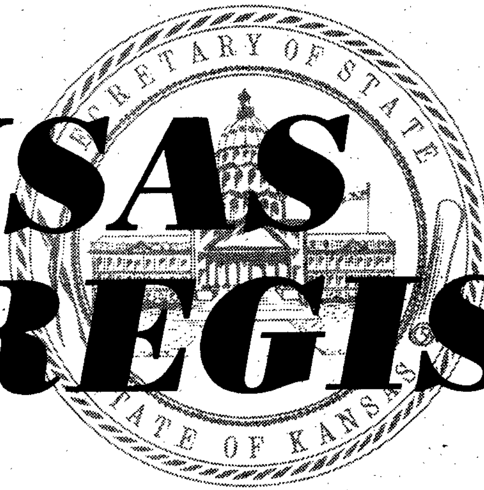
KANSAS REGISTER



State of Kansas

BILL GRAVES
Secretary of State

Vol. 9, No. 44 | November 1, 1990 | Pages 1581-1628

IN THIS ISSUE . . .

Page

Historic Sites Board of Review
Notice of Meeting 1582

Kansas Judicial Council
Notice of Meetings 1582

Legislative Interim Committee Schedule 1583

Kansas Council on Employment and Training
Notice of Meeting 1584

Notice to Bidders for State Purchases 1584

Kansas Sentencing Commission
Notice of Meeting 1585

Department of Transportation
Notice of Public Auction 1585
Notice of Hearings 1585

Department of Health and Environment
Notice Concerning Kansas Water Pollution Control Permits 1586

State Corporation Commission
Notice of Motor Carrier Hearings 1587

Attorney General
Opinions No. 90-115 through 90-117 1587

University of Kansas
Notice to Bidders 1588

Executive Appointments 1588

Wichita State University
Notice to Bidders 1590

State Board of Healing Arts
Notice of Hearing on Proposed Administrative Regulations 1590

Board of Veterinary Medical Examiners
Notice of Hearing on Proposed Administrative Regulations 1590

Notice of Bond Sale
City of Spearville 1590
U.S.D. 490, Butler County 1592

Notice of Bond Redemption
City of Lawrence 1592
City of Hutchinson 1593
City of Wichita 1594

Court of Appeals Docket 1594

Permanent Administrative Regulations
Social and Rehabilitation Services 1601

Index to Administrative Regulations 1624

State of Kansas

Historic Sites Board of Review

Notice of Meeting

The Kansas Historic Sites Board of Review will meet at 9 a.m. Saturday, November 17, in the classroom at the Kansas Museum of History, 6425 S.W. 6th, Topeka. The agenda will include the election of officers, the evaluation of the report and recommendations of the grants review committee concerning the funding of subgrant applications received for federal fiscal year 1991 federal historic preservation funds, and the evaluation of the following properties for the National Register of Historic Places and/or the Register of Historic Kansas Places:

—Dr. Frederick D. Morse House, 1041 Tennessee, Lawrence, Douglas County
—Anthony Theater, 220 W. Main, Anthony, Harper County
—Immaculate Conception Catholic Church, Danville, Harper County (state register only)
—Martha A. Kiefer House, 1310 Central, Harper, Harper County
—St. Mark Church, 19230 W. 29th St. North, Colwich, Sedgwick County
—(Old) First National Bank Building, 535 Kansas Ave., Topeka, Shawnee County (state register only)

Ramon Powers
Executive Director

Doc. No. 009889

State of Kansas

Kansas Judicial Council

Notice of Meetings

The Kansas Judicial Council and its advisory committees will meet according to the following schedule at the Kansas Judicial Center, 301 W. 10th, Topeka:

Date	Committee	Time	Location
Nov. 2	Family Law	9:30 a.m.	2nd Floor Court of Appeals Courtroom
Nov. 2	Judicial Council	9:00 a.m.	Room 259
Nov. 8	Judicial Redistricting	9:30 a.m.	Room 259
Nov. 9	PIK	9:30 a.m.	Room 259
Nov. 15	Care & Treatment	9:30 a.m.	Room 259
Nov. 16	Probate Law	9:30 a.m.	2nd Floor Attorneys Lounge
Nov. 16	Criminal Law	9:30 a.m.	Room 259
Nov. 30	Civil Code	9:30 a.m.	Room 259
Nov. 30	Municipal Court Manual	9:00 a.m.	2nd Floor Attorneys Lounge
Dec. 7	Family Law	9:30 a.m.	Room 259
Dec. 13	Judicial Redistricting	9:30 a.m.	Room 259
Dec. 14	PIK	9:30 a.m.	2nd Floor Attorneys Lounge
Dec. 14	Judicial Council	9:00 a.m.	Room 259
Dec. 28	Civil Code	9:30 a.m.	Room 259

Justice Kay McFarland
Chairperson

Doc. No. 009885

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Bill Graves
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(913) 296-2236

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235-N, State Capitol
(913) 296-3489

State of Kansas

Legislature

Interim Committee Schedule

The following committee meetings have been scheduled from November 5 through November 18:

Date	Room	Time	Committee	Agenda
November 7	514-S	9:00 a.m.	Special Committee on Public Health and Welfare	Committee discussion and direction on proposals assigned to committee.
November 7	531-N	10:00 a.m.	Health Care Stabilization Fund Oversight Committee	Committee discussion on a phase out of the HCSF. Direction to staff for report.
November 8 November 9	531-N 531-N	10:00 a.m. 9:00 a.m.	Joint Committee on Special Claims Against the State	Hearings on claims filed to date.
November 8 November 9	527-S 527-S	10:00 a.m. 9:00 a.m.	Legislative Educational Planning Committee	Agenda not available.
November 12 November 13	**Cancelled** 123-S	 9:00 a.m.	Special Committee on Local Government	November 12 only-**Cancelled.**
November 13 November 14	519-S 519-S	10:00 a.m. 9:00 a.m.	Special Committee on Assessment and Taxation	Final approval of committee reports on Proposals No. 4, 7, 8, 9 and 10; committee decisions and instructions to staff re: Proposals No. 3, 5, and 6; committee discussion and possible decisions on Proposals No. 1 and 2.
November 13 November 14	514-S 514-S	10:00 a.m. 9:00 a.m.	Joint Committee on Administrative Rules and Regulations	Agenda not available.
November 13 November 14	313-S 313-S	10:00 a.m. 9:00 a.m.	Task Force on SRS Services	Agenda not available.
November 14 November 15	123-S 123-S	10:00 a.m. 9:00 a.m.	Joint Committee on Economic Development	Agenda not available.
November 15 November 16	519-S 519-S	10:00 a.m. 9:00 a.m.	Special Committee on Judiciary	15th: Hearing on Proposal No. 42—Child Sex Offenders. 16th: Committee discussion and recommendations on Proposal No. 12—Regional Prisons; Proposal No. 15—Child Support and Child Custody; Proposal No. 42—Child Sex Offenders. Committee review of available reports.
November 15 November 16	514-S 514-S	10:00 a.m. 9:00 a.m.	Special Committee on Insurance	Committee decisions on bill drafts requested at October meeting; final instructions to staff.

Emil Lutz
Director of Legislative
Administrative Services

Doc. No. 009892

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State of Kansas

Kansas Council on Employment and Training

Notice of Meeting

The Kansas Council on Employment and Training will meet from 9 a.m. to noon Friday, November 16, at the Salina Chamber of Commerce, 120 W. Ash, Salina. The meeting is open to the public.

Ray D. Siehndel
Secretary of Human Resources

Doc. No. 009890

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.S.T. on the date indicated and then will be publicly opened. Interested bidders may call (913) 296-2377 for additional information.

Tuesday, November 13, 1990

27392
University of Kansas Medical Center—Hematology controls

28341
Department of Health and Environment—Gas chromatography services

85883
Kansas State University—Spectrophotometer

85888
Pittsburg State University—Wood doors and hardware

85889
Ellsworth Correctional Facility—Sweeper

85890
Department of Health and Environment—Mailing containers

85920
Department of Wildlife and Parks—Soil testing services, Ford County Lake

Wednesday, November 14, 1990

A-6565
Winfield State Hospital and Training Center—Replace deaerator tank

27324
University of Kansas Medical Center—Feeding formula

85895
Department of Wildlife and Parks—Crawler tractor, Reading

85907
University of Kansas Medical Center—Respiratory therapy systems

Thursday, November 15, 1990

A-6460
Youth Center at Topeka—Control building and staff parking lots

27557
Kansas State University—December (1990) meat products

85938
Department of Revenue—Optical mark readers

85947
Kansas State University—Truck

Friday, November 16, 1990

28343
University of Kansas—Janitorial services, Overland Park

85943
Kansas State University—Light fixtures and poles

85946
Kansas State University—Soybean meal

85956
Wichita State University—Memory/disk upgrades for DEC Vaxstation 3100

85957
University of Kansas Medical Center—Miscellaneous hospital equipment

85958
University of Kansas Medical Center—Animal bedding dispenser

85959
University of Kansas Medical Center—Sterilizer (hospital equipment)

Tuesday, November 20, 1990

A-6413
Department of Administration—Replace chillers at Docking State Office Building

A-6528(a)
Larned Correctional Mental Health Facility—Package two

85944
Department of Social and Rehabilitation Services—Wang workstations and components

Wednesday, November 21, 1990

85945
Department of Revenue—Mainframe printing system

Monday, December 3, 1990

26307
Kansas State Historical Society—Collection property insurance

****

Request for Proposals

Tuesday, November 13, 1990

28278A
Rest area cleaning services for the Department of Transportation at Paxico

Nicholas B. Roach
Director of Purchases

Doc. No. 009898

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State of Kansas

Kansas Sentencing Commission

Notice of Meeting

The Kansas Sentencing Commission will meet at 9:30 a.m. Wednesday, November 7, in the Court of Appeals Courtroom, second floor, Kansas Judicial Center, 301 W. 10th, Topeka.

Ben Coates
Executive Director

Doc. No. 009897

State of Kansas

Department of Transportation

Notice of Public Auction

The Kansas Department of Transportation will conduct a public auction at 10 a.m. Friday, November 30, at Route 1, Holton (approximately 3 miles south of Holton on the west side of Highway 75). Personnel will be available for the inspection of property at 9:30 a.m. the day of sale.

The department has purchased the following structure in the acquisition of land for highway purposes and will sell the same to be removed from the highway right of way:

One-story ranch-style house, wood frame, white with red brick facing, approximately 945 sq. ft. living area, 3 B.R., 3-pc. bath, built-in closets and cabinets, oak floors, back patio, panel L.R., gas heating; with attached 2-car garage, approximately 528 sq. ft.; and approximately 600 lineal ft. fencing, woven wire on wood posts.

The successful bidder must remove the structure from the right of way on or before January 4, 1991. A $3,000 performance bond must be posted on the day of sale with the department as a guarantee of removal. Any item not removed from the right of way by the specified date shall revert to and become the property of the Kansas Department of Transportation. The purchaser shall have no right, title, interest or claim to or lien upon said remaining items or part thereof, nor any claim against the department for the sale price paid after said date.

The purchaser shall not permit use or occupancy of said structure pending removal from the highway right of way.

The department ensures the acceptance of any bid pursuant to this notice will be without discrimination on the grounds of race, color, national origin, handicap or sex.

The seller reserves the right to reject any and all bids. Terms of the sale are certified or cashier's check. The buyer will receive a bill of sale. The seller is not responsible for accidents.

For further information, contact Beverly Lee or Pamela Wolf, Bureau of Right of Way, Kansas Department of Transportation, (913) 296-3501.

Horace B. Edwards
Secretary of Transportation

Doc. No. 009887

State of Kansas

Department of Transportation

Notice of Hearings

The Governor's Railroad Working Group will conduct a series of public hearings across the state to better inform the public about proposed abandonment of rail lines in Kansas. The hearings will provide the public with an opportunity to provide feedback to the Governor's Railroad Working Group on the impact and economic analysis from local business and individuals concerning the effect of rail line loss.

Twelve hearings will be held in communities with close proximity to the lines proposed for abandonment. All statements, written and oral, will be recorded at the hearings.

Representatives of the Governor's Railroad Working Group will be present at the hearing to discuss the proposal, answer questions and moderate the hearing. After the hearings, materials may be sent to John Scheirman, Kansas Department of Transportation, Bureau of Rail Affairs, Topeka 66603. The Governor's Railroad Working Group will use the public input as evidence of public need for rail service if and when abandonment applications are filed with the Interstate Commerce Commission.

The dates, times and locations of the hearings include:

—November 7 at 1 p.m. at the Activity Center, North Room, Kingman.
—November 13 at 3 p.m. at the Community Center, 619 N. Main, Pratt.
—November 14 at 10 a.m. at the Comanche Restaurant, 204 S. Central, Coldwater.
—November 14 at 3 p.m. at City Hall, 705 1st Ave., Dodge City.
—November 15 at 10 a.m. at City Hall, 417 Broadway, Larned.
—November 15 at 3 p.m. at City Hall, 217 E. Avenue South, Lyons.
—November 16 at 10 a.m. at the Community Center, 203 W. Main (basement of 1st State Bank), Osborne.
—November 27 at 10 a.m. at City Hall, 7th and Walnut, Coffeyville.
—November 27 at 3 p.m. at the Neosho County Community College, Stolz Hall, Lecture Room, Chanute.
—November 28 at 10 a.m. at City Hall, 4th and Walnut, Ottawa.
—November 28 at 2 p.m. at City Hall, 313 W. Main, Council Grove.
—November 29 at 1 p.m. at the American Legion, 705 Commercial, Atchison.

Horace B. Edwards
Secretary of Transportation

Doc. No. 009882

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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	Waterway	Type of Discharge
City of Belleville % City Clerk 1819 L St. P.O. Box 280 Belleville, KS 66935 Republic County, Kansas	West fork Salt Creek	Secondary wastewater treatment facility

Kansas Permit No. A-LR03-0001 Fed. Permit No. KS-0027529

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
City of Greeley % City Clerk City Hall Greeley, KS 66033 Anderson County, Kansas	South fork Pottawatomie Creek	Secondary wastewater treatment facility

Kansas Permit No. M-MC14-0001 Fed. Permit No. KS-0025721

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
City of Haysville 200 W. Grand Haysville, KS 67060 Sedgwick County, Kansas	Cowskin Creek	Secondary wastewater treatment facility

Kansas Permit No. M-AR43-0001 Fed. Permit No. KS-0025518

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 water quality limited.

Name and Address of Applicant	Waterway	Type of Discharge
City of Oskaloosa Box 391 Oskaloosa, KS 66066 Jefferson County, Kansas	Big Slough Creek	Secondary wastewater treatment facility

Kansas Permit No. M-KS54-0001 Fed. Permit No. KS-0046442

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
City of Perry % City Clerk City Hall 119 N. Elm St. Perry, KS 66073 Jefferson County, Kansas	Old Channel of Delaware River	Secondary wastewater treatment facility

Kansas Permit No. M-KS58-0001 Fed. Permit No. KS-0029084

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
City of Summerfield % City Clerk City Hall Summerfield, KS 66541 Marshall County, Kansas	Rubidoux Creek	Secondary wastewater treatment facility

Kansas Permit No. M-BB23-0001 Fed. Permit No. KS-0025500

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
City of Valley Center 116 S. Park P.O. Box 188 Valley Center, KS 67147 Sedgwick County, Kansas	Little Arkansas River	Secondary wastewater treatment facility

Kansas Permit No. M-LA16-I001 Fed. Permit No. KS-0031577

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.

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 November 30 will be considered in the formulation of final determinations regarding this public notice. Please refer to the appropriate application number (KS-90-211/217) 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. Media coordination (newspapers, radio) for publication and/or announcement of the public notice or public hearing is handled by the Kansas Department of Health and Environment.

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. 009896

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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. on the date indicated unless otherwise noticed.

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

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 Regulation 82-1-228, "Rules of Practice and Procedure Before the Commission."

Applications set for November 20, 1990

Application for Certificate of Convenience and Necessity:

Briggs & Tillman, Inc.) Docket No. 173,608 M
Ohio and Water Streets)
Clinton, MO 64735) MC ID No. 129786

Applicant's Attorney: Alex Lewandowski, 4420 Madison Ave., Kansas City, MO 64111

Petroleum and petroleum products; gasoline, fuel oil, diesel fuel and liquified petroleum gas, in bulk, in tank vehicles; and general commodities (except classes A and B explosives and household goods),

Between all points and places in Kansas.

*****

Application for Certificate of Convenience and Necessity:

Ryder Brick, Inc.) Docket No. 173,609 M
3815 N. Halstead)
Hutchinson, KS 67502) MC ID No. 138517

Applicant's Attorney: Timothy Toth, 121 W. 3rd, P.O. Box 787, Ottawa, KS 66067

Building materials, supplies and equipment, and fencing materials,

Between all points and places in Kansas.

*****

Application for Certificate of Convenience and Necessity:

Gene Curry & Donna Curry, dba) Docket No. 173,607 M
Curry Trucking)
P.O. Box 259)
Colby, KS 67701) MC ID No. 138516

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

Hay, grain, feed, dry feed, dry feed ingredients, dry fertilizer (except anhydrous ammonia and ammonium nitrate), dry fertilizer ingredients, seeds, salt, building and construction materials, fencing materials and machinery, (restricted, however, to transport no hazardous commodities),

Between all points and places in the state of Kansas.

*****

Alfonzo A. Maxwell
Administrator
Transportation Division

Doc. No. 009893

State of Kansas

Attorney General

Opinion No. 90-115

Taxation—Motor Vehicles—Computation of Tax; Mill Levy Rates. Ed C. Rolfs, Secretary, Kansas Department of Revenue, Topeka, October 12, 1990.

The Secretary of Revenue has no authority to accelerate the implementation of the mill levy rates used in the formula for determining motor vehicle taxes. Cited herein: K.S.A. 1989 Supp. 8-134; K.S.A. 79-5102; 79-5103; 79-5105; 79-5106; 79-5107, as amended by L. 1990, ch. 34, § 5; 79-5115; K.A.R. 92-51-21; 92-55-2a. JLM

Opinion No. 90-116

Automobiles and Other Vehicles—General Provisions; Registration of Vehicles—Residency; Requirement That Vehicle Be Garaged. Susan Marshall, Lincoln County Attorney, Lincoln, October 12, 1990.

L. 1990, ch. 34, § 1 (1990 House Bill No. 2598), lists several factors to be used in determining the county of residence of persons for automobile registration purposes. Among these indices of residency is a rebuttable presumption that any business entity is a resident of the county in which it operates motor vehicles if such vehicles are "garaged" in that county for a period exceeding 90 days. In order to give full effect to the revision of the registration laws, this provision should be read to require only that vehicles be kept overnight, in any manner, in that county in which residency is claimed, for the requisite period of time. Cited herein: K.S.A. 1989 Supp. 8-129, as amended by L. 1990, ch. 34, § 2; K.S.A. 8-149, as amended by L. 1990, ch. 34 § 3; 79-5106; 79-5107, as amended by L. 1990, ch. 34, § 5; 1990 H.B. No. 2598. JLM

Opinion No. 90-117

Taxation—Mortgage Registration and Intangibles; Mortgage Registration—Words and Phrases Defined; "Mortgage of Real Property." Philip E. Winter, Lyon County Counselor, Emporia, October 23, 1990.

An instrument creating a lien on real property as security for an appearance or bail bond is subject to payment of mortgage registration fees. Cited herein: K.S.A. 79-201 *Second*; 79-201a *Second*; 79-3101; 79-3102. JLM

Robert T. Stephan
Attorney General

Doc. No. 009891

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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.

Tuesday, November 13, 1990

RFQ 91 0448
Automated FPLC system (fast protein liquid chromatography)

RFQ 91 0449
Gas chromatograph/mass selective detector system

RFQ 91 0452
Video-image processing, analysis and recording system

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

Doc. No. 009904

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.

The following appointments were filed October 15-26:

Doniphan County Sheriff

Mark D. Long, 1900 Harper Drive, Atchison 66002. Term expires when a successor is elected and qualifies according to law. Succeeds Jerry Dubach, resigned.

Delta Dental Plan of Kansas, Inc., Board of Directors

Richard Malm, Route 2, Valley Falls 66088. Term expires June 30, 1992. Reappointment.

Kansas Commission for the Deaf and Hearing Impaired

Donald A. Hiechel, 2006 S.E. Iowa, Topeka 66607. Term expires October 31, 1991. Succeeds L. E. Garrison, resigned.

Myron F. "Mike" Nunn, 8419 E. Harry, #601, Wichita 67207. Term expires October 31, 1991. Succeeds Fred Murphy, deceased.

State Planning Council on Developmental Disabilities Services

Dr. Lyndon Drew, 1227 Western, Apt. 5, Topeka 66612. Term expires December 31, 1991. Reappointment.

Shirlee Ernstein, 12413 W. 82nd Place, Lenexa 66216. Term expires December 31, 1991. Succeeds Frank Hulet.

Gabriel Faimon, P.O. Box 218, Auburn 66420. Term expires December 31, 1993. Succeeds Richard Morrisey.

Lewis Hearne, 8837 Glendale Circle, Manhattan 66502. Term expires December 31, 1993. Reappointment.

David Hederstedt, First National Bank, P.O. Box 913, Hutchinson 67504. Term expires December 31, 1992. Succeeds Jim Blume, resigned.

Wendell J. Lewis, Chairman, 1811 W. 7th, Topeka 66606. Term expires December 31, 1991.

Dr. Eunice J. Schwemmer, 1126 Skelly St., El Dorado 67042. Term expires December 31, 1991. Reappointment.

Sue Steele, 6119 Hallet, Shawnee 66216. Term expires December 31, 1993. Succeeds Margene Dipaling.

Joan Strickler, 1523 University Drive, Manhattan 66502. Term expires December 31, 1993. Reappointment.

Patrick A. Terick, 408 W. Augusta, Augusta 67010. Term expires December 31, 1993. Reappointment.

Betty M. Weithers, 441 Indiana, Lawrence 66044. Term expires December 31, 1991. Reappointment.

Coordinating Council on Early Childhood Developmental Services

Debra L. Nelson, 5911 W. 84th, Overland Park 66207. Term expires July 31, 1993. Succeeds Ann Davidson, resigned.

Emergency Medical Services Board

Steven Huebert, 921 Windsor, Chanute 66720. Term expires May 31, 1994. Reappointment.

Thomas W. Miller, Box 338, Highland 66035. Term expires May 31, 1994. Succeeds Robert Orth, resigned.

Edward Powers, 139 9th Ave., Leavenworth 66048. Term expires May 31, 1994. Reappointment.

Kansas Export Loan Guarantee Review Commission
(Authorized by K.S.A. 1989 Supp. 74-5073.)

Anna R. Anderson, Bank IV, P.O. Box 4, Wichita 67201. Subject to Senate confirmation. Term expires September 30, 1992.

Emery Fager, 1203 S.W. 29th, Topeka 66611. Subject to Senate confirmation. Term expires September 30, 1994.

James W. Parmelee, Route 1, Box 81A, Spring Hill 66083. Subject to Senate confirmation. Term expires September 30, 1993.

Kansas Film Services Commission

Joyce Baker, P.O. Box 100, Buffalo 66717. Term expires June 30, 1991.

Kent Dickinson, 7604 Bradshaw, Shawnee Mission 66216. Term expires June 30, 1991.

Brenda Hildyard, 240 W. 4th, Colby 67701. Term expires June 30, 1993.

Richard D. Ross, 3408 S.W. Randolph, Topeka 66611. Term expires June 30, 1991.

Richard Shank, 1002 Bannock Burn Road, Hutchinson 67502. Term expires June 30, 1991.

Betty J. Simecka, Topeka Convention & Visitors Bureau, 2 Townsite Plaza, Topeka 66603. Term expires June 30, 1992.

Martha Slater, P.O. Box 2104, Hutchinson 67504. Term expires June 30, 1991.

Nancy Jo Trauer, 1309 W. Brier, Dodge City 67801. Term expires June 30, 1992.

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Jack B. Wright, 1046 Wellington, Lawrence 66044. Term expires June 30, 1992.

Office of the Governor

Arnie Bazemore, Constituent Service Representative to the Governor, 7236 Greenview Terrace, Topeka 66619. Serves at the pleasure of the Governor.

Alan E. Morgan, Acting Deputy Press Secretary to the Governor, 403 W. 3rd, Holton 66436. Serves at the pleasure of the Governor.

Randy Tosh, Acting Press Secretary to the Governor, 609 Delaware, Ozawkie 66070. Serves at the pleasure of the Governor.

Governor's Celebration of the Martin Luther King, Jr. Holiday Celebration Commission

Don Oden, 1991 Co-Chair, 1112 E. 19th, Topeka 66607. Term expires August 31, 1991. Succeeds Jim Russell.

Al Ramirez, 1991 Co-Chair, 913 Sheidley, Bonner Springs 66012. Term expires August 31, 1991. Succeeds Alyce Hays Brown.

Governor's Property Tax Review Commission

James Devlin, 105 S. Broadway, Suite 1040, Wichita 67202. Serves at the pleasure of the Governor.

Kansas Grain Sorghum Commission

Tom D. Cook, 330 E. Hill, Colby 67701. Term expires June 30, 1993. Reappointment.

Governor's Mental Health Services Planning Council (Established by 1990 Substitute for House Bill No. 2586. Terms expire September 30, 1994.)

John Alquest, 1223 Sunset Drive, Mulvane 67110.

Donald R. Brada, 52 Mission Road, Wichita 67207.

Canda R. Byrne, 1631 S.W. Brooklyn Ave., Topeka 66611.

Robert Chase, 851 North St., Iola 66749.

Edward Davies, Marion County Sheriff, Courthouse, Marion 66861.

Dr. Steven J. Davies, 5129 S.W. 32nd Terrace, Topeka 66614.

Cindy Entriken, 1440 E. English, Wichita 67211.

Cecil Eyestone, 2055 Jay Court, Manhattan 66502.

Gabriel Faimon, P.O. Box 218, Auburn 66420.

Paula Felker, 3325 Randolph, Topeka 66611.

Kermit George, 2309 Plum, Hays 67601.

Harriett Griffith, 7633 Dublin, Wichita 67206.

Vi Tomkins Harber, 415 Sherman Drive, Newton 67114.

Dr. Hildreth C. "Hildy" Hoffman, 12509 Delmar, Leawood 66209.

Connie Hubbel, 2028 S.W. Wildwood Lane, Topeka 66611.

Barbara Huff, 1024 Rogers Place, Lawrence 66044.

Mani Lee, 221 Woodlawn, Topeka 66606.

Robert S. Marrin, 3119 Stafford St., Topeka 66614.

Bryce Miller, 2548 S.W. Belle Ave., Topeka 66614.

Barbara Moore, Fleming Place Apartments, #613, Garden City 67846.

Andrew P. O'Donovan, 2024 S.W. Collins, Topeka 66604.

Tim Paul, 430 N. Woodlawn, Wichita 67208.

Bruce Poage, Route 1, Box 156, Norton 67654.

Dr. John Randolph, MHC of East Central Kansas, 704 S. Commercial, Emporia 66801.

Earline Scott, 205 W. 9th, St. John 67576.

Dave Seaton, Chairman, 2 East St., Winfield 67156. Chairmanship expires September 30, 1992.

Howard Snyder, 4811 W. 77th Place, Prairie Village 66208.

Frances A. Squyres, 2239 Brandywine, Topeka 66614.

State Historic Sites Board of Review

Thomas P. Barr, 5729 Quail Creek Circle, Topeka 66614. Term expires June 30, 1992. Reappointment.

R. S. Delamater, 2425 Porter, Wichita 67204. Term expires June 30, 1993. Succeeds Monica Schneider.

Dennis W. Jacobs, P.O. Box 391, Coffeyville 67337. Term expires June 30, 1993. Succeeds David Burk, resigned.

Judith K. Major, P.O. Box 1137, Lawrence 66044. Term expires June 30, 1992. Succeeds Curtis Besinger.

Kansas Historical Records Advisory Board

Anthony Crawford, 616 S. Seth Childs Road, Manhattan 66506. Term expires June 30, 1993. Reappointment.

John Wine, Jr., 212 Woodlawn, Topeka 66606. Term expires June 30, 1993. Reappointment.

KanWork Interagency Coordinating Committee

James L. Bolden, 830 E. 37th, Topeka 66605. Term expires August 31, 1992. Reappointment.

Edward Carter, 4100 Wimbledon Drive, Lawrence 66046. Term expires August 31, 1992. Reappointment.

Kay Farley, 2225 S.W. Brandywine Lane, Topeka 66614. Term expires August 31, 1992. Reappointment.

Dee McKee, Route 2, Box 25, Spearville 67876. Term expires August 31, 1992. Reappointment.

Reynaldo Mesa, 2914 Fleming, Apt. 704, Garden City 67846. Term expires August 31, 1992. Reappointment.

Nancy J. Perry, 3126 S.W. Shadow Lane, Topeka 66604. Term expires August 31, 1992. Reappointment.

Kansas Commission on Veterans Affairs

Stuart N. Brenn, HC 1, Box 20, Levant 67743. Term expires June 30, 1994. Succeeds Paul Aylward.

Thomas J. Kennedy, Chairman, 3317 Medford Court, Topeka 66611. Term expires June 30, 1992. Succeeds Wayne Icenogle, resigned.

Bill Graves
Secretary of State

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State of Kansas

Wichita State University

Notice to Bidders

Sealed bids for the following will be received by The Wichita State University, Office of Purchasing, 1845 N. Fairmount, Campus Box 12, Morrison Hall, Room 021, Wichita, KS 67208-1595, until 2 p.m. C.S.T. on the date indicated and then will be publicly opened. Interested bidders may call (316) 689-3080 for additional information.

Friday, November 9, 1990
910170-BF
Preschool equipment

Gary D. Link
Director of Purchasing

Doc. No. 009899

State of Kansas

Board of Healing Arts

Notice of Hearing on Proposed Administrative Regulations

A public hearing will be conducted at 10 a.m. Thursday, December 6, at the office of the Kansas State Board of Healing Arts, 235 S. Topeka Blvd., Topeka, to consider the adoption of K.A.R. 100-46-5 and 100-47-1 as permanent rules and regulations of the Kansas State Board of Healing Arts.

K.A.R. 100-46-5 is being revised to modify the manner in which physical therapists and physical therapist assistants may revive and extend lapsed registrations and certifications. As to physical therapists, the continuing education required to reinstate a lapsed registration is being modified. No economic impact is expected.

K.A.R. 100-47-1 is being revised to streamline and clarify the continuing education requirements for physical therapists. No economic impact is expected.

Copies of the proposed regulations and a complete economic impact statement may be obtained by contacting Richard G. Gannon, Executive Director, Kansas State Board of Healing Arts, 235 S. Topeka Blvd., Topeka 66603.

The time period between the publication of this notice and the scheduled hearing constitutes a public comment period for the purpose of receiving written public comments on the proposed regulations. All interested parties may submit such comments prior to the hearing by mailing them to the address above. All interested parties also will be given a reasonable opportunity at the hearing to present their views, orally or in writing, concerning the adoption of the proposed regulations. In order to give all persons an opportunity to present their views, it may be necessary to limit oral presentations to five minutes.

Following the hearing, all written and oral comments submitted by interested parties will be considered as the basis for making changes in these proposals.

Richard G. Gannon
Executive Director

Doc. No. 009902

State of Kansas

Board of Veterinary Medical Examiners

Notice of Hearing on Proposed Administrative Regulations

A public hearing will be conducted at 2 p.m. Tuesday, December 11, in the Frick Auditorium annex in the Veterinary Science Building on campus of Kansas State University, Manhattan, to consider the adoption of proposed changes in an existing rule and regulation of the Kansas Veterinary Practice Act.

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 rule and regulation. All interested parties may submit written comments prior to the hearing to the executive director of the Kansas Board of Veterinary Medical Examiners, North Star Route, Lakin 67860. All interested parties will be given a reasonable opportunity to present their views orally on the adoption of the proposed regulation during the hearing. In order to give all parties an opportunity to present their views, oral presentations should be brief.

This regulation is proposed for adoption on a permanent basis. A summary of proposed regulation and economic impact follows.

K.A.R. 70-3-2. Standard to pass. The proposed change would be to change from a 70 percent average to 70 percent being necessary to pass each area of examination. This will put Kansas more in line with other states as to an acceptable standard to pass, which will help with reciprocal agreements. There is no significant economic impact to state agencies, examination applicants, the business community or the general public.

Copies of regulation and further information may be obtained by contacting Tom Vincent, executive director, at (316) 355-6358.

Tom D. Vincent, D.V.M.
Executive Director

Doc. No. 009894

(Published in the *Kansas Register*, November 1, 1990.)

Summary Notice of Bond Sale
$370,000
City of Spearville, Kansas
General Obligation Water System Bonds
(general obligation bonds payable from unlimited ad valorem taxes)

Details of the Sale

Subject to the terms and conditions of the complete official notice of bond sale, dated October 8, 1990, of the city of Spearville, Kansas, in connection with the General Obligation Water System Bonds, Series 1990, of the city, which are hereinafter more fully described, sealed, written bids shall be received at the office of the City Clerk, City Hall, Spearville, until 7:30 p.m. C.S.T. on Monday, November 12, 1990, for the purchase of the bonds. All bids shall be publicly opened and read aloud on said date and at said time and place, and all bids will immediately thereafter be considered by the city's governing body. The bonds will be awarded to the best bidder. Bids re-

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ceived after 7:30 p.m. C.S.T. on November 12, 1990, will be returned unopened.

The bonds to be sold are in the aggregate principal amount of $370,000. No oral or auction bids for the bonds shall be considered, and no bids for less than the entire amount of the bonds shall be considered.

Bids shall be accepted only on the official bid form that has been prepared for the public bidding on these bonds, which may be obtained from the city clerk or from the city's financial advisor. Bids may be submitted by mail or may be delivered in person, but must be received at the place and no later than the date and time hereinbefore specified. Each bid shall be accompanied by a good faith deposit in the form of a certified or cashier's check drawn on a bank located within the United States and made payable to the order of the city, and shall be in an amount equal to 2 percent of the principal amount of the bonds.

Details of the Bonds

The bonds shall be issued as fully registered bonds in denominations of $5,000, or any integral multiple thereof not exceeding the principal amount of bonds maturing in any year. The bonds shall bear a dated date of November 1, 1990. The bonds shall bear interest, payable as hereinafter set forth, at the rates specified by the successful bidder for the bonds. Certain of the bonds are subject to redemption as set forth in the official notice of bond sale.

Interest on the bonds shall be payable semiannually on May 1 and November 1 of each year, commencing May 1, 1992, and the bonds shall mature serially on May 1 in each of the years and principal amounts as follows:

Principal Amount	Maturity Date
$10,000	1993
10,000	1994
10,000	1995
15,000	1996
15,000	1997
15,000	1998
15,000	1999
15,000	2000
20,000	2001
20,000	2002
20,000	2003
25,000	2004
25,000	2005
25,000	2006
30,000	2007
30,000	2008
35,000	2009
35,000	2010

Payment of Principal and Interest

The Kansas State Treasurer shall serve as the bond registrar and paying agent for the bonds, and the principal of the bonds shall be payable upon surrender at the paying agent's principal offices in the city of Topeka, Kansas. Interest shall be paid by the mailing of a check or draft of the paying agent to the registered owners of the bonds.

Security for the Bonds

The bonds and the interest thereon shall constitute general obligations of the city, and the full faith, credit and resources of the city shall be pledged to the payment thereof. The city shall be obligated to levy ad valorem taxes without limitation as to rate or amount upon all of the taxable tangible property within the territorial limits of the city for the purpose of paying the bonds and the interest thereon.

Delivery of the Bonds

The bonds, duly printed, executed and registered, shall be furnished and delivered at the expense of the city to the successful bidder, or at its direction, on or about Wednesday, December 12, 1990, at such bank or trust company or other qualified depository in the state of Kansas or Kansas City, Missouri, as may be specified by the successful bidder. Delivery elsewhere shall be made at the expense of the successful bidder.

Legal Opinion

The bonds will be sold subject to the legal opinion of Hinkle, Eberhart & Elkouri, Wichita, Kansas, bond counsel, whose fees will be paid by the city. Bond counsel's approving legal opinion as to the validity of the bonds will be printed on the bonds and will be delivered to the successful bidder upon delivery of the bonds. (Reference is made to the official notice of bond sale for a discussion of tax exemption and other legal matters.)

Financial Matters

The 1989 assessed valuation of taxable tangible property in the city is $2,177,601. Exclusive of the bonds described herein, the city's outstanding general obligation bond and temporary note indebtedness at November 1, 1990, shall be $196,000.

Official Statement

The city has prepared a preliminary official statement relating to the bonds, copies of which may be obtained from the city or the city's financial advisor. The preliminary official statement is in a form "deemed final" by the city for the purpose of the Securities and Exchange Commision's Rule 15c2-12(b)(1), but is subject to revision, amendment and completion in the final official statement. Upon the sale of the bonds, the city shall furnish the successful bidder with a reasonable number of copies of the final official statement, without additional cost, upon request. Copies of the final official statement in excess of a reasonable number may be ordered at the successful bidder's expense.

Additional Information

For additional information regarding the city, the bonds and the sale, interested parties are invited to request copies of the complete official notice of bond sale and official bid form and the city's preliminary official statement for the bonds, all of which may be obtained from the undersigned or from the city's financial advisor, Ranson Capital Corporation, Attention: John Haas, 120 S. Market, Suite 450, Wichita, KS 67202, (316) 262-4955.

City of Spearville, Kansas
By Eleanor Strecker, City Clerk
City Hall
Spearville, KS 67876
(316) 385-2512

Doc. No. 009888

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(Published in the *Kansas Register,* November 1, 1990.)

Summary Notice of Bond Sale
Unified School District 490
Butler County, Kansas (El Dorado)
$4,600,000
General Obligation Bonds, Series 1990
(general obligation bonds payable from unlimited ad valorem taxes)

Sealed Bids

Subject to the notice of bond sale and preliminary official statement dated November 1, 1990, sealed bids will be received by the clerk of Unified School District 490, Butler County, Kansas (El Dorado), on behalf of the Board of Education at its office, 1518 W. 6th, El Dorado, KS 67042, until 4 p.m. C.S.T. on November 14, 1990, for the purchase of $4,600,000 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 December 1, 1990, and will become due serially on December 1 in the years as follows:

Year	Principal Amount
1993	$210,000
1994	220,000
1995	235,000
1996	250,000
1997	270,000
1998	290,000
1999	305,000
2000	330,000
2001	350,000
2002	375,000
2003	400,000
2004	425,000
2005	455,000
2006	485,000

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 semiannually on June 1 and December 1 in each year, beginning June 1, 1992.

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 $92,000 (2 percent of the principal amount of the bonds).

Delivery

The district 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 December 21, 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 $63,034,176. The total general obligation indebtedness of the district as of the date of the bonds, including the bonds being sold, is $4,600,000.

Approval of Bonds

The bonds will be sold subject to the legal opinion of Gilmore & Bell, Wichita, Kansas, bond counsel, whose approving legal opinion as to the validity of the bonds will be furnished and paid for by the district, 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 clerk, Barbara Rathbun, El Dorado, KS 67042, (316) 321-2780; or from the financial advisor, Kirchner Moore, a division of George K. Baum & Company, One Main Place, Suite 810, Wichita, KS 67202, Attention: Charles M. Boully, (316) 264-9351.

Dated November 1, 1990.

U.S.D. 490, Butler County, Kansas

Doc. No. 009895

(Published in the *Kansas Register,* November 1, 1990.)

Notice of Redemption
to the holders of
City of Lawrence, Kansas
Single Family Housing Bonds
(Loans to Lenders Program)
1980 Series A

Notice is hereby given that pursuant to Section 7.1 of the loan agreement dated as of December 1, 1980, an Event of Default occurred when Anchor Savings and Loan Association was declared insolvent and Resolution Trust Corporation (RTC) was named receiver for the assets. Anchor Savings and Loan Association's notes will be paid in full by Bank IV Kansas City, N.A. to the trustee. Pursuant to Section 3.01 of the Indenture dated as of December 1, 1980, $730,000 principal amount of bonds has been drawn by lot for redemption at par on December 1, 1990 as follows:

Coupon Bonds, $5,000 each
Cusip #520182ALO
Due December 1, 1991

1279	1339	1390	1442
1280	1340	1392	1443
1281	1344	1393	1449
1282	1354	1397	1450
1284	1357	1404	1453
1285	1359	1405	1454
1289	1361	1408	1461
1291	1366	1414	1462
1292	1367	1417	1465
1295	1370	1420	1471
1304	1372	1422	1475
1314	1375	1426	1476
1315	1376	1430	1477
1318	1378	1433	1480
1324	1380	1435	1483
1326	1384	1438	
1328	1385	1440	
1329	1387	1441	

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Cusip #520182AM8
Due December 1, 1992

1484	1540	1620	1685
1485	1544	1621	1687
1486	1553	1622	1689
1490	1558	1625	1691
1493	1569	1626	1693
1496	1574	1629	1695
1501	1577	1630	1697
1509	1580	1639	1698
1511	1581	1641	1701
1512	1582	1651	1706
1514	1589	1653	1710
1520	1591	1654	1711
1522	1593	1658	1712
1523	1598	1659	1713
1528	1601	1661	1715
1530	1607	1663	1716
1532	1608	1668	1717
1535	1613	1672	
1536	1616	1675	
1537	1619	1679	

Interest on the bonds or parts of bonds called for redemption will cease to accrue on December 1, 1990.

In addition to the bonds listed above, those bonds (bearer and registered) due December 1, 1990 (Cusip #520182AK2), will be paid as scheduled.

The bonds may be presented for payment in person or by mail at the following addresses:

By mail: Continental Bank, National Association
Attention: Corporate Trust Operations
231 S. LaSalle St., 19th Floor
Chicago, IL 60697

By hand delivery: Continental Bank, National Association
Attention: Corporate Trust Operations
230 S. Clark St., 19th Floor
Chicago, IL 60697

To assure prompt payment of the redemption price, the bonds should be sent, unendorsed, approximately two weeks before December 1, 1990, to the aforementioned address. Sending bonds by registered mail is recommended.

Under the provisions of the Interest and Dividend Tax Compliance Act of 1983, paying agents making payments of interest or principal on corporate securities or making payments of principal on municipal securities may be obligated to withhold 20 percent tax from remittances to individuals who have failed to furnish the paying agent with a valid taxpayer identification number. Holders of the above-described securities who wish to avoid the imposition of this tax should submit certified taxpayer identification numbers when presenting their securities for collection.

Dated November 1, 1990.

City of Lawrence, Kansas
by Continental Bank, National Association
as Trustee

Doc. No. 009900

(Published in the *Kansas Register*, November 1, 1990.)

Corrected Notice of Call for Redemption to the holders of City of Hutchinson, Kansas Industrial Revenue Bonds Series D, 1980 (Super "8" Motel of Hutchinson, Kansas)

Notice is hereby given that pursuant to Section 5 of Ordinance No. 6818 of the city of Hutchinson, Kansas, all of the above-mentioned bonds maturing on and after December 1, 1991, and all unmatured coupons appertaining thereto, have been called for redemption and payment on December 1, 1990, at the office of the Southwest National Bank in Wichita, Kansas (the paying agent).

Serial Bonds

Bond Nos.	Maturity Date	Principal Amount	Interest Rate
41-50	12-01-92	$50,000	10.50%

Term Bonds

Bond Nos.	Maturity Date	Principal Amount	Interest Rate
51-180	12-01-01	$615,000	12.00%

On such redemption date there shall become due and payable the redemption price (expressed as percentages of the principal amount) of 103 percent, plus accrued interest thereon to the redemption date, upon the presentation and surrender of each such bond and appropriate coupons appertaining thereto. Interest shall cease to accrue on the bonds so called for redemption, and all unmatured coupons appertaining thereto, from and after December 1, 1990, subject to the condition that sufficient funds for redemption are then on deposit with the paying agent from the proceeds of the refunding bonds issued by the city.

Under the provisions of the Interest and Dividend Tax Compliance Act of 1983, paying agents making payments of interest or principal on corporate securities or making payments of principal on municipal securities may be obligated to withhold a 20 percent tax from remittances to individuals who have failed to furnish the paying agent with a valid taxpayer identification number. Holders of the 1980 bonds who wish to avoid the imposition of the tax should submit certified taxpayer identification numbers when presenting the bonds for payment.

Dated November 1, 1990.

City of Hutchinson, Kansas
By: Southwest National Bank
Wichita, Kansas
as Trustee

Doc. No. 009901

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(Published in the *Kansas Register*, November 1, 1990.)

Notice of Redemption Industrial Revenue Bonds (Air Capitol Partners) Series XVIII, 1982, Dated September 1, 1982 of the City of Wichita, Kansas

Notice is hereby given that pursuant to Section 4 of Ordinance No. 38-016 of the city of Wichita, Kansas, all of the outstanding Industrial Revenue Bonds, Series XVIII, 1982 (Air Capitol Partners), of the city of Wichita, Kansas, maturing on and after September 1, 1991, will be redeemed and prepaid on December 1, 1990 (the redemption date), prior to their respective maturities subject to the provisions and limitations set forth herein. The bonds to be redeemed are described as follows:

Bond Numbers	Maturity Date	Interest Rate
17-20	September 1, 1991	14.00%
21-25	September 1, 1992	14.00%
26-90	September 1, 1999	15.00%

This notice of redemption, and the payment of the principal of and interest on the aforesaid 1982 bonds on the specified redemption date, are subject to the issuance and delivery by the city of its refunding revenue bonds on or before such redemption date in an amount sufficient to provide funds to pay the specified redemption price of the 1982 bonds. In the event such refunding bonds have not been issued by the redemption date, this notice shall be null and void and of no force and effect, the 1982 bonds delivered for redemption shall be returned to the respective owners thereof, and said 1982 bonds shall remain outstanding as though this notice of redemption had not been given.

The principal amount of the above-described 1982 bonds shall become due and payable on December 1, 1990, at a redemption price equal to the principal amount thereof, plus accrued interest thereon to said redemption date, together with a premium of 3 percent of the principal amount of the bonds so called for redemption and payment.

On December 1, 1990, provided that funds are on hand to pay the specified redemption price, all 1982 bonds will be due and payable at the principal office of The Southwest National Bank of Wichita, Wichita, Kansas, and from and after December 1, 1990, interest on the 1982 bonds will cease to accrue.

Under the provisions of the Interest and Dividend Tax Compliance Act of 1983, paying agents making payments of interest or principal on corporate securities or making payments of principal on municipal securities may be obligated to withhold a 20 percent tax from remittances to individuals who have failed to furnish the paying agent with a valid taxpayer identification number. Holders of the 1982 bonds who wish to avoid the imposition of this tax should submit certified taxpayer identification numbers when presenting their bonds for payment.

Dated October 25, 1990.

The Southwest National Bank
of Wichita
P.O. Box 1401
Wichita, KS 67201
Trustee

Doc. No. 009903

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

Before Briscoe, C.J.; Gernon, J.; and Janice D. Russell, District Judge, assigned.

Tuesday, November 13, 1990
9:30 a.m.

Case No.	Case Name	Attorneys	County
65,281	State of Kansas, Appellant, v. Marcella Downing, Appellee.	County Attorney Attorney General Sally Pokorny	Montgomery
64,775	State of Kansas, Appellee, v. Nancy L. Evans, Appellant.	County Attorney Attorney General Jessica R. Kunen	Saline

10:30 a.m.

64,867	Raymond and Irma Siemens, Appellees, v. John W. and Ladonna F. Gaeddert, Appellants, and Koch Oil Co.	Jennifer Kinzel Debra Haifleigh Spencer L. Depew	Harvey
65,173	Francis Gay and Paula Zielke, Appellants, v. City of Hutchinson, Appellee.	Thomas D. Arnhold Phillip Alexander	Reno

1:30 p.m.

65,033	Federal Land Bank of Wichita, Appellee, v. Robert E. and Mary Anna Ullrich, Appellants.	Laurence A. Taylor Bissessarnath Ramcharan-Maharajh	Thomas
65,170	Farmers State Bank of Ingalls, Appellant, v. Michael J. Friesen, *et al.*, Appellees.	Philip Ridenour Jon R. Craig Charles E. Owen Michael Friesen, *pro se*	Finney
64,983	State of Kansas, Appellee, v. Fred H. Molzahn, Appellant.	County Attorney Attorney General Mike McCoy	Norton

3:00 p.m.

64,744	Travelers Insurance Co., *et al.*, Appellees, v. Goetz Land & Cattle, Inc., *et al.*, Appellants.	Max E. Estes Robin B. Moore Winton Winter, Jr.	Ford
64,392	In the Matter of the Marriage of Donna G. Thomas, formerly Donna Wolfenbarger, and Harry A. Wolfenbarger, Jr.	Glenn Kerbs Harry Wolfenbarger, Jr. *pro se*	Ford

Wednesday, November 14, 1990

9:30 a.m.

Case No.	Case Name	Attorneys	County
64,684	State of Kansas, Appellant, v. $1,305.20, Appellee.	Eric Godderz Ronald Barta	Saline
64,779	Christopher Shane Brazil, Appellant, v. Board of County Commissioners of Wichita County, Appellee.	Ray E. Simmons Lisa Beran	Wichita

10:30 a.m.

64,694	Panhandle Federal Credit Union, Appellee, v. Robert E. Bishop, Appellant.	H. Douglas Pfalzgraf Charles E. Watson	Sumner
65,129 SC	In the Matter of the Marriage of Rosemary Jay and Max Dewarren Jay.	Jerry L. Soldner John M. Lindner	Kearny

(continued)

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Summary Calendar—No Oral Argument

64,164	In the Matter of the Marriage of Patricia Ann McPheter and Gordon Lee McPheter.	Gene F. Anderson Gordon L. McPheter, *pro se*	Ness
64,622	In the Interests of T.P.B., C.M.B., C.D.B., and S.G.B., minor children.	E. Jolene Rooney Jon Womack Gerald Domitrovic Janet Arndt	Sedgwick

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

Before Rees, P.J.; Rulon, J.; and George F. Scott, District Judge, assigned.

Tuesday, November 13, 1990

9:30 a.m.

Case No.	Case Name	Attorneys	County
64,599	J. Walters Construction Co., Appellee, v. Greystone South Partnership, L.P., *et al.*, Appellants.	Dennis J. Stanchik John L. Vratil Scott I. Asner Ron Bodinson Robert E. Gould James R. Borth Michael E. Whitsitt Jeff Rosen Timothy J. Evans Paul D. Sinclair James M. Holmberg John Anderson, Jr.	Johnson
63,833	State of Kansas, Appellee, v. James M. Blake, Appellant.	Rob Matthews Attorney General John A. McKinnon	Wabaunsee

10:30 a.m.

64,943	In the Matter of the Estate of Teresa Trant, deceased.	John J. Jurcyk, Jr. Ward D. Martin John W. Brand, Jr.	Jefferson
64,944	In the Matter of the Estate of Helen Trant, deceased.	John J. Jurcyk, Jr. Ward D. Martin John W. Brand, Jr.	Jefferson

1:30 p.m.

64,650	In the Matter of the Appeal of Prairie Sunset, Inc.	John T. Bird Harry B. Phelps, Jr. Allen Shelton	Logan
64,962	Lucille Brain, Appellee, v. Merchants National Bank of Topeka, Appellant.	John R. Hamilton Thomas E. Wright Ronald W. Fairchild Leonard R. Frischer	Shawnee

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2:30 p.m.

Case No.	Case Name	Attorneys	County
65,044	City of Ottawa, Appellee, v. Brian K. Jung, Appellant.	John W. Cole David R. Gilman	Franklin
65,160	In the Matter of the Marriage of Lynette Sue Meserole and Thomas Alan Meserole.	Patrica Lear-Johnson David W. Boal	Johnson

Wednesday, November 14, 1990

9:30 a.m.

Case No.	Case Name	Attorneys	County
64,708	City of Mission, *et al.*, Appellants, v. Johnson County Commission, Appellee.	David K. Martin Leeanne Hays Gillaspie	Johnson
65,302	City of Overland Park, Appellee, v. Shandra A. Lamb, Appellant.	Steven A. Jensen John C. Donham	Johnson

10:30 a.m.

Case No.	Case Name	Attorneys	County
64,419	Matthew Hulsey, Appellee, v. City of Lansing, and James S. Hobbs, Jr., Appellants.	Timothy P. Orrick Paul C. Gurney Robert D. Beall	Leavenworth
64,697	State of Kansas, Appellee, v. Richard A. Donald, Appellant.	County Attorney Attorney General Rick Kittel	Leavenworth

Summary Calendar—No Oral Argument

Case No.	Case Name	Attorneys	County
65,219	State of Kansas, Appellee, v. Edward E. Huber, Appellant.	Gene M. Olander Attorney General Jessica R. Kunen	Shawnee
64,905	State of Kansas, Appellee, v. Ronald E. Penrice, Appellant.	Gene M. Olander Attorney General Jessica R. Kunen	Shawnee
64,938	State of Kansas, Appellee, v. David A. Davis, Appellant.	Gene M. Olander Attorney General Jessica R. Kunen	Shawnee

Kansas Court of Appeals
Courtroom, Green Hall, University of Kansas School of Law
Lawrence, Kansas

Before Larson, P.J.; Davis, J.; and Richard W. Wahl, District Judge Retired, assigned.

Tuesday, November 13, 1990

9:30 a.m.

Case No.	Case Name	Attorneys	County
64,765	In the Matter of the Marriage of Joanne Potestivo and Lynn W. Enneking.	David J. Berkowitz Jane Frydman	Douglas

(continued)

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Case No.	Case Name	Attorneys	County
64,725	State of Kansas, Appellee, v. Dennis D. Barritt, Appellant.	Mark A. Knight Attorney General William R. Vincent	Douglas

10:30 a.m.

Case No.	Case Name	Attorneys	County
64,906	State of Kansas, Appellee, v. Junior Alexander Erskine, Appellant.	Nick A. Tomasic Attorney General Tom Jacquinot	Wyandotte
64,997	In the Matter of the Estate of Ella Worster, deceased.	Steven L. Davis Lee Hornbaker	Dickinson

1:30 p.m.

Case No.	Case Name	Attorneys	County
65,212	Rosalie D. Manley, Appellant, v. Dillons Food Store, Appellee.	Fred Spigarelli A.J. Wachter	Crawford
64,824	Electric Corporation of Kansas City, Appellee, v. Burger King Corp., *et al.*, Appellant.	Patrick D. McAnany Bruce Keplinger	Wyandotte

2:30 p.m.

Case No.	Case Name	Attorneys	County
65,002	City of Arkansas City, Appellee, v. A. Scott Anderson, *et al.*, Appellants.	Thomas J. Ruzicka Paul Hasty, Jr.	Cowley
64,958	Solar Cents of Kansas City, Appellant, v. Glenn and Roberta Richardson, Appellees.	Richard W. Hird William P. Ronan Lawrence D. Flick	Johnson
65,407 SC	State of Kansas, Appellee, v. Clare E. Walden, Appellant.	County Attorney Attorney General Kenneth M. Carpenter	Lyon

Wednesday, November 14, 1990

9:30 a.m.

Case No.	Case Name	Attorneys	County
65,061	State of Kansas, Appellee, v. Jimmie D. Oyler, Sr., Appellant.	Melinda S. Whitman Attorney General Pamela S. Thompson	Johnson
65,417	State of Kansas, Appellee, v. Jim D. Oyler, Sr., Appellant.	Melinda S. Whitman Attorney General Pamela S. Thompson	Johnson

10:30 a.m.

Case No.	Case Name	Attorneys	County
64,524	State of Kansas, Appellee, v. Douglas Parkison, Appellant.	Darrell Smith Attorney General Jay H. Vader	Johnson

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65,184	Timothy E. Stallman, Appellant, v. Distron Corp., *et al.*, Appellees.	Neil B. Foth Robert W. Harris	Wyandotte

Summary Calendar—No Oral Argument

65,087	State of Kansas, Appellee, v. Steven Richard Murray, Appellant.	Ola L. Drake County Attorney Attorney General Jessica R. Kunen	Montgomery
64,851	George E. Tillery, Appellant, v. State of Kansas, Appellee.	Jessica R. Kunen Attorney General Debra Byrd Wagner	Sedgwick

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

Before Brazil, P.J.; Lewis, J.; and Gary L. Nafziger, District Judge, assigned.

Thursday, November 15, 1990

9:30 a.m.

Case No.	Case Name	Attorneys	County
64,881	Charles E. Schilling, Appellee, v. Kansas Department of Revenue, Appellant.	Matthew B. Works Brian Cox	Shawnee
64,284	Robert Owens, Appellant, v. Kansas Department of Revenue, Appellee.	Mark C. Owens Thomas F. McGraw Brian Cox	Sedgwick

10:30 a.m.

Case No.	Case Name	Attorneys	County
64,656	Marvin Heubach, *et al.*, Appellees, v. Elma Connet, Appellant.	F. Greg Mathias Michael E. Foster	Sedgwick
64,835	Jim Pruitt, Appellant, v. El Dorado Country Club, Inc., Appellee.	Jim L. Lawing Jim McKay	Butler

1:30 p.m.

Case No.	Case Name	Attorneys	County
64,689	Arlene Evans, Appellee, v. Provident Life & Accident Insurance Co., Appellant.	Timothy J. King Cecil E. Merkel Kenneth M. Clark	Sedgwick
65,090	Elizabeth C. Benson, Appellee, v. Koch Fiberglass and CIGNA Insurance, Appellants.	Tamara J. Pistotnik W. John Badke	Sedgwick
65,400	Goldie Anabell Cyr, Appellee, v. Darrell Dean Cyr, Appellant.	Gary H. Jarchow Charles F. Harris	Sedgwick

(continued)

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3:00 p.m.

64,996	Home State Bank, Appellant, v. David H. and Stephen Titus, Appellees.	Rae E. Batt Richard D. Greene	Edwards
65,010	Floyd Blockyou, Appellee, v. Brittain Machine, Inc., *et al.*, Appellants.	James B. Zongker John C. Nodgaard Stephen J. Jones	Sedgwick

Friday, November 16, 1990

9:30 a.m.

Case No.	Case Name	Attorneys	County
64,320 64,321 64,323 64,324 64,328	State of Kansas, Appellee, v. Francis R. Draper, *et al.*, Appellants.	Debra Byrd Wagner Attorney General Reid Nelson	Sedgwick
64,810	Larry Gates, Appellee, v. State of Kansas, *et al.*, Appellant.	Gail A. Jensen Paul D. Hogan Dwight Corrin Michael George	Sedgwick

10:30 a.m.

64,329	Gena Melton, Appellee, v. U.S. Fidelity & Guaranty Insurance Co., Appellant, and Charles E. Smith.	Harry Bleeker Arthur S. Chalmers Jay F. Fowler	Finney

Summary Calendar—No Oral Argument

64,763	State of Kansas, Appellee, v. Shelby Laffoon, Appellant.	Debra Byrd Wagner Attorney General Jessica R. Kunen	Sedgwick
65,074	State of Kansas, Appellee, v. Gregory J. Fisher, Appellant.	Debra Byrd Wagner Attorney General Orval L. Fisher	Sedgwick
64,890	State of Kansas, Appellee, v. Felix Garcia, Jr., Appellant.	Debra Byrd Wagner Attorney General Jessica R. Kunen	Sedgwick

Lewis C. Carter
Clerk of the Appellate Courts

Doc. No. 009886

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State of Kansas

Social and Rehabilitation Services

Permanent Administrative Regulations

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

30-5-81. Scope of hospital services. (a) Each hospital shall be medicare-certified, and shall annually update medicaid enrollment information.

(b) Outpatient services shall be covered with the following limitations:

(1) Services shall be ordered by an attending physician who is not serving as an emergency room physician, except for those services related to emergency situations. Orders shall be related specifically to the present diagnosis of the recipient.

(2) Prosthetic devices shall replace all or part of an internal body organ, including the replacement of these devices.

(3) Rehabilitative therapies shall be restorative in nature, shall be provided following physical debilitation due to acute physical trauma or physical illness and shall be prescribed by the attending physician.

(4) Services provided in the emergency department shall be emergency services.

(5) Elective surgery shall not be covered, except for sterilization operations or for Kan Be Healthy program participants.

(6) Ambulance services shall not be covered.

(7) Non-emergency visits in place of physician office visits shall be considered as physician office visits and shall be counted against the physician office visit limitation pursuant to K.A.R. 30-5-88.

(8) Outpatient hospital assessment of the need for emergency service is non-covered.

(c) Inpatient services shall be covered, subject to the following limitations:

(1) Services shall be ordered by a physician and shall be related specifically to the present diagnosis of the recipient.

(2) Transplant surgery shall be limited to prior authorized liver and heart transplants performed at the Kansas university medical center unless the medical staff of the Kansas university medical center recommends another location, and corneal, kidney and bone marrow transplants and related services.

(3) Inpatient services shall be limited to those provided on days of stay that are determined to be medically necessary. A recipient of general hospital inpatient services shall not be billed for those days determined to be medically unnecessary. If a recipient refuses to leave a hospital after the recipient's physician writes a discharge order, the days after discharge that the recipient remains in the hospital may be billed to the recipient.

(4) Reimbursement shall not be made for services provided on days of discharge.

(5) Long term care services in swing beds shall be provided pursuant to 42 CFR 405 subpart K and 442 subpart F, revised October 1, 1988, which are adopted by reference.

(6) Therapeutic and diagnostic surgical services, and related services that can be performed on an outpatient basis, shall not be reimbursed on an inpatient basis unless medical necessity is documented.

(7) Inpatient services shall be subject to utilization review which shall determine whether services are medically necessary, are furnished at the appropriate level of care and are of a quality that meets professionally recognized standards. Utilization review shall also determine whether a discharge is premature, a transfer is necessary, and if procedure and diagnosis coding on a claim are correct.

(8) Psychotherapy, directed by a psychiatrist or approved hospital staff under the direction of a psychiatrist, shall be provided to each psychiatric patient on a daily basis.

(9) Substance abuse treatment services shall be limited to three treatment admissions per recipient's lifetime regardless of the type of provider.

(10) Inpatient acute care related to substance abuse treatment services shall be limited to those patients who are in need of acute detoxification or a drug and alcohol treatment program approved by the division of medical programs.

(11) Elective surgery shall not be covered, except for sterilization operations or for Kan Be Healthy program participants. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective May 1, 1981; modified, L. 1982, ch. 469, May 1, 1982; amended May 1, 1983; amended, T-84-7, March 29, 1983; amended, T-84-11, July 1, 1983; amended May 1, 1984; amended, T-85-9, April 11, 1984; amended, T-85-24, Sept. 18, 1984; amended May 1, 1985; amended May 1, 1986; amended May 1, 1987; amended May 1, 1988; amended, T-89-24, May 27, 1988; amended Sept. 26, 1988; amended T-30-10-28-88, Oct. 28, 1988; amended Jan. 2, 1989; amended July 1, 1989; amended T-30-7-29-89, July 29, 1989; amended Nov. 24, 1989; amended Aug. 1, 1990; amended T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991.)

30-5-88. Scope of physician services. (a) Except as set forth in subsection (b), the program shall cover medically necessary services recognized under Kansas law provided to program recipients by physicians who are licensed to practice medicine and surgery in the jurisdiction in which the service is provided.

(b) The following services shall be excluded from coverage under the program, except as noted:

(1) Visits. The following types of visits shall be excluded:

(A) Office visits when the only service provided is an injection or some other service for which a charge is not usually made;

(B) non-psychiatric office visits which exceed 12 per calendar year;

(C) psychotherapy services which are not prior authorized when provided concurrently by the same provider with both targeted case management services and partial hospitalization services;

(continued)

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(D) psychotherapy services which exceed an average of 32 hours of individual therapy or 32 hours of group therapy or any combination of these per calendar year per recipient, unless the recipient is a Kan Be Healthy program participant and:

(i) Psychotherapy services do not exceed 40 hours per calendar year per Kan Be Healthy program participant; or

(ii) psychotherapy services are being rendered pursuant to a plan approved by the agency. Prior authorization for the plan shall be required. The plan shall not exceed a two-year period and shall be subject to a reimbursement limit established by the secretary. Quarterly progress reports shall be submitted to the division of medical programs;

(E) inpatient hospital visits in excess of those allowable days for which the hospital is paid or would be paid if there were no spenddown requirements; and

(F) nursing home visits in excess of one per month unless medical necessity is documented.

(2) Consultations. Consultations shall be excluded as follows:

(A) Consultations which are absent a written report;

(B) inpatient hospital consultations in excess of one per condition per 10 day period unless written documentation confirming medical necessity is attached to the claim; and

(C) other consultations in excess of one per condition per 60 day period unless written documentation confirming medical necessity is attached to the claim.

(3) Surgical procedures. Surgical procedures shall be excluded as follows:

(A) Procedures that are experimental, pioneering, cosmetic, or designated as non-covered;

(B) transplants, other than prior authorized liver transplants and heart transplants performed at the Kansas university medical center unless the medical staff of the Kansas university medical center recommends another location, and corneal, kidney and bone marrow transplants and related services;

(C) services of a surgical assistant when surgery is determined not to require an assistant; and

(D) elective surgery, except for sterilization operations, or for Kan Be Healthy program participants.

(4) Miscellaneous procedures. Miscellaneous procedures shall be excluded as follows:

(A) Diagnostic radiological and laboratory services unless the services are medically necessary to diagnose or treat injury, illness or disease;

(B) physical therapy unless:

(i) Performed by a physician or registered physical therapist under the direction of a physician; and

(ii) prescribed by the attending physician.

(C) medical services of medical technicians unless the technicians are under the direct supervision of a physician; and

(D) inpatient services which were provided on days of hospital stay which are determined to not be medically necessary.

(5) Family planning services and materials.

(A) Family planning services and materials shall be excluded unless:

(i) The services are provided by a physician, family planning clinic, or county health department;

(ii) written informed consent is obtained as necessary; and

(iii) the scope of services provided is in compliance with applicable federal and state statutes and regulations.

(B) Reverse sterilizations shall be excluded.

(6) Concurrent care. Concurrent care shall be excluded unless the patient:

(A) Has two or more diagnoses involving two or more systems; and

(B) the special skills of two or more physicians are essential in rendering quality medical care. The occasional participation of two or more physicians in the performance of one procedure shall be recognized. Each physician involved shall submit that physician's usual charge only for that portion of the procedure for which the physician is actually responsible.

(7) Psychological services for an individual entitled to receive these services as a part of care or treatment from a facility already being reimbursed by the program or by a third party payor shall be excluded.

(8) Services provided by physician extenders shall be covered. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective May 1, 1981; amended May 1, 1982; amended May 1, 1983; amended May 1, 1984; amended, T-85-9, April 11, 1984; amended May 1, 1985; amended May 1, 1986; amended May 1, 1988; amended, T-89-24, May 27, 1988; amended Sept. 26, 1988; amended, T-30-10-28-88, Oct. 28, 1988; amended Jan. 2, 1989; amended July 1, 1989; amended, T-30-7-29-89, July 29, 1989; amended Nov. 24, 1989; amended Aug. 1, 1990; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991.)

30-5-118. Scope of federally-qualified health center services. (a) Covered services and limitations shall include:

(1) Physician and physician assistant services pursuant to K.A.R. 30-5-88;

(2) advanced registered nurse practitioner services pursuant to K.A.R. 30-5-113;

(3) medical supplies pursuant to K.A.R. 30-5-108;

(4) psychological services pursuant to K.A.R. 30-5-104;

(5) home health services pursuant to K.A.R. 30-5-89; and

(6) 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. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective, T-30-10-1-90, Oct. 1, 1990; effective Jan. 30, 1991.)

30-5-118a. Reimbursement for federally-qualified health center services. (a) 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.

(b) 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,

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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.

(c) Reimbursement shall not exceed the amount that would be paid by applying Medicare cost reimbursement principles. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective, T-30-10-1-90, Oct. 1, 1990; effective Jan. 30, 1991.)

Article 10.—ADULT CARE HOME PROGRAM

30-10-1a. Nursing facility program 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 and medical review of nursing facilities" means a yearly, resident-oriented review of only medicaid/medikan recipients, 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 recipients' needs are being met.

(c) "Nursing facility (NF)" means a facility which has met state licensure standards and which provides health-related care and services, prescribed by a physician, to residents who require 24-hour-a-day, seven-day-a-week, licensed nursing supervision for ongoing observation, treatment, or care for long-term illness, disease, or injury.

(d) "Nursing facility for mental health" means a facility which has met state licensure standards and which provides health-related care and services, prescribed by a physician, in conjunction with recommended active treatment programming for residents with a diagnosis of mental illness or behavior disorders.

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

(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) "Routine services and supplies" mean services and supplies that are commonly stocked for use by or provided to any resident. 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 residents;

(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 residents 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.

(3) Routine services and supplies do not include ancillary services and other medically necessary services as defined in subsection (h) and also do not include those services and supplies the resident must provide.

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

(h) "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 nursing facility directly if an oxygen supplier is unavailable.

(i) "Costs related to resident 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 resident care facilities and activities. Specific items of expense shall be limited pursuant to K.A.R. 30-10-23a, K.A.R. 30-10-23b, K.A.R. 30-10-23c, K.A.R. 30-10-24, K.A.R. 30-10-25, K.A.R. 30-10-26, K.A.R. 30-10-27 and K.A.R. 30-10-28.

(j) "Costs not related to resident care" means costs which are not appropriate or necessary and proper in developing and maintaining the nursing facility operation and activities. These costs are not allowable in computing reimbursable costs.

(k) "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, and 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.

(l) "Related to the nursing facility" 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.

(m) "Common ownership" means that any individual or organization holds 5% or more ownership or equity of the nursing facility and of the facility or organization serving the nursing facility.

(n) "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.

(o) "Approved educational activities" means formally organized or planned programs of study usually engaged in by providers in order to enhance the quality of resident

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care in an institution. These activities shall be licensed when required by state law.

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

(q) "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.

(r) "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.

(s) "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 cost 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.

(t) "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.

(u) A "resident day" means that period of service rendered to a patient or resident 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 resident who was not in the home. The census-taking hours consist of 24 hours beginning at midnight.

(v) "Swing bed" means a hospital bed that can be used interchangeably as either a hospital or nursing facility with reimbursement based on the specific type of care provided.

(w) "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.

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

(y) "Heavy care" means the care required by a resident that takes more time, services and supplies than the care provided an average nursing facility or swing-bed hospital resident. Heavy care requires prior authorization before reimbursement.

(z) "Non-working owners" means any individual or organization having 5% or more interest in the provider, who does not perform a resident-related function for the nursing facility.

(aa) "Non-working related party" means any related party as defined in K.A.R. 30-10-1a who does not perform a resident-related function for the nursing facility.

(bb) "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. 30-10-1a, whether the payment is from a sole proprietorship, partnership, corporation, or non-profit organization.

(cc) "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.

(dd) "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.

(ee) "Provider" means the operator of the nursing facility 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 nursing facility program policies and regulations. Any adoption of these principles does not supersede any specific regulations and policies of the nursing facility program.

(gg) "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.

(hh) "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 effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective May 1, 1982; amended May 1, 1983; amended May 1, 1984; amended May 1, 1985; amended May 1, 1986; amended May 1, 1987; amended May 1, 1988; amended Jan. 2, 1989; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991.)

30-10-1b. Nursing facilities. (a) The nursing facility program shall include the following types of care facilities: nursing facilities and nursing facilities for mental health.

(b) 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

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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 of 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.

(c) 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. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective May 1, 1982; amended May 1, 1984; amended May 1, 1986; amended May 1, 1988; amended Jan. 2, 1989; amended Jan. 2, 1990; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991.)

30-10-1c. **Provider agreement.** As a prerequisite for participation in the medicaid/medikan program as a nursing facility provider, the owner or lessee shall enter into a provider agreement with the agency on forms prescribed by the secretary. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective May 1, 1982; amended May 1, 1986; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991.)

30-10-1d. **Inadequate care.** (a) When the agency determines that inadequate care is being provided to a recipient, payment to the nursing facility for the resident may be terminated.

(b) When the agency receives confirmation from the Kansas department of health and environment that a nursing facility has not corrected deficiencies which significantly and adversely affect the health, safety, nutrition or sanitation of the nursing facility residents, payments for new admissions shall be denied and future payments for all residents shall be withheld until confirmation that the deficiencies have been corrected. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective May 1, 1982; amended, T-87-43, Dec. 19, 1986; amended May 1, 1987; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991.)

30-10-1f. **Private pay wings.** As a prerequisite for participation in the medicaid/medikan program, a nursing facility shall not develop private pay wings or segregate medicaid/medikan residents to separate areas of the nursing facility. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective May 1, 1987; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991.)

30-10-2. **Standards for participation; nursing facility.** As a prerequisite for participation in the medicaid/medikan program as a provider of nursing facility services, each nursing facility shall: (a) Provide nursing services;

(b) meet the requirements of Title IV, Subtitle C, Part 2, pp 190-230, of the federal omnibus budget reconciliation act of 1987, effective October 1, 1990, which is adopted by reference;

(c) be certified for participation in the program by the Kansas department of health and environment or the federal department of health and human services;

(d) submit an application for participation in the program on forms required by the secretary;

(e) update provided information as required by the application forms;

(f) within 30 days of any request furnish full and complete ownership information of any subcontractor with whom the provider has had business transactions in an aggregate amount exceeding $25,000.00 during the previous 12 months;

(g) furnish and allow inspection of any information that the agency, its designee, or the department of health and human services may request in order to assure proper payment by the medicaid/medikan program; and

(h) inform all new residents of the availability of potential eligibility assessment under the federal spousal impoverishment law. The assessment is completed by the area/local agency offices. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective, E-74-43, Aug. 16, 1974; effective, E-74-63, Dec. 4, 1974; effective May 1, 1975; amended, E-76-34, July 1, 1975; amended May 1, 1976; amended Feb. 15, 1977; amended, E-78-35, Dec. 30, 1977; amended May 1, 1978; amended, E-80-13, Aug. 8, 1979; amended May 1, 1980; amended May 1, 1982; amended May 1, 1983; amended May 1, 1985; amended May 1, 1987; amended May 1, 1988; amended Jan. 2, 1990; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991.)

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30-10-3. Standards for participation; nursing facility for mental health. As a prerequisite for participation in the medicaid/medikan program as a provider of nursing facility for mental health services, each provider shall: (a) Meet the requirements of Title IV, Subtitle C, Part 2, pp 190-230, of the federal omnibus budget reconciliation act of 1987, effective October 1, 1990, which is adopted by reference;

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

(c) submit an application for participation in the program on forms required by the secretary;

(d) update provided information as required by the application forms;

(e) within 30 days of any request furnish full and complete ownership information of any subcontractor with whom the provider has had business transactions in an aggregate amount exceeding $25,000.00 during the previous 12 months;

(f) furnish and allow inspection of any information that the agency, its designee, or the department of health and human services may request in order to assure proper payment by the medicaid/medikan program; and

(g) inform all new residents of the availability of potential eligibility assessment under the federal spousal impoverishment law. The assessment is completed by the area/local agency offices. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective, E-74-43, Aug. 16, 1974; effective May 1, 1975; amended, E-76-34, July 1, 1975; amended May 1, 1976; amended Feb. 15, 1977; amended, E-78-35, Dec. 30, 1977; amended May 1, 1978; amended, E-80-13, Aug. 8, 1979; amended May 1, 1980; amended May 1, 1982; amended May 1, 1983; amended May 1, 1984; amended May 1, 1985; amended May 1, 1987; amended May 1, 1988; amended Jan. 2, 1990; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991.)

30-10-6. Admission procedure. (a) Individuals participating in the medicaid/medikan program who are admitted to a nursing facility, or who make application while in a facility, shall have physical, emotional, social, and cognitive factors reviewed to determine the need for care and the appropriateness of services. The following procedures shall be followed in each case before admission or, in the case of individuals who make application while in a nursing facility, before authorization of payments:

(1) Nursing facility services shall be provided pursuant to Title IV, Subtitle C, Part 2, pp 190-230, of the federal omnibus budget reconciliation act of 1987, effective October 1, 1990, which is adopted by reference. Each resident shall receive a comprehensive medical evaluation and an explicit recommendation by the physician concerning the level of care needed.

(2) Nursing facility for mental health services shall be provided pursuant to Title IV, Subtitle C, Part 2, pp 190-230, of the federal omnibus budget reconciliation act of 1987, effective October 1, 1990, which is adopted by reference.

(b) A nursing facility shall not require a private-paying resident to remain in a private-pay status for any period of time after the resident becomes eligible for medicaid/medikan. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective, E-74-59, Oct. 24, 1974; effective May 1, 1975; amended, E-76-34, July 1, 1975; amended May 1, 1976; amended, E-78-35, Dec. 30, 1977; amended May 1, 1978; amended, E-80-13, Aug. 8, 1979; amended May 1, 1980; amended May 1, 1982; amended May 1, 1983; amended May 1, 1984; amended May 1, 1987; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991.)

30-10-7. Certification and recertification by physicians. (a) Certification. At the time of admission to a nursing facility or at the time any nursing facility resident 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 physician 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 a nursing facility 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 nursing facility shall be responsible for obtaining a physician's or physician extender's recertification for each resident.

(2) The recertification shall be included in the resident'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 resident. 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 resident does not require nursing facility 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 resident's records.

(d) Screening, evaluation, and referral for nursing facility services for persons ineligible to participate in the medicaid/medikan program.

(1) Each individual requesting screening, evaluation, and referral for admission to a nursing facility or referral to community-based services shall make application on forms prescribed by the secretary.

(2) 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. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective, E-74-59, Oct. 24, 1974; effective May 1, 1975; amended May 1, 1976; amended, E-78-35, Dec. 30, 1977; amended May 1, 1978; amended, E-80-13, Aug. 8, 1979; amended May 1, 1980; amended May 1, 1981; amended May 1, 1982; amended May 1, 1983;

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amended, T-84-11, July 1, 1983; amended May 1, 1984; amended, T-85-28, Nov. 14, 1984; amended May 1, 1985; amended May 1, 1986; amended Jan. 2, 1989; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991.)

30-10-8. **Inspection of care review in nursing facilities and nursing facilities for mental health.** (a) The inspection of care team from the Kansas department of health and environment shall conduct an inspection of care review of each medicaid/medikan resident in a nursing facility and nursing facility for mental health certified to participate in the medicaid/medikan program.

(b) The inspection of care review of each medicaid/medikan resident in a nursing facility or nursing facility for mental health shall be pursuant to 42 CFR 435, subpart K, effective October 1, 1985, 42 CFR 441, subpart C, effective October 1, 1985, and 42 CFR 456, subparts D, F, and I, effective October 1, 1985.

(c) Each nursing facility or nursing facility for mental health 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 review.

(d) If a review report sets forth deficiencies, the nursing facility or nursing facility for mental health shall be required to submit to the agency a plan of correction setting forth the necessary procedures to correct all deficiencies within 30 days after receipt of the written report.

(e) 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. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective, E-74-59, Oct. 24, 1974; effective May 1, 1975; amended May 1, 1976; amended, E-78-35, Dec. 30, 1977; amended May 1, 1978; amended, E-80-13, Aug. 8, 1979; amended May 1, 1980; amended May 1, 1981; amended May 1, 1982; amended May 1, 1983; amended May 1, 1984; amended May 1, 1987; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991.)

30-10-9. This rule and regulation shall expire on January 30, 1991. (Authorized by and implementing K.S.A. 39-708c; effective, E-74-43, Aug. 16, 1974; effective, E-74-44, Aug. 28, 1974; effective, E-74-63, Dec. 4, 1974; effective May 1, 1975; amended, E-76-34, July 1, 1975; amended May 1, 1976; amended Feb. 15, 1977; amended, E-78-35, Dec. 30, 1977; amended May 1, 1978; amended, E-79-20, Aug. 17, 1978; amended May 1, 1979; amended, E-80-13, Aug. 8, 1979; amended May 1, 1980; amended May 1, 1981; amended May 1, 1982; amended May 1, 1983; amended May 1, 1984; amended May 1, 1986; amended May 1, 1987; amended May 1, 1988; revoked, T-30-10-1-90, Oct. 1, 1990; revoked Jan. 30, 1991.)

30-10-11. **Personal needs fund.** (a) At the time of admission, nursing facility providers shall furnish that resident 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 resident's personal needs fund;

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

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

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

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

(C) except when paragraph (B) of this subsection applies, the resident may designate, in writing, another person to act for the purpose of managing the resident'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 resident's personal needs fund to hold, safeguard, and provide an accounting, upon the written authorization of the resident or representative, or upon appointment of the provider as the resident's representative payee; and

(6) states that, if the resident becomes incapable of managing the personal needs fund and does not have a representative, the provider is required to arrange for the management of the resident's personal funds as provided in K.A.R. 30-10-11(j).

(b)(1) The provider shall upon written authorization by the resident, accept responsibility for holding, safeguarding and accounting for the resident'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. 30-10-11 shall remain with the provider. The provider may not charge the resident 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 resident's personal needs fund for which the provider has accepted responsibility. The records shall include at least the following:

(A) The resident's name;

(B) an identification of resident'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 resident's earned interest, if any.

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

(4) The provider shall provide a written statement, at least quarterly, to each resident 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;

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(C) the interest earned, if any, and;
(D) the ending balance.

(c) Commingling prohibited. The provider shall keep any funds received from a resident for holding, safeguarding, and accounting separate from the provider's operating funds, activity funds, resident council funds and from the funds of any person other than another resident in that facility.

(d) Types of accounts; distribution of interest.

(1) Petty cash. The provider may keep up to $50.00 of a resident'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 resident. The account may be individual to the resident or pooled with other resident accounts. If a pooled account is used, each resident 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 resident on an actual interest-earned basis; or

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

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

(f) When a provider is a resident's representative payee and directly receives monthly benefits to which the resident 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 resident personal needs fund to be transferred, and obtain a written receipt for those funds from the new provider.

(2) The provider shall give each resident'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 former provider or the new provider, the resident shall retain all rights and remedies provided under state law.

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

(1) The resident's next of kin;

(2) the resident's representative; and

(3) the clerk of the probate court of the county in which the resident 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 residents' 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 resident is incapable of managing the resident'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 resident. If the resident is not eligible for SSI, the provider shall refer the resident to the local agency office, or the provider shall serve as a temporary representative payee for the resident until the actual appointment of a guardian or conservator or representative payee.

(k) Resident property records.

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

(2) The property record shall be available to the resident and the resident'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 resident. With the consent of the resident, if the resident is able and willing to give consent, the administrator shall turn over a resident'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 resident's personal needs fund envelope or another type of file.

(n) Receipts shall be signed by the resident, 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 resident, 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 resident's personal needs fund. This system shall follow generally accepted accounting principles and shall be subject to audit by representatives of the agency. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective, E-74-43, Aug. 16, 1974; effective, E-74-44, Aug. 28, 1974; effective May 1, 1975; amended, E-78-35, Dec. 30, 1977; amended May 1, 1978; amended, E-80-13, Aug. 8, 1979; amended May 1, 1980; amended May 1, 1981; amended May 1, 1982; amended May 1, 1983; amended May 1, 1984; amended May 1, 1986; amended May 1, 1987; amended May 1, 1988; amended Jan. 2, 1989; amended Jan. 2, 1990; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991.)

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30-10-14. 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 resident-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. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective May 1, 1985; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991.)

30-10-15a. Reimbursement. Payment for services. (a) Providers with a current signed provider agreement shall be paid a per diem rate for services furnished to medicaid/medikan eligible residents. 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 review teams, as provided for in K.A.R. 30-10-8.

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. 30-10-1a, 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; and
(EEE) blood glucose monitors and supplies;

(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.

(4) 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.

(c) Payment for ancillary services, as defined in K.A.R. 30-10-1a, shall be billed separately when the services or supplies are required. *(continued)*

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(d) Payment for a day activity program for an NF-MH facility 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. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective May 1, 1985; amended May 1, 1988; amended Jan. 2, 1989; amended Jan. 2, 1990; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991.)

30-10-15b. **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 resident 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 nursing facility and related fields shall be followed, except to the extent that they may conflict 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. 30-10-17, 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 rules, shall be based on the actual basis of accounting, and may include a current use value of the provider's fixed assets used in resident care. Estimates of costs shall not be allowable except on projected cost reports submitted pursuant to K.A.R. 30-10-17.

(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 nursing facility 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 resident 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 may be made 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. 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 cost reports shall be retained for five years from the date of filing the cost report with the agency. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective May 1, 1985; amended May 1, 1987; amended May 1, 1988; amended Jan. 2, 1989; amended Jan. 2, 1990; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991.)

30-10-16. **Heavy care.** (a) Additional reimbursement shall be available to nursing facilities and swing-bed hospitals for medicaid/medikan residents 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 adult services.

(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. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective May 1, 1987; amended Jan. 2, 1989; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991.)

30-10-17. **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

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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. 30-10-1a, 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.

(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 resident 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 written request for a second extension may be granted by the secretary 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 subsection (c), (d), (e) or (i) of K.A.R. 30-10-18, 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. 30-10-18.

(2) The projection period of each provider filing a projected cost report in accordance with paragraph (2) of subsection (e) of K.A.R. 30-10-18 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.

(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.

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The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective May 1, 1985; amended May 1, 1986; amended May 1, 1987; amended May 1, 1988; amended Jan. 2, 1989; amended Jan. 2, 1990; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991.)

30-10-18. Rates of reimbursement. (a) Rates for existing nursing facilities.

(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 cost centers and percentile maximums, except where there is a special class of facilities approved by the United States department of health and human services.

(A) The cost centers and percentile limits shall be as follows:

(i) Administration - 75th pecentile;
(ii) property - 85th percentile;
(iii) room and board - 90th percentile; and
(iv) health care - 90th percentile.

(B) The property cost center maximum shall consist of the plant operating costs and an adjustment for the real and personal property fees.

(C) The percentile limits are determined from an annual array of the most recent historical costs of each provider in the data base.

(3) To establish a per diem rate for each provider, a factor for incentive, historical inflation, and estimated inflation shall be added to the allowable per diem cost. 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 K.A.R. 30-10-19.

(b) Comparable service rate limitations.

(1) Nursing facility. The per diem rate for nursing facility care shall not exceed the rate or rates charged to residents not under the medicaid/medikan program for the same types of services.

(2) Nursing facilities for mental health. The per diem rate for nursing facility for mental health shall not exceed the rate or rates charged to residents not under the medicaid/medikan program for the same level of care in the nursing facility for mental health and for the same types of services.

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

(4) Adult services shall be notified of any private pay rate structure changes within 30 days of the effective date.

(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 are 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.

(c) Rates for new construction. The per diem rate or rates for newly constructed nursing facilities shall be based on a projected cost report submitted in accordance with K.A.R. 30-10-17. No rate shall be paid until an adult care home financial and statistical report is received.

(d) Change of provider.

(1) When a provider makes no change in the facility, number of beds or operations, the 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 provider shall file a historical cost report within 90 days after the end of the first 12-month fiscal year of operation.

(2) The new provider may file a projected cost report when the care of the residents 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.

(e) 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.

(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.

(f) Out-of-state providers. Rates for out-of-state providers certified to participate in the Kansas medicaid/medikan program shall be the rate or rates approved by adult services. Out-of-state providers require prior authorization by adult services.

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(g) Determination of rates for nursing facility 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 in the program by the submission of any current resident service billings to 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 historic and estimated 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. 30-10-18(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. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective May 1, 1985; amended May 1, 1986; amended, T-87-29, Nov. 1, 1986; amended May 1, 1987; amended, T-89-5, Jan. 21, 1988; amended Sept. 26, 1988; amended Jan. 2, 1989; amended Jan. 2, 1990; amended T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991.)

30-10-19. 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. 30-10-18, shall be the date of certification by the department of health and environment pursuant to 42 CFR section 442.13, effective October 1, 1985, 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 paragraph (e)(2) of K.A.R. 30-10-18, 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 paragraph (e)(2) of K.A.R. 30-10-18, 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 a historic cost report, in accordance with K.A.R. 30-10-17(c), 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.

(f) All rates established October 1, 1990 shall remain in effect through September 30, 1991 with the exception of the rates affected by K.A.R. 30-10-18(d), (e), and (g) and K.A.R. 30-10-29(b). The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective May 1, 1985; amended May 1, 1987; amended May 1, 1988; amended Jan. 2, 1989; amended Jan. 2, 1990; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991.)

30-10-20. Payment of claims. (a) Payment to participating providers. Each participating provider shall be paid, at least monthly, a per diem rate for nursing facility services, excluding resident liability, rendered to eligible residents 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) Resident's liability. The resident's liability for services shall be the amount determined by the local agency office in which a medicaid/medikan resident or the resident's agent applies for care. The resident'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 resident's liability payment shall be refunded to the resident or resident's agent if the resident 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. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective May 1, 1985; amended Jan. 2, 1989;

(continued)

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amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991.)

30-10-21. Reserve days. (a) Payment shall be available for days for which it is necessary to reserve a bed in a nursing facility, or nursing facility for mental health when the resident is absent for:

(1) Admission to a hospital for acute conditions;

(2) a temporary absence for therapeutically indicated home visits with relatives and 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 resident.

(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, and for residents from a nursing facility for mental health, shall not exceed 21 days per state mental institution admission or admission to a psychiatric ward in a general hospital, private psychiatric hospital or veterans administration medical center.

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

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

(6) Reimbursement shall not be made to reserve a bed in a swing bed hospital when a nursing facility will be reimbursed for the same day to reserve a bed for the resident's return from the hospital.

(c) The resident's plan of care shall provide for the non-hospital related absence.

(1) Payment for non-hospital related reserve days for eligible residents in nursing facilities for mental health 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.

(2) Payment for non-hospital related reserve days for all eligible residents in nursing facilities shall not exceed 12 days per calendar year, including travel. If additional days are required to alleviate a severe hardship, the requesting party shall send a request for additional days and supporting documentation to the fiscal agent for approval or disapproval.

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

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

(f) Prior to any routine absence by residents, 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 provider has more than five vacant beds for each level of care for nursing facilities with less than 200 beds or more than 15 vacant beds for nursing facilities having 200 or more beds;

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

(3) the request for reserve days is for an absence longer than 10 hospital days for NF or NF-MH residents or 21 hospital days for NF-MH residents who enter a state mental hospital, or a psychiatric ward in a general hospital, private psychiatric hospital or veterans administration medical center. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective May 1, 1985; amended May 1, 1986; amended May 1, 1987; amended May 1, 1988; amended Jan. 2, 1989; amended Jan. 2, 1990; amended, T-30-3-29-90, April 1, 1990; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991.)

30-10-22. This rule and regulation shall expire on January 30, 1991. (Authorized by and implementing K.S.A. 1983 Supp. 39-708c; effective May 1, 1985; revoked, T-30-10-1-90, Oct. 1, 1990; revoked Jan. 30, 1991.)

30-10-23a. Non-reimbursable costs. (a) Costs not related to resident care, as set forth in K.A.R. 30-10-1a, 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 patient or resident 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

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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) resident personal purchases;

(14) barber and beauty shop expenses;

(15) advertising for patient utilization;

(16) public relations expenses;

(17) penalties, fines, and late charges;

(18) prescripton drugs;

(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 $25,000.00. Buses and vans for resident transportation shall be reviewed for reasonableness and may exceed $25,000 in costs; and

(21) airplanes.

(b) The following contract cost limitations under the NF-MH day activity program shall not be allowed:

(1) Recipient 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. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective May 1, 1985; amended May 1, 1988; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991.)

30-10-23b. 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 resident 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 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. 30-10-1a, 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. 30-10-23a shall not be allowable.

(8) (A) Costs associated with services, facilities, and supplies furnished to the nursing facility by related parties, as defined in K.A.R. 30-10-1a, 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 nursing facility 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 medicaid/medikan program in the absence of a clear justification for the premium.

(9) The net cost of approved 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) Resident-related transportation costs shall include only reasonable costs that are directly related to resident care and substantiated by detailed, contemporaneous expense and mileage records. Transportation costs only remotely related to resident care shall not be allowable. Estimates shall not be acceptable.

(11) Lease payments. Lease payments shall be reported in accordance with the financial accounting statements of the financial accounting standards board. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective May 1, 1985; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991.)

30-10-23c. 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 residents 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 resident care shall be used to offset the cost of pro-

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viding 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-resident 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 NF-MH provider with a day habilitation program shall not be required to deduct the income earned from the costs incurred on contracts. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective May 1, 1985; amended May 1, 1987; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991.)

30-10-24. 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. 30-10-1a, 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-resident related expense section of the cost report.

(b) Services related to resident care.

(1) If owners with 5% or more ownership interest, spouses, or related parties actually perform a necessary function directly contributing to resident care, a reasonable amount shall be allowed for such resident 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 resident-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 resident-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 prorated 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 resident-related functions. When any owner, spouse, or related party performs a resident-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 fee. 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. 30-10-1a;

(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 resident 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 resident care. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective May 1, 1985; amended May 1, 1986; amended May 1, 1987; amended May 1, 1988; amended Jan. 2, 1989; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991.)

30-10-25. Real and personal property fee. (a) The agency shall determine a real and personal property fee in lieu of an allowable cost for ownership or lease expense, or both. The real and personal property fee shall equal the sum of the property allowance determined under subsection (b) and the property value factor determined under subsection (c). The fee shall be facility-specific and shall not change as a result of change of ownership or lease by providers on or after July 18, 1984. An inflation factor may be applied to the fee on an annual basis.

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

(A) Rent or lease expense;

(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 property allowance shall be subject to a program maximum. The percentile limitations shall be established, based on an array of the costs on file with the agency as of July 18, 1984.

(c) The property value factor shall be computed as follows:

(1) The sum of the components under paragraph (b)(1) shall be determined for each facility, based on costs on file with the agency as of July 18, 1984. These sums shall be placed in an array and percentile groupings shall be developed from that array.

(2) The average property allowance shall be determined for each percentile grouping under paragraph (1).

(3) The average property allowance for each percentile grouping shall be multiplied by a percentage as established by the secretary on an annual basis.

(d) (1) The depreciation component of the property 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) prorated 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 through December 31, 1984. 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.

(e) (1) Providers shall be allowed to request a property fee rebasing if the following capital expenditure thresholds are met for related equipment or projects, or both:

(A) $25,000.00 for facilities with 50 or fewer beds; or

(B) $50,000.00 for facilities with 51 or more beds.

(2) The per diem from the interest or depreciation, or both, from the capital expenditures shall be added to the property allowance per diem originally established.

(3) The revised property allowance shall be used to determine the property value factor. The revised property value factor shall be based on the existing arrays.

(4) Effective dates for rebased property fees shall be the next following October 1.

(5) 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

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acquired and put into service. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective May 1, 1985; amended May 1, 1988; amended Jan. 2, 1990; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991.)

30-10-26. Interest expense. (a) Only necessary and proper interest on working capital indebtedness shall be an allowable cost. This does not include interest on real estate mortgages covered by the real and personal property fee in accordance with K.A.R. 30-10-25.

(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 a nursing facility "borrows" from a donor-restricted fund, this interest expense shall be an allowable cost. In addition, if a nursing facility 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 cost basis recognized for program purposes shall not be considered to be reasonably related to resident care. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective May 1, 1985; amended May 1, 1986; amended May 1, 1987; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991.)

30-10-27. 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 nursing facility. Central office costs shall not be recognized or allowed to the extent they are unreasonably in excess of similar nursing facilities 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 resident-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, and others 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 nonprofit 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 resident-related service for which such person is professionally qualified shall be included in the appropriate cost center for that service.

(4) Salaries of all other central office personnel performing resident-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. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective May 1, 1985; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991.)

30-10-28. Resident days. (a) Calculation of resident days.

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

(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 resident day.

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

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

(5) The total resident 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 resident days, the accumulated method format set forth in forms prescribed by the secretary shall be used for all residents. These forms shall be submitted to the agency

as supportive documentation for the resident 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 resident, whether a medicaid/medikan recipient or a non-recipient. If the provider fails to keep accurate records of inpatient 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 resident days in addition to the total resident days on the uniform cost report form.

(b) Any provider which has been in operation for 12 months or more and which has an occupancy rate of less than 85% for the cost report period shall calculate inpatient days at a minimum occupancy of 85% beginning with the patient days and costs reported for the 13th month.

(c) The minimum occupancy rate shall be determined by multiplying the total licensed bed days available by 85%. Therefore, in order to participate in the medicaid/medikan program, each nursing facility provider shall obtain proper certification for all licensed beds as either a nursing facility or nursing facility for for mental health services.

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

(e) Day care and day treatment shall be counted as one resident day for 18 hours of service. The total hours of service provided for all residents during the cost report year shall be divided by 18 hours to convert to resident days. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective May 1, 1985; amended May 1, 1987; amended Jan. 2, 1989; amended Jan. 2, 1990; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991.)

30-10-29. **Reimbursement for 24-hour nursing care.** Nursing facilities and nursing facilities for mental health participating in the medicaid/medikan program shall be reimbursed for providing 24-hour nursing care subject to the following limitations: (a) Each nursing facility currently providing 24-hour nursing care which has the full costs included in such homes' rate determination shall not be entitled to any further reimbursement under this regulation.

(b) Each nursing facility providing 24-hour nursing care which does not have these costs included in their homes' rates shall be reimbursed the difference in cost between a licensed nurse and a medication aide until the costs are reflected in their rates, subject to the limitations in K.A.R. 30-10-18(a). Facilities certified as nursing facilities for mental health may utilize a licensed mental health technician for the required licensed nurse.

(c) Nursing facilities shall be limited to an additional 16 hours of reimbursement per facility per day for the difference in cost between a licensed nurse and a medication aide.

(d) Twenty-four hour nursing care reimbursement shall be provided in addition to a nursing facility's current medicaid/medikan rate until the costs are included in the rate. Facilities certified as nursing facilities for mental health may utilize a licensed mental health technician for the required licensed nurse. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective, T-86-42, Dec. 18, 1985; effective, T-87-5, May 1, 1986; effective May 1, 1987; amended May 1, 1988; amended Jan. 2, 1990; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991.)

30-10-31 to 30-10-199. Reserved.

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

(continued)

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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 availability 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.

(3) 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.

(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. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective, T-30-10-1-90, Oct. 1, 1990; effective Jan. 30, 1991.)

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. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective, T-30-10-1-90, Oct. 1, 1990; effective Jan. 30, 1991.)

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. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective, T-30-10-1-90, Oct. 1, 1990; effective Jan. 30, 1991.)

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 san-

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itation 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. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective, T-30-10-1-90, Oct. 1, 1990; effective Jan. 30, 1991.)

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. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective, T-30-10-1-90, Oct. 1, 1990; effective Jan. 30, 1991.)

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. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.A.R. 39-708c, as amended by L. 1990, Chapter 152; effective, T-30-10-1-90, Oct. 1, 1990; effective Jan. 30, 1991.)

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 physician 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. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective, T-30-10-1-90, Oct. 1, 1990; effective Jan. 30, 1991.)

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. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective, T-30-10-1-90, Oct. 1, 1990; effective Jan. 30, 1991.)

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

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client's personal needs fund to hold, safeguard, and provide an accounting, upon the written authorization of the client or representative, or upon payment 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 have 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 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.

(continued)

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(k) Client property records.

(1) 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. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective, T-30-10-1-90, Oct. 1, 1990; effective Jan. 30, 1991.)

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. The effective date of this regulation shall be January 30, 1991. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1990, Chapter 152; effective, T-30-10-1-90, Oct. 1, 1990; effective Jan. 30, 1991.)

Dennis R. Taylor
Secretary of Social and
Rehabilitation Services

Doc. No. 009800

INDEX TO ADMINISTRATIVE REGULATIONS

This index lists in numerical order the new, amended and revoked administrative regulations and the volume and page number of the *Kansas Register* issue in which more information can be found. This cumulative index supplements the index found in the 1990 Index Supplement to the *Kansas Administrative Regulations*.

AGENCY 1: DEPARTMENT OF ADMINISTRATION

Reg. No.	Action	Register
1-5-30	New	V. 9, p. 1387
1-9-5	Amended	V. 9, p. 837
1-16-8	Amended	V. 9, p. 379
1-16-18	Amended	V. 9, p. 1281
1-16-18	Amended	V. 9, p. 1347
1-16-18a	Amended	V. 9, p. 838
1-18-1a	Amended	V. 9, p. 329
1-18-1a	Amended	V. 9, p. 380

AGENCY 4: BOARD OF AGRICULTURE

Reg. No.	Action	Register
4-7-510	Amended	V. 9, p. 189
4-7-511	New	V. 9, p. 189
4-7-512	New	V. 9, p. 189
4-7-513	New	V. 9, p. 190
4-7-800	Revoked	V. 9, p. 1359
4-7-801	Revoked	V. 9, p. 1359
4-7-802	Amended	V. 9, p. 1076
4-7-802	Amended	V. 9, p. 1359
4-7-803	Revoked	V. 9, p. 1359
4-7-903	Amended	V. 9, p. 1359
4-8-34	Amended	V. 9, p. 1359
4-8-40	Amended	V. 9, p. 1359
4-13-4	Amended	V. 9, p. 190
4-13-4a	New	V. 9, p. 190
4-13-5	Amended	V. 9, p. 191
4-13-8	Amended	V. 9, p. 191
4-13-15	Amended	V. 9, p. 578
4-13-26	New	V. 9, p. 191
4-13-27	New	V. 9, p. 191
4-20-3	Amended	V. 9, p. 191
4-20-5	Amended	V. 9, p. 192
4-20-6	Amended	V. 9, p. 192
4-20-7	New	V. 9, p. 192
4-20-8	New	V. 9, p. 192
4-20-11	New	V. 9, p. 192
4-20-12	New	V. 9, p. 192
4-20-13	New	V. 9, p. 192
4-20-14	New	V. 9, p. 193

AGENCY 5: BOARD OF AGRICULTURE—DIVISION OF WATER RESOURCES

Reg. No.	Action	Register
5-1-1	Amended	V. 9, p. 1539
5-5-7	New	V. 9, p. 1541
5-9-3	Amended	V. 9, p. 1541
5-22-1	Amended	V. 9, p. 1302
5-22-2	Amended	V. 9, p. 1302
5-22-4	Amended	V. 9, p. 1302
5-22-5	Amended	V. 9, p. 1303
5-22-7	Amended	V. 9, p. 1303
5-22-8	New	V. 9, p. 1303
5-22-9	New	V. 9, p. 1303
5-23-3	Amended	V. 9, p. 193

AGENCY 7: SECRETARY OF STATE

Reg. No.	Action	Register
7-23-4	Amended	V. 9, p. 1194
7-29-1	Amended	V. 9, p. 989
7-29-1	Amended	V. 9, p. 1074

AGENCY 9: ANIMAL HEALTH DEPARTMENT

Reg. No.	Action	Register
9-2-1	Amended	V. 9, p. 328
9-13-4	New	V. 9, p. 624

AGENCY 11: STATE CONSERVATION COMMISSION

Reg. No.	Action	Register
11-7-1 through 11-7-10	New	V. 9, p. 506, 507

AGENCY 14: DEPARTMENT OF REVENUE—DIVISION OF ALCOHOLIC BEVERAGE CONTROL

Reg. No.	Action	Register
14-5-4	Amended	V. 9, p. 989
14-6-1	Amended	V. 9, p. 989
14-6-4	Amended	V. 9, p. 990
14-7-4	Amended	V. 9, p. 990
14-10-5	Amended	V. 9, p. 990
14-13-1	Amended	V. 9, p. 991
14-13-2	Amended	V. 9, p. 992
14-13-4	Amended	V. 9, p. 992
14-13-9	Amended	V. 9, p. 993
14-13-11	Amended	V. 9, p. 994
14-14-7	Amended	V. 9, p. 994
14-14-14	New	V. 9, p. 995
14-17-6	New	V. 8, p. 750
14-19-14	Amended	V. 9, p. 995
14-19-17	Amended	V. 9, p. 996
14-20-14	Amended	V. 9, p. 996
14-20-17	Amended	V. 9, p. 997
14-21-1	Amended	V. 9, p. 997
14-21-4	Amended	V. 9, p. 998
14-21-6	Amended	V. 9, p. 998
14-22-1	Amended	V. 9, p. 999
14-22-4	Amended	V. 9, p. 1000
14-22-12	Amended	V. 9, p. 1000
14-23-14	Revoked	V. 9, p. 1000

AGENCY 22: STATE FIRE MARSHAL

Reg. No.	Action	Register
22-1-1	Amended	V. 9, p. 1167
22-3-2	Amended	V. 9, p. 1168
22-4-1	Amended	V. 9, p. 1168
22-4-4	New	V. 9, p. 1168
22-7-1	Amended	V. 9, p. 1168
22-7-2	Amended	V. 9, p. 1168
22-7-3	Amended	V. 9, p. 1168
22-8-1	Amended	V. 9, p. 1168
22-10-3	Amended	V. 9, p. 1168
22-10-11	Amended	V. 9, p. 1358
22-10-13	Amended	V. 9, p. 1358
22-10-17	Amended	V. 9, p. 1170
22-11-6	Amended	V. 9, p. 1170
22-11-8	Amended	V. 9, p. 1170
22-15-7	Amended	V. 9, p. 1171
22-18-3	New	V. 9, p. 1172
22-20-1	Amended	V. 9, p. 1172

AGENCY 23: DEPARTMENT OF WILDLIFE AND PARKS

Reg. No.	Action	Register
23-1-8	Revoked	V. 9, p. 704
23-1-12	Revoked	V. 9, p. 386
23-2-5	Revoked	V. 9, p. 704

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Reg. No.	Action	Register
23-2-7	Revoked	V. 9, p. 386
23-2-12	Revoked	V. 9, p. 704
23-2-14	Revoked	V. 9, p. 386
23-2-15	Revoked	V. 9, p. 386
23-2-16	Revoked	V. 9, p. 386
23-2-17	Revoked	V. 9, p. 1133
23-2-18	Revoked	V. 9, p. 704
23-2-19	Revoked	V. 9, p. 704
23-3-9	Revoked	V. 9, p. 1133
23-3-13	Revoked	V. 9, p. 1134
23-3-17	Revoked	V. 9, p. 1563
23-3-18	Revoked	V. 9, p. 1563
23-5-1 through 23-5-8	Revoked	V. 9, p. 386
23-6-1	Revoked	V. 9, p. 1134
23-6-6	Revoked	V. 9, p. 167
23-6-7	Revoked	V. 9, p. 1134
23-7-5	Revoked	V. 9, p. 167
23-7-7	Revoked	V. 9, p. 167
23-8-11	Revoked	V. 9, p. 1134
23-11-3	Revoked	V. 9, p. 1344
23-11-4	Revoked	V. 9, p. 1344
23-11-6	Revoked	V. 9, p. 1344
23-11-7	Revoked	V. 9, p. 1344
23-11-8	Revoked	V. 9, p. 1344
23-11-9	Revoked	V. 9, p. 1344
23-11-12	Revoked	V. 9, p. 1344
23-11-13	Revoked	V. 9, p. 1344
23-11-16	Revoked	V. 9, p. 1344
23-11-17	Revoked	V. 9, p. 1344
23-15-1	Revoked	V. 9, p. 1134
23-18-2	Revoked	V. 9, p. 1563
23-20-1	Revoked	V. 9, p. 1563

AGENCY 25: STATE GRAIN INSPECTION DEPARTMENT

Reg. No.	Action	Register
25-4-1	Amended	V. 9, p. 1342
25-4-4	Amended	V. 9, p. 1343

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
28-4-442	Amended	V. 9, p. 44
28-17-1	Amended	V. 9, p. 1340
28-17-3	Revoked	V. 9, p. 1340
28-17-4	Revoked	V. 9, p. 1340
28-17-5	Amended	V. 9, p. 1340
28-17-7	Revoked	V. 9, p. 1340
28-17-12	Amended	V. 9, p. 1340
28-17-15	Amended	V. 9, p. 1340
28-17-19	Amended	V. 9, p. 1340
28-17-20	Amended	V. 9, p. 1340
28-38-17	Revoked	V. 9, p. 1195
28-38-18 through 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
28-39-81	Amended	V. 9, p. 1023
28-44-1 through 28-44-11	Revoked	V-9, p. 1513
28-44-12 through 28-44-27	New	V. 9, p. 1513-1517
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. 1250
30-4-63	Amended	V. 9, p. 1250
30-4-63	Revoked	V. 9, p. 1280
30-4-64	Amended	V. 9, p. 1252
30-4-64	Revoked	V. 9, p. 1280
30-4-73	Amended	V. 9, p. 1253
30-4-85a	Amended	V. 9, p. 194
30-4-96	Amended	V. 9, p. 194
30-4-101	Amended	V. 9, p. 1386
30-4-102	Amended	V. 9, p. 450
30-4-112	Amended	V. 9, p. 1254
30-4-112	Revoked	V. 9, p. 1280
30-4-120	Amended	V. 9, p. 1254
30-4-120	Revoked	V. 9, p. 1280
30-5-58	Amended	V. 9, p. 940
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
30-5-81	Amended	V. 9, p. 940
30-5-81a	Amended	V. 9, p. 459
30-5-81b	Amended	V. 9, p. 940
30-5-82	Amended	V. 9, p. 459
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
30-5-100	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
30-5-110	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
30-5-116	Amended	V. 9, p. 941
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. 1255
30-6-35	Revoked	V. 9, p. 1280
30-6-38	Amended	V. 9, p. 1256
30-6-38	Revoked	V. 9, p. 1280
30-6-41	Amended	V. 9, p. 195
30-6-53	Amended	V. 9, p. 1256
30-6-53	Revoked	V. 9, p. 1280
30-6-65	Amended	V. 9, p. 1257
30-6-65	Revoked	V. 9, p. 1280
30-6-74	Amended	V. 9, p. 195
30-6-77	Amended	V. 9, p. 1258
30-6-77	Revoked	V. 9, p. 1280
30-6-79	Amended	V. 9, p. 195
30-6-87	New	V. 9, p. 1259
30-6-87	Revoked	V. 9, p. 1280
30-6-103	Amended	V. 9, p. 1259
30-6-103	Revoked	V. 9, p. 1280
30-6-106	Amended	V. 9, p. 195
30-6-107	Amended	V. 9, p. 1259
30-6-107	Revoked	V. 9, p. 1281
30-6-108	Amended	V. 9, p. 1260
30-6-108	Revoked	V. 9, p. 1281
30-6-109	Amended	V. 9, p. 1260
30-6-109	Revoked	V. 9, p. 1281
30-6-111	Amended	V. 9, p. 197
30-6-112	Amended	V. 9, p. 1261
30-6-112	Revoked	V. 9, p. 1281
30-7-79	New	V. 9, p. 942
30-10-21	Amended	V. 9, p. 546
30-22-33	New	V. 9, p. 942
30-51-1 through 30-51-5	Revoked	V. 9, p. 198

AGENCY 33: DEPARTMENT OF WILDLIFE AND PARKS

Reg. No.	Action	Register
33-1-21	Revoked	V. 9, p. 167
33-3-2	Revoked	V. 9, p. 386
33-3-4	Revoked	V. 9, p. 386

AGENCY 36: DEPARTMENT OF TRANSPORTATION

Reg. No.	Action	Register
36-15-23	Amended	V. 9, p. 1023
36-26-1	Amended	V. 9, p. 1023

AGENCY 40: KANSAS INSURANCE DEPARTMENT

Reg. No.	Action	Register
40-3-35	Amended	V. 9, p. 1304
40-4-35a	Amended	V. 9, p. 30
40-4-35a	Amended	V. 9, p. 303
40-4-39	New	V. 9, p. 303
40-7-11	Amended	V. 9, p. 304
40-7-20a	Amended	V. 9, p. 1305
40-7-20a	Amended	V. 9, p. 1362
40-7-22 through 40-7-25	New	V. 9, p. 304
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 CORRECTIONS

Reg. No.	Action	Register
44-6-101	Amended	V. 9, p. 1424
44-6-108a through 44-6-114b	Revoked	V. 9, p. 1425
44-6-114c	New	V. 9, p. 1425
44-6-120	Amended	V. 9, p. 1425
44-6-121	Amended	V. 9, p. 1425
44-6-124	Amended	V. 9, p. 1426
44-6-125	Amended	V. 9, p. 1426
44-6-126	Amended	V. 9, p. 1426
44-6-134	Amended	V. 9, p. 1427
44-6-135	Amended	V. 9, p. 1427
44-6-135a	New	V. 9, p. 1427
44-6-136a	New	V. 9, p. 1427
44-6-143	New	V. 9, p. 1428
44-7-104	Amended	V. 9, p. 1428
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. 80
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 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

(continued)

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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
68-2-12a	Amended	V. 9, p. 383
68-9-1	Amended	V. 9, p. 384
68-20-20	Amended	V. 9, p. 384

AGENCY 74: BOARD OF ACCOUNTANCY

Reg. No.	Action	Register
74-5-406	Amended	V. 9, p. 1282
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. 9, p. 83
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
82-9-1	Amended	V. 9, p. 1359
82-9-3	Amended	V. 9, p. 1360
83-9-5	Amended	V. 9, p. 1360
82-9-6	Amended	V. 9, p. 1360
82-9-8	Amended	V. 9, p. 1361
82-9-14	Amended	V. 9, p. 1361
82-9-16	Amended	V. 9, p. 1361
82-9-24	Amended	V. 9, p. 1362
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 86: REAL ESTATE COMMISSION

Reg. No.	Action	Register
86-1-10	Amended	V. 9, p. 835

AGENCY 88: BOARD OF REGENTS

Reg. No.	Action	Register
88-20-1 through 88-20-11	New	V. 9, p. 165-167

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
91-1-58	Amended	V. 9, p. 1099
91-1-80	Amended	V. 9, p. 1100
91-1-82	Amended	V. 9, p. 1100
91-1-101	Revoked	V. 9, p. 1101
91-1-106a through 91-1-106m	New	V. 9, p. 1101-1103
91-1-110	Revoked	V. 9, p. 1103
91-1-123a	New	V. 9, p. 1103
91-1-132a	Amended	V. 9, p. 1103

AGENCY 92: DEPARTMENT OF REVENUE

Reg. No.	Action	Register
92-23-40	Amended	V. 9, p. 1076
92-55-2a	New	V. 9, p. 1513

AGENCY 100: BOARD OF HEALING ARTS

Reg. No.	Action	Register
100-49-4	Amended	V. 9, p. 108
100-49-4	Amended	V. 9, p. 257

AGENCY 102: BEHAVIORAL SCIENCES REGULATORY BOARD

Reg. No.	Action	Register
102-1-13	Amended	V. 9, p. 624
102-4-10	New	V. 9, p. 1024

AGENCY 109: EMERGENCY MEDICAL SERVICES BOARD

Reg. No.	Action	Register
109-2-5	Amended	V. 9, p. 1076
109-2-7	Amended	V. 9, p. 1077
109-8-1	Amended	V. 9, p. 1077
109-9-1	Amended	V. 9, p. 1077
109-10-1	Amended	V. 9, p. 1078
109-12-1	Amended	V. 9, p. 1078

AGENCY 110: DEPARTMENT OF COMMERCE

Reg. No.	Action	Register
110-4-1 through 110-4-8	New	V. 9, p. 1282-1284

AGENCY 111: THE KANSAS LOTTERY

Reg. No.	Action	Register
111-1-2	Amended	V. 7, p. 1190
111-1-5	Amended	V. 8, p. 586
111-2-2a	New	V. 9, p. 199
111-2-1	Amended	V. 7, p. 1995
111-2-6	New	V. 8, p. 134
111-2-7	Amended	V. 8, p. 586
111-2-13	New	V. 8, p. 1666
111-2-14	New	V. 9, p. 30
111-3-1	Amended	V. 9, p. 1566
111-3-9	Amended	V. 8, p. 1085
111-3-10 through 111-3-31	New	V. 7, p. 201-206
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
111-3-16	Amended	V. 9, p. 1566
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
111-3-25	New	V. 7, p. 1310
111-3-27	New	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
111-4-8	Amended	V. 7, p. 1064
111-4-12	Amended	V. 7, p. 1190
111-4-66 through 111-4-77	New	V. 7, p. 207-209
111-4-96 through 111-4-114	New	V. 7, p. 1606-1610
111-4-100	Amended	V. 9, p. 1364
111-4-101	Amended	V. 9, p. 1364
111-4-102	Amended	V. 9, p. 1364
111-4-104	Amended	V. 9, p. 1364
111-4-105	Amended	V. 9, p. 1365
111-4-106	Amended	V. 9, p. 136[illegible]
111-4-106a	New	V. 9, p. 1365
111-4-107	Amended	V. 9, p. 1366
111-4-108	Amended	V. 9, p. 1366
111-4-111	Amended	V. 9, p. 1366
111-4-113	Amended	V. 9, p. 1366
111-4-114	Amended	V. 9, p. 1366
111-4-153 through 111-4-160	New	V. 8, p. 970, 971
111-4-160	Amended	V. 8, p. 1329
111-4-177 through 111-4-180	New	V. 8, p. 1086, 1087
111-4-181 through 111-4-184	New	V. 8, p. 1329
111-4-185 through 111-4-196	New	V. 8, p. 1518-1520
111-4-196 through 111-4-203	New	V. 9, p. 32-34
111-4-201	Amended	V. 9, p. 232
111-4-205	New	V. 9, p. 504
111-4-206	New	V. 9, p. 504
111-4-207	New	V. 9, p. 504
111-4-208	New	V. 9, p. 504
111-4-209	New	V. 9, p. 698
111-4-210	New	V. 9, p. 698
111-4-211	New	V. 9, p. 699
111-4-212	New	V. 9, p. 699
111-4-213 through 111-4-220	New	V. 9, p. 728, 729
111-4-217	Amended	V. 9, p. 986
111-4-221 through 111-4-224	New	V. 9, p. 1197
111-4-225 through 111-4-228	New	V. 9, p. 1366, 1367
111-4-229 through 111-4-236	New	V. 9, p. 1566-1568
111-5-1 through 111-5-23	New	V. 7, p. 209-213
111-5-9 through 111-5-15	Amended	V. 8, p. 210, 211
111-5-11	Amended	V. 9, p. 505
111-5-17	Amended	V. 8, p. 211
111-5-19	Amended	V. 8, p. 212
111-6-1 through 111-6-15	New	V. 7, p. 213-217
111-6-1	Amended	V. 9, p. 1568
111-6-3	Amended	V. 9, p. 200
111-6-6	Amended	V. 9, p. 200
111-6-12	Amended	V. 8, p. 212
111-6-13	Amended	V. 8, p. 299
111-6-17	New	V. 7, p. 1191
111-7-1 through 111-7-10	New	V. 7, p. 1192, 1193
111-7-1	Amended	V. 8, p. 212
111-7-3	Amended	V. 9, p. 986
111-7-4	Amended	V. 9, p. 1367
111-7-5	Amended	V. 9, p. 986

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Reg. No.	Action	Register
111-7-6	Amended	V. 9, p. 987
111-7-9	Amended	V. 9, p. 1569
111-7-11	Amended	V. 9, p. 987
111-7-12 through 111-7-32	New	V. 7, p. 1194-1196
111-7-33 through 111-7-43	New	V. 7, p. 1197, 1198
111-7-33a	New	V. 8, p. 300
111-7-44 through 111-7-54	New	V. 9, p. 1367-1370
111-8-1	New	V. 7, p. 1633
111-8-2	New	V. 7, p. 1633
111-8-3	Amended	V. 9, p. 505
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
112-5-1	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
112-6-6	Amended	V. 9, p. 155
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
112-9-18	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. 9, p. 159
112-9-37	Amended	V. 9, p. 159
112-10-4	Amended	V. 9, p. 160
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
112-12-2	Amended	V. 9, p. 164
112-12-4	Amended	V. 9, p. 164
112-15-1 through 112-15-7	New	V. 9, p. 1074, 1075
112-15-1 through 112-15-7	New	V. 9, p. 1346, 1347

AGENCY 115: DEPARTMENT OF WILDLIFE AND PARKS

Reg. No.	Action	Register
115-2-1	Amended	V. 9, p. 1564
115-2-4	New	V. 9, p. 951
115-4-3	New	V. 9, p. 386
115-4-5	New	V. 9, p. 387
115-4-6	New	V. 9, p. 388
115-4-7	New	V. 9, p. 390
115-4-9	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
115-7-3	New	V. 9, p. 1135
115-7-5	Amended	V. 9, p. 951
115-7-6	New	V. 9, p. 1135
115-8-2	New	V. 9, p. 391
115-8-9	New	V. 9, p. 169
115-8-21	New	V. 9, p. 169
115-10-1 through 115-10-8	New	V. 9, p. 391, 392
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
115-17-6 through 115-17-9	New	V. 9, p. 1564, 1565
115-20-1	New	V. 9, p. 951
115-20-2	New	V. 9, p. 1139
115-20-3	New	V. 9, p. 1140
115-30-2 through 115-30-8	New	V. 9, p. 1344, 1345

AGENCY 116: STATE FAIR BOARD

Reg. No.	Action	Register
116-2-1	Amended	V. 9, p. 1022

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