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(Published in the Kansas Register June 2, 2016)

Workforce Partnership

Notice of Meeting

The Chief Elected Officials Board of Local Workforce Area III will meet from 11 a.m. to 12 p.m. Tuesday, June 28, 2016, at the Workforce Partnership office, 8040 Parallel Parkway, Suite 112, Kansas City, Kansas for the purpose of adopting a revised Chief Elected Officials Agreement for Local Area III.

Trent Howerton Interim Executive Director

Doc. No. 044584

(Published in the Kansas Register June 2, 2016.)

Kansas WorkforceONE

Request for Comments

The Local Area I Workforce Development Board (LWDB) invites comment on Kansas WorkforceONE Local Area 1 WIOA Strategic Plan from May 10, 2016, to June 10, 2016. All comments must be received by 5 p.m. on June 10, 2016. To access the plan electronically please visit www.kansasworkforceone.org. To access a physical copy of the plan please contact the LWDB office at 785-493-8018. Comments may be submitted by email at info@ kansasworkforceone.org.

Deb Scheibler Executive Director

Doc. No. 044577

(Published in the Kansas Register June 2, 2016.)

Kansas WorkforceONE

Request for Bids

Local Area I Workforce Development Board (LWDB) d.b.a. Kansas WorkforceONE, 631 E. Crawford, Suite 206, Salina, KS 67401, is accepting bids from qualified entities to provide youth services to youth clients through the Workforce Innovation and Opportunity Act in Local Area I of Kansas. Services include but are not limited to: tutoring, study skills, leadership development, mentoring, counseling, dropout prevention and alternative secondary education. To receive an "Invitation for Bid," including all specifications, call 785-493-8018 or download from the Kansas WorkforceONE website at www. kansasworkforceone.org. Bids must be received no later than 4 p.m. June 10, 2016. The Local Area I Workforce Development Board welcomes all interested entities to bid. The LWDB reserves the right to accept or reject any or all applications received or to negotiate with qualified bidders.

> Deb Scheibler Executive Director

Doc. No. 044578

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Register Office: 1st Floor, Memorial Hall 785-296-0082 Fax 785-296-8577 kansasregister@ks.gov

State of Kansas

Secretary of State

Code Mortgage Rate for June

Pursuant to the provisions of K.S.A. 16a-1-301, Section 11, the code mortgage rate during the period of June 1-30, 2016, is 12 percent. The reference rate referred to in the definition of "code mortgage rate" set forth in K.S.A. 16a-1-301(11)(b)(i) is discontinued, has become impractical to use, and/or is otherwise not readily ascertainable from the Federal Home Loan Mortgage Corporation.

Kris W. Kobach Secretary of State

Doc. No. 044579

State of Kansas

Secretary of State

Executive Appointments

Executive appointments made by the governor, and in some cases by other state officials, are filed with the secretary of state's office. A listing of Kansas state agencies, boards, commissions, and county officials are included in the Kansas Directory, which is available on the secretary of state's website at www.sos.ks.gov. The following appointments were recently filed with the secretary of state:

Harper County Clerk

Ruth A. Elliott, 609 N. Anthony, Anthony, 67003. Succeeds Cheryl Adelhardt, resigned.

911 Coordinating Council, Kansas

David Cowan, 700 N. Pennsylvania Ave., Independence, 67301-2767. Succeeds Harry Smith.

Larry Dexter, 18 N. Sandpiper Court, Wichita, 67230-6636. Succeeds Coleen Jennison.

Agricultural Remediation Board, Kansas

Larry Shivers, 636 E. Shipton Rd., #D, Salina, 67401-9322. Reappointed.

Banking Board, State

Brian Weisel, 204 Fairdale Road, Salina, 67401. Succeeds Dale Koch.

Barbering, Board of

James Cates, Chairman, 6850 S.W. Aylesbury Road, Topeka, 66610-1442. Succeeds Matt Hickam.

Heather Earlington, 12709 Pawnee Lane, Leawood, 66209-1624. Reappointed.

Troy Franklin Jr., 1929 N. Peckham Court, Wichita, 67230-1767. Reappointed.

Big Blue River Compact Administration, Kansas-Nebraska

Sharon Schwartz, 2051 20th Road, Washington, 66968-8648. Reappointed.

Citizens' Utility Ratepayer Board

Henry Hungerbeeler, 2609 Kensington Place, Leavenworth, 66048. Succeeds Brian Weber.

Credit Union Council

Lawrence Damm, 12219 W. 14th St. N., Wichita, 67235-1240. Reappointed.

Deaf and Hard of Hearing, Kansas Commission for the

Teresa Sturgeon, 721 W. Loula St., Olathe, 66061-4041. Reappointed.

Amanda Wittman, 827 N. Mesa St., Olathe, 66061-5997. Reappointed.

Dental Board, Kansas

Jacqueline Leakey, 15631 Highway 59, Valley Falls, 66088-4224. Reappointed.

Disability Concerns, Kansas Commission on

Dr. R. Dean Hollenbeck, 668 Road 200, Emporia, 66801-7603. Succeeds Ed Mills.

Early Childhood Developmental Services, Coordinating Council

Kathryn Walter, 320 W. 14th St., Beloit, 67420-1236. Succeeds Darla Nelson-Metzger.

Governor's Behavioral Health Services Planning Council

Patrick Hall, 807 Valley Vista, Norton, 67654-1221. Succeeds Bailey Reed, resigned.

Deann Shinkle Mitchell, 15985 S. Clairborne, Olathe, 66062. Succeeds Rhonda Moreland.

Guardianship Program, Kansas

Wayne Radford, 1264 S.W. Plass Ave., Topeka, 66604-3935. Succeeds Christine Niblock.

Hispanic and Latino American Affairs Commission, Kansas

Lisa Garcia, 5904 Brittany St., Merriam, 66203-3004. Succeeds Elisabeth Sosa.

Maria Herrera Schultes, 2130 S.W. Moundview Dr., Topeka, 66614. Succeeds Felipe Bustillo III.

Human Rights Commission, Kansas

Melvin Neufeld, 1509 Mac, Garden City, 67846. Reappointed.

Harold Schorn Jr., 220 E. 9th St., Newton, 67114-2712. Succeeds Marilyn Wilder, resigned.

Independent Living Council of Kansas, Statewide

Robyn Herzog, 4641 W. 6th St., Apartment D10, Lawrence, 66049. Succeeds Rebecca Branam, deceased.

Indigents' Defense Services, State Board of

Paul Beck, 9554 50th Road, Ness City, 67560. Reappointed.

Juvenile Justice and Delinquency Prevention, Kansas Advisory Group on

David McKune, 18970 W. 117th St., Olathe, 66061-6561. Succeeds Lance Feyh.

Eric Turek, 5100 W. 6th St., Apartment G16, Lawrence, 66049-2574. Succeeds Eric Pahls.

Thomas Wilcox, 1637 S. Waco Ave., Wichita, 67213-5127. Succeeds Harold Flaigle.

Lottery Commission, Kansas

James Washington, 1901 160th St., Basehor, 66007-9316. Reappointed.

Pharmacy, State Board of

Michael Lonergan, 4903 W. 155th Terrace, Overland Park, 66224. Reappointed.

John Worden, 1521 Sunflower Drive, McPherson, 67460. Reappointed

REACH Healthcare Foundation

James Echols, 1915 Nebraska Ave., Kansas City, 66102-2746. Reappointed.

Kerri Wade, 14605 W. 83rd Place, Lenexa, 66215-6110. Succeeds Marearl Denning.

Rehabilitation Council, Kansas

Julie Juneau, 6800 S. 127th St. E, Derby, 67037-9067. Succeeds Lynda Maddox.

Sentencing Commission, Kansas

Meredith Butler, 914 Hickory Lane, Junction City, 66441-4829. Succeeds Elizabeth Gillespie.

Terry Malone, 903 Marsha Lane, Dodge City, 67801-2922. Succeeds Shawn Elliott.

Solid Waste Grants Advisory Committee, Kansas

Delores Walton, 10221 Millstone Drive, Apartment 1109, Lenexa, 66220-2549. Reappointed.

State Fair Board, Kansas

Monica Lair, 1331 Xylan Road, Piqua, 66761-1667. Reappointed.

Matthew Lowen, 2396 W. 82nd Ave., Hutchinson, 67502-9304. Succeeds Brad Rayl.

Cindy O'Neal, 1228 Waverly Dr., Lawrence, 66049-2020. Reappointed.

Supreme Court Nominating Commission

Robert Hayworth, 5205 W. 166th St., Overland Park, 66085. Reappointed.

University of Kansas Hospital Authority

Robba Moran, 2400 Sumac Drive, Manhattan, 66502. Succeeds Dave Kerr.

Mark Uhlig, 11409 El Monte Court, Leawood, 66211-1343. Succeeds Dr. Dan Thomas.

Kris W. Kobach Secretary of State

Doc. No. 044574

State of Kansas

Department Of Transportation

Notice to Contractors

Electronic copies of the letting proposals and plans are available on the KDOT website at http://www.ksdot.org/ burconsmain/contracts/proposal.asp. The website will allow the contractor to request approval from KDOT to bid as a prime contractor and be included on the "Bid Holders List," or to be included on the "Non-Bid Holders List" as a subcontractor/supplier. KDOT's approval is required to bid as a prime contractor. To bid as a prime contractor, KDOT needs to be notified of the intent to bid no later than the close of business on the Monday preceding the scheduled letting date. Failure to obtain prior approval to bid as a prime contractor on any projects listed below will be reason to reject your bid. The Secretary reserves the right to reject bids that do not comply with all requirements for preparing a bidding proposal as specified in the 2007 edition of the Kansas Department of Transportation Standard Specifications for State Road and Bridge Construction.

KDOT will only accept electronic internet proposals using the Bid Express website at http://www.bidx.com until 1 p.m. local time June 22, 2016. KDOT will open and read these proposals at the Eisenhower State Office Building, 700 S.W. Harrison, Topeka, at 1:30 p.m. local time June 22, 2016. An audio broadcast of the bid letting is available at http://www.ksdot.org/burconsmain/audio.asp.

Each bidder shall certify that such person, firm, association or corporation has not, either directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding in connection with the submitted bid. This certification shall be in the form of a required contract provision provided by the state to each prospective bidder. Failure to complete the required contract provision and certify the completeness of the preceding statement when electronically signing the proposal will make the bid non-responsive and not eligible for award consideration.

District One - Northeast

Brown–7 TE-0421-01–Oregon Street from 9th to 8th Streets, 8th Street for a half block north and a half block south of Oregon Street and the east half of Oregon Street between 6th and 5th Streets, landscaping and beautification. (Federal Funds)

Johnson–07-46 KA-4277-01–K-7/K-10 interchange, surfacing, 0.5 mile. (Federal Funds)

Johnson–46 TE-0608-01–Johnson County Park and Recreation District, Coffee Creek from Hallet Road to Switzer Road, pedestrian and bicycle paths, 1.8 miles. (Federal Funds)

Shawnee–24-89 KA-4046-01–U.S. 24 and Railroad Street, intersection improvement. (State Funds)

Statewide–177-106 KA-4357-01–K-177, from 1.04 miles south of the Geary/Riley county line north to the Geary/Riley county line and from Geary/Riley county line north 6.9 miles, milling and overlay, 8.0 miles. (State Funds)

Statewide–106 KA 4324 01–ADA Sidewalk Improvements at various locations in District 1, District 2, District 5 and District 6, special. (State Funds)

Wyandotte–105 KA-4003-01–I-35, between I-435 and state line, intelligent transportation system. (Federal Funds)

Wyandotte–105 N-0636-01–12th and 10th Street Bikeway from Metropolitan Avenue to Quindaro Boulevard, pedestrian and bicycle paths, 4.5 miles. (Federal Funds)

District Two — North Central

Geary–40B3-31 KA-3549-01–U. S. 40B, Intersection of Franklin Street, intersection improvement. (State Funds) McPherson–59 TE-0410-01–Pedestrian/bike path along Avenue A from Thunderbird Street to Wall Bicentennial Park, pedestrian and bicycle paths. (Federal Funds)

District Three — Northwest

Ellis-70-26 KA-4354-01-I-70, beginning at the Ellis/Trego county line, east 31.2 miles to the Ellis/Russell county line, pavement patching, 31.2 miles. (State Funds)

Thomas–83-97 KA-4297-01–U.S. 83, beginning at the U.S. 24/U.S. 83 junction north 11.5 miles to the Sheridan/Thomas county line, 1.5-inch overlay, 11.5 miles. (State Funds)

Trego-70-98 KA-4224-01-I-70, at the U.S. 283 and U.S. 283 spur, lighting, 1.7 miles. (State Funds)

District Four — Southeast

Crawford–19 TE-0419-01–Prairie Street and Forest Avenue, from K-7 (Summit Street); K-7 and Ozark Street from Prairie Street to Forest Avenue, landscaping and beautification. (Federal Funds)

Labette–50 C-4668-01–3.0 miles north of Bartlett on RS 372, bridge replacement, 0.2 mile. (State Funds)

District Five — South Central

Butler–54-8 KA-3052-01–U.S. 54, eastbound lanes from 280 feet west of Walnut Street to the west end of the Atchison, Topeka and Santa Fe bridge, grade and surfacing, 0.4 mile. (State Funds)

Sedgwick–87 KA-3602-01–Wichita metro area, intelligent transportation system. (Federal Funds)

District Six — Southwest

Gray–35 TE-0412-01–Pedestrian/bike path, beginning at Avenue C at the southeast corner of the Gray County courthouse and extending south .25 mile along the west side of Main Street (K-23), to Cimarron Crossing Park, pedestrian and bicycle paths. (Federal Funds)

Mike King Secretary of Transportation

Doc. No. 044561

State of Kansas

Board of Regents Universities

Notice to Bidders

The universities of the Kansas Board of Regents encourage interested vendors to visit the various universities' purchasing offices' websites for a listing of all transactions, including construction projects, for which the universities' purchasing offices, or one of the consortia commonly utilized by the universities, are seeking information, competitive bids or proposals. The referenced construction projects may include project delivery construction procurement act projects pursuant to K.S.A. 76-7,125 et seq.

Emporia State University – Bid postings: www.emporia.edu/busaff/. Additional contact info: phone 620-341-5145, fax: 620-341-5073, email: tshepher@emporia.edu. Mailing address: Emporia State University Purchasing, Campus Box 4021, 1 Kellogg Circle, Emporia, KS 66801-5415.

Fort Hays State University – Bid postings: www.fhsu.edu/purchasing/bids. Additional contact info: phone 785-628-4251, fax: 785-628-4046, email: purchasing@fhsu.edu. Mailing address: Fort Hays State Purchasing Office, 601 Park St., 318 Sheridan Hall, Hays, KS 67601.

Kansas State University – Bid postings: www.k-state.edu/ purchasing/rfq. Additional contact info: phone: 785-532-6214, fax: 785-532-5577, email: kspurch@k-state.edu. Mailing address: Division of Financial Services/Purchasing, 21 Anderson Hall, Kansas State University, Manhattan, KS 66506.

Pittsburg State University – Bid postings: www.pittstate.edu/office/purchasing. Additional contact info: phone: 620-235-4169, fax: 620-235-4166, email: purch@pittstate.edu. Mailing address: Pittsburg State University, Purchasing Office, 1701 S. Broadway, Pittsburg, KS 66762-7549.

University of Kansas – Electronic bid postings: http://www.procurement.ku.edu/. Paper bid postings and mailing address: KU Purchasing Services, 1246 W. Campus Road, Room 20, Lawrence, KS 66045. Additional contact info: phone: 785-864-5800, fax: 785-864-3454, email: purchasing@ku.edu.

University of Kansas Medical Center – Bid postings: http://www2.kumc.edu/finance/purchasing/bids.html. Additional contact info: phone: 913-588-1100, fax: 913-588-1102. Mailing address: University of Kansas Medical Center, Purchasing Department, Mail Stop 2034, 3901 Rainbow Blvd., Kansas City, KS 66160.

Wichita State University – Bid postings: www.wichita.edu/purchasing. Additional contact info: phone: 316-978-3080, fax: 316-978-3528. Mailing address: Wichita State University, Office of Purchasing, 1845 Fairmount Ave., Campus Box 12, Wichita, KS 67260-0012.

Kathy Herrman Chair of Regents Purchasing Group Director of Purchasing Fort Hays State University

Doc. No. 043663

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. 2014 Supp. 12-1675(b)(c)(d) and K.S.A. 2014 Supp. 12-1675a(g).

gh 6-5-16
Rate
0.37%
0.35%
0.49%
0.70%
0.83%
0.88%

Scott Miller Director of Investments

Doc. No. 044576

State of Kansas

Department of Administration Procurement and Contracts

Notice to Bidders

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

06/14/2016	EVT0004438	Tree Control Services, NC KS
06/14/2016	EVT0004441	Lawn Mowing Services, Camp
		Funston
06/23/2016	EVT0004356	New Security System
06/24/2016	EVT0004452	Refurbish Beechcraft King Air
		Aircraft
07/15/2016	EVT0004373	Software, Scrap Metal
		Repository and Portal

The above referenced bid documents can be downloaded at the following website:

http://admin.ks.gov/offices/procurement-and-contracts/bid-solicitations

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

http://admin.ks.gov/offices/procurement-and-contracts/additional-files-for-bid-solicitations

Information regarding prequalification, projects and bid documents can be obtained by calling 785-296-8899 or online at http://admin.ks.gov/offices/ofpm/dcc.

Tracy T. Diel, Director Procurement and Contracts

Doc. No. 044586

(Published in the Kansas Register June 2, 2016)

Summary Notice of Bond Sale City of Leavenworth, Kansas \$5,815,000* General Obligation Refunding and Improvement Bonds Series 2016-A

(General obligation bonds payable from unlimited ad valorem taxes)

Bids

Subject to the Official Notice of Bond Sale and Preliminary Official Statement dated June 1, 2016, sealed, facsimile and electronic bids will be received by the city clerk of the city of Leavenworth, Kansas, on behalf of the governing body of the city in the case of sealed bids, at City Hall, 100 N. Fifth, Leavenworth, KS 66048, via facsimile at 913-651-7143, and in the case of electronic bids, via BIDCOMP/PARITY® electronic bid submission system until 11 a.m. (CDT) Tuesday, June 14, 2016, for the purchase of \$5,815,000* principal amount of General Obligation Refunding and Improvement Bonds, Series 2016-A. No bid of less than the entire par value of the bonds and accrued interest thereon to the date of delivery will be considered.

Bond Details

The bonds will consist of fully registered bonds in the denomination of \$5,000 or any integral multiple thereof. The bonds will initially be registered in the name of Cede & Co., as nominee of the Depository Trust Company, New York, New York, to which payments of principal of and interest on the bonds will be made. Individual purchases of bonds will be made in book-entry form only. Purchasers will not receive certificates representing their interest in bonds purchased. The bonds will be dated June 30, 2016, and will become due on September 1, in the years as follows:

	Principal
Year	Amount*
2017	\$535,000
2018	580,000
2019	600,000
2020	620,000
2021	635,000
2022	450,000
2023	460,000
2024	470,000
2025	480,000
2026	490,000
2027	95,000
2028	95,000
2029	100,000
2030	100,000
2031	105,000

The bonds will be subject to mandatory and optional redemption prior to maturity as provided in the Official Notice of Bond Sale.

The bonds will bear interest from the date thereof at rates to be determined when the bonds are sold as hereinafter provided, which interest will be payable semiannually on March 1 and September 1 in each year, beginning on March 1, 2017.

Paying Agent and Bond Registrar

The Kansas State Treasurer, Topeka, Kansas, will be the Paying Agent and Bond Registrar.

Good Faith Deposit

Each bid shall be accompanied by a cashier's or certified check drawn on a bank located in the United States of America, a wire transfer or a qualified financial surety bond in the amount of \$116,300 (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 to the facilities of the Depository Trust Company, Jersey City, New Jersey, without cost to the successful bidder within 45 days after the date of sale.

Assessed Valuation and Indebtedness

The total assessed valuation of taxable tangible property in the city for the year 2015 is \$227,835,638. The total general obligation indebtedness of the issuer, following the concurrent issuance of the bonds and the issuer's Temporary Notes, Series A2016 in the aggregate princi-

pal amount of \$1,625,000 is \$30,830,000 (which excludes the city's Temporary Notes, Series A2015, in the principal amount of \$1,750,000 and a portion of the city's General Obligation Bonds, Series 2011-A in the principal amount of \$2,725,000, all of which will be redeemed and paid with proceeds of the bonds).

Approval of Bonds

The bonds will be sold subject to the legal opinion of Nichols and Wolfe Chartered, Topeka, Kansas, bond counsel, whose approving legal opinion as to the validity of the bonds, will be furnished and paid for by the issuer and delivered to the successful bidder as and when the bonds are delivered.

Additional Information

Additional information regarding the bonds may be obtained from the city clerk, 913-684-0335, or from the city's financial advisor, Piper Jaffray & Co., Attn: Greg Vahrenberg, 11635 Rosewood St., Leawood, KS 66211-2000, 913-345-3374.

Dated June 1, 2016.

City of Leavenworth, Kansas Carla K. Williamson, City Clerk City Hall 100 N. Fifth St. Leavenworth, KS 66048 913-684-0335

* Subject to Change Doc. No. 044581

(Published in the Kansas Register June 2, 2016)

Summary Notice of Bond Sale Unified School District No. 396 Butler County, Kansas (Douglass) \$8,990,000* General Obligation School Building Bonds Series 2016

(General obligation bonds payable from unlimited ad valorem taxes)

Bids

Subject to the Notice of Bond Sale dated May 25, 2016, facsimile and electronic bids will be received on behalf of the clerk of Unified School District No. 396, Butler County, Kansas (Douglass) (the issuer) in the case of facsimile bids, at the address set forth below, and in the case of electronic bids, through PARITY® until 11 a.m. (CDT) June 15, 2016, 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 June 1, 2016, and will become due on September 1 in the years as follows:

	Principal
Year	Amount*
2021	\$535,000

2022	550,000
2023	565,000
2024	580,000
2025	595,000
2026	610,000
2027	630,000
2028	650,000
2029	665,000
2030	685,000
2031	705,000
2032	720,000
2033	740,000
2034	760,000

The bonds will bear interest from the date thereof at rates to be determined when the bonds are sold as hereinafter provided, which interest will be payable semiannually on March 1 and September 1 in each year, beginning on March 1, 2017.

Book-Entry-Only System

The bonds shall be registered under a book-entry-only system administered through DTC.

Paying Agent and Bond Registrar

Treasurer of the State of Kansas, Topeka, Kansas.

Good Faith Deposit

Each bid shall be accompanied (in the manner set forth in the notice) by a good faith deposit in the form of a cashier's or certified check drawn on a bank located in the United States of America or a wire transfer in Federal Reserve funds immediately available for use by the issuer in the amount of \$179,800.

Delivery

The issuer will pay for preparation of the bonds and will deliver the same properly prepared, executed and registered without cost to the successful bidder on or about June 30, 2016, 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 2015 is \$31,699,137. The total general obligation indebtedness of the issuer as of the dated date, including the bonds being sold, is \$12,405,000.

Approval of Bonds

The bonds will be sold subject to the legal opinion of Gilmore & Bell, P.C., Wichita, Kansas, bond counsel to the issuer, 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 as and 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 address set forth below:

Issuer - Good Faith Deposit Delivery Address:

Attn: Carrie L. Shores, Clerk Office of the Board of Education

921 E. 1st P.O. Box 158 Douglass, KS 67039-0158 316-747-3300 Fax: 316-747-3305 cshores@usd396.net

Financial Advisor - Facsimile Bid Delivery Address:

Attn: Steve Shogren George K. Baum & Company 100 N. Main, Suite 810 Wichita, KS 67202 316-264-9351 Fax: 316-264-9370 shogren@gkbaum.com

Dated May 25, 2016.

Unified School District No. 396 Butler County, Kansas

State of Kansas

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 17, 28-18a-1 through 33, 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-16-081/086

Pending Permits for Confined Feeding Facilities

remains remains for commed recums rucinities		
Name and Address of Applicant	Legal Description	Receiving Water
Dale Springer Dale Springer – Sloan Unit 5816 CR 3300 Independence, KS 67301	NE/4 of Section 15, T315, R15E, Montgomery County	Verdigris River Basin

Kansas Permit No. A-VEMG-S042

This is a permit reissuance for an existing facility for a maximum capacity of 2,400 head (960 animal units) of swine. There is no change in the permitted animal units from the previous permit.

Name and Address of Applicant	Legal Description	Receiving Water
Dan Norris	SW/4 of Section 31, T14S, R22E,	Marais des Cygnes River Basin
Norris Dairy 37070 W 191st St	Inhason County	Kiver basin

Kansas Permit No. A-MCJO-M004

Edgerton, KS 66021

This permit is being reissued for an existing facility with a maximum capacity of 80 head (112 animal units) of mature dairy cattle, 40 head (40 animal units) of dairy heifers, 40 head (20 animal units) of dairy calves, and 250 head (100 animal units) of swine more than 55 pounds, for a total of 272 animal units. This represents an increase of 12 animal units due to a change in facility operations.

Name and Address of Applicant	Legal Description	Receiving Water
Ron Roth Roth Farms – Easterberg Farm 1924 Valleyview Road Green, KS 67447	NW/4 of Section 35, T07S, R03E, Clay County	Lower Republican River Basin

Kansas Permit No. A-LRCY-S012

Kansas Permit No. A-URPL-S010

permitted animal units.

This permit is being reissued for an existing facility with a maximum capacity of 636 head (254.4 animal units) of swine more than 55 pounds and 768 head (76.8 animal units) of swine 55 pounds or less, for a total of 331.2 animal units. There is no change in the permitted animal units.

Name and Address of Applicant	Legal Description	Receiving Water
Steven Cox SCA New Look 2 1476 Highway 383 Long Island, KS 67647	W/2 of Section 21, T01S, R20W, Phillips County	Upper Republican River Basin

This is a renewal permit for an existing facility with a maximum capacity of 2,190 head (876 animal units) of swine more than 55 pounds and 1,150 head (115 animal units) of swine 55 pounds or less, for a total of 3,340 head (991 animal units) of swine. There is no change in the

Name and Address of Applicant	Legal Description	Receiving Water
Keith Erickson Erickson Farms 1197 W. Iron Road Prairie View, KS 67664	SW/4 of Section 11, T02S, R20W, Phillips County	Solomon River Basin

Kansas Permit No. A-SOPL-B007

This is a renewal permit for an existing facility with a maximum capacity of 230 head (115 animal units) of cattle weighing 700 pounds or less. There is no change in the permitted animal units.

Name and Address of Applicant	Legal Description	Receiving Water
Charles M Zeller Plus Z Farms 5776 W. 76th Ave.	E/2 of Section 14, T09S, R06E, Riley County	Kansas Republican River Basin
Manhattan, KS 66503	, ,	

Kansas Permit No. A-KSRL-B002

This permit is being modified to add operating levels, a description of the new proposed earthen wastewater retention structure, and updated schedule of compliance items. There are no other changes to the permit. Only the portions of the permit being modified are subject to comment.

^{*} Subject to change, see the Notice Doc. No. 044582

Public Notice No. KS-AG-R-16-017

Per K.S.A. 65-171d, the following registration has been received for proposed confined feeding facilities:

Name and Address of Registrant	Legal Description	County
Andrew Miller 16670 Barber Road Fall River, KS 67047	NE/4 of Section 14, T28S, R13E	Wilson

Public Notice No. KS-Q-16-057/061

The requirements of the draft permit public noticed below are pursuant to the Kansas Surface Water Quality Standards, K.A.R. 28-16-28 (b-g), and Federal Surface Water Criteria.

Name and Address of Applicant	Receiving Stream	Type of Discharge
Frankfort, City of 109 N. Kansas Ave. Frankfort, KS 66427	Black Vermillion River via Little Timber Creek via Unnamed Tributary	Groundwater Remediation Project

Kansas Permit No. I-BB07-PO02 Federal Permit No. KS0099104

Legal Description: NE1/4, S16, T4S, R9E, Marshall County, KS

Facility Name: Frankfort GAC Groundwater Remediation Facility

The proposed action is to reissue an existing permit for discharge during a Groundwater Remediation Project. This is an existing groundwater remediation facility using a two stage granulated activated carbon (GAC) system to remove carbon tetrachloride from groundwater. Public Water Supply (PWS) well #4 is operated continuously through the GAC system to provide potable water to city of Frankfort and prevent further migration of contaminated groundwater toward Little Timber Creek. During low demand night time hours, the water tower may fill up and is discharged. In addition, the GAC filters are backwashed with treated chlorinated (potable) water once each. The proposed permit contains limits for carbon tetrachloride.

Name and Address of Applicant	Receiving Stream	Type of Discharge
Lecompton, City of P.O. Box 100 Lecompton, KS 66050	Kansas River via Overland Flow	Process Wastewater

Kansas Permit No. I-KS33-PO01 Federal Permit No. KS0099473

Legal Description: NW¼, NW¼, SE¼, S34, T11S, R18E, Douglas County, KS

Facility Name: Lecompton Iron/Manganese Filter Plant

The proposed action is to reissue an existing NPDES permit. This is an existing potable water treatment plant treating groundwater. Wastewater from the iron/manganese filter is discharged to a clay-lined single cell lagoon which discharges to a roadside ditch, through an open field and then to the Kansas River. The estimated capacity of the single cell lagoon is about 50,000 gallons. This permit is for the discharge of wastewater from the single cell lagoon. Estimated flow of wastewater to the lagoon system is 0.0035 MGD. The domestic sewage and brine waste are pumped to the city sewer system. The proposed permit contains generic language to protect waters of the state.

Name and Address of Applicant	Receiving Stream	Type of Discharge
Penny's Concrete 23400 W. 82nd St.	Ottawa Creek via Walnut Creek	Pit De-Watering and Stormwater Runoff
Shawnee, KS 66227	Wantat Creek	Stormwater Ranon

Kansas Permit No. I-MC48-PO03 Federal Permit No. KS0088579

Legal Description: SE1/4, S23, T16S, R20E, Franklin County, KS

Facility Name: Leloup Quarry

The proposed action consists of reissuing an existing permit for discharge of wastewater during quarry operations. This is a limestone quarrying and crushing operation with some washing. Outfall 001A1 consists of treated wash water discharged into a sedimentation pond. Outfall 001X1 consists of Outfall 001A1 flow, pit drainage and stormwater runoff. The proposed permit contains limits for total suspended solids.

Name and Address of Applicant	Receiving Stream	Type of Discharge
Tri-District Water Treatment Facility 1239 E. 300 Road Berryton, KS 66409	Wakarusa River via Clinton Lake via Unnamed Tributary	Process Wastewater

Kansas Permit No. I-KS91-PO02 Federal Permit No. KS0100781

Legal Description: SE¼, S18, T13S, R18E, Douglas County, KS

The proposed action consists of issuing a new permit for an existing facility. This is a Surface Water Treatment facility. Copper ion zebra mussel control is provided at the intake screens. Powdered activated Carbon and a polymer are added at a rapid mix tank which is followed by a pre-sedimentation basin. Ferric Chloride is added and the water is further treated in a floc basin, clarifier, re-carbonization (if needed), and sand filters. On-line monitoring flows and floor drains are discharged into a ditch. The proposed permit contains limits for total residual chlorine, total suspended solids, and pH, as well as monitoring for total nitrogen and phosphorus. Contained in the permit is a schedule of compliance requiring the permittee to submit an approvable plan to eliminate discharges to the roadside ditch.

Name and Address of Applicant	Receiving Stream	Type of Discharge
Winfield, City of P.O. Box 646	Timber Creek via Unnamed Tributary	Process Wastewater
Winfield, KS 67156	Ommanica The attacy	

Kansas Permit No. I-WA17-PO03 Federal Permit No. KS0097071

Legal Description: SW1/4, SW1/4, NW1/4, S14, T32S, R43E, Cowley County, KS

The proposed action is to reissue an existing permit for an existing facility. Raw water from the city lake is treated via a pre-mixing basin, pre-sedimentation basin, two solids contact basis, four filters, ozone disinfection and a clearwell and two sludge basins. Settled solids from the pre-sedimentations basins and filter back wash water are discharged to a two cell lagoon system, which are operated in parallel. The proposed permit contains limits for total suspended solids, total residual chlorine and pH. Contained in the permit is a schedule of compliance requiring the permittee to complete improve facility as needed to consistently meet residual chlorine limits.

Public Notice No. KS-NQ-16-001

The requirements of the draft permit public noticed below are pursuant to the Kansas Surface Water Quality Standards, K.A.R. 28-16-28(b-g).

Name and Address of Applicant	Legal Location	Type of Discharge
4520 Investment Group, LLC 1861 N. Rock Road, Suite 200 Wichita, KS 67206	SW¼, SE¼, SE¼, S14, T28S, R1E, Sedgwick County, KS	Non-Overflowing

Facility Name: The Mann Cave

Facility Location: 4520 E. 47th St. South, Wichita, KS 67216

This action consists of reissuing an existing Kansas Water Pollution Control Permit for an existing non-overflowing treatment facility. Contained in the permit is a schedule of compliance requiring the permittee to obtain the services of a Certified Wastewater Operator to oversee the operation of this facility.

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 St., Suite 420, Topeka, KS 66612-1367.

All comments regarding the draft documents or application notices received on or before July 2, 2016, will be considered in the formulation of the final determinations regarding this public notice. Please refer to the appropriate Kansas document number (KS-AG-16-081/086, KS-AG-R-16-017, KS-Q-16-057/061, KS-NQ-16-001) 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.kdheks.gov/feedlots. Division of Environment offices are open from 8 a.m. to 5 p.m., Monday through Friday, excluding holidays.

Susan Mosier, M.D. Secretary of Health and Environment

Doc. No. 044585

State of Kansas

Department on Aging and Disability Services Department of Health and Environment, Division of Health Care Finance

Notice of Final Nursing Facility Medicaid Rates for State Fiscal Year 2017; 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 and Disability Services administers the nursing facility program, which includes hospital long-term care units, and the nursing facility for mental health program. The Secretary

acts on behalf of the Kansas Department of Health and Environment Division of Health Care Finance (DHCF), the single state Medicaid agency.

As required by 42 U.S.C. 1396a(a)(13), as amended by Section 4711 of the Balanced Budget Act of 1997, P.L. No. 105-33, 101 Stat. 251, 507-08 (August 5, 1997), the Secretary of the Kansas Department on Aging and Disability Services (KDADS) is publishing the Medicaid per diem rates for Medicaid-certified nursing facilities for State Fiscal Year 2017, the methodology underlying the establishment of the nursing facility rates, and the justifications for those rates. KDADS and DHCF are also providing notice of the state's intent to submit amendments of 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, 2016.

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 maintained by DHCF are being revised:
 - 1. Attachment 4.19D, Part I, Subpart C, Exhibit C-1, inclusive;
 - 2. Attachment 4.19D, Part I, Subpart U;

The text of the portions of the Medicaid State Plan identified above in section IA.1, but not the documents, authorities and the materials incorporated therein by reference, is reprinted in this notice. The Medicaid State Plan provisions set out in this notice appear in the version which the state currently intends to submit to CMS on or before September 30, 2016. The Medicaid State Plan amendment that the state ultimately submits to CMS may differ from the version 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 and Disability Services New England Building, Second 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

12 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 Budget Adjustments.

1) Cost Reports

The Nursing Facility Financial and Statistical Report (MS2004) is the uniform cost report. It is included in Kansas Administrative Regulation (K.A.R.) 129-10-17. 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. 129-10-17.

When a non-arms length or related party 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. 129-10-17.

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 2013, 2014, and 2015.

If the current provider has not submitted a calendar year report during the base cost data period, 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. 129-10-18.

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 June 30, 2016. 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 should be considered in determining 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, the real and personal property fee, and per diem pass-throughs to cover costs not included in the cost report data. The incentive factor and real and personal property fee are explained in separate sections of this exhibit. Pass-throughs are explained in separate subparts of Attachment 4.19D of the State Plan. 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. 129-10-17.

The cost information from the projected cost report and the first historic cost report covering the projected cost report period shall be adjusted to June 30, 2016. This adjustment will be based on the IHS Global Insight, National Skilled Nursing Facility Market Basket Without Capital Index (IHS Index). The IHS 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 June 30, 2016. 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 2013-2015. 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 June 30, 2016. This adjustment will be based on the IHS Index. The IHS 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 June 30, 2016. The provider shall remain 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 the base cost data period.

All cost data used to set rates for facilities reentering the program shall be adjusted to June 30, 2016. This adjustment will be based on the IHS Index. The IHS 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 June 30, 2016. 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 cost data for established providers shall be 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 developed by the Health Care Financing Administration (now the Centers for Medicare and Medicaid Services) 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, including those receiving hospice services, 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.

Rates will be adjusted for case mix twice annually using case mix data from the two quarters preceding the rate effective date. The case mix averages used for the rate adjustments will be the simple average of the case mix averages for each quarter. The resident listing cut-off for calculating the average CMIs for each quarter will be the first day of the quarter. The following are the dates for the resident listings and the rate periods in which the average Medicaid CMIs will be used in the semi-annual rate-setting process.

Rate Effective Date: Cut-Off Dates for Quarterly CMI:
July 1 January 1 and April 1
July 1 and October 1

The resident listings will be mailed to providers prior to the dates the semi-annual 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 cut off 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 June 30, 2016. The inflation will be based on the IHS Global Insight, CMS Nursing Home without Capital Market Basket index.

The IHS Global Insight, CMS Nursing Home without Capital Market Basket 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 IHS index.

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 2015 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 ad-

ministrator 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 is explained in more detail in a later section. The upper payment limit is 105% of the median determined from a total resident day-weighted array of the property fees in effect April 1, 2016.

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 June 30, 2016. This will bring the costs reported by the providers to a common point in time for comparisons. The inflation will be based on the IHS Global Insight, CMS Nursing Home without Capital Market Basket 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 130% 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 eight 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 130% of the median, then the upper payment limit for the statewide average CMI would be \$78 (D=130% 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 facility's

Medicaid CMI is determined by averaging the facility average Medicaid CMI from the two quarters preceding the rate effective data. The Medicaid CMI is the divided by the statewide average CMI for the cost data period. Finally, this result, 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 semi-annually to account for changes in the Medicaid CMI. To illustrate this calculation take the following situation: The facility's direct health care per diem cost is \$60.00, the Direct Health Care per diem limit is \$78.00, and these are both tied to a statewide average CMI of 1.000, and the facility's 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 result 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 semi-annual adjustment rose to 1.1000, the Medicaid Acuity Adjustment would be \$66.00 (1.1000/1.0000 x \$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 re-enrollment in the Medicaid program. The original property fee was comprised of two components, a property allowance and a property value factor. The differentiation of the 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 providers receive 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 to 12/31/08 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. 129-10-25).

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. 129-10-25). 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 Incentive Factor is a per diem amount determined by six per diem add-ons providers can earn for various outcomes measures. Providers that maintain a case mix adjusted staffing ratio at or above the 75th percentile will earn a \$2.25 per diem add-on. Providers that fall below the 75th percentile staffing ratio but improve their staffing ratio by 10% or more will earn a \$0.20 per diem add-on. Providers that achieve a turnover rate at or below the 75th percentile will earn a \$2.25 per diem add-on as long as contracted labor costs do not exceed 10% of the provider's total direct health care labor costs. Providers that have a turnover rate greater than the 75th percentile but that reduce their turnover rate by 10% or more will receive a per diem add-on of \$0.20 as long as contracted labor costs do not exceed 10% of the provider's total direct health care labor costs. Finally, providers that have a Medicaid occupancy percentage of 60% or more will receive a \$1.00 per diem add-on. The total of all the per diem add-ons a provider qualifies for will be their incentive factor.

The table below summarizes the incentive factor outcomes and per diem add-ons:

Incentive Outcome	Incentive Points
CMI adjusted staffing ratio ≥ 75th percentile (5.09), or CMI adjusted staffing < 75th percentile but improved ≥ 10%	\$2.25 \$0.20
Staff turnover rate ≤ 75th percentile, 47% or	\$2.25
Staff turnover rate > 75th percentile but reduced ≥ 10% Contracted labor < 10% of total direct health care labor costs	\$0.20
Medicaid occupancy ≥ 60%	\$1.00
Total Incentive Points Available	\$5.90

The Culture Change/Person-Centered Care Incentive Program

The Culture Change/Person-Centered Care Incentive Program (PEAK 2.0) includes six different incentive levels to recognize homes that are either pursuing culture change, have made major achievements in the pursuit of culture change, have met minimum competencies in per-

son-centered care, have sustained person-centered care, or are mentoring others in person-centered care.

Each incentive level has a specific pay-for-performance incentive per diem attached to it that homes can earn by meeting defined outcomes. The first three levels (Level 0 – Level 2) are intended to encourage quality improvement for homes that have not yet met the minimum competency requirements for a person-centered care home. Homes can earn the Level 1 and Level 2 incentives simultaneously as they progress toward the minimum competency level.

Level 3 recognizes those homes that have attained a minimum level of core competency in person-centered care. Level 4 and Level 5 are reserved for those homes that have demonstrated sustained person-centered care for multiple years and have gone on to mentor other homes in their pursuit of person-centered care. The table below provides a brief overview of each of the levels.

Level & Per Diem Incentive	Summary of Required Nursing Home Action	Incentive Duration
Level 0 The Foundation \$0.50	Home completes the KCCI evaluation tool according to the application instructions. Home participates in all required activities noted in "The Foundation" timeline and workbook. Homes that do not complete the requirements at this level must sit out of the program for one year before they are eligible for reapplication.	Available beginning July 1 of enrollment year. Incentive granted for one full fiscal year.
Level 1 Pursuit of Culture Change \$0.50	Homes should submit the KCCI evaluation tool (annually). Home submits an action plan addressing 4 PEAK 2.0 cores in Domains 1-4. The home self-reports progress on the action planned cores via phone conference with the PEAK team. The home may be selected for a random site visit. The home must participate in the random site visit, if selected, to continue incentive payment. Homes should demonstrate successful completion of 75% of core competencies selected. A home can apply for Levels 1 & 2 in the same year. Homes that do not achieve Level 2 with three consecutive years of participation at Level 1 must return to a Level 0 or sit out for two years depending on KDADS and KSU's recommendation.	Available beginning July 1 of enrollment year. Incentive granted for one full fiscal year.
Level 2 Culture Change Achievement \$1.00	This is a bridge level to acknowledge achievement in Level 1. Homes may receive this level at the same time they are working on other PEAK core areas at Level 1. Homes may receive this incentive for up to 3 years. If Level 3 is not achieved at the end of the third year, homes must start back at Level 0 or 1 depending on KDADS and KSU's recommendation.	Available beginning July 1 following confirmed completion of action plan goals. Incentive is granted for one full fiscal year.
Level 3 Person-Centered Care Home \$2.00	Demonstrates minimum competency as a person-centered care home (see KDADS full criteria). This is confirmed through a combination of the following: High score on the KCCI evaluation tool.	

	Demonstration of success in other levels of the program. Performing successfully on a Level 2 screening call with the KSU PEAK 2.0 team. Passing a full site visit.	Available beginning July 1 following confirmed minimum competency as a person-centered care home. Incentive is granted for one full fiscal year. Renewable bi-annually.
Level 4 Sustained Person-Centered Care Home \$3.00	Homes earn person- centered care home award two consecutive years.	Available beginning July 1 following confirmation of the upkeep of minimum person-centered care competencies. Incentive is granted for two fiscal years. Renewable bi-annually.
Level 5 Person- Centered Care Mentor Home \$4.00	Homes earn sustained person- centered care home award and successfully engage in mentoring activities suggested by KDADS (see KDADS mentoring activities). Mentoring activities should be documented.	Available beginning July 1 following confirmation of mentor home standards. Incentive is granted for two fiscal years. Renewable bi- annually.

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 three 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

outcomes 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 3.56, which is 120% of the statewide NFMH median of 2.97. They will receive one point if the ratio is less than 120% of the NFMH median but greater than or equal to 3.27, 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 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 \$18.60, or 90% of the statewide median of \$20.67.

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 39%, 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 greater than 39% but equal to or below 61%, 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 74%, the 75th percentile statewide will earn two points. Providers with staff retention rates below 74% but at or above 62%, the 50th percentile statewide, will earn one point.

The table below summarizes the incentive factor outcomes and points:

Quality/Efficiency Outcome	Incentive Points
CMI adjusted staffing ratio \geq 120% (3.56) of NF-MH median (2.97), or CMI adjusted staffing ratio between 110% (3.27) and 120%	2, or 1
Total occupancy ≤ 90%	1
Operating expenses < \$18.60, 90% of NF-MH median, \$20.67	1
Staff turnover rate ≤ 75th percentile, 39% Staff turnover rate ≤ 50th percentile, 61% Contracted labor < 10% of total direct health care labor costs	2, or 1
Staff retention ≥ 75th percentile, 74% Staff retention ≥ 50th percentile, 62%	2, or 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.

Total Incentive Points:	Incentive Factor Per Diem:
Tier 1: 6-8 points	\$7.50
Tier 2: 5 points	\$5.00
Tier 3: 4 points	\$2.50
Tier 4: 0-3 points	\$0.00

The survey and certification performance of each NF and NF-MH provider will be reviewed quarterly to determine each provider's eligibility for incentive factor payments. In order to qualify for an incentive factor payment a home must not have received any health care survey deficiency of scope and severity level "H" or higher during the survey review period. Homes that receive "G" level deficiencies, but no "H" level or higher deficiencies, and correct the "G" level deficiencies within 30 days of the survey, will be eligible to receive 50% of the calculated incentive factor. Homes that receive no deficiencies higher than scope and severity level "F" will be eligible to receive 100% of the calculated incentive factor. The survey and certification review period will be the 12-month period ending one quarter prior to the incentive eligibility review date. The following table lists the incentive eligibility review dates and corresponding review period end dates.

Incentive Eligibility	
Effective Date:	Review Period End Date:
July 1	March 31st
October 1	June 30th
January 1	September 30th
April 1	December 31st

10) Rate Effective Date

Rate effective dates are determined in accordance with K.A.R. 129-10-19. 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) Budget Adjustments

Effective for dates of service on or after July 1, 2016, the calculated per diem reimbursement for all nursing facilities shall be reduced by an amount equal to 4.47%. The per diem reduction will be calculated for each nursing facility by multiplying the total calculated per diem rate for each provider by 4.47%. The per diem reduction amount will be subtracted from each nursing facility's total calculated per diem to determine the facility's final rate.

A.2 Attachment 4.19D, Part 1, Subpart U: Quality Care Assessment Per Diem Pass-Through:

To compensate providers for increased expenses incurred due to the quality care assessment, a per diem pass-through will be determined and paid to each Medicaid provider. The per diem will be added to the nursing facility Medicaid per diem rate. The quality care assessment pass-through will not be subject to cost center limits or the 85% occupancy rule.

- 1) Qualifying Providers. All providers currently enrolled in the Medicaid program will be eligible for the quality care assessment pass-through per diem.
- 2) Per Diem Pass-Through Calculation. The quality care assessment pass-through per diem will be determined by multiplying the quarterly quality care assessment paid by each qualifying provider by four to determine an annualized assessment expense. The annualized assessment expense will be divided by the total resident days from the calendar year cost report preceding the start of the fiscal year. For example, during fiscal year 2017 (July 1, 2016 through June 30, 2017), the resident day total from the calendar year 2015 cost report will be used to determine the per diem pass-through.

169.88 0.9725

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FY17

For providers filing a projected cost report the projected resident day total will be used to initially calculate the pass-through per diem. The per diem pass-through will be adjusted retroactively for an historical cost report covering the projection period.

II. Proposed Medicaid Per Diem Rates for Kansas Nursing Facilities

A. Cost Center Limitations: The state proposes the following cost center limitations which are used in setting rates effective July 1, 2016.

Cost Center	Limit Formula	Per Day Limit
Operating	110% of the Median Cost	\$36.18
Indirect Health Care	115% of the Median Cost	\$52.11
Direct Health Care	130% of the Median Cost	\$117.10
Real and Personal Property Fee	105% of the Median Fee	\$9.72

These amounts were determined according to the "Reimbursement Limitations" section. The Direct Healthcare Limit is calculated based on a CMI of 1.0169, which is the statewide average.

B. Case Mix Index: These proposed rates are based upon each nursing facility's Medicaid CMI calculated as the average of the quarterly Medicaid CMI averages with a cutoff dates of January 1, 2016 and April 1, 2016. The CMI calculations use the July 1, 2014 Kansas Medicaid/Medikan CMI Table. In Section II.C below, each nursing facility's Medicaid average CMI is listed beside its proposed per diem rate.

C. Rates: 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.

FY17				
Provnum	Facility Name	City	Daily Rate	Medicaid CMI
19928	Village Manor	Abilene	173.48	0.9708
20875	Alma Manor	Alma	171.67	0.8664
11211	Life Care Center of Andover	Andover	163.86	1.1656
21600	Victoria Falls SNF	Andover	181.11	1.0024
19671	Anthony Community Care Center	Anthony	155.83	0.9511
18691	Medicalodges Arkansas City	Arkansas City	171.38	0.9984
19387	Arkansas City Presbyterian Manor	Arkansas City	185.17	0.9991
19245	Arma Health and Rehabilitation	Arma	148.67	1.2769
10826	Medicalodges Atchison	Atchison	193.06	1.0555
15023	Atchison Senior Village	Atchison	181.98	0.9160
21222	Dooley Center	Atchison	196.70	0.7600
05720	Attica Long Term Care	Attica	186.32	0.9196
26464	Good Samaritan Society- Atwood	Atwood	191.30	0.9629
15113	Lake Point Nursing Center	Augusta	167.54	1.0302
15363	Baldwin Care Center	Baldwin City	152.35	0.9401
20919	Quaker Hill Manor	Baxter Springs	149.92	1.0423
05415	Great Plains of Republic	Belleville	202.49	0.9905

FY17			Daily	Medicaid
Provnum 18503	Facility Name Belleville Healthcare Center	City Belleville	Rate 134.46	CMI 0.9677
05516	Mitchell County Hospital LTCU	Beloit	187.33	0.9492
11467		Beloit	155.88	0.9402
20732	Bonner Springs Nursing and Rehab Ctr	Bonner Springs	162.32	1.0370
15462	Hill Top House	Bucklin	180.69	1.0390
26565	Buhler Sunshine Home, Inc.	Buhler	203.10	1.0076
16780	Life Care Center of Burlington	Burlington	158.05	1.0323
20676	Caney Nursing Center	Caney	106.02	0.7901
21132	Eastridge Nursing Home	Centralia	205.70	1.0186
11144	Heritage Health Care Center	Chanute	148.40	1.0592
20147	Diversicare of Chanute	Chanute	149.73	0.9996
16845	Chapman Valley Manor	Chapman	155.18	0.9362
16351	Cheney Golden Age Home Inc.	Cheney	192.40	1.1294
21009	Cherryvale Care Center	Cherryvale	136.10	1.0357
19019	Chetopa Manor	Chetopa	153.01	1.1225
18308	The Shepherd's Center	Cimarron	166.93	0.9125
11107	Medicalodges Clay Center	Clay Center	187.47	0.9863
15168	Clay Center Presbyterian Manor	Clay Center	201.94	1.1333
16418	Clearwater Nursing and Rehabilitation Center	Clearwater	182.30	1.1851
17813	Park Villa Nursing Home	Clyde	151.22	1.0083
05764	Coffeyville Regional Medical Center	Coffeyville	205.61	1.0169
11514	Windsor Place	Coffeyville	172.34	1.0297
15991	Medicalodges Coffeyville	Coffeyville	187.41	1.0185
19110	Colby Health and Rehabilitation	Colby	154.05	1.2880
19648	Prairie Senior Living Complex	Colby	198.52	0.9161
25251	Pioneer Lodge	Coldwater	162.13	0.9292
18410	Medicalodges Columbus	Columbus	174.50	0.9687
15226	Mt Joseph Senior Village, LLC	Concordia	153.72	1.0851
21187	Sunset Home, Inc.	Concordia	166.49	1.0404
27217	Spring View Manor	Conway Springs	146.67	0.9455
19872	Golden Living Center- Chase County	Cottonwood Falls	153.72	1.0932
20136	Diversicare of Council Grove	Council Grove	141.12	0.9896
18163	Hilltop Manor Nursing Center	Cunningham	161.95	1.1656
10748	Westview of Derby	Derby	137.62	1.0092
21560	Derby Health and Rehabilitation	Derby	210.12	1.2057
20492	Hillside Village	DeSoto	170.72	0.9506
05347	Lane County Hospital–LTCU	Dighton	194.68	0.9507
11378	Trinity Manor	Dodge City	174.00	0.9374
17385	Good Samaritan Society- Dodge City	Dodge City	171.53	0.8872
21143	Manor of the Plains	Dodge City	179.88	0.9743

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FY17					FY17				
Provnum 10995	Facility Name Golden Living Center-Downs	City Downs	Daily Rate 147.77	Medicaid CMI 1.0214	Provnum 17486	Good Samaritan Society-	City Hays	Daily Rate 174.05	Medicaid CMI 0.9790
19153	Country Care Home	Easton	155.63	0.9869	21640	Hays Via Christi Village-Hays	Hays	176.72	0.9458
20614	Golden Living Center- Parkway	Edwardsville	164.90	1.0360	11080	Diversicare of Haysville	Haysville	156.34	1.1060
20625	Golden Living Center-	Edwardsville	176.27	1.0407	15349	Legacy at Herington	Herington	151.59	0.9166
20636	Kaw River Golden Living Center-	Edwardsville	140.82	0.7912	16902	Schowalter Villa	Hesston	211.03	0.9863
10782	Edwardsville Lakepoint Nursing Center-	El Dorado	158.14	1.0192	21032	Maple Heights of Hiawatha	Hiawatha	143.82	0.9868
19907	El Dorado Golden Living Center-	El Dorado	172.06	1.0883	19334	Highland Healthcare and	Highland	132.22	1.0353
	El Dorado				25531	Rehabilitation Center Dawson Place, Inc.	Hill City	171.37	0.9270
05697	Morton Co Senior Living Community	Elkhart	163.13	0.9811	05426	Salem Home	Hillsboro	172.30	0.9281
19635	Woodhaven Care Center	Ellinwood	166.16	0.9870	17690	Parkside Homes, Inc.	Hillsboro	191.01	1.0022
25485	Good Samaritan Society-Ellis	Ellis	166.39	1.0095	17835	Medicalodges Jackson	Holton	175.36	0.9914
15416	Good Samaritan Society- Ellsworth Village	Ellsworth	154.84	0.9792	10602	County Mission Village Living Center	Horton	126.16	0.8037
11232	Emporia Presbyterian Manor	Emporia	196.70	1.0412	05281	Sheridan County Hospital	Hoxie	192.81	0.8978
11367	Holiday Resort	Emporia	155.08	0.9753	11018	Pioneer Manor	Hugoton	212.50	0.9394
20175	Flint Hills Care Center, Inc.	Emporia	131.64	0.9755	11078	Diversicare of Hutchinson	Hutchinson	178.15	1.0018
17791	Enterprise Estates Nursing Center, Inc.	Enterprise	149.83	1.0017	17148	Good Samaritan Society-	Hutchinson	194.55	0.9825
20715	Golden Living Center- Eskridge	Eskridge	123.30	0.7418	19596	Hutchinson Village Hutchinson Health and	Hutchinson	129.42	1.1542
17781	Medicalodges Eudora	Eudora	155.51	0.9462	21154	Rehabilitation Wesley Towers	Hutchinson	199.58	0.9563
18927	Eureka Nursing Center	Eureka	159.80	1.1362	21176	Ray E. Dillon Living Center	Hutchinson	205.05	0.9374
21570	Kansas Soldiers' Home	Fort Dodge	184.62	0.9705	11448	Medicalodges Independence	Independence	179.40	1.0529
15045	Medicalodges Fort Scott	Fort Scott	167.54	0.9677	19300	Montgomery Place Nursing	Independence	150.87	1.0948
20446	Fort Scott Manor	Fort Scott	144.32	0.9339	25913	Center, LLC Pleasant View Home	Inman	173.71	0.9089
17857	Fowler Residential Care	Fowler	193.57	0.9413	19917	Windsor Place at Iola, LLC	Iola	174.35	1.0073
27555	Frankfort Community Care Home, Inc.	Frankfort	167.84	0.9297	05066	Hodgeman Co Health	Jetmore	211.92	1.1010
15305	Medicalodges Frontenac	Frontenac	154.29	1.0275		Center-LTCU	,		
20930	Galena Nursing Home	Galena	151.51	1.0737	05674	Stanton County Hospital- LTCU	Johnson	183.08	0.8350
11345	Garden Valley Retirement Village	Garden City	153.08	1.0131	10480	Valley View Senior Life	Junction City	171.87	0.9978
15430	Homestead Health & Rehab	Garden City	176.80	0.9129	10591	Medicalodges Post Acute Care Center	Kansas City	181.04	1.1229
05712	Meadowbrook Rehab Hosp.,	Gardner	223.62	1.1793	11030	Kansas City Presbyterian Manor	Kansas City	203.44	1.0451
19579	LTCU Medicalodges Gardner	Gardner	164.29	0.9119	20377	Lifecare Center of Kansas City	Kansas City	165.73	1.0904
05808	Anderson County Hospital	Garnett	187.64	0.8367	21660	Providence Place	Kansas City	212.23	0.9641
21053	Golden Heights Living	Garnett	161.44	0.8888	21740	Kansas City Transitional	Kansas City	242.62	1.1676
15316	Center Medicalodges Girard	Girard	171.61	0.9377	21750	Care Center The Healthcare Resort of	Kansas City	172.06	1.0169
15214	The Nicol Home, Inc.	Glasco	161.31	0.9515	20245	Kansas City Kensington Health and	Kensington	161.31	1.1975
11197	Medicalodges Goddard	Goddard	187.92	1.0049	21121	Rehabilitation The Wheatlands	Kingman	159.42	0.9431
05595	Bethesda Home	Goessel	188.07	0.9512	18432	Medicalodges Kinsley	Kinsley	187.91	0.9348
17295	Good Samaritan Society-	Goodland	182.25	1.0072	20806	Kiowa District Manor	Kiiowa	194.46	0.9348
10714	Sherman County Cherry Village Benevolence	Great Bend	153.29	0.9168	05246	Rush Co. Memorial Hospital	LaCrosse	182.05	0.9246
16837	Great Bend Health and	Great Bend	149.33	1.0195	18757	Locust Grove Village	LaCrosse	162.66	0.8589
11029	Rehabilitation Center Halstead Health and Rehab	Halstead	184.14	0.9631	20232	High Plains Retirement	Lakin	197.46	0.9071
20122	Center Haviland Health and				20197	Village Golden Living Center-	Lansing	166.48	0.9998
20122	Rehabilitation	Haviland	103.51	0.7584	2017/	Lansing	Lanoning	100.40	0.7770

FY17					FY17				
Provnum	Facility Name	City	Daily Rate	Medicaid CMI	Provnum	Facility Name	City	Daily Rate	Medicaid CMI
21680	Twin Oaks Health & Rehab	Lansing	194.81	0.9484	05630	Ness County Hospital Dist.#2	Ness City	191.26	0.9122
20451	Diversicare of Larned	Larned	152.79	0.9569	10062	Asbury Park	Newton	193.30	0.9899
11175	Lawrence Presbyterian Manor	Lawrence	176.86	0.9185	15574	Kansas Christian Home	Newton	175.40	0.9390
11391	Brandon Woods at Alvamar	Lawrence	198.96	0.9497	15585	Newton Presbyterian Manor	Newton	193.65	0.9614
21450	Pioneer Ridge Retirement Community	Lawrence	198.42	1.0609	10051	Bethel Care Center	North Newton	203.12	1.0759
11096	Medicalodges Leavenworth	Leavenworth	171.93	0.9060	16103	Andbe Home, Inc.	Norton	169.37	0.9117
11355	Delmar Gardens of Lenexa	Lenexa	151.91	0.9540	15619	Village Villa	Nortonville	141.42	1.0056
21470	Lakeview Village	Lenexa	213.28	1.0751	19683	Logan County Manor	Oakley	198.09	0.9297
21690	The Covenant Place of Lenexa	Lenexa	168.24	0.9894	25395	Good Samaritan Society- Decatur County	Oberlin	188.00	0.9470
16261	Leonardville Nursing Home	Leonardville	161.65	0.9053	10668	Villa St. Francis	Olathe	206.60	1.0949
05786	Wichita County Health	Leoti	179.96	0.8240	10920	Pinnacle Ridge Nursing and Rehab Ctr	Olathe	179.86	1.2004
17508	Center Good Samaritan Society-	Liberal	163.70	1.0044	11245	Royal Terrace Nursing and Rehab Center	Olathe	196.09	0.9138
21511	Liberal Wheatridge Park Care Center	Liberal	187.36	0.8964	15653	Good Samaritan Society- Olathe	Olathe	196.39	0.9652
17577	Lincoln Park Manor, Inc.	Lincoln	163.49	0.9851	21109	Evergreen Community of	Olathe	200.06	0.9402
15890	Bethany Home Association	Lindsborg	196.60	0.9358	21461	Johnson County Aberdeen Village, Inc.	Olathe	216.62	1.0768
17352	Linn Community Nursing Home	Linn	148.72	0.9652	21710	Nottingham Health and Rehabilitation	Olathe	208.73	1.1246
27566	Sandstone Heights Nursing Home	Little River	194.46	0.9305	21780	The Healthcare Resort of Olathe	Olathe	216.79	1.4300
17328	Logan Manor Community Health Service	Logan	180.96	1.0857	26423	Onaga Health and Rehabilitation	Onaga	149.61	1.2417
20096	Louisburg Care Center	Louisburg	159.57	1.0175	18206	Peterson Health Care	Osage City	130.15	0.9500
17497	Good Samaritan Society- Lyons	Lyons	163.63	0.9184	27578	Osage Nursing and Rehab Center	Osage City	156.94	1.1031
10894	Meadowlark Hills Retirement Community	Manhattan	185.76	0.9853	10973	Life Care Center of Osawatomie	Osawatomie	171.32	1.1075
11491	Stoneybrook Retirement Community	Manhattan	172.55	0.9903	17521	Parkview Care Center	Osborne	154.00	0.9522
21530	Via Christi Village Manhattan, Inc	Manhattan	159.56	0.9851	20301	Hickory Pointe Care and Rehab Center	Oskaloosa	153.93	1.0264
05156	St. Luke Living Center	Marion	165.53	0.8735	18403	Oswego Health and Rehabilitation	Oswego	139.49	1.3719
18037	Riverview Estates, Inc.	Marquette	174.33	0.8763	20467	Ottawa Retirement Village	Ottawa	148.05	1.0577
21162	Cambridge Place	Marysville	169.71	0.9888	11121	Brookside Manor	Overbrook	145.38	0.9154
20855	McPherson Health and Rehabilitation	McPherson	131.67	1.2311	11301	Garden Terrace at	Overland Park	168.59	1.0374
25935	The Cedars, Inc.	McPherson	192.21	0.9958	11336	Overland Park Promise Skilled Nursing of	Overland Park	218.87	1.5441
25982	Meade District Hospital, LTCU	Meade	205.44	0.9725	11413	Overland Park Leisure Terrace	Overland Park	173.58	0.9821
10805	Trinity Nursing & Rehab Center	Merriam	181.47	1.0890	11423	Villa Saint Joseph	Overland Park	177.31	1.0396
05191	Great Plains of Ottawa County, Inc.	Minneapolis	152.53	0.9145	11478	Delmar Gardens of Overland Park	Overland Park	183.10	0.9922
17734	Good Samaritan Society- Minneapolis	Minneapolis	151.59	0.9215	21200	Overland Park Nursing and Rehabilitation	Overland Park	185.40	1.0764
18274	Minneola District Hospital- LTCU	Minneola	202.57	0.9754	21252	Indian Creek Healthcare Center	Overland Park	174.73	1.0916
15528	Bethel Home, Inc.	Montezuma	182.67	0.9058	21430	Village Shalom, Inc.	Overland Park	200.69	0.9690
20085	Moran Manor	Moran	149.46	1.0585	21730	Tallgrass Creek, Inc.	Overland Park	210.27	1.0169
15901	Pine Village	Moundridge	180.20	1.0421	16553	Medicalodges-Oxford	Oxford	125.76	0.9984
18140	Moundridge Manor, Inc.	Moundridge	183.26	0.8942	18713	Medicalodges Paola	Paola	119.79	0.6477
17565	Mt. Hope Nursing Center	Mt. Hope	165.59	0.9940	20298	North Point Skilled	Paola	178.17	1.1609
18230	Villa Maria, Inc.	Mulvane	154.90	0.9702	18322	Nursing Center Elmhaven East	Parsons	144.74	0.9755
20605	Golden Living Center- Neodesha	Neodesha	141.61	1.0973	18792	Elmhaven West	Parsons	160.58	1.0273

FY17					FY17				
Provnum	Facility Name	City	Daily Rate	Medicaid CMI	Provnum	Facility Name	City	Daily Rate	Medicaid CMI
18871	Parsons Presbyterian Manor	Parsons	189.65	0.9951	05505	Smith County Memorial Hospital LTCU	Smith Center	192.06	0.9515
25733	Good Samaritan Society- Parsons	Parsons	168.25	0.9492	18154	Smith Center Health and	Smith Center	134.93	1.0788
10098	Peabody Health and Rehabilitation	Peabody	146.68	1.0945	18138	Rehabilitation Mennonite Friendship Manor, Inc.	South Hutchinson	197.42	0.9660
20753	Westview Manor of Peabody	Peabody	103.84	0.6651	20650	Golden Living Center-	Spring Hill	167.79	1.0771
21045	Phillips County Retirement Center	Phillipsburg	151.69	0.9556	25204	Spring Hill Good Samaritan Society-	St Francis	184.61	0.9797
10433	Medicalodges Pittsburg South	Pittsburg	173.46	0.9849	21240	Cheyenne Cnty Prairie Mission Retirement	St, Paul	158.75	1.0580
20749	Golden Living Center- Pittsburg	Pittsburg	144.83	1.0109	19884	Village Leisure Homestead at	St. John	152.01	0.8967
21520	Via Christi Village Pittsburg, Inc	Pittsburg	133.63	0.9412	19467	St. John Community Hospital of	St. Mary's	194.16	0.9185
26666	Rooks County Senior Services, Inc.	Plainville	175.10	1.0196	17655	Onaga, LTCU Leisure Homestead at	Stafford	151.75	1.0634
21770	Brighton Gardens of Prairie Village	Prairie Village	191.51	1.0169	26622	Stafford Sterling Presbyterian Manor	Sterling	196.12	0.8799
05775	Pratt Regional Medical Center	Pratt	197.09	1.0455	20222	Solomon Valley Manor	Stockton	189.24	1.0089
20020	Pratt Health and	Pratt	145.96	1.2986	05641	Seasons of Life Living Center	Syracuse	198.00	0.9763
17464	Rehabilitation Prescott Country View	Prescott	154.16	1.0141	11155	Tonganoxie Nursing Center	Tonganoxie	154.62	1.0169
21440	Nursing Center Prairie Sunset Manor	Pretty Prairie	182.48	0.9233	10310	Brewster Health Center	Topeka	200.15	0.9653
17587	Protection Valley Manor	Protection	142.85	0.7648	10343	Topeka Presbyterian Manor Inc.	Topeka	203.25	0.9833
05044	Gove County Medical Center	Quinter	213.71	1.0787	10918	The Legacy on 10th Avenue	Topeka	150.79	0.9107
05617	Grisell Memorial Hosp Dist #1-LTCU	Ransom	186.45	0.9735	11254	McCrite Plaza Health Center	Topeka	167.99	0.9548
15485	Richmond Healthcare and Rehabilitation Center	Richmond	164.40	1.0430	11276	Rolling Hills Health Center	Topeka	177.21	1.0216
20696	Fountainview Nursing and	Rose Hill	175.49	1.1356	11388	Manorcare Health Services of Topeka	Topeka	171.29	1.0429
18445	Rehab Center Rossville Healthcare and	Rossville	162.34	1.0356	19347	Tanglewood Nursing and Rehabilitation	Topeka	150.50	1.0467
20772	Rehab Center Wheatland Nursing and	Russell	160.70	1.0665	19446	Brighton Place West	Topeka	113.91	0.7548
21480	Rehab Center Russell Regional Hospital	Russell	199.01	0.9050	19692	Countryside Health Center	Topeka	108.05	0.8325
19782	Sabetha Nursing Center	Sabetha	160.41	1.0064	20557	Providence Living Center	Topeka	98.37	0.7386
26238	Apostolic Christian Home	Sabetha	160.48	0.9549	20963	Brighton Place North	Topeka	96.86	0.6984
10775	Smoky Hill Rehabilitation	Salina	142.51	0.9531	21110	Aldersgate Village	Topeka	204.69	1.0818
	Center				21211	Plaza West Care Center, Inc.	Topeka	193.80	1.0511
10952	Kenwood View Health and Rehab Center	Salina	171.66	1.0103	21420	Lexington Park Nursing and Post Acute Center	Topeka	211.57	1.0369
11187	Legacy at Salina	Salina	154.45	0.9834	18772	Greeley County Hospital, LTCU	Tribune	191.65	0.9226
11459	Pinnacle Park Nursing and Rehabilitation Center	Salina	154.14	1.0293	21590	The Legacy at Park View	Ulysses	192.63	0.9043
11480	Salina Presbyterian Manor	Salina	187.01	0.9809	18465	Valley Health Care Center	Valley Falls	136.42	0.6252
21382	Holiday Resort of Salina	Salina	189.29	0.9876	05292	Trego Co. Lemke Memorial	Wakeeney	181.49	0.8096
05685	Satanta Dist. Hosp. LTCU	Satanta	191.24	0.9080	20865	LTCU Trego Manor	Wakeeney	179.17	0.9755
16338	Park Lane Nursing Home	Scott City	182.71	0.9186	20704	Golden Living Center-	Wakefield	166.09	0.9693
19545	Pleasant Valley Manor	Sedan	137.52	0.9318	26442	Wakefield Good Samaritan Society-	Wamego	179.71	0.9430
19708	Diversicare of Sedgwick	Sedgwick	161.25	1.0574		Valley Vista	Ü		
16038	Crestview Nursing and Residential Living	Seneca	147.46	0.9933	16597	The Centennial Homestead, Inc.	Washington	162.96	0.9721
18253	Life Care Center of Seneca	Seneca	153.31	1.0090	20186	Wathena Nursing and Rehab Center	Wathena	157.25	0.9913
21630	Wallace County Community Center	Sharon Springs	180.01	0.9204	20076	Coffey County Hospital	Waverly	180.84	0.8789
15384	Shawnee Gardens Nursing Center	Shawnee	155.80	0.9749	19863	Golden Living Center- Wellington	Wellington	148.26	0.9638
21190	Sharon Lane Health Services	Shawnee	164.27	1.0390	20369	Wellington Health and Rehab	Wellington	124.77	1.1004

FY17

FY17			Daily	Medicaid
Provnum 20392	Facility Name Wellsville Manor	City Wellsville	Rate 140.57	CMI 1.0046
17767	Westy Community Care Home	Westmoreland	124.26	0.8455
10578	Wheat State Manor	Whitewater	169.48	0.9608
10141	Medicalodges Wichita	Wichita	178.42	1.0193
10613	Meridian Rehab and Health Care Center	Wichita	161.22	1.0279
10646	Catholic Care Center Inc.	Wichita	178.53	0.9838
10670	Kansas Masonic Home	Wichita	195.62	1.0800
10736	Homestead Health Center, Inc.	Wichita	212.07	0.9877
10854	Woodlawn Rehab and Health Care Ctr	Wichita	118.33	1.0319
11052	Wichita Presbyterian Manor	Wichita	207.83	1.0022
11266	Sandpiper Healthcare and Rehab Center	Wichita	158.63	1.0122
11313	Lakepoint Nursing and Rehabilitation	Wichita	159.81	0.9682
11322	Manorcare Health Services of Wichita	Wichita	150.14	1.1233
11505	Legacy at College Hill	Wichita	167.44	0.9292
18584	Rolling Hills Health and Rehab	Wichita	147.07	1.2002
18591	Golden Living Center- Wichita	Wichita	147.23	0.8462
21233	The Health Care Center at Larksfield Place	Wichita	205.20	1.0733
21360	Life Care Center of Wichita	Wichita	184.11	1.0836
21541	Via Christi Hope	Wichita	180.27	1.0169
21550	Family Health and Rehabilitation Center	Wichita	180.77	0.9620
21620	Caritas Center	Wichita	175.21	0.7648
21650	Regent Park Rehab and Healthcare	Wichita	198.56	1.0123
21670	Avita Health and Rehab of Reeds Cove	Wichita	192.58	1.0535
21700	Via Christi Village Ridge	Wichita	188.81	0.9733
21720	Via Christi Village McLean, Inc.	Wichita	180.04	1.0140
20660	Golden Living Center-Wilson	Wilson	172.51	1.0880
05584	F W Huston Medical Center	Winchester	148.12	0.9612
16813	Winfield Senior Living Community	Winfield	176.50	1.0233
21350	Cumbernauld Village, Inc.	Winfield	194.21	0.9461
21410	Winfield Rest Haven II LLC	Winfield	164.54	0.8962
21580	Kansas Veterans' Home	Winfield	180.59	0.9313
20336	Yates Center Health and Rehabilitation	Yates Center	144.95	1.2497

III. Justifications for the Rates

- The rates are calculated according to the rate-setting methodology in the Kansas Medicaid State Plan and pending amendments thereto.
- 2. The rates are calculated according to a methodology which satisfies the requirements of K.S.A. 39-708c(x) and the DHCF regulations in K.A.R. Article 129-10 implementing that statute and applicable federal law.
- 3. The State's analyses project that the rates:
 - Would result in payment, in the aggregate of 93.68% of the Medicaid day weighted average inflated allowable nursing facility costs statewide; and

- b. Would result in a maximum allowable rate of \$215.11; with the total average allowable cost being \$167.51.
- c. Estimated average rate July 1, 2016 \$167.51 d. Average payment rate July 1, 2015 \$158.33 e. Amount of change \$9.18 f. Percent of change 5.80%
- Estimated annual aggregate expenditures in the Medicaid nursing facility services payment program will increase approximately \$40.7 million from last year.
- 5. The state estimates that the 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:
 - Service providers operating a total of 328 nursing facilities and hospital-based long-term care units (representing 92.7% of all the licensed nursing facilities and long-term care units in Kansas) 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 105 of the 105 counties in Kansas;
 - The statewide average occupancy rate for nursing facilities participating in Medicaid is 84.10%;
 - d. The statewide average Medicaid occupancy rate for participating facilities is 61.63%; and
 - e. The rates would cover 91.56% of the estimated Medicaid direct 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 methodology will result in compliance with the federal regulation.

IV. Response to Comments Received

The state did not receive any formal comments to its Notice of Proposed Nursing Facility rates published on April 14, 2016 in the Kansas Register.

V. Notice of Intent to Amend the Medicaid State Plan

The state intends to submit proposed Medicaid State Plan amendments to CMS on or before September 30, 2016.

Tim Keck Interim Secretary Kansas Department for Aging and Disability Services

Doc. No. 044583

State of Kansas

Real Estate Appraisal Board

Permanent Administrative Regulations

Article 1.—DEFINITIONS

117-1-1. Definitions. (a) "Act" means the state certified and licensed real property appraisers act.

(b) "Appraisal foundation" means the appraisal foundation established on November 30, 1987 as a not-for-profit corporation under the laws of Illinois.

- (c) "Appraiser" means a state licensed or certified appraiser.
 - (d) "Board" means real estate appraisal board.
- (e) "Classroom hour" means 50 minutes within a 60-minute segment. This definition reflects the traditional educational practice of having 50 minutes of instruction and 10 minutes of break time for each scheduled hour of instruction. The prescribed number of classroom hours shall include time devoted to examinations, which are considered to be part of the course.
 - (f) "Course" means any educational offering.
- (g) "Course objectives" means the board's document titled "supervisory appraiser/trainee appraiser course objectives and outline," dated September 3, 2014, which is hereby adopted by reference.
- (h) "Distance education" means any type of education during which the student and instructor are geographically separated.
- (i) "General classification" means the certified general real property appraiser classification.
- (j) "Good standing" means that both of the following conditions are met:
- (1) The appraiser is not currently subject to a consent agreement or other comparable document by an appraisal regulatory agency in this or any other jurisdiction.
- (2) The appraiser is not currently subject to a summary order or final order by an appraisal regulatory agency in this or any other jurisdiction.
- (k) "Licensed classification" means the state licensed real property appraiser classification.
- (l) "National uniform standards of professional appraisal practice course" means the uniform standards of professional appraisal practice course developed by the appraisal foundation.
- (m) "Provisional classification" means the state provisional licensed real property appraiser classification.
- (n) "Residential classification" means the certified residential real property appraiser classification.
- (o) "Sponsor" means any of the following entities, which may request course approval from the board or offer a course approved by the board for credit toward any education requirement of the act:
 - (1) Colleges or universities;
 - (2) community or junior colleges;
 - (3) real estate appraisal or real estate-related organizations;
 - (4) state or federal agencies or commissions;
 - (5) proprietary schools;
 - (6) other providers approved by the board; and
- (7) the appraisal foundation or its board. (Authorized by and implementing K.S.A. 2015 Supp. 58-4105; effective Jan. 21, 1991; amended, T-117-6-10-91, June 10, 1991; amended Aug. 5, 1991; amended May 24, 1993; amended Aug. 15, 1994; amended May 3, 1996; amended May 23, 2003; amended Jan. 1, 2008; amended April 17, 2009; amended June 17, 2016.)

Article 2.—QUALIFICATIONS CRITERIA— RESIDENTIAL REAL ESTATE APPRAISER CLASSIFICATION

117-2-2. Licensed classification; appraisal experience requirement. (a)(1) Each applicant for the licensed

classification shall have 2,000 hours of appraisal experience obtained in at least 12 months.

Before beginning supervised experience, each applicant shall have completed a course that, at a minimum, meets the course objectives adopted by reference in K.A.R. 117-1-1. The applicant shall submit proof of completion of the course to the board office before commencing supervised experience.

- (2) At least six hours of real property appraisal experience shall be on an improved property.
- (3) Acceptable appraisal experience shall include at least 1,000 hours of real property appraisal experience.
- (4) Acceptable appraisal experience may include either of the following:
 - (A) 1,000 experience hours in mass appraisal; or
- (B) an aggregate maximum of 500 experience hours in the following appraisal categories:
 - (i) Real estate consulting;
 - (ii) review appraisal;
 - (iii) highest and best use analysis; and
 - (iv) feasibility analysis study.
- (5) Experience hours may be granted for appraisals performed without a traditional client. However, appraisal experience gained from work without a traditional client shall not exceed 50% of the total appraisal experience requirement. Practicum courses that are approved by the appraiser qualifications board's course-approval program or by a state appraiser regulatory agency may also be used to meet the requirement for non-traditional client experience. Each practicum course shall include the generally applicable methods of appraisal practice for the licensed classification. The course content shall include the following:
- (A) Requiring the student to produce credible appraisals that utilize an actual subject property;
- (B) performing market research containing sales analysis; and
- (C) applying and reporting the applicable appraisal approaches in conformity with the uniform standards of professional appraisal practice.

Each assignment shall require problem-solving skills for a variety of property types for the licensed classification. Experience credit shall be granted for the actual number of classroom hours of instruction and hours of documented research and analysis as awarded from the practicum course approval process.

- (6) For the purposes of this regulation, "traditional client" shall mean a client who hires an appraiser for a business purpose.
- (b) All appraisal experience shall be in compliance with the uniform standards of professional appraisal practice (USPAP) as required by K.S.A. 58-4121 and amendments thereto. Each applicant's experience shall be appraisal work conforming to standards 1, 2, 3, 5, and 6, in which the applicant demonstrates proficiency in the appraisal principles, methodology, procedures, and reporting conclusions.
- (c) The real property appraisal experience requirement specified in paragraph (a)(3) shall be met by time involved in the appraisal process. The appraisal process shall consist of the following:
 - (1) Analyzing factors that affect value;

- (2) defining the problem;
- (3) gathering and analyzing data;
- (4) applying the appropriate analysis and methodology; and
- (5) arriving at an opinion and correctly reporting the opinion in compliance with USPAP.
- (d)(1) In order for the board to determine whether or not the experience requirements have been satisfied, each applicant shall submit appraisal experience log sheets, in a format prescribed by the board, listing the appraisal reports completed by the applicant within the five-year period preceding the date of application. Each appraisal report shall be signed by the applicant or the preparer of the report who supervised the applicant. If the applicant does not sign the appraisal report, the preparer shall indicate whether or not the applicant provided significant professional assistance in the appraisal process.
- (2) Each applicant shall maintain a record of the actual number of hours involved in completing an appraisal. Unless the board approves a greater number of experience hours for a particular appraisal based upon the unusually difficult or complex nature of the appraisal, the maximum number of experience hours for each appraisal shall be in accordance with the board's document titled "experience hours table," dated April 25, 2014, which is hereby adopted by reference.
- (3) Each applicant shall maintain a separate log of appraisals completed with each supervising appraiser.

Each page of each supervised experience log shall include the certification number and the signature of the applicant's supervising appraiser, which shall serve as verification of the accuracy of the information.

- (e) Upon request of the board, each applicant shall submit at least three appraisal reports selected by the board from the applicant's log sheet and one appraisal report selected by the applicant from the log sheet. The selected appraisal reports shall be reviewed in accordance with standard rule 3 by the board or the board's designee for competency, within the scope of practice of the appraisal work authorized for the licensed classification, by using the criteria specified in K.S.A. 58-4109(d) and amendments thereto and, in particular, standards 1 and 2 of the edition of USPAP in effect when the appraisal was performed. Approval of an applicant's experience hours shall be subject to board approval of the requisite number of experience hours and board approval of the selected appraisal reports. (Authorized by and implementing K.S.A. 58-4109; effective Jan. 21, 1991; amended, T-117-6-10-91, June 10, 1991; amended Aug. 5, 1991; amended July 25, 1994; amended June 5, 1995; amended March 7, 1997; amended March 26, 1999; amended Oct. 8, 2004; amended Sept. 1, 2006; amended Jan. 1, 2008; amended April 16, 2010; amended Aug. 24, 2012; amended Aug. 22, 2014; amended Jan. 1, 2015; amended June 17, 2016.)
- **117-2-4.** Licensed classification; scope of practice. (a)(1) The licensed classification shall apply to the appraisal of the following:
- (A) Non-complex one- to four-family residential units having a transaction value of less than \$1,000,000; and
- (B) complex one- to four-family residential units having a transaction value of \$250,000 or less.

- (2) For the purposes for this regulation, the following definitions shall apply:
- (A) A complex one- to four-family residential property appraisal shall mean an appraisal in which the property to be appraised, the form of ownership, or the market conditions are atypical.
- (B) For non-federally related transaction appraisals, transaction value shall mean market value.
- (b) The licensed classification shall include the appraisal of vacant or unimproved land that is utilized for one-to four-family purposes and where the highest and best use is for one- to four-family purposes. The licensed classification shall not include the appraisal of subdivisions in which a development analysis or appraisal is necessary and utilized.
- (c) The licensed classification may also apply to the appraisal of any other property permitted by the regulations of the applicable federal financial institution's regulatory agency, other agency, or regulatory body.
- (d) Each licensed appraiser shall comply with the competency rule of the uniform standards of professional appraisal practice (USPAP), as required by K.S.A. 58-4121 and amendments thereto.
- (e) Each licensed appraiser shall perform and practice in compliance with the USPAP, as required by K.S.A. 58-4121 and amendments thereto. (Authorized by and implementing K.S.A. 58-4109; effective, T-117-6-10-91, June 10, 1991; effective Aug. 5, 1991; amended May 24, 1993; amended Jan. 1, 2008; amended June 17, 2016.)

Article 3.—QUALIFICATIONS CRITERIA—GENERAL APPRAISER CLASSIFICATION

117-3-2. General classification; appraisal experience requirement. (a)(1) Each applicant for the general classification shall have 3,000 hours of appraisal experience obtained over a period of at least 30 months.

Before beginning supervised experience, each applicant shall have completed a course that, at a minimum, meets the course objectives adopted by reference in K.A.R. 117-1-1. The applicant shall submit proof of completion of the course to the board office before commencing supervised experience.

- (2) At least six hours of real property appraisal experience shall be on an improved property.
- (3) At least 1,500 hours of real property appraisal experience shall have been nonresidential appraisal work. For purposes of this regulation, "residential" shall be defined as residential units for one to four families.
- (4) Acceptable appraisal experience shall include at least 1,500 experience hours of real property appraisal experience.
- (5) Acceptable appraisal experience may include either of the following:
 - (A) 1,500 experience hours in mass appraisal; or
- (B) an aggregate maximum of 750 experience hours in the following appraisal categories:
 - (i) Real estate consulting;
 - (ii) review appraisal;
 - (iii) highest and best use analysis; and
 - (iv) feasibility analysis study.
- (6) Experience hours may be granted for appraisals performed without a traditional client. However, ap-

praisal experience gained from work without a traditional client shall not exceed 50% of the total appraisal experience requirement. Practicum courses that are approved by the appraiser qualifications board's course-approval program or by a state appraiser regulatory agency may also be used to meet the requirement for non-traditional client experience. Each practicum course shall include the generally applicable methods of appraisal practice for the general classification. The course content shall include the following:

- (A) Requiring the student to produce credible appraisals that utilize an actual subject property;
- (B) performing market research containing sales analysis; and
- (C) applying and reporting the applicable appraisal approaches in conformity with the uniform standards of professional appraisal practice.

Each practicum course assignment shall require problem-solving skills for a variety of property types for the general classification. Experience credit shall be granted for the actual number of classroom hours of instruction and hours of documented research and analysis as awarded from the practicum course approval process.

(7) For the purposes of this regulation, "traditional client" shall mean a client who hires an appraiser for a business purpose.

- (b) All appraisal experience shall be in compliance with the uniform standards of professional appraisal practice (USPAP) as required by K.S.A. 58-4121 and amendments thereto. Each applicant's experience shall be appraisal work conforming to standards 1, 2, 3, 5, and 6, in which the applicant demonstrates proficiency in the appraisal principles, methodology, procedures, and report conclusions.
- (c) The real property appraisal experience requirement specified in paragraph (a)(4) shall be met by time involved in the appraisal process. The appraisal process shall consist of the following:
 - (1) Analyzing factors that affect value;
 - (2) defining the problem;
 - (3) gathering and analyzing data;
- (4) applying the appropriate analysis and methodology; and
- (5) arriving at an opinion and correctly reporting the opinion in compliance with USPAP.
- (d)(1) In order for the board to determine whether or not the experience requirements have been met, each applicant shall submit appraisal experience log sheets, in a format prescribed by the board, listing the appraisal reports completed by the applicant within the five-year period preceding the date of application. Each appraisal report shall be signed by the applicant or the preparer of the report who supervised the applicant. If the applicant does not sign the appraisal report, the preparer shall indicate whether or not the applicant provided significant professional assistance in the appraisal process.
- (2) Each applicant shall maintain a record of the actual number of hours involved in completing an appraisal. Unless the board approves a greater number of experience hours for a particular appraisal based upon the unusually difficult or complex nature of the appraisal, the maximum number of experience hours for each appraisal

shall be in accordance with the board's document titled "experience hours table," which is adopted by reference in K.A.R. 117-2-2.

(3) If an applicant has both supervised experience and unsupervised experience, the applicant shall maintain a separate log of appraisals for each type of experience.

When logging supervised experience, the applicant shall maintain a separate log of appraisals completed with each supervising appraiser. Each page of each supervised experience log shall include the certification number and the signature of that applicant's supervising appraiser, which shall serve as verification of the accuracy of the information.

(e) Upon request of the board, each applicant shall submit at least three appraisal reports selected by the board from the applicant's log sheet and one appraisal report selected by the applicant from the log sheet. The selected appraisal reports shall be reviewed by the board or the board's designee, in accordance with standard rule 3, for competency within the scope of practice of the appraisal work authorized for the general classification, by using the criteria specified in K.S.A. 58-4109(d) and amendments thereto and, in particular, standard rules 1 and 2 of the edition of USPAP in effect when the appraisal was performed. Approval of an applicant's experience hours shall be subject to board approval of the requisite number of experience hours and board approval of the selected appraisal reports. (Authorized by and implementing K.S.A. 58-4109; effective Jan. 21, 1991; amended, T-117-6-10-91, June 10, 1991; amended Aug. 5, 1991; amended July 25, 1994; amended June 5, 1995; amended March 7, 1997; amended Jan. 9, 1998; amended March 26, 1999; amended Oct. 8, 2004; amended Sept. 1, 2006; amended Jan. 1, 2008; amended April 16, 2010; amended Aug. 24, 2012; amended Aug. 22, 2014; amended Jan. 1, 2015; amended June 17, 2016.)

117-3-4. General classification; scope of practice. (a) The general classification shall apply to the appraisal of all types of real property.

- (b) Each certified general appraiser shall comply with the competency rule of the uniform standards of professional appraisal practice (USPAP), as required by K.S.A. 58-4121 and amendments thereto.
- (c) Each certified general appraiser shall perform and practice in compliance with the USPAP, as required by K.S.A. 58-4121 and amendments thereto. (Authorized by and implementing K.S.A. 58-4109; effective, T-117-6-10-91, June 10, 1991; effective Aug. 5, 1991; amended Jan. 1, 2008; amended June 17, 2016.)

Article 4.—QUALIFICATIONS CRITERIA— CERTIFIED RESIDENTIAL APPRAISER CLASSIFICATION

- **117-4-1.** Residential classification; education requirements. (a) Each applicant shall meet the following requirements:
- (1) Have a bachelor's degree or higher from an accredited four-year college or university;
- (2) have received credit for 200 classroom hours in the following subjects, as specified:

- (A) 30 classroom hours in basic appraisal principles;
- (B) 30 classroom hours in basic appraisal procedures;
- (C) 15 classroom hours in the national uniform standards of professional appraisal practice course or its equivalent;
- (D) 15 classroom hours in residential market analysis and highest and best use;
- (E) 15 classroom hours in the residential appraiser site valuation and cost approach;
- (F) 30 classroom hours in residential sales comparison and income approaches;
- (G) 15 classroom hours in residential report writing and case studies;
- (H) 15 classroom hours in statistics, modeling, and finance;
- (I) 15 classroom hours in advanced residential applications and case studies; and
- (J) 20 classroom hours in appraisal subject matter electives, which may include hours over the minimum specified in paragraphs (a)(2)(A) through (I); and
- (3) provide evidence, satisfactory to the board, of one of the following:
- (A) Successful completion of courses approved by the board as specified in paragraph (a)(2); or
- (B) successful completion of courses not approved by the board, with evidence that the education covered all of the requirements specified in paragraph (a)(2).
- (b) Credit toward the education requirements specified in paragraph (a)(2) may also be obtained by completing a degree in real estate from an accredited degree-granting college or university approved by the association to advance collegiate schools of business or a regional or national accreditation agency recognized by the U.S. secretary of education if the college or university has had its curriculum reviewed and approved by the appraiser qualifications board (AQB).
- (c) Classroom hours may be obtained only if both of the following conditions are met:
- (1) The length of the educational offering is at least 15 classroom hours.
- (2) The applicant successfully completes an approved closed-book examination pertinent to that educational offering.
- (d) Any appraiser holding a valid state license as a real property appraiser may meet the educational requirements for residential classification by performing the following:
- (1) Satisfying the college-level educational requirements as specified in paragraph (a)(1); and
- (2) completing an additional 50 educational hours in the following subjects:
 - (A) 15 hours of statistics, modeling, and finance;
- (B) 15 hours of advanced residential applications and case studies; and
 - (C) 20 hours of appraisal subject matter electives.
- (e) The 200 classroom hours specified in paragraph (a) (2) may include a portion of the 150 classroom hours required for the licensed classification.
- (f) A distance education course may be deemed to meet the classroom hour requirement specified in paragraph (a)(2) if all of the following conditions are met:
 - (1) The course provides an environment in which the

- student has verbal or written communication with the instructor.
- (2) The sponsor obtains course content approval from any of the following:
 - (A) The appraiser qualifications board;
- (B) an appraiser licensing or certifying agency in this or any other state; or
- (C) an accredited college, community college, or university that offers distance education programs and is approved or accredited by the commission on colleges, a regional or national accreditation association, or an accrediting agency that is recognized by the U.S. secretary of education. Each non-academic credit college course provided by a college shall be approved by the appraiser qualifications board or the appraiser licensing or certifying agency in this or any other state.
- (3) The course design and delivery are approved by one of the following sources:
- (A) An appraiser qualifications board-approved organization;
- (B) a college that qualifies for course content approval as specified in paragraph (f)(2)(C) and awards academic credit for the distance education course; or
- (C) a college that qualifies for course content approval as specified in paragraph (f)(2)(C) with a distance education delivery program that approves the course design and includes a delivery system incorporating interactivity.
- (g) Each distance education course intended for use as qualifying education shall include a written examination proctored by an official approved by the college or university or by the sponsor.
- (h) Any applicant who has completed two or more courses generally comparable in content, meaning topics covered, may receive credit only for the longest of the comparable courses completed. The national uniform standards of professional appraisal practice (USPAP) course taken in different years shall not be considered repetitive. (Authorized by and implementing K.S.A. 58-4109; effective Jan. 21, 1991; amended, T-117-6-10-91, June 10, 1991; amended Aug. 5, 1991; amended May 24, 1993; amended Jan. 1, 1994; amended Jan. 9, 1998; amended March 26, 1999; amended May 23, 2003; amended Jan. 1, 2008; amended July 10, 2009; amended April 16, 2010; amended Jan. 1, 2015; amended June 17, 2016.)
- **117-4-2.** Residential classification; appraisal experience requirement. (a)(1) Each applicant for the residential classification shall have 2,500 hours of appraisal experience obtained over a period of at least 24 months.

Before beginning supervised experience, each applicant shall have completed a course that, at a minimum, meets the course objectives adopted by reference in K.A.R. 117-1-1. The applicant shall submit proof of completion of the course to the board office before commencing supervised experience.

- (2) At least six hours of real property appraisal experience shall be on an improved property.
- (3) Acceptable appraisal experience shall include at least 1,250 experience hours of real property appraisal experience.
- (4) Acceptable appraisal experience may include either of the following:
 - (A) 1,250 experience hours in mass appraisal; or

- (B) an aggregate maximum of 625 experience hours in the following appraisal categories:
 - (i) Real estate consulting;
 - (ii) review appraisal;
 - (iii) highest and best use analysis; and
 - (iv) feasibility analysis study.
- (5) Experience hours may be granted for appraisals performed without a traditional client. However, appraisal experience gained from work without a traditional client shall not exceed 50% of the total appraisal experience requirement. Practicum courses that are approved by the appraiser qualifications board's course-approval program or by a state appraiser regulatory agency may also be used to meet the requirement for non-traditional client experience. Each practicum course shall include the generally applicable methods of appraisal practice for the residential classification. The course content shall include the following:
- (A) Requiring the student to produce credible appraisals that utilize an actual subject property;
- (B) performing market research containing sales analysis; and
- (C) applying and reporting the applicable appraisal approaches in conformity with the uniform standards of professional appraisal practice.

Each assignment shall require problem-solving skills for a variety of property types for the residential classification. Experience credit shall be granted for the actual classroom hours of instruction and hours of documented research and analysis as awarded from the practicum course approval process.

- (6) For the purposes of this regulation, "traditional client" shall mean a client who hires an appraiser for a business purpose.
- (b) All appraisal experience shall be in compliance with the uniform standards of professional appraisal practice (USPAP) as required by K.S.A. 58-4121 and amendments thereto. Each applicant's experience shall be appraisal work conforming to standards 1, 2, 3, 5, and 6, in which the applicant demonstrates proficiency in the appraisal principles, methodology, procedures, and report conclusions.
- (c) The real property appraisal experience requirement specified in paragraph (a)(3) shall be met by time involved in the appraisal process. The appraisal process shall consist of the following:
 - (1) Analyzing factors that affect value;
 - (2) defining the problem;
 - (3) gathering and analyzing data;
- (4) applying the appropriate analysis and methodology; and
- (5) arriving at an opinion and correctly reporting the opinion in compliance with USPAP.
- (d)(1) In order for the board to determine whether or not the experience requirements have been met, each applicant shall submit appraisal experience log sheets, in a format prescribed by the board, listing the appraisal reports completed by the applicant within the five-year period preceding the date of application. Each appraisal report shall be signed by the applicant or the preparer of the report who supervised the applicant. If the applicant does not sign the appraisal report, the preparer shall in-

dicate whether or not the applicant provided significant professional assistance in the appraisal process.

- (2) Each applicant shall maintain a record of the actual number of hours involved in completing an appraisal. Unless the board approves a greater number of experience hours for a particular appraisal based upon the unusually difficult or complex nature of the appraisal, the maximum number of experience hours for each appraisal shall be in accordance with the board's document titled "experience hours table," which is adopted by reference in K.A.R. 117-2-2.
- (3) Each applicant shall maintain a separate log of appraisals for supervised experience and for unsupervised experience.

When logging supervised experience, the applicant shall maintain a separate log of appraisals completed with each supervising appraiser. Each page of each supervised experience log shall include the certification number and the signature of that applicant's supervising appraiser, which shall serve as verification of the accuracy of the information.

(e) Upon request of the board, each applicant shall submit at least three appraisal reports selected by the board from the applicant's log sheet and one appraisal report selected by the applicant from the log sheet. The selected appraisal reports shall be reviewed by the board or the board's designee, in accordance with standard rule 3 for competency within the scope of practice of the appraisal work authorized for the residential classification, by using the criteria specified in K.S.A. 58-4109(d) and amendments thereto and, in particular, standard rules 1 and 2 of the edition of USPAP in effect when the appraisal was performed. Approval of an applicant's experience hours shall be subject to board approval of the requisite number of experience hours and board approval of the selected appraisal reports. (Authorized by and implementing K.S.A. 58-4109; effective, T-117-6-10-91, June 10, 1991; effective Aug. 5, 1991; amended July 25, 1994; amended June 5, 1995; amended March 7, 1997; amended Jan. 9, 1998; amended March 26, 1999; amended Oct. 8, 2004; amended Sept. 1, 2006; amended Jan. 1, 2008; amended April 16, 2010; amended Aug. 24, 2012; amended Aug. 22, 2014; amended Jan. 1, 2015; amended June 17, 2016.)

117-4-4. Residential classification; scope of practice.

(a) The residential classification shall apply to the appraisal of residential units for one to four families without regard to transaction value or complexity.

- (b) The residential classification shall include the appraisal of vacant or unimproved land that is utilized for one-family to four-family purposes and where the highest and best use is for one-family to four-family purposes. The residential classification shall not include the appraisal of subdivisions in which a development analysis or appraisal is necessary and utilized.
- (c) The residential classification may also apply to the appraisal of any other property permitted by the regulations of the applicable federal financial institution's regulatory agency, other agency, or regulatory body.
- (d) Each certified residential appraiser shall comply with the competency rule of the uniform standards of

professional appraisal practice (USPAP), as required by K.S.A. 58-4121 and amendments thereto.

(e) Each certified residential appraiser shall perform and practice in compliance with the USPAP, as required by K.S.A. 58-4121 and amendments thereto. (Authorized by and implementing K.S.A. 58-4109; effective, T-117-6-

10-91, June 10, 1991; effective Aug. 5, 1991; amended May 24, 1993; amended Jan. 1, 2008; amended June 17, 2016.)

Sally L. Pritchett Executive Director

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