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State of Kansas

Pooled Money Investment Board

Notice of Investment Rates

The following rates are published in accordance with K.S.A. 75-4210. These rates and their uses are defined in K.S.A. 12-1675(b)(c)(d) and K.S.A. 12-1675a(g).

Effective 6-26-17 through 7-2-17

ate 16%
16%
10/0
01%
12%
24%
31%
35%

Scott Miller Director of Investments

Doc. No. 045514

State of Kansas

State Banking Board

Notice of Change of Meeting Date

The State Banking Board meeting date for July has been changed from July 17, 2017 to July 24, 2017. The Banking Board will meet at 9:00 a.m. in the conference room of the Office of the State Bank Commissioner, Suite 300, Jayhawk Tower, 700 SW Jackson, Topeka. The board

reviews matters relating to its supervisory authority as set forth in K.S.A. 9-1801 et seq., and amendments thereto, and carries out its function of serving in an advisory capacity to the Office of the State Bank Commissioner, pursuant to K.S.A. 74-3006, and amendments thereto. All interested individuals and organizations are invited to attend. For more information, contact the Office of the State Bank Commissioner at 785-296-1509.

Michelle W. Bowman Bank Commissioner

Doc. No. 045518

State of Kansas

Board of Technical Professions

Notice of Meeting

The Kansas State Board of Technical Professions meeting will be held at 10:00 a.m. Friday, July 14, 2017. This meeting will be held at the Landon State Office Building, 900 SW Jackson, Suite 507, Topeka, Kansas. All meetings are open to the public. For more information call 785-296-3053.

Shelby L. Lopez Executive Director

Doc. No. 045522

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State of Kansas

Department of Transportation

Notice to Contractors

Electronic copies of the letting proposals and plans are available on the KDOT website at https://kdotapp. ksdot.org/Proposal/Proposal.aspx. 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 2015 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 1:00 p.m. local time July 19, 2017. KDOT will open and read these proposals at the Eisenhower State Office Building, 700 SW Harrison, Topeka, Kansas, at 1:30 p.m. local time July 19, 2017. 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

Douglas–24-23 KA-4570-01–U.S. 24, pavement marking, 6.6 miles. (Federal Funds)

Douglas–23 U-0561-01–Install roundabout at the intersection of Harvard Road and Wakarusa Drive in Lawrence, roundabout. (Federal Funds)

Jefferson–44 C-4824-02–Emergency relief on 13th Street (RS-2102) west of Wellman Road (RS-0217), flood damage. (Federal Funds)

Jefferson–44 C-4824-03–Emergency relief on Half Mound Road (RS-1325) east of Jackson Road, flood damage. (Federal Funds)

Jefferson–44 C-4824-04–Emergency relief on Effingham Road (RS-0019) south of 190th Street, flood damage. (Federal Funds)

Jefferson–24-44 KA-4571-01–U.S. 24, pavement marking, 4.4 miles. (Federal Funds)

Jefferson–59-44 KA-4592-01–U.S. 59, pavement marking, 25.0 miles. (Federal Funds)

Johnson–635-46 KA-4566-01–I-635, pavement marking, 0.4 mile. (Federal Funds)

Leavenworth–24-52 KA-4567-01–U.S. 24, pavement marking, 10.3 miles. (Federal Funds)

Wyandotte-7-105 KA-4564-01–K-7, pavement marking, 4.4 miles. (Federal Funds)

Wyandotte–635-105 KA-4565-01–I-635, also U.S. 69, pavement marking, 12.0 miles. (Federal Funds)

Wyandotte–24-105 KA-4568-01–U.S. 24, pavement marking, 1.2 miles. (Federal Funds)

Wyandotte–32-105 KA-4569-01–K-32, pavement marking, 10.0 miles. (Federal Funds)

District Two — North Central

Clay–14 C-4842-01–1.0 mile north and 3.0 miles west of Industry, bridge replacement, 0.2 mile. (Federal Funds)

District Three — Northwest

Statewide–106 KA-4595-01–Various locations in District Three in Cheyenne, Thomas, Wallace, Sheridan, Norton, and Phillips counties, milling, 92.0 miles. (State Funds)

District Four — Southeast

Elk–25 C-4800-01–All major collectors east of K-99 except RS-228 from US-160 to RS-1624, signing, 127.0 miles. (Federal Funds)

Statewide–69-106 KA-4496-01–North U.S. 400/U.S. 69 junction, intersection improvement, 0.2 mile. (State Funds)

District Five — South Central

Harvey–196-40 KA-4524-01–K-196, at railroad grade crossing in Whitewater, traffic signals, 0.5 mile. (State Funds)

Sedgwick–15-87 KA-4546-01–K-15, pavement marking, 3.5 miles. (Federal Funds)

District Six — Southwest

Finney–28 U-0218-01- City of Holcomb–Safe Routes to School, pedestrian and bicycle paths. (Federal Funds)

Grant–34 C-4802-01–RS-1701 from the Stevens/Grant county line to RS-2169, RS-5009 from RS-1701 to K-25, RS-2169 from RS-1701 to K-25, RS-282 from U.S. 160 to RS-1593, and RS-1593, signing, 26.0 miles. (Federal Funds)

Richard Carlson Secretary

Doc. No. 045507

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 con-

struction procurement act projects pursuant to K.S.A. 76-7,125 et seq.

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

Fort Hays State University – Bid postings: http://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: https://dfs.k-state.edu/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: http://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 30, 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://www.kumc.edu/finance/purchasing/bid-opportunities.html. Additional contact info: phone: 913-588-1115. Mailing address: University of Kansas Medical Center, Purchasing Department, Mail Stop 2034, 3901 Rainbow Blvd., Kansas City, KS 66160.

Wichita State University – Bid postings: http://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.

Ephrom Marks
Associate Director of Procurement
Operations & Strategic Sourcing
The University of Kansas Procurement Services

Doc. No. 044666

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 2:00 p.m. on the date indicated. For more information call 785-296-2376:

07/06/2017 EVT0005179 Laundry Equipment 07/21/2017 EVT0005182 Window Replacement

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.

Request for Proposals for Leased Office Space

The Kansas Department for Children and Families (DCF) is accepting written proposals for approximately 6,322 useable square feet of office space in Hiawatha, Kansas. The information pertaining to this space search is available at:

https://admin.ks.gov/offices/ofpm/real-estate-leasing/bid-solicitations-for-leased-space

Tracy T. Diel, Director Procurement and Contracts

Doc. No. 045524

(Published in the Kansas Register June 29, 2017.)

City of Overland Park, Kansas

Notice to Bidders

Bids for Downtown Overland Park Bicycle and Pedestrian Improvements, Overland Park Project No. ST-1661 and KDOT Project No. 46 N-0651-01 will be received by the City of Overland Park, Kansas, online through QuestCDN until 2:00 p.m. local time on August 1, 2017. At that time all bids will be publicly opened and read aloud in the City Council Chamber, City Hall. Any bid received after the designated closing time will be returned unopened.

In order to be considered a qualified bidder, the online bid must be completed and submitted, and the following documents must be uploaded to the site: KDOT certifications (listed below), all addenda acknowledged and the acknowledgement. One of the following must also be uploaded: copy of the bid bond, copy of cashier's check, or Surety2000 authorization code.

Contractors desiring the contract documents for use in preparing bids may obtain a set of such documents from QuestCDN. Bid documents can be downloaded electronically for a non-refundable fee of \$20 by providing QuestCDN Project Number **5113693** on the Project Search Page on the Quest website www.questcdn.com. For assistance with membership registration, downloading, electronic bidding, and working with digital documents, contact QuestCDN at 952-233-1632 or info@questcdn.com. For questions regarding the bid documents or for project information, call Brian Shields at 913-895-6024.

No oral, facsimile or telephonic bids or alterations will be considered.

Signed KDOT Certifications:

- Certification Noncollusion and History of Debarment
- Declaration Limitations on Use of Federal Funds for Lobbying
- Required Contract Provision DBE Contract Goal
- Certification–Contractual Services with a Current Legislator or a Current Legislator's Firm
- Tax Clearance Certificate

Each bidder shall submit with its bid a PDF copy of the original bid bond, or a PDF copy of a cashier's check drawn on an acceptable bank, made payable, without condition, to the City of Overland Park, Kansas, in an amount of not less than five percent (5%) of the total bid. Or, the bidder may choose to provide a bid bond authorization code provided to them by Surety2000, which the bidder shall keep in effect until the city gives written notice that it may be released. If the bidder provides a PDF copy of a bid bond or a PDF copy of a certified cashier's check, the original must be provided to the city after the bid opening and by the end of business of the second business day after the bid opening. The bid security shall be retained by the City of Overland Park until a contract for the project has been executed. Bid bonds will be returned or written notice of release will be given to the unsuccessful bidders, with the exception of the second qualifying bidder, at such time as their bids are rejected. In the event the successful bidder is unable to execute the contract, for whatever reason, city may exercise its legal prerogatives, including, but not limited to, enforcement of its rights as to the bid security.

The city reserves the right to accept or reject any and all bids and to waive any technicalities or irregularities therein. Bids may be modified or withdrawn through the QuestCDN site, prior to the time and date for bid opening; provided, however, that no bidder may withdraw its bid for a period of thirty (30) days from the date set for the opening thereof. All bidders agree that rejection shall create no liability on the part of the city because of such rejection. It is understood by all bidders that an unsuccessful bidder has no cause of action against the city for bid preparation costs. The filing of any bid in response to this invitation shall constitute an agreement of the bidder to these conditions.

Jennifer Gilbert, Contract Specialist Public Works Department City of Overland Park, Kansas

Doc. No. 045527

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-17-103/109

Pending Permits for Confined Feeding Facilities

Name and Address of Applicant	Legal Description	Receiving Water
Gary and Lynda Foster Davis Farms d/b/a Foster Dairy 1037 Highway 39 Fort Scott, KS 66701	SW/4 of Section 05, T27S, R23E, Bourbon County	Marais des Cygnes River Basin

Kanas Permit No. A-MCBB-M003

This permit is being reissued for an existing dairy facility or 200 head (280 animal units) of mature dairy cattle, 25 head (25 animal units) of dairy cattle weighing greater than 700 pounds, and 70 head (35 animal units) of dairy calves weighing less than 700 pounds. There is no change in the permitted animal units from the previous permit. Modifications to the facility include construction of a new milking parlor and removal of a concrete waste storage pit. This facility has an approved Waste Management Plan on file with KDHE.

Name and Address of Applicant	Legal Description	Receiving Water
Alan Pohlman Barton County Feeders, Inc. 1164 SE 40 Road Ellinwood, KS 67526	SE/4 of Section 17 & E/2 of Section 20 & W/2 of Section 21, T20S, R11W, Barton County	Upper Arkansas River Basin

Kansas Permit No. A-UABT-C007 Federal Permit No. KS0042323

This is a permit modification for a confined animal feeding operation for 30,000 head (30,000 animal units) of cattle weighing more than 700 pounds. The previously approved modifications including open lot pens, a manure stockpile area, sediment basin, a containment berm, and waste storage pond have been constructed in substantial accordance with approved plans. There is no increase in animal units from the previous permit. Only the portions of the permit being modified are subject to comment. This facility has an approved Nutrient Management Plan on file with KDHE.

Name and Address of Applicant	Legal Description	Receiving Water
Chuck Kirk Kirk Feedlot PO Box 36 Scott City, KS 67871	SW/4 of Section 21, T17S, R33W, Scott County	Smoky Hill River Basin

Kansas Permit No. A-SHSC-B004

This is an expansion for an existing facility. Animal units remain the same; 990 head (990 animal units) of cattle weighing greater than 700 pounds. Approximately 4.9 acres of pens and 2.8 acres of feed storage area are controlled by an earthen wastewater retention structure. Proposed modifications include adding approximately 1.5 acres of south pens that will drain to approximately 10.9 acres of grass buffer. There is no change in permitted animal units from the previous permit.

Name and Address of Applicant	Legal Description	Receiving Water
Gayl Stubbs Cokan, LLC PO Box 412	SW/4 of Section 02, T16S, R39W, Greeley County	Smokey Hill River Basin
Stilwell, KS 66085	,,	

Kansas Permit No. A-SHGL-C004 Federal Permit No. KS0096750

This is a renewal permit for an existing facility for 3,000 head (3,000 animal units) of cattle weighing more than 700 pounds. There is no change in the permitted number of animal units. This facility has an approved Nutrient Management Plan on file with KDHE.

Name and Address of Applicant Doug and Mary Eilert Eilert Cattle Company 20505 Hunting Road Wamego, KS 66547 Eegal Description Receiving Water of Section 06, Earns River Basin Pottawatomie County Pottawatomie County

Kansas Permit No. A-KSPT-C004 Federal Permit No. KS0093751

This is a renewal permit for an existing facility for 4,000 head (4,000 animal units) of cattle. There is no change in the permitted number of animals. This facility has an approved Nutrient Management Plan on file with KDHE.

Name and Address of Applicant	Legal Description	Receiving Water
Bruce Steffen Steffen Farms 917 First Road Longford, KS 67458	SW/4 of Section 33, T10S, R02E, Clay County	Smoky Hill River Basin

Kansas Permit No. A-SHCY-S009

This is a renewal permit for an existing facility for 1,000 head (400 animal units) of swine more than 55 pounds, 1,000 head (100 animal units) of swine 55 pounds or less and 300 head (300 animal units) of cattle more than 700 pounds, for a total of 2,300 head (800 animal units) of swine and cattle. There is no change in permitted animal units from the previous permit.

Name and Address of Applicant	Legal Description	Receiving Water
Brad Ohlde 520 12th Road Clifton, KS 66937	NW/4 of Section 02, T04S, R01E, Washington County	Lower Republican River Basin

Kansas Permit No. A-LRWS-S031

This is a renewal permit for an existing facility for 2,400 head (960 animal units) of swine more than 55 pounds. There is no change in animal numbers from the previous permit.

Public Notice No. KS-AG-R-17-011

Per Kansas Statutes Annotated 65-171d, the following registration has been received for proposed confined feeding facilities:

Name and Address of Registrant	Legal Description	County
Jennifer A. Gerety Limestone Feedlot 604 Nemaha St. Seneca, KS 66538	NE/4 of Section 33, T07S, R13E	Jackson

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

All comments regarding the draft documents or application notices received on or before **July 29, 2017**, will be considered in the formulation of the final determinations regarding this public notice. Please refer to the appropriate Kansas document number (KS-AG-17-103/109, KS-

AG-R-17-011) 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, 1000 SW Jackson St., Suite 420, Topeka, Kansas. 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 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding holidays.

Susan Mosier, MD, MBA, FACS Secretary and State Health Officer

Doc. No. 045521

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 2018; Methodology for Calculating 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 2018, 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 to the Medicaid State Plan to the U.S. Department of Health and Human Services' Centers for Medicare and Medicaid Services (CMS) on or before September 30, 2017.

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;

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 appears in the version which the state currently intends to submit to CMS on or before September 30, 2017. 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 2014, 2015, and 2016.

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 December 31, 2017. 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 December 31, 2017. 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 to December 31, 2017. 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 2014-2016. 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 December 31, 2017. 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 December 31, 2017. 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 December 31, 2017. 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 December 31, 2017. 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-IÎI (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: for July 1 January 1 July 1

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

The resident listings will be distributed 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 December 31, 2017. 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 2016 historic cost reports in the database from all active nursing facility providers. The salary information in the array is not adjusted for inflation. The per diem data is calculated using an 85% minimum occupancy level for those providers in operation for more than 12 months with more than 60 beds. The Schedule C for the owner/related party/administrator/co-administrator per diem compensation limit is the first schedule run during the rate setting.

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

The per diem limits apply to the non-owner administrators and co-administrators and the compensation paid to owners and related parties who perform an admin-

istrative 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, 2017.

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 December 31, 2017. 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 Direct Health Care 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 statewide average CMI for the cost report year by the facility's cost report period CMI, 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\% \times 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 date. The Medicaid CMI is then 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 (continued)

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 Add-Ons
CMI adjusted staffing ratio ≥ 75th percentile (5.26), or CMI adjusted staffing < 75th percentile but improved ≥ 10%	\$2.25 \$0.20
Staff turnover rate ≤ 75th percentile, 49% or Staff turnover rate > 75th percentile but reduced ≥ 10% Contracted labor < 10% of total direct health care labor costs	\$2.25 \$0.20
Medicaid occupancy ≥ 60%	\$1.00
Total Incentive Add-on Available	\$5.50

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 person-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.

		r
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	Available beginning July 1 of enrollment year. Incentive granted for one full fiscal year.
	the same year. Homes that do not achieve Level 2 with three consecutive years of participation at Level 1 may return to a Level 0 or sit out for two years depending on KDADS and KSU's recommendation.	
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 may 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.

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Level 5	Homes earn sustained person-	Available
1	centered care home award and	beginning July 1
Person-	successfully engage in mentoring	following
Centered Care	activities suggested by KDADS	confirmation of
Mentor Home	(see KDADS mentoring	mentor home
	activities). Mentoring activities	standards.
\$4.00	should be documented.	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 seven dollars and fifty cents. 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 3.92, which is 120% of the state-wide NFMH median of 3.27. They will receive one point if the ratio is less than 120% of the NFMH median but greater than or equal to 3.60, which is 110% of the state-wide 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 \$20.51, or 90% of the statewide median of \$22.79.

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 50%, 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 50% but equal to or below 68%, 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 73%, the 75th percentile statewide will earn two points. Providers with staff re-

tention rates below 73% but at or above 59%, 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% (3.92) of NF-MH median (3.27), or CMI adjusted staffing ratio between 110% (3.60) and 120%	2, or 1
Total occupancy ≤ 90%	1
Operating expenses < \$20.51, 90% of NF-MH median, \$22.79	1
Staff turnover rate ≤ 75th percentile, 50% Staff turnover rate ≤ 50th percentile, 68% Contracted labor < 10% of total direct health care labor costs	2, or 1
Staff retention ≥ 75th percentile, 73% Staff retention ≥ 50th percentile, 59%	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 that 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.

Review Period End Date:
March 31st
June 30th
September 30th
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 (continued)

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, 2017, the calculated per diem reimbursement for all nursing facilities shall be reduced by an amount equal to 3.65%. The per diem reduction will be calculated for each nursing facility by multiplying the total calculated per diem rate for each provider by 3.65%. The per diem reduction amount will be subtracted from each nursing facility's total calculated per diem to determine the facility's final rate.

II. 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, 2017.

Cost Center	Limit Formula	Per Day Limit
Operating	110% of the Median Cost	\$38.43
Indirect Health Care	115% of the Median Cost	\$54.30
Direct Health Care	130% of the Median Cost	\$122.14
Real and Personal Property Fee	105% of the Median Fee	\$9.75

These amounts were determined according to the "Reimbursement Limitations" section. The Direct Healthcare Limit is calculated based on a CMI of 1.0200, which is the statewide average.

B. Case Mix Index: These 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, 2017 and April 1, 2017. 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 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.

Facility Name	City	Daily Rate	Medicaid CMI
Village Manor	Abilene	194.14	0.9948
Alma Manor	Alma	171.78	0.8380
Life Care Center of Andover	Andover	187.02	1.1848
Victoria Falls SNF	Andover	190.02	0.9720
Anthony Community Care Center	Anthony	162.57	0.9226
Medicalodges Arkansas City	Arkansas City	178.75	1.0046
Arkansas City Presbyterian Manor	Arkansas City	196.57	1.0725
Arma Operator, LLC	Arma	174.98	1.2145
Medicalodges Atchison	Atchison	194.69	1.0081

Atchison Senior Village	Atchison	203.06	0.9486
Dooley Center	Atchison	194.57	0.7285
Attica Long Term Care	Attica	194.03	0.9287
Good Samaritan Society-Atwood	Atwood	205.26	0.9710
Lake Point Nursing Center	Augusta	166.77	1.0308
Baldwin Healthcare & Rehab Center	Baldwin City	164.73	0.9864
Quaker Hill Manor	Baxter Springs	163.34	1.0505
Great Plains of Republic County, Inc	Belleville	221.38	1.0569
Belleville Healthcare Center	Belleville	147.54	0.9009
Mitchell County Hospital LTCU	Beloit	192.04	0.8939
Hilltop Lodge Nursing Home	Beloit	168.68	0.9155
Bonner Springs Nursing and Rehab. Center	Bonner Springs	174.78	1.0932
Hill Top House	Bucklin	186.32	0.9605
Buhler Sunshine Home, Inc.	Buhler	221.75	1.0536
Life Care Center of Burlington	Burlington	157.63	0.9515
Eastridge Nursing Home	Centralia	210.03	0.9519
Heritage Health Care Center	Chanute	158.61	1.0296
Diversicare of Chanute	Chanute	170.89	1.0991
Chapman Valley Manor	Chapman	155.13	0.8525
Cheney Golden Age Home Inc.	Cheney	189.88	1.0316
Cherryvale Care Center	Cherryvale	148.85	1.0760
Chetopa Manor	Chetopa	152.48	0.9668
The Shepherd's Center	Cimarron	186.24	0.9664
Medicalodges Clay Center	Clay Center	197.04	0.9258
Clay Center Presbyterian Manor	Clay Center	207.51	1.1724
Clearwater Nursing and Rehab Center	Clearwater	187.78	1.1272
Park Villa Nursing Home	Clyde	157.07	0.9253
Coffeyville Regional Medical Center	Coffeyville	221.73	0.0000
Windsor Place	Coffeyville	173.92	1.0323
Medicalodges Coffeyville	Coffeyville	202.42	1.0700
Colby Operator, LLC	Colby	174.65	1.2369
Prairie Senior Living Complex	Colby	206.17	0.8789
Pioneer Lodge	Coldwater	163.85	0.8396
Medicalodges Columbus	Columbus	186.09	0.9766
Mt Joseph Senior Village, LLC	Concordia	158.49	1.0463
Sunset Home, Inc.	Concordia	179.34	0.9597
		156.43	0.8866
Spring View Manor Chase County Care & Rehabilitation Center	Conway Springs Cottonwood Falls	155.17	0.9929
Diversicare of Council Grove	Council Grove	158.69	1.0492
		174.49	1.1650
Hilltop Manor Nursing Center Westview of Derby	Cunningham	135.17	0.9669
Westview of Derby Dorby Health and Robabilitation	Derby		1.0924
Derby Health and Rehabilitation	Desoto	206.97	
Hillside Village	DeSoto	179.00	0.9784
Trinity Manor	Dodge City	191.34	1.0242

Good Samaritan Society- Dodge City	Dodge City	192.85	0.8695	Haviland Operator, LLC	Haviland	118.41	0.7163
Manor of the Plains	Dodge City	198.72	1.0677	Good Samaritan Society-Hays	Hays	189.79	1.0291
Medicalodges Douglass	Douglass	173.84	0.9272	Via Christi Village-Hays	Hays	184.87	1.0133
Downs Care & Rehabilitation Center, LLC	Downs	157.43	1.0068	Diversicare of Haysville	Haysville	163.23	1.1073
Country Care Home	Easton	167.70	1.0509	Legacy at Herington	Herington	162.34	1.0038
Parkway Care &				Schowalter Villa	Hesston	217.93	1.0113
Rehabilitation Center, LLC Kaw River Care & Rehab	Edwardsville	175.63	1.0119	Maple Heights of Hiawatha	Hiawatha	152.31	0.9838
Center, LLC Edwardsville Care &	Edwardsville	195.41	1.1023	Highland Healthcare and Rehab Center	Highland	148.07	1.0878
Rehabilitation Center	Edwardsville	143.43	0.7186	Dawson Place, Inc.	Hill City	173.44	0.8661
Lakepoint Nursing Center- El Dorado	El Dorado	156.28	1.0343	Salem Home	Hillsboro	190.46	0.9955
El Dorado Care & Rehab Center, LLC	El Dorado	174.66	0.9286	Parkside Homes, Inc.	Hillsboro	191.93	0.9354
Morton County Senior				Medicalodges Jackson County	Holton	185.95	0.9309
Living Community	Elkhart	179.58	1.0006	Mission Village Living Center	Horton	139.50	0.8819
Woodhaven Care Center	Ellinwood	190.01	0.9962	Sheridan County Hospital	Hoxie	197.68	0.8844
Good Samaritan Society-Ellis Good Samaritan Society-	Ellis	178.97	1.0568	Pioneer Manor	Hugoton	217.98	0.9026
Ellsworth Village	Ellsworth	170.41	1.0359	Diversicare of Hutchinson	Hutchinson	176.97	1.0760
Emporia Presbyterian Manor	Emporia	206.66	1.1131	Good Samaritan Society-	TT 4.1.		
Holiday Resort	Emporia	160.43	0.9753	Hutchinson Village	Hutchinson	202.91	0.9650
Flint Hills Care Center, Inc.	Emporia	146.80	0.9944	Hutchinson Operator, LLC	Hutchinson	187.84	1.2092
Enterprise Estates Nursing Center, Inc.	Enterprise	167.33	1.0456	Wesley Towers	Hutchinson	212.45	0.9584
Eskridge Care & Rehabilitation Center, LLC	Eskridge	130.53	0.7023	Medicalodges Independence Montgomery Place	Independence	180.94	0.9692
Medicalodges Eudora	Eudora	172.78	0.9777	Nursing Center, LLC	Independence	164.23	1.0457
Eureka Nursing Center	Eureka	174.15	1.1452	Pleasant View Home	Inman	173.58	0.8735
Kansas Soldiers' Home	Fort Dodge	206.58	0.9974	Windsor Place at Iola, LLC Hodgeman Co Health	Iola	197.38	1.1065
Medicalodges Fort Scott	Fort Scott	183.76	1.0236	Center-LTCU	Jetmore	223.06	1.1169
Fort Scott Manor	Fort Scott	148.97	0.8673	Stanton County Hospital-LTCU	Johnson	198.56	0.8528
Fowler Residential Care	Fowler	200.62	0.8775	Valley View Senior Life	Junction City	181.86	1.0016
Frankfort Community	F 16 4			Medicalodges Post Acute Care Center	Kansas City	180.93	1.0558
Care Home, Inc.	Frankfort	170.29	0.9431	Big Blue Healthcare, Inc	Kansas City	214.94	1.0730
Medicalodges Frontenac	Frontenac	171.55	1.0796	Lifecare Center of Kansas City	Kansas City	179.73	0.9989
Galena Nursing Home	Galena	162.63	1.0391	Providence Place LTCU	Kansas City	227.51	1.0073
Garden Valley Retirement Village Homestead Health &	Garden City	161.71	0.9656	Kansas City Transitional Care Center	Kansas City	233.75	1.0324
Rehabilitation Meadowbrook Rehab	Garden City	197.13	1.0016	Golden Oaks Healthcare, Inc.	Kansas City	285.06	1.7900
Hospital, LTCU	Gardner	248.46	1.2492	The Wheatlands	Kingman	167.31	0.9497
Medicalodges Gardner	Gardner	155.09	0.8613	Medicalodges Kinsley	O .		1.0012
Anderson County Hospital	Garnett	198.22	0.8446	Kiowa District Manor	Kinsley	205.50	0.9667
Parkview Heights	Garnett	178.23	0.9069		Kiowa	206.51	
Medicalodges Girard	Girard	183.57	1.0011	Locust Grove Village	LaCrosse	181.19	0.9045
The Nicol Home, Inc.	Glasco	165.64	0.9250	High Plains Retirement Village Lansing Care & Rehabilitation	Lakin	215.27	0.9702
Medicalodges Goddard	Goddard	198.90	0.9805	Center, LLC Twin Oaks Health &	Lansing	178.82	1.0106
Bethesda Home	Goessel	202.12	0.9725	Rehabilitation	Lansing	209.84	1.0712
Good Samaritan Society- Sherman County	Goodland	196.58	0.9805	Diversicare of Larned	Larned	152.97	1.0438
Cherry Village Benevolence	Great Bend	156.44	0.9939	Lawrence Presbyterian Manor	Lawrence	185.05	0.9292
Great Bend Health and Rehab Center	Great Bend	163.48	1.0237	Brandon Woods at Alvamar	Lawrence	214.13	0.9855
Halstead Health and				Pioneer Ridge Retirement Community	Lawrence	208.73	1.0218
Rehabilitation Center	Halstead	221.39	1.0650			(6	continued)

Medicalodges Leavenworth	Leavenworth	175.73	0.8956	Good Samaritan Society- Decatur County	Oberlin	196.71	0.8950
Delmar Gardens of Lenexa	Lenexa	160.69	0.9591	Villa St. Francis	Olathe	197.48	1.0431
Lakeview Village	Lenexa	237.01	1.1521	Pinnacle Ridge Nursing and Rehab Center	Olathe	182.72	1.0799
The Covenant Place of Lenexa	Lenexa	186.82	0.9379	Azria Health at Olathe	Olathe	198.31	0.9429
Leonardville Nursing Home	Leonardville	168.11	0.9191	Good Samaritan Society-Olathe	Olathe	203.99	0.9313
Wichita County Health Center	Leoti	183.41	0.7559	Evergreen Community of Johnson County	Olathe	210.11	0.9164
Good Samaritan Society-Liberal	Liberal	169.77	0.9806	Aberdeen Village, Inc.	Olathe	210.12	0.9300
Wheatridge Park Care Center	Liberal	190.87	0.9982	Nottingham Health &			
Lincoln Park Manor, Inc.	Lincoln	178.72	1.0516	Rehabilitation	Olathe	214.90	1.1211
Bethany Home Association	Lindsborg	214.15	1.0118	Two Trails Healthcare, Inc	Olathe	259.07	1.3167
Linn Community Nursing Home	Linn	149.70	0.9141	Onaga Operator, LLC	Onaga	175.90	1.2189
Sandstone Heights Nursing Home Logan Manor Community	Little River	203.34	0.9230	Peterson Health Care Osage Nursing &	Osage City	133.91	0.9297
Health Service	Logan	186.91	1.0693	Rehabilitation Center	Osage City	163.80	1.0662
Louisburg Healthcare & Rehab Center	Louisburg	187.12	1.0556	Life Care Center of Osawatomie	Osawatomie	195.25	1.1770
Good Samaritan Society-Lyons	Lyons	177.58	0.9356	Parkview Care Center Hickory Pointe Care &	Osborne	159.50	0.9800
Meadowlark Hills Retirement Community	Manhattan	198.33	0.9334	Rehabilitation Center	Oskaloosa	163.34	0.9378
Stoneybrook Retirement				Oswego Operator, LLC	Oswego	171.13	1.3790
Community Via Christi Village	Manhattan	179.09	0.9485	Ottawa Retirement Village	Ottawa	151.97	1.0620
Manhattan, Inc	Manhattan	172.91	0.9969	Brookside Manor	Overbrook	148.58	0.9660
St. Luke Living Center	Marion	185.70	0.9104	Garden Terrace at Overland Park Promise Skilled Nursing of	Overland Park	173.88	1.0589
Riverview Estates, Inc.	Marquette	180.16	0.8724	Overland Park	Overland Park	234.71	1.5056
Cambridge Place	Marysville	160.59	0.9393	Leisure Terrace	Overland Park	184.08	1.0506
McPherson Operator, LLC	McPherson	174.27	1.2340	Villa Saint Joseph	Overland Park	229.45	1.0040
The Cedars, Inc.	McPherson	202.91	0.9579	Delmar Gardens of Overland Park	Overland Park	194.81	1.0154
Meade District Hospital, LTCU Trinity Nursing &	Meade	212.81	0.9405	Overland Park Nursing & Rehabilitation	Overland Park	201.89	1.0419
Rehabilitation Center Great Plains of Ottawa	Merriam	184.40	1.0443	Indian Creek Healthcare Center	Overland Park	163.50	1.0350
County, Inc.	Minneapolis	182.40	0.8799	Village Shalom, Inc.	Overland Park	211.88	1.0220
Good Samaritan Society- Minneapolis	Minneapolis	175.16	0.9616	Tallgrass Creek, Inc.	Overland Park	178.88	0.6550
Minneola District Hospital-LTCU	Minneola	214.58	0.9842	Maple Hills Healthcare, Inc	Overland Park	229.96	1.2060
Bethel Home, Inc.	Montezuma	198.18	0.9194	Stratford Commons Rehabilitation & HCC	Overland Park	220.52	1.0245
Moran Manor	Moran	153.13	1.1110	ML-OP Oxford, LLC	Oxford	130.89	0.9591
Pine Village	Moundridge	189.00	1.0025	Medicalodges Paola	Paola	124.81	0.6699
Moundridge Manor, Inc.	Moundridge	195.22	0.9006	North Point Skilled Nursing Center	Paola	187.29	1.0956
Mt. Hope Nursing Center	Mt. Hope	175.37	0.9836	Elmhaven East	Parsons	163.78	1.1188
Villa Maria, Inc.	Mulvane	171.64	1.0428	Parsons Presbyterian Manor	Parsons	192.91	0.9480
Neodesha Care & Rehab Center, LLC	Neodesha	148.68	1.0370	Good Samaritan Society-Parsons	Parsons	182.87	0.9745
Ness County Hospital District #2	Ness City	196.01	0.8530	Peabody Operator, LLC	Peabody	158.37	1.0743
Asbury Park	Newton	196.25	0.9476	Franklin Healthcare of Peabody	Peabody	105.90	0.6696
Kansas Christian Home	Newton	198.47	0.9891	Phillips County	,		
Newton Presbyterian Manor	Newton	210.35	0.9501	Retirement Center	Phillipsburg	158.84	0.8750
Bethel Care Center	North Newton	213.63	1.0364	Medicalodges Pittsburg South Pittsburg Care &	Pittsburg	182.98	0.9457
Andbe Home, Inc.	Norton	175.12	0.9213	Rehabilitation Center, LLC	Pittsburg	149.70	0.9335
Village Villa	Nortonville	152.46	1.0144	Via Christi Village Pittsburg, Inc Rooks County Senior	Pittsburg	155.18	0.9908
Logan County Manor	Oakley	208.56	0.9436	Services, Inc.	Plainville	197.57	1.0845
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Brighton Gardens of Prairie Village	Prairie Village	204.33	1.2925	Brewster Health Center	Topeka	209.78	0.9500
Pratt Regional Medical Center	Pratt	209.21	1.0919	Topeka Presbyterian Manor Inc.	Topeka	216.28	0.9649
Pratt Operator, LLC	Pratt	175.69	1.3345	The Legacy on 10th Avenue	Topeka	180.70	1.0553
Prescott Country View Nursing Center	Prescott	159.74	0.9608	McCrite Plaza Health Center	Topeka	190.90	0.9520
Prairie Sunset Manor	Pretty Prairie	208.64	1.1436	Rolling Hills Health Center	Topeka	182.72	0.9952
Protection Valley Manor	Protection	141.78	0.7753	Manorcare Health Services of Topeka	Topeka	181.36	1.0053
Gove County Medical Center	Quinter	234.03	1.1465	Tanglewood Nursing and Rehabilitation	Topeka	167.90	1.0630
Grisell Memorial Hospital	-			Brighton Place West	Торека	123.25	0.8452
District #1-LTCU Richmond Healthcare and	Ransom	216.34	1.0022	Countryside Health Center	Topeka	104.78	0.7282
Rehab Center Fountainview Nursing and	Richmond	174.69	1.1297	Providence Living Center	Topeka	104.35	0.7407
Rehab Center	Rose Hill	202.63	1.1023	Brighton Place North	Topeka	99.07	0.6886
Rossville Healthcare & Rehab Center	Rossville	173.07	1.0443	Aldersgate Village	Topeka	205.86	0.9807
Wheatland Nursing & Rehabilitation Center	Russell	163.06	0.9953	Plaza West Care Center, Inc.	Topeka	197.16	1.0192
Russell Regional Hospital	Russell	202.60	0.8430	Lexington Park Nursing and	•		
Sabetha Nursing Center	Sabetha	164.18	1.0010	Post Acute Ctr	Topeka	215.76	0.9749
Apostolic Christian Home	Sabetha	169.74	0.9651	The Healthcare Resort of Topeka	Topeka Tribune	253.49 206.07	1.3263
Smoky Hill Rehabilitation Center	Salina	151.32	0.9573	Greeley County Hospital, LTCU			0.9664
Kenwood View Health and Rehab Center	Salina	185.53	1.0148	The Legacy at Park View	Ulysses Valley Falls	195.96 150.66	0.6635
Salina Windsor SNF OPCO, LLC	Salina	172.33	0.9366	Valley Health Care Center Trego Co. Lemke	,		
Pinnacle Park Nursing and				Memorial LTCU	Wakeeney	207.83	0.9408
Rehabilitation	Salina	165.33	1.0454	Trego Manor Wakefield Care &	Wakeeney	180.61	0.8615
Salina Presbyterian Manor	Salina	183.70	0.9516	Rehabilitation Center Good Samaritan Society-	Wakefield	177.41	0.9177
Holiday Resort of Salina	Salina	202.23	1.0123	Valley Vista	Wamego	185.19	0.8942
Satanta District Hospital LTCU	Satanta	204.66	0.9295	The Centennial Homestead, Inc.	Washington	168.96	0.9476
Park Lane Nursing Home	Scott City	202.27	0.9785	Wathena Healthcare & Rehab Center	Wathena	167.53	0.9966
Pleasant Valley Manor	Sedan	152.31	1.0025	Coffey County Hospital	Waverly	189.31	0.9679
Diversicare of Sedgwick Crestview Nursing &	Sedgwick	187.02	1.1761	Wellington Care & Rehab Center, LLC	Wellington	160.95	0.9692
Residential Living	Seneca	149.94	0.9014	Sumner Operator, LLC	Wellington	167.61	1.0830
Life Care Center of Seneca Wallace County	Seneca	154.19	1.0040	Wellsville Manor	Wellsville	148.04	1.1039
Community Center	Sharon Springs	190.98	0.9390	Westy Community Care Home	Westmoreland	132.80	0.8510
Shawnee Gardens Healthcare & Rehab Ctr	Shawnee	163.62	0.9802	Wheat State Manor	Whitewater	185.65	1.0248
Sharon Lane Health Services	Shawnee	176.05	1.0336	Medicalodges Wichita	Wichita	184.53	0.9630
Smith County Memorial Hospital LTCU	Smith Center	201.36	0.8782	Meridian Rehab and Health Care Center			0.9807
Smith Center Operator, LLC	Smith Center	152.33	1.0422	Catholic Care Center Inc.	Wichita Wichita	160.81 194.34	0.9807
Mennonite Friendship Manor, Inc.	South Hutchinson	210.03	1.0133	Kansas Masonic Home	Wichita	194.95	0.9995
Spring Hill Care & Rehab					Wichita	218.70	0.9593
Center, LLC Good Samaritan Society-	Spring Hill	172.76	0.9857	Homestead Health Center, Inc. Woodlawn Care and			
Cheyenne County Prairie Mission	St Francis	201.64	0.9467	Rehabilitation, LLC	Wichita	126.47	1.1080
Retirement Village	St, Paul	167.82	1.0438	Wichita Presbyterian Manor Sandpiper Healthcare and	Wichita	223.96	1.0284
Leisure Homestead at St. John	St. John	162.90	0.8302	Rehab Center Lakepoint Nursing and	Wichita	166.69	1.0697
Community Hospital of Onaga, LTCU	St. Mary's	198.91	0.8475	Rehabilitation	Wichita	166.82	1.0162
Leisure Homestead at Stafford	Stafford	160.06	0.9253	Manorcare Health Services of Wichita	Wichita	160.64	1.1084
Sterling Presbyterian Manor	Sterling	213.56	0.9567	Legacy at College Hill	Wichita	171.84	1.0459
Solomon Valley Manor	Stockton	189.33	0.9662	Seville Operator, LLC	Wichita	188.80	1.1453
Tonganoxie Nursing Center	Tonganoxie	165.52	1.0387			1.	continued,
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Wichita Care & Rehabilitation Center, LLC	Wichita	159.58	0.9020
The Health Care Center at Larksfield Place	Wichita	206.54	0.9500
Life Care Center of Wichita	Wichita	207.80	1.1476
Family Health & Rehabilitation Center	Wichita	197.76	1.0703
Caritas Center	Wichita	187.21	0.7879
Regent Park Rehabilitation and Healthcare	Wichita	204.31	1.0150
Avita Health & Rehab of Reeds Cove	Wichita	191.90	1.0638
Via Christi Village Ridge	Wichita	197.84	0.9768
Via Christi Village McLean, Inc.	Wichita	176.87	0.9103
Wilson Care & Rehabilitation Center, LLC	Wilson	203.07	1.1620
F W Huston Medical Center	Winchester	151.85	0.9055
Winfield Senior Living Community	Winfield	204.93	0.9821
Cumbernauld Village, Inc.	Winfield	205.37	0.9302
Winfield Rest Haven II LLC	Winfield	185.45	1.0032
Kansas Veterans' Home	Winfield	189.40	0.9550
Yates Operator, LLC	Yates Center	165.56	1.1743

III. Justifications for the Rates

- 1. 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:
 - a. Would result in payment, in the aggregate of 95.27% of the Medicaid day weighted average inflated allowable nursing facility costs statewide; and
 - b. Would result in a maximum allowable rate of \$224.62; with the total average allowable cost being \$177.73.

c.	Estimated average rate July 1, 2017	\$177.73
d.	Average payment rate January 1, 2017	\$169.65
	Amount of change	\$8.08
	Percent of change	4.76%

- 4. Estimated annual aggregate expenditures in the Medicaid nursing facility services payment program will remain budget neutral from state fiscal year 2017.
- 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:
 - a. Service providers operating a total of 323 nursing facilities and hospital-based long-term care units (representing 93.6% of all the licensed nursing facilities and long-term care units in Kansas) participate in the Medicaid program,;
 - 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 101 of the 105 counties in Kansas;

- c. The statewide average occupancy rate for nursing facilities participating in Medicaid is 83.37%;
- d. The statewide average Medicaid occupancy rate for participating facilities is 62.19%; and
- e. The rates would cover 92.27% 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 received formal comments from Kansas Health Care Association and LeadingAge Kansas to its Notice of Proposed Nursing Facility rates published on April 20, 2017 in the Kansas Register. The comments were taken into consideration during the rate setting process.

V. Notice of Intent to Amend the Medicaid State Plan

The state intends to submit Medicaid State Plan amendments to CMS on or before September 30, 2017.

Tim Keck, Secretary
Kansas Department for Aging
and Disability Services
Mike Randol, Director
Division of Health Care Finance
Kansas Department of Health and Environment

Doc. No. 045517

(Published in the Kansas Register June 29, 2017.)

City of Spearville, Kansas

Notice of Intent to Seek Private Placement General Obligation Bonds, Series 2017

Notice is hereby given that the city of Spearville, Kansas (the Issuer) proposes to seek a private placement of the above-referenced bonds (the Bonds). The maximum aggregate principal amount of the Bonds shall not exceed \$350,000. The proposed sale of the Bonds is in all respects subject to approval of a bond purchase agreement between the Issuer and the purchaser of the Bonds and the passage of an ordinance and adoption of a resolution by the governing body authorizing the issuance of the Bonds and the execution of various documents necessary to deliver the Bonds.

Dated May 31, 2017.

Tammy Konrade Clerk

Doc. No. 045523

State of Kansas

Department of Agriculture

Notice of Hearing on Proposed Administrative Regulations

A public hearing will be conducted at 10:00 a.m. Thursday, August 31, 2017, in Room 124 of the Kansas Department of Agriculture, 1320 Research Park Drive, Man-

hattan, Kansas, to consider the adoption of proposed regulations.

This 60-day notice of the public hearing shall constitute a public comment period for the purpose of receiving written public comments on the proposed rules and regulations. All interested parties may submit written comments prior to the hearing to the Secretary of Agriculture, 1320 Research Park Drive, Manhattan, KS 66502, or by email at ronda.hutton@ks.gov. All interested parties will be given a reasonable opportunity to present their views orally on the adoption of the proposed regulations during the hearing. In order to give all parties an opportunity to present their views, it may be necessary to request that each participant limit any oral presentation to five minutes. These regulations are proposed for adoption on a permanent basis. A summary of the proposed regulations and their economic impact follows:

K.A.R. 4-2-3 proposed amendments seek to remove outdated language and clarify the general procedure for sampling seed.

K.A.R. 4-2-8 proposed amendments revise language concerning the methods for analyzing seed samples.

K.A.R. 4-2-21 is a proposed new regulation setting registration fees for seed retailers and wholesalers.

K.A.R. 4-2-17a is a proposed revocation to eliminate the fees charged by the state seed laboratory.

Economic Impact Statement:

The fees charged for the registration of retail and wholesale seed dealers have not been revised since 1991. Increased fees are necessary due to increased costs and the need to create a self-sustaining program. There are currently no protections against inexpensive, low quality seed with low germination rates being dumped on the market exposing consumers to seed that does not germinate as expected and retailers and wholesalers to seed offered for sale at uncompetitive prices. Minimum germination standards will provide protection against these situations from occurring. The remaining changes remove outdated language and clarify existing language to include terms defined within the regulation. These regulations are not mandated by Federal Law.

The proposed changes do not create any additional costs to the Kansas Department of Agriculture. Changing the retail seed license fee from \$10 to \$30 and the wholesale seed license from \$175 to \$250 will result in an additional \$67,000 in revenue for the department. This additional revenue will be used to pay for the cost of seed inspections at the current inspection level without having to subsidize them from other funds.

The increase in fees, from \$10 to \$30 for retailers and from \$175 to \$250 for wholesalers, will create a financial impact upon those individuals or companies in the business of selling agricultural seed. Stakeholders have indicated that the fee increase will not significantly impact their business. KDA will work directly with seed retailers and wholesalers to educate them on the proposed regulations and work with them to implement the changes in a way that will help mitigate any possible financial burden on their operations.

A rejected alternative is not raising licensing fees. Not raising fees will require a decrease in inspection time to match current revenues. That would result in approximately .25 FTE spent on seed inspections across Kansas. This would be an unacceptably low level and would result in negative impact to the consumer and economy.

There are no environmental impacts expected from the

proposed changes.

Any individual with a disability may request accommodations in order to participate in the public hearing and may request the proposed regulations and impact statement in an accessible format. Requests for accommodations should be made at least five working days in advance of the hearing by contacting Ronda Hutton at 785-564-6715 or fax 785-564-6777. Handicapped parking is located on the west side of the building at 1320 Research Park Drive, Manhattan. The entrance to the building is also on the west side and is accessible to individuals with disabilities.

Copies of the regulations and their economic impact statement may be obtained by contacting the Department of Agriculture, Ronda M. Hutton, 1320 Research Park Drive, Manhattan, KS 66502 or 785-564-6715 or by accessing the department's website at agriculture.ks.gov. Comments may also be made through our website under the proposed regulation.

Jackie McClaskey Secretary

Doc. No. 045519

State of Kansas

Department of Administration

Notice of Public Hearing on Proposed Administrative Regulation

A public hearing will be conducted on Wednesday, August 30, 2017 at 10:00 a.m. in Room 509 of the Landon State Office Building, 900 SW Jackson, Topeka, Kansas to consider the adoption of proposed amendments to rules and regulations of the Office of Personnel Services, Department of Administration, on a permanent basis.

This 60-day notice of the public hearing shall constitute a public comment period for the purpose of receiving written public comments on the proposed rules and regulations. All interested parties may submit written comments prior to the hearing to the Office of Personnel Services, Landon State Office Building, 900 SW Jackson, Room 401-N, Topeka, KS 66612-1300 or by email to Kraig. Knowlton@ks.gov. All interested parties will be given a reasonable opportunity to present their views orally regarding the adoption of the proposed regulation during the public hearing. In order to provide all parties an opportunity to present their views, it may be necessary to request that each participant limit any oral presentation to five minutes.

Any individual with a disability may request an accommodation in order to participate in the public hearing and may request the proposed regulations and economic impact statements in an accessible format. Requests for accommodation to participate in the hearing (continued)

should be made at least five working days in advance of the hearing by contacting John Yeary at 785-296-2033 (or TYY 1-800-766-3777). The main entrance to the Landon State Office Building is accessible. Handicapped parking is available in metered spaces in front of the building on the east and west sides of Jackson Street as well as the north and south sides of 9th Street between Jackson and Kansas Avenue.

Copies of the proposed regulation and the Economic Impact Statement for the proposed regulations can be viewed at the following website:

http://admin.ks.gov/offices/personnel-services/ agency-information

A summary of the proposed regulation follows.

K.A.R. 1-9-7b – Military leave; voluntary or involuntary service with reserve component of the armed forces. K.A.R. 1-9-7b is an existing regulation that provides for leave for State employees who are members of a reserve component of the military. The primary amendments to this regulation increase the number of days of annual paid military leave available to such employees and expand the type of duty for which such leave can be used. Additional amendments clarify that this leave is available to benefits-eligible State employees in both classified and unclassified positions as well as procedures regarding the requests for such leave. The proposed amendments will potentially result in agencies granting more days of military leave with pay than they are currently required to pay. However, the additional impact of the proposed amendment is more accurately identified as a potential loss of unplanned savings as opposed to an increase in expenditures since employee salaries are budgeted on an annual basis.

> Sarah Shipman Secretary of Administration

Doc. No. 045520

State of Kansas

Board of Pharmacy

Temporary Administrative Regulations

Article 7.—MISCELLANEOUS PROVISIONS

- **68-7-23.** Dispensing and administration of emergency opioid antagonist without a prescription. (a) Any pharmacist may dispense an emergency opioid antagonist and the necessary medical supplies needed to administer an emergency opioid antagonist to a patient, bystander, first responder agency, or school nurse without a prescription, in accordance with the opioid antagonist protocol and this regulation.
- (b) Each pharmacist dispensing an emergency opioid antagonist pursuant to this regulation shall submit to the board a form provided by the board, within five days of signing the opioid antagonist protocol, and shall maintain a signed and dated copy of the opioid antagonist protocol, which shall be made available to the pharmacist-in-charge, the board, and the board's designee. Each pharmacist that no longer dispenses emergency opioid

- antagonists pursuant to the opioid antagonist protocol shall notify the board, in writing, within 30 days of discontinuation.
- (c) Each emergency opioid antagonist dispensed by a pharmacist shall be labeled in accordance with the pharmacy practice act and any implementing regulations.
- (d) Each pharmacist who dispenses an emergency opioid antagonist pursuant to this regulation shall perform the following:
- (1) For each patient, bystander, first responder agency, or school nurse to whom the emergency opioid antagonist is dispensed, instruct that person or entity to summon emergency medical services as soon as practicable either before or after administering the emergency opioid antagonist;
- (2) for each patient or bystander to whom the emergency opioid antagonist is dispensed, provide in-person counseling, training, and written educational materials appropriate to the dosage form dispensed, including the following:
 - (A) Risk factors of opioid overdose;
 - (B) strategies to prevent opioid overdose;
 - (C) signs of opioid overdose;
 - (D) steps in responding to an overdose;
 - (E) information on emergency opioid antagonists;
- (F) procedures for administering an emergency opioid antagonist;
- (G) proper storage, disposal, and expiration date of the emergency opioid antagonist dispensed; and
- (H) information on where to obtain a referral for substance use disorder treatment; and
- (3) for each first responder agency or school nurse to whom the emergency opioid antagonist is dispensed, provide that person or entity with written education and training materials that meet the requirements of paragraphs (d)(1) and (2) and include the requirements to keep inventory records and report any administration of the emergency opioid antagonist to the appropriate healthcare provider pursuant to this regulation.
- (e) Each pharmacist shall document the dispensing of any emergency opioid antagonist pursuant to this regulation in a written or electronic prescription record for the patient, bystander, first responder agency, or school nurse to whom the emergency opioid antagonist is dispensed. The pharmacist shall record as the prescriber either that pharmacist or the physician who has signed the opioid antagonist protocol. The prescription record shall be maintained so that the required information is readily retrievable during the pharmacy's normal operating hours and shall be securely stored within the pharmacy for at least five years.
- (f) Any of the following individuals or facilities licensed or registered with the board of pharmacy or the board of healing arts may sell emergency opioid antagonists at wholesale to a first responder agency or school
 - (1) A pharmacist;
 - (2) a physician medical director; or
 - (3) a pharmacy.
- (g) Each first responder, scientist, and technician operating under a first responder agency administering an emergency opioid antagonist shall perform the following:

- (1) Summon emergency medical services as soon as practicable either before or after administering the emergency opioid antagonist;
- (2) immediately provide information related to the administration to any responding emergency medical services personnel, any emergency room personnel, or any treating physician; and
- (3) notify the physician medical director for the first responder agency within 24 hours of administration.
- (h) Each first responder agency that is dispensed an emergency opioid antagonist shall ensure that any first responder, scientist, or technician operating under the first responder agency is appropriately trained on the use of emergency opioid antagonists and meets the training requirements in subsection (d) and the opioid antagonist protocol.

This regulation shall become effective on July 1, 2017. (Authorized by and implementing 2017 HB 2217, sec. 1; effective, T-68-6-19-17, July 1, 2017.)

Alexandra Blasi Executive Secretary

Doc. No. 045515

State of Kansas

Department of Agriculture Division of Water Resources

Permanent Administrative Regulations

Article 14.—ENFORCEMENT AND APPEALS

- **5-14-10.** Civil penalties for violations other than exceeding the authorized quantity of water. (a) Penalty order. In addition to any other authorized enforcement procedures, if the chief engineer finds that any of the violations specified in K.S.A. 82a-737, and amendments thereto, have occurred, a written order may be issued by the chief engineer pursuant to K.S.A. 82a-737(e), and amendments thereto.
 - (b) Civil penalties.
- (1) Any civil penalty assessed in any order issued under this regulation may be no greater than the civil penalties specified in subsection (m) for each applicable violation. Any day on which the violation continues to occur may constitute a separate offense. If an order is issued, the chief engineer may include all known violations of this regulation or K.A.R. 5-14-12, or both, and all penalties pertaining to a given water right in the order. The order may include violations of this regulation or K.A.R. 5-14-12, or both, applicable to multiple water rights. Separate penalties may be assessed for each violation cited in a single order.
- (2) The monetary penalties and suspension terms specified in subsection (m) may be reduced due to one or more of the following factors:
- (A) The absence of any prior penalty assessed under the Kansas water appropriation act, or implementing regulations, during the five calendar years preceding the calendar year in which the most recent violation occurred and if that calendar year is not determinable, then preceding the calendar year in which the order is issued for the most recent violation;

- (B) the absence of intentional noncompliance or gross negligence; or
- (C) prompt cessation or correction of the violation upon discovery or notification by the chief engineer or an authorized representative or by personnel from a groundwater management district.
- (c) Lower-tier miscellaneous. Any of the following actions or inactions may constitute a lower-tier miscellaneous violation:
- (1) Operating and maintaining a water flowmeter or other water-measuring device required by the chief engineer that is out of compliance as specified in K.A.R. 5-1-9, unless the violation is a meter manipulation;
- (2) failure to properly implement a conservation plan required by the chief engineer;
 - (3) committing a waste of water; and
- (4) violating an order of the chief engineer or a term, condition, or limitation of a water right, approval of application, term permit or temporary permit, or any regulation not otherwise specifically listed as a violation in this regulation.
- (d) Failure to provide information. Any of the following actions or inactions may constitute a failure to provide information:
 - (1) Failure to file a required monthly report; and
- (2) failure to provide complete and accurate water use or other data, information, or records requested by the chief engineer or authorized representative, except the annual water use reports required by K.S.A. 82a-732 and amendments thereto, within the following time frames:
- (A) For information regarding water use during administration of a water right, within 24 hours of the chief engineer's or authorized representative's request; and
- (B) for all other information, within 15 days of the request made by the chief engineer or authorized representative or within any other time frame prescribed by the chief engineer or authorized representative when the request is made.
- (e) Unauthorized diversion or threat to divert. Any of the following actions may constitute an unauthorized diversion or threat to divert:
- (1) A threat to divert water without authorization from the chief engineer;
 - (2) irrigating an unauthorized place of use;
- (3) diverting water at a rate in excess of the authorized rate of diversion;
- (4) diverting water from an unauthorized point of diversion of water; and
- (5) applying water to an unauthorized type of beneficial use.
- (f) Denial of access. It may be a violation for any person to deny access to authorized agents of the chief engineer as required by K.S.A. 82a-706b, and amendments thereto.
- (g) Lack of water flowmeter. It may be a violation for any person to fail to timely install, or to remove and fail to replace, a required water flowmeter or other acceptable water-measuring device.
- (h) Noncompliance with a substantial order. Any of the following actions may constitute a violation of a substantial order of the chief engineer:

- (1) Violating a cease-and-desist order issued by the chief engineer;
- (2) violating an order of the chief engineer issued pursuant to K.S.A. 82a-706b, and amendments thereto;
- (3) violating any order of the chief engineer issued pursuant to K.S.A. 82a-1038, K.S.A. 82a-1041, or K.S.A. 82a-745, and amendments thereto, or any associated term permit, relating to an intensive groundwater use control area, local enhanced management area, or water conservation area; and
- (4) violating a minimum desirable streamflow order issued by the chief engineer pursuant to K.A.R. 5-15-1 through 5-15-3.
 - (i) Meter manipulation.
- (1) Any of the following actions may constitute meter manipulation:
- (A) Causing a water flowmeter or other acceptable water-measuring device to show an incorrect or inaccurate reading by any method, including any of the following:
 - (i) Tampering with the meter in any way;
 - (ii) physically altering the meter reading or the propeller;
- (iii) operating the water flowmeter in reverse orientation or running the water flowmeter in reverse by any means; or
- (iv) altering a water flowmeter from its factory specifications in a manner that causes the meter to underreport actual water use; and
- (B) removing a seal placed on a pump, diversion device, or water flowmeter without the written permission of the chief engineer or the chief engineer's authorized representative.
- (2) If a penalty is assessed for meter manipulation under this regulation and more than one water right is serviced by a single meter, then a single penalty may be assessed for all water rights serviced by that meter.
- (j) Falsification. Any of the following actions may constitute falsification:
- (1) Providing false water use data, including providing inaccurate information during a perfection period or after a water right has been certified, that underreports or overreports water use; and
 - (2) falsifying any other required data or information.
- (k) Noncompliance with a special condition of change application approval.
- (1) Any of the following actions may constitute a violation of a special condition of a change application approval:
- (A) Violating any of the terms and conditions of a multiyear allocation; and
- (B) violating a term or condition limiting the net acres that may be irrigated in any one calendar year pursuant to an approval to allow annual rotation of the authorized place of use for irrigation.
- (2) The suspension specified in subsection (m) may apply to all or any portion of the annual water use authorized by the water right, any term permit, and any water right upon which a multiyear allocation or rotation was based. Additionally, a subsequent restriction of the authorized place of use to the base acreage at a location specified in the change approval may be applied. After any suspension has expired, the water right may revert to all conditions in effect on the water right before ap-

proval of the change application that authorized the multiyear allocation or rotation.

- (l) Penalties for water rights in a term permit. If falsification or meter manipulation occurs during the term of a multiyear flex account term permit or other term permit during which the base water right is suspended, the chief engineer may revoke the term permit, and the base water right may be suspended for what would have been the remainder of the term permit. In addition to the suspension, a penalty corresponding to the falsification or meter manipulation violation cited may be imposed. Any additional reduction or suspension may run consecutively with the suspension for what would have been the remainder of the term permit.
- (m) Penalty table. The following table may specify the maximum civil penalty and the maximum suspension term that may be assessed by the chief engineer for each violation of this regulation:

Maximum

Violation	Monetary penalty	number of days monetary penalty applied	Suspension of water use
Lower-tier miscellaneous	\$500 per day	20	One year
Failure to provide information	\$500 per day, for each day the violation exists	20	One year
Unauthorized diversion or threat to divert	\$500 per day	20	One year
Denial of access	\$1,000 per day	10	Three years
Lack of water flowmeter	\$1,000 per day	10	Three years
Noncompliance with a substantial order	\$1,000 per day	10	Five years
Meter manipulation	\$1,000 per day	10	Five years
Falsification	\$1,000 per instance of falsification	Not applicable	Five years
Noncompliance with a special condition of a change application approval	\$1,000 per day	10	Two years

- (n) Owner liability and effect of penalty on water right. Any civil penalty and any temporary reduction or suspension of the quantity of water authorized to be diverted under a water right in Kansas may be enforced against the owner or owners of the water right and shall attach to and transfer with the water right to any subsequent heir, assignee, purchaser, or other subsequent holder of the water right.
- (o) Appeal. Any person aggrieved by an order of the chief engineer may request a review pursuant to K.S.A. 82a-1901, and amendments thereto, and after exhaustion of administrative remedies, may appeal to the district court in the manner provided by the act for judicial review and civil enforcement of agency actions. (Authorized by K.S.A. 82a-706a; implementing K.S.A. 82a-706a, K.S.A. 2016 Supp. 82a-737, and K.S.A. 2016 Supp. 82a-1901; effective Oct. 24, 2003; amended Oct. 31, 2008; amended July 14, 2017.)

- **5-14-12.** Civil penalties for exceeding the authorized quantity of water. (a) Penalty order. In addition to any other authorized enforcement procedures, if the chief engineer finds a diversion of water in excess of the authorized quantity, a written penalty order may be issued by the chief engineer pursuant to 82a-737(e), and amendments thereto.
- (b) Owner liability and effect of penalty on water right. Any civil penalty and any temporary reduction or suspension of the quantity of water authorized to be diverted under a water right in this state may be enforced against the owner or owners of the water right and shall attach to and transfer with the water right to any subsequent heir, assignee, purchaser, or other subsequent holder of the water right.
- (c) Penalty categories. Any violation for diversion of water in excess of the authorized quantity may be subject to the penalties specified in one of the following categories, as listed in subsection (e): category 1, category 2, category 3, or category 4.
- (1) A category 1 penalty may be assessed if no penalty for diversion of water in excess of the authorized quantity has been assessed against the water right for a violation that occurred during the five calendar years preceding the calendar year in which the most recent violation occurred.
- (2) A category 2 penalty may be assessed if one prior penalty for diversion of water in excess of the authorized quantity has been assessed against the water right for a violation that occurred during the five calendar years preceding the calendar year in which the most recent violation occurred.
- (3) A category 3 penalty may be assessed if two prior penalties for diversion of water in excess of the authorized quantity have been assessed against the water right for a violation that occurred during the five calendar years preceding the calendar year in which the most recent violation occurred.
- (4) A category 4 penalty may be assessed if three or more prior penalties for diversion of water in excess of the authorized quantity have been assessed against the water right for a violation that occurred during the five calendar years preceding the calendar year in which the most recent violation occurred.
- (d) Severity level of violation. Any violation may be assigned a severity level based upon the amount of water diverted in excess of the authorized quantity, according to the following:
- (1) A water right that has exceeded its authorized quantity by less than an amount equal to the amount resulting from 24 hours of pumping at the maximum authorized rate may be assessed a maximum of a severity level A penalty.
- (2) A water right that has exceeded its authorized quantity by an amount equal to at least the amount resulting from 24 hours of pumping but less than an amount equal to 72 hours of pumping at the maximum authorized rate may be assessed a maximum of a severity level B penalty.
- (3) A water right that has exceeded its authorized quantity by an amount equal to at least the amount resulting from 72 hours of pumping at the maximum authorized rate may be assessed a maximum of a severity level C penalty.

(e) Penalty table. The following table may be used to determine the maximum civil penalty and the maximum reduction or modification of the water right that may apply to each violation, based on the penalty category and the severity level of the violation:

Penalty category	Severity level A	Severity level B	Severity level C
1	Written notice of noncompliance	\$1,000 per day and a reduction in quantity equal to two times the quantity overpumped, not to exceed the annual authorized quantity	\$1,000 per day and a reduction in quantity equal to three times the quantity overpumped, not to exceed the annual authorized quantity
2	\$1,000 per day and a reduction in quantity equal to two times the quantity overpumped, not to exceed the annual authorized quantity	\$1,000 per day and a one-year suspension	\$1,000 per day and three-year suspension
3	\$1,000 per day and a one-year suspension	\$1,000 per day and a three-year suspension	\$1,000 per day and a four-year suspension
4	\$1,000 per day and a three-year suspension	\$1,000 per day and a four-year suspension	\$1,000 per day and a five-year suspension

- (f) Mitigating factors. The monetary penalties and suspension terms specified in subsection (e) may be reduced due to one or more of the following factors:
- (1) The absence of any prior penalty assessed under the Kansas water appropriation act, or the implementing regulations, during the five calendar years preceding the calendar year in which the most recent violation occurred;
- (2) the absence of intentional noncompliance or gross negligence; or
- (3) prompt cessation or correction of the violation upon discovery or notification by the chief engineer or an authorized representative of the chief engineer or by personnel from a groundwater management district.
- (g) Notice of noncompliance. Any notice of noncompliance issued under this regulation may be considered a category 1 penalty for purposes of classifying any future violation.
 - (h) Multiple water rights.
- (1) If multiple water rights or permits authorize the use of water from a single point of diversion and if the water used exceeds the total quantity of water authorized by the water rights and permits, all water rights and permits under which the water was lawfully diverted may be deemed to be violated unless sufficient evidence to the contrary is offered by one or more of the water right owners.
- (2) Any monetary penalty assessed under this regulation may be applied jointly and separately to the water rights, any temporary quantity reduction may be applied proportionally to each water right based on the authorized quantities for the water rights, and any suspension

may be applied to all the water rights, unless it can be determined that the quantity available under a given water right was not exceeded.

- (i) Penalties for water rights in a term permit. For each instance of diversion of water in excess of the total authorized quantity under a multiyear flex account term permit or other term permit during which the base water right is suspended, the chief engineer may revoke the term permit. For each revocation, a suspension may be applied to the base water right for what would have been the remainder of the term of the permit, in addition to any penalty assessed according to subsection (e). Any additional reduction or suspension may run consecutively with the suspension for what would have been the remainder of the term of the term permit.
 - (j) Expiration of penalty.
- (1) Any penalty assessed by the chief engineer for diversion of water in excess of the authorized quantity under this regulation may expire four calendar years after the end of the calendar year in which the penalty was assessed.
- (2) Any penalty that has not expired may be counted as a prior penalty for purposes of determining the category level of any future penalty for diversion of water in excess of the authorized quantity.
- (3) A penalty that has expired under paragraph (j)(1) shall not be considered in assessing a future penalty under this regulation or under K.A.R. 5-14-10.
- (4) A penalty that has expired shall not be expunged from the record of a water right and, except as otherwise provided in this regulation, may be considered by the chief engineer for any purposes pursuant to the Kansas water appropriation act, K.S.A. 82a-701 et seq. and amendments thereto, and the implementing regulations. (Authorized by K.S.A. 82a-706a; implementing K.S.A. 82a-706a and K.S.A. 2016 Supp. 82a-737; effective July 14, 2017.)

David W. Barfield, PE Chief Engineer Division of Water Resources

Doc. No. 045516

State of Kansas

Secretary of State

Certification of New State Laws

I, Kris W. Kobach, Secretary of State of the State of Kansas, do hereby certify that each of the following bills is a correct copy of the original enrolled bill now on file in my office.

Kris W. Kobach Secretary of State

(Published in the Kansas Register June 29, 2017.)

House Substitute for SENATE BILL No. 126

AN ACT establishing the child welfare system task force; concerning the study of the child welfare system in the state of Kansas; report to the legislature.

Be it enacted by the Legislature of the State of Kansas:

- Section 1. (a) The secretary for children and families shall establish a child welfare system task force to study the child welfare system in the state of Kansas. The Kansas department for children and families shall provide administrative assistance to facilitate organization and meetings of any working group convened by the task force. The department shall provide assistance to working groups to prepare and publish meeting agendas, public notices, meeting minutes and any research, data or information requested by a working group.
- (b) The child welfare system task force shall consist of the following members, each to be appointed by the respective appointing authority on or before July 15, 2017:
- (1) The chairperson of the senate standing committee on public health and welfare;
- (2) the vice-chairperson of the senate standing committee on public health and welfare;
- (3) the ranking minority member of the senate standing committee on public health and welfare;
- (4) the chairperson of the house standing committee on children and seniors;
- (5) the vice-chairperson of the house standing committee on children and seniors;
- (6) the ranking minority member of the house standing committee on children and seniors;
- (7) the secretary for children and families or the secretary's designee, who shall be a non-voting member;
- (8) the director of prevention and protection services for the Kansas department for children and families, who shall be a non-voting member:
- (9) one representative from each entity that contracts with the Kansas department for children and families to provide foster care, family preservation, reintegration and permanency placement services, appointed by each such entity, each of whom shall be a non-voting member;
- (10) one member appointed by the chief justice of the supreme court;
- (11) one representative of Kansas court-appointed special advocates, appointed by the chief justice of the supreme court;
- (12) one member of a citizen review board established pursuant to the revised Kansas code for care of children, appointed by the chief justice of the supreme court;
- (13) one member representing a foster parent organization, appointed by the judicial council;
- (14) one guardian ad litem with experience representing children in child in need of care cases, appointed by the judicial council;
- (15) one family law attorney with experience providing legal services to parents and grandparents in child in need of care cases, appointed by the judicial council;
- (16) one social worker licensed by the behavioral sciences regulatory board, appointed by the judicial council;
- (17) one member of the state child death review board established by K.S.A. 22a-243, and amendments thereto, appointed by the board;
- (18) one county or district attorney with experience in child in need of care cases, appointed by the Kansas county and district attorneys association; and
- (19) one law enforcement officer, appointed by the Kansas association of chiefs of police.
- (c) (1) The chairperson of the house standing committee on children and seniors shall serve as the first chairperson of the child welfare system task force and the chairperson of the senate standing committee on public health and welfare shall serve as the first vice-chairperson of the task force. The position of chairperson and vice-chairperson shall alternate annually upon the first meeting of the task force in each calendar year.
- (2) The child welfare system task force may meet in an open meeting at any time and at any place within the state of Kansas upon the call of the chairperson. The task force shall meet at least six times per calendar year.
- (3) A majority of the voting members of the child welfare system task force constitute a quorum. Any action by the task force shall be by motion adopted by a majority of voting members present when there is a quorum.
- (4) Any vacancy on the child welfare system task force shall be filled by appointment in the manner prescribed in this section for the original appointment.
- (d) (1) The child welfare system task force shall convene working groups to study the following topics: The general administration

of child welfare by the Kansas department for children and families; protective services; family preservation; reintegration; foster care; and permanency placement.

- (2) On or before August 15, 2017, the chairperson and vice-chairperson of the child welfare system task force and the ranking minority members appointed under subsections (b)(3) and (b)(6) shall jointly appoint the chairperson and vice-chairperson of each working group from the members of the task force. The chairperson and vice-chairperson of each working group shall jointly appoint members to the working group, each working group consisting of not more than seven non-task force members and not fewer than two task force members. Any non-task force member appointed to a working group shall possess specific expertise related to the working group's assigned topic of study.
- (e) The child welfare system task force and each working group convened by the task force shall study the following topics:
- (1) The level of oversight and supervision by the Kansas department for children and families over each entity that contracts with the Kansas department for children and families to provide reintegration, foster care and adoption services;
- (2) the duties, responsibilities and contributions of state agencies, nongovernmental entities and service providers that provide child welfare services in the state of Kansas;
- (3) the level of access to child welfare services, including, but not limited to, health and mental health services and community-based services, in the state of Kansas;
- (4) the increasing number of children in the child welfare system and contributing factors;
- (5) the licensing standards for case managers working in the child welfare system; and
- (6) any other topic the child welfare system task force or working group deems necessary or appropriate.
- (f) The child welfare system task force and each working group convened by the task force shall consider, at a minimum, United States department of health and human services child and family services reviews and child and family services plans and reports relating to foster care prepared by the division of post audit, the 2015 special committee on foster care adequacy and the 2016 special committee on foster care adequacy.
- (g) The child welfare system task force shall advise and consult with citizen review boards established pursuant to the revised Kansas code for care of children in conducting the study required by this section.
- (h) The Kansas department for children and families shall, upon request by the child welfare system task force, provide data and information relating to the child welfare system in the state of Kansas that is not otherwise prohibited or restricted from disclosure by state or federal law, including conditions imposed by federal law or rules and regulations for participation in federal programs administered by the secretary for children and families.
- (i) The child welfare system task force shall submit a preliminary progress report to the legislature detailing the task force's study under this section on or before January 8, 2018, and a final report to the legislature detailing the task force's study on or before January 14, 2019.
- (j) The child welfare system task force's report shall include recommended improvements regarding the safety and well-being of children in the child welfare system in the state of Kansas, including recommended changes to current law, rules and regulations and child welfare system processes, whether an ongoing task force or similar advisory or oversight entity consisting of legislators, attorneys in the area of family law, judges, foster parents, parents with reintegrated children and other interested parties would aid in addressing child welfare system concerns and any other topics the child welfare system task force deems appropriate.
- (k) Staff of the office of revisor of statutes, the legislative research department and the division of legislative administrative services shall provide assistance as may be requested by the child welfare system task force, including assistance to a legislative task force member serving on a working group, subject to approval by the legislative coordinating council.
- (l) (1) Subject to approval by the legislative coordinating council, members of the child welfare system task force attending meetings authorized by the task force shall be paid amounts provided in K.S.A. 75-3223(e), and amendments thereto, except that task force members who are employed by a state agency shall be reimbursed by such state agency.
- (2) Non-task force members of working groups convened by the child welfare system task force attending meetings of such working

groups shall be paid by the Kansas department for children and families amounts provided in K.S.A. 75-3223(e), and amendments thereto, except that non-task force members who are employed by a state agency shall be reimbursed by such state agency.

- (m) The provisions of this section shall expire on June 30, 2019.
- Sec. 2. This act shall take effect and be in force from and after its publication in the Kansas register.

(Published in the Kansas Register June 29, 2017.)

HOUSE BILL No. 2407

An Act concerning real estate; relating to duties of the attorney general and the secretary of administration; authorizing the department of wildlife, parks and tourism to purchase land in Sherman county.

Be it enacted by the Legislature of the State of Kansas:

- Section 1. (a) Notwithstanding any other statute, on and after the effective date of this section, no real estate located within or without the state of Kansas, nor any interest therein, may be transferred to the state of Kansas or any agency or instrumentality thereof: (1) Through any probate proceeding, except upon the express, written prior consent of the secretary of administration and the attorney general, which shall be filed with the probate court; or (2) otherwise without consideration, except upon the express, written prior consent of the secretary of administration and such agency or instrumentality, if any, receiving such real estate.
- (b) The attorney general may bring a civil action to declare any transfer in violation of this section void ab initio or for such other relief as the attorney general may deem appropriate.
- (c) As used in this section, "agency" means any state office, department, board, commission, bureau or other state authority. "Agency" shall not include a state educational institution as defined in K.S.A. 76-711, and amendments thereto, a community college as defined in K.S.A. 71-701(d), and amendments thereto, or the department of transportation.
- Sec. 2. (a) Subject to the provisions of K.S.A. 2016 Supp. 32-833, and amendments thereto, the secretary of wildlife, parks and tourism is hereby authorized to acquire by purchase the following tracts of land located in Sherman county, Kansas, more particularly described as:
- (1) Tract A: The Southwest Quarter (SW ¼) of Section Three (3), Township Ten (10) South, Range Forty (40) West of the 6th P.M. in Sherman County, Kansas, LESS THE FOLLOWING DESCRIBED TRACT: Referring to the South Quarter (S1/4) corner of said Section 3, thence S89°48′57″W (assumed and all bearings relative to) along the South section line a distance of 47.00 feet to the Point of Beginning. Thence continuing along the South section line a distance of 434.67 feet to a point, thence N00°05′32″E a distance of 656.91 feet to a point, thence S89°03′30″E a distance of 440.02 feet to a point 41.70 feet West of the ¼ section line, thence S00°33′38″W a distance of 648.32 feet to the Point of Beginning. Said tract contains 6.55 acres, more or less.
- (2) Tract B: The East Half (E ½) of Section Nine (9), Township Ten (10) South, Range Forty (40) West of the 6th P.M., LESS THE FOLLOW-ING DESCRIBED TRACT: The South 440 feet of the Southeast Quarter (SE ¼) of Section Nine (9), Township Ten (10) South, Range Forty (40) West of the 6th P.M., Sherman County, Kansas.
- (3) Tract C: All of Section Ten (10), Township Ten (10) South, Range Forty (40) West of the 6th P.M., Sherman County, Kansas.

A total containing 1,078 acres more or less.

- (b) Prior to payment for the purchase authorized by this section, the secretary of wildlife, parks and tourism shall determine that the requirements prescribed by K.S.A. 2016 Supp. 32-833, and amendments thereto, have been met.
- (c) The provisions of K.S.A. 75-3739, and amendments thereto, shall not apply to the acquisition authorized by this section or any contracts required therefor.
- (d) In the event that the secretary of wildlife, parks and tourism determines that the legal description of the parcel described by this section is incorrect, the secretary of wildlife, parks and tourism may purchase the property utilizing the correct legal description.
- Sec. 3. This act shall take effect and be in force from and after its publication in the Kansas register.

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