional expenses shall be allowed for any recipient who loses eligibility as outlined in K.A.R. 30-4-63(d) and 30-4-64(d). Such expenses may include, but are not limited to, child care and transportation. Extended medical assistance shall be provided as outlined in K.A.R. 30-6-65(p).

(b) Special requirements. The following special requirements shall be added to the basic and shelter standards as outlined in K.A.R. 30-4-100 to compute the budgetary requirements for applicants and recipients under the conditions as specified.

(1) Moving expense. The cost of moving to a new location to take employment, in an amount not to exceed \$100.00, shall be allowed if other funds are not available to meet the costs and the recipient has employment which meets at least 75% of the family's basic and shelter standards. Moving costs shall include transportation costs of moving household goods for the individual and family to the job location.

(2) Temporary out-of-home care for children. The cost of temporary out-of-home care may be allowed if:

(A) The child is temporarily absent from the home due to the illness of another member of the household, or the incarceration of the caretaker relative;

(B) the temporary absence is only for a portion of a calendar month; and

(C) there is an approved service plan. The amount to be allowed shall be the foster care standard.

(3) Clothing for persons entering care facilities, not applicable to ADC-FC or GA-FC foster family care. The cost of an initial clothing supply, in an amount not to exceed \$150.00, shall be allowed if the applicant or recipient is being placed in a care facility on a permanent basis and the person requires an initial clothing supply.

(4) Travel and subsistence to and from child care facilities. If there is an approved service plan, the costs of travel and subsistence shall be allowed for the applicant or recipient and the person providing the transportation for a preplacement visit, admission or home visit, or for the relatives who are required to visit a child. The trans-

portation shall not be related to discharge from a state institution.

(5) Home visits from a child care facility. The costs of a visit to a relative's home or foster family home on a planned trial basis shall be allowed based on an approved service plan. The amount and the length of the visit allowed shall be established in the social service plan.

(6) Special requirements related to ADC-FC and GA-FC. Certain special requirements for various costs for children in ADC-FC and GA-FC shall be allowed based on an approved service plan.

(7) Conservator or personal representative expense. The fee of the legally appointed conservator for conservatorship or the personal representative fee for service shall be allowed if:

(A) The conservator or personal representative charges for those services; and

(B) the conservator or personal representative is not the spouse, parent, or child of the incapacitated person. The amount allowed by the court, or the charge made by the conservator or personal representative, to a maximum of 5% of the person's cash payment or \$8.00, whichever is greater, shall be allowed. The effective date of this regulation shall be October 1, 1990. (Authorized by K.S.A. 39-708c, as amended by 1990 HB 3085; implementing K.S.A. 39-708c, as amended by 1990 HB 3085, K.S.A. 1989 Supp. 39-709; effective May 1, 1981; amended, E-82-11, June 17, 1981; amended May 1, 1982; amended, T-84-8, March 29, 1983; amended May 1, 1983; amended, T-84-9, March 29, 1983; amended, T-84-25, Sept. 19, 1983; amended May 1, 1984; amended May 1, 1985; amended May 1, 1986; amended, T-87-33, Dec. 1, 1986; amended May 1, 1987; amended, T-88-14, July 1, 1987; amended May 1, 1988; amended, T-30-7-29-88, July 29, 1988; amended Sept. 26, 1988; amended Oct. 1, 1989; amended, T-30-3-29-90, April 1, 1990; amended, T-30-7-2-90, Aug. 1, 1990; revoked, T-30-8-14-90, Oct. 1, 1990; amended Oct. 1, 1990.)

#### Article 6.—MEDICAL ASSISTANCE PROGRAM—CLIENTS' ELIGIBILITY FOR PARTICIPATION

**30-6-35.** Application process. (a) Attention given to requests. All applications, inquiries and requests for medical assistance shall be given prompt attention.

(b) Who may file. An application for medical assistance shall be made by each applicant in person, or by another person authorized to act on the applicant's behalf, excepting that an application on behalf of a person mandated to receive tuberculosis care or on behalf of a deceased person may be made by any responsible person.

(c) Applications. Each application for assistance shall be considered an application for any type of medical assistance. The applicant or person authorized to act on behalf of the applicant shall sign the application. If any person signs by mark, the names and addresses of two witnesses shall be required. An application on behalf of a deceased person shall be made within three months of the month of the person's death.

(d) Face-to-face interview. For non-SSI, a face-to-face interview shall be required at the time of application unless there is good cause for waiving this requirement.

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(e) Time in which application is to be processed. Applications for medical assistance shall be approved or denied within 45 days of the agency's receipt of a signed application or within 90 days of the agency's receipt of a signed application for medical assistance that is dependent upon a finding of disability. The applicable time period may be extended if the application has been withdrawn or if the required determination of eligibility cannot be made within the mandated time period due to the failure of the applicant or a collateral to provide necessary information.

If the agency takes action to deny an application within either the 45-day or 90-day time period as indicated above and the applicant reapplies or provides required information within the 45-day or 90-day time period, the application shall be reactivated. The effective date of this regulation shall be October 1, 1990. (Authorized by and implementing K.S.A. 39-708c, as amended by 1990 HB 3085; effective May 1, 1981; amended May 1, 1984; amended May 1, 1988; amended July 1, 1989; amended, T-30-5-1-90, May 1, 1990; amended, T-30-7-2-90, Aug. 30, 1990; revoked, T-30-8-14-90, Oct. 1, 1990; amended Oct. 1, 1990.)

**30-6-38. Rights of applicants and recipients.** (a) Right to information. Each applicant or recipient shall have the right to be provided with information concerning the types of assistance which are provided by the agency. Upon request, the agency shall furnish each applicant with information and shall explain the categories of assistance and the eligibility factors.

(b) Right to make application. Each applicant shall have the right to make application regardless of any question of eligibility or agency responsibility. The right of any individual to make application may not be abridged.

(c) Right to private interview. Each individual, upon request, shall have a right to a private interview when discussing individual situations with the agency.

(d) Right to an individual determination of eligibility for assistance. Each individual shall be given an opportunity to present any request and to explain the individual's situation.

(e) Right to withdraw from program. Each applicant shall have the right to withdraw the application at any time between the date the application is signed and the date the notice of the agency's decision is mailed. Any recipient may withdraw from a program at any time.

(f) Right to prompt decision. Each applicant shall have the right to have a decision rendered on an application within 45 days of its receipt by the agency or within 90 days of receipt for disability determination cases. Each recipient shall have the right to have a decision rendered on any formal request within 30 days of its receipt by the agency.

(g) Right to correct amount of assistance. Each individual, if eligible, shall be entitled to the correct amount of assistance, based upon established program guidelines.

(h) Right to written notification of action. Each individual shall have the right to a written notification of agency action concerning eligibility for the medical assistance program.

(i) Right to equal treatment. Each individual shall have

the right to be treated in the same manner as other individuals who are in similar circumstances.

(j) Right to a fair hearing. Each individual shall have the right to request a fair hearing if dissatisfied with any agency decision or lack of action in regard to the application for or receipt of assistance. The effective date of this regulation shall be October 1, 1990. (Authorized by and implementing K.S.A. 39-708c; as amended by 1990 HB 3085; effective May 1, 1981; amended, T-30-7-2-90, July 2, 1990; revoked, T-30-8-14-90, Oct. 1, 1990; amended Oct. 1, 1990.)

**30-6-53. Financial eligibility.** The following provisions are applicable to all determined eligible groups, except that subsections (c) and (d) of this regulation shall not be applicable to pregnant women and young children who meet the provisions of K.A.R. 30-6-77, medicare beneficiaries who meet the provisions of K.A.R. 30-6-86, or to working disabled individuals who meet the provisions of K.A.R. 30-6-87. (a) Definitions.

(1) "Eligibility base period" means the length of time used in the determination of financial eligibility. The length of the eligibility base period varies from one month to six months, based on the living arrangement of the persons in the assistance plan.

(2) "Spendedown" means the amount of applicable income that exceeds the protected income level in the eligibility base period and that is available to meet medical costs.

(b) Establishing the eligibility base period. For prior eligibility, the base period shall be the three months immediately preceding the month of application. The application base period shall begin on the first day of the month in which the application was received. Subsequent eligibility base periods for recipients shall begin on the first day of the month following the expiration of the previous base period. Any reapplication received outside of a previously established eligibility base shall be treated as a new application without regard to any previous eligibility base. However, if the reapplication includes a request for prior eligibility, the base period of prior eligibility shall not extend into a previously established base. The eligibility base period shall not exceed six months.

(c) Establishing financial eligibility. Total applicable income to be considered in the eligibility base period shall be compared against the protected income level for the base period. If the total applicable income is less than the protected income level and the individual owns property within the allowable limits, the individual shall be financially eligible for medical assistance. If total applicable income exceeds the protected income level and the individual owns property within the allowable limits, the excess applicable income shall be the spenddown amount.

Each applicant or recipient shall incur allowable medical expenses in an amount at least equal to the spenddown before becoming eligible for assistance. Medical expenses paid either voluntarily or involuntarily by third parties shall not be utilized to meet the spenddown, except for medical expenses paid by a public program of the state other than medicaid. A previously unconsidered increase in total applicable income during the current

eligibility base period which results in additional spenddown shall not alter the base period. The additional spenddown shall be met by the individual during the eligibility base period before becoming eligible or re-eligible for medical assistance. Payments made through the program within the current eligibility base period shall not be considered as overpayments if a previously eligible individual fails to meet the additional spenddown within the current eligibility base period.

(d) Allowable expenses. The following expenses shall be allowable against the spenddown when the individual provides evidence that the individual has incurred or reasonably expects to incur the expenses within the appropriate eligibility base period or has incurred and is still obligated for expenses outside of the appropriate eligibility base period which have not been previously applied to a spenddown:

- (1) Co-pay requirements;
- (2) the pro rata portion of medical insurance premiums for the number of months covered in the eligibility base period regardless of the actual date of payment, past or future;
- (3) medicare premiums which are not covered by buy-in. Premiums which are subject to buy-in shall not be allowable, even if the individual pays them, or if the premiums are withheld, before completion of the buy-in process;
- (4) if medically necessary, and recognized under Kansas law, all expenses for medical services incurred by the individual or a legally responsible family group member. Expenses for social services designated as medical services under the home and community based services (HCBS) program shall be allowable under this paragraph for persons in the HCBS program. Charges for long-term care in an approved facility shall be allowable only up to the agency rate; and
- (5) the cost of necessary transportation by appropriate mode to obtain medical services set forth in paragraph (4) above. The effective date of this regulation shall be October 1, 1990. (Authorized by K.S.A. 39-708c, as amended by 1990 HB 3085; implementing K.S.A. 39-708c, as amended by 1990 HB 3085, K.S.A. 1989 Supp. 39-709; effective May 1, 1981; amended, E-82-11, June 17, 1981; amended May 1, 1982; amended May 1, 1983; amended May 1, 1984; amended May 1, 1987; amended, T-30-7-1-88, July 1, 1988; amended Sept. 26, 1988; amended Jan. 2, 1989; amended July 1, 1989; amended, T-30-7-2-90, July 2, 1990; revoked, T-30-8-14-90, Oct. 1, 1990; amended Oct. 1, 1990.)

**30-6-65. Automatic eligibles.** To be automatically eligible for medical assistance, each person shall meet the general eligibility requirements of K.A.R. 30-6-56, 30-6-63 and 30-6-106(c)(2) and shall be: (a) Legally entitled to and receiving SSI benefits and in compliance with the general eligibility requirements of residence;

- (b) legally entitled to and receiving state supplemental payments from Kansas related to SSI;
- (c) determined by SSA to retain recipient status, although not currently receiving an SSI benefit;
- (d) receiving public assistance, excepting emergency assistance, pursuant to article 4 of this chapter. Such re-

cipients shall meet the general eligibility requirement of K.A.R. 30-6-55(d);

(e) not receiving public assistance for one of the following reasons:

- (1) The person is eligible for less than \$10.00 of public assistance;
- (2) the amount of recovery of an overpayment is greater than the budget deficit; or
- (3) the person is eligible using prospective budgeting, but ineligible due to retrospective accounting of income;
- (f) included in the assistance plan of a family which was receiving ADC, ADC-FC, or APW in at least three of the six months immediately preceding the month in which the family became ineligible for ADC, ADC-FC, or APW and which became ineligible for any month prior to April 1, 1990 solely because of increased earned income or increased hours of employment. Such recipients shall meet the general eligibility requirement of K.A.R. 30-6-55(d). Automatic eligibility for the medical assistance program shall continue for the four months immediately subsequent to the last month in which the family was eligible and legally entitled to receive ADC, ADC-FC, or APW as long as a family member is employed and the family and the person remains ineligible for ADC, ADC-FC, or APW solely because of increased earned income or increased hours of employment. The receipt of an extra pay check due to an additional pay period within a calendar month shall not constitute an increase in earnings;
- (g) included in the assistance plan of a family which was receiving ADC, ADC-FC, or APW in at least three of the six months immediately preceding the month in which the family became ineligible for ADC, ADC-FC, or APW as a result, in whole or in part, of collection or increased collection of support. Such recipients shall meet the general eligibility requirement of K.A.R. 30-6-55(d). Automatic eligibility for the medical assistance program shall continue for the four months immediately subsequent to the last month in which the family was eligible and legally entitled to receive ADC, ADC-FC, or APW as long as the family remains ineligible for ADC, ADC-FC, or APW due to such collection or increased collection of support;

(h) mandated to receive inpatient treatment for tuberculosis;

(i) one who is not a public assistance recipient but is receiving maintenance payments from youth services;

(j) included in the assistance plan of a family which became ineligible for ADC, ADC-FC, or APW for any month prior to April, 1990 solely because of the termination of the earned income disregards as provided in K.A.R. 30-4-111(b)(2). Automatic eligibility for the medical assistance program shall continue for the nine months immediately subsequent to the last month in which the family was eligible and legally entitled to receive ADC, ADC-FC, or APW. This automatic eligibility period shall be extended for an additional three months for a KanWork participant and the participant's immediate family;

(k) a non-ADC eligible child who is under 18 years of age and who meets the ADC income and resource requirements pursuant to article 4 of this chapter;

(l) a child born to a mother eligible for and receiving

(continued)

medicaid at the time of birth for a period of up to one year. The child shall remain eligible so long as such mother remains eligible for medicaid and the child remains in the same household with the mother;

(m) a child receiving foster care payments under title IV-E, regardless of the state making payment;

(n) a child for whom an adoption assistance agreement under title IV-E is in effect, even if assistance payments are not being made or the adoption assistance agreement was entered into with another state. Automatic eligibility begins when the child is placed for adoption even if an interlocutory decree of adoption or a judicial decree of adoption has not been issued;

(o) a child for whom a non-title IV-E adoption assistance agreement is in effect between the state and the adoptive parents and who cannot be placed without medical assistance because the child has special needs for medical or rehabilitative care; or

(p) included in the assistance plan of a family who:

(1) Has received ADC or APW in three of the six months immediately preceding the first month of transitional medical services;

(2) has lost eligibility for ADC or APW beginning in or after the month of April, 1990 due solely to increased earned income or hours of employment of the caretaker relative or due solely to termination of the earned income disregards as provided in K.A.R. 30-4-111(b)(2); and

(3) has not been rendered ineligible for assistance as a result of a fraud determination at any time during the six months immediately preceding the first month of transitional medical services.

(A) Assistance under this provision shall be initially provided for a period not to exceed six months if there continues to be a child in the family and and if the individual continues to be a resident of the state and provides ongoing status reports as may be required by the secretary.

(B) Assistance shall be provided for an additional six-month period of time provided there continues to be a child in the family and if the individual continues to be a resident of the state, provides ongoing status reports as may be required by the secretary and continues employment. Assistance shall be terminated when the person's gross earned income, less the cost of child care, exceeds 185% of the official federal poverty income guidelines. Persons who are not otherwise eligible for medicaid without a spenddown and who have gross earned income, less the cost of child care, that exceeds 100% of the official federal poverty income guidelines shall be responsible for contributing to the payment of the cost for medical coverage. The effective date of this regulation shall be October 1, 1990. (Authorized by and implementing K.S.A. 39-708c, as amended by 1990 HB 3085, K.S.A. 1989 Supp. 39-709, 39-7.103; effective May 1, 1981; amended, E-82-19, Oct. 21, 1981; amended May 1, 1982; amended, T-84-8, March 29, 1983; amended May 1, 1983; amended, T-84-9, March 29, 1983; amended May 1, 1984; amended, T-85-26, Oct. 15, 1984; amended, T-85-34, Dec. 19, 1984; amended May 1, 1985; amended, T-86-19, July 1, 1985; amended May 1, 1986; amended, T-87-5, May 1, 1986; amended, T-87-15, July 1, 1986; amended, T-87-29, Nov. 1, 1986; amended, T-87-44, Jan. 1, 1987; amended May 1, 1987; amended, T-88-10, May 1, 1987; amended, T-88-14, July 1, 1987; amended May 1, 1988; amended, T-

30-7-29-88, July 29, 1988; amended Sept. 26, 1988; amended Oct. 1, 1989; amended Jan. 2, 1990; amended, T-30-1-2-90, Jan. 2, 1990; amended, T-30-2-28-90, Feb. 28, 1990; amended, T-30-3-29-90, April 1, 1990; amended, T-30-7-2-90, Aug. 1, 1990; revoked, T-30-8-14-90, Oct. 1, 1990; amended Oct. 1, 1990.)

**30-6-77. Poverty level pregnant women and young children; determined eligibles.** Each applicant or recipient shall meet the general eligibility requirements of K.A.R. 30-6-50 and the specific eligibility requirements set forth below. (a) Pregnant women. Each eligible woman shall be medically determined to be pregnant. Assistance under this provision shall continue for two calendar months following the month in which the pregnancy terminates.

(b) Infants. Each eligible infant shall be under one year of age. Assistance under this provision shall continue:

(1) Through the month in which the child turns age one; or

(2) if receiving inpatient services in the month in which the child turns age one:

(A) Through the calendar month in which that inpatient care ends; or

(B) through the calendar month following the month the care begins, whichever is sooner. If the inpatient care will exceed that time period, eligibility for the child under this provision shall end on the last day of the calendar month in which the child turns age one.

(c) Other young children. Each eligible child shall be at least one year of age, but no older than six years of age. Assistance under this provision shall continue:

(1) Through the month in which the child turns age six, or

(2) if receiving inpatient services in the month in which the child turns age six:

(A) Through the calendar month in which that inpatient care ends;

(B) through the calendar month following the month the care begins, whichever is sooner. If the inpatient care will exceed that time period, eligibility for the child under this provision shall end on the last day of the calendar month in which the child turns age six.

(d) Persons whose needs are to be considered in determining eligibility.

(1) For pregnant women, the needs of the pregnant woman, the unborn child and the father of the unborn child shall be considered if living together. If the pregnant woman is a minor, the needs of her parents shall also be included if living together with the minor.

(2) For young children, the needs of the child and the child's parents shall be considered if living together.

(3) Other pregnant women and young children in the family group for whom assistance is requested shall be included in the assistance plan if otherwise eligible.

(e) Financial eligibility. A percentage of the official federal poverty income guidelines as established in K.A.R. 30-6-103 shall be used as the protected income level for the number of persons in the plan and any other persons in the family whose income is being considered. Total applicable income to be considered in the eligibility base period shall be compared against the poverty level for the base period. To be eligible under this provision, the



total applicable income shall not exceed the poverty level established for the base period. Ownership of excess non-exempt real or personal property shall not result in ineligibility. The effective date of this regulation shall be October 1, 1990. (Authorized by K.S.A. 39-708c, as amended by 1990 HB 3085; implementing K.S.A. 39-708c, as amended by 1990 HB 3085, K.S.A. 1989 Supp. 39-709; effective, T-30-7-1-88, July 1, 1988; effective Sept. 26, 1988; amended July 1, 1989; amended, T-30-3-29-90, April 1, 1990; amended, T-30-7-2-90, Aug. 1, 1990; revoked, T-30-8-14-90, Oct. 1, 1990; amended Oct. 1, 1990.)

**30-6-87. Poverty level working disabled individuals; determined eligibles.** Each applicant or recipient shall meet the general eligibility requirements of K.A.R. 30-6-50 and the specific eligibility requirements set forth below. (a) Blindness or disability. Each individual must meet the blindness or disability requirements of K.A.R. 30-6-85.

(b) Medicare part A beneficiary. Each individual must be entitled to medicare part A benefits under section 1818A of the social security act.

(c) Financial eligibility. A percentage of the official federal poverty income guidelines as established in K.A.R. 30-6-103 shall be used as the protected income level for the number of persons in the plan and any other persons whose income is considered. Total applicable income to be considered in the eligibility base period shall be compared against the poverty level for the base period. To be eligible under this provision, the total applicable income shall not exceed the poverty level established for the base period. The individual must also not own nonexempt real or personal property with a resource value in excess of two times the allowable amount specified in K.A.R. 30-6-107 for the number of persons whose nonexempt resources are considered available to the individual.

(d) Assistance provided. Assistance under this provision shall be limited to the payment of medicare part A premiums. The effective date of this regulation shall be October 1, 1990. (Authorized by and implementing K.S.A. 39-708c, as amended by 1990 HB 3085, K.S.A. 1989 Supp. 39-709; effective, T-30-7-2-90, July 2, 1990; revoked, T-30-8-14-90, Oct. 1, 1990; effective October 1, 1990.)

**30-6-103. Determined eligibles; protected income levels.** (a) Independent living and home- and community-based services arrangements.

(1) The protected income level for persons in independent living arrangements and in the home- and community-based services program shall be based on the total number of persons in the assistance plan and any other persons in the family group whose income is being considered.

(2) The protected income levels for independent living may also be used when an applicant or recipient:

(A) Enters a medicaid-approved facility, except that this provision shall not apply in situations where only one spouse of a married couple enters an institutional living arrangement; or

(B) is absent from the home for medical care for a period not to exceed two months to allow for maintaining

the applicant's or recipient's independent living arrangements.

(3) Except as provided in paragraph (4), (5) and (6) below, the following table shall be used to determine the protected income level for persons in independent living.

**PERSONS IN INDEPENDENT LIVING**  
(Per Month)

1	2	3
\$386.00	\$460.00	\$465.00

The protected income level for additional persons shall be the sum of the basic standard for a like public assistance family plus the maximum state shelter standard.

(4) In determining eligibility for pregnant women and for infants under the provisions of K.A.R. 30-6-77(a) and (b), 150% of the official federal poverty income guidelines shall serve as the protected income level.

(5) In determining eligibility for other young children under the provisions of K.A.R. 30-6-77(c), 133% of the official federal poverty income guidelines shall serve as the protected income level.

(6) In determining eligibility for medicare beneficiaries under the provisions of K.A.R. 30-6-86, 90% of the official federal poverty income guidelines shall serve as the protected income level.

(7) In determining eligibility for working disabled individuals under the provisions of K.A.R. 30-6-87, 200% of the official federal poverty income guidelines shall serve as the protected income level.

(b) Institutional living arrangements. For persons residing in institutional settings, the protected income level shall be \$30.00 except as noted in paragraph (2) of subsection (a).

(c) Specialized living arrangements. The protected income level for persons residing in approved, specialized living arrangements, including adult family homes, home- and community-based congregate care facilities, and child care facilities, shall be established by the secretary. The effective date of this regulation shall be October 1, 1990. (Authorized by and implementing K.S.A. 39-708c, as amended by 1990 HB 3085, K.S.A. 1989 Supp. 39-709; effective May 1, 1981; amended, E-82-11, June 17, 1981; amended, E-82-19, Oct. 21, 1981; amended May 1, 1982; amended, T-83-17, July 1, 1982; amended May 1, 1983; amended, T-84-11, July 1, 1983; amended, T-84-36, Dec. 21, 1983; amended May 1, 1984; amended, T-85-34, Dec. 19, 1984; amended May 1, 1985; amended, T-86-19, July 1, 1985; amended, T-86-42, Jan 1, 1986; amended May 1, 1986; amended, T-87-15, July 1, 1986; amended, T-88-2, Feb. 1, 1987; amended May 1, 1987; amended, T-88-10, May 1, 1987; amended, T-88-14, July 1, 1987; amended, T-88-59, Dec. 16, 1987; amended May 1, 1988; amended, T-30-7-1-88, July 1, 1988; amended Sept. 26, 1988; amended Jan. 2, 1989; amended July 1, 1989; amended Oct. 1, 1989; amended Jan. 2, 1990; amended T-30-1-2-90, Jan. 2, 1990; amended, T-30-3-29-90, April 1, 1990; revoked, T-30-7-2-90, July 2, 1990; amended, T-30-7-2-90, July 2, 1990; revoked, T-30-8-14-90, Oct. 1, 1990; amended Oct. 1, 1990.)

**30-6-107. Property exemption.** Ownership of otherwise nonexempt; real or personal property shall not

(continued)

affect eligibility if the aggregate resource value is not in excess of \$2,000.00 for one person or \$3,000.00 for two or more persons whose nonexempt resources are considered available to a person in the assistance plan. (a) For non-SSI, ownership of property with a resource value in excess of the amounts above shall render the assistance family group ineligible for medical assistance, except for pregnant women and young children who meet the provisions of K.A.R. 30-6-77. However, if there is ineligibility due to excess real property, assistance shall be provided for a period of up to nine months if the applicant or recipient is making a bona fide and documented effort to dispose of the property.

(b) For SSI, ownership of property with a resource value in excess of the amounts above shall render the assistance family group ineligible for medical assistance except that, for medicare beneficiaries who meet the provisions of K.A.R. 30-6-86 and working disabled individuals who meet the provisions of K.A.R. 30-6-87, the resource value shall be in excess of two times the amounts above before the assistance family group is rendered ineligible. If the applicant or recipient is making a bona fide and documented effort to dispose of the excess property at a reasonable market value, assistance shall be provided not to exceed nine months. The effective date of this regulation shall be October 1, 1990. (Authorized by and implementing K.S.A. 39-708c, as amended by 1990 HB 3085, K.S.A. 1989 Supp. 39-709; effective May 1, 1981; amended, E-82-11, June 17, 1981; amended May 1, 1982; amended May 1, 1983; amended, T-84-25, Sept. 19, 1983; amended May 1, 1984; amended, T-85-33, Dec. 19, 1984; amended, T-85-34, Dec. 19, 1984; amended May 1, 1985; amended May 1, 1986; amended, T-87-43, Jan. 1, 1987; amended May 1, 1987; amended, T-88-59, Dec. 16, 1987; amended May 1, 1988; amended, T-30-7-1-88, July 1, 1988; amended Sept. 26, 1988; amended Jan. 2, 1989; amended, T-30-7-2-90, July 2, 1990; revoked, T-30-8-14-90, Oct. 1, 1990; amended Oct. 1, 1990.)

### **30-6-108. Real Property.** (a) Definitions.

(1) "Home" means the house or shelter in which the applicant or recipient is living or from which the applicant or recipient is temporarily absent, and the tract of land and contiguous tracts of land upon which the house and other improvements essential to the use or enjoyment of the home are located. Tracts of land are contiguous if lying side by side, except for streets, alleys, or other easements. Pieces of property that touch only at the corners shall not be considered to be contiguous.

(2) For non-SSI, "other real property" means:

(A) Real property other than a home;

(B) a home from which an applicant or recipient has been temporarily absent for at least 12 months; or

(C) a home to which an applicant or recipient will be unable to return.

(3) For SSI, "other real property" means:

(A) Real property other than a home; or

(B) a home from which an applicant or recipient has been absent and does not intend to return.

(4) For persons entering institutional living situations, the home shall become other real property after three months unless the absence is determined to be temporary,

or a spouse, dependent child, or another dependent relative remains in the home.

(b) Treatment of real property. The equity value of nonexempt real property shall be considered as a resource.

(c) Exempted real property. The equity value of the following classifications of real property shall be exempt:

(1) The home;

(2) for SSI, income-producing real property that is used in an applicant's or recipient's trade or business; and

(3) for SSI, non-business income-producing real property, if:

(A) The equity, combined with equity in any income-producing, non-cash personal property asset exempted under K.A.R. 30-6-109, does not exceed \$6,000.00; and

(B) there is a net annual return of at least 6%. The effective date of this regulation shall be October 1, 1990. (Authorized by and implementing K.S.A. 39-708c, as amended by 1990 HB 3085, K.S.A. 1989 Supp. 39-709; effective May 1, 1981; amended, E-82-11, June 17, 1981; amended, E-82-19, Oct. 29, 1981; amended May 1, 1982; amended May 1, 1983; amended May 1, 1984; amended May 1, 1985; amended May 1, 1986; amended, T-87-20, Sept. 1, 1986; amended May 1, 1987; amended May 1, 1988; amended Sept. 26, 1988; amended, T-30-5-1-90, May 1, 1990; amended, T-30-7-2-90, Aug. 30, 1990; revoked, T-30-8-14-90, Oct. 1, 1990; amended Oct. 1, 1990.)

### **30-6-109. Personal property.** (a) Definitions.

(1) "Personal property" means all property, excluding real property.

(2) "Cash assets" means money, investments, cash surrender or loan values of life insurance policies, trust funds, and similar items on which a determinate amount of money can be realized.

(3) "Other personal property" means personal effects, household equipment and furnishings, home produce, livestock, equipment, vehicles, inventory, contracts from the sale of property, and similar items on which a determinate amount of money can be realized.

(b) Treatment of personal property. Personal property, unless exempted, shall be considered a resource.

(c) Exempted personal property. The resource value of the following classifications of personal property shall be exempt:

(1) Personal effects;

(2) household equipment and furnishings in use or only temporarily not in use;

(3) tools in use and necessary for the maintenance of house or garden;

(4) stock and inventory of self-employed persons that are reasonable and necessary in the production of goods and services;

(5) items for home consumption. These items shall consist of produce from a small garden consumed from day to day and any excess which may be canned or stored, and a small flock of fowl or livestock which are used to meet the food requirements of the family;

(6) cash assets which are traceable to income exempted as income and as a cash asset;

(7) any contract from the sale of property, if the proceeds from the contract are considered as income;

(8) for non-SSI, proceeds from the sale of a home if the proceeds are conserved for the purchase of a new home and the funds so conserved are expended or committed to be expended in the month received or in the following month;

(9) for non-SSI, income-producing property, other than cash assets, if essential for employment or self-employment. This includes such items as tools, equipment, machinery and livestock;

(10) for non-SSI, one vehicle for each assistance family with a value in an amount not to exceed \$1,500.00;

(11) for non-SSI, burial plots and funeral agreements as established by the secretary of health and human services and as approved by the secretary of social and rehabilitation services;

(12) for SSI, insurance not exceeding \$1,500.00 face value, owned by any applicant or recipient family member. Face value shall not include and shall not be increased by accumulated dividends, but shall be decreased by an outstanding policy loan. If the total face value of insurance policies owned by any one individual exceeds \$1,500.00, the total cash surrender value of those policies shall be a nonexempt resource;

(13) for SSI, one vehicle for each assistance family. Additional vehicles shall be exempt if shown to be essential for employment, for self-support, for medical treatment of a specific medical problem, or if specially equipped for use by a handicapped person;

(14) for SSI, any personal property of a blind or disabled person which is covered by an approved plan of self-support;

(15) for SSI, the equity value of income-producing personal property, other than cash assets, that is used in an applicant's or recipient's trade or business;

(16) for SSI, the equity value of non-business income-producing personal property, other than cash assets, if:

(A) The equity value of income-producing personal property plus the equity value of income-producing real property does not exceed \$6,000.00; and

(B) a net annual return of at least 6% of the total equity is produced;

(17) for SSI, burial plots as established by the secretary of health and human services for the SSI program;

(18) for SSI, any burial contract as established by the secretary of health and human services for the SSI program and as approved by the secretary of social and rehabilitation services;

(19) for SSI, proceeds from the sale of a home if the proceeds are conserved for the purchase of a new home and the funds so conserved are expended or committed to be expended within three months of the sale;

(20) for SSI, a retroactive social security payment received by the applicant or recipient or an ineligible legally responsible person for the nine months following the month of receipt; and

(21) for SSI, pension funds owned by an applicant's or recipient's spouse or parent if such spouse or parent is not an applicant for or recipient of SSI. The effective date of this regulation shall be October 1, 1990. (Authorized by and implementing K.S.A. 39-708c, as amended by 1990 HB 3085, K.S.A. 1989 Supp. 39-709; effective May 1, 1981; amended, E-82-11, June 17, 1981; amended, E-82-19, Oct. 21, 1981; amended May 1, 1982; amended,

T-83-17, July 1, 1982; amended May 1, 1983; amended May 1, 1984; amended, T-85-26, Oct. 15, 1984; amended, T-85-34, Dec. 19, 1984; amended May 1, 1985; amended May 1, 1986; amended, T-87-15, July 1, 1986; amended May 1, 1987; amended, T-88-14, July 1, 1987; amended May 1, 1988; amended, T-89-13, April 26, 1988; amended Sept. 26, 1988; amended July 1, 1989; amended, T-30-5-1-90, May 1, 1990; amended, T-30-7-2-90, Aug. 30, 1990; revoked, T-30-8-14-90, Oct. 1, 1990; amended Oct. 1, 1990.)

**30-6-112. Income exempt from consideration as income and as a cash asset.** Exempted income shall be: (a) Grants to any undergraduate student for educational purposes that are made or insured under any programs administered by the commissioner of education;

(b) grants obtained and used for purposes of meeting needs not related to current living costs;

(c) the value of the coupon allotment under the food stamp program;

(d) the value of the U.S. department of agriculture-donated foods;

(e) the value of supplemental food assistance received under the child nutrition act of 1966, as amended, and the special food service program for children under the national school lunch act, as amended;

(f) benefits received under title VII, nutrition program for the elderly, of the older Americans act of 1965, as amended;

(g) Indian funds distributed or held in trust, including interest and investment income accrued on such funds while held in trust and initial purchases made with such funds;

(h) distributions to natives under the Alaska native claims settlement act;

(i) payments provided to individual volunteers serving as foster grandparents, senior health aides and senior companions, and to persons serving in the service corps of retired executives and active corps of executives under titles II and III of domestic service act of 1973;

(j) payments to individual volunteers under title I, sec. 404(g) of Public Law 93-113 when the director of ACTION determines that the value of such payments, adjusted to reflect the number of hours such volunteers are serving, is less than the federal minimum wage;

(k) payments received under the uniform relocation assistance and real property acquisition policies act of 1970;

(l) death benefits from SSA, VA, railroad retirement, or other burial insurance policy when the benefit is used toward the cost of burial;

(m) money held in trust by VA for a child which VA determines may not be used for subsistence needs;

(n) retroactive corrective assistance payments in the month received or in the following month;

(o) income directly provided by vocational rehabilitation;

(p) benefits from special government programs at the discretion of the secretary, including energy assistance programs and VA aid and attendance and housebound allowances;

(q) reimbursements for out-of-pocket expenses in the month received and the following month;

(continued)

(r) proceeds from any bona fide loan requiring repayment;

(s) payments granted to certain U.S. citizens of Japanese ancestry and resident Japanese aliens under Title I of Public Law 100-383;

(t) payments granted to certain eligible Aleuts under Title II of Public Law 100-383;

(u) agent orange settlement payments;

(v) for non-SSI, a one-time payment or a portion of a one-time payment from a cash settlement for the repair or replacement of property or for legal services, medical costs or other required obligations to a third party, if the payment is expended or committed to be expended for the intended purpose within six months of its receipt;

(w) for non-SSI, assistance provided by another agency or organization that complements but does not duplicate assistance provided by the agency;

(x) for SSI, a one-time payment or a portion of a one-time payment from a cash settlement for the repair or replacement of property or for legal services, medical costs or other required obligations to a third party, if the payment is expended or committed to be expended for the intended purpose within nine months of its receipt. This time period may be extended for good cause;

(y) for SSI, in kind support, vouchers, or cash assistance for food, clothing, or shelter provided by public or private organizations or agencies, if the assistance is based on need;

(z) for SSI, income necessary for fulfillment of an approved plan to achieve self-support established for a blind or disabled person;

(aa) for SSI, assistance furnished in connection with a

presidentially declared disaster and any interest earned on the assistance for the first nine months;

(bb) for SSI, interest which is paid on excluded burial funds and left to accumulate;

(cc) for SSI, housing assistance from federal housing programs operated by state and local subdivisions;

(dd) for SSI, any portion of any financial assistance funded under Title IV of the higher education act of 1965, as amended, or under bureau of Indian affairs student assistance programs which is made available for tuition, fees, books, supplies, transportation and miscellaneous personal supplies; and

(ee) for SSI, payments occasioned by the death of another person to the extent that the payments have been expended or committed to be expended for purposes of the deceased person's last illness and burial. The effective date of this regulation shall be October 1, 1990. (Authorized by and implementing K.S.A. 39-708c, as amended by 1990 HB 3085, K.S.A. 1989 Supp. 39-709, effective May 1, 1981; amended, E-82-19, Oct. 21, 1981; amended May 1, 1982; amended May 1, 1983; amended May 1, 1984; amended May 1, 1986; amended May 1, 1987; amended, T-88-14, July 1, 1987; amended, T-88-59, Jan. 1, 1988; amended May 1, 1988; amended, T-89-13, April 26, 1988; amended Sept. 26, 1988; amended July 1, 1989; amended Oct. 1, 1989; amended Jan. 2, 1990; amended, T-30-7-2-90, July 2, 1990; revoked, T-30-8-14-90, Oct. 1, 1990; amended Oct. 1, 1990.)

Dennis R. Taylor  
Acting Secretary of Social and  
Rehabilitation Services

Doc. No. 009592

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23-18-1	Revoked	V. 8, p. 1525
23-18-3	Revoked	V. 8, p. 1629
23-18-4	Revoked	V. 8, p. 1629

**AGENCY 25: GRAIN INSPECTION DEPARTMENT**

Reg. No.	Action	Register
25-4-1	Amended	Vol. 8, p. 1290

**AGENCY 26: DEPARTMENT ON AGING**

Reg. No.	Action	Register
26-8-1 through 26-8-10	New	V. 8, p. 1557
26-9-1 through 26-9-4	New	V. 8, p. 1557, 1558

**AGENCY 28: DEPARTMENT OF HEALTH AND ENVIRONMENT**

Reg. No.	Action	Register
28-4-113 through 28-4-118	Amended	V. 9, p. 36-40
28-4-119b	Amended	V. 9, p. 40
28-4-120	Amended	V. 9, p. 40
28-4-124 through 28-4-132	Amended	V. 9, p. 40-43
28-4-350	Amended	V. 9, p. 44
28-4-400	Amended	V. 8, p. 1632
28-4-401	Amended	V. 8, p. 1632
28-4-403	Amended	V. 8, p. 1632
28-4-405	Amended	V. 8, p. 1633

28-4-405a	Amended	V. 8, p. 1634
28-4-405b	Amended	V. 8, p. 1635
28-4-406	Amended	V. 8, p. 1635
28-4-407	Amended	V. 8, p. 1636
28-4-408	Amended	V. 8, p. 1636
28-4-410	Amended	V. 8, p. 1636
28-4-411	Amended	V. 8, p. 1637
28-4-412	Revoked	V. 8, p. 1637
28-4-413	Amended	V. 8, p. 1637
28-4-442	Amended	V. 9, p. 44
28-16-110 through 28-16-138	New	V. 8, p. 517-520
28-16-137	Amended	V. 8, p. 1559
28-16-137	Amended	V. 8, p. 1638
28-19-7	Amended	V. 8, p. 1291
28-19-8	Amended	V. 8, p. 1292
28-19-14	Amended	V. 8, p. 1293
28-19-16a	Amended	V. 8, p. 1294
28-19-17a	Amended	V. 8, p. 1296
28-19-17b	Amended	V. 8, p. 1296
28-19-17c	Amended	V. 8, p. 1297
28-19-17g	Amended	V. 8, p. 1298
28-19-17i	Amended	V. 8, p. 1298
28-19-20	Amended	V. 8, p. 1298
28-19-21	Amended	V. 8, p. 1298
28-19-56	Amended	V. 8, p. 1298
28-31-1 through 28-31-6	Amended	V. 8, p. 1806-1812
28-31-8	Amended	V. 8, p. 1813
28-31-8a	Amended	V. 8, p. 1814
28-31-8b	New	V. 8, p. 1814
28-31-9	Amended	V. 8, p. 1814
28-31-14	Amended	V. 8, p. 1814
28-33-11	New	V. 8, p. 1211
28-33-12	New	V. 8, p. 1212
28-38-17	Revoked	V. 9, p. 1195
28-38-23	Amended	V. 9, p. 1195, 1196
28-38-24	Revoked	V. 9, p. 1196
28-38-25	Revoked	V. 9, p. 1196
28-38-26	Amended	V. 9, p. 1196
28-38-28	Amended	V. 9, p. 1197
28-39-77	Amended	V. 8, p. 200
28-39-81	Amended	V. 9, p. 1023
28-39-87	Amended	V. 8, p. 871
28-39-200	Revoked	V. 8, p. 201
28-39-202 through 28-39-218	Revoked	V. 8, p. 201
28-39-225	Amended	V. 8, p. 201
28-39-226	Amended	V. 8, p. 203
28-51-108	Amended	V. 9, p. 123

**AGENCY 30: SOCIAL AND REHABILITATION SERVICES**

Reg. No.	Action	Register
30-2-16	Amended	V. 9, p. 940
30-4-35	Amended	V. 8, p. 714
30-4-41	Amended	V. 8, p. 714
30-4-50	Amended	V. 8, p. 1180
30-4-54	Amended	V. 8, p. 1180
30-4-56	Revoked	V. 8, p. 714
30-4-57	Amended	V. 8, p. 1180
30-4-58	Amended	V. 8, p. 1180
30-4-62	Amended	V. 8, p. 1180
30-4-63	Amended	V. 9, p. 1140
30-4-64	Amended	V. 9, p. 1141
30-4-70	Amended	V. 8, p. 714
30-4-73	Amended	V. 9, p. 193
30-4-74	Amended	V. 8, p. 715
30-4-75	Amended	V. 8, p. 715
30-4-85a	Amended	V. 9, p. 194
30-4-90	Amended	V. 8, p. 1182
30-4-96	Amended	V. 9, p. 194
30-4-100	Amended	V. 8, p. 715
30-4-101	Amended	V. 9, p. 450
30-4-102	Amended	V. 9, p. 450
30-4-110	Amended	V. 8, p. 1182
30-4-111	Amended	V. 8, p. 1662
30-4-112	Amended	V. 9, p. 1143
30-4-113	Amended	V. 8, p. 1182
30-4-120	Amended	V. 9, p. 1144

(continued)

30-4-130 Amended V. 8, p. 1662  
 30-4-140 Amended V. 8, p. 715  
 30-5-58 Amended V. 9, p. 940  
 30-5-59 Amended V. 8, p. 1662  
 30-5-59 Amended V. 9, p. 455  
 30-5-60 Amended V. 9, p. 940  
 30-5-62 Amended V. 9, p. 457  
 30-5-65 Amended V. 9, p. 940  
 30-5-67 Amended V. 9, p. 457  
 30-5-68 Amended V. 9, p. 940  
 30-5-70 Amended V. 9, p. 457  
 30-5-71 Amended V. 9, p. 940  
 30-5-73 Amended V. 9, p. 459  
 30-5-76 New V. 8, p. 717  
 30-5-81 Amended V. 9, p. 940  
 30-5-81a Amended V. 9, p. 459  
 30-5-81b Amended V. 9, p. 940  
 30-5-81d Revoked V. 8, p. 718  
 30-5-81q Revoked V. 8, p. 718  
 30-5-81r Revoked V. 8, p. 718  
 30-5-81s Revoked V. 8, p. 718  
 30-5-81t Amended V. 8, p. 718  
 30-5-81u New V. 8, p. 718  
 30-5-81v New V. 8, p. 718  
 30-5-82 Amended V. 9, p. 459  
 30-5-84 Revoked V. 8, p. 1662  
 30-5-84a Revoked V. 8, p. 1662  
 30-5-86 Amended V. 9, p. 940  
 30-5-87 Amended V. 9, p. 987  
 30-5-88 Amended V. 9, p. 941  
 30-5-89 Amended V. 9, p. 118  
 30-5-90 Revoked V. 9, p. 941  
 30-5-92 Amended V. 9, p. 941  
 30-5-94 Amended V. 9, p. 460  
 30-5-95 Amended V. 8, p. 719  
 30-5-100 Amended V. 9, p. 941  
 30-5-101 Amended V. 9, p. 119  
 30-5-103 Amended V. 9, p. 119  
 30-5-104 Amended V. 9, p. 941  
 30-5-108 Amended V. 8, p. 719  
 30-5-110 Amended V. 9, p. 941  
 30-5-111 Amended V. 9, p. 460  
 30-5-112 Amended V. 9, p. 461  
 30-5-113 Amended V. 9, p. 941  
 30-5-113a Amended V. 9, p. 941  
 30-5-114 Amended V. 9, p. 461  
 30-5-115 Amended V. 9, p. 941  
 30-5-115a New V. 8, p. 719  
 30-5-116 Amended V. 9, p. 941  
 30-5-116a New V. 8, p. 720  
 30-5-117 New V. 9, p. 941  
 30-5-117a New V. 9, p. 942  
 30-5-150 New V. 9, p. 461  
 30-5-151 New V. 9, p. 462  
 30-5-152 New V. 9, p. 462  
 30-5-154 through  
 30-5-172 New V. 9, p. 462-464  
 30-6-35 Amended V. 9, p. 1144  
 30-6-38 Amended V. 9, p. 1145  
 30-6-41 Amended V. 9, p. 195  
 30-6-53 Amended V. 9, p. 1145  
 30-6-55 Amended V. 8, p. 1662  
 30-6-56 Amended V. 8, p. 720  
 30-6-57 Revoked V. 8, p. 1182  
 30-6-58 Revoked V. 8, p. 1182  
 30-6-63 Amended V. 8, p. 1182  
 30-6-65 Amended V. 9, p. 1146  
 30-6-73 Amended V. 8, p. 1182  
 30-6-73 Amended V. 8, p. 1754  
 30-6-74 Amended V. 9, p. 195  
 30-6-77 Amended V. 9, p. 1147  
 30-6-79 Amended V. 9, p. 195  
 30-6-86 Amended V. 8, p. 721  
 30-6-87 New V. 9, p. 1148  
 30-6-103 Amended V. 9, p. 1148  
 30-6-106 Amended V. 9, p. 195  
 30-6-107 Amended V. 9, p. 1149  
 30-6-108 Amended V. 9, p. 1149  
 30-6-109 Amended V. 9, p. 1149  
 30-6-110 Amended V. 8, p. 1663  
 30-6-111 Amended V. 9, p. 197  
 30-6-112 Amended V. 9, p. 1150  
 30-6-113 Amended V. 8, p. 1183  
 30-7-26 through  
 30-7-63 Revoked V. 8, p. 721

30-7-64 through  
 30-7-78 New V. 8, p. 721-724  
 30-7-68 Amended V. 8, p. 1663  
 30-7-79 New V. 9, p. 942  
 30-9-13 New V. 8, p. 1663  
 30-9-18 through  
 30-9-22 New V. 8, p. 1663, 1664  
 30-10-1b Amended V. 8, p. 1664  
 30-10-2 Amended V. 8, p. 1664  
 30-10-3 Amended V. 8, p. 1664  
 30-10-4 Amended V. 8, p. 1664  
 30-10-11 Amended V. 8, p. 1664  
 30-10-15a Amended V. 8, p. 1664  
 30-10-15b Amended V. 8, p. 1664  
 30-10-17 Amended V. 8, p. 1665  
 30-10-18 Amended V. 8, p. 1665  
 30-10-19 Amended V. 8, p. 1665  
 30-10-21 Amended V. 8, p. 1665  
 30-10-21 Amended V. 9, p. 546  
 30-10-25 Amended V. 8, p. 1665  
 30-10-28 Amended V. 8, p. 1665  
 30-10-29 Amended V. 8, p. 1665  
 30-10-30 New V. 8, p. 1665  
 30-22-31 Amended V. 8, p. 1665  
 30-22-32 Amended V. 8, p. 1666  
 30-22-33 New V. 9, p. 942  
 30-46-10 Amended V. 8, p. 1666  
 30-46-17 Amended V. 8, p. 1666  
 30-51-1 through  
 30-51-5 Revoked V. 9, p. 198

**AGENCY 33: DEPARTMENT OF WILDLIFE AND PARKS**

Reg. No.	Action	Register
33-1-4		
through		
33-1-17	Revoked	V. 8, p. 1525
33-1-19	Revoked	V. 8, p. 1525
33-1-21	Revoked	V. 9, p. 167
33-2-4	Revoked	V. 8, p. 1733
33-3-2	Revoked	V. 9, p. 386
33-3-3	Revoked	V. 8, p. 1733
33-3-4	Revoked	V. 9, p. 386
33-4-5	Revoked	V. 8, p. 1525
33-4-7 through		
33-4-10	Revoked	V. 8, p. 1525

**AGENCY 36: DEPARTMENT OF TRANSPORTATION**

Reg. No.	Action	Register
36-15-23	Amended	V. 9, p. 1023
36-16-1	Amended	V. 8, p. 1162
36-26-1	Amended	V. 9, p. 1023

**AGENCY 40: KANSAS INSURANCE DEPARTMENT**

Reg. No.	Action	Register
40-1-28	Amended	V. 8, p. 452
40-1-34	Amended	V. 8, p. 798
40-1-37	New	V. 8, p. 798
40-2-12	Amended	V. 8, p. 452
40-3-5	Amended	V. 8, p. 454
40-3-35	Amended	V. 9, p. 303
40-3-42	New	V. 8, p. 1323
40-3-43	New	V. 8, p. 1139
40-3-43	New	V. 8, p. 1184
40-3-44	New	V. 8, p. 454
40-3-45	New	V. 8, p. 1006
40-4-35	Amended	V. 8, p. 515
40-4-35	Amended	V. 8, p. 558
40-4-35a	Amended	V. 9, p. 30
40-4-35a	Amended	V. 9, p. 303
40-4-38	New	V. 8, p. 455
40-4-39	New	V. 9, p. 303
40-5-108	Amended	V. 8, p. 800
40-7-7	Amended	V. 8, p. 455
40-7-11	Amended	V. 9, p. 304
40-7-13	Amended	V. 8, p. 455
40-7-20	Revoked	V. 8, p. 455
40-7-20a	New	V. 8, p. 455
40-7-21	Amended	V. 8, p. 457
40-7-21	Amended	V. 8, p. 516

40-7-22 through  
 40-7-25 New  
 40-10-2 Amended V. 9, p. 985  
 40-14-1 Amended V. 9, p. 304  
 40-14-4 Amended V. 9, p. 304

**AGENCY 44: DEPARTMENT OF REGISTERATIONS**

Reg. No.	Action	Register
44-7-114	New	V. 9, p. 577
44-8-115	New	V. 9, p. 577
44-8-116	New	V. 9, p. 577
44-9-103	Amended	V. 9, p. 123
44-9-104	Amended	V. 9, p. 123
44-11-111	Amended	V. 9, p. 950
44-11-112	Amended	V. 9, p. 80
44-11-113	Amended	V. 9, p. 80
44-11-114	Amended	V. 9, p. 81
44-11-116	Revoked	V. 9, p. 81
44-11-121	Amended	V. 9, p. 81
44-11-122	Amended	V. 9, p. 81
44-11-123	Amended	V. 9, p. 950
44-11-126	Revoked	V. 9, p. 81
44-11-128	Revoked	V. 9, p. 81
44-11-129 through		
44-11-135	New	V. 9, p. 81, 82

**AGENCY 49: DEPARTMENT OF HUMAN RESOURCES**

Reg. No.	Action	Register
49-49-1	Amended	V. 9, p. 706

**AGENCY 50: DEPARTMENT OF HUMAN RESOURCES—DIVISION OF EMPLOYMENT**

Reg. No.	Action	Register
50-2-21	Amended	V. 9, p. 704

**AGENCY 51: DEPARTMENT OF HUMAN RESOURCES—DIVISION OF WORKERS' COMPENSATION**

Reg. No.	Action	Register
51-24-4	Amended	V. 8, p. 1493
51-24-5	Amended	V. 8, p. 1493

**AGENCY 60: BOARD OF NURSING**

Reg. No.	Action	Register
60-11-104a	Amended	V. 9, p. 406
60-11-108	Amended	V. 9, p. 988

**AGENCY 63: BOARD OF MORTUARY ARTS**

Reg. No.	Action	Register
63-1-3	Amended	V. 9, p. 170
63-1-4	Amended	V. 9, p. 170
63-1-6	Amended	V. 8, p. 712
63-1-12	Amended	V. 8, p. 713
63-2-14	Amended	V. 8, p. 713
63-6-3	Amended	V. 8, p. 713
63-6-6	Amended	V. 8, p. 714
63-6-7	Revoked	V. 8, p. 714
63-6-8	Revoked	V. 8, p. 714

**AGENCY 66: BOARD OF TECHNICAL PROFESSIONS**

Reg. No.	Action	Register
66-10-9	Amended	V. 9, p. 257

**AGENCY 67: BOARD OF HEARING AID EXAMINERS**

Reg. No.	Action	Register
67-5-3	Amended	V. 9, p. 625
67-5-4	Amended	V. 9, p. 625

**AGENCY 68: BOARD OF PHARMACY**

Reg. No.	Action	Register
68-1-1b	Amended	V. 9, p. 383
68-1-2	Amended	V. 8, p. 252
68-2-12a	Amended	V. 9, p. 383
68-5-11	Revoked	V. 8, p. 252
68-7-11	Amended	V. 8, p. 252
68-7-12	Amended	V. 8, p. 253
68-9-1	Amended	V. 9, p. 384
68-20-1	Amended	V. 8, p. 254
68-20-16	Amended	V. 8, p. 255
68-20-20	Amended	V. 9, p. 384

**AGENCY 70: BOARD OF VETERINARY MEDICAL EXAMINERS**

Reg. No.	Action	Register
70-5-1	Amended	V. 8, p. 750

**AGENCY 71: KANSAS DENTAL BOARD**

Reg. No.	Action	Register
71-2-1		
through		
71-2-7	Amended	V. 8, p. 161, 162
71-2-9	Amended	V. 8, p. 162
71-2-11	Amended	V. 8, p. 163
71-2-12	Amended	V. 8, p. 163
71-2-13	Revoked	V. 8, p. 163
71-4-1	Amended	V. 8, p. 163

**AGENCY 74: BOARD OF ACCOUNTANCY**

Reg. No.	Action	Register
74-5-202	Amended	V. 8, p. 493
74-5-203	Amended	V. 8, p. 493
74-6-2	Amended	V. 8, p. 1069
74-12-1	Amended	V. 8, p. 1590
74-13-1	New	V. 9, p. 232
74-13-2	New	V. 9, p. 232

**AGENCY 75: CONSUMER CREDIT COMMISSIONER**

Reg. No.	Action	Register
75-6-11	Amended	V. 9, p. 988
75-6-24	Amended	V. 9, p. 893
75-6-26	Amended	V. 9, p. 625

**AGENCY 81: OFFICE OF THE SECURITIES COMMISSIONER**

Reg. No.	Action	Register
81-3-2	Amended	V. 8, p. 1704
81-3-2	Amended	V. 9, p. 83
81-5-6	Amended	V. 8, p. 1704
81-5-6	Amended	V. 9, p. 83

**AGENCY 82: STATE CORPORATION COMMISSION**

Reg. No.	Action	Register
82-1-201	Amended	V. 9, p. 894
82-1-202	Amended	V. 9, p. 895
82-1-204	Amended	V. 9, p. 895
82-1-205	Amended	V. 9, p. 896
82-1-206	Amended	V. 9, p. 896
82-1-207	Amended	V. 9, p. 896
82-11-1		
through		
82-11-9	New	V. 8, p. 377-383
82-11-3	Amended	V. 9, p. 298
82-11-4	Amended	V. 9, p. 298
82-11-10	New	V. 9, p. 302

**AGENCY 84: PUBLIC EMPLOYEES RELATIONS BOARD**

Reg. No.	Action	Register
84-1-1	Amended	V. 9, p. 943
84-1-2	Amended	V. 9, p. 943
84-1-3	New	V. 9, p. 943
84-1-4	New	V. 9, p. 943
84-2-1		
through		
84-2-7	Amended	V. 9, p. 943-945
84-2-9	Amended	V. 9, p. 945
84-2-11		
through		
84-2-15	Amended	V. 9, p. 945-947
84-3-1		
through		
84-3-6	Amended	V. 9, p. 948
84-4-1		
through		
84-4-5	Amended	V. 9, p. 948, 949
84-4-7	Amended	V. 9, p. 949
84-5-1	Amended	V. 9, p. 950

**AGENCY 85: ABSTRACTERS' BOARD OF EXAMINERS**

Reg. No.	Action	Register
85-4-1	Amended	V. 8, p. 1448
85-6-1	Amended	V. 8, p. 1448
85-7-1	Amended	V. 8, p. 1448

**AGENCY 86: REAL ESTATE COMMISSION**

Reg. No.	Action	Register
86-1-10	Amended	V. 9, p. 835
86-1-13	Amended	V. 8, p. 1753

**AGENCY 88: BOARD OF REGENTS**

Reg. No.	Action	Register
88-20-1		
through		
88-20-11	New	V. 9, p. 165-167
88-21-1		
through		
88-21-10	New	V. 8, p. 1834, 1835

**AGENCY 91: DEPARTMENT OF EDUCATION**

Reg. No.	Action	Register
91-1-27b	Amended	V. 9, p. 1099
91-1-27c	New	V. 9, p. 1099
91-1-32	Amended	V. 8, p. 94
91-1-32a	Revoked	V. 8, p. 94
91-1-33	Amended	V. 8, p. 94
91-1-38	Revoked	V. 8, p. 95
91-1-58	Amended	V. 9, p. 1099
91-1-60	Amended	V. 8, p. 95
91-1-79	Amended	V. 8, p. 95
91-1-80	Amended	V. 9, p. 1100
91-1-82	Amended	V. 9, p. 1100
91-1-85	Amended	V. 8, p. 95
91-1-92	Amended	V. 8, p. 96
91-1-101	Revoked	V. 9, p. 1101
91-1-106a		
through		
91-1-106m	New	V. 9, p. 1101-1103
91-1-107a	Amended	V. 8, p. 96
91-1-110	Revoked	V. 9, p. 1103
91-1-123a	New	V. 9, p. 1103
91-1-123a	Amended	V. 8, p. 98
91-1-129a	Amended	V. 8, p. 98
91-1-131	Amended	V. 8, p. 99
91-1-132a	Amended	V. 9, p. 1103
91-1-149	New	V. 8, p. 101
91-1-150	New	V. 8, p. 101
91-12-22	Amended	V. 8, p. 1755
91-12-23	Amended	V. 8, p. 1758
91-12-25	Amended	V. 8, p. 1759
91-12-32	Amended	V. 8, p. 1760
91-12-34	Amended	V. 8, p. 1760
91-12-38	Amended	V. 8, p. 1760
91-12-40	Amended	V. 8, p. 1761
91-12-41	Amended	V. 8, p. 1762
91-12-42	Amended	V. 8, p. 1763
91-12-44	Amended	V. 8, p. 1763
91-12-51		
through		
91-12-63	Amended	V. 8, p. 1764-1770
91-12-65	Amended	V. 8, p. 1771
91-12-70	Amended	V. 8, p. 1771
91-12-73	New	V. 8, p. 1771
91-16-30	New	V. 8, p. 423
91-19-1	Amended	V. 8, p. 101
91-19-2	Amended	V. 8, p. 101
91-19-6	Amended	V. 8, p. 102
91-31-1	Amended	V. 8, p. 102
91-31-2	Amended	V. 8, p. 102
91-31-3	Amended	V. 8, p. 1361
91-31-4a	New	V. 8, p. 1362
91-31-7	Amended	V. 8, p. 103
91-31-11	Revoked	V. 8, p. 1362
91-31-12a	Amended	V. 8, p. 104
91-31-12h	Amended	V. 8, p. 1362
91-31-13	Amended	V. 8, p. 104
91-31-14	New	V. 8, p. 105
91-31-14a	Amended	V. 8, p. 105
91-33-1	Amended	V. 8, p. 105
91-33-3	Amended	V. 8, p. 1363
91-33-5	Amended	V. 8, p. 106
91-33-8	Amended	V. 8, p. 1364
91-33-9	Revoked	V. 8, p. 1364
91-34-1	Amended	V. 8, p. 106
91-34-2	Amended	V. 8, p. 106
91-34-3	Amended	V. 8, p. 107
91-34-6	Revoked	V. 8, p. 1364
91-34-7	Amended	V. 8, p. 1364
91-34-13	Amended	V. 8, p. 1365

**AGENCY 92: DEPARTMENT OF REVENUE**

Reg. No.	Action	Register
92-9-6	Revoked	V. 8, p. 751
92-9-6a	New	V. 8, p. 751
92-23-40	Amended	V. 9, p. 1076
92-51-42	New	V. 9, p. 35
92-52-10	Revoked	V. 9, p. 35
92-52-12	New	V. 9, p. 35
92-56-1		
through		
92-56-5	New	V. 8, p. 1324, 1325

**AGENCY 98: KANSAS WATER OFFICE**

Reg. No.	Action	Register
98-6-1		
through		
98-6-4	New	V. 8, p. 1121, 1122

**AGENCY 99: BOARD OF AGRICULTURE—DIVISION OF WEIGHTS AND MEASURES**

Reg. No.	Action	Register
99-25-1	Amended	V. 8, p. 1005
99-25-3	Amended	V. 8, p. 1005
99-31-1	Amended	V. 8, p. 132

**AGENCY 100: BOARD OF HEALING ARTS**

Reg. No.	Action	Register
100-11-1	Amended	V. 8, p. 654
100-11-1	Amended	V. 8, p. 1069
100-38-1	Amended	V. 8, p. 1558
100-38-1	Amended	V. 8, p. 1806
100-49-4	Amended	V. 9, p. 108
100-49-4	Amended	V. 9, p. 257
100-54-4	Amended	V. 8, p. 1558
100-54-4	Amended	V. 8, p. 1806
100-55-4	Amended	V. 8, p. 1558
100-55-4	Amended	V. 8, p. 1806
100-60-1	Amended	V. 8, p. 1558
100-60-1	Amended	V. 8, p. 1806
100-60-15	New	V. 8, p. 1558
100-60-15	Amended	V. 8, p. 1806

**AGENCY 102: BEHAVIORAL SCIENCES REGULATORY BOARD**

Reg. No.	Action	Register
102-1-7	Amended	V. 8, p. 906
102-1-13	Amended	V. 9, p. 624
102-1-15	Amended	V. 8, p. 906
102-2-1a	Amended	V. 8, p. 204
102-2-3	Amended	V. 8, p. 1470
102-2-3	Amended	V. 8, p. 1591
102-3-1	New	V. 8, p. 1526
102-3-1	New	V. 8, p. 1591
102-3-3		
through		
102-3-13	New	V. 8, p. 1526-1531
102-3-3		
through		
102-3-13	New	V. 8, p. 1591-1596
102-4-1	New	V. 8, p. 204
102-4-1	New	V. 8, p. 335
102-4-3		
through		
102-4-11	New	V. 8, p. 205-209
102-4-3		
through		
102-4-11	New	V. 8, p. 335-339
102-4-10	New	V. 9, p. 1024

**AGENCY 105: BOARD OF INDIGENTS' DEFENSE SERVICES**

Reg. No.	Action	Register
105-3-2	Amended	V. 8, p. 1366
105-5-6	Amended	V. 8, p. 1366
105-5-7	Amended	V. 8, p. 1367
105-5-8	Amended	V. 8, p. 1367
105-7-5	Amended	V. 8, p. 1367
105-8-4	Amended	V. 8, p. 1367
105-10-1	Amended	V. 8, p. 1070
105-10-1	Amended	V. 8, p. 1367

**AGENCY 109: EMERGENCY MEDICAL SERVICES BOARD**

Reg. No.	Action	Register
109-1-1	Amended	V. 8, p. 873
109-2-1	Amended	V. 8, p. 874

(continued)

109-2-2	Amended	V. 8, p. 874	111-4-8	Amended	V. 7, p. 1064	111-4-181		
109-2-4	Amended	V. 8, p. 874	111-4-12	Amended	V. 7, p. 1190	through		
109-2-5			111-4-16	Revoked	V. 8, p. 209	111-4-184	New	V. 8, p. 1329
through			111-4-19	Revoked	V. 7, p. 206	111-4-185		
109-2-9	Amended	V. 8, p. 874-877	111-4-22			through		
109-2-5	Amended	V. 9, p. 1076	through			111-4-196	New	V. 8, p. 1518-1520
109-2-7	Amended	V. 9, p. 1077	111-4-40	Revoked	V. 7, p. 206, 207	111-4-196		
109-2-10	Revoked	V. 8, p. 877	111-4-41	Revoked	V. 7, p. 1435	through		
109-2-11	Amended	V. 8, p. 877	111-4-42	Revoked	V. 7, p. 1435	111-4-203	New	V. 9, p. 32-34
109-2-12	Amended	V. 8, p. 878	111-4-43	Revoked	V. 7, p. 207	111-4-201	Amended	V. 9, p. 232
109-3-1	New	V. 8, p. 879	111-4-44	Revoked	V. 7, P. 1435	111-4-205	New	V. 9, p. 504
109-4-1	Amended	V. 8, p. 879	111-4-46			111-4-206	New	V. 9, p. 504
109-4-2	Amended	V. 8, p. 880	through			111-4-207	New	V. 9, p. 504
109-4-3	Amended	V. 8, p. 880	111-4-64	Revoked	V. 7, p. 207	111-4-208	New	V. 9, p. 504
109-5-1	Amended	V. 8, p. 881	111-4-66			111-4-209	New	V. 9, p. 698
109-5-2	Amended	V. 8, p. 881	through			111-4-210	New	V. 9, p. 698
109-5-3	Amended	V. 8, p. 881	111-4-77	New	V. 7, p. 207-209	111-4-211	New	V. 9, p. 699
109-6-1	Amended	V. 8, p. 1731	111-4-66			111-4-212	New	V. 9, p. 699
109-7-1	New	V. 8, p. 1731	through			111-4-213		
109-8-1	Amended	V. 9, p. 1077	111-4-71	Revoked	V. 9, p. 31	through		
109-9-1	Amended	V. 9, p. 1077	111-4-71a	Revoked	V. 9, p. 31	111-4-220	New	V. 9, p. 728, 729
109-9-2	New	V. 8, p. 882	111-4-71b	Revoked	V. 9, p. 31	111-4-217	Amended	V. 9, p. 986
109-9-4	New	V. 8, p. 882	111-4-72	Revoked	V. 9, p. 31	111-4-221		
109-10-1	Amended	V. 9, p. 1078	111-4-73	Revoked	V. 9, p. 31	through		
109-11-1			111-4-73a	Revoked	V. 8, p. 134	111-4-224	New	V. 9, p. 1197
through			111-4-74	Revoked	V. 9, p. 31	111-5-1		
109-11-8	New	V. 8, p. 883-885	111-4-75	Revoked	V. 9, p. 31	through		
109-12-1	Amended	V. 9, p. 1078	111-4-76	Revoked	V. 9, p. 31	111-5-23	New	V. 7, p. 209-213
109-12-2	New	V. 8, p. 886	111-4-77	Revoked	V. 9, p. 31	111-5-1		
			111-4-77a	Revoked	V. 9, p. 32	through		
			111-4-77b	Revoked	V. 9, p. 32	111-5-8	Revoked	V. 9, p. 34
			111-4-78			111-5-9		
			through			through		
			111-4-82	Revoked	V. 8, p. 13	111-5-15	Amended	V. 8, p. 210, 211
			111-4-82a	Revoked	V. 8, p. 13	111-5-11	Amended	V. 9, p. 505
			111-4-83			111-5-17	Amended	V. 8, p. 211
			through			111-5-19	Amended	V. 8, p. 212
			111-4-87	Revoked	V. 8, p. 13	111-5-20	Revoked	V. 8, p. 212
			111-4-88			111-5-21	Revoked	V. 9, p. 34
			through			111-5-22	Revoked	V. 9, p. 34
			111-4-91	Revoked	V. 8, p. 210	111-5-23	Revoked	V. 9, p. 34
			111-4-92			111-6-1		
			through			through		
			111-4-95	Revoked	V. 8, p. 299	111-6-15	New	V. 7, p. 213-217
			111-4-96			111-6-1	Amended	V. 8, p. 212
			through			111-6-3	Amended	V. 9, p. 200
			111-4-114	New	V. 7, p. 1606-1610	111-6-6	Amended	V. 9, p. 200
			111-4-96			111-6-12	Amended	V. 8, p. 212
			through			111-6-13	Amended	V. 8, p. 299
			111-4-99	Revoked	V. 8, p. 1667	111-6-16	Revoked	V. 8, p. 212
			111-4-99a	Revoked	V. 8, p. 1667	111-6-17	New	V. 7, p. 1191
			111-4-99b	Revoked	V. 8, p. 1667	111-7-1		
			111-4-100	Amended	V. 8, p. 1396	through		
			111-4-101	Amended	V. 8, p. 1328	111-7-10	New	V. 7, p. 1192, 1193
			111-4-102	Amended	V. 8, p. 1396	111-7-1	Amended	V. 8, p. 212
			111-4-104	Amended	V. 8, p. 1396	111-7-3	Amended	V. 9, p. 986
			111-4-105	Amended	V. 8, p. 1396	111-7-4	Amended	V. 9, p. 986
			111-4-107	Amended	V. 8, p. 1397	111-7-5	Amended	V. 9, p. 986
			111-4-115			111-7-6	Amended	V. 9, p. 987
			through			111-7-11	Amended	V. 8, p. 987
			111-4-118	Revoked	V. 8, p. 1667	111-7-12		
			111-4-118a	Revoked	V. 8, p. 1667	through		
			111-4-119			111-7-32	New	V. 7, p. 1194-1196
			through			111-7-12		
			111-4-125	Revoked	V. 8, p. 1667	through		
			111-4-126			111-7-27	Revoked	V. 7, p. 1436, 1437
			through			111-7-28		
			111-4-129	Revoked	V. 8, p. 1667, 1668	through		
			111-4-130			111-7-32	Revoked	V. 9, p. 34
			through			111-7-32a	Revoked	V. 8, p. 1330
			111-4-137	Revoked	V. 9, p. 32	111-7-32b	Revoked	V. 8, p. 1330
			111-4-138			through		
			through			111-7-33		
			111-4-152	Revoked	V. 8, p. 1668	111-7-43	New	V. 7, p. 1197, 1198
			111-4-153			111-7-33	Revoked	V. 7, p. 1437
			through			111-7-33a	New	V. 8, p. 300
			111-4-160	New	V. 8, p. 970, 971	111-7-34a	Revoked	V. 8, p. 1330
			111-4-160	Amended	V. 8, p. 1329	111-7-37a	Revoked	V. 8, p. 1330
			111-4-161			111-7-34		
			through			through		
			111-4-176	Revoked	V. 8, p. 1668, 1669	111-7-42	Revoked	V. 9, p. 34, 35
			111-4-177			111-7-43	Revoked	V. 8, p. 212
			through			111-8-1	New	V. 7, p. 1633
			111-4-180	New	V. 8, p. 1086, 1087	111-8-2	New	V. 7, p. 1633
						111-8-3	Amended	V. 9, p. 505

AGENCY 110: DEPARTMENT OF COMMERCE

Reg. No.	Action	Register
110-3-1		
through		
110-3-11	New	V. 8, p. 28-30

AGENCY 111: THE KANSAS LOTTERY

Reg. No.	Action	Register
111-1-2	Amended	V. 7, p. 1190
111-2-2a	New	V. 9, p. 199
111-1-5	Amended	V. 8, p. 586
111-2-1	Amended	V. 7, p. 1995
111-2-5	Revoked	V. 8, p. 1085
111-2-6	New	V. 8, p. 134
111-2-7	Amended	V. 8, p. 586
111-2-8		
through		
111-2-12	Revoked	V. 8, p. 1666
111-2-13	New	V. 8, p. 1666
111-2-14	New	V. 9, p. 30
111-3-1	Amended	V. 9, p. 199
111-3-3	Revoked	V. 7, p. 1062
111-3-4	Revoked	V. 7, p. 1062
111-3-7	Revoked	V. 7, p. 1714
111-3-9	Amended	V. 8, p. 1085
111-3-10		
through		
111-3-31	New	V. 7, p. 201-206
111-3-10	Revoked	V. 7, p. 1062
111-3-11	Amended	V. 8, p. 299
111-3-12	Amended	V. 9, p. 503
111-3-13	Amended	V. 7, p. 1062
111-3-14	Amended	V. 9, p. 697
111-3-14a	Revoked	V. 9, p. 30
111-3-16	Amended	V. 7, p. 1309
111-3-17	Revoked	V. 7, p. 1714
111-3-19		
through		
111-3-22	Amended	V. 9, p. 30
111-3-20	Amended	V. 8, p. 1085
111-3-21	Amended	V. 7, p. 1606
111-3-22	Amended	V. 8, p. 1085
111-3-22a	Revoked	V. 9, p. 31
111-3-24	Revoked	V. 9, p. 31
111-3-25	New	V. 7, p. 1310
111-3-27	New	V. 7, p. 1310
111-3-30	Revoked	V. 7, p. 1310
111-3-31	Amended	V. 8, p. 209
111-3-32	New	V. 7, p. 931
111-3-33	New	V. 7, p. 1434
111-4-1	Amended	V. 8, p. 134
111-4-2	Amended	V. 7, p. 1063
111-4-4	Amended	V. 7, p. 1063
111-4-6	Amended	V. 7, p. 1434
111-4-7	Amended	V. 7, p. 1945



111-8-4	New	V. 7, p. 1714
111-8-4a	New	V. 7, p. 1995
111-8-5		
through		
111-8-13	New	V. 7, p. 1634
111-9-1		
through		
111-9-12	New	V. 7, p. 1714-1716
111-9-13		
through		
111-9-18	New	V. 8, p. 300, 301
111-9-25		
through		
111-9-30	New	V. 9, p. 699, 700
111-10-1		
through		
111-10-9	New	V. 8, p. 136-138
111-10-7	Amended	V. 8, p. 301

**AGENCY 112: KANSAS RACING COMMISSION**

Reg. No.	Action	Register
112-3-16	Amended	V. 9, p. 153
112-3-19	Amended	V. 9, p. 153
112-4-1		
through		
112-4-14	New	V. 8, p. 255-257
112-4-1	Amended	V. 8, p. 1244
112-4-1	Amended	V. 8, p. 1288
112-4-3	Amended	V. 8, p. 1245
112-4-3	Amended	V. 8, p. 1288
112-4-4	Amended	V. 8, p. 1245
112-4-4	Amended	V. 8, p. 1288
112-4-5	Amended	V. 8, p. 1246
112-4-5	Amended	V. 8, p. 1288
112-4-8	Amended	V. 8, p. 1246
112-4-8	Amended	V. 8, p. 1288
112-4-10	Amended	V. 8, p. 1246
112-4-10	Amended	V. 8, p. 1288
112-4-11	Amended	V. 8, p. 1246
112-4-11	Amended	V. 8, p. 1289
112-4-14a	New	V. 8, p. 1214
112-4-14a	New	V. 8, p. 1289
112-4-15	New	V. 8, p. 724
112-4-16	New	V. 8, p. 258
112-4-17	New	V. 8, p. 258
112-4-18	New	V. 8, p. 258
112-4-19	Amended	V. 8, p. 1214
112-4-19	Amended	V. 8, p. 1289
112-4-20	Amended	V. 8, p. 1246
112-4-20	Amended	V. 8, p. 1289
112-4-22	Amended	V. 8, p. 1246
112-4-22	Amended	V. 8, p. 1289
112-5-1		
through		
112-5-9	New	V. 8, p. 258-260
112-5-1	Amended	V. 9, p. 153
112-5-2	Amended	V. 9, p. 154
112-5-3	Amended	V. 9, p. 154
112-5-8	Amended	V. 9, p. 155
112-5-9	Amended	V. 9, p. 155
112-6-1		
through		
112-6-8	New	V. 8, p. 261-263
112-6-6	Amended	V. 9, p. 155
112-7-2		
through		
112-7-22	New	V. 8, p. 593, 594
112-7-2		
through		
112-7-22	New	V. 8, p. 641-648
112-8-2		
through		
112-8-12	New	V. 8, p. 263-267
112-8-3	New	V. 8, p. 596

112-8-3	New	V. 8, p. 725
112-8-9	New	V. 8, p. 596
112-8-9	New	V. 8, p. 725
112-9-2		
through		
112-9-38	New	V. 8, p. 726-737
112-9-5	Amended	V. 9, p. 155
112-9-7	Amended	V. 9, p. 156
112-9-8	Amended	V. 9, p. 156
112-9-11	Amended	V. 9, p. 156
112-9-13	Amended	V. 9, p. 156
112-9-16	Amended	V. 9, p. 157
112-9-21	Amended	V. 9, p. 157
112-9-22	Amended	V. 9, p. 158
112-9-23	Amended	V. 9, p. 159
112-9-29	Amended	V. 9, p. 159
112-9-34	Amended	V. 8, p. 159
112-9-37	Amended	V. 9, p. 159
112-9-39		
through		
112-9-41	New	V. 8, p. 1214-1216
112-9-39		
through		
112-9-41	New	V. 8, p. 1289
112-10-2		
through		
112-10-12	New	V. 8, p. 598
112-10-2		
through		
112-10-12	New	V. 8, p. 737-740
112-10-4	Amended	V. 9, p. 160
112-10-32		
through		
112-10-37	New	V. 8, p. 1246-1248
112-10-32		
through		
112-10-37	Amended	V. 8, p. 1289
112-11-1		
through		
112-11-19	New	V. 8, p. 594, 595
112-11-1		
through		
112-11-19	New	V. 8, p. 648-653
112-11-2	Amended	V. 9, p. 160
112-11-3	Amended	V. 9, p. 161
112-11-6	Amended	V. 9, p. 161
112-11-7	Amended	V. 9, p. 161
112-11-9	Amended	V. 9, p. 161
112-11-10	Amended	V. 9, p. 161
112-11-12	Amended	V. 9, p. 162
112-11-14	Amended	V. 9, p. 162
112-11-15	Amended	V. 9, p. 162
112-11-20	Amended	V. 9, p. 162
112-11-21	New	V. 8, p. 595
112-11-21	New	V. 8, p. 653
112-12-2		
through		
112-12-13	New	V. 8, p. 1007
112-12-2		
through		
112-12-13	New	V. 8, p. 1123-1126
112-12-2	Amended	V. 9, p. 164
112-12-4	Amended	V. 9, p. 164
112-13-2	New	V. 8, p. 596
112-13-2	New	V. 8, p. 267
112-13-3	New	V. 8, p. 598
112-13-3	New	V. 8, p. 740
112-14-2		
through		
112-14-10	New	V. 8, p. 1162-1164
112-14-2		
through		
112-14-10	New	V. 8, p. 1184, 1185
112-15-1		
through		
112-15-7	New	V. 9, p. 1074, 1075

**AGENCY 115: DEPARTMENT OF WILDLIFE AND PARKS**

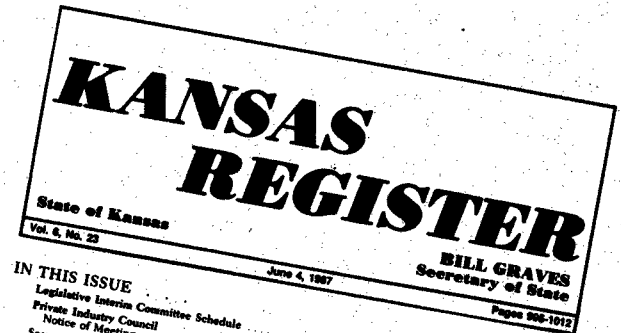
Reg. No.	Action	Register
115-1-1	New	V. 8, p. 1629
115-2-1	Amended	V. 9, p. 1134
115-2-2	New	V. 8, p. 1733
115-2-3	New	V. 8, p. 1733
115-2-4	New	V. 9, p. 951
115-3-1	New	V. 8, p. 1160
115-3-1	New	V. 8, p. 1185
115-3-2	Amended	V. 8, p. 1733
115-3-2	Amended	V. 9, p. 35
115-4-1	New	V. 8, p. 1733
115-4-3	New	V. 9, p. 356
115-4-5	New	V. 9, p. 387
115-4-6	New	V. 9, p. 388
115-4-7	New	V. 9, p. 390
115-4-8	New	V. 8, p. 1356
115-4-8	New	V. 8, p. 1477
115-4-9	New	V. 9, p. 1135
115-4-10	Amended	V. 9, p. 1135
115-4-11	New	V. 9, p. 1135
115-5-1	New	V. 9, p. 167
115-5-2	New	V. 9, p. 168
115-6-1	New	V. 9, p. 168
115-7-1	New	V. 8, p. 1630
115-7-2	New	V. 8, p. 1630
115-7-3	New	V. 9, p. 1135
115-7-4	New	V. 8, p. 1631
115-7-5	Amended	V. 9, p. 951
115-7-6	New	V. 9, p. 1135
115-8-1	New	V. 8, p. 1521
115-8-2	New	V. 9, p. 391
115-8-3	New	V. 8, p. 1161
115-8-4		
through		
115-8-16	New	V. 8, p. 1521-1523
115-8-9	New	V. 9, p. 169
115-8-21	New	V. 9, p. 169
115-8-18	New	V. 8, p. 1523
115-8-20	New	V. 8, p. 1523
115-9-1		
through		
115-9-4	New	V. 8, p. 1631
115-9-5	New	V. 8, p. 1524
115-9-6	New	V. 8, p. 1161
115-9-6	New	V. 8, p. 1185
115-10-1		
through		
115-10-8	New	V. 9, p. 391, 392
115-11-1	New	V. 8, p. 1524
115-11-2	New	V. 8, p. 1524
115-12-1	New	V. 8, p. 1734
115-15-1	New	V. 8, p. 1357
115-15-2	New	V. 8, p. 1357
115-15-3	New	V. 8, p. 1358
115-16-1		
through		
115-16-4	New	V. 9, p. 1135-1137
115-17-1		
through		
115-17-5	New	V. 9, p. 1137-1139
115-18-1		
through		
115-18-5	New	V. 8, p. 1359, 1360
115-18-7	New	V. 8, p. 1361
115-20-1	New	V. 9, p. 951
115-20-2	New	V. 9, p. 1139
115-20-3	New	V. 9, p. 1140
115-30-1	New	V. 8, p. 1361

**AGENCY 116: STATE FAIR BOARD**

Reg. No.	Action	Register
116-1-1	New	V. 8, p. 1326
116-1-2	New	V. 8, p. 1326
116-2-1	Amended	V. 9, p. 1022

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