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#### Department of Administration Division of Facilities Management

#### Notice of Commencement of Negotiations for Engineering Services

Notice is hereby given of the commencement of negotiations for engineering services for the replacement of Boiler #6 in the Central Power Plant of Kansas State University, Manhattan. The boiler is to be "A-type" with water tube steam generators, 300 psig design, having a continuous capacity of 80,000 lbs/hr. of saturated steam at an operating pressure of 225 psig. The project will include all work necessary for the design and installation of the boiler and ancillary equipment required for the system. The estimated construction cost is \$1.5 million. No engineering contracts will be executed until funding is secured during the summer months.

For more information concerning the scope of services, contact Abe Fattaey, (785) 532-1725.

To be considered, five (5) bound proposals and one (1) PDF file on a CD of the following should be provided: a letter of interest, an SF330 Part I, information regarding similar projects, and an SF330 Part II for each firm and consultant. Proposals should be concise and follow the 2007 State Building Advisory Commission guidelines, available to firms at http://da.ks.gov/fp/. If copies of the guidelines are needed, contact Phyllis Fast, Division of Facilities Management, Suite 102, Landon State Office Building, 900 S.W. Jackson, Topeka, 66612, (785) 296-5796, Phyllis.Fast@da.ks.gov. Submittals should be received by Phyllis Fast before noon July 6.

Marilyn Jacobson, Director Division of Facilities Management

Doc. No. 034569

#### State of Kansas

#### Department of Administration Division of Facilities Management

#### Notice of Commencement of Negotiations for Engineering Services

Notice is hereby given of the commencement of negotiations for engineering services for an inspection and survey of the power distribution system for approximately 30 buildings, located on 200 acres at the Fort Hays State University campus. Elements of the study shall include load measurements, condition assessment of electrical equipment and wiring, investigation of converting from 4160V. primary to 13370V., and recommendations for a campus electrical master plan.

The selected firm may or may not be retained for subsequent implementation projects. No engineering contracts will be executed until funding is secured during the summer months.

For more information concerning the scope of services, contact Dana Cunningham, (785) 628-4424.

To be considered, five (5) bound proposals and one (1) PDF file on a CD of the following should be provided: a letter of interest, an SF330 Part I, information regarding similar projects, and an SF330 Part II for each firm and consultant. Proposals should be concise and follow the 2007 State Building Advisory Commission guidelines, available to firms at http://da.ks.gov/fp/. If copies of the guidelines are needed, contact Phyllis Fast, Division of Facilities Management, Suite 102, Landon State Office Building, 900 S.W. Jackson, Topeka, 66612, (785) 296-5796, Phyllis.Fast@da.ks.gov. Submittals should be received by Phyllis Fast before noon July 6.

Marilyn Jacobson, Director Division of Facilities Management

Doc. No. 034571

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Register Office: 1st Floor, Memorial Hall (785) 296-3489 Fax (785) 368-8024 kansasregister@kssos.org

#### Department of Administration Division of Facilities Management

#### Notice of Commencement of Negotiations for "On-Call" Interior Design Services

Notice is hereby given of the commencement of negotiations for "on-call" interior design services for Kansas State University. Services are required for restricted (small) projects. One or two firms will be selected. Contracts will be for one year, renewable for two additional one-year periods.

For more information concerning the scope of services, contact Abe Fattaey, (785) 532-1725.

To be considered, five (5) bound proposals and one (1) PDF file on a CD of the following should be provided: a letter of interest, an SF330 Part I, information regarding similar projects, and an SF330 Part II for each firm and consultant. Proposals should be concise and follow the 2007 State Building Advisory Commission guidelines, available to firms at http://da.ks.gov/fp/. If copies of the guidelines are needed, contact Phyllis Fast, Division of Facilities Management, Suite 102, Landon State Office Building, 900 S.W. Jackson, Topeka, 66612, (785) 296-5796, Phyllis.Fast@da.ks.gov. Submittals should be received by Phyllis Fast before noon July 6.

Marilyn Jacobson, Director Division of Facilities Management

Doc. No. 034578

#### State of Kansas

#### State of Kansas

#### Kansas Guardianship Program

#### Notice of Meeting

The Kansas Guardianship Program will conduct its governing board meeting from 2 to 4 p.m. Wednesday, June 27, at the Kansas Bankers Association, 610 Corporate View Drive, Topeka. For more information, call (785) 587-8555.

Jean Krahn Executive Director

Doc. No. 034562

State of Kansas

### Department of Transportation

#### Notice of Cancellation of July Letting

The July 18, 2007, Kansas Department of Transportation letting is being cancelled due to significant changes that will be made to Section 100 of the 2007 Standard Specifications (Sub-Sections 104, 105 & 108). These changes were requested by the Kansas Contractors Association and were concurred upon by KDOT to enhance the administrative aspects of these contracts.

> Deb Miller Secretary of Transportation

Doc. No. 034574

#### Legislature Interim Committee Schedule

The following committee meetings have been scheduled during the period of June 25-July 6. Requests for accommodation to participate in committee meetings should be made at least two working days in advance of the meeting by contacting Legislative Administrative Services at (785) 296-2391 or TTY (785) 296-8430. When available, agendas can be found at http://kslegislature.org/klrd.

Date	Room	Time	Committee	Agenda
June 25	313-S	9:00 a.m.	State Employee Compensation Oversight Commission	Public comments from interested organizations, associations and individuals on state employee compensation.
June 26	313-S	10:00 a.m.	Legislative Educational Planning Committee	Updates from the 2007 legislative session; reception for Dr. Alexa Posny, Commissioner of Education.
June 26	514-S	10:00 a.m.	Legislative Budget Committee	Review and discussion of the state budget process.
July 6	123-S	1:30 p.m	Legislative Coordinating Council	Legislative matters.

Jeffrey M. Russell Director of Legislative Administrative Services

### University of Kansas

#### Notice to Bidders

The University of Kansas encourages interested vendors to visit the University of Kansas Purchasing Services Web sight at http://www.purchasing.ku.edu/ for a complete list of all goods and services currently out for bid. For persons without Internet access, paper postings of all open bids may be reviewed at the Purchasing Services office, 1246 W. Campus Road, Room 7, Lawrence. Copies of current bids may be requested by contacting the Purchasing Services office at (785) 864-3790, by fax at (785) 864-3454, or by e-mail at purchasing@ku.edu.

> Barry K. Swanson Associate Comptroller/ Director of Purchasing Services

Doc. No. 034560

#### State of Kansas

#### **Department of Transportation**

#### Notice to Consulting Engineers

The Kansas Department of Transportation is seeking qualified consulting engineering firms for the project listed below. A response may be submitted by e-mail to neil@ksdot.org or seven signed copies of the response can be mailed to Neil Rusch, P.E., Assistant to the Director, Division of Engineering and Design, KDOT, Eisenhower State Office Building, 700 S.W. Harrison, Topeka, 66603-3754. Responses shall be limited to four pages and must be received by 1 p.m. July 5 for the consulting engineering firm to be considered.

From the firms expressing interest, the Consultant Selection Committee will select a list of the most highly qualified (not less than three and 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.

#### Kansas Long Range Transportation Plan 106 P-0769-07 Statewide

KDOT is currently developing a SAFETEA-LU compliant Long Range Transportation Plan (LRTP) in which a variety of issues ranging from system needs to future funding sources to address those needs are being examined. KDOT has completed Phase 1, a needs assessment and national scan, and is in the process of completing Phase 2, a draft plan. KDOT's LRTP process has been open and transparent and has incorporated a high-level of stakeholder involvement.

KDOT is seeking consultant services for Phase 3 of the LRTP, which will focus on seeking stakeholder and citizen comments on the draft plan as well as finalizing the LRTP. KDOT is seeking a consultant team with expertise in outreach efforts that can assist in planning and hosting regional meetings to solicit comments on the draft plan, update the LRTP Web site, and finalize the plan.

Phase 3 of the LRTP will run from mid-August through December 2007 with an option to extend the contract through 2009 for assistance with implementation of the LRTP.

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.

Deb Miller Secretary of Transportation

Doc. No. 034579

#### State of Kansas

#### **Department of Transportation**

#### Notice to Consulting Engineers

The Kansas Department of Transportation is seeking qualified consulting engineering firms for the projects listed below. A response may be submitted by e-mail to neil@ksdot.org or seven signed copies of the response can be mailed to Neil Rusch, P.E., Assistant to the Director, Division of Engineering and Design, KDOT, Dwight D. Eisenhower State Office Building, 700 S.W. Harrison, Topeka, 66603-3754. Responses shall be limited to four pages and must be received by 1 p.m. July 12 for the consulting engineering firm to be considered.

From the firms expressing interest, the Consultant Selection Committee will select a list of the most highly qualified (not less than three and 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.

#### 68-106 KA-0982-01 Statewide

Develop a master plan that is enforceable through cooperative agreements and a corridor zoning district that can be adopted by zoning regulations to mitigate the fu-

ture developmental impact along K-68 and from I-35 in Ottawa east 40 miles to the Missouri state line. Identify in the master plan the future locations of major intersections, where access will not be granted, interim and long term improvements that will be needed on both the state highway and on the local road system to make the master plan work. The master plan is to be completed by July 2008.

#### 14-80 KA-0688-01 Rice County

The replacement of Cow Creek Bridge (033) and Little Cow Creek Bridge (034) south of Lyons. The consultant will provide all needed surveys. The project is scheduled for field check in April 2009. The construction is estimated to be \$5,901,000.

#### 84-33 KA-0701-01 Graham County

The replacement of the south fork of the Solomon River Bridge (032), north of Penokee. The consultant will provide all needed surveys. The project is scheduled for a field check in March 2010. The construction is estimated at \$3,268,000.

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.

Deb Miller Secretary of Transportation

Doc. No. 034548

#### 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. 12-1675(b)(c)(d), 75-4201(l) and 75-4209(a)(1)(B).

Effective 6-18-07 through 6-24-07		
Term	Rate	
1-89 days	5.26%	
3 months	4.58%	
6 months	4.83%	
1 year	5.03%	
18 months	5.05%	
2 years	5.01%	

Derl S. Treff Director of Investments

Doc. No. 034561

#### Department of Health and Environment

#### Notice of Hearing on Proposed Administrative Regulations

The Kansas Department of Health and Environment, Division of Health, Bureau of Consumer Health, will conduct a public hearing at 10 a.m. Tuesday, August 28, in the Crumbine Room of the Curtis State Office Building, 1000 S.W. Jackson, Topeka, to consider amending the food service establishment regulations. Following is a summary of the proposed amendments:

**K.A.R. 28-36-101 through 28-36-109** adopt the FDA Model Food Code by reference. The proposed regulations will add the requirement for consumer advisory in food service establishments that serve raw or undercooked foods from animal origins, lower the hot holding temperature from 140 degrees to 135 degrees, and provide clarification for industry.

The economic impact to industry will be the reprinting of menus over the next year for those establishments that serve raw or undercooked foods from animal origin. The economic impact to the Department of Health and Environment is estimated to be less than \$10,000 for the cost of making the regulations available on CD and on the Web.

The time between publication of this notice and the scheduled hearing constitutes a 60-day public comment period for the purpose of receiving written comments on the proposed regulatory action. Interested parties may submit written comments prior to the hearing to Angela Kohls, Program Director, Food Safety and Consumer Protection, 1000 S.W. Jackson, Suite 330, Topeka, 66612-1365, or by email to akohls@kdhe.state.ks.us. Interested parties will be given a reasonable opportunity to orally present their views of the proposed regulatory action during the hearing. 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.

A copy of the proposed amended regulations and the economic impact statement may be obtained by contacting Angela Kohls at (785) 368-7302 or on the Web at http://www.kdheks.gov/fpcs/index.html. Questions pertaining to the proposed regulations should also be directed to Angela Kohls.

Any individual with a disability may request accommodation in order to participate in the public hearing and may request a copy of the proposed regulations and the 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 Angela Kohls.

> Roderick L. Bremby Secretary of Health and Environment

#### Department of Health and Environment

#### Notice of Hearing on Proposed Administrative Regulations

The Kansas Department of Health and Environment, Division of Health, State Trauma Program, will conduct a public hearing at 1 p.m. Wednesday, September 12, in the Prairie Room of the Curtis State Office Building, 1000 S.W. Jackson, Topeka, to consider the adoption of the following proposed new Trauma System Program regulations, K.A.R. 28-54-1 through 28-54-7. A summary of the proposed regulations and the estimated economic impact follows:

#### **Summary of Regulations:**

**28-54-1**. Provides definition of terms used in the trauma center regulations.

**28-54-2**. Defines the standards by which a hospital is designated as a trauma center.

**28-54-3.** Defines the application process by which a hospital can apply for trauma designation.

**28-54-4.** Defines the application process by which a hospital can request a change of designation.

**28-54-5.** Defines the period of time for which a hospital is designated and the process by which a certificate of designation is renewal.

**28-54-6.** Defines the process by which a trauma center can voluntary terminate their certificate of designation.

**28-54-7.** Defines how the certificate can be represented.

#### Economic Impact:

Cost to the agency: KDHE will incur expenses related to processing designation applications and, if needed, coordinating on-site survey teams for Level III trauma center reviews. Expenses are expected to be minimal and would be covered by existing resources.

Cost to general public: Health care costs for the trauma patient would be expected to be decreased through improved efficiency of health care resources as part of the trauma system.

Cost to hospitals: Hospitals pursing designation as a Level III trauma center will incur expenses related to onsite team reviews and/or meeting trauma center criteria. In addition, hospitals pursuing state designation would need to submit an application fee of \$500.

Cost to other agencies: Having designated trauma centers in Kansas will help in emergency preparedness. Knowing where trauma care resources are will help in triaging patients to the closest appropriate facility, saving time, resources and transportation expenses.

The time period between publication of this notice serves as the required public comment period of at least 60 days for the purpose of receiving written public comments on the proposed regulations. At any time during the public comment period any interested parties may submit written comments to Rosanne Rutkowski, KDHE, State Trauma Program, 1000 S.W. Jackson, Suite 340, Topeka, 66612-1367, or by e-mail to rrutkows@kdhe. state.ks.us. All interested parties intending to provide oral comments at the hearing will be given a reasonable opportunity to present their view of the proposed new regulations during the hearing. In order to give each individual or entity an opportunity to present their view, it may be necessary for the hearing officer to request that each presenter limit any of their presentation to an appropriate time frame.

Complete copies of the proposed regulations and the corresponding economic impact statement may be obtained on the Kansas Trauma Program Web site at www.kstrauma.org or by contacting the State Trauma Program at the address above, (785) 296-1210.

Any individual with a disability may request accommodation in order to participate in the public hearing and may request the proposed regulations and regulatory impact statements in an accessible format. Requests for accommodation should be made at least five working days in advance of the hearing by contacting Rosanne Rutkowski at (785) 296-1210 or by fax at (785) 296-1231.

> Roderick L. Bremby Secretary of Health and Environment

Doc. No. 034566

State of Kansas

### Department of Administration Division of Purchases

#### Notice to Bidders

Sealed bids for items listed will be received by the Director of Purchases until 2 p.m. on the date indicated. For more information, call (785) 296-2376:

07/02/2007	10572	Liquid Chloride Storage and Dispensing
		Systems
07/09/2007	10566	Audit Services
07/16/2007	10582	Central Computer System for Expanding
		Gaming
07/26/2007	10351	Temporary Nursing and Pharmacy
		Services
08/06/2007	10481	Telephone Services — Inmate
08/24/2007	10578	Janitorial Services
09/05/2007	10541	Leased Space, Lawrence
		-

The above-referenced bid documents can be down-loaded at the following Web site:

#### http://www.da.ks.gov/purch/

Additional files may be located at the following Web site (please monitor this Web site on a regular basis for any changes/addenda):

http://da.state.ks.us/purch/adds/default.htm

Contractors wishing to bid on the projects listed below must be prequalified. Information regarding prequalification, projects and bid documents can be obtained by calling (785) 296-8899 or by visiting www.da.ks.gov/fp/.

07/10/2007 A-010333 K-State Parking Structure, Kansas State University, Manhattan

> Chris Howe Director of Purchases

#### Department of Health and Environment

#### **Request for Comments**

The Kansas Department of Health and Environment is soliciting comments regarding a proposed air quality operating permit. Oneok Field Services has applied for a Class I operating permit in accordance with the provisions of K.A.R. 28-19-510 et seq. The purpose of a Class I permit is to identify the sources and types of regulated air pollutants emitted from the facility; the emission limitations, standards and requirements applicable to each source; and the monitoring, record keeping and reporting requirements applicable to each source as of the effective date of permit issuance.

Oneok Field Services, Tulsa, Oklahoma, owns and operates Spivey Compressor Station located at Sec. 05, T31S, R08W, Harper County, Kansas.

A copy of the proposed permit, permit application, all supporting documentation and all information relied upon during the permit application review process is available for a 30-day public review during normal business hours at the KDHE, Bureau of Air and Radiation, 1000 S.W. Jackson, Suite 310, Topeka; and a copy of the proposed permit can be reviewed at the KDHE South Central District Office, 130 S. Market, Suite 6050, Wichita. To obtain or review the proposed permit and supporting documentation, contact Michael J. Parhomek, (785) 296-1580, at the KDHE central office; and to review the proposed permit only, contact Dave Butler, (316) 337-6042, at the KDHE South Central District Office. The standard departmental cost will be assessed for any copies requested.

Direct written comments or questions regarding the proposed permit to Michael J. Parhomek, KDHE, Bureau of Air and Radiation, 1000 S.W. Jackson, Suite 310, Topeka, 66612-1366. In order to be considered in formulating a final permit decision, written comments must be received before the close of business July 23.

A person may request a public hearing be held on the proposed permit. The request for a public hearing shall be in writing and set forth the basis for the request. The written request must be submitted to Sherry Walker, Bureau of Air and Radiation, not later than the close of business July 23 in order for the Secretary of Health and Environment to consider the request.

The U.S. Environmental Protection Agency has a 45day review period, which will start concurrently with the 30-day public comment period, within which to object to the proposed permit. If the EPA has not objected in writing to the issuance of the permit within the 45-day review period, any person may petition the administrator of the EPA to review the permit. The 60-day public petition period will directly follow the EPA's 45-day review period. Interested parties may contact KDHE to determine if the EPA's 45-day review period has been waived.

Any such petition shall be based only on objections to the permit that were raised with reasonable specificity during the public comment period provided for in this notice, unless the petitioner demonstrates that it was impracticable to raise such objections within such period, or Roderick L. Bremby Secretary of Health and Environment

Doc. No. 034564

State of Kansas

riod commences.

#### Department of Health and Environment

City, KS 66101, (913) 551-7622, to determine when the 45-

day EPA review period ends and the 60-day petition pe-

#### **Request for Comments**

The Kansas Department of Health and Environment is soliciting comments regarding a proposed air quality operating permit. Kansas Gas Service has applied for a Class II operating permit in accordance with the provisions of K.A.R. 28-19-540. Emissions of NO<sub>x</sub>, VOC's and CO were evaluated during the permit review process. The purpose of a Class II permit is to limit the potential-to-emit for these pollutants to below major source thresholds.

Kansas Gas Service, Tulsa, Oklahoma, owns and operates Abilene Compressor Station located at Sec. 23, T13S, R2E, Dickinson County, Kansas.

A copy of the proposed permit, permit application, all supporting documentation and all information relied upon during the permit application review process is available for public review for a period of 30 days from the date of publication during normal business hours at the KDHE, Bureau of Air and Radiation, 1000 S.W. Jackson, Suite 310, Topeka; and a copy of the proposed permit can be reviewed at the KDHE North Central District Office, 2501 Market Place, Suite D, Salina. To obtain or review the proposed permit and supporting documentation, contact Michael J. Parhomek, (785) 296-1580, at the KDHE central office; and to review the proposed permit only, contact Jennifer Nichols, (785) 827-4639, at the KDHE North Central District Office. The standard departmental cost will be assessed for any copies requested.

Direct written comments or questions regarding the proposed permit to Michael Parhomek, KDHE, Bureau of Air and Radiation, 1000 S.W. Jackson, Suite 310, Topeka, 66612-1366. In order to be considered in formulating a final permit decision, written comments must be received before the close of business July 23.

A person may request a public hearing be held on the proposed permit. The request for a public hearing shall be in writing and set forth the basis for the request. The written request must be submitted to Sherry Walker, Bureau of Air and Radiation, not later than the close of business July 23 in order for the Secretary of Health and Environment to consider the request.

> Roderick L. Bremby Secretary of Health and Environment

Federal Permit No. KS0098850

#### Department of Health and Environment

#### Notice Concerning Kansas/Federal Water Pollution Control Permits and Applications

In accordance with Kansas Administrative 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, various draft water pollution control documents (permits, notices to revoke and reissue, notices to terminate) have been prepared and/or permit applications have been received for discharges to waters of the United States and the state of Kansas for the class of discharges described below.

The proposed actions concerning the draft documents are based on staff review, applying the appropriate standards, regulations and effluent limitations of the state of Kansas and the Environmental Protection Agency. The final action will result in a Federal National Pollutant Discharge Elimination System Authorization and/or a Kansas Water Pollution Control permit being issued, subject to certain conditions, revocation and reissuance of the designated permit or termination of the designated permit.

#### Public Notice No. KS-AG-07-178/180 Pending Permits for Confined Feeding Facilities

Name and Address	Legal	Receiving
of Applicant	Description	Water
Lee Bracken 9811 Edwards Road Fredonia, KS 66736	NW/4 of Section 21, T29S, R14E, Wilson County	

Kansas Permit No. A-VEWL-S019

This permit is being reissued for a confined animal feeding operation for 2,678 head (429.2 animal units) of swine. This represents an increase of 882 head (70.8 animal units) from the previous permit, due to the addition of a new nursery building, a change in operation of the gestation building, and a change in the way animal units are calculated. A new composting unit has also been added to the facility.

Name and Address of Applicant	Legal Description	Receiving Water
Craig Harries	SE/4 of Section 15,	Big Blue River
352 5th Road	T01S, R06E,	Basin
Herkimer, KS 66508	Marshall County	

Kansas Permit No. A-BBMS-B006

This is a new permit for a dairy heifer feeding facility for 900 head (900 animal units) of cattle greater than 700 pounds. The new proposed facility will have seven new pens, a working and sorting area, a new wastewater retention structure and sediment basin to capture runoff from 7.34 acres of new confinement lots.

Name and Address of Applicant	Legal Description	Receiving Water
Doran Feedyard	NW/4 of Section 14,	
James V. Doran	T24S, R15W,	River Basin
P.O. Box 335	Stafford County	
St. John, KS 67576	-	
Kansas Permit No. A-ARSF-0	C004 Federal Pe	ermit No. KS0089117

Kansas Permit No. A-AKSF-C004 Federal Permit No. KS0089117 This is a renewal permit for an existing facility for 1,500 head (1,500 animal units) of beef cattle more than 700 pounds each.

#### Public Notice No. KS-07-061

Name and Address	Receiving	Type of
of Applicant	Stream	Discharge
Rose Hill, City of P.O. Box 185 Rose Hills, KS 67133	Eight Mile Creek	Domestic Wastewater

Kansas Permit No. M-WA13-OO02

Legal: NW1/4, NE1/4, S29, T28S, R3E, Butler County, KS

Facility Description: The proposed action is to issue a new permit for a new wastewater treatment plant treating primarily domestic wastewater. This facility will replace the current wastewater treatment lagoon facility as the main treatment center. The new facility consists of two influent pumping stations, headworks with two bar screens and grit removal, BNR activated sludge including two fermentation basins and a selector basin, two final clarifiers, UV disinfection, cascade re-aeration of the effluent, and continued use of the existing lagoon as peak flow storage and treatment basins for irrigation reuse on agricultural land. Sludge is stored in an aerated holding tank and dewatered on a filter press. The proposed permit contains limits for biochemical oxygen demand, total suspended solids, ammonia, fecal coliform/E. coli, dissolved oxygen and pH. Monitoring for sulfates, total phosphorus, nitrate, nitrite, total Kjeldahl nitrogen, total nitrogen and effluent flow also will be required. In compliance with Kansas and federal law, KDHE has approved an antidegradation review for this new wastewater treatment facility for increased concentrations and mass of some pollutants to the receiving stream. The water quality for the receiving stream will not be lowered below the quality necessary to support existing designated uses. 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 water-quality based.

Persons wishing to comment on the draft documents 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 considered in the decision-making process. Comments should be submitted to the attention of the Livestock Waste Management Section for agricultural-related draft documents or applications, or to the Technical Services Section for all other permits, at the Kansas Department of Health and Environment, Division of Environment, Bureau of Water, 1000 S.W. Jackson, Suite 420, Topeka, 66612-1367.

All comments regarding the draft documents or application notices received on or before July 21 will be considered in the formulation of the final determinations regarding this public notice. Please refer to the appropriate Kansas document number (KS-AG-07-178/180, KS-07-061) and name of the applicant/permittee when preparing comments.

After review of any comments received during the public notice period, the Secretary of Health and Environment will issue a determination regarding final agency action on each draft document/application. If response to any draft document/application indicates significant public interest, a public hearing may be held in conformance with K.A.R. 28-16-61 (28-46-21 for UIC).

All draft documents/applications and the supporting information including any comments received are on file and may be inspected at the offices of the Kansas Department of Health and Environment, Bureau of Water. These documents are available upon request at the copying cost assessed by KDHE. Application information and components of plans and specifications for all new and expanding swine facilities are available on the Internet at http://www.kdhe.state.ks.us/feedlots. Division of Environment offices are open from 8 a.m. to 5 p.m. Monday through Friday, excluding holidays.

Roderick L. Bremby Secretary of Health and Environment

Doc. No. 034576

#### State of Kansas

#### Department of Health and Environment

#### **Request for Bids**

Pursuant to the Kansas Childhood Lead Poisoning Prevention Program, sealed bids for lead hazard reduction at the following locations will be received by the Kansas Department of Health and Environment until 9 a.m. on the date indicated. For more information, call (785) 296-1519:

#### July 2, 2007 264-07-06 Project Lead Safe KCK

· · · · · · · · · · · · · · · · · · ·	
Property #1	2717 N. Early St. Kansas City, KS 66101
Property #2	67 S. 12th St. Kansas City, KS 66102
Property #3	2941 N. 27th St. Kansas City, KS 66104
Property #4	103 S. 22nd St. Kansas City, KS 66102
Property #5	5744 Rowland Ave. Kansas City, KS 66104
Property #6	1421 S. 36th St. Kansas City, KS 66106
Property #7	2903 N. Bethany St. Kansas City, KS 66104
Property #8	1927 S. 88th St. Kansas City, KS 66111
Property #9	1884 Armstrong Ave. Kansas City, KS 66102
Property #10	3209 Delavan Ave. Kansas City, KS 66104

Contractors will be required to attend a walkthrough of each property in order to be eligible to respond to the invitation for bid. For times and actual locations, call (913) 262-0796 or go to the following Web site: http://www. unleadedks.com/contractor\_info.html.

The above-referenced bid documents can be down-loaded at the Web site listed above.

Roderick L. Bremby Secretary of Health and Environment (Published in the Kansas Register June 21, 2007.)

Summary Notice of Bond Sale Unified School District No. 505 Labette County, Kansas (Chetopa - St. Paul) \$600,000 General Obligation Bonds, Series 2007-1

## (General obligation bonds payable from unlimited ad valorem taxes)

#### Bids

Subject to the notice of bond sale dated June 11, 2007, written and electronic bids will be received on behalf of the clerk of Unified School District No. 505, Labette County, Kansas (Chetopa - St. Paul) (the issuer), in the case of written bids, at the address set forth below, and in the case of electronic bids, through *PARITY*, until 11 a.m. June 28, 2007, for the purchase of the above-referenced bonds. 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 July 1, 2007, and will become due on July 1 as follows:

	Principal
Year	Amount
2008	\$600,000

The bonds will bear interest from the date thereof at a rate to be determined when the bonds are sold as hereinafter provided, which interest will be payable at maturity or earlier redemption of the bonds.

#### **Book-Entry-Only System**

The bonds shall be 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 \$12,000 (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 July 12, 2007, to DTC for the account of the successful bidder.

#### **Assessed Valuation and Indebtedness**

The equalized assessed tangible valuation for computation of bonded debt limitations, for the year 2007, is \$15,694,827. The total general obligation indebtedness of the issuer as of the date of delivery of the bonds, including the bonds being sold, is \$600,000.

#### **Approval of Bonds**

The bonds will be sold subject to the legal opinion of Gilmore & Bell, P.C., Wichita, Kansas, bond counsel, (continued)

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 undersigned or from the financial advisor at the addresses set forth below.

## Written and Facsimile Bid and Good Faith Deposit Delivery Address:

430 Elm St. Chetopa, KS 67336-8852 (620) 236-7244 Fax (620) 236-4271 E-mail: tross@usd505.org

#### Financial Advisor Address:

Piper Jaffray & Co. One Hallbrook Place 11150 Overbrook, Suite 310 Leawood, KS 66211 Attn: Greg Vahrenberg (913) 345-3374 Fax (913) 345-3393 E-mail: gregory.m.vahrenberg@pjc.com

Dated June 11, 2007.

Unified School District No. 505 Labette County, Kansas (Chetopa - St. Paul)

Doc. No. 034581

(Published in the Kansas Register June 21, 2007.)

#### Summary Notice of Bond Sale City of Haysville, Kansas \$4,442,000 General Obligation Bonds, Series 2007

#### (General obligation bonds payable from unlimited ad valorem taxes)

#### Bids

Subject to the notice of bond sale dated June 11, 2007, written, facsimile and electronic bids will be received on behalf of the clerk of the city of Haysville, Kansas (the issuer), in the case of written bids, at the address set forth below; in the case of facsimile bids, at the fax number as set forth below; and in the case of electronic bids, through *PARITY*, until 1 p.m. July 9, 2007, for the purchase of the above-referenced bonds. 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, except one bond in the denomination of \$7,000 (or such amount added to \$5,000 or any integral multiple thereof). The bonds will be dated August 1, 2007, and will become due on October 1 in the years as follows:

	Principal
Year	Amount
2008	\$112,000

2009	160,000
2010	165,000
2011	175,000
2012	180,000
2013	190,000
2014	200,000
2015	205,000
2016	215,000
2017	225,000
2018	235,000
2019	250,000
2020	260,000
2021	265,000
2022	280,000
2023	240,000
2024	255,000
2025	265,000
2026	275,000
2027	290,000

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 April 1 and October 1 in each year, beginning April 1, 2008.

#### **Book-Entry-Only System**

The bonds shall be 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 \$88,840 (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 August 2, 2007, to DTC for the account of the successful bidder.

#### Assessed Valuation and Indebtedness

The equalized assessed tangible valuation for computation of bonded debt limitations for the year 2006 is \$57,592,452. The total general obligation indebtedness of the issuer as of the date of delivery of the bonds, including the bonds being sold, but excluding temporary notes to be retired in conjunction therewith, is \$19,672,000.

#### **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 undersigned or from the financial advisor at the addresses set forth below.

### \_\_\_\_ Kansas Register \_\_

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Written Bid and Good Faith Deposit Delivery Address: Carol McBeath, Clerk City Hall 200 W. Grand, P.O. Box 404 Haysville, KS 67060-0404 (316) 529-5900 Fax (316) 529-5925 E-mail: carolm@haysville-ks.com

Financial Advisor — Facsimile Bid and Good Faith Deposit Delivery Address:

George K. Baum & Company 100 N. Main, Suite 810 Wichita, KS 67202 Attn: Charles M. Boully (316) 264-9351 Fax (316) 264-9370 E-mail: boully@gkbaum.com

Dated June 11, 2007.

City of Haysville, Kansas

Doc. No. 034572

State of Kansas

#### **Board of Healing Arts**

#### Permanent Administrative Regulations

#### Article 22.—DISHONORABLE CONDUCT

**100-22-7.** Orders to dispense prescription-only medical devices. (a) For the purpose of this regulation, "prescription-only medical device" shall mean an apparatus that meets the following conditions:

(1) May be sold or distributed only upon the authorization of a person licensed by state law to administer or use the device; and

(2) is intended either to use in diagnosing or treating a disease, injury, or deformity or to affect the structure, action, or physiologic property of any part of the human body.

(b) Each licensee who issues an order that authorizes the sale, lease, or other method of distribution of a prescription-only medical device to another person for other than self-treatment shall create a written record of the order, signed by the licensee, and shall maintain that record for at least 10 years following the date of the order. The written record shall include, at a minimum, all of the following statements:

(1) The licensee knows or has reason to know that the person to whom the medical device is to be dispensed is professionally competent and legally authorized to use the device for other than self-treatment.

(2) The licensee acknowledges that the device is approved for acts and functions that are within the normal and customary specialty, competence, and lawful practice of the licensee.

(3) The licensee will supervise the use of the device.

(c) Each violation of this regulation shall constitute prima facie evidence of dishonorable conduct. (Authorized by K.S.A. 65-2865 and K.S.A. 2006 Supp. 65-28,127;

implementing K.S.A. 65-2836 and K.S.A. 2006 Supp. 65-28,127; effective July 6, 2007.)

#### Article 54.—OCCUPATIONAL THERAPY

**100-54-7.** Continuing education; license renewal. (a) (1) Each licensee shall submit evidence of completing a minimum of 40 contact hours of continuing education during the preceding 24 months. Evidence of this attainment shall be submitted before or with the application for renewal in each odd-numbered year.

(2) No evidence of continuing education shall be required for license renewal in even-numbered years.

(b) A licensee initially licensed within one year of a renewal date when evidence of continuing education must be submitted shall not be required to submit evidence of satisfactory completion of a program of continuing education required by paragraph (a)(1) for that first renewal period. Each licensee who was initially licensed or whose license has been reinstated for more than one year but fewer than two years from a renewal date when continuing education required by paragraph (a)(1) must be submitted shall be required to submit evidence of satisfactory completion of at least 20 contact hours of continuing education.

(c) Any licensee who cannot meet the requirements of paragraph (a)(1) or subsection (b) may request an extension from the board. The request shall include a plan for completion of the continuing education requirements within the requested extension period. An extension of not more than six months may be granted by the board for good cause shown.

(d) A contact hour shall consist of 60 minutes of instruction.

(e) The content of the continuing education classes or literature shall be related to the field of occupational therapy or similar areas.

(f) Each licensee shall acquire continuing education from the classes of education experiences defined in subsection (g). The licensee shall acquire a minimum of 30 contact hours from class I, class IV, or class V. A maximum of 20 contact hours may be acquired from class I as defined in paragraph (g)(1)(G). A maximum of eight contact hours may be acquired from class II. A maximum of two contact hours may be acquired from class III. A maximum of 30 contact hours may be acquired from class V. A maximum of 10 contact hours may be acquired from class VI.

(g) Continuing education experiences shall be classified as follows.

(1) Class I: attendance at or participation in an education presentation. Class I continuing education experiences shall include the following types of education offerings.

(A) Lectures. A "lecture" means a discourse given for instruction before an audience or through a teleconference.

(B) Panels. A "panel" means the presentation of a number of views by several professional individuals on a given subject, with none of the views considered a final solution.

(C) Workshops. A "workshop" means a series of meetings designed for intensive study, work, or discussion in a specific field of interest.

(continued)

(D) Seminars. A "seminar" means directed advanced study or discussion in a specific field of interest.

(E) Symposiums. A "symposium" means a conference of more than a single session organized for the purpose of discussing a specific subject from various viewpoints and presented by various speakers.

(F) College or university courses. Ten contact hours shall be given for each college credit hour with a grade of at least "C" or a "pass" in a pass/fail course.

of at least "C" or a "pass" in a pass/fail course. (G) Other courses. An "other course" means a home study, correspondence, or internet course for which the provider of the activity evaluates the licensee's knowledge of the subject matter presented in the continuing education activity.

(2) Class II: in-service training. A maximum of four contact hours may be given for attending in-service training. A maximum of four contact hours may be given for instructing the in-service training, but no additional hours shall be acquired for attending that particular inservice training.

(3) Class III: professional reading. A maximum of two contact hours may be given for reading professional literature, whether printed or provided by audiotapes, videotapes, or electronic media.

(4) Class IV: professional publication. The maximum number of contact hours that may be given for professional publication shall be as follows:

(A) 30 hours for publication of a book or original paper; and

(B) 15 hours for a review paper, case report, abstract, or book review.

(5) Class V: instructor preparation of class I programs. Each licensee who presents a class I continuing education program or its equivalent shall receive three class V contact hours for each hour of presentation. No credit shall be granted for any subsequent presentations on the same subject matter.

(6) Class VI: fieldwork supervision of level II students. Five contact hours may be given for supervising a level II student's full-time fieldwork for at least a six-week period or its equivalent. Ten contact hours may be given for supervising fieldwork for at least a 12-week period or its equivalent.

(h) Each licensee shall submit documented evidence of attendance at, participation in, or presentation to class I and class II continuing education activities. Each licensee shall submit personal verification for class III activities. Copies of publications shall be submitted for verification of class IV activities. Verification of class VI fieldwork supervision shall be submitted by the licensee's employer.

(i) Instructional staff shall be competent in the subject matter and in the methodology of instruction and learning processes as evidenced by experience, education, or publication. (Authorized by K.S.A. 65-5405; implementing K.S.A. 65-5412; effective, T-88-17, July 1, 1987; effective May 1, 1988; amended Feb. 14, 1997; amended Nov. 21, 2003; amended July 6, 2007.)

**100-54-8.** Continuing education; expired, canceled, and revoked licenses. (a) If the license has expired but has not been canceled, no continuing education shall be required in addition to the continuing education that would have been necessary if the license had been renewed before its expiration.

(b) Each applicant who wishes to reinstate a license that has been canceled shall submit proof of continuing education as follows:

(1) If the applicant has continuously held an active license in another state or the District of Columbia since the date on which the Kansas license was canceled, the applicant shall submit proof of the applicant's current license, registration, or certification from that jurisdiction.

(2) If the time since the license was canceled has been one year or less, no continuing education in addition to the continuing education that would have been necessary if the license had been renewed before cancellation shall be required.

(3) If the time since the license was canceled has been more than one year but fewer than two years, the applicant shall complete a minimum of 20 contact hours.

(4) If the time since the license was canceled has been at least two years but fewer than three years, the applicant shall complete 40 contact hours.

(5) If the time since the license was canceled has been at least three years, the applicant shall complete an educational program related to continued competency approved by the board.

(c) An occupational therapist or an occupational therapy assistant whose license has been reinstated within one year of a renewal date when evidence of continuing education must be submitted shall not be required to submit evidence of satisfactory completion of a program of continuing education for that first renewal period. Each licensee whose license has been reinstated for more than one year but fewer than two years from a renewal date when continuing education must be submitted shall be required to submit evidence of satisfactory completion of at least 20 contact hours of continuing education.

(d) Each applicant seeking reinstatement of a revoked license shall be required to successfully complete a program approved by the board. (Authorized by K.S.A. 65-5405; implementing K.S.A. 2006 Supp. 65-5412; effective, T-88-17, July 1, 1987; effective May 1, 1988; amended Jan. 15, 1999; amended Nov. 21, 2003; amended Sept. 23, 2005; amended July 6, 2007.)

#### Article 73.—RADIOLOGIC TECHNOLOGISTS

**100-73-9.** Continuing education; persons exempt from licensure. On and after January 1, 2007, each person who performs any radiologic technology procedures and who is exempt from the licensure requirement pursuant to K.S.A. 65-7304(f), and amendments thereto, shall obtain 12 credits of continuing education each calendar year. The continuing education shall meet the criteria for continuing education specified in K.A.R. 100-73-7 and shall include the subjects for the training of x-ray equipment operators specified in K.A.R. 28-35-256. (Authorized by K.S.A. 2005 Supp. 65-7312; implementing K.S.A. 2005 Supp. 65-7304; effective July 6, 2007.)

> Lawrence T. Buening, Jr. Executive Director

#### Kansas State Treasurer

#### Permanent Administrative Regulations

#### Article 4.—LOW-INCOME FAMILY POSTSECONDARY SAVINGS ACCOUNTS INCENTIVE PROGRAM

**3-4-1. Definitions.** In addition to the terms and definitions in K.S.A. 75-643 and K.S.A. 75-650, and amendments thereto, the following terms shall have the meanings specified in this regulation:

(a) "Contribution" means any deposit made by a participant to the participant's account during a calendar year, except any deposit that is one of the following:

(1) A rollover from another account in the Kansas postsecondary education savings program;

(2) a rollover from another state's qualified tuition program as defined in internal revenue code section 529;

(3) a transfer from a Coverdell education savings account as defined in internal revenue code section 530; or

(4) a transfer of proceeds from a qualified U.S. savings bond as described in internal revenue code section 135(c)(2)(C).

(b) "Household" means a group of individuals who are related by birth, marriage, or adoption and who share a residence.

(c) "Participant" has the meaning specified in K.S.A. 75-650, and amendments thereto. Each participant shall be an account owner. Each joint account owner shall separately meet the program's eligibility requirements. (Authorized by and implementing K.S.A. 2006 Supp. 75-650; effective, T-3-6-29-06, June 29, 2006; effective Oct. 27, 2006; amended July 6, 2007.)

**3-4-2.** Eligibility requirements. (a) Each applicant shall meet the following requirements:

(1) Be a resident of the state of Kansas;

(2) reside in a household with a combined federal adjusted gross income for all individuals residing in the household that is not more than 200 percent of the current federal poverty level; and

(3) not be claimed as a dependent on someone else's income tax return.

(b) Any individual who files a joint income tax return may apply individually or jointly with the other individual listed on the income tax return if that other individual also meets the program's eligibility requirements.

(c) Any set of joint account owners may apply either jointly for one matching grant or separately for one matching grant for each joint account owner. If multiple accounts are used to qualify for multiple matching grants, the same individuals shall be listed as the joint account owners of each account. (Authorized by and implementing K.S.A. 2006 Supp. 75-650; effective, T-3-6-29-06, June 29, 2006; effective Oct. 27, 2006; amended July 6, 2007.)

**3-4-4.** Eligibility period. Each participant shall be entitled to a matching grant equal to the amount of the participant's contributions to the participant's account or accounts for the program year in which the participant's application is approved. The program year shall coincide

with the period designated for contributions that are eligible for the deduction pursuant to K.S.A. 79-32,117(c)(xv) and amendments thereto. Each participant shall reapply each program year to remain eligible for the program. (Authorized by and implementing K.S.A. 2006 Supp. 75-650; effective, T-3-6-29-06, June 29, 2006; effective Oct. 27, 2006; amended July 6, 2007.)

**3-4-5.** Matching grant accounts. The matching grant funds for each participant shall be deposited in a separate account in the participant's name, with the following restrictions:

(a) Only the participant shall be the account owner of the matching grant account. Joint applicants shall be joint account owners of both their joint account and the corresponding matching grant account.

(b) No change in ownership of the participant's account or the corresponding matching grant account shall be allowed, except upon approval by the treasurer. A change in account ownership to another participant may be approved by the treasurer. A change in account ownership to any individual may be approved by the treasurer upon the participant's death, divorce, or incapacity.

(c) Any participant may change the designated beneficiary for that participant's account or accounts. However, the designated beneficiary for the matching grant account shall always be the same as the designated beneficiary for the participant's account.

(d) The investment portfolio for the corresponding matching grant account shall always be the same as the investment portfolio selected for the participant's account.

(e) Each request for a withdrawal from the matching grant account shall be submitted to the treasurer's office for approval. If the treasurer determines that the request is for qualified higher education expenses, then the request shall be approved. Each approved withdrawal from the matching grant account shall be paid either directly to the educational institution or to the participant or the designated beneficiary, upon presentation of documentation acceptable to the treasurer that the participant or designated beneficiary has paid qualified higher education expenses at least equal to the amount of the requested withdrawal. Each approved withdrawal shall be equally funded from the participant's account and the corresponding matching grant account. (Authorized by and implementing K.S.A. 2006 Supp. 75-650; effective, T-3-6-29-06, June 29, 2006; effective Oct. 27, 2006; amended July 6, 2007.)

**3-4-6.** Multiple accounts. Each participant with multiple accounts shall receive only one matching grant, which shall be allocated between or among the participant's corresponding matching grant accounts according to this regulation.

(a) If the participant has contributed at least \$600 in the current calendar year to existing accounts at the time the grant application is approved, the matching grant shall be equally divided among the accounts selected by the participant. However, the portion of the matching grant funds allocated to each corresponding matching grant account shall not exceed the participant's contributions to *(continued)* 

each of the participant's accounts for the applicable calendar year.

(b) If the participant is opening new accounts or has not contributed at least \$600 to an existing account in the current calendar year, the matching grant shall be automatically allocated among the participant's selected accounts based on how the participant contributes the first \$600 to these accounts. Joint account owners may receive multiple matching grants as specified in K.A.R. 3-4-2. (Authorized by and implementing K.S.A. 2006 Supp. 75-650; effective, T-3-6-29-06, June 29, 2006; effective Oct. 27, 2006; amended July 6, 2007.)

> Lynn Jenkins Kansas State Treasurer

Doc. No. 034567

State of Kansas

#### Kansas Health Policy Authority Social and Rehabilitation Services Department on Aging

#### Notice of Final Nursing Facility Medicaid Rates for State Fiscal Year 2008; Methodology for Calculating Final Rates, and Rate Justifications; Response to Written Comments; Notice of Intent to Amend the Medicaid State Plan

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 which includes hospital long-term care units and the Secretary of Social and Rehabilitation Services administers the nursing facility for mental health program. Both Secretaries act on behalf of the Kansas Health Policy Authority (KHPA). As required by 42 U.S.C. 1396a(a)(13)(A), the Secretary of the Kansas Department of Social and Rehabilitation Services (SRS) and the Secretary of the Kansas Department on Aging (KDOA) are publishing the final Medicaid per diem rates for Medicaid-certified nursing facilities for State Fiscal Year 2008, the methodology underlying the establishment of the final nursing facility rates, and the justifications for those final rates. SRS, KDOA, and KHPA are also providing notice of the state's intent to submit amendments to the Medicaid State Plan to the U.S. Department of Health and Human Services' Centers for Medicare and Medicaid Services (CMS) on or before September 30, 2007.

## 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 listed 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 are maintained by KHPA:

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

B. The regulations set out in K.A.R. Article 30-10.

The text of those portions of the Medicaid State Plan identified above in section I.A.1, but not the documents, authorities and the materials incorporated into them by reference, 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 CMS on or before September 30, 2007. The proposed Medicaid State Plan amendments which the state ultimately submits to CMS 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.1 Attachment 4.19D, Part I, Subpart C, Exhibit C-1: Methods and Standards for Establishing Payment Rates for Nursing Facilities

Under the Medicaid program, the State of Kansas pays nursing facilities (NF), nursing facilities for mental health (NFMH), 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 narrative explanation of the nursing facility reimbursement formula is divided into twelve sections. The sections are: Cost Reports, Rate Determination, Quarterly Case Mix Index Calculation, Resident Days, Inflation Factors, Upper Payment Limits, Quarterly Case Mix Rate Adjustment, Real and Personal Property Fee, Incentive Factors, Rate Effective Date, Retroactive Rate Adjustments, and Comparable Private Pay Rates.

#### 1) Cost Reports

The Nursing Facility Financial and Statistical Report is the uniform cost report. It is included in Kansas Administrative Regulation 30-10-17. It organizes the commonly incurred business expenses of providers into three reimbursable cost centers (operating, indirect health care and direct 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 a 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 that have operated a facility for 12 or more months on December 31 shall file a calendar year cost report. The requirements for filing the calendar year cost report are found in 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 ongoing 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 Medicaid program; or 3) a provider re-entering the Medicaid program that has not actively participated or billed services for 24 months or more. The requirements are found in K.A.R. 30-10-17.

#### 2) Rate Determination

#### Rates for Existing Nursing Facilities

Medicaid rates for Kansas NFs are determined using a prospective, facility-specific rate-setting system. The rate is determined from the base cost data submitted by the provider. The current base cost data is the combined calendar year cost data from each available report submitted by the current provider during 2003, 2004, and 2005.

If the current provider has not submitted a calendar year report between 2003 and 2005, the cost data submitted by the previous provider for that same period will be used as the base cost data. Once the provider completes their first 24 months in the program, their first calendar year cost report will become the provider's base cost data.

The allowable expenses are divided into three cost centers. The cost centers are Operating, Indirect Health Care and Direct Health Care. They are defined in K.A.R. 30-10-18.

The allowable historic per diem cost is determined by dividing the allowable resident related expenses in each cost center by resident days. Before determining the per diem cost, each year's cost data is adjusted from the midpoint of that year to the midpoint of the rate payment period. The resident days and inflation factors used in the rate determination will be explained in greater detail in the following sections.

The inflated allowable historic per diem cost for each cost center is then compared to the cost center upper payment limit. The allowable per diem rate is the lesser of the inflated allowable historic per diem cost in each cost center or the cost center upper payment limit. Each cost center has a separate upper payment limit. If each cost center upper payment limit is exceeded, the allowable per diem rate is the sum of the three cost center upper payment limits. There is also a separate upper payment limit for owner, related party, administrator, and co-administrator compensation. The upper payment limits will be explained in more detail in a separate section.

The case mix of the residents adjusts the Direct Health Care cost center. The reasoning 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.

There are add-ons to the allowable per diem rate. The add-ons consist of the incentive factor and the real and personal property fee. The incentive factor and real and personal property fee are explained in separate sections of this exhibit. The add-ons plus the allowable per diem rate equal the total per diem rate.

#### Rates for New Construction and New Facilities (New Enrollment Status)

The per diem rate for newly constructed nursing facilities, or new facilities to the Kansas Medical Assistance program shall be based on a projected cost report submitted in accordance with K.A.R. 30-10-17.

The cost information from the projected cost report and the first historic cost report covering the projected cost report period shall be adjusted to the midpoint of the rate payment period. This adjustment will be based on the Data Resources, Inc., National Skilled Nursing Facility Market Basket Without Capital Index (DRI Index). The DRI indices listed in the latest available quarterly publication will be used to adjust the reported cost data from the midpoint of the cost report period to the midpoint of the rate payment period. The provider shall remain in new enrollment status until the base data is reestablished. During this time, the adjusted cost data shall be used to determine all rates for the provider. Any additional factor for inflation that is applied to cost data for established providers shall be applied to the adjusted cost data for each provider in new enrollment status.

#### Rates for Facilities Recognized as a Change of Provider (Change of Provider Status)

The payment rate for the first 24 months of operation shall be based on the base cost data of the previous owner or provider. This base cost data shall include data from each calendar year cost report that was filed by the previous provider from 2003 to 2005. If base cost data is not available the most recent calendar year data for the previous provider shall be used. Beginning with the first day of the 25th month of operation the payment rate shall be based on the historical cost data for the first calendar year submitted by the new provider.

All data used to set rates for facilities recognized as a change-of-provider shall be adjusted to the midpoint of the rate payment period. This adjustment will be based on the Data Resources, Inc., National Skilled Nursing Facility Market Basket Without Capital Index (DRI Index). The DRI indices listed in the latest available quarterly publication will be used to adjust the reported cost data from the midpoint of the cost report period to the midpoint of the rate payment period. The provider shall re-*(continued)*  main in change-of-provider status until the base data is reestablished. During this time, the adjusted cost data shall be used to determine all rates for the provider. Any additional factor for inflation that is applied to cost data for established providers shall be applied to the adjusted cost data for each provider in change of provider status.

#### Rates for Facilities Re-entering the Program (Reenrollment Status)

The per diem rate for each provider reentering the Medicaid program shall be determined from a projected cost report if the provider has not actively participated in the program by the submission of any current resident service billings to the program for 24 months or more. The per diem rate for all other providers reentering the program shall be determined from the base cost data filed with the agency or the most recent cost report filed preceding calendar year 2003.

All cost data used to set rates for facilities reentering the program shall be adjusted to the midpoint of the rate payment period. This adjustment will be based on the Data Resources, Inc., National Skilled Nursing Facility Market Basket Without Capital Index (DRI Index). The DRI indices listed in the latest available quarterly publication will be used to adjust the reported cost data from the midpoint of the cost report period to the midpoint of the rate payment period. The provider shall remain in reenrollment status until the base data is reestablished. During this time, the adjusted cost data shall be used to determine all rates for the provider. Any additional factor for inflation that is applied to the adjusted cost data for each provider in reenrollment status.

#### 3) Quarterly Case Mix Index Calculation

Providers are required to submit to the agency the uniform assessment instrument, which is the Minimum Data Set (MDS), for each resident in the facility. The MDS assessments are maintained in a computer database.

The Resource Utilization Groups-III (RUG-III) Version 5.12b, 34 group, index maximizer model is used as the resident classification system to determine all case- mix indices, using data from the MDS submitted by each facility. Standard Version 5.12b case mix indices shall be the basis for calculating facility average case mix indices to be used to adjust the Direct Health Care costs in the determination of upper payment limits and rate calculation. Resident assessments that cannot be classified will be assigned the lowest CMI for the State.

Each resident in the facility on the first day of each calendar quarter with a completed and submitted assessment shall be assigned a RUG-III 34 group calculated on the resident's most current assessment available on the first day of each calendar quarter. This RUG-III group shall be translated to the appropriate CMI. From the individual resident case mix indices, three average case mix indices for each Medicaid nursing facility shall be determined four times per year based on the assessment information available on the first day of each calendar quarter.

The facility-wide average CMI is the simple average, carried to four decimal places, of all resident case mix

indices. The Medicaid-average CMI is the simple average, carried to four decimal places, of all indices for residents where Medicaid is known to be a per diem payer source on the first day of the calendar quarter or at any time during the preceding quarter. The private-pay/other average CMI is the simple average, carried to four decimal places, of all indices for residents where neither Medicaid nor Medicare were known to be the per diem payer source on the first day of the calendar quarter or at any time during the preceding quarter. Case mix indices for ventilator-dependent residents for whom additional reimbursement has been determined shall be excluded from the average CMI calculations.

The resident listing cutoff for calculating the average CMIs will be the first day of the quarter before the rate is effective. The following are the dates for the resident listings and the quarter in which the average Medicaid CMIs will be used in the quarterly rate-setting process.

<b>Rate Effective Date:</b>	Cutoff Date:
July 1	April 1
October 1	July 1
January 1	October 1
April 1	January 1

The resident listings will be mailed to providers prior to the dates the quarterly case mix adjusted rates are determined. This will allow the providers time to review the resident listings and make corrections before they are notified of new rates. The cutoff schedule may need to be modified in the event accurate resident listings and Medicaid CMI scores cannot be obtained from the MDS database.

#### 4) Resident Days

#### Facilities with 60 beds or less:

For facilities with 60 beds or less, the allowable historic per diem costs for all cost centers are determined by dividing the allowable resident related expenses by the actual resident days during the cost report period(s) used to establish the base cost data.

#### Facilities with more than 60 beds:

For facilities with more than 60 beds, the allowable historic per diem costs for the Direct Health Care cost center and for food and utilities in the Indirect Health Care cost center are determined by dividing the allowable resident related expenses by the actual resident days during the cost report period(s) used to establish the base cost data. The allowable historic per diem cost for the Operating and Indirect Health Care Cost Centers less food and utilities is subject to an 85% minimum occupancy rule. For these providers, the greater of the actual resident days for the cost report period(s) used to establish the base cost data or the 85% minimum occupancy based on the number of licensed bed days during the cost report period(s) used to establish the base cost data is used as the total resident days in the rate calculation for the Operating cost center and the Indirect Health Care cost center less food and utilities. All licensed beds are required to be certified to participate in the Medicaid program.

There are two exceptions to the 85% minimum occupancy rule for facilities with more than 60 beds. The first is that it does not apply to a provider who is allowed to file a projected cost report for an interim rate. Both the rates determined from the projected cost report and the historic cost report 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 any part of 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 for the months in the first year of operation. The 85% minimum occupancy rule is then reapplied to the rate when the new provider reports resident days and costs for the 13th month of operation and after.

#### 5) Inflation Factors

Inflation will be applied to the allowable reported costs from the calendar year cost report(s) used to determine the base cost data from the midpoint of each cost report period to the midpoint of the rate payment period. The inflation will be based on the Data Resources, Inc., National Skilled Nursing Facility Market Basket Without Capital Index (DRI Index).

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

The inflation factor will not be applied to the following costs:

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

The inflation factor for the real and personal property fees will be based on the Data Resources, Inc., National Skilled Nursing Facility Total Market Basket Index (DRI Index). An additional 12 months of inflation will be applied to the real and personal property fees in effect June 1.

#### 6) Upper Payment Limits

There are three types of upper payment limits that will be described. One is the owner/related party/administrator/co-administrator limit. The second is the real and personal property fee limit. The last type of limit is an upper payment limit for each cost center. The upper payment limits are in effect during the payment rate period unless otherwise specified by a State Plan amendment.

#### Owner/Related Party/Administrator/Co-Administrator Limits:

Since salaries and other compensation of owners are not subject to the usual market constraints, specific limits are placed on the amounts reported. First, amounts paid to non-working 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 their compensation limited by the percent of their total work time to a standard work week. A standard 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 five 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 excess of the Kansas Civil Service based salary chart are transferred to the Operating 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 non-owner administrator and co-administrator salaries. The schedule includes the calendar year 2006 historic cost reports in the database from all active nursing facility providers. The salary information in the array is not adjusted for inflation. The per diem data is calculated using an 85% minimum occupancy level for those providers in operation for more than 12 months with more than 60 beds. The Schedule C for the owner/related party/administrator/co-administrator per diem compensation limit is the first schedule run during the rate setting.

The Schedule C is used to set the per diem limitation for all non-owner 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 non-owner 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. The per diem limit for a 15-bed or less facility is inflated based on the State of Kansas annual cost of living allowance for classified employees for the rate period. 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 non-owner 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 operating cost center.

#### Real and Personal Property Fee Limit

The property component of the reimbursement methodology consists of the real and personal property fee that (continued) is explained in more detail in a later section. The upper payment limit will be 105% of the median determined from a total resident day-weighted array of the inflated property fees.

#### Cost Center Upper Payment Limits

The Schedule B computer run is an array of all per diem costs for each of the three cost centers—Operating, Indirect Health Care, and Direct Health Care. The schedule includes a per diem determined from the base cost data from all active nursing facility providers. Projected cost reports are excluded when calculating the limit.

The per diem expenses for the Operating cost center and the Indirect Health Care cost center less food and utilities are subject to the 85% minimum occupancy for facilities over 60 beds. 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 limit.

Prior to the Schedule B arrays, the cost data on certain expense lines is adjusted from the midpoint of the cost report period to the midpoint of the rate payment period. This will bring the costs reported by the providers to a common point in time for comparisons. The inflation will be based on the DRI Index.

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

Operating	110% of the median
Indirect Health Care	115% of the median
Direct Health Care	120% of the median

#### Direct Health Care Cost Center Limit:

The Kansas reimbursement methodology has a component for a case mix payment adjustment. The Direct Health Care cost center rate component and upper payment limit are adjusted by the facility average CMI.

For the purpose of setting the upper payment limit in the Direct Health Care cost center, the facility cost report period CMI and the statewide average CMI will be calculated. The facility cost report period CMI is the resident day-weighted average of the quarterly facility-wide average case mix indices, carried to four decimal places. The quarters used in this average will be the quarters that most closely coincide with the financial and statistical reporting period. For example, a 01/01/20XX-12/31/20XX financial and statistical reporting period would use the facility-wide average case mix indices for quarters beginning 04/01/XX, 07/01/XX, 10/01/XX and 01/01/XY. The statewide average CMI is the resident day-weighted average, carried to four decimal places, of the facility cost report period case mix indices for all Medicaid facilities.

The statewide average CMI and facility cost report period CMI are used to set the upper payment limit for the Direct Health Care cost center. The limit is based on all facilities with a historic cost report in the database. There are three steps in establishing the base upper payment limit.

The first step is to normalize each facility's inflated Direct Health Care costs to the statewide average CMI. This is done by dividing the facility's cost report period CMI by the statewide average CMI for the cost report year, then multiplying this answer by the facility's inflated costs. This step is repeated for each cost report year for which data is included in the base cost data.

The second step is to determine per diem costs and array them to determine the median. The per diem cost is determined by dividing the total of each provider's base direct health care costs by the total days provided during the base cost data period. The median is located using a day-weighted methodology. That is, the median cost is the per diem cost for the facility in the array at which point the cumulative total of all resident days first equals or exceeds half the number of the total resident days for all providers. The facility with the median resident day in the array sets the median inflated direct health care cost. For example, if there are 8 million resident days, the facility in the array with the 4 millionth day would set the median.

The final step in calculating the base Direct Health Care upper payment limit is to apply the percentage factor to the median cost. For example, if the median cost is \$60 and the upper payment limit is based on 120% of the median, then the upper payment limit for the statewide average CMI would be \$72 (D=120% x \$60).

#### 7) Quarterly Case Mix Rate Adjustment

The allowance for the Direct Health Care cost component will be based on the average Medicaid CMI in the facility. The first step in calculating the allowance is to determine the Allowable Direct Health Care Per Diem Cost. This is the lesser of the facility's per diem cost from the base cost data period or the Direct Health Care upper payment limit. Because the direct health care costs were previously adjusted for the statewide average CMI, the Allowable Direct Health Care Per Diem Cost corresponds to the statewide average CMI.

The next step is to determine the Medicaid acuity adjusted allowable Direct Health Care cost. The Medicaid CMI is divided by the statewide average CMI for the cost data period. This answer, is then multiplied by the Allowable Direct Health Care per diem cost. The result is referred to as the Medicaid Acuity Adjustment.

The Medicaid Acuity Adjustment is calculated quarterly to account for changes in the Medicaid CMI. To illustrate this calculation take the following situation: The Direct Health Care per diem limit is \$72.00 with a statewide average CMI of 1.000, and the facility's direct health care per diem costs are \$60.00, and its current Medicaid CMI is 0.9000. Since the per diem costs are less than the limit the Allowable Direct Heath Care Cost is \$60.00, and this is matched with the statewide average CMI of 1.0000. To calculate the Medicaid Acuity Adjustment, first divide the Medicaid CMI by the statewide average CMI, then multiply the answer by the Allowable Direct Health Care Cost. In this case that would result in \$54.00 (0.9000/ 1.0000 x \$60.00). Because the facility's current Medicaid CMI is less than the statewide average CMI the Medicaid Acuity Adjustment moves the direct health care per diem down proportionally. In contrast, if the Medicaid CMI for the next quarter rose to 1.1000, the Medicaid Acuity Adjustment would be \$66.00 ( $1.1000/1.0000 \times $60.00$ ). Again the Medicaid Acuity Adjustment changes the Allowable Direct Health Care Per Diem Cost to match the current Medicaid CMI.

#### 8) Real and Personal Property Fee

The property component of the reimbursement methodology consists of the real and personal property fee (property fee). The property fee is paid in lieu of an allowable cost of mortgage interest, depreciation, lease expense and/or amortization of leasehold improvements. The fee is facility specific and does not change as a result of a change of ownership, change in lease, or with reenrollment in the Medicaid program. The original property fee was comprised of two components, a property allowance and a property value factor. The differentiation of fee into these components was eliminated effective July 1, 2002. At that time each facility's fee was re-established based on the sum of the property allowance and value factor.

The property fees in effect on June 1, were inflated with 12 months of inflation effective July 1. The inflation factor was from the Data Resources, Inc.-WEFA, National Skilled Nursing Facility Total Market Basket Index (DRI Index). The providers received the lower of the inflated property fee or the upper payment limit.

For providers re-enrolling in the Kansas Medical Assistance program or providers enrolling for the first time but operating in a facility that was previously enrolled in the program, the property fee shall be the sum of the last effective property allowance and the last effective value factor for that facility. The property fee will be inflated and then compared to the upper payment limit. The property fee will be the lower of the facility-specific inflated property fee or the upper payment limit.

Providers entering the Kansas Medical Assistance program for the first time, who are operating in a building for which a fee has not previously been established, shall have a property fee calculated from the ownership costs reported on the cost report. This fee shall include appropriate components for rent or lease expense, interest expense on real estate mortgage, amortization of leasehold improvements, and depreciation on buildings and equipment. The process for calculating the property fee for providers entering the Kansas Medical Assistance program for the first time is explained in greater detail in K.A.R. 30-10-25.

There is a provision for changing the property fee. This 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 fee remains constant but the additional factor for the rebasing is added. The property fee rebasing is explained in greater detail in K.A.R. 30-10-25. The rebased property fee is subject to the upper payment limit.

#### 9) Incentive Factors

An incentive factor will be awarded to both NF and NF-MH providers that meet certain outcome measures

criteria. The criteria for NF and NF-MH providers will be determined separately based on arrays of outcome measures for each provider group.

#### Nursing Facility Quality and Efficiency Incentive Factor:

The Nursing Facility Quality and Efficiency Incentive Factor is a per diem add-on ranging from zero to three dollars. It is designed to encourage quality care and efficiency. The incentive factor is determined by five outcome measures: case-mix adjusted nurse staffing ratio; operating expense; staff turnover rate; staff retention rate; and occupancy rate. The most recent cost report data for each provider will be used to determine the outcome measures. Each provider is awarded points based on their outcome measures and the total points for each provider determine the per diem incentive factor included in the provider's rate calculation.

Providers may earn up to two incentive points for their case mix adjusted nurse staffing ratio. They will receive two points if their case-mix adjusted staffing ratio equals or exceeds 4.46, which is 120% of the statewide NF median of 3.72. They will receive one point if the ratio is less than 120% of the NF median but greater than or equal to 4.09, which is 110% of the statewide NF median. Providers with staffing ratios below 110% of the NF median will receive no points for this incentive measure.

Providers may earn up to two points for their occupancy outcome measures. If they have total occupancy greater than or equal to 90% they will earn one point. If they have Medicaid occupancy greater than or equal to 60% they will also earn one point. Providers that meet both of these criteria will receive a total of two incentive points for occupancy outcomes and providers that fail to meet either criterion will receive zero points for occupancy.

Providers may earn one point for low operating expenses. Providers with per diem operating expenses below \$20.77, 90% of the statewide median per diem operating expense (\$23.08), will earn one point.

Providers may earn up to two points for their turnover rate outcome measure. Providers with direct health care staff turnover equal to or below 51%, the 75th percentile statewide, will earn two points as long as contracted labor costs do not exceed 10% of the provider's total direct health care labor costs. Providers with direct health care staff turnover equal to or below 77%, the 50th percentile statewide, will earn one point as long as contracted labor costs do not exceed 10% of the provider's total direct health care labor costs.

Finally, providers may earn up to two points for their retention rate outcome measure. Providers with staff retention rates at or above 72%, the 75th percentile statewide will earn two points. Providers with staff retention rates at or above 63%, the 50th percentile statewide will earn one point.

The table below summarizes the incentive factor outcomes and points:

Quality/Efficiency Outcome:	<b>Incentive Points:</b>
1) CMI adjusted staffing ratio $\geq$ 120% (4.46)	2, or
of state median (3.72), or	
CMI adjusted staffing ratio between 110%	1
(4.09) and 120%	

(continued)

2) Total occupancy $\geq 90\%$ Medicaid occupancy $\geq 60\%$	1
<ul> <li>3) Operating expenses &lt; \$20.77, 90% of state median (\$23.08)</li> </ul>	1
4) Staff turnover rate ≤ 75th percentile, 51% Staff turnover rate ≤ 50th percentile, 77%	2, or 1
Contracted labor < 10% of total direct health care labor costs	
5) Staff retention $\geq$ 75th percentile, 72%	2, or
Staff retention $\geq$ 50th percentile, 63%	1
Total Incentive Points Available	9

The Schedule E is an array containing the incentive points awarded to each provider for each quality and efficiency incentive outcome. The total of these points will be used to determine each provider's incentive factor based on the following table.

<b>Total Incentive Points:</b>	<b>Incentive Factor Per Diem:</b>
Tier 1: 6-9 points	\$3.00
Tier 2: 5 points	\$2.00
Tier 3: 4 points	\$1.00
Tier 4: 0-3 points	\$0.00

Nursing Facility for Mental Health Quality and Efficiency Incentive Factor:

The Quality and Efficiency Incentive plan for Nursing Facilities for Mental Health (NFMH) will be established separately from NF. NFMH serve people who often do not need the NF level of care on a long term basis. There is a desire to provide incentive for NFMH to work cooperatively and in coordination with Community Mental Health Centers to facilitate the return of persons to the community.

The Quality and Efficiency Incentive Factor is a per diem add-on ranging from zero to two dollars. It is designed to encourage quality care, efficiency and cooperation with discharge planning. The incentive factor is determined by five outcome measures: case-mix adjusted nurse staffing ratio; operating expense; staff turnover rate; staff retention rate; and occupancy rate. Each provider is awarded points based on their outcome measures and the total points for each provider determine the per diem incentive factor included in the provider's rate calculation.

Providers may earn up to two incentive points for their case mix adjusted nurse staffing ratio. They will receive two points if their case-mix adjusted staffing ratio equals or exceeds 3.49, which is 120% of the statewide NFMH median of 2.91. They will receive one point if the ratio is less than 120% of the NFMH median but greater than or equal to 3.20, which is 110% of the statewide NFMH median. Providers with staffing ratios below 110% of the NFMH median will receive no points for this incentive measure.

NFMH providers may earn one point for low occupancy outcomes measures. If they have total occupancy less than or equal to 90% they will earn a point.

NFMH providers may earn one point for low operating expense outcomes measures. They will earn a point if their per diem operating expenses are below \$20.46, or 90% of the statewide median of \$22.73

NFMH providers may earn up to two points for their turnover rate outcome measure. Providers with direct

health care staff turnover equal to or below 36%, the 75th percentile statewide, will earn two points as long as contracted labor costs do not exceed 10% of the provider's total direct health care labor costs. Providers with direct health care staff turnover equal to or below 51%, the 50th percentile statewide, will earn one point as long as contracted labor costs do not exceed 10% of the provider's total direct health care staff turnover equal to or below 51%, the 50th percentile statewide, will earn one point as long as contracted labor costs do not exceed 10% of the provider's total direct health care labor costs.

Finally, NFMH providers may earn up to two points for their retention rate outcome measure. Providers with staff retention rates at or above 78%, the 75th percentile statewide will earn two points. Providers with staff retention rates at or above 72%, the 50th percentile statewide will earn one point.

The table below summarizes the incentive factor outcomes and points:

Quality/Efficiency Outcome:	<b>Incentive Points:</b>
1) CMI adjusted staffing ratio $\geq 120\%$ (3.49) of state median (2.91), or	2, or
CMI adjusted staffing ratio between 110% (3.20) and 120%	o 1
2) Total occupancy $\leq 90\%$	1
3) Operating expenses < \$20.46, 90% of NFMH median (\$22.73)	1
4) Staff turnover rate $\leq$ 75th percentile, 36%	2, or
Staff turnover rate ≤ 50th percentile, 51% Contracted labor < 10% of total direct health care labor costs	. 1
5) Staff retention $\geq$ 75th percentile, 78%	2, or
Staff retention $\geq$ 50th percentile, 72%	1
Total Incentive Points Available	8

The Schedule E is an array containing the incentive points awarded to each NFMH provider for each quality and efficiency incentive outcome. The total of these points will be used to determine each provider's incentive factor based on the following table.

<b>Total Incentive Points:</b>	Incentive Factor Per Diem:
Tier 1: 6-8 points	\$3.00
Tier 2: 5 points	\$2.00
Tier 3: 4 points	\$1.00
Tier 4: 0-3 points	\$0.00

#### 10) Rate Effective Date

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

#### 11) Retroactive Rate Adjustments

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

A retroactive rate adjustment and direct cash settlement is made if the agency determines that the base year cost report data used to determine the prospective payment rate was in error. The prospective payment rate period is adjusted for the corrections.

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

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

#### 12) Comparable Private Pay Rates

The last factor considered in determining a provider's Medicaid per diem payment rate is their private pay rate. Providers are reimbursed the lower of the calculated Medicaid rate or their private pay rate. The agency maintains a registry of private pay rates. It is the responsibility of the providers to send in private pay rate updates so that the registry is updated. When new Medicaid rates are determined, if the private pay rate reflected in the registry is lower, then the provider is held to that private pay rate until the provider sends notification that it has a higher private pay rate.

#### Case Mix Adjustments to Private Pay Rates:

Private pay rates submitted to the agency are adjusted up if a provider's average private pay/other CMI is lower than its Medicaid average CMI. This is accomplished by multiplying the provider's average private pay rate in the private pay registry by the ratio of their Medicaid average CMI to their average private pay/other CMI. This ensures that providers' Medicaid rates are not limited to a lower private pay rate that may be attributed to the lower acuity of the private pay residents. There is no adjustment to private pay rates if the facility's Medicaid average CMI is less than its average private pay/other CMI. There is also no adjustment to private pay rates if the facility's total Medicaid rate is less than its average private pay rate

#### II. Final Medicaid Per Diem Rates for Kansas Nursing Facilities.

A. Cost Center Limitations: The state establishes the following cost center limitations which are used in setting rates effective July 1, 2007.

		Per Day
Cost Center	Limit Formula	Limit
Operating	110% of the Median Cost	\$27.06
Indirect Health Care	115% of the Median Cost	\$39.69
Direct Health Care	120% of the Median Cost	\$77.24
Real and Personal		
Property Fee	105% of the Median Fee	\$7.92

These amounts were determined according to the "Reimbursement Limitations" section. The Direct Healthcare Limit is calculated based on a CMI of 0.9513, which is the statewide average.

**B.** Case Mix Index. These final rates are based upon each nursing facility's Medicaid average CMI calculated with a cutoff date of April 1, 2007, using the July 1, 2007 Kansas Medicaid/Medikan CMI Table. In Section II.C below, each nursing facility's Medicaid average CMI is listed beside its final per diem rate.

C. Final Nursing Facility Per Diem Rates and CMI. The following list includes the calculated Medicaid rate for each nursing facility provider currently enrolled in the Medicaid program and the Medicaid case mix index used to determine each rate.

		Daily	Medicaid
Facility Name	City	Rate	CMI
Village Manor	Abilene	127.64	0.9600
Alma Manor	Alma	136.19	0.9124
Life Care Center of Andover	Andover	128.10	1.0567
Anthony Community Care Center	Anthony	126.74	1.0338
Medicalodge East Healthcare Center	Arkansas City	136.53	0.8503

Facility Name	City	Daily Rate	Medicaid CMI
Medicalodge North of Arkansas City	Arkansas City	138.41	1.0088
Arkansas City Presbyterian Manor	Arkansas City	137.46	0.9059
Deseret Nursing & Rehabilitation at Arma, Inc.	Arma	100.78	0.8560
Ashland Health Center - LTCU	Ashland	142.37	0.8771
Medicalodge of Atchison	Atchison	134.40	0.9611
Atchison Senior Village Dooley Center	Atchison Atchison	$141.64 \\ 140.14$	0.9387 0.7694
Attica Long Term Care	Attica	132.07	1.0469
Atwood Good Samaritan Center	Atwood	126.35	0.8800
Lake Point Nursing Center	Augusta	113.74	0.8983
Baldwin Care Center	Baldwin City	121.28	0.9385
Quaker Hill Manor	Baxter Springs	123.98	1.1545
Catholic Care Center Inc. Great Plains of Republic County, Inc.	Belaire Belleville	150.31 138.29	1.0308 0.8239
Belleville Health Care Center	Belleville	102.42	0.8604
Great Plains of Mitchell County, Inc.	Beloit	156.68	1.0486
Hilltop Lodge Nursing Home	Beloit	118.24	0.8654
Centers for LTC of Bonner Springs	Bonner Springs	118.98	0.9188
Hill Top House	Bucklin	135.38	0.9577
Buhler Sunshine Home, Inc.	Buhler	135.40 120.10	0.9378
Life Care Center of Burlington Caney Nursing Center	Burlington Caney	120.10 87.91	1.0317 0.8741
Eastridge Nursing Home	Centralia	136.08	0.9879
Heritage Health Care Center	Chanute	121.12	1.0854
Chanute Health Care Center	Chanute	134.58	1.0775
Applewood Rehabilitation	Chanute	80.09	0.8174
Chapman Valley Manor	Chapman	111.43	0.8641
Cheney Golden Age Home Inc.	Cheney	124.56	0.9957
Cherryvale Care Center	Cherryvale Chetopa	111.88 100.60	0.8743 0.9775
Chetopa Manor The Shepherd's Center	Cimarron	125.76	0.9692
Medicalodge of Clay Center	Clay Center	126.12	0.8554
Clay Center Presbyterian Manor	Clay Center	149.18	0.9720
Clearwater Ret. Community	Clearwater	127.78	0.9705
Community Care Inc.	Clifton	96.44	1.0408
Park Villa Nursing Home	Clyde	106.84	0.9043
Coffeyville Regional Medical Center Windsor Place	Coffeyville Coffeyville	206.31 122.70	1.6334 1.0258
Medicalodge East of Coffeyville	Coffeyville	129.14	1.0271
Infinia at Colby	Colby	114.21	0.9086
Prairie Senior Living Complex	Colby	146.56	0.8854
Pioneer Lodge	Coldwater	123.72	0.9350
Medicalodge of Columbus	Columbus	160.21	1.1091
Mt Joseph Senior Village, LLC Sunset Home, Inc.	Concordia Concordia	120.30 130.44	$1.0171 \\ 0.9945$
Spring View Manor	Conway Springs	103.29	0.9400
Golden Living Center-Chase Co	Cottonwood Falls	120.41	1.0218
Council Grove Healthcare Center	Council Grove	115.10	0.9737
Hilltop Manor	Cunningham	99.22	0.9064
Westview of Derby	Derby	115.50	0.9500
Hillside Village Dexter Care Center	DeSoto Dexter	135.92 125.54	0.8475 0.9494
Lane County Hospital - LTCU	Dighton	131.62	0.8438
Trinity Manor	Dodge City	134.34	1.0038
Dodge City Good Samaritan Center	Dodge City	126.08	0.9473
Manor of the Plains	Dodge City	139.54	0.8871
Medicalodge of Douglass	Douglass	155.36	1.0414
Golden Living Center-Downs Country Care Home	Downs Easton	110.65 118.15	$0.9147 \\ 0.9890$
Golden Living Center-Parkway	Edwardsville	123.53	0.9622
Golden Living Center-Kaw River	Edwardsville	127.17	1.0307
Edwardsville Manor	Edwardsville	105.77	0.8054
Lakepoint Nursing Center-El Dorado	El Dorado	118.55	1.1167
Golden Living Center-El Dorado	El Dorado	108.89	0.9563
Morton County Hospital Woodhaven Care Center	Elkhart	137.14 125.54	0.9850
Ellis Good Samaritan Center	Ellinwood Ellis	123.34	$1.0178 \\ 0.8600$
Ellsworth Good Samaritan Ret. Village	Ellsworth	133.88	1.0021
Emporia Presbyterian Manor	Emporia	143.52	0.9858
Holiday Resort	Emporia	121.55	0.9417
Flint Hills Care Center, Inc.	Emporia	101.26	0.9190
Emporia Rehabilitation Center	Emporia	106.48	0.8536
Enterprise Estates Nursing Ctr., Inc. Golden Living Center-Eskridge	Enterprise Eskridge	109.38 93.67	1.0677 0.7613
Eudora Nursing Center	Eudora	105.48	0.7914
Medicalodge of Eureka	Eureka	131.64	0.9155
Medicalodge of Ft. Scott	Fort Scott	144.06	1.0282
Fort Scott/Marmaton Valley	Fort Scott	119.16	1.1238
Fowler Nursing Home	Fowler	140.19	0.8930
Frankfort Community Care Home, Inc.	TAIIKIOIT	126.35	1.0555 (continued)

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<b>2</b>		Daily	Medicaid	<b></b>		Daily	Medicaid
Facility Name	City	Rate	CMI	Facility Name	City	Rate	CMI
Golden Living Center-Fredonia	Fredonia	109.08	1.0109	Golden Living Center-Lucas	Lucas	127.02	1.2515
Sunset Manor, Inc	Frontenac	112.76	1.0256	Lyons Good Samaritan Center	Lyons	126.54	0.8632
Emerald Pointe Health & Rehab Ctr	Galena	119.90	1.0332	Meadowlark Hills Retirement Comm.	Manhattan	157.16	1.0293
Galena Nursing & Rehab Center	Galena	118.32	1.0195	Stoneybrook Retirement Community	Manhattan	129.58	0.9735
Garden Valley Retirement Village	Garden City	142.41	0.9667	St. Joseph Village, Inc.	Manhattan	142.09	0.9803
Terrace Garden Care Center	Garden City	136.15	0.9113	Jewell County Hospital	Mankato	138.10	0.8929
Meadowbrook Rehab Hosp., LTCU	Gardner Gardner	170.29 140.40	1.1883 0.9751	St. Luke Living Center	Marion Marion	129.27 108.22	0.9294 0.8915
Medicalodge of Gardner	Garnett	140.40	0.9532	Golden Living Center-Marion Riverview Estates, Inc.		113.51	0.8794
Anderson County Hospital Golden Heights Living Center	Garnett	140.05	0.9704	Cambridge Place	Marquette	126.51	1.0009
The Heritage	Girard	117.27	1.3755	Deseret Nursing & Rehabilitation at	Marysville	120.51	1.0009
The Nicol Home, Inc.	Glasco	111.78	0.8213	McPherson, Inc.	McPherson	117.27	0.9786
Medicalodge of Goddard	Goddard	143.86	0.9178	The Cedars, Inc.	McPherson	149.77	0.9821
Bethesda Home	Goessel	149.05	0.9300	Meade District Hospital, LTCU	Meade	154.20	1.0062
Sherman Co. Good Samaritan Center	Goodland	134.17	0.9403	Trinity Nursing & Rehab Ctr.	Merriam	156.60	1.0413
Cherry Village Benevolence	Great Bend	101.25	0.9539	Great Plains of Ottawa County, Inc.	Minneapolis	116.33	0.9533
Great Bend Health & Rehab Center	Great Bend	126.52	0.9655	Minneapolis Good Samaritan Center	Minneapolis	130.37	0.9798
Halstead Health and Rehab Center	Halstead	133.85	1.0094	Minneola District Hospital	Minneola	158.59	1.0169
Friendship Manor Rehab Ctr of Haviland	Haviland	79.56	0.6445	Bethel Home, Inc.	Montezuma	142.55	0.9270
St. John's of Hays	Hays	123.08	0.9582	Moran Manor	Moran	114.44	1.1204
St. Johns Victoria	Hays	126.50	0.9451	Memorial Home for the Aged	Moundridge	150.50	0.9963
Hays Good Samaritan Center	Hays	119.48	0.9341	Moundridge Manor, Inc.	Moundridge	119.64	0.8634
Haysville Healthcare Center	Haysville	130.06	0.9663	Mt. Hope Nursing Center	Mt. Hope	126.12	0.9484
Medicalodges Herington	Herington	109.28	0.8796	Villa Maria- Mulvane	Mulvane	140.25	1.1017
Schowalter Villa	Hesston	151.12	0.9046	Golden Keys Nursing Home	Neodesha	113.16	1.0124
Oak Ridge Acres	Hiawatha	94.45	0.9869	Golden Living Center-Neodesha	Neodesha	111.47	0.9656
Maple Heights of Hiawatha	Hiawatha	127.28	1.0568	Ness County Hospital Dist.#2	Ness City	144.96	0.9063
Highland Care Center	Highland	129.90	0.8993	Bethel Care Centre	Newton	141.50	1.0050
Dawson Place, Inc.	Hill City	108.37	0.8574	Asbury Park	Newton	155.03	0.9528
Hillsboro Community Medical Center	Hillsboro	133.07	0.8570	Kansas Christian Home	Newton	150.40	0.9931
Parkside Homes, Inc.	Hillsboro	126.17	0.8923	Newton Presbyterian Manor	Newton	147.92	0.9623
Cheyenne Meadows Living Center	Hoisington	112.64	0.9105	Andbe Home, Inc.	Norton	118.78	0.7552
Medicalodges Jackson County	Holton	111.58	0.9070	Village Villa	Nortonville	124.68	0.9155
Medicalodges Holton	Holton	115.40	1.0140	Logan County Manor	Oakley	154.25	0.9678
Tri County Manor Living Center, Inc.	Horton	114.63	0.9240	Decatur County Hospital	Oberlin	134.42	0.9892
Howard Twilight Manor	Howard Hoxie	133.90 125.87	1.0525 0.8773	Decatur Co. Good Samaritan Center Villa St. Francis	Oberlin Olathe	123.53 143.18	0.8820 0.9774
Sheridan County Hospital Biopeer Manor		123.87	0.9058		Olathe	132.29	1.0625
Pioneer Manor Pinecrest Nursing Home	Hugoton Humboldt	146.22	0.9705	Centers for Long Term Care of Olathe Royal Terrace Nrsg. & Rehab. Center	Olathe	132.29	0.9313
Golden Plains	Hutchinson	147.14	1.0551	Olathe Good Samaritan Center	Olathe	138.35	0.9308
Hutchinson Good Samaritan Village	Hutchinson	136.78	0.9929	Johnson County Nursing Center	Olathe	165.54	1.1233
Infinia at Hutchinson	Hutchinson	116.47	1.0764	Aberdeen Village, Inc.	Olathe	162.42	1.0438
Wesley Towers	Hutchinson	165.47	1.0898	Infinia at Onaga, Inc.	Onaga	111.68	1.0867
Ray E. Dillon Living Center	Hutchinson	154.76	1.0733	Peterson Health Care, Inc.	Osage City	106.58	0.9129
The Regal Estate of Glenwood	Independence	114.51	1.0439	Osage Nursing & Rehab Center	Osage City	135.53	1.1558
Heatherwood Estates	Independence	99.23	1.0245	Life Care Center of Osawatomie	Osawatomie	130.65	0.9848
Pleasant View Home	Inman	139.42	0.9248	Parkview Care Center	Osborne	124.49	0.9819
Windsor Place at Iola, LLC	Iola	121.52	0.9710	Hickory Pointe Care & Rehab Ctr	Oskaloosa	123.92	0.9006
Cheyenne Lodge, Inc.	Jamestown	106.86	0.9147	Infinia at Oswego	Oswego	115.77	0.8605
Hodgeman Co Health Center-LTCU	Jetmore	159.27	1.0945	Ottawa Retirement Village	Ottawa	128.35	1.0425
Stanton County Hospital- LTCU	Johnson	154.91	1.0208	Brookside Manor	Overbrook	117.15	0.9203
Valley View Professional Care Center	Junction City	98.22	0.8924	Garden Terrace at Overland Park	Overland Park	142.56	0.9551
Junction City Good Samaritan Center	Junction City	127.89	0.9562	Indian Meadows Healthcare Center	Overland Park	181.86	1.3293
Medicalodge Post Acute Center	Kansas City	144.54	1.0511	Manorcare Hlth Serv. of Overland Park	Overland Park	144.39	0.9604
Kansas City Presbyterian Manor	Kansas City	154.36	0.9571	Villa Saint Joseph	Overland Park	156.18	1.0835
Medicalodge East of Kansas City	Kansas City	149.44	1.0456	Delmar Gardens of Overland Park	Overland Park	144.18	0.9538
Lifecare Center of Kansas City	Kansas City	126.34	0.9692	Overland Park Nursing & Rehab	Overland Park	145.27	0.9340
Infinia at Kensington	Kensington	113.47	0.8657	Indian Creek Healthcare Center	Overland Park	164.09	1.1200
The Wheatlands	Kingman	116.98	1.0067	Village Shalom, Inc.	Overland Park	158.44	1.0317
Medicalodge of Kinsley	Kinsley	145.14	0.9061	Riverview Manor, Inc.	Oxford	96.60	0.7862
Kiowa Hospital District Manor	Kiowa	128.40	0.9490	Medicalodge of Paola	Paola	108.78	0.7377
Rush Co. Memorial Hospital	La Crosse	115.77	1.0278	North Point Skilled Nursing Center	Paola	139.04	1.0714
Rush County Nursing Home	La Crosse	134.44	0.9497	Elmhaven East	Parsons	94.17	0.8777
High Plains Retirement Village	Lakin	153.90	0.9562	Elmhaven West	Parsons	105.86	1.0504
Golden Living Center-Lansing	Lansing	117.12	0.9293	Parsons Presbyterian Manor	Parsons	147.16	1.0618
Larned Healthcare Center	Larned	135.00	0.9384	Parsons Good Samaritan Center	Parsons	120.44	0.8624
St. Joseph Memorial Hospital	Larned	151.02	0.9493	Legacy Park	Peabody	126.94	0.9223
Lawrence Presbyterian Manor	Lawrence	155.06	1.0145 0.9380	Westview Manor of Peabody	Peabody	79.42	0.6388 0.9450
Brandon Woods Retirement Comm.	Lawrence	144.01		Phillips County Hospital LTCU Phillips County Potizoment Conter	Phillipsburg	142.79	0.9430
Pioneer Ridge Retirement Community Medicalodge of Leavenworth	Lawrence Leavenworth	143.82 143.91	0.9947 0.9533	Phillips County Retirement Center Medicalodge South of Pittsburg	Phillipsburg Pittsburg	111.17 130.56	0.9409 0.9997
Delmar Gardens of Leavenworth		143.91	1.1012			152.95	1.0373
Lakeview Village	Lenexa Lenexa	138.09	0.8450	Medicalodge North of Pittsburg Mt. Carmel Regional Medical Ctr. SNF	Pittsburg Pittsburg	152.95 216.57	1.0373
Leonardville Nursing Home	Leonardville	144.28	1.0348	Golden Living Center-Pittsburg	Pittsburg	110.38	0.9163
Wichita County Health Center	Leoti	140.17	0.8518	Cornerstone Village	Pittsburg	144.54	1.0583
Liberal Good Samaritan Center	Liberal	140.17	0.9741	Rooks County Senior Services, Inc.	Plainville	135.10	0.9209
Wheatridge Park Care Center	Liberal	130.78	0.9869	Pratt Regional Medical Center	Pratt	127.18	0.9209
Mid-America Healthcare-Lincoln	Lincoln	137.84	1.1800	Lakewood Senior Living of Pratt, LLC	Pratt	114.32	0.9329
Bethany Home Association	Lindsborg	144.38	0.9600	Prescott Country View Nursing Center		97.70	0.8896
Linn Community Nursing Home	Linn	103.29	0.9090	Prairie Sunset Manor	Pretty Prairie	146.63	0.9800
Sandstone Heights	Little River	129.75	0.9459	Protection Valley Manor	Protection	104.55	0.8300
Logan Manor Community Health Serv.		128.78	1.0265	Gove County Medical Center	Quinter	143.42	0.8630
Louisburg Care Center	Louisburg	138.52	1.0445	Grisell Memorial Hosp Dist #1-LTCU	Ransom	146.92	1.0089
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		Daily	Medicaid
Facility Name	City	Rate	CMI
Richmond Healthcare & Rehab Center	Richmond	129.85	0.9922
Lakepoint Nursing Ctr-Rose Hill	Rose Hill	126.69	1.0548
Rossville Healthcare & Rehab Center Wheatland Nursing & Rehab Center	Rossville Russell	131.43 103.98	1.0590 0.8857
Russell Regional Hospital	Russell	159.15	1.0875
Sabetha Nursing Center	Sabetha	123.80	0.9886
Apostolic Christian Home Smokey Hill Rehabilitation Center	Sabetha Salina	122.20 117.07	0.9882 0.9805
Kenwood View Nursing Center	Salina	109.70	0.9400
Windsor Estates	Salina	115.12	0.8887
Center for LTC of Salina	Salina Salina	120.59 147.74	1.0386 0.9508
Salina Presbyterian Manor Holiday Resort of Salina	Salina	122.94	0.9244
Satanta Dist. Hosp. LTCU	Satanta	154.22	1.0205
Park Lane Nursing Home	Scott City	131.80	0.8984
Pleasant Valley Manor Sedgwick Healthcare Center	Sedan Sedgwick	105.18 152.19	1.0251 0.9824
Crestview Manor	Seneca	97.22	0.9890
Life Care Center of Seneca	Seneca	109.58	0.9336
Prairie Manor Good Samaritan Center Shawnee Gardens Nursing Center	Sharon Springs Shawnee	124.15 136.03	1.0325 0.9984
Sharonlane Health Services	Shawnee	121.87	0.9167
Smith County Memorial Hospital LTCU	Smith Center	124.05	0.9917
Infinia at Smith Center Mennonite Friendship Manor, Inc.	Smith Center South Hutchinson	109.13 133.84	0.8835 0.9157
Golden Living Center-Spring Hill	Spring Hill	118.61	0.9796
St. Francis Good Samaritan Ctr	St. Francis	131.20	0.8879
Leisure Homestead at St. John	St. John	119.21	0.8090
Community Hospital of Onaga, LTCU Prairie Mission Retirement Village	St. Marys St. Paul	149.21 113.97	1.0226 1.0047
Leisure Homestead at Stafford	Stafford	98.19	0.8407
Sterling Presbyterian Manor	Sterling	131.04	0.8827
Solomon Valley Manor Seasons of Life Living Center	Stockton Syracuse	138.26 142.07	0.9865 0.8741
Tonganoxie Nursing Center	Tonganoxie	123.35	0.9620
Brewster Place	Topeka	141.75	0.8813
Topeka Presbyterian Manor Inc. Eventide Convalescent Center, Inc.	Topeka Topeka	153.04 104.05	0.9706 0.8527
Topeka Community Healthcare Center	Topeka	125.03	0.9390
McCrite Plaza Health Center	Topeka	132.11	1.0036
Rolling Hills Health Center	Topeka	134.87	1.0548
Manorcare Health Services of Topeka Westwood Manor	Topeka Topeka	134.51 121.23	0.9321 0.9510
IHS of Brighton Place	Topeka	96.93	0.8013
Countryside Health Center	Topeka	103.56	0.7441
Providence Living Center Brighton Place North	Topeka Topeka	88.40 83.89	0.7945 0.6683
Aldersgate Village	Topeka	154.89	0.9757
Plaza West Care Center, Inc.	Topeka	147.37	1.0060
Lexington Park Nrsng & Post Acute Greeley County Hospital, LTCU	Topeka Tribune	157.17 148.89	1.0442 0.9559
Western Prairie Care Home	Ulysses	138.74	0.8711
Valley Health Care Center	Valley Falls	109.84	0.7049
Trego Co. Lemke Memorial LTCU The Lutheran Home - Wakeeney	WaKeeney WaKeeney	145.28 103.57	0.9257 0.8360
Golden Living Center-Wakefield	Wakefield	117.08	1.1125
Valley Vista Good Samaritan Center	Wamego	133.93	0.9100
The Centennial Homestead, Inc. Wathena Healthcare and Rehab Ctr	Washington Wathena	84.34 127.06	0.8242 1.0405
Coffey County Hospital	Waverly	153.69	0.9800
Golden Living Center-Wellington	Wellington	109.60	0.8511
Slate Creek Good Samaritan Center Wellsville Manor Care Center	Wellington Wellsville	123.34 132.93	0.8681 0.9666
Westy Community Care Home	Westmoreland	132.95	0.9405
Wheat State Manor	Whitewater	139.31	0.9127
Medicalodge of Wichita	Wichita Wichita	153.87	1.0290
Meridian Nursing & Rehab Center Kansas Masonic Home	Wichita	123.35 161.66	0.9787 1.0889
Homestead Health Center, Inc.	Wichita	124.81	0.9680
Infinia at Wichita	Wichita	123.94	1.0048
Wichita Presbyterian Manor Sandpiper Bay Hlth. & Retirement Ctr.	Wichita Wichita	159.46 117.90	1.0442 0.9767
Lakepoint Nursing and Rehab-Wichita	Wichita	142.17	0.9902
Manorcare Health Services of Wichita	Wichita	133.27	0.9825
College Hill Nursing and Rehab Center Lakewood Senior Living of Seville	Wichita Wichita	137.79 117.35	0.9434 1.0000
Golden Living Center-Wichita	Wichita	117.35	0.8502
Abal Home	Wichita	100.72	0.8025
The Health Care Ctr@Larksfield Place	Wichita	157.98	1.0082
Life Care Center of Wichita Via Christi Hope	Wichita Wichita	139.41 124.31	1.0827 0.9513
Golden Living Center-Wilson	Wilson	115.08	1.0529
Jefferson Co. Memorial Hospital-LTCU	Winchester	123.62	0.8626

Facility Name	City	Daily Rate	Medicaid CMI
Winfield Good Samaritan Center	Winfield	132.95	0.9505
Cumbernauld Village, Inc.	Winfield	148.67	1.0324
Winfield Rest Haven, Inc.	Winfield	130.07	0.8378
Infinia at Yates Center	Yates Center	112.00	0.8890

#### III. Justifications for the Final Rates.

1. The final rates are calculated according to the ratesetting methodology in the Kansas Medicaid State Plan and pending amendments thereto.

2. The final rates are calculated according to a methodology which satisfies the requirements of 2007 Kansas Session Laws Ch. 175, K.S.A. 39-708c(x) and K.A.R. Article 30-10 implementing that statute and applicable federal law.

3. The State's analyses project that the final rates:

a. Would result in payment, in the aggregate of 97.01% of the Medicaid day weighted average inflated allowable nursing facility costs statewide; and

b. Would result in a maximum allowable rate of \$151.90; with the total average allowable cost being \$136.25.

c. Estimated average rate July 1, 2007	\$129.00
Average payment rate July 1, 2006	\$123.32
Amount of change	\$5.68
Percent of change	4.61%

4. Estimated annual aggregate expenditures in the Medicaid nursing facility services payment program will increase by approximately \$18 million.

5. The state estimates that the final rates will continue to make quality care and services available under the Medicaid State Plan at least to the extent that care and services are available to the general population in the geographic area. The state's analyses indicate:

a. Service providers operating a total of 297 nursing facilities (representing 97% of all the licensed nursing facilities in Kansas) participate in the Medicaid program, while an additional 40 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 nursing 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 85.0%;

d. The statewide average Medicaid occupancy rate for participating facilities is 56.0%; and

e. The final rates would cover 98.15% 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 final methodology will result in compliance with the federal regulation.

## IV. The State's Response to Written Comments on the Published Proposals.

The state received one letter with comments to the Notice of Proposed Nursing Facility Medicaid Rates for State Fiscal Year 2008, Methodology for Calculating Proposed (continued) Kansas Register

Doc. No. 034577

V. 25, p. 1143

V. 25, p. 1143

V. 25. p. 1145

V. 25, p. 1145 V. 25, p.1145

V. 25, p.1145

V. 25, p.1145

Rates, and Rate Justifications; Notice of Intent to Amend the Medicaid State Plan and Request for Comments published in the April 26, 2007 Kansas Register. The state thanks the commenters for their interest, efforts and suggestions. The state reviewed, discussed, and considered those comments before approving the final rate-setting methodology and the final per diem rates published in this notice.

V. Notice of Intent to Amend the Medicaid State Plan

4-16-1c

4-16-3a

4-16-250

4-16-251

4-16-252

4-16-260

4-17-1a

Amended

Amended

Revoked

Revoked

Revoked

Revoked

Amended

The state intends to submit Medicaid State Plan amendments to CMS on or before September 30, 2007.

#### 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 2006 Volumes of the Kansas Administrative Regulations.

10115.		
AGENCY 1: DEPARTMENT OF ADMINISTRATION		
Reg. No.	Action	Register
1-2-46 1-2-77 1-3-5 1-3-6 1-5-8 1-6-2 1-6-2 1-6-22a 1-9-7b 1-9-18 1-9-25 1-9-26	Amended Revoked New Amended Amended Amended Amended Revoked Amended Amended	V. 25, p. 1831 V. 25, p. 1832 V. 25, p. 1832 V. 25, p. 1832 V. 25, p. 1305 V. 25, p. 1306 V. 25, p. 1306 V. 25, p. 1307 V. 25, p. 1832 V. 25, p. 1832 V. 25, p. 1833
AGENCY	( 3: KANSAS S	FATE TREASURER
Reg. No.	Action	Register
3-4-1 through 3-4-7 3-4-1 through 3-4-7	New (T) New	V. 25, p. 984, 985 V. 25, p. 1446, 1447
AC	GENCY 4: DEPA	•
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Don Jordan Secretary of Social and **Rehabilitation Services** 

Dr. Marcia J. Nielson KHPA Executive Director

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