



Kansas Register

Ron Thornburgh, Secretary of State

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State of Kansas

Kansas Military Board

Notice of Meeting

The Kansas Military Board of the Adjutant General's Department will meet at 10 a.m. Wednesday, May 12, at the State Defense Building, Conference Room 102, 2800 S.W. Topeka Blvd., Topeka. An agenda may be obtained by contacting Charles Bredahl, State Defense Building, Room 100, 2800 S.W. Topeka Blvd., Topeka, 66611-1287, (785) 274-1004.

Charles G. Bredahl
Special Assistant to
The Adjutant General

Doc. No. 023743

State of Kansas

Pooled Money Investment Board

Notice of Investment Rates

The following rates are published in accordance with K.S.A. 75-4210. These rates and their uses are defined in K.S.A. 1998 Supp. 12-1675(b)(c)(d), and K.S.A. 75-4201(l) and 75-4209(a)(1)(B).

Effective 4-26-99 through 5-2-99

Term	Rate
1-89 days	4.64%
3 months	4.41%
6 months	4.63%
9 months	4.72%
12 months	4.85%
18 months	5.00%
24 months	5.01%

Derl S. Treff
Director of Investments

Doc. No. 023741

State of Kansas

Social and Rehabilitation Services

Notice of Meetings

A series of public meetings will be conducted to receive comments and recommendations for the development of a Kansas state plan for child care policies. The public is invited to attend any of the following meetings:

- April 29 2 p.m. Topeka Staff Development Building, Room B Topeka State Hospital grounds 4th and Oakley
- May 19 10 a.m. Manhattan Manhattan Public Library 629 Poyntz (Juliette and Poyntz)
- 2 p.m. Salina Salina SRS Office 901 Westchester Drive, Kansas Room
- 7 p.m. Hays Developmental Services of NW Kansas Reed Center, 1310 Walnut
- May 20 10 a.m. Garden City Garden City SRS Office 1701 Palace Drive
- 5 p.m. Pratt Pratt SRS Office 802 S. Main
- May 21 10 a.m. Wichita Finney State Office Building 230 E. William, Room 3080
- June 8 10 a.m. Kansas City Kansas City SRS Office 400 State Ave. 4th floor conference room
- 6:30 p.m. Emporia Emporia SRS Office 1701 Wheeler, conference room

Written comments also may be sent to Economic and Employment Support, Childhood Services, 6th Floor, Docking State Office Building, 915 S.W. Harrison, Topeka, 66612, Attention: Jean Morgan.

Rochelle Chronister
Secretary of Social and
Rehabilitation Services

Doc. No. 023742

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(Published in the Kansas Register April 29, 1999.)

Heartland Works, Inc.**Request for Proposals**

Heartland Works, Inc. is accepting bids for the purchase of general liability, property, inland marine, non-owned auto, employee dishonesty, special risk accident, and commercial umbrella insurance. To receive a Request for Proposal, including all specifications, contact Heartland Works, Inc., 1035 S.W. Topeka Blvd., Topeka, 66612-1601, (785) 234-0500. Heartland Works welcomes all interested companies to bid.

Nancy Miller
Administrative Assistant

Doc. No. 023748

State of Kansas**Kansas Development Finance Authority****Notice of Hearing**

A public hearing will be conducted at 9 a.m. Thursday, May 13, in the conference room of the Kansas Development Finance Authority, Suite 1000, Jayhawk Tower, 700 S.W. Jackson, Topeka, on the proposal for the Kansas Development Finance Authority to issue approximately \$5,200,000 principal amount of Housing Development Revenue Bonds for the The Winston Group (the developer). The bonds will be issued, pursuant to K.S.A. 74-8901 *et seq.*, to finance the costs of acquisition, rehabilitation and equipping of Tiffany Gardens Apartments and related improvements and equipment to be used for public housing purposes (the project). The project is being financed for The Winston Group or an affiliated entity (the developer). Tiffany Gardens Apartments is a 156-unit multifamily housing complex consisting of 14 two-story buildings, and is located at 6200 Marty Lane, Overland Park, Johnson County, Kansas.

The bonds, when issued, will be a limited obligation of the Kansas Development Finance Authority and will not constitute a general obligation or indebtedness of the State of Kansas or any political subdivision thereof, including the Authority, nor will the bonds constitute an indebtedness for which the faith and credit and taxing powers of the State of Kansas are pledged. The bonds will be payable solely from amounts received from the developer, the obligation of which will be sufficient to pay the principal of, interest and redemption premium, if any, on the bonds when they become due.

All individuals who appear at the hearing will be given an opportunity to express their views, and all written comments previously filed with the Authority at its offices at Suite 1000, Jayhawk Tower, 700 S.W. Jackson, Topeka, 66603, will be considered. Additional information regarding the project may be obtained by contacting the Authority.

Kenneth Frahm
President

Doc. No. 023758

State of Kansas**State Conservation Commission****Notice of Meeting**

The State Conservation Commission will meet at 9 a.m. Monday, May 10, in the Kansas Water Office's conference room, 109 S.W. 9th, Suite 300, Topeka. A copy of the agenda may be obtained by contacting Cathy Thompson, 109 S.W. 9th, Suite 500, Topeka, 66612-1299, (785) 296-3600. If special accommodations are needed, please contact the agency three days in advance of meeting date.

Tracy D. Streeter
Executive Director

Doc. No. 023750

State of Kansas**Department of Transportation****Notice to Consulting Engineers**

The Kansas Department of Transportation is seeking qualified consulting engineering firms to perform plan reviews as needed, statewide, for the Bureau of Local Projects and the Bureau of Design. Two to four firms will be selected. Responses must be received by 5 p.m. May 19 for the consulting engineering firm to be considered. Seven signed copies of the response should be mailed to Neil Rusch, P.E., Assistant to the Director, Division of Engineering and Design, KDOT, Room 1084-West, Docking State Office Building, 915 S.W. Harrison, Topeka, 66612-1568. Responses shall be limited to four pages.

From the firms expressing interest, the Consultant Selection Committee will select a list of the most highly qualified (not less than three, not more than five) and invite them to attend an individual interview conference. At this time, the consulting firms can more thoroughly discuss their experience related to the type of project at hand and will be expected to discuss, in some detail, their approach to this project and the personnel to be assigned to the project. Firms not selected to be short listed will be notified by letter.

The Consultant Negotiating Committee, appointed by the Secretary of Transportation, will conduct the discussions with the firms invited to the individual interview conferences. The committee will select the firm to perform the professional services required for completing the advertised project. After the selection of this firm, the remaining firms will be notified by letter of the outcome.

It is KDOT's policy to use the following criteria as the basis for selection of the consulting engineering firms:

1. Size and professional qualifications;
2. Experience of staff;
3. Location of firm with respect to proposed project;
4. Work load of firm; and
5. Firm's performance record.

E. Dean Carlson
Secretary of Transportation

Doc. No. 023754

State of Kansas

Department of Transportation

Notice to Contractors

Sealed proposals for the construction of road and bridge work in the following Kansas counties will be received at the Bureau of Construction and Maintenance, KDOT, Topeka, or at the Capitol Plaza Hotel, Topeka, until 2 p.m. May 19, and then publicly opened:

District One—Northeast

Atchison—59-3 K-6023-01—U.S. 59 in Atchison County, guard fence. (State Funds)

Douglas—56-23 K-5486-01—U.S. 56, 9th Street east to 3rd Street in Baldwin City, 0.5 mile (0.8 kilometer), grading and surfacing. (State Funds)

Douglas-Jefferson-Shawnee—106 K-6024-01—Various locations on K-4 in Jefferson and Shawnee counties and K-10 in Douglas County, guard fence. (State Funds)

Harvey-Marion—50-106 K-7368-01—U.S. 50 from the north city limits of Newton northeast to 1.7 miles (2.7 kilometers) east of U.S. 77 Junction, 28.2 miles (45.3 kilometers), pavement marking. (State Funds)

Jackson—C-3299-01—County road 5.6 miles (9 kilometers) south of Denison, 0.15 mile (0.24 kilometer), grading and bridge. (Federal Funds)

Johnson—435-46 K-7329-01—I-435 Bridge 221, eastbound K-10 ramp to northbound I-435, bridge repair. (State Funds)

Leavenworth—52 U-1605-01—Gilman Road from U.S. 73 west to Willow in Lansing, 0.2 mile (0.4 kilometer), grading and surfacing. (Federal Funds)

Osage—276-70 K-7486-01—K-276 from the east city limits of Olivet east to the junction of U.S. 75, 1.1 miles (1.7 kilometers), overlay. (State Funds)

Osage—75-70 K-5764-01—U.S. 75 from the Coffey-Osage county line north to 0.8 mile (1.3 kilometers) south of the junction of K-278, 7.1 miles (11.4 kilometers), surfacing and bridge. (Federal Funds)

Shawnee—470-89 K-7105-01—I-470 bridge (east lane) over I-70, bridge overlay. (State Funds)

Shawnee—89 U-1743-01—10th and Mulvane in Topeka, intersection improvement. (Federal Funds)

Wyandotte—635-105 K-6472-01—I-635 from the north end of the bridge over Swartz Road north to the Missouri River bridge, 4.6 miles (7.4 kilometers), overlay. (State Funds)

Wyandotte—32-105 K-7152-01—K-32 culvert 8.8 miles (14.2 kilometers) east of the Leavenworth-Wyandotte county line, culvert replacement. (State Funds)

Statewide—106-0099-01—Rehabilitate and update historical markers throughout the state, signing. (Federal Funds)

District Two—Northcentral

Cloud—9-15 K-7117-01—K-9 bridge over Plum Creek, 4.5 miles (7.2 kilometers) east of U.S. 81, bridge overlay. (State Funds)

Lincoln—18-53 K-7109-01—K-18 Beaver Creek bridge, 3 miles (4.8 kilometers) east of K-14, bridge overlay. (State Funds)

Mitchell—14-62 K-7110-01—K-14 Leban Creek bridge 3.4 miles (5.4 kilometers) south of U.S. 24, bridge overlay. (State Funds)

Republic—79 C-3454-01—County road 3 miles (4.8 kilometers) south and 2.7 miles (4.3 kilometers) east of Courtland, 0.3 mile (0.48 kilometer), grading and bridge. (Federal Funds)

Republic—79 C-3570-01—County road 2 miles (3.2 kilometers) north and 0.5 mile (0.8 kilometer) east of Wayne, 0.19 mile (0.3 kilometer), grading and bridge. (Federal Funds)

District Three—Northwest

Decatur—83-20 K-7123-01—U.S. 83 bridges over Sappa Creek drainage and Oberlin Lake, bridge overlay. (State Funds)

Decatur—20 C-3573-01—County road from U.S. 36 north 0.4 mile (0.7 kilometer), surfacing. (Federal Funds)

Ellis—26 C-3216-01—County road 0.2 mile (0.3 kilometer) west of Victoria, grading and bridge. (Federal Funds)

Phillips—36-74 K-7124-01—U.S. 36 bridges over Big Creek and Plum Creek, bridge overlay. (State Funds)

Rawlins—77 C-3552-01—County road 3 miles (4.8 kilometers) east of Atwood then northeast 4.2 miles (6.8 kilometers), grading and bridge. (Federal Funds)

Russell—232-84 K-7122-01—K-232 bridges over Wolf Creek and Wolf Creek drainage south of K-18, bridge overlay. (State Funds)

Sherman—91 C-3574-01—County road 4.6 miles west of Goodland, 0.1 mile (0.2 kilometer), grading, bridge and surfacing. (Federal Funds)

Sherman—70-91 M-1875-01—I-70 Ruleton Safety Rest Area, rest area improvements. (State Funds)

Smith—36-92 K-7125-01—U.S. 36 bridges over Cedar drainage and Cedar Creek, bridge overlay. (State Funds)

Smith—36-92 K-7120-01—U.S. 36 bridges over Middle Oak Creek and U.S. 281/K-181, bridge overlay. (State Funds)

Thomas—97 C-2941-01—County road 4 miles (6.4 kilometers) south of Levant, then south 3 miles (4.9 kilometers), surfacing. (Federal Funds)

Wallace—100 C-3406-01—County road 3 miles (4.8 kilometers) west and 12.9 miles (20.7 kilometers) north of Weskan, 0.25 mile (0.402 kilometer), grading and bridge. (Federal Funds)

District Four—Southeast

Anderson—31-2 K-7133-01—K-31 bridge over the Pottawatomie Creek, bridge overlay. (State Funds)

Coffey—75-16 K-5763-01—U.S. 75 1 mile (1.6 kilometers) south of the Coffey-Osage county line, north 1 mile (1.6 kilometers), surfacing. (Federal Funds)

Crawford—57-19 K-7730-01—K-57 from the Crawford-Neosho county line east to the west city limits of Girard, 12.5 miles (20.1 kilometers), overlay. (State Funds)

Districtwide—106 K-6254-99—Various locations in District 4, 119.4 miles (192.3 kilometers), signing. (State Funds)

Franklin—30 C-3407-01—County road 3.4 miles (5.5 kilometers) west of Le Loup at east fork Tauy Creek, 0.15 mile (0.24 kilometer), grading, bridge and surfacing. (Federal Funds)

Greenwood—37 C-3389-01—County road 1.7 miles (2.7 kilometers) east and 2.2 miles (3.5 kilometers) north of Climax, 0.08 mile (0.136 kilometer), grading, bridge and surfacing. (Federal Funds)

Labette—96-50 K-7130-01—K-96 bridge over the Neosho River drainage 1 mile (1.6 kilometers) east of U.S. 59, bridge overlay. (State Funds)

Woodson—105-104 K-7131-01—K-105 bridge over Cedar Creek 1.4 miles (2.2 kilometers) southeast of U.S. 54, bridge repair. (State Funds)

District Five—Southcentral

Cowley—160-18 K-7308-01—U.S. 160 Walnut River Bridge 024, bridge repair. (State Funds)

Cowley—77-18 K-7711-01—U.S. 77 Ark City bypass, from U.S. 166 north 3.9 miles (6.3 kilometers), grading and surfacing. (State Funds)

Districtwide—106 K-5928-99—Various locations in District 5, 441.7 miles (711 kilometers), signing. (State Funds)

Rice—14-80 K-7137-01—K-14 bridge over Little Cow Creek, bridge repair. (State Funds)

Stafford—93 C-3413-01—County road 5.5 miles (8.9 kilometers) north and 5.5 miles (8.9 kilometers) east of Stafford, 0.5 mile (0.8 kilometer), grading, bridge and surfacing. (Federal Funds)

Harvey—135-40 K-5634-03—I-135 south of First Street and south of Broadway, culverts. (Federal Funds)

District Six—Southwest

Clark—283-13 K-7147-01—U.S. 283 bridge over Bullard Creek 1.2 miles (1.9 kilometers) north of the Oklahoma-Kansas state line, bridge overlay. (State Funds)

Districtwide—106 K-5929-99—Various locations in District 6, 265.3 miles (426.9 kilometers), signing. (State Funds)

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

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

provided by the state to each prospective bidder. Failure to submit the sworn statement as part of the bid approval package will make the bid nonresponsive and not eligible for award consideration.

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

E. Dean Carlson
Secretary of Transportation

Doc. No. 023755

State of Kansas

Kansas Insurance Department

Notice of Hearing on Proposed Administrative Regulations

A public hearing will be conducted at 9 a.m. Tuesday, July 6, in the third floor conference room, Kansas Insurance Department, 420 S.W. 9th, Topeka, to consider the adoption of proposed changes in an existing rule and regulation.

This 60-day notice of the public hearing shall constitute a public comment period for purpose of receiving written public comments on the proposed rule and regulation. All interested parties may submit written comments prior to the hearing to Rebecca Sanders, Kansas Insurance Department, 420 S.W. 9th, Topeka, 66612-1678. All interested parties will be given a reasonable opportunity to present their views orally on the adoption of the proposed regulation during the hearing.

Any individual with a disability may request accommodation in order to participate in the public hearing and may request the proposed regulation and economic impact statement in an accessible format. Requests for accommodation should be made at least five working days in advance of the hearing by contacting Rebecca Sanders at (78) 296-7811.

Copies of the full text of the regulation and the economic impact statement may be obtained by contacting the Insurance Department. A summary of the proposed regulation and its economic impact follows.

K.A.R. 40-2-26. Valuation of life insurance policies. The purpose of this regulation is to provide minimum standards for valuation of certain term insurance contracts. The purpose of the amendments is to modify previous standards to insure the financial stability of companies. The economic impact on the companies is that companies will have to increase their reserves, which could result in a slight increase in premiums. However, the increase in reserves requirement will have the most impact on the companies whose policies were undervalued and did not maintain sufficient reserves. Companies who have consistently maintained sufficient reserves will not be impacted. Insolvency of insurance companies is harmful to insurance consumers. To assist in insurance companies remaining solvent, reserve standards and valuation standards should have the force and effect of law.

Kathleen Sebelius
Kansas Insurance Commissioner

Doc. No. 023745

State of Kansas

Kansas Insurance Department

Notice of Change in Pharmacy Network

Pursuant to K.S.A. 40-2,153, the Kansas Commissioner of Insurance is publishing notice that a change has occurred in a pharmacy network in the State of Kansas. Principal Health Care Pharmacy Network has notified the Insurance Department of the following addition to its pharmacy network:

Pharmacy Name	County	Effective Date
Leekers Pharmacy	Sedgwick	July 1999

Questions should be directed to Rebecca Sanders at the Kansas Insurance Department, (785) 296-3071.

Kathleen Sebelius
Kansas Insurance Commissioner

Doc. No. 023753

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. A complete listing of Kansas state agencies, boards and commissions are included in the Kansas Directory, published by the Secretary of State. The directory also is available on the Secretary of State's website at www.kssos.org. The following appointments, which are effective immediately unless otherwise specified, were recently filed with the Secretary of State:

Osborne County Register of Deeds

Bruce Berkley, Osborne County Courthouse, 423 W. Main, Osborne, 67473. Term expires when a successor is elected and qualifies according to law. Succeeds Pat Boyd.

Washington County Treasurer

Roine Tegethoff, Washington County Courthouse, 214 B St., Washington, 66968. Term expires when a successor is elected and qualifies according to law. Succeeds Alice Fay Baird.

Military Affairs Coordinating Council

Robert Dool, 8951 Boxthorn Court, Wichita, 67226. Term expires May 1, 2000. Succeeds John Bell, resigned.

State Fair Board

Charles Craig, Route 2, Box 235, Winfield, 67156. Term expires March 14, 2002. Reappointed.

Mike Gaskill, Box 71, Moscow, 67952. Term expires March 14, 2002. Reappointed.

David E. Hubert, 2608 County Road 360, Monument, 67747. Term expires March 14, 2002. Reappointed.

Ron Thornburgh
Secretary of State

Doc. No. 023738

State of Kansas

Wildlife and Parks Commission

Notice of Hearing on Proposed
Administrative Regulations

A public hearing will be conducted by the Wildlife and Parks Commission at 7 p.m. Wednesday, June 30, at the Shawnee Mission Park Boardroom of the Johnson County Parks and Recreation District Administrative Office, 7900 Renner Road, Shawnee Mission, to consider the approval and adoption of proposed regulations of the Kansas Department of Wildlife and Parks.

A workshop meeting on business of the Wildlife and Parks Commission will begin at 1:30 p.m. June 30 at the location listed above. The meeting will recess at 5 p.m., then resume at 7 p.m. at the same location for the regulatory hearing. There will be public comment periods at the beginning of the afternoon and evening meetings for any issues not on the agenda, and additional comment periods will be available during the meeting on agenda items. Old and new business also may be discussed at this time. If necessary to complete the hearing or other business matters, the commission will reconvene at 9 a.m. July 1 at the same location.

Any individual with a disability may request accommodation in order to participate in the public hearing and may request the proposed regulations and economic impact statements in an accessible format. Requests for accommodation should be made at least five working days in advance of the hearing by contacting Cindy Baugh, commission secretary, (316) 672-5911. Persons with a hearing impairment may call the TDD service at (800) 766-3777 to request special accommodations.

This 60-day notice period prior to the hearing constitutes a public comment period for the purpose of receiving written public comments on the proposed regulations.

All interested parties may submit written comments prior to the hearing to the chairman of the commission, Kansas Department of Wildlife and Parks, Suite 502, Landon State Office Building, 900 S.W. Jackson, Topeka, 66612. All interested parties will be given a reasonable opportunity at the hearing to express their views orally in regard to the adoption of the proposed regulations. During the hearing, all written and oral comments submitted by interested parties will be considered by the commission as a basis for approving, amending and approving, or rejecting the proposed regulations.

The administrative regulations that will be heard during the regulatory hearing portion of the meeting are as follows:

K.A.R. 115-2-1. This proposed exempt regulation establishes wildlife-related license and permit fees. Proposed amendments would establish a price of \$30 for a hunt-on-your-own-land elk permit; eliminate a \$10 transfer fee for special hunt-on-your-own-land deer permits; establish a fee for a lifetime furharvester license at \$240; and reduce the fee for a commercial prairie rattlesnake dealer permit from \$75 to \$50.

Economic Impact Summary: The department estimates that establishment of a hunt-on-your-own-land elk per-

mit may create \$1,050 in revenue for the department. Elimination of the transfer fee for hunt-on-your-own-land deer permits would decrease department revenue by an estimated \$3,790 based on transfer numbers in previous years. Sales of lifetime furharvester licenses may create approximately \$15,000 in revenue for the department. The decreased price for the commercial prairie rattlesnake dealer permit may decrease department revenue by approximately \$75. The increase or decrease in these permit prices would have a corresponding impact on members of the public participating in these programs.

K.A.R. 115-4-13. This permanent regulation establishes types of deer permits offered by the department, and restrictions regarding who may obtain them. The proposed amendment would allow nonresident individuals who qualify as tenants to obtain a nonresident hunt-on-your-own-land permit. The amendment is required in order to implement an amendment made to K.S.A. 32-937 by the Legislature in 1999 SB 70.

Economic Impact Summary: The department anticipates the number of persons affected by the proposed amendment to be relatively small because the overwhelming majority of individuals who would qualify as tenants are likely to be Kansas residents, and therefore are already eligible for these permits under the current law.

Copies of the complete text of the regulations and their respective economic impact statements may be obtained by contacting the chairman of the commission at the address above, (785) 296-2281.

John R. Dykes
Chairman

Doc. No. 023747

State of Kansas

Department of Health and Environment

Notice of Hearing on Proposed Administrative Regulations

The Kansas Department of Health and Environment, Division of Environment, Bureau of Air and Radiation, will conduct a public hearing at 10 a.m. Wednesday, June 30, in the KDHE main conference room, Building 283, Forbes Field, Topeka, to consider certain proposed changes to the Kansas air quality regulations. The changes consist of the proposed revocation of existing Kansas administrative regulations 28-19-751 and 28-19-752, and the proposed adoption of new K.A.R. 28-19-752a. This regulatory action implements the federal rules under Section 112(g) of the federal Clean Air Act, as amended, which address the case-by-case determinations for maximum achievable control technology (MACT) for new or reconstructed major sources of hazardous air pollutants (HAPs). A summary of the proposed regulation changes follows.

K.A.R. 28-19-751 is the existing interim 112(g) rule for modified sources of HAPs. It is proposed for revocation in response to the final federal 112(g) rule, which elected not to include provisions covering modification of facili-

ties, premised upon the assumption that existing state air toxics programs will continue to operate as they do currently. Modified sources in the state will continue to be subject to the existing state preconstruction review program, consistent with the final federal 112(g) rule.

K.A.R. 28-19-752 is the existing interim 112(g) rule for new or reconstructed sources of HAPs. It is to be replaced with proposed new K.A.R. 28-19-752a, and is therefore proposed for revocation.

K.A.R. 28-19-752a is a proposed new regulation to implement the final federal "112(g) rule" promulgated by the EPA on December 27, 1996 (61 *Federal Register* 68385). The EPA had not promulgated final federal 112(g) regulations at the time Kansas finalized its operating permit program. Consequently, K.A.R. 28-19-751 and 28-19-752 were drafted in general terms to fulfill the statutory intent of Section 112(g), with the intent to later amend the regulation when EPA finalized its regulations specifically implementing Section 112(g). Now that the federal rule is final, this proposed state action will complete the original plan for implementing the provisions of Section 112(g). The new federal rules are codified at 40 C.F.R. §§ 63.40 through 63.44. The proposed new regulation, K.A.R. 28-19-752a, will implement the federal 112(g) rules as state-enforceable regulations, assuring continued state primacy for the operating permits program. No additional economic impact upon the regulated community, the public or the agency is expected from these proposed regulatory changes.

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 regulatory action. All interested parties may submit written comments prior to the hearing to Ralph J. Kieffer, Kansas Department of Health and Environment, Bureau of Air and Radiation, Building 283, Forbes Field, Topeka, 66620. All interested parties will be given a reasonable opportunity to present their views orally on the proposed regulatory action during the hearings, as well as to submit their written comments at that time. In order to give all parties an opportunity to present their views, it may be necessary to require each participant to limit any oral presentation to five minutes.

Copies of the proposed amendments and the economic impact and environmental benefit statements may be obtained from the Kansas Department of Health and Environment, Bureau of Air and Radiation, by contacting Ralph Kieffer at (785) 296-6428. Questions pertaining to these proposed amendments should be directed to Ralph Kieffer or Chuck Layman, (785) 296-1579.

Any individual with a disability may request accommodation in order to participate in the public hearing and may request the proposed amendments and the economic impact and environmental benefit statements in an accessible format. Requests for accommodation should be made at least five working days in advance of the hearing by contacting Rob Bradford, (785) 296-1587.

Clyde D. Graeber
Acting Secretary of Health
and Environment

Doc. No. 023744

State of Kansas

Department of Health
and EnvironmentNotice Concerning Kansas
Water Pollution Control Permits

In accordance with state regulations 28-16-57 through 63, 28-18-1 through 15, 28-18a-1 through 32, 28-16-150 through 154, 28-46-7, and the authority vested with the state by the administrator of the U.S. Environmental Protection Agency, draft permits have been prepared and/or permit applications have been received for discharges to the waters of the United States and the State of Kansas for the class of dischargers described below. The determinations for permit content are based on staff review, applying the appropriate standards, regulations and effluent 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 subject to certain conditions.

Public Notice No. KS-99-081/089

Name and Address of Applicant	Waterway	Type of Discharge
City of Bronson P.O. Box 54 Bronson, KS 66716	Marmaton River via unnamed tributary	Treated domestic wastewater
Kansas Permit No. M-MC06-0001	Federal Permit No. KS0045942	
Legal: NW¼, S11, T25S, R21E, Bourbon County		

Facility Description: The proposed action is to reissue an existing permit for the operation of an existing wastewater treatment facility treating primarily domestic wastewater. This permit retains the existing limitations for biochemical oxygen demand, total suspended solids, and pH. Monitoring for ammonia and fecal coliform will be required annually. The permit requirements are pursuant to the Kansas surface water quality standards, K.A.R. 28-16-28(b-f), and federal surface water criteria, and are technology based.

Name and Address of Applicant	Waterway	Type of Discharge
City of Columbus 300 E. Maple Columbus, KS 66725	Brush Creek	Treated domestic wastewater
Kansas Permit No. M-NE15-0001	Federal Permit No. KS0031445	
Legal: W½, S19, T33S, R24E, Cherokee County		

Facility Description: The proposed action is to reissue an existing permit for the operation of an existing wastewater treatment facility treating primarily domestic wastewater. The proposed permit includes limits for biochemical oxygen demand, total suspended solids, and pH. Monitoring for ammonia and fecal coliform will be required annually. The permit requirements are pursuant to the Kansas surface water quality standards, K.A.R. 28-16-28(b-f), and federal surface water criteria, and are technology based.

Name and Address of Applicant	Waterway	Type of Discharge
City of Ellsworth 1st and Kansas P.O. Box 163 Ellsworth, KS 67439	Smoky Hill River via Oak Creek	Treated domestic wastewater
Kansas Permit No. M-SH07-0001	Federal Permit No. KS0085693	
Legal: NW¼, S22, T15S, R8W, Ellsworth County		

Facility Description: The proposed action is to reissue an existing permit for the operation of an existing wastewater treatment facility treating primarily domestic wastewater. This permit retains the existing limitations for biochemical oxygen demand, total suspended solids, and pH. Monitoring for ammonia and fecal coliform will be required

monthly, and flow data will be required weekdays. In addition, fecal coliform and chlorine residual limits are established for the effluent utilized for golf course irrigation. The permit requirements are pursuant to the Kansas surface water quality standards, K.A.R. 28-16-28(b-f), and federal surface water criteria, and are technology based.

Name and Address of Applicant	Waterway	Type of Discharge
City of Eureka P.O. Box 68 Eureka, KS 67045	Fall River via unnamed tributary	Treated domestic wastewater
Kansas Permit No. M-VE16-0002	Federal Permit No. KS0083178	
Legal: W½, S7, T26S, R11E, Greenwood County		

Facility Description: The proposed action is to reissue an existing permit for the operation of an existing wastewater treatment facility treating primarily domestic wastewater. This permit retains the existing limitations for biochemical oxygen demand, total suspended solids, and pH. Monitoring for ammonia and fecal coliform will be required annually. The permit requirements are pursuant to the Kansas surface water quality standards, K.A.R. 28-16-28(b-f), and federal surface water criteria, and are technology based.

Name and Address of Applicant	Waterway	Type of Discharge
City of Greeley P.O. Box 169 Greeley, KS 66033	South fork Pottawatomie Creek	Treated domestic wastewater
Kansas Permit No. M-MC14-0001	Federal Permit No. KS0025721	
Legal: NE¼, S30, T19S, R12E, Anderson County		

Facility Description: The proposed action is to reissue an existing permit for the operation of an existing wastewater treatment facility treating primarily domestic wastewater. This permit retains the existing limitations for biochemical oxygen demand, total suspended solids, and pH. Monitoring for ammonia and fecal coliform will be required annually. The permit requirements are pursuant to the Kansas surface water quality standards, K.A.R. 28-16-28(b-f), and federal surface water criteria, and are technology based.

Name and Address of Applicant	Waterway	Type of Discharge
City of Hoisington P.O. Box 418 Hoisington, KS 67544	Unnamed tributary	Treated domestic wastewater
Kansas Permit No. M-AR45-0001	Federal Permit No. KS0022454	
Legal: NW¼, S10, T18S, R13W, Barton County		

Facility Description: The proposed action is to reissue an existing permit for the operation of an existing wastewater treatment facility treating primarily domestic wastewater. The proposed permit includes limits for biochemical oxygen demand, total suspended solids, and pH. Monitoring for ammonia and fecal coliform will be required annually. The permit requirements are pursuant to the Kansas surface water quality standards, K.A.R. 28-16-28(b-f), and federal surface water criteria, and are technology based.

Name and Address of Applicant	Waterway	Type of Discharge
City of Moran P.O. Box 188 Moran, KS 66755-0188	Marmaton River via unnamed tributary	Treated domestic wastewater
Kansas Permit No. M-MC25-0001	Federal Permit No. KS0047490	
Legal: NE¼, S36, T24S, R20E, Allen County		

Facility Description: The proposed action is to reissue an existing permit for the operation of an existing wastewater treatment facility treating primarily domestic wastewater. This permit retains the existing limitations for biochemical oxygen demand, total suspended solids, and pH. Monitoring for ammonia and fecal coliform will be required annually. The permit requirements are pursuant to the Kansas surface water quality standards, K.A.R. 28-16-28(b-f), and federal surface water criteria, and are technology based.

Name and Address of Applicant	Waterway	Type of Discharge
City of Osage City P.O. Box 250 Osage City, KS 66523	Salt Creek	Treated domestic wastewater
Kansas Permit No. M-MC29-0001	Federal Permit No. KS0022675	
Legal: NW¼, S36, T16S, R14E, Osage County		

Facility Description: The proposed action is to reissue an existing permit for the operation of an existing wastewater treatment facility treating primarily domestic wastewater. This permit retains the existing limitations for biochemical oxygen demand, total suspended solids, and pH. Monitoring for ammonia and fecal coliform will be required annually. The permit requirements are pursuant to the Kansas surface water quality standards, K.A.R. 28-16-28(b-f), and federal surface water criteria, and are technology based.

Name and Address of Applicant	Waterway	Type of Discharge
City of Turon P.O. Box 366 Turon, KS 67583	North fork Ninnescah River via Silver Creek via unnamed tributary	Treated domestic wastewater

Kansas Permit No. M-AR89-0001 Federal Permit No. KS0115070
 Legal: N½, S9, T26S, R10W, Reno County

Facility Description: The proposed action is to reissue an existing permit for the operation of an existing wastewater treatment facility treating primarily domestic wastewater. This permit retains the existing limitations for biochemical oxygen demand, total suspended solids, and pH. Monitoring for ammonia and fecal coliform will be required annually. The permit requirements are pursuant to the Kansas surface water quality standards, K.A.R. 28-16-28(b-f), and federal surface water criteria, and are technology based.

**Public Notice No. KS-AG-99-41/44
 Pending Permits for Confined Feeding Facilities**

Name And Address of Applicant	Legal Description	Receiving Water
Zoltenko Farms James A. Zoltenko P.O. Box 39 Hardy, NE 68943	SE/4 of Section 11, T1S, R6W, Jewell County	Republican River Basin

Kansas Permit No. A-LRJW-S023
 This is a reduction in animal units for an existing permit from 7,500 head (3,000 animal units) to 356 head (142.4 animal units) of swine.
Wastewater Control Facilities: Wastewater will be impounded for subsequent application to agricultural land for beneficial use. Wastewater storage capacity will be provided which meets or exceeds KDHE minimum requirements.

Compliance Schedule: Existing controls meets KDHE requirements

Name And Address of Applicant	Legal Description	Receiving Water
Fragar Farms - North Farm Gerry Frager 2779 King Road Morrowville, KS 66958	SW/4 of Section 1, T1S, R2E, Washington County	Big Blue River Basin

Kansas Permit No. A-BBWS-S034
 This is a reduction in animal units for an existing permit from 3,600 head (1,440 animal units) to 2,400 head (960 animal units) of swine.
Wastewater Control Facilities: Wastewater will be impounded for subsequent application to agricultural land for beneficial use. Wastewater storage capacity will be provided which meets or exceeds KDHE minimum requirements.

Compliance Schedule: Existing controls meets KDHE requirements

Name And Address of Applicant	Legal Description	Receiving Water
Pruitt Farms, Inc. David Pruitt Route 4, Box 84 Beloit, KS 67420	SE/4 of Section 17, T9S, R7W, Mitchell County	Solomon River Basin

Kansas Permit No. A-SOMC-B012
 This is an expansion of an existing facility from 300 head (300 animal units) to 999 head (999 animal units) of cattle.
Wastewater Control Facilities: Wastewater will be impounded for subsequent application to agricultural land for beneficial use. Wastewater storage capacity will be provided which meets or exceeds KDHE minimum requirements.

Compliance Schedule: The waste management plan approved by KDHE shall be adhered to as a condition of this permit. Dewatering equipment shall be obtained within three months of issuance of a permit. A compacted clay liner for waste storage lagoons will be required.

Name And Address of Applicant	Legal Description	Receiving Water
Bernard B. Johnson 620 W. Lindsborg St. Lindsborg KS 67456	SW/4 of Section 20, T16S, R2W, Saline County	Smoky Hill River Basin

Kansas Permit No. A-SHSA-B008
 This is a new facility for 300 head (150 animal units) of cattle.
Wastewater Control Facilities: Wastewater will be impounded for subsequent application to agricultural land for beneficial use. Wastewater storage capacity will be provided which meets or exceeds KDHE minimum requirements.
Compliance Schedule: Existing controls meet KDHE requirements

Persons wishing to comment on or object to the draft permits and/or permit applications must submit their comments in writing to the Kansas Department of Health and Environment if they wish to have the comments or objections considered in the decision making process. Comments or objections should be submitted to the attention of Dena Endsley for agricultural permits or applications, or to the permit clerk for all other permits, at the Kansas Department of Health and Environment, Division of Environment, Bureau of Water, J Street and 2 North, Forbes Field, Building 283, Topeka, 66620. All comments regarding the draft permit or application notice postmarked or received on or before May 29 will be considered in the formulation of final determinations regarding this public notice. Please refer to the appropriate Kansas permit number and name of applicant/application as listed when preparing comments.

If no objections are received during the public notice period regarding any proposed draft permit, the Secretary of Health and Environment will issue the final determination regarding issuance or denial of the proposed permit. If response to this notice indicates significant public interest, a public hearing may be held in conformance with K.A.R. 28-16-61 (28-46-21 for UIC). Media coordination for publication and/or announcement of the public notice or public hearing is handled by the Kansas Department of Health and Environment.

The applications or draft permits, 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 address given above. Division of Environment offices are open from 8 a.m. to 5 p.m., Monday through Friday, excluding holidays. 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. Plans and documents for all new and expansions of existing swine facilities also may be reviewed on the Internet at www.kdhe.state.ks.us.

Clyde D. Graeber
 Acting Secretary of Health
 and Environment

Doc. No. 023749

State of Kansas

Department of Health
and Environment

Notice of Meetings

The Kansas Department of Health and Environment has scheduled four technical committee meetings to review the credentialing application submitted by the Kansas Society of Radiologic Technologists. The meeting dates and times are: June 3, from 1 to 4 p.m.; July 1, from 1 to 4 p.m.; August 5, from 10 a.m. to 4 p.m.; and September 2, from 1 to 4 p.m. The August 5 meeting is a public hearing. Each meeting is open to the public and will be in Room 106, Landon State Office Building, 900 S.W. Jackson, Topeka.

For more information, contact Marla Rhoden, Health Program Analyst, Health Occupations Credentialing, (785) 296-6647.

Clyde D. Graeber
Acting Secretary of Health
and Environment

Doc. No. 023737

(Published in the Kansas Register April 29, 1999.)

City of Wichita, Kansas

Notice to Bidders

The City of Wichita will receive bids at the Purchasing Office, 455 N. Main, 12th Floor, Wichita, 67201, until 10 a.m. Friday, May 28, for the following project:

(KDOT Project No. 87N-0116-01)

(Index Code 706531)

Paving

Constructing Meridian Ave., I-235 to north city limits (Meridian north of I-235)

Requests for the bid documents, plans and specifications should be directed to Kansas Blue Print at (316) 264-9344 or Carolyn Swoboda at (316) 268-4488. Other questions should be directed to the respective design engineer at (316) 268-4501.

All bids received will thereafter be publicly opened, read aloud and considered by the Board of Bids and Contracts. All work is to be done under the direction and supervision of the city manager and according to plans and specifications on file in the office of the city engineer. Bidders are required to enclose a bid bond in the amount of 5 percent with each bid as a guarantee of good faith. The Wichita City Council reserves the right to reject any and all bids.

The successful bidder may contact Sandy Frerichs at (316) 268-4499 or Carolyn Swoboda at (316) 268-4488 for extra sets of plans and specifications.

Carolyn Swoboda
Administrative Aide
City of Wichita—Engineering

Doc. No. 023739

(Published in the Kansas Register April 29, 1999.)

Summary Notice of Bond Sale
Cowley County, Kansas
\$1,080,000

General Obligation Bridge Bonds, Series 1999

(General obligation bonds payable from unlimited ad valorem taxes)

Sealed Bids

Subject to the notice of bond sale dated April 12, 1999, sealed bids will be received by the clerk of Cowley County, Kansas (the issuer), on behalf of the governing body at the Cowley County Courthouse, 311 E. 9th, Winfield, KS 67156, until 11 a.m. May 10, 1999, for the purchase of \$1,080,000 principal amount of General Obligation Bridge Bonds, Series 1999. No bid of less than 100 percent of the principal amount 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 June 1, 1999, and will become due on December 1 in the years as follows:

Year	Principal Amount
2000	\$180,000
2001	210,000
2002	220,000
2003	230,000
2004	240,000

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, 2000.

Optional Book-Entry-Only System

The successful bidder may elect to have the bonds registered under a book-entry-only system administered through DTC.

Paying Agent and Bond Registrar

Kansas State Treasurer, Topeka, Kansas.

Good Faith Deposit

Each bid shall be accompanied by a good faith deposit in the form of a cashier's or certified check drawn on a bank located in the United States or a qualified financial surety bond in the amount of \$21,600 (2 percent of the principal amount of the bonds).

Delivery

The issuer will pay for printing the bonds and will deliver the same properly prepared, executed and registered without cost to the successful bidder on or about June 8, 1999, at DTC for the account of the successful bidder or at such bank or trust company in the contiguous United States 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 1998 is

\$187,135,005. The total general obligation indebtedness of the issuer as of the date of delivery of the bonds, including the bonds being sold, is \$1,080,000.

Approval of Bonds

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

Additional Information

Additional information regarding the bonds may be obtained from the clerk, (316) 221-5400, or from the financial advisor, George K. Baum & Company, 100 N. Main, Suite 810, Wichita, KS 67202, Attention: Charles M. Bouilly, (316) 264-9351.

Dated April 12, 1999.

Cowley County, Kansas

Doc. No. 023746

(Published in the Kansas Register April 29, 1999.)

**Summary Notice of Bond Sale
Unified School District No. 392
Osborne County, Kansas (Osborne)
\$2,250,000
General Obligation School Building Bonds
Series 1999
(General obligation bonds payable from
unlimited ad valorem taxes)**

Sealed Bids

Subject to the notice of bond sale dated April 20, 1999, sealed bids will be received by the clerk of Unified School District No. 392, Osborne County, Kansas (the issuer), on behalf of the governing body at the office of the Board of Education, 134 N. 3rd, Osborne, KS 67473, until 7 p.m. May 10, 1999, for the purchase of \$2,250,000 principal amount of General Obligation School Building Bonds, Series 1999. No bid of less than 100 percent of the principal amount 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 May 1, 1999, and will become due on September 1 in the years as follows:

Year	Principal Amount
2000	\$ 45,000
2001	85,000
2002	120,000
2003	125,000
2004	130,000
2005	140,000
2006	145,000
2007	155,000
2008	160,000
2009	170,000

2010	175,000
2011	185,000
2012	195,000
2013	205,000
2014	215,000

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 March 1 and September 1 in each year, beginning March 1, 2000.

Optional Book-Entry-Only System

The successful bidder may elect to have the bonds registered under a book-entry-only system administered through DTC.

Paying Agent and Bond Registrar

Kansas State Treasurer, Topeka, Kansas.

Good Faith Deposit

Each bid shall be accompanied by a good faith deposit in the form of a cashier's or certified check drawn on a bank located in the United States or a qualified financial surety bond in the amount of \$45,000 (2 percent of the principal amount of the bonds).

Delivery

The issuer will pay for printing the bonds and will deliver the same properly prepared, executed and registered without cost to the successful bidder on or about May 26, 1999, at DTC for the account of the successful bidder or at such bank or trust company in the contiguous United States 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 1998 is \$17,050,334. The total general obligation indebtedness of the issuer as of the date of delivery of the bonds, including the bonds being sold, is \$2,250,000.

Approval of Bonds

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

Additional Information

Additional information regarding the bonds may be obtained from the clerk, (785) 346-2145, or from the financial advisor, Ranson & Associates, Inc., 250 N. Rock Road, Suite 150, Wichita, KS 67206, Attention: Stephen E. Shogren, (316) 681-3123.

Dated April 20, 1999.

Unified School District No. 392
Osborne County, Kansas (Osborne)

Doc. No. 023740

State of Kansas

State Corporation Commission

Notice of Motor Carrier Hearings

The following motor carriers have filed various applications and are scheduled for hearing at 9:30 a.m. May 18 before the commission at its offices, 1500 S.W. Arrowhead Road, Topeka, as indicated below. All applications listed herein are for statewide authority, unless otherwise stated. This list does not include cases which have been continued from earlier assigned hearing dates for which parties of record have received notice.

Requests to inspect and copy the notices provided to the parties and questions in regard to these hearings should be addressed to the State Corporation Commission, Transportation Division, 1500 S.W. Arrowhead Road, Topeka, 66604-4027, (785) 271-3225 or 271-3151. The presiding officer for these matters is Paula Lentz, Assistant General Counsel, (785) 271-3279. Anyone needing special accommodations should give notice to the commission 10 days prior to the scheduled hearing date.

Attention should be directed to Kansas Administrative Regulation 82-1-228, "Rules of Practice and Procedure Before the Commission."

Applications for Certificate of Public Service:

Carver Truck Lines, Inc., 720 S. Main, Alma, KS 67622; MC ID No. 157253; General commodities.

Clark L. Cronin and Robert C. Hadley, dba C & C Trucking, HC 69, Box 31A, Wilmore, KS 67155; MC ID No. 157260; General commodities (except household goods and hazardous materials).

Melvin E. Endicott, Route 1, Box 117, Bronson, KS 66716; MC ID No. 157255; General commodities (except household goods and hazardous materials).

Farmers Cooperative Elevator & Mercantile Association, P.O. Box 909, Dighton, KS 67839; MC ID No. 157126; Joseph Weiler, Attorney; General commodities (except Classes A and B explosives and household goods).

Flying Star Transport, L.L.C., 304 S. Arthur, Amarillo, TX 79102; MC ID No. 157261; Mark Foster, Attorney; Petroleum and petroleum products including but not limited to gasoline, diesel and aviation fuels.

Fox Enterprise, Inc., 8272 126th St., Valley Falls, KS 66088; MC ID No. 157252; William Barker, Attorney; General commodities (except household goods and hazardous materials).

Joey A. Gagna, dba J & J Trucking, 3041 S. Holmes Road, Salina, KS 67401; MC ID No. 157259; General commodities (except household goods).

Jayhawk File Express, L.L.C., dba Jayhawk File Express, 601 S.E. 5th, Topeka, KS 66607; MC ID No. 157258; David Carpenter, Attorney; Documents and other information stored on paper, or on electronic or other media.

Marmie Motors, Inc., 1724 10th, Great Bend, KS 67530; MC ID No. 157257; Wrecked, disabled, repossessed and replacement vehicles.

Travis Mauk, dba TACC Towing, 3101 S.E. Swygart, Topeka, KS 66605; MC ID No. 157250; Wrecked, disabled, repossessed and replacement vehicles.

Dean A. and Tony Nelson, dba Nelson Truck Line, 9570 Sherman Road, Leonardville, KS 66449; MC ID No. 156832; General commodities (except household goods).

Jerry D. Nelson, dba Central Courier Service, 2149 Mars Ave., Salina, KS 67401; MC ID No. 157254; Joseph Weiler, Attorney; General commodities (except Classes A and B explosives, household goods and hazardous materials).

Charles Wm. Rupp, dba Ideal Refuse Removal, 1300 E. 19th, Hays, KS 67601; MC ID No. 157251; General commodities (except household goods and hazardous materials) and waste materials.

Melvin S. Sahlfeld, dba Sahlfeld Trucking, 121 N. Chestnut, Beloit, KS 67420; MC ID No. 157090; General commodities (except household goods and hazardous materials).

Vonfeldt Drilling, Inc., 719 W. Witt Ave., Russell, KS 67665; MC ID No. 157256; Marvin Thompson, Attorney; General commodities (except household goods and hazardous materials).

Paul A. Weston and Rhonda S. Mader, dba Weston & Son, 31 Lakeview Drive, Garnett, KS 66032; MC ID No. 156336; Clyde Christey, Attorney; General commodities (except household goods and hazardous materials).

Winslow Feed and Service, Inc., 300 S. Davis, Hamilton, MO 64644; MC ID No. 153164; General commodities (except household goods and hazardous materials).

Applications for Transfer of Certificate of Public Service:

Beltmann North American Company, Inc., 8101 Lenexa Drive, Suite B, Lenexa, KS 66285, MC ID No. 144106, to: Beltmann Group Incorporated, 8101 Lenexa Drive, Suite B, Lenexa, KS 66285; Clyde Christey, Attorney; Household goods.

Don Benoit, dba Benoit Farms, 204 N. Oak, Damar, KS 67632, MC ID No. 146432, to: Benoit Trucking, Inc., 204 N. Oak, Damar, KS 67632; William Barker, Attorney; Livestock, hay, grain, dry feed, dry feed ingredients, salt, seeds, dry fertilizer, building and construction materials, fencing materials and machinery (restricted, however, to transport no hazardous materials).

Don Heberling, dba Eagle Transfer Limited, 220 Maple, Overbrook, KS 66524, MC ID No. 156163, to: Eagle Transfer, Inc., 220 Maple, Overbrook, KS 66524; General commodities (except household goods and hazardous materials).

Mikeal Lawrence, dba Whirlwind Trucken, Route 1, Box 90A, Cambridge, KS 67023, MC ID No. 153189, to: Whirlwind Trucken, Inc., Route 1, Box 90A, Cambridge, KS 67023; Clyde Christey, Attorney; General commodities (except household goods and hazardous materials).

Kim L. Stanfield and Larry P. Bateson, dba Heartland Towing, 1284 S.E. Conner Road, El Dorado, KS 67042, MC ID No. 127421, to: Kim L. Stanfield, dba Heartland Towing, 2235 W. Towanda, El Dorado, KS 67042; Wrecked and disabled motor vehicles and trailers, replacement vehicles and trailers, recreational vehicles, motorcycles and boats.

Paul F. Wegner, dba M & S Trailer Repair, 4200 S. Broadway, Wichita, KS 67216, MC ID No. 105680, to: M-S P&C, Inc., dba M & S Transporting, 4200 S. Broadway, Wichita, KS 67216; Mobile homes and recreational vehicles.

Application for Name Change of Certificate of Public Service:

Wayne F. Becker, dba Double B Transport, 169 E. Barbara Ave., Russell, KS 67665, MC ID No. 156328, to: Wayne Becker, dba Double B Transport, 169 E. Barbara Ave., Russell, KS 67665; Wrecked, disabled, repossessed and replacement vehicles.

Jacquelyn S. Miller
Administrator
Transportation Division

Doc. No. 023752

State of Kansas

Department of Revenue

Notice 99-01

Business Machinery and Equipment Tax Credit

For taxable years after December 31, 1997, advice has been requested on the correct manner for working interest owners, shareholders, partners, and members of an enterprise to claim the Kansas income tax credit for personal property taxes paid on business machinery and equipment. This income tax credit is claimed on Kansas Schedule K-64, "Business Machinery and Equipment Credit."

Our advice is based on the direction given in K.S.A. 79-32,206 that established the credit:

"... If the taxpayer is a corporation having an election in effect under sub-chapter S of the federal internal revenue code, a partnership or a limited liability company, the credit provided by this section shall be claimed by the shareholders of such corporation, the partners of such partnership or the members of such limited liability company in the same manner as such shareholders, partners or members account for their proportionate shares of the income or loss of the corporation, partnership or limited liability company." (Emphasis added.)

Oil and Gas Operators and Working Interest Owners

In the oil and gas industry, the credit authorized by K.S.A. 79-32,206 will be claimed by each of the working interest owners on their income tax return. The basis of the credit claimed on Schedule K-64 will be their share of the ad valorem taxes paid on prescribed and itemized equipment. In order to do this, operators will need to provide each working interest owner with:

- A copy of the tax receipt showing payment of the 1998 property tax;
- the amount of tax paid on the prescribed and itemized equipment; and
- the working interest owner's share of those taxes.

As an *alternative* to the above method, an operator may choose instead to file an information return with the Kansas Department of Revenue providing the above information for all wells (new Form K-640). The operator must attach to the information return, a copy of the tax receipt showing payment of the 1998 property tax for each well and a schedule showing the following for each well:

- The amount of tax paid on the prescribed and itemized equipment;
- the name and identification number (SSN or federal EIN) of each working interest owner; and
- each working interest owner's share of the qualifying taxes.

The K-640 shall be filed as an information return and, as such, will not be included with the working interest owner's income tax return.

Operators who elect to file this information return will then provide each working interest owner with a copy of the joint interest billing indicating the amount of property tax paid on the prescribed and itemized equipment. The

working interest owners will complete Schedule K-64 and attach copies of the joint interest billings showing the taxes on which they are claiming the credit.

Working interest owners who are individuals and corporations will claim the credit on their tax returns using Schedule K-64. Working interest owners who are S-corporations, partnerships or limited liability companies will pass the credit through to the individual shareholders, partners or members to be claimed on their individual tax returns as outlined below.

S-Corporations, Partnerships and Limited Liability Companies

Shareholders, partners and members will claim the credit on their individual tax returns by completing Kansas Schedule K-64. In order to do this, the S-corporation, partnership or limited liability company must provide each shareholder, partner, or member with:

- A copy of the tax receipt showing payment of the 1998 property tax;
- a breakdown of the tax paid on qualified machinery and equipment if total taxes paid and shown on the receipt includes nonqualifying property (necessary in all cases for oil and gas property); and
- the shareholder, partner or member's proportionate share of the taxes paid.

Taxpayer Assistance

To obtain Schedule K-64, call the Kansas Department of Revenue's voice mail forms request line at (785) 296-4937. For more information on this tax credit, contact any of the Kansas Department of Revenue offices listed below or visit our web site: www.ink.org/public/kdor. Contact your county officials for information or assistance in determining the amount of personal property taxes paid on commercial and industrial machinery and equipment.

Topeka Assistance Center
Docking State Office Building
915 S.W. Harrison, 1st Floor
Topeka, 66612-1588
(785) 296-0222

Metropolitan Assistance Center
Cloverleaf Office Park, Bldg. 3
6405 Metcalf Ave., Suite 120
Overland Park, 66202-3928
(913) 677-0158

Wichita Assistance Center
State Office Building
230 E. William, Room 7150
Wichita, 67202-4002
(316) 337-6140

Karla Pierce
Secretary of Revenue

Doc. No. 023757

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. on the date indicated and then will be publicly opened. Interested bidders may call (785) 296-2377 for additional information:

Monday, May 10, 1999

32496-Rebid

Statewide—Linens

8959

Department of Social and Rehabilitation Services—
Vending machines and kitchen equipment, various
locations

Tuesday, May 11, 1999

33662

Statewide—Work gloves

Wednesday, May 12, 1999

33656

Fort Hays State University—Carbonated and
noncarbonated beverages

8969

University of Kansas—Lace and Brommet projection
screen

Thursday, May 13, 1999

33669

Emporia State University—Janitorial supplies and
equipment

Friday, May 14, 1999

8967

Kansas Department of Wildlife and Parks—All labor
and materials to construct campsite roads, Ellis

8968

University of Kansas—2000 Undergraduate Viewbook

Tuesday, May 18, 1999

A-8774

Fort Hays State University—Parking lot
improvements, Cunningham Hall

Wednesday, May 19, 1999

A-8787

University of Kansas—Tuckpointing, Watkins Health
Center

Thursday, May 20, 1999

A-8641

Department of Transportation—Reroof sub-area shop,
Lyons

A-8760

Kansas Department of Wildlife and Parks—
Bathhouse renovations, Bluestem Point, Butler County

A-8773

Fort Hays State University—Partial window
replacement, Phase 2, Davis Hall

Tuesday, June 1, 1999

33655

Department of Human Resources and Department of
Social and Rehabilitation Services—Workers
compensation insurance

Thursday, June 3, 1999

33660

Adjutant General's Department—Property insurance,
National Guard Armories

John T. Houlihan
Director of Purchases

Doc. No. 023756

State of Kansas

Social and Rehabilitation Services

Department on Aging

**Notice of Proposed Nursing Facility Medicaid Rates
for State Fiscal Year 2000, Methodology for
Calculating Proposed Rates and Rate Justifications;
Notice of Intent to Amend the Medicaid State Plan;
Request for Comments; and Notice of Intent to
Publish Final Rates**

Under the Medicaid program, 42 U.S.C. 1396 *et seq.*, the State of Kansas pays nursing facilities, nursing facilities for mental health, and hospital long-term care units (hereafter collectively referred to as nursing facilities) a daily rate for care provided to residents who are eligible for Medicaid benefits. The Secretary of Aging administers the Medicaid nursing facility services payment program on behalf of the Secretary of Social and Rehabilitation Services. As required by 42 U.S.C. 1396a(a)(13), as amended by Section 4711 of the Balanced Budget Act of 1997, P.L. No. 105-33, 101 Stat. 251, 507-08 (August 5, 1997), the Deputy Secretary of Social and Rehabilitation Services (SRS) and the Deputy Secretary of Aging (KDOA) are publishing the proposed Medicaid per diem rates for Medicaid-certified nursing facilities for state fiscal year 2000, the methodology underlying the establishment of the proposed nursing facility rates, and the justifications for those proposed rates. SRS and KDOA also are providing notice of the state's intent to submit proposed amendments to the Medicaid State Plan to the U. S. Department of Health and Human Services Health Care Financing Administration (HCFA) on or before September 30, 1999.

I. Methodology Used to Calculate Medicaid Per Diem Rates for Nursing Facilities. In general, the state uses a prospective, cost-based, facility-specific rate-setting methodology to calculate nursing facility Medicaid per diem rates, including the rates proposed in this notice. The state's rate-setting methodology is contained primarily in the following described documents and authorities and in the exhibits, attachments, regulations or other authorities referenced in them:

A. The following portions of the Kansas Medicaid State Plan maintained by SRS:

1. Attachment 4.19D, Part I, Subpart C, Exhibit C-1, inclusive;
2. Attachment 4.19D, Part I, Subpart E;

3. Attachment 4.19D, Part I, Subpart F; and
 4. Attachment 4.19D, Part I, Subpart S; and
- B. SRS regulations set out in K.A.R. Article 30-10.

Because of the large number of pages needed to reprint all the documents and authorities and the materials incorporated into them by reference, only the text of those portions of the Medicaid State Plan identified above are reprinted in this notice. Those Medicaid State Plan provisions set out in this notice appear in the versions which the state currently intends to submit to HCFA as proposed Medicaid State Plan amendments on or before September 30, 1999. The proposed Medicaid State Plan amendments which the state ultimately submits to HCFA may differ from the versions contained in this notice.

Copies of the documents and authorities containing the state's rate-setting methodology are available upon written request. A request for copies will be treated as a request for public records under the Kansas Open Records Act, K.S.A. 45-215 *et seq.* The state will charge a fee for copies. Written requests for copies should be sent to:

Secretary of Aging
New England Building, 2nd Floor
503 S. Kansas Ave.
Topeka, KS 66603-3404
Fax (785) 296-0767

- A. **Attachment 4.19D, Part I, Subpart C, Exhibit C-1:
Methods and Standards for Establishing
Payment Rates
Skilled Nursing and Intermediate Care Facility
Rates (NFs and NFs-MH)
Narrative Explanation of Nursing Facility
Reimbursement Formula**

The narrative explanation of the nursing facility (NF) and NF-Mental Health (NF-MH) reimbursement formula is divided into nine sections. The sections are: Cost Reports, Rate Determination, Retroactive Rate Adjustments, Case Mix Payment System, Reimbursement Limitations, Real and Personal Property Fee, Incentive Factor, Inflation Factors, and Rate Effective Date.

COST REPORTS

The Nursing Facility Financial and Statistical Report (MS2004) is the uniform cost report. It is included in Exhibit A-5 (K.A.R. 30-10-17). It organizes the commonly incurred business expenses of providers into four reimbursable cost centers (administration, plant operating, room and board, and health care). Ownership costs (i.e., mortgage interest, depreciation, lease and amortization of leasehold improvements) are reported but reimbursed through the real and personal property fee. There is non-reimbursable/non-resident related cost center so that total operating expenses can be reconciled to the providers accounting records.

All cost reports are desk reviewed by agency auditors. Adjustments are made, when necessary, to the reported costs in arriving at the allowable historic costs for the rate computations.

Calendar Year End Cost Reports: All providers not on a projected rate or in the first year of operation are required to file the uniform cost report on a calendar year

basis. The requirements for filing the calendar year cost report are found in Exhibit A-5 (K.A.R. 30-10-17).

When a non arms length change of provider takes place or an owner of the real estate assumes the operations from a lessee, the facility will be treated as an on-going operation. In this situation, the related provider or owner shall be required to file the calendar year end cost report. The new operator or owner is responsible for obtaining the cost report information from the prior operator for the months during the calendar year in which the new operator was not involved in running the facility. The cost report information from the old and new operators shall be combined to prepare a 12-month calendar year end cost report.

Projected Cost Reports: The filing of projected cost reports are limited to: 1) newly constructed facilities; 2) existing facilities new to the program; 3) new providers when the rate of the previous provider places the residents' care at risk and the rate is less than the statewide average; or 4) a provider re-entering the program who has not actively participated or billed services for 24 months or more. The requirements are found in Exhibit A-5 (K.A.R. 30-10-17).

NOTE: Effective December 29, 1995, the provision for a new provider to file a projected cost report in accordance with number 3 above is revoked. The projected cost report is desk reviewed by agency auditors. Rates from the projected cost reports are subject to upper payment limits.

Historical Cost Report Covering Projected Cost Report Period or the First Year of Operation of a New Provider: The cost report requirements are found in Exhibit A-5 (K.A.R. 30-10-17).

RATE DETERMINATION

Medicaid rates for Kansas NFs and NFs-MH are determined using a prospective, facility-specific rate setting system. The rate is based on the costs from the latest cost report submitted by the provider. The rate is subject to upper payment limits established by the agency for the limitation period. Computer software has been developed and is used for calculating the facility specific payment rates.

The allowable expenses are divided into four centers in the cost report. The cost centers are Administration, Plant Operating, Room and Board and Health Care. An owner/administrator limitation is applied in determining the allowable cost. This limitation will be explained in detail in another section of this exhibit.

The allowable historic per diem cost is determined by dividing the allowable resident related expenses in each cost center by resident days, subject to an 85% minimum occupancy rule. The greater of the actual resident days for the cost report period or the 85% minimum occupancy based on the number of licensed bed days during the cost report period are used as the total resident days in the rate calculation. All licensed beds are required to be certified to participate in the Medicaid program.

There are two exceptions to the 85% minimum occupancy rule. The first is that it does not apply to a provider who is allowed to file a projected cost for an interim rate.

(continued)

Both the rates determined from the projected cost report and the historic cost reporting covering the projected cost report period are based on the actual resident days for the period.

The second exception is for the first cost report filed by a new provider who assumes the rate of the previous provider. If the 85% minimum occupancy rule was applied to the previous provider's rate, it is also applied when the rate is assigned to the new provider. However, when the new provider files a historic cost report for the first 12 months of operation, the rate determined from the cost report will be based on actual days and not be subject to the 85% minimum occupancy rule. The rule is applied to the rate when the new provider reports resident days and costs for the 13th month of operation and after.

The allowable historic per diem cost is adjusted by the historic and estimated inflation factors. These inflation factors will be explained in greater detail in another section. The inflated allowable historic per diem cost for each cost center is then compared to the cost center per diem limitation.

The allowable per diem rate is the lesser of the inflated allowable historic per diem cost in each cost center or the cost center per diem limitation. Each cost center has a separate limitation. If each cost center limitation is exceeded, the allowable per diem rate is the sum of the four cost center limitations.

There are add-ons to the allowable per diem rate. The add-ons consist of the incentive factor, the real and personal property fee, and the 24-hour nursing factor. The incentive factor and real and personal property fee are explained in separate sections of this exhibit. The 24-hour nursing factor is explained in Exhibit A-18 (K.A.R. 30-10-29). NOTE: The provision for the 24-hour nursing factor expires for requests received after December 31, 1995. The add-ons plus the allowable per diem rate equal the total per diem rate.

RETROACTIVE RATE ADJUSTMENTS

Retroactive adjustments, as in a retrospective system, are made for the following conditions:

One, a retroactive rate adjustment and direct cash settlement is made when an audit, by the agency, determines that the historic cost report data used to determine the prospective payment rate is in error. The prospective payment rate period is adjusted for the audit corrections.

Two, when a projected cost report is approved to determine an interim rate, a settlement is made after a historic cost report is filed for the same period.

And three, when a new provider, through an arms-length transaction, is reimbursed the rate of the prior provider and files a historic cost report for the first 12 months of operation, a settlement is made based on the difference between the interim rate and the rate from the historic cost report. Please note the change below on January 3, 1994.

All settlements are subject to upper payment limits. A provider is considered to be in projection status when they are operating on a projected rate or the rate of old provider and they are subject to the retroactive rate adjustment.

Effective January 3, 1994:

New providers, on or after January 3, 1994, shall not be considered to be in projection status when they assume the rate of a previous provider. There will be no retroactive settlement for the first 12 months of operation. The rate effective date for the first historical cost report will be the first day of the month following the cost report period. Rates initially paid after the effective date of the rate based on the first historical cost report will be adjusted to the new rate.

For example, a new provider is licensed and certified on March 1, 1994. They assume the rate from the previous provider. They will file the first historic cost report for the period from March 1, 1994 through February 28, 1995.

There will be no settlement for the period from March 1, 1994 through February 28, 1995. The rate effective date from the first historical cost report will be March 1, 1995. Since there is a delay in submitting the cost report and having a rate established, there will be a retroactive rate adjustment from March 1, 1995, until the rate is given to the fiscal agency for payment.

Only providers filing projected cost reports for interim rates will have a retroactive settlement for the historical cost report covering the projected period.

CASE MIX PAYMENT SYSTEM

Kansas is one of four states involved in the National Multistate Nursing Facility Case Mix and Quality Demonstration Project. The case mix payment system was partially implemented in Kansas on January 1, 1994. The case mix rate calculation process will follow a process similar to that used under the current system. However, under the case mix system, the Health Care cost center upper payment limit will be adjusted by a facility average case mix index (CMI).

The theory behind a case mix payment system is that the characteristics of the residents in a facility rather than the characteristics of the facility should determine the payment rate. The idea is that certain resident characteristics can be used to predict future costs to care for residents with those same characteristics. For these reasons, it is desirable to use the case mix classification for each facility in adjusting provider rates.

Providers are required to submit to the agency the uniform assessment instrument for each resident in the facility. In Kansas, the Minimum Data Set (MDS) is the uniform instrument. The MDS assessments have been maintained in a computer data base.

Each resident's case mix classification will be determined using the Resource Utilization Group, Version III (RUG III) classification system and the most current MDS assessment, for the appropriate time period, in the data base for this resident. From this classification, the numeric value or CMI will be determined. Resident assessments that cannot be classified will be assigned the lowest CMI for the state.

Once each resident has been classified, a case mix normalization process will be performed annually. The purpose of this process is to set the mean CMI for the state to a value of one (1). In order to accomplish this calculation, the case mix indices for all residents in the state are totaled and divided by the number of residents. The value

determined in this calculation will then be divided into each resident's CMI. This will result in the Table showing the normalized numeric value for each RUGs classification. See Exhibit C-2, Page 8. The average CMI for the state will equal one (1).

Now that each resident has been assigned a normalized CMI, the facility average CMI can be calculated. The facility average is determined by adding the CMI for each resident and then dividing by the number of residents.

The next step in the case mix system is to set the limit for the Health Care cost center. This process is slightly different than the method used to set limits for the other cost centers. The base limit will be the upper limit for a case mix of one (1), the statewide average.

Each facility will have its unique Health Care cost center limit. In theory, each facility's cost for resident care is directly related to its CMI. Because of this assumption, one would expect providers caring for residents needing heavier care to incur higher costs. Arraying the facilities' costs and setting limits without adjusting the case mix would result in a less appropriate rate calculation.

Determining the case mix allows the agency to array the facilities' costs and set limits with costs that should be more comparable. The first calculation is to determine what each facility's cost would be at a case mix of one. The technique of adjusting costs for case mix is known as neutralizing the costs.

Neutralizing costs is done by dividing each facility's per diem costs by its normalization facility average CMI. The CMIs used to normalize the Health Care cost will be the most current MDS assessment in the database as of the last day of the cost report period. This date is used to match as closely as possible the CMI to the time the costs were incurred. When this set of calculations is complete, the neutralized per diem costs are then arrayed and the base upper limit for the Health Care cost center will be calculated using the methodology described for the current system.

Neutralized costs arrayed weighted by resident days. The median cost is determined. The upper limit is calculated by multiplying the day weighted median by the appropriate add-on percentage.

Each facility's unique upper limit is calculated by multiplying the base limit just established by that facility's normalized CMI. For example, if the normalized case mix index of one (1) results in a base limit of \$40, a facility with a facility average CMI of .9 would have a Health Care cost center upper payment limit of \$36 ($\$40 \times .9$). Likewise, a provider with a facility average CMI of 1.1 would have an upper limit of \$44 ($\40×1.1). The provider would be reimbursed the lower of their inflated Health Care per diem cost or their facility-specific, CMI-adjusted, upper payment limit.

Rates will be adjusted quarterly for changes in a facility's average CMI. Since the health care allowance is based on lower of costs or the limit, not all facilities will receive a quarterly rate change. A detailed listing of the computation for the rate change and the CMI listing will be sent to the provider.

Case Mix Implementation January 1, 1994:

The case mix payment was phased in for dates of service from January 1 through June 30, 1994. The provider

received 50% of the rate under the previous system and 50% of the rate under the case mix methodology. There was a hold harmless provision for each provider who experienced a rate reduction based on the case mix adjustment for service days from January 1 through June 30, 1994. The rate from the previous methodology was continued if the case mix adjusted rate was less.

Case Mix System Beginning July 1, 1994:

The case mix payment system was fully implemented on July 1, 1994. The rates were no longer adjusted for the phased-in period. Providers received 100% of the case mix adjusted rate. The hold harmless provision was eliminated.

REIMBURSEMENT LIMITATIONS

Period:

The upper payment limits are in effect from July 1st through June 30th, unless otherwise specified by a State Plan amendment.

Upper Payment Limitations:

There are two types of upper payment limits. One is the owner/related party/administrator/co-administrator limit. The other is the cost center limits. Each will be described.

Owner/Related Party/Administrator/Co-Administrator Limit:

Since salaries and other compensation of owners are not subject to the usual market constraints, specific limitations are placed on the amounts reported. First, amounts paid to nonworking owners and directors are not an allowable cost. Second, owners and related parties who perform resident related services are limited to a salary chart based on the Kansas civil service classifications and wages for comparable positions. Owners and related parties who provide resident related services on less than a full-time basis have the compensation limited by the percent of their total work time to a standard work week. A work week is defined as 40 hours. The owners and related parties must be professionally qualified to perform services which require licensure or certification.

The compensation paid to owners and related parties shall be allocated to the appropriate cost center for the type of service performed. Each cost center has an expense line for owner/related party compensation. There is also a cost report schedule titled "Statement of Owners and Related Parties." This schedule requires information concerning the percent of ownership (if over 5 percent), the time spent in the function, the compensation, and a description of the work performed for each owner and/or related party. Any salaries reported in the Plant Operating, Room and Board or Health Care cost centers in excess of the Kansas civil service based salary chart are transferred to the administrative cost center where the excess is subject to the Owner/Related Party/Administrator/Co-Administrator per diem compensation limit.

The Schedule C is an array of nonowner administrator and co-administrator salaries. The schedule includes the most current historic cost reports in the data base from all active nursing facility providers. The salary information is not adjusted for inflation. The per diem data is

(continued)

calculated using an 85% minimum occupancy level for those providers in operation for more than twelve months. The Schedule C for the owner/related party/administrator/co-administrator per diem compensation limit is the first schedule run during the annual limitation setting.

The Schedule C is used to set the per diem limitation for all nonowner administrator and co-administrator salaries and owner/related party compensation in excess of the civil service based salary limitation schedule. The per diem limit for a 50-bed or larger home is set at the 90th percentile on all salaries reported for nonowner administrators and co-administrators. A limitation table is then established for facilities with less than 50 beds. This table begins with a reasonable salary per diem for an administrator of a 15-bed or less facility. A linear relationship is then established between the compensation of the administrator of the 15-bed facility and the compensation of the administrator of a 50-bed facility. The linear relationship determines the per diem limit for the facilities between 15 and 50 beds.

The per diem limits apply to the nonowner administrators and co-administrators and the compensation paid to owners and related parties who perform an administrative function or consultant type of service. The per diem limit also applies to the salaries in excess of the civil service based salary chart in other cost centers that are transferred to the administrative cost center.

Cost Center Limits:

The Schedule B computer run is an array of all per diem costs for each of the four cost centers—Administration, the Plant Operating portion of Property, Room and Board and Health Care. The schedule includes the most recent historic cost report in the data base from all active nursing facility providers. Projected cost reports are excluded from the data base.

The per diem expenses in each cost center are subject to the 85% minimum occupancy rule for providers reporting costs for the 13th month of operation and after. All previous desk review and field audit adjustments are considered in the per diem expense calculations. The costs are adjusted by the owner/related party/administrator/co-administrator limitations.

Prior to the Schedule B arrays, the cost data on certain expense lines is adjusted for historical and estimated inflation, where appropriate. This will bring the costs reported by the providers to a common point in time for comparisons. The historic inflation will be based on the Data Resources, Inc. National Skilled Nursing Facility Market Basket Index (DRI Index) for the cost center limits effective July 1st. This historic inflation factor will adjust costs from the midpoint of each provider's cost report period to the latest quarterly DRI Index for the Schedule B processing.

The estimated inflation factor will be also be based on the DRI Index. Determination of the estimated inflation factor will begin with the quarter the historic inflation ends. It will be continued to the midpoint of the payment limitation period.

Certain costs are exempt from the inflation application when setting the upper payment limits. They include ad-

ministrators and co-administrator salaries, owner/related party compensation, interest expense, and real and personal property taxes.

The final results of the Schedule B run are the median compilations. These compilations are needed for setting the upper payment limit for each cost center. The median for each cost center is weighted based on total resident days. The upper payment limits will be set using the following:

Administration	115% of the median
Plant Operating (Portion of Property)	130% of the median
Room and Board	130% of the median
Health Care	125% of the median

The overall property limit requires additional explanation. The implementation of the real and personal property fee (property fee), effective January 1, 1985, revised the method of determining the property limit. Ownership costs (interest, depreciation, lease or amortization of leasehold improvements) are no longer included in the allowable cost when determining the Medicaid rate. The methodology of the overall property limit needed to be revised after the ownership costs were excluded.

Due to the implementation of the property fee, the calculation methodology of the Total Property cost limit has been revised such that changes in ownership (and resulting increases in ownership costs) after July 18, 1984, are not recognized in setting new limits. The change in methodology essentially holds the ownership cost portion of the property limit, effective October 1, 1984, constant. The revised methodology only allows for relative changes in the plant operating costs to influence to Total Property cost limit.

The calculation of the Total Property cost limit is as follows:

	Plant Operating Per Diem Limit from Current Data Base
Minus:	Plant Operating Per Diem Limit from Prior Data Base
Equal:	Incremental Change in Total Plant Operating Limit
Add:	Total Property Cost Limit from Prior Limitation Period
Equal:	Total Property Cost Limit for New Limitation Period

The skilled nursing facilities and intermediate care facilities became nursing facilities on October 1, 1990. The property cost limit, using the incremental change in Plant Operating costs, was based on the property cost limit from the October 1, 1984, database for skilled facilities. The incremental changes in the Plant Operating costs and the subsequent change in property cost limits are now determined from the combined nursing facility database.

The property fee resulted in a calculation of a provider-specific plant operating limit. The Total Property limit is reduced, on a provider specific basis, by the amount of the property allowance included in the property fee. In this manner, the nonownership costs are limited by a cost center limit that excludes the ownership cost portion of the Medicaid rate, or the property allowance. The following is the calculation of the Plant Operating Limit:

	Total Property Cost Limit for Limitation Period
Minus:	Property Allowance Included in Property Fee
Equal:	Plant Operating Cost Center Limit for Limitation Period.

It should be noted that the value factor component of

the property fee should not be reduced from the Total Property cost limit to determine the Plant Operating Cost Center Limit. The property fee is explained in greater detail in the following section of this exhibit.

Case Mix Adjustment Effective January 1, 1994:

The upper payment limit for the Health Care cost center limit will be determined based on the case mix adjustment. This adjustment is explained in detail in the Case Mix Payment System section of this narrative.

REAL AND PERSONAL PROPERTY FEE

The real and personal property fee (property fee) was implemented, effective January 1, 1985, pursuant to Kansas Administrative Regulation 30-10-25. It was implemented as a response to the Deficit Reduction Act of 1984 regarding revaluation of assets due to a change in ownership. The property fee satisfies this requirement in that it is the capital reimbursement portion of the Medicaid rate and does not change due solely to a change in ownership. The property fee is facility specific and is in lieu of all depreciation, mortgage interest, lease and amortization of lease expense. The actual ownership costs used to develop the property fee were from the latest cost report for each provider that the agency had processed through July, 1984.

The two components of the property fee are the property allowance and the property value factor. An explanation of each of these follows.

Property Allowance: The four line items of ownership cost (mortgage interest, depreciation, lease and amortization of lease expenses) were added together and divided by resident days to arrive at the ownership cost per diem for each provider. The 85% minimum occupancy rule was imposed on all providers who had been in operation for over 12 months. The ownership per diem cost was reduced proportionately for each provider who had total property costs in excess of the 85th percentile limit on the Property Cost Center Limit. This adjustment to the ownership per diem cost was based on the ratio of ownership costs to total property costs, multiplied by the property costs in excess of the cost center limit. The ownership per diem cost minus this adjustment (if any) resulted in the property allowance.

Property Value Factor: The property allowances for all providers were arrayed by level of care and percentiles established. These percentiles became the basis for establishing the property value factor. The five different groupings developed from each array are as follows:

Group #	Percentile Ranking	Add-On Percent
1	-0- through 25th Percentile	45%
2	26th through 50th Percentile	15%
3	51st through 75th Percentile	7.5%
4	76th through 85th Percentile	5%
5	86th through 100th Percentile	0%

Once the percentile groups were established, a weighted average property allowance was calculated for each group. This average property allowance was then multiplied by the add-on percentage to arrive at the property value factor for each group. This add-on percentage is inversely related to the percentile ranking. That is, the lower the percentile ranking, the higher the add-on per-

centage. The property value factor for each percentile group was then assigned to each provider within that group.

There are two value factor arrays. One array is the Medicare skilled nursing facilities. The other is for nursing facilities which are not certified as Medicare skilled facilities. The value factor is determined based on the classification of the nursing facility and by using the applicable array.

The applicable array applies to the certification of the facility at the time the property fee is established. The value factor does not change with a change in certification. However, if a property fee changes due to a rebasing, then the value factor is based on the array for which the facility is certified at the time the rebasing is effective.

There are two provisions for changing the property fee. One is for a rebasing when capital expenditure thresholds are met (\$25,000 for homes under 51 beds and \$50,000 for homes over 50 beds). The original property allowance remains constant but the additional factor for the rebasing is added. The property fee rebasing is explained in greater detail in Exhibit A-14 (K.A.R. 30-10-25). The other provision is that an inflation factor may be applied to the property fee on an annual basis.

INCENTIVE FACTOR

The incentive factor is a per diem add-on ranging from zero to fifty cents. It is based on the per diem cost of the Administration cost center and the Plant Operating cost center less the real and personal property taxes expense line. The per diem allowance for these two cost centers less property taxes is determined before the owner/related party/administrator/co-administrator limitation is applied.

The incentive is designed to encourage economy and efficiency in the administrative and plant operating cost areas. Property taxes were excluded since the provider has little control of the cost. There is an inverse relationship between the incentive factor and the per diem cost used to determine it. The higher the per diem cost, the lower the incentive factor.

The Schedule E is an array of the per diem costs that are used to determine the incentive factor. The schedule includes the costs from the most recent historical cost report for all active providers. No projected cost reports are included. The per diem costs are based on the 85% occupancy rule. The costs are not adjusted for inflation.

The Schedule E summarizes all expense lines from the Administration cost center and the Plant Operating cost center, less property taxes. The ownership costs are excluded from the array so that both older facilities (with relatively lower ownership costs) and newer facilities (with relatively higher ownership costs) can benefit from the incentive factor through efficient operations. The Room and Board and Health Care cost centers are excluded from the incentive factor calculation so that providers are not rewarded for cost efficient operations with regard to costs that may jeopardize the direct care of the residents.

The total per diem costs for administration and plant operating, less property taxes, are arrayed and percentiles

(continued)

established. These percentiles then become the basis for establishing the per diem cost ranges used to determine each provider's efficiency factor, consistent with agency policy. The ranges are defined as follows:

Providers Percentile Ranking	Incentive Factor Per Diem
-0- to 30th Percentile	\$.50
31st to 55th Percentile	.40
56th to 75th Percentile	.30
76th to 100th Percentile	-0-

INFLATION FACTORS

Inflation will be applied to the allowable reported costs from the calendar year end cost reports for rates effective July 1st. The inflation will be based on the Data Resources, Inc. National Skilled Nursing Market Basket Index (DRI Index). The inflation will be applied from the midpoint of the cost report period to the midpoint of the payment limitation period (December 31st). This annual percentage estimate is used consistently throughout the limitation period.

The DRI Indexes listed in the latest available quarterly publication will be used to determine the inflation tables for the payment schedules processed during the payment limitation period. This will require the use of forecasted factors in the inflation table. The inflation tables will not be revised until the next payment limitation period.

For historic cost report periods ending other than the last month in a quarter, the inflation factor to be used in the calculation will be the factor for the quarter in which the cost reporting period ends. For example, a cost report period ended August 31st will receive inflation based on the calculation using the September, third quarter, DRI Index forecast. This approach is being used instead of trying to convert a quarterly index into monthly factors.

The table "Inflation for Report Year End Prior to July 1" (Exhibit C-2, page 1) is applied in determining rates with an effective date of July 1. The table "Inflation For Report Year Ends After July 1" (Exhibit C-2, page 2) is applied in determining rates for noncalendar year historic cost reports with rate effective date other than July 1.

The inflation factor is applied to all costs except the following:

- 1) Administrator and Co-Administrator Salaries
- 2) Owner/Related Party Compensation
- 3) Interest Expense
- 4) Real and Personal Property Taxes

RATE EFFECTIVE DATE

Rate effective dates are determined in accordance with Exhibit A-7 (K.A.R. 30-10-19). The rate may be revised for an add-on reimbursement factor (i.e., rebased property fee or 24-hour nursing), desk review adjustment or field audit adjustment.

B. Attachment 4.19D, Part I, Subpart E:

Reimbursement Rates When Two or More Nursing Facilities Merge Under One License

The Kansas Department of Health and Environment (KDHE) instituted a policy wherein if two nursing facilities meet certain policy criteria, KDHE will issue one license for two facilities. Subpart E will explain the methods and standards for establishing payment rates when two or more facilities are merged under one license.

1. Merged Facilities in Operation Over 12 Months and With Rates from Calendar Year Cost Reports

Providers who have participated in the Medicaid program for 12 months or longer are required to file a calendar year Nursing Facility Financial and Statistical Report (cost report). The cost report is used to determine the rate that is effective the following July 1. The following is how the rates will be determined for two or more nursing facilities that are merged on one license and that have been paid Medicaid rates based on the submission of the calendar year cost reports.

Initial Rates: When multiple facilities are joined on one license, each facility will continue to receive the Medicaid reimbursement rate that was set for each facility. The rates are based on the latest cost report filing. If each facility had filed a calendar year cost report for a rate for the following July 1, they would continue to be paid the separate rates that were effective July 1 following the merger. The provider will bill the fiscal agent using the provider numbers specific to each facility.

For example, two facilities combined under one license on June 1, 1998. Each facility will be paid their separate rates for June 1998 services based on the calendar year 1996 cost reports filed for each. They will be paid their separate rates for services beginning July 1998 through June 1999, based on the calendar year 1997 cost reports filed for each facility.

Subsequent Rates: The provider will file one cost report for the facilities under one license for the calendar year following the merger. The calendar year end cost report will be for 12 months. The cost report will consist of the individual operations of each facility for the first part of the calendar year and the combined operations, after the merger, for the remaining part of the calendar year. This calendar year cost report will be used to set one rate for the facilities under one license on the following July 1st. At that time, all but one of the provider numbers will be deactivated and the remaining provider number will be used for the multiple facilities.

For example, two facilities combined under one license on June 1, 1998. The provider will be required to file one cost report for the period January 1 through December 31, 1998. The cost report will consist of the individual operations of each facility through May 31st and the combined operations of the two from June 1 through December 31, 1998. The cost report will be used to establish one rate for the two nursing facilities effective July 1, 1999.

2. Merged Facilities When One or More is not on Calendar Year Cost Reporting

A cost report may be filed for a period other than the calendar year when one of the following criteria is met:

- There is a recognized change of providers.
- A newly constructed facility enters the program.
- A facility that has been out of the Medicaid program for two years re-enters.
- A facility, which never participated in the Medicaid program, enters.

In these situations, the cost report covers the first 12 months of operation, which may not coincide with the calendar year.

For example, a recognized change of provider is effective March 1, 1998. The first cost report would cover the period from March 1, 1998 through February 28, 1999. The cost report submission would be used to determine the Medicaid rate until the subsequent cost report is filed for the calendar year 1999. The calendar year 1999 submission would determine a rate effective July 1, 2000.

Initial Rates: When multiple facilities are joined on one license and one or more has a cost report submission on other than a calendar year, each facility will continue to receive the Medicaid reimbursement rate that was set for each facility. The rates are based on the latest cost report filing. The provider will bill the fiscal agent using the provider numbers specific to each facility.

For example, two facilities combined under one license on June 1, 1998. Facility A has been filing calendar year cost reports and will be paid a separate rate for June 1998 services based on the calendar year 1996 cost report. Facility A will be paid a separate rate for services beginning July 1998 through June 1999, based on the calendar year 1997 cost report.

Facility B was recognized as a change of provider on March 1, 1998. Facility B received the previous provider's rate based on the calendar year 1996 cost report filed by the previous provider. Facility B will continue to receive rates based on the calendar year 1996 cost report until the first cost report is filed for the period from March 1, 1998 through February 28, 1999. The rate from the first cost report will be effective March 1, 1999. The cost report will be used to set a new rate on July 1, 1999, when the new upper payment limits, incentive ranges and inflation factors are applied.

Subsequent Rates: The provider will file one cost report for Facilities A and B for the first common calendar year reporting following the merger and the first cost report is filed for Facility B. The calendar year end cost report will be for 12 months. The cost report will consist of the individual operations of each facility for the first part of the calendar year and the combined operations, after the merger, for the remaining part of the calendar year. This calendar year cost report will be used to set one rate for the facilities under one license on the following July 1st. At that time, all but one of the provider numbers will be deactivated and the remaining provider number will be used for the multiple facilities.

Facility A will be required to file a calendar year cost report for the period January 1 through December 31, 1998. The cost report will set the rate for July 1, 1999. Facility B will be required to file a 12-month cost report for the period from March 1, 1998 through February 28, 1999, for new rates.

The first combined cost report for facilities A and B will be for calendar year 1999. It will consist of the individual operations of each facility through February 28, 1999, and the combined operations of the two from March 1 through December 31, 1999. The cost report will be used to establish one rate for the two nursing facilities effective July 1, 2000. At that time, all but one of the provider numbers will be deactivated and the remaining provider number will be used for the multiple facilities.

3. Merged Facilities When One or More Files a Cost Report for the Period Ended December 31 for a Rate Effective on January 1

A cost report will be filed for a period ended December 31 when a change is within one month of the calendar year end and one of the following criteria is met:

- There is a recognized change of providers.
- A newly constructed facility enters the program.
- A facility that has been out of the Medicaid program for two years re-enters.
- A facility, which never participated in the Medicaid program, enters.

The provider files a 12-month historic cost report on the calendar year end if the change above was effective January 1. If the change were effective February 1, an eleven-month cost report would be filed for the period ended on December 31. If a change was effective on December 1, a thirteen-month cost report would be filed for the period ended on the following December 31. The rate effective date of the cost report would be January 1.

The three scenarios below will explain how the rates will be determined if two facilities merged and one or more of the facilities met one of the four criteria above and filed a cost report for a period ended on December 31.

Scenario One: Provider Files 12-Month Cost Report Ending on December 31 for a January 1 Rate:

Two facilities combine under one license on June 1, 1998. Facility A has been filing calendar year cost reports for rates. Facility B was recognized as a change of provider on January 1, 1998.

Initial Rates: Facility A will be paid a separate rate for June 1998 services based on the calendar year 1996 cost report. It will be paid a separate rate for services beginning July 1998 through June 1999, based on the calendar year 1997 cost report.

Facility B received the previous provider's rate for January through December 1998, based on the calendar year 1996 cost report filed by the previous provider. Facility B will continue to receive rates based on the calendar year 1996 cost report until the first cost report is filed for the period from January 1, 1998 through December 31, 1998.

Subsequent Rates: The provider will file a cost report for Facility B for the 12-month period ended December 31, 1998. The cost report would reflect only that facility's first year of operation and would be used to set a rate for January 1, 1999.

The provider will file another combined 12-month cost report for Facilities A and B for calendar year 1998. This calendar year cost report will be used to set one rate for the facilities under one license on July 1, 1999. At that time, all but one of the provider numbers will be deactivated and the remaining provider number will be used for the multiple facilities.

Scenario Two: Provider Files 11-Month Cost Report Ending on December 31 for a January 1 Rate:

Two facilities combine under one license on June 1, 1998. Facility A has been filing calendar year cost reports for rates. Facility B was recognized as a change of provider on February 1, 1998.

(continued)

Initial Rates: Facility A will be paid a separate rate for June 1998 services based on the calendar year 1996 cost report. It will be paid a separate rate for services beginning July 1998 through June 1999, based on the calendar year 1997 cost report.

Facility B received the previous provider's rate for February through December 1998, based on the calendar year 1996 cost report filed by the previous provider. Facility B will continue to receive rates based on the calendar year 1996 cost report until the first cost report is filed for the 11-month period from February 1, 1998 through December 31, 1998.

Subsequent Rates: Since the change of provider in Facility B is effective February 1, 1998, the first cost report will be filed for the 11-month period from February 1, 1998 to December 31, 1998. The cost report would reflect only that facility's operation for the 11-month period and would be filed to set a rate for January 1, 1999.

A second combined cost report would be filed for both Facilities A and B for calendar year 1998. It would reflect 12 months of operation for Facility A and 11 months of operation for Facility B. The combined cost report would be used to set a rate for July 1, 1999. At that time, all but one of the provider numbers will be deactivated and the remaining provider number will be used for the multiple facilities.

Scenario Three: Provider Files 13-Month Cost Report Ending on December 31 for a January 1 Rate:

Two facilities combine under one license on June 1, 1998. Facility A has been filing calendar year cost reports for rates. Facility B was recognized as a change of provider on December 1, 1997.

Initial Rates: Facility A will be paid a separate rate for June 1998 services based on the calendar year 1996 cost report. It will be paid a separate rate for services beginning July 1998 through June 1999, based on the calendar year 1997 cost report.

Facility B received the previous provider's rate from December 1997 through December 1998, based on the calendar year 1996 cost report filed by the previous provider. Facility B will continue to receive rates based on the calendar year 1996 cost report until the first cost report is filed for the 13-month period from December 1, 1997 through December 31, 1998.

Subsequent Rates: Since the change of provider in Facility B is effective December 1, 1997, the first cost report will be filed for the 13-month period from December 1, 1997 to December 31, 1998. The cost report would reflect only that facility's operation for the 13-month period and would be filed to set a rate for January 1, 1999.

A second combined cost report would be filed for both Facilities A and B for calendar year 1998. It would reflect 12 months of operation for both Facilities A and B (not a 13-month period for Facility B). The combined cost report would be used to set a rate for July 1, 1999. At that time, all but one of the provider numbers will be deactivated and the remaining provider number will be used for the multiple facilities.

4. Combined Calendar Year Cost Report for Nursing Facilities Merged Under One License

The cost reports will be for the full 12-month calendar year except if the 11-month cost report period applies.

The number of beds, resident days, Medicaid days and Medicare days will be the total for the facilities merged under one license. All changes in the number of beds during the calendar year will need to be reflected for the merged facilities.

The working trail balances for the merged facilities will need to be combined to fill out the schedules in the cost report. Schedule A, Expense Statement, shall reflect the total staff hours and the total direct and indirect expenditures for the merged facilities. The total revenue and related revenue offsets in Schedule G, Revenue Statement, shall be the total for the merged facilities. For part of the calendar year, the working trail balance may reflect the independent operations for each facility and then following the merger the working trail balance may be consolidated. The working trail balances shall reconcile to the applicable cost report schedules. A schedule that lists all general ledger accounts grouped by cost report line number shall be submitted with the combined cost report.

5. Resident Days Used in Denominator

The greater of the actual resident days reported for the merged facilities or days calculated at the 85% minimum occupancy will be used in the denominator of the rate calculation. If the 85% occupancy rule does not apply during the first 12 months of operation of a facility, then actual days will be used for that facility for the period that the rule does not apply. A merged facility is not treated as being in the first 12 months of operation if the provider had operated the independent facilities previously. If only one of the facilities did not have the 85% occupancy rule applied, then the provider will need to report the number of beds and resident days separate for that facility so that the available bed days for the merged facilities can be determined.

6. Real and Personal Property Fee (Property Fee) for Merged Facilities

The data elements in the most current property fee for each facility will be merged to determine the combined property fee for the facilities merged under one license. The resident days reflected in the Real and Personal Property Fee Component summary for each facility will be totaled. For example, if Facility A has 10,000 resident days reflected and Facility B has 15,000 days, the total days will be 25,000.

Each of the four expense components (interest, depreciation, rent/lease and amortization of leasehold improvements) will be summed for the facilities merged. The total of the four expense components will then represent the total property fee expenses for the merged facilities.

The property allowance will be based on the weighted-average of the merged facilities. For example, Facility A has a property allowance of \$4.00 per day and the current Real and Personal Property Fee Component line reflects 10,000 resident days and Facility B has a property allowance of \$5.00 per day and 15,000 resident days. The weighted-average property allowance will be \$4.60 ($\$4 \times 10,000 \text{ days} + \$5 \times 15,000 = \$115,000 / 25,000 \text{ total days} = \4.60).

The value factor will be based on the Medicare per diem property allowance ranges if all or part of the

merged facilities is certified to participate in the Medicare skilled nursing facility program. If none of the merged facilities are Medicare certified, then the Nursing Facility per diem ranges are used. In the example above, if one of the facilities was Medicare certified, the value factor would be \$.34 for a total property fee of \$4.94. If both facilities were not Medicare certified, the property value factor would be zero and the total property fee would be \$4.60.

7. Resident Assessments and Case Mix Index

The resident assessment database, based on the minimum data set (MDS) for the facilities merged under one license will be combined beginning with the first quarter after the merger. The facilities will continue to receive separate rates until after the common calendar year cost report is received for a July 1 rate. However, the case mix index will be the same for the facilities when determining rates after the MDS database for each facility are merged in the first quarter after the facilities are under a combined license.

8. Rates for Facilities Under One License if They Later Decide to Go Back to Separate Licenses

Cost Reports and Rates: If two or more facilities merge under one license and later decide to go back to individual licenses, they will keep the merged rate until a calendar year cost report can be filed for a July 1 rate. For example, if two facilities that were merged under one license decide to have separate licenses on September 1, 1999, the two facilities will be required to submit separate calendar year 1999 cost reports for each facility. The provider shall document how costs and revenues are allocated to each of the facilities during the period the financial statements were combined.

When the two facilities are under separate licenses, the provider number that was de-activated when the facilities merged will be re-activated. Initially, both facilities will have the same rate. The calendar year 1999 cost report will be used to determine rates for each facility on July 1, 2000.

Real and Personal Property Fees: If two or more facilities that are merged under one license later decide to split and have individual licenses within five (5) years, the old property fees will be reassigned to the individual facilities. The additional allowance for a property fee rebasing after the property fees were combined would be added to the individual property allowances after the facilities split. The two facilities used in the combining of property fees above had a property fee of \$4.60. As an example, if a property fee rebasing took place later that added \$.50, the property fee will be \$5.10. If Facilities A and B split before five years, the property fee for Facility A will be \$4.50 (\$4.00 + \$.50) and the property fee for Facility B will be \$5.50 (\$5.00 + \$.50).

If the facilities decide to split and go back to individual licenses after five years, each facility will continue to have the same property fee as determined when they merged.

Resident Assessments and Case Mix Index: If the two facilities later decide to split into separate licenses, the MDS database will be maintained for the individual facilities beginning the first quarter after the facilities have separate licenses.

C. Attachment 4.19D, Part I, Subpart F: Reimbursement for Nursing Facilities With Over 199 Beds

Nursing facilities (NFs) with over 199 beds, that are reimbursed on the basis of a projected or historical cost report, shall be limited by an overall total rate approved by the secretary of the agency.

The rate shall be reasonable and adequate to meet the costs which must be incurred by efficiently and economically operated facilities. Special levels of care groups are only established when the characteristics of the facilities or residents are so unique that reimbursement under the usual methods and standards for establishing payment rates for NFs are not reasonable or adequate.

The following parameters shall be used in setting rates for NFs with over 199 beds:

1. They are required to submit the uniform Nursing Facility Financial and Statistical Report in accordance with Exhibit A-5 (K.A.R. 30-10-17). The treatment of allowable and nonallowable costs are consistent for all NFs, regardless of size.
2. The per diem rates are determined by applying the 85 percent minimum occupancy rule, administrator/co-administrator/owner/related party compensation limits, inflation factors and the incentive factors, as applied to all NFs, regardless of size.
3. The rates are held to the upper payment limits for the Administration, Property, and Room and Board cost centers. They are not held to the upper payment limit for the Health Care cost center.
4. The property reimbursement (real estate interest, depreciation, lease and amortization of leasehold improvements) is based on the real and personal property fee. The overall property limit established for NFs with less than 200 beds is applied to these facilities. The payment methodology is not reasonably expected to result in an increase in payments based solely on a change of ownership in excess of what would be allowed for any other NF.
5. The payment rate cannot exceed the private pay rate for comparable services. The related requirements in Exhibit A-6 (K.A.R. 30-10-18) shall be followed.
6. The rates are not expected to pay more in the aggregate for NF services than the amount that the agency estimates would be paid under the Medicare principles of reimbursement.
7. Rates for the facilities are determined at least annually based on submissions of the uniform cost report.

D. Attachment 4.19D, Part I, Subpart S: Minimum Wage Per Diem Pass Through

This subpart explains the methodology for the minimum wage pass-through. The pass-through is effective October 1, 1996 and September 1, 1997. The pass-through is facility specific and requires the provider to submit a report and related documentation. The minimum wage reimbursement is subject to the following conditions:

- 1) A provider who is paying employees the minimum wage or more prior to October 1, 1996 and September 1, 1997, is not entitled to the pass-through factor.

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2) A provider who is paying employees less than the new minimum wage requirements on October 1, 1996 and September 1, 1997, may request the pass-through factor.

A) The factor is restricted to the difference between the employee's hourly rate and the new minimum wage hourly rate plus the related increase in the employer's payroll taxes and benefits. The minimum wage effective October 1, 1996 is \$4.75 per hour. The minimum wage effective September 1, 1997 is \$5.15.

B) The percentage of the employer's payroll taxes and benefits can be determined based on the ratio of total benefits to total salaries in the last Nursing Facility Financial and Statistical Report submitted.

C) Resident days used in the denominator of the minimum wage per diem pass-through shall be based on the actual days reported on the last Nursing Facility Financial and Statistical Report submitted. The resident days will not be subject to the 85% minimum occupancy factor.

3) The per diem pass-through shall not be subject to the cost center limits.

4) A retroactive rate adjustment with the minimum wage pass-through for the October 1, 1996, increase will be made back to October 1, 1996. The increase in the minimum wage on September 1, 1997, will allow a retroactive rate adjustment back to that date. These adjustments will be made after the Minimum Wage Report and related documentation are received by the agency.

5) The minimum wage pass-through factor will be reduced from the Medicaid rate as the related payroll expenses are reflected in the rate from the submission of the Nursing Facility Financial and Statistical Report. For example, a facility with a report year end (RYE) of 12/31/96 receives a \$.20 pass-through for the 10/1/96 minimum wage increase. The factor will be reduced one-fourth, or \$.05 to \$.15 on 7/1/97. This is the rate effective date of the RYE 12/31/96 cost report. The reason is because three months or one-fourth of the increased salary costs are reflected in the per diem rate determined from the cost report.

In the above example, when the per diem rate is effective 7/1/98 from the RYE 12/31/97 cost report, the 10/1/96 minimum wage pass-through will be eliminated. The full cost of the first minimum wage increase is reflected in the cost report and the rate established from it.

Some providers will have a portion of the 10/1/96 pass-through and the 9/1/97 pass-through beginning 9/1/97. The same method of phasing out the pass-through will be used for the 9/1/97 minimum wage increase. The 9/1/97 minimum wage pass-through will be completely eliminated from the rate on 7/1/99.

II. Proposed Medicaid Per Diem Rates for Kansas Nursing Facilities.

A. **Cost Center Limitations.** The state proposes to establish the following cost center limitations which are used in the rate-setting process:

Administration:	Median Cost + 15%	\$12.83 per day
Property:	(Plant Operating Median Cost + 30%)	\$11.80 per day
Room & Board:	Median Cost + 30%	\$22.02 per day
Health Care (for a Case Mix Index of 1.0):	Median Cost + 25%	\$61.09 per day

These amounts were determined according to the Reimbursement Limitations section set out above in Section I.A. of this notice.

B. **Case Mix Index.** These proposed rates are based upon each nursing facility's average Case Mix Index (CMI) calculated with a cutoff date of April 1, 1999, using the July 1, 1999, normalized table. In Section II.C., below, each nursing facility's average CMI is listed beside its proposed per diem rate. In accordance with the methodology described above, the final rates (to be published after the public comment period) will be based upon each nursing facility's average CMI calculated with a cutoff date of May 1, 1999.

C. Proposed Nursing Facility Per Diem Rates and CMI.

Facility Name	City	Proposed Daily Rate	CMI
Abilene Health Center	Abilene	60.75	0.91
Highland Care Home	Abilene	53.96	0.89
Alma Manor	Alma	84.68	1.03
Andover Health Care Center	Andover	90.39	0.92
Friendship Manor of Anthony	Anthony	85.93	1.00
Arkansas City Presbyterian Manor	Arkansas City	94.60	0.90
Medicalodge East Healthcare Center	Arkansas City	92.16	1.18
Medicalodge Post Acute & Rehab Center	Arkansas City	93.45	0.81
Potomac Healthcare at Arma	Arma	79.56	1.29
Ashland Health Center - LTCU	Ashland	89.28	0.86
Atchison Hospital SNF	Atchison	102.18	0.99
Atchison Senior Village	Atchison	85.22	0.87
Dooley Center	Atchison	82.69	0.81
Medicalodge of Atchison	Atchison	79.04	0.98
Attica Long Term Care	Attica	82.91	0.86
Atwood Good Samaritan Center	Atwood	79.91	0.76
Augusta Medical Complex	Augusta	84.58	0.89
Lake Point Nursing Center	Augusta	78.07	1.01
Baldwin Care Center	Baldwin City	82.42	1.07
Quaker Hill Manor	Baxter Springs	72.06	0.78
Spring Valley Care Center	Baxter Springs	83.39	1.02
Belleville Health Care Center	Belleville	79.41	0.91
Republic County Hospital- LTCU	Belleville	94.20	0.83
The Lutheran Home	Belleville	57.21	0.84
Hilltop Lodge Nursing Home	Beloit	71.07	0.98
Mitchell County Community Hospital	Beloit	96.07	0.86
Blue Valley Nursing Home	Blue Rapids	65.81	1.20
Great Plains Rehab & Nursing Center	Bonner Springs	76.53	1.01
Hill Top House	Bucklin	80.07	0.91
Buhler Sunshine Home, Inc.	Buhler	90.26	0.90
Santa Fe Trails Nursing Home	Burlingame	71.04	0.84
Life Care Center of Burlington	Burlington	87.11	1.01
Beverly Health & Rehab of Caldwell	Caldwell	64.77	0.91
Caney Nursing Center	Caney	58.94	1.01
Shiloh Manor of Canton, Inc.	Canton	80.36	0.81
Cedarvale Manor	Cedarvale	64.92	0.86
Eastridge	Centralia	79.62	0.82
Applewood Rehabilitation	Chanute	60.32	0.61
Heritage Health Care Center	Chanute	74.00	1.10
Park Place Healthcare & Rehab Center	Chanute	81.02	0.97
Chapman Valley Manor	Chapman	73.08	0.88
Cheney Golden Age Home Inc.	Cheney	78.56	1.00
Sunny Acres of Cherryvale	Cherryvale	73.61	0.85
Chetopa Manor	Chetopa	66.73	1.22

The Shepherd's Center	Cimarron	89.72	0.90	Terrace Garden Care Center	Garden City	88.59	0.99
Clay Center Presbyterian Manor	Clay Center	97.13	0.88	Gardner Rehabilitation Center	Gardner	90.36	0.97
Medicalodge of Clay Center	Clay Center	75.24	0.87	Meadowbrook Rehab Hospital	Gardner	157.83	1.82
Ninnescah Manor	Clearwater	90.62	1.01	Anderson County Hospital	Garnett	87.98	0.82
Estelle's Nursing Home	Clifton	54.75	0.78	Golden Heights Living Center	Garnett	77.27	0.86
Park Villa Nursing Home	Clyde	70.31	0.88	The Heritage	Girard	61.36	0.90
Coffeyville Nursing Home	Coffeyville	77.63	0.83	The Nicol Home, Inc.	Clasco	60.04	0.80
Coffeyville Regional Medical Center	Coffeyville	126.29	1.74	Medicalodge of Goddard	Goddard	95.62	0.99
Medicalodge East of Coffeyville	Coffeyville	87.01	1.27	Bethesda Home	Goessel	97.26	0.91
Windsor Place	Coffeyville	79.98	1.17	Sherman Co. Good Samaritan Center	Goodland	84.33	0.88
Lantern Park Manor	Colby	69.42	1.39	Central Kansas Medical Center	Great Bend	105.18	1.06
Prairie Senior Living Complex	Colby	94.28	0.87	Cherry Village Benevolence	Great Bend	88.54	0.91
Pioneer lodge	Coldwater	80.80	0.83	Integrated Health Services of Great Bend	Great Bend	81.15	0.93
Medicalodge of Columbus	Columbus	98.98	1.00	Washington County Hospital District	Hanover	81.12	0.84
Colwich Health Center, Inc.	Colwich	75.68	1.08	Friendship Manor Rehab Center of Haviland	Haviland	56.01	0.57
Beverly Health & Rehab of Concordia	Concordia	73.98	1.08	Hays Good Samaritan Center	Hays	89.80	1.11
Mt Joseph Senior Community	Concordia	85.53	0.90	Hays Medical Center	Hays	150.59	1.77
Sunset Nursing Center	Concordia	85.51	0.99	St. John's of Hays	Hays	61.86	1.08
Springview Manor	Conway Springs	72.49	0.79	Prestige Rehab & Nursing Center	Haysville	102.47	1.13
Chase County Nursing Home	Cottonwood Falls	72.02	1.08	Herington Municipal Hospital	Herington	112.88	1.16
Twin Lake Healthcare Center	Council Grove	74.00	0.98	Lutheran Home, Inc.	Herington	67.90	0.80
Hilltop Manor	Cunningham	71.52	0.87	Schowalter Villa	Hesston	101.63	0.91
Delphos Rest Home	Delphos	70.17	0.83	Maple Heights of Hiawatha	Hiawatha	73.91	0.88
Westview Manor, Inc.	Derby	84.05	0.94	Oak Ridge Acres	Hiawatha	61.47	0.89
Cedar Grove Health Care	Desoto	73.09	0.63	Highland Care Center	Highland	76.62	1.49
Grouse Valley Manor	Dexter	71.50	0.80	Dawson Place, Inc.	Hill City	69.49	0.89
Lane County Hospital - LTCU	Dighton	92.19	0.81	Hillsboro Community Medical Center	Hillsboro	91.47	0.86
Dodge City Good Samaritan Center	Dodge City	83.84	0.98	Parkside Homes, Inc.	Hillsboro	80.76	0.93
Manor of the Plains	Dodge City	89.54	1.11	Hoisington Rehabilitation Center	Hoisington	73.29	0.89
Trinity Manor	Dodge City	88.24	0.87	Holton Manor	Holton	63.24	0.79
Medicalodge of Douglass	Douglass	90.98	0.98	Jackson Co. Nursing Home	Holton	70.04	0.85
Downs Nursing Center	Downs	78.28	0.93	Tri-County Manor Living Center	Horton	59.83	0.90
Country Care Home	Easton	70.01	1.04	Howard Twilight Manor	Howard	75.92	0.88
Edwardsville Convalescent Center	Edwardsville	86.17	1.06	Sheridan County Hospital	Hoxie	83.16	0.96
Edwardsville Manor	Edwardsville	73.26	0.87	Pioneer Manor	Hugoton	93.87	0.85
Parkway Care Center	Edwardsville	83.72	1.16	Pinecrest Nursing Home	Humboldt	73.30	0.88
Beverly Health & Rehab of El Dorado	El Dorado	83.45	0.93	Golden Plains	Hutchinson	88.90	1.05
Knutson Manor Nursing Home	El Dorado	75.72	0.92	Hutchinson Good Samaritan Center	Hutchinson	88.94	1.24
Morton County Hospital	Elkhart	95.86	0.90	Oakwood Rehabilitation	Hutchinson	78.60	0.98
IHS of Woodhaven	Ellinwood	76.06	0.95	Ray E. Dillon Living Center	Hutchinson	90.24	1.00
Ellis Good Samaritan	Ellis	79.54	1.08	Silver Oaks Health Center	Hutchinson	63.99	0.90
Good Samaritan Center - Villa Gr	Ellsworth	85.33	1.19	Wesley Towers	Hutchinson	103.50	0.96
Good Samaritan Center - Villa Ho	Ellsworth	87.51	0.83	Glenwood Estate	Independence	65.29	0.87
Emporia Presbyterian Manor	Emporia	96.80	0.91	Manor Nursing Home	Independence	68.09	0.92
Emporia Rehabilitation Center	Emporia	58.68	1.14	Mercy Health System of Kansas, Inc.	Independence	119.46	1.74
Holiday Resort, Inc.	Emporia	69.38	0.91	The Lodge at Independence	Independence	85.90	0.99
Vintage Manor	Emporia	71.91	0.85	Pleasant View Home	Irman	81.83	0.91
Enterprise Estates Nursing Center	Enterprise	65.86	0.90	Countryside Estates	Iola	75.42	1.08
Heritage Village-Eskridge	Eskridge	67.73	0.69	Cheyenne Lodge, Inc.	Jamestown	76.62	0.97
Eudora Nursing Center	Eudora	76.45	0.83	Hodgeman Co Health Center - LTCU	Jetmore	100.13	0.92
Medicalodge of Eureka	Eureka	86.73	0.86	Stanton County Hospital- LTCU	Johnson	100.67	0.88
Florence Health Care	Florence	59.51	0.76	Junction City Good Samaritan Center	Junction City	81.19	1.15
Fort Scott/Marmaton Valley	Fort Scott	71.87	0.97	Valley View Professional Care Center	Junction City	68.63	0.80
Medicalodge of Ft. Scott	Fort Scott	93.79	1.07	Alzheimer's Center of Kansas City	Kansas City	98.86	0.89
Mercy Hospital of Kansas - Fort Scott	Fort Scott	133.83	1.42	Kansas City Presbyterian Manor	Kansas City	98.04	1.08
Fowler Nursing Home	Fowler	80.20	0.76	Medicalodge East of Kansas City	Kansas City	105.69	1.02
Frankfort Community Care Home	Frankfort	77.88	0.83	Medicalodge Post Acute Care Center	Kansas City	104.51	1.10
Beverly Health & Rehab of Fredonia	Fredonia	77.12	1.12				
Sunset Manor, Inc	Frontenac	71.84	1.03				
Barker Rest Home	Galena	50.76	1.17				
Galena Nursing & Rehabilitation	Galena	73.07	1.07				
Garden Valley Retirement Village	Garden City	88.23	1.02				

(continued)

The Manor of Kansas City	Kansas City	80.76	0.98	Ness County Hospital Dist. #2	Ness City	83.42	0.88
Prairie Haven Nursing Center	Kensington	62.18	1.06	Bethel Care Centre	Newton	98.90	0.95
Kingman Manor	Kingman	87.04	1.17	Friendly Acres, Inc.	Newton	106.03	1.08
The Wheatlands Health Care Center	Kingman	54.94	0.90	Kansas Christian Home	Newton	98.08	0.84
Medicalodge of Kinsley	Kinsley	80.76	0.83	Newton Presbyterian Manor	Newton	97.34	1.19
Kiowa Hospital District Manor	Kiowa	78.12	0.86	Manorcare Health Services of Wichita	North Wichita	92.09	0.93
Rush Co. Healthcare Center	La Crosse	87.06	0.79	Andpe Home, Inc.	Norton	81.00	0.82
Rush County Nursing Home	Lacrosse	84.16	0.93	Village Villa	Nortonville	66.93	0.94
High Plains Retirement Village	Lakin	100.45	1.04	Norwich Care Center, Inc.	Norwich	65.85	0.92
Colonial Manor - Lansing	Lansing	87.40	0.99	Oakley Manor	Oakley	61.99	0.88
Larned Healthcare & Living Center	Larned	84.20	0.78	Decatur Co. Good Samaritan Center	Oberlin	77.21	0.79
Brandón Woods, Inc.	Lawrence	97.47	1.03	Decatur County Hospital	Oberlin	86.19	0.93
Colonial Manor-Lawrence	Lawrence	87.57	1.28	Great Plains Rehab and Nursing Center	Olathe	97.18	1.11
Lawrence Presbyterian Manor	Lawrence	110.14	1.18	Johnson County Nursing Center	Olathe	105.30	0.96
Southwinds Rehabilitation & Care	Lawrence	85.96	1.06	Olathe Good Samaritan Center	Olathe	98.40	0.98
Leavenworth Co Convalescent Infi	Leavenworth	91.45	0.93	Royal Terrace Nrsg. & Rehab. Center	Olathe	105.65	1.10
Medicalodge of Leavenworth	Leavenworth	92.68	0.95	Villa St. Francis	Olathe	122.61	1.17
Delmar Gardens of Lenexa, Inc.	Lenexa	87.60	1.01	Golden Acres	Onaga	67.89	1.08
Leonardville Home	Leonardville	65.91	0.98	Osage Nursing & Rehabilitation Center	Osage City	77.82	1.33
Wichita County Health Center	Leoti	97.67	0.83	Peterson Nursing Home	Osage City	69.00	0.91
Liberal Good Samaritan Center	Liberal	83.49	0.84	Heritage Manor of Osawatomie	Osawatomie	98.07	1.01
Lincoln County Hospital LTCU	Lincoln	101.75	0.90	Parkview Care Center	Osborne	75.76	0.90
Mid-America Health Care	Lincoln	71.10	0.85	Hickory Pointe Care & Rehab Center	Oskaloosa	78.39	0.98
Bethany Home Association	Lindsborg	88.84	0.80	Potomac Healthcare at Oswego Mar	Oswego	58.21	1.08
Linn Community Nursing Home	Linn	62.56	0.84	Village Manor	Ottawa	73.63	1.09
Sandstone Heights	Little River	80.59	0.81	Brookside Manor	Overbrook	84.70	1.11
Logan Manor Community Health Ser	Logan	64.22	0.81	Delmar Gardens of Overland Park	Overland Park	96.33	1.11
Louisburg Care Center	Louisburg	81.94	0.95	Indian Creek Nursing Center	Overland Park	99.22	1.21
Beverly Health & Rehab of Lucas	Lucas	78.30	0.91	Life Care Center of Overland Park	Overland Park	93.33	0.89
Crystal Care of Lyndon	Lyndon	80.51	1.00	Manorcare Hlth Services of Overland Park	Overland Park	100.06	1.05
Lyons Good Samaritan Center	Lyons	88.62	0.99	Overland Park Manor	Overland Park	93.87	0.91
Madison Manor, Inc.	Madison	73.16	0.77	Specialty Hospital of Overland Park	Overland Park	100.35	0.90
Meadowlark Hills Retirement Community	Manhattan	89.33	1.09	Villa Saint Joseph	Overland Park	105.16	1.06
St. Joseph Senior Community, Inc.	Manhattan	79.44	0.99	Riverview Manor, Inc.	Oxford	72.29	0.91
Stoneybrook Retirement Community	Manhattan	85.56	1.04	Country Haven Nursing Center	Paola	87.84	1.25
Wharton Manor	Manhattan	90.28	0.92	Medicalodge of Paola	Paola	69.68	0.57
Jewell County Hospital	Mankato	95.35	0.90	Elmhaven East	Parsons	65.41	0.97
Marion Manor	Marion	71.89	0.95	Elmhaven West	Parsons	64.00	0.87
St. Luke Living Center	Marion	85.00	0.84	Parsons Good Samaritan Center	Parsons	76.27	0.79
Riverview Estates, Inc.	Marquette	67.38	0.81	Parsons Presbyterian Manor	Parsons	89.35	0.91
Cambridge Place	Marysville	79.27	0.93	Peabody Community Living Center	Peabody	82.40	0.87
Community Memorial Hospital - LT	Marysville	85.99	0.91	Westview Manor of Peabody	Peabody	61.06	0.61
Highland Manor	McPherson	70.55	0.96	Phillips County Hospital LTCU	Phillipsburg	102.76	0.93
The Cedars, Inc.	McPherson	92.82	0.92	Phillips County Retirement Center	Phillipsburg	65.52	0.79
Lone Tree Retirement Community	Meade	84.66	0.89	Beverly Rehabilitation Center	Pittsburg	79.40	1.09
Cedar Crest Manor	Medicine Lodge	77.33	0.98	Medicalodge North of Pittsburg	Pittsburg	87.42	0.90
Trinity Lutheran Manor	Merriam	103.87	1.04	Medicalodge South of Pittsburg	Pittsburg	82.78	1.04
Minneapolis Good Samaritan Center	Minneapolis	86.72	0.96	Mt. Carmel Medical Center	Pittsburg	148.90	1.95
Ottawa County Hospital-LTCU	Minneapolis	69.99	0.91	Rooks County Home	Plainville	83.75	0.80
Minneola Nursing Home	Minneola	92.48	0.86	Friendship Manor of Pratt	Pratt	70.92	0.95
Elk Manor Home	Moline	71.53	0.84	Pratt Regional Medical Center	Pratt	87.40	0.87
Bethel Home, Inc.	Montezuma	77.53	0.85	Prescott Country View Nursing Home	Prescott	56.91	0.80
Moran Manor	Moran	73.80	1.12	Protection Valley Manor	Protection	65.59	0.69
Crystal Care Center of Mound City	Mound City	65.78	1.07	Gove County Medical Center	Quinter	91.68	0.91
Memorial Home for the Aged	Moundridge	102.63	0.96	Grisell Memorial Hosp Dist #1	Ransom	92.90	0.87
Moundridge Manor, Inc.	Moundridge	69.95	0.77	Oak Haven Nursing Center	Richmond	76.38	0.91
Mt. Hope Nursing Center	Mt. Hope	76.82	0.92	Heritage Village of Rose Hill	Rose Hill	74.67	0.89
Villa Maria, Inc.	Mulvane	97.16	0.95	Rossville Valley Manor	Rossville	81.02	0.94
Beverly Health & Rehab of Neodesha	Neodesha	67.13	0.81	Gatewood Care Center	Russell	62.23	0.64
Golden Keys Home	Neodesha	53.54	0.85				

Wheatland Nursing & Rehab Center	Russell	75.68	0.93	Wakefield Rehabilitation Center	Wakefield	68.38	0.93
Apostolic Christian Home	Sabetha	71.88	0.88	Valley Vista Good Samaritan Center	Wamego	83.23	0.95
Sabetha Manor	Sabetha	76.17	0.99	The Centennial Homestead	Washington	61.56	0.84
College Park Village	Salina	73.19	0.92	Colonial Manor - Wathena	Wathena	79.85	1.01
Holiday Resort of Salina	Salina	79.12	0.88	Sunset Manor	Waverly	83.49	0.82
Kenwood View Nursing Center	Salina	75.23	0.93	Beverly Health & Rehab of Wellington	Wellington	64.39	0.93
Salina Presbyterian Manor	Salina	95.18	0.91	Cedar View Good Samaritan Center	Wellington	82.46	0.92
Shalimar Health Center	Salina	64.45	0.94	Wellsville Manor Care Center	Wellsville	78.39	0.99
Smokey Hill Rehabilitation Center	Salina	83.94	0.92	Westy Community Care Home	Westmoreland	70.81	0.90
Windsor Estates	Salina	85.35	0.92	Wheat State Manor	Whitewater	86.41	0.95
Satanta Dist. Hosp. LTCU	Satanta	93.51	0.77	Catholic Care Center Inc.	Wichita	90.79	0.96
Park Lane Nursing Home	Scott City	84.82	0.84	Cherry Creek Nursing Center	Wichita	101.00	1.08
Pleasant Valley Manor	Sedan	70.18	1.23	Christ Villa Nursing Home	Wichita	84.71	0.93
Sedgwick Healthcare Center	Sedgwick	102.00	0.96	Homestead Health Center, Inc.	Wichita	87.96	0.89
Country View Estates Care Home	Seneca	63.11	0.93	IHS of Wichita	Wichita	96.39	0.92
Crestview Manor	Seneca	51.59	0.83	Kansas Masonic Home	Wichita	110.40	1.08
Prairie Manor Good Samaritan	Sharon Springs	82.37	0.78	Lakewood Heights Nursing Center	Wichita	82.35	1.18
Sharonlane Nursing Home	Shawnee	94.90	1.15	Life Care Center of Wichita	Wichita	109.86	1.10
Shawnee Gardens Nursing Center	Shawnee	98.50	0.97	Lincoln East	Wichita	87.91	1.07
Potomac Healthcare at Smith Center	Smith Center	82.11	0.88	Medicalodge of Wichita	Wichita	107.72	1.24
Smith County Memorial Hosp. LTCU	Smith Center	93.76	0.89	Parkway Health Care Center	Wichita	80.49	0.83
South Haven Guest Home, Inc.	South Haven	83.86	0.86	Sandpiper Bay Health & Retirement	Wichita	101.96	1.03
Mennonite Friendship Manor	South Hutchinson	98.38	0.97	Terrace Gardens Nursing Center	Wichita	95.27	1.07
Beverly Hlth & Rehab Cntr of Spring Hill	Spring Hill	88.48	1.07	The Healthcare Center - Larksfie	Wichita	101.36	0.89
Good Samaritan Village	St. Francis	83.46	0.87	Wichita Healthcare & Rehab Center	Wichita	105.99	1.04
Hearthstone Nursing Center #192	St. John	70.72	1.02	Wichita Presbyterian Manor	Wichita	101.02	0.89
Community Hospital Onaga	St. Mary's	88.67	0.88	Woodlawn Nursing Home	Wichita	83.93	1.00
Prairie Mission Retirement Villa	St. Paul	83.63	0.92	Wilson Nursing Home	Wilson	79.09	0.96
Leisure Homestead Association	Stafford	61.61	0.90	Jefferson County Memorial Hospital	Winchester	90.12	0.82
Sterling Presbyterian Manor	Sterling	79.23	0.91	Cumbernauld Village, Inc.	Winfield	91.28	0.87
Solomon Valley Manor	Stockton	79.76	0.86	Good Samaritan Village - Winfield	Winfield	94.24	0.93
Hamilton Co. Hospital LTCU	Syracuse	99.14	0.87	Walnut Hill Nursing Center	Winfield	75.24	0.86
Tonganoxie Nursing Center	Tonganoxie	82.96	0.95	Twin Oaks Health Care	Yates Center	74.65	0.79
Aldersgate Village	Topeka	103.05	0.92				
Brighton Place North	Topeka	58.04	0.55				
Countryside Health Center	Topeka	62.44	0.59				
Eventide Convalescent Center	Topeka	69.41	0.74				
Fairlawn Heights Nursing Center	Topeka	80.53	0.85				
IHS at Highland Park	Topeka	84.84	1.03				
IHS of Brighton Place	Topeka	65.85	0.57				
Indian Trails Manor	Topeka	58.76	0.59				
Manorcare Health Services of Topeka	Topeka	88.07	1.01				
McCrite Plaza Health Center	Topeka	89.74	1.18				
Plaza West Care Center, Inc.	Topeka	91.50	1.22				
Rolling Hills Health Center	Topeka	92.62	1.10				
Southgate Village Life Care Center	Topeka	80.55	1.10				
The United Methodist Homes for t	Topeka	101.02	0.95				
Topeka Convalescent Center	Topeka	76.46	1.16				
Topeka Healthcare Center	Topeka	90.73	1.52				
Topeka Presbyterian Manor	Topeka	102.28	0.95				
Westwood Manor	Topeka	64.88	0.96				
Woodland Health Center	Topeka	69.15	0.83				
Brewster Place	Topeka	98.75	0.90				
Greeley County Hospital, LTCU	Tribune	96.01	0.80				
Western Prairie Care Home	Ulysses	100.37	0.90				
Valley Health Care Center	Valley Falls	60.89	0.65				
St. John's Rest Home of Victoria	Victoria	82.65	0.93				
The Lutheran Home - Wakeeney	Wakeeney	67.10	0.86				
Trego Co. Lemke Memorial LTCU	Wakeeney	97.37	0.86				

III. Justifications for the Proposed Rates.

1. The proposed rates are calculated according to the rate-setting methodology in the Kansas Medicaid State Plan, which has been used, in essentially the same form, to set nursing facility rates for more than six years.

2. The proposed rates are calculated according to a methodology which satisfies the requirements of K.S.A. 39-708c(x) and the Department of Social and Rehabilitation Services regulations in K.A.R. Article 30-10 implementing that statute.

3. The state's studies project that the proposed rates:

a. Would result in payment, in the aggregate, of 96.27% of the Medicaid day weighted average inflated allowable nursing facility costs statewide; and

b. would result in a maximum allowable rate of \$108.77; the total average allowable cost is \$95.88.

c. Estimated average rate July 1, 1999 \$83.39
 Average payment rate July 1, 1998 \$77.25
 Amount of change \$6.14
 Percent of change 7.95%

4. Estimated annual aggregate expenditures in the Medicaid nursing facility services payment program will increase by approximately \$19,100,000.

5. The state estimates that the proposed rates would continue to make quality care and services available

(continued)

under the Medicaid State Plan at least to the extent that care and services are available to the general population. The state's studies indicate:

a. Service providers operating a total of 328 nursing facilities (representing 98% of all the licensed nursing facilities in Kansas) participate in the Medicaid program, while an additional 46 hospital-based long-term care units are also certified to participate in the Medicaid program;

b. there is at least one Medicaid-certified nursing facility and/or facility for mental health, or Medicaid-certified hospital-based long-term care unit in each of the 105 counties in Kansas;

c. the statewide average occupancy rate for nursing facilities participating in Medicaid is 86.3 %;

d. the statewide average Medicaid occupancy rate for participating facilities is 54.1%, which is a decrease from the prior year; and

e. the proposed rates would cover 98.54% of the estimated Medicaid health care costs incurred by participating nursing facilities statewide.

6. Federal Medicaid regulations at 42 C.F.R. 447.272 impose an aggregate upper payment limit that states may pay for Medicaid nursing facility services. The state's analysis indicates that the proposed methodology would result in compliance with the federal regulation.

IV. Request for Comments; Request for Copies. The state requests providers, beneficiaries and their representatives, and other concerned Kansas residents to review and comment on the proposed rates, the methodology used to calculate the proposed rates, and

the justifications for the proposed rates. Persons and organizations wishing to submit comments must mail, deliver, or fax their signed, written comments before the close of business on Monday, May 31, to:

Secretary of Aging
New England Building, 2nd Floor
503 S. Kansas Ave.
Topeka, 66603-3404
Fax (785) 296-0767

Persons and organizations wishing to submit comments on the proposed amendments to the Medicaid State Plan must mail, deliver or fax their signed, written comments before the close of business on Thursday, July 1, to the same address set out above.

V. Notice of Intent to Publish Final Rates. The state intends to publish final Medicaid nursing facility per diem rates, the methodology used to calculate the final rates, and the justifications for those final rates in the June 24, 1999 Kansas Register.

VI. Notice of Intent to Amend the Medicaid state Plan. The state intends to submit proposed Medicaid State Plan amendments to HCFA on or before September 30, 1999.

Janet Schalansky
Deputy Secretary of Social and
Rehabilitation Services

Terry Glasscock
Deputy Secretary of Aging

Doc. No. 023751

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. Temporary regulations are designated with a (T) in the Action column. This cumulative index supplements the index to the 1997 Volumes of the *Kansas Administrative Regulations* and the 1998 Supplement to the *Kansas Administrative Regulations*.

AGENCY 1: DEPARTMENT OF ADMINISTRATION

Reg. No.	Action	Register
1-2-46	Amended	V. 17, p. 1369
1-2-77	New	V. 17, p. 1370
1-5-9	Amended	V. 17, p. 1370
1-5-10	Amended	V. 17, p. 1370
1-5-14	Amended	V. 17, p. 1370
1-5-15	Amended	V. 17, p. 1370
1-6-22a	Amended	V. 17, p. 1371
1-6-30	Amended	V. 17, p. 1371
1-9-23	Amended	V. 17, p. 1371
1-9-25	Amended	V. 17, p. 1372
1-9-26	Amended	V. 17, p. 1375
1-10-6	Amended	V. 17, p. 1376
1-16-18	Amended	V. 17, p. 945

1-16-18a	Amended	V. 17, p. 946
1-18-1a	Amended (T)	V. 18, p. 356
1-39-1 through 1-39-4	New	V. 17, p. 1678

AGENCY 4: DEPARTMENT OF AGRICULTURE

Reg. No.	Action	Register
4-7-213	Amended	V. 17, p. 171
4-7-213a	New	V. 17, p. 171
4-20-11	Amended (T)	V. 18, p. 13
4-20-11	Amended	V. 18, p. 418
4-20-15	New (T)	V. 18, p. 11
4-20-15	New	V. 18, p. 418
4-21-1 through 4-21-6	New (T)	V. 18, p. 11-13
4-21-1 through 4-21-6	New	V. 18, p. 418-420

AGENCY 7: SECRETARY OF STATE

Reg. No.	Action	Register
7-34-1	Revoked	V. 17, p. 1679
7-39-1	New	V. 17, p. 1679

AGENCY 9: ANIMAL HEALTH DEPARTMENT

Reg. No.	Action	Register
9-7-10	Amended	V. 17, p. 364
9-10-33 through 9-10-39	New	V. 17, p. 364, 365
9-20-4	New	V. 18, p. 161

AGENCY 11: STATE CONSERVATION COMMISSION

Reg. No.	Action	Register
11-9-1 through 11-9-10	New	V. 18, p. 79, 80

AGENCY 16: ATTORNEY GENERAL

Reg. No.	Action	Register
16-1-7	New	V. 17, p. 1620
16-2-1	Revoked	V. 17, p. 1620
16-2-1a	New	V. 17, p. 1620
16-3-1	Amended	V. 17, p. 1620
16-5-1	Amended	V. 17, p. 1621
16-6-1	Amended	V. 17, p. 1621
16-6-3	New	V. 17, p. 1621

AGENCY 17: STATE BANK COMMISSIONER

Reg. No.	Action	Register
17-24-1	New (T)	V. 18, p. 484
17-24-2	New (T)	V. 18, p. 484

AGENCY 25: DEPARTMENT OF AGRICULTURE (KANSAS STATE GRAIN INSPECTION)

Reg. No.	Action	Register
25-5-1	New	V. 18, p. 53

AGENCY 26: DEPARTMENT ON AGING

Reg. No.	Action	Register
26-1-2	Amended	V. 18, p. 188
26-1-9	New	V. 18, p. 188

AGENCY 27: STATE CORPORATION COMMISSION (KANSAS ENERGY OFFICE)

Reg. No.	Action	Register
27-2-1	Revoked	V. 18, p. 231

AGENCY 28: DEPARTMENT OF HEALTH AND ENVIRONMENT

Reg. No.	Action	Register
28-1-4	Amended	V. 17, p. 1505
28-1-13	Amended	V. 17, p. 461
28-1-25	Revoked	V. 18, p. 105
28-4-525 through 28-4-529	Revoked	V. 17, p. 1149
28-18-1 through 28-18-4	Amended	V. 17, p. 1971-1974
28-18-5 through 28-18-15	New	V. 17, p. 1974-1977
28-18a-1 through 28-18a-32	New	V. 17, p. 1977-1994
28-19-50	Revoked	V. 18, p. 50
28-19-52	Revoked	V. 18, p. 50
28-19-70	Amended	V. 17, p. 588
28-19-201	Amended	V. 18, p. 106
28-19-202	Amended	V. 17, p. 122
28-19-517	Amended	V. 17, p. 144
28-19-546	Amended	V. 17, p. 144
28-19-561	Amended	V. 17, p. 144
28-19-562	Amended	V. 17, p. 145
28-19-563	Amended	V. 17, p. 146
28-19-564	New	V. 17, p. 589
28-19-650	New	V. 18, p. 50
28-29-12	Amended	V. 17, p. 1026
28-29-25d	New	V. 17, p. 1931
28-29-27	Amended	V. 17, p. 1026
28-29-98	Amended	V. 17, p. 1087
28-29-108	Amended	V. 17, p. 1027
28-29-109	New	V. 17, p. 1031
28-36-30	Amended	V. 17, p. 1679
28-52-2	New	V. 17, p. 168
28-52-3	New	V. 17, p. 168
28-52-4	New	V. 17, p. 168
28-68-3	Amended	V. 17, p. 547
28-70-1	New	V. 17, p. 168
28-70-2	New	V. 17, p. 168
28-70-3	New	V. 17, p. 169
28-71-1 through 28-71-12	New	V. 17, p. 959-964

AGENCY 30: SOCIAL AND REHABILITATION SERVICES

Reg. No.	Action	Register
30-2-12	Amended	V. 18, p. 271
30-4-39	Amended	V. 17, p. 932
30-4-50	Amended	V. 17, p. 933
30-4-52	Amended	V. 17, p. 933
30-4-54	Amended	V. 17, p. 933
30-4-55	Amended	V. 17, p. 934
30-4-64	Amended	V. 18, p. 271
30-4-70	Amended	V. 17, p. 935
30-4-110	Amended	V. 17, p. 936
30-4-111	Amended	V. 17, p. 1837
30-4-140	Amended	V. 17, p. 938
30-5-64	Amended	V. 17, p. 1838
30-5-70	Amended	V. 17, p. 1376
30-5-78	Amended	V. 17, p. 1378
30-5-82	Amended	V. 17, p. 1839
30-5-82a	Amended	V. 17, p. 1840
30-5-88	Amended	V. 17, p. 938
30-5-118	Amended	V. 17, p. 1840
30-5-118a	Amended	V. 17, p. 1841
30-5-118b	New	V. 17, p. 1842
30-5-300	Amended	V. 17, p. 300
30-5-310	New	V. 17, p. 302
30-6-35	Amended	V. 17, p. 1580
30-6-36	Amended	V. 17, p. 1580
30-6-41	Amended	V. 17, p. 1581
30-6-52	Amended	V. 17, p. 939
30-6-54	Amended	V. 17, p. 940
30-6-65	Amended	V. 17, p. 940
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30-6-77	Amended	V. 17, p. 1581
30-6-103	Amended	V. 17, p. 941
30-6-111	Amended	V. 17, p. 1844
30-6-112	Amended	V. 17, p. 943
30-10-1a	Amended	V. 17, p. 1845

30-10-2	Amended	V. 17, p. 1847
30-10-14	Amended	V. 17, p. 1168
30-10-15a	Amended	V. 17, p. 1848
30-10-15b	Amended	V. 17, p. 1850
30-10-17	Amended	V. 17, p. 1850
30-10-18	Amended	V. 17, p. 1852
30-10-25	Amended	V. 17, p. 1854
30-10-26	Amended	V. 17, p. 1855
30-10-28	Amended	V. 17, p. 1856
30-10-209	Amended	V. 17, p. 1168
30-14-1	New	V. 17, p. 1583
30-14-2	New	V. 17, p. 1583
30-14-3	New	V. 17, p. 1583
30-14-20 through 30-14-31	New	V. 17, p. 1584-1586
30-14-50	New	V. 17, p. 1586
30-63-1	Amended	V. 17, p. 1378
30-63-10	Amended	V. 17, p. 1378
30-63-13	Amended	V. 17, p. 1379
30-63-20 through 30-63-25	Amended	V. 17, p. 1380-1382
30-63-28	Amended	V. 17, p. 1383
30-63-30	Amended	V. 17, p. 1383
30-64-12	Amended	V. 17, p. 1384
30-64-22	Amended	V. 17, p. 1384
30-64-23	Amended	V. 17, p. 1385
30-64-24	Amended	V. 17, p. 1385
30-64-25	Amended	V. 17, p. 1386
30-64-27	Amended	V. 17, p. 1386
30-64-28	Amended	V. 17, p. 1386
30-64-29	Amended	V. 17, p. 1387
30-64-31	Amended	V. 17, p. 1387
30-64-32	Amended	V. 17, p. 1387

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39-1-1	Amended	V. 17, p. 1935
39-1-8	Revoked	V. 17, p. 1935
39-1-9	Amended	V. 17, p. 1935
39-1-14	Revoked	V. 17, p. 1936
39-1-19	Amended	V. 17, p. 1936
39-3-1 through 39-3-8	Revoked	V. 17, p. 1936
39-5-1	Revoked	V. 17, p. 1936
39-6-1	Revoked	V. 17, p. 1936
39-6-2	Revoked	V. 17, p. 1936

AGENCY 40: KANSAS INSURANCE DEPARTMENT

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40-1-35	Revoked	V. 17, p. 1837
40-1-45	New	V. 17, p. 1211
40-2-25	Amended	V. 17, p. 1546
40-4-34	Amended	V. 18, p. 124
40-4-35	Amended (T)	V. 18, p. 358
40-4-36	Amended	V. 17, p. 689
40-5-10	Amended	V. 17, p. 1578
40-9-118	Amended	V. 17, p. 1033
40-15b-1	Amended	V. 17, p. 1547

AGENCY 44: DEPARTMENT OF CORRECTIONS

Reg. No.	Action	Register
44-1-103	Amended (T)	V. 18, p. 131
44-1-103	Amended	V. 18, p. 390
44-12-601	Amended	V. 17, p. 424

AGENCY 45: KANSAS PAROLE BOARD

Reg. No.	Action	Register
45-9-2	Amended	V. 17, p. 143

AGENCY 47: DEPARTMENT OF HEALTH AND ENVIRONMENT (MINED-LAND CONSERVATION AND RECLAMATION)

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47-2-53	Amended	V. 17, p. 1108
47-2-75	Amended	V. 17, p. 1108
47-3-42	Amended	V. 17, p. 1109
47-5-5a	Amended	V. 17, p. 1110
47-6-4	Amended	V. 17, p. 1112
47-6-6	Amended	V. 17, p. 1112

47-6-8	Amended	V. 17, p. 1113
47-7-2	Amended	V. 17, p. 1113
47-8-9	Amended	V. 17, p. 1113
47-9-1	Amended	V. 17, p. 1114
47-16-6	Amended	V. 17, p. 1117
47-16-9	Amended	V. 17, p. 1117
47-16-10	Amended	V. 17, p. 1117
47-16-11	Amended	V. 17, p. 1117

AGENCY 48: DEPARTMENT OF HUMAN RESOURCES—EMPLOYMENT SECURITY BOARD OF REVIEW

Reg. No.	Action	Register
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AGENCY 51: DEPARTMENT OF HUMAN RESOURCES—DIVISION OF WORKERS COMPENSATION

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51-1-22	Revoked	V. 17, p. 628
51-2-4	Amended	V. 17, p. 628
51-2-5	Amended	V. 17, p. 629
51-3-1	Amended	V. 17, p. 629
51-3-5	Amended	V. 17, p. 629
51-3-5a	Amended	V. 17, p. 629
51-3-6	Amended	V. 17, p. 630
51-3-8	Amended	V. 17, p. 630
51-3-17	Revoked	V. 17, p. 631
51-4-1	Revoked	V. 17, p. 631
51-7-5	Revoked	V. 17, p. 631
51-7-6	Revoked	V. 17, p. 631
51-7-8	Amended	V. 17, p. 631
51-8-2 through 51-8-7	Revoked	V. 17, p. 631
51-8-9	Revoked	V. 17, p. 631
51-8-10	Revoked	V. 17, p. 631
51-9-5	Amended	V. 17, p. 632
51-9-10	Amended	V. 17, p. 632
51-9-11	Amended	V. 17, p. 632
51-9-12	New	V. 17, p. 632
51-9-13	New	V. 17, p. 633
51-9-14	New	V. 17, p. 634
51-10-6	Amended	V. 17, p. 634
51-12-2	New	V. 17, p. 635
51-13-1	Amended	V. 17, p. 635
51-15-2	Amended	V. 17, p. 635
51-17-2	New	V. 17, p. 635
51-18-2	Amended	V. 17, p. 636
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51-19-1	Amended	V. 17, p. 637
51-21-1	Amended	V. 17, p. 637
51-24-1	Amended	V. 17, p. 637
51-24-2	Revoked	V. 17, p. 637
51-24-7	Revoked	V. 17, p. 637

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60-3-106	Amended	V. 18, p. 51
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60-3-107	Amended	V. 17, p. 357
60-3-112	New	V. 17, p. 357
60-4-101	Amended	V. 17, p. 358
60-7-101	Amended	V. 18, p. 52
60-7-109	New	V. 17, p. 358
60-7-110	New	V. 17, p. 358
60-8-101	Amended	V. 17, p. 358
60-9-105	Amended	V. 17, p. 358
60-9-106	Amended	V. 17, p. 359
60-9-107	Amended	V. 17, p. 360
60-11-119	Amended	V. 17, p. 361
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60-11-121	New	V. 17, p. 361
60-15-101 through 60-15-104	Amended	V. 17, p. 1321-1323
60-16-101	Amended	V. 17, p. 796
60-16-102	Amended	V. 17, p. 796

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65-9-1	Amended	V. 18, p. 357

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65-10-2 Amended V. 18, p. 357
 65-11-3 Amended V. 18, p. 357

AGENCY 66: BOARD OF TECHNICAL PROFESSIONS

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 66-7-2 Amended V. 18, p. 79
 66-10-1 Amended V. 17, p. 102

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 68-2-22 New V. 18, p. 81
 68-7-12 Amended V. 17, p. 170
 68-11-1 Amended V. 18, p. 81
 68-20-10a New V. 18, p. 81
 68-20-15a Amended V. 18, p. 82
 68-20-16 Amended V. 17, p. 1107
 68-20-17 Amended V. 18, p. 83
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 74-4-1 Amended V. 17, p. 1415
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 74-4-7 Amended V. 17, p. 1415
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 74-4-9 Amended V. 17, p. 1416
 74-4-10 Amended V. 17, p. 1416
 74-5-2 Amended V. 17, p. 1932
 74-5-103 Amended V. 17, p. 1933
 74-5-104 Amended V. 17, p. 1934
 74-5-202 Amended V. 17, p. 1417
 74-5-203 Amended V. 17, p. 1417
 74-5-301 Amended V. 17, p. 1417
 74-5-404 New V. 17, p. 1934
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 74-11-6 through 74-11-14 Amended V. 17, p. 1418-142

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 82-1-228 Amended V. 18, p. 232
 82-1-235 Amended V. 18, p. 233
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