DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 9 7 — 1 1
2. STATE: Kansas
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
Medicaid

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 01, 1997

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 447.201

7. FEDERAL BUDGET IMPACT:
a. FFY 97 $4,175,000
b. FFY 98 $12,525,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
See Attached

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
See Attached

10. SUBJECT OF AMENDMENT:
Nursing Facility Methods & Standards for Establishing Payment Rates.

11. GOVERNOR'S REVIEW *(Check One)*:

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED:
Janet Schalansky is the Governor's designee.

12. SIGNATURE OF STATE AGENCY OFFICIAL: Janet Schalansky
13. TYPED NAME: Janet Schalansky
14. TITLE: Deputy Secretary
15. DATE SUBMITTED: 09/09/97

16. RETURN TO:
Janet Schalansky, Deputy Secretary
KS Dept of Social & Rehabilitation Services
DSOB/915 SW Harrison
6th Floor
Topeka, Kansas 66612

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 09/09/97
18. DATE APPROVED: JUN 06 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/97
20. SIGNATURE OF REGIONAL OFFICIAL: Thomas W. Lenz
21. TYPED NAME: Thomas W. Lenz
22. TITLE: ARA for Medicaid and State Operations

23. REMARKS:
SPA CONTROL
Schalansky
Day
Haverkamp
Date Submitted: 09/09/97
Date Received: 09/09/97

FORM HCFA-179 (07-92)

Instructions on Back

KANSAS MEDICAID STATE PLAN

Form HCFA-179
State Plan MS-97-11
Attachment 4.19D, Part I
Nursing Facility

Number of Plan Section:	Number of Superseded Plan Section:
Assurance Letter Dated: July 01, 1997	Assurance Letter Date: February 18, 1997, TN-MS-97-05
Exhibit C-2, Pages 1-6 and 8	Exhibit C-2, Pages 1-4, 6 and 8, TN-MS 96-07 Page 5, TN-MS 95-15
Exhibit C-3, Pages 1-3	Exhibit C-3, Pages 1-3, TN-MS 96-07
Exhibit C-4	Exhibit C-4, Tn-MS 96-07
Exhibit C-5, Pages 1-3	Exhibit C-5, Pages 1-3, TN-MS 96-07

KANSAS MEDICAID STATE PLAN

INFLATION FOR REPORT YEAR ENDS PRIOR TO 7/1/97
EFFECTIVE 07/01/97

REPORT YEAR END (RYE)	MIDPOINT OF RYE	MIDPOINT OF RYE INDEX	MIDPOINT OF RATE PERIOD	MIDPOINT OF RATE PERIOD INDEX	HISTORICAL INFLATION FACTOR % *
12-94	06-94	1.067	12-97	1.183	10.872%
01-95	07-94	1.076	12-97	1.183	9.944%
02-95	08-94	1.076	12-97	1.183	9.944%
03-95	09-94	1.076	12-97	1.183	9.944%
04-95	10-94	1.084	12-97	1.183	9.133%
05-95	11-94	1.084	12-97	1.183	9.133%
06-95	12-94	1.084	12-97	1.183	9.133%
07-95	01-95	1.095	12-97	1.183	8.037%
08-95	02-95	1.095	12-97	1.183	8.037%
09-95	03-95	1.095	12-97	1.183	8.037%
10-95	04-95	1.099	12-97	1.183	7.643%
11-95	05-95	1.099	12-97	1.183	7.643%
12-95	06-95	1.099	12-97	1.183	7.643%
01-96	07-95	1.106	12-97	1.183	6.962%
02-96	08-95	1.106	12-97	1.183	6.962%
03-96	09-95	1.106	12-97	1.183	6.962%
04-96	10-95	1.112	12-97	1.183	6.385%
05-96	11-95	1.112	12-97	1.183	6.385%
06-96	12-95	1.112	12-97	1.183	6.385%
07-96	01-96	1.123	12-97	1.183	5.343%
08-96	02-96	1.123	12-97	1.183	5.343%
09-96	03-96	1.123	12-97	1.183	5.343%
10-96	04-96	1.128	12-97	1.183	4.876%
11-96	05-96	1.128	12-97	1.183	4.876%
12-96	06-96	1.128	12-97	1.183	4.876%
01-97	07-96	1.136	12-97	1.183	4.137%
02-97	08-96	1.136	12-97	1.183	4.137%
03-97	09-96	1.136	12-97	1.183	4.137%
04-97	10-96	1.146	12-97	1.183	3.229%
05-97	11-96	1.146	12-97	1.183	3.229%
06-97	12-96	1.146	12-97	1.183	3.229%

* = (Midpoint of rate period index / Midpoint of rye index) -1

*Substitute per letter dated 3/26/99

INFLATION FOR REPORT YEAR ENDS AFTER 7/1/97
EFFECTIVE 07/01/97

RYE	MIDPOINT OF RYE	# OF MONTHS FROM MIDPOINT TO 07-01-98	RED	# OF MONTHS FROM RED TO 07-01-98	INFLATION FACTOR
07-31-97	01-31-97	17	08-01-97	11	3.116%
08-31-97	02-28-97	16	09-01-97	10	2.980%
09-30-97	03-31-97	15	10-01-97	9	2.845%
10-31-97	04-30-97	14	11-01-97	8	2.709%
11-30-97	05-31-97	13	12-01-97	7	2.574%
12-31-97	06-30-97	12	01-01-98	6	2.438%
01-31-98	07-31-97	11	02-01-98	5	2.303%
02-28-98	08-31-97	10	03-01-98	4	2.167%
03-31-98	09-30-97	9	04-01-98	3	2.032%
04-30-98	10-31-97	8	05-01-98	2	1.896%
05-31-98	11-30-97	7	06-01-98	1	1.761%

X = NUMBER OF MONTHS FROM MIDPOINT OF RYE TO 07/01/98
Y = NUMBER OF MONTHS FROM RED TO 07/01/98
FORMULA = 0.2709% • [X-(Y/2)]
ANNUAL RATE OF INFLATION = 3.251%

KANSAS MEDICAID STATE PLAN

COST CENTER LIMITATIONS EFFECTIVE 07/01/97

COST CENTER	UPPER LIMIT
Administration	$10.05
Property	$11.06
Room & Board	$19.24
Health Care	$49.21 •

• = Base limit for a facility average case mix index of 1.00

KANSAS MEDICAID STATE PLAN

INCENTIVE FACTORS EFFECTIVE 07/01/97

Level	Percentile Range		Per Patient Day Range		Incentive
	Low	High	Low	High	Factor
NF	-0-	30th	$ -0-	12.08	$.50
	31st	55th	12.09	14.05	0.40
	56th	75th	14.06	16.38	0.30
	76th	100th	16.39	above	-0-

KANSAS MEDICAID STATE PLAN

Attachment 4.19D
Part I
Subpart C
Exhibit C-2
Page 5

OWNER/RELATED PARTY SALARY LIMITATIONS
ALL LEVELS OF CARE
EFFECTIVE 07/01/97

Job Classification	Salary Range(**)	Bed Size: 0-59	60-120	121+	0-99	100	Any Size
Administrator (*)	23	29,355					
	28		37,475				
	31			43,365			
Co-Administrator (*)	19	24,155					
	22		27,973				
	24			30,809			
Accountant (II)	24						30,809
Attorney (II)	31						43,365
Bookkeeper	15						19,877
Secretary (II)	15						19,877
Gen. Maint. & Repair Tech II	17						21,913
Physical Plant Supervisor I (1 or 2 Facilities)	23						29,355
Physical Plant Superivsor II (3 or More Facilities)	25						32,360
Cook	11						16,349
Food Service Supervisor II	17						21,913
Housekeeper/Laundry Worker	9						14,830
Director of Nursing (RN III *)	25				32,360		
Director of Nursing (RN IV *)	28					37,475	
Registered Nurse (RN II *)	22						27,973
Licensed Practical Nurse (LPN *)	18						23,004
LPN Supervisor (*)	20						25,379
Health Care Assistant (Nurse Aides)	12						17,202
Mental Health Aide	12						17,202
Physical Therapist II (*)	27						35,669
Physical Therapist Aide	13						18,054
Occupational Therapist II (*)	26						33,997
Speech Path./Audio. I. (*)	26						33,997
Activity Therapy Tech.	14						18,928
Activity Therapist I (*)	22						27,973
Social Worker (*)	22						27,973
Medical Records Administrator	24						30,809
Medical Records Technition	19						24,155
Central Office (3 or More Facilities)							
Chief Executive Officer	36						55,352
Chief Operating Officer	34						50,237
All Other Chief Officers	31						43,365

(*) License/Registration/Certificate Requirement.
(**) Step 5 of the Salary Range is used, which represents the State civil service market rate.

KANSAS MEDICAID STATE PLAN

OWNER/ADMINISTRATOR LIMITATION TABLE EFFECTIVE 07/01/97

Number of Beds	Total Bed Days	Maximum Owner/Admin Compensation	Limit PPD	F/Y	Amount	Cost of Living State Emp.
15	5,475	$18,777	$3.43	76	10,000	---
16	5,840	19,731	3.38	77	10280	2.800%
17	6,205	20,685	3.33	78	10537	2.500%
18	6,570	21,639	3.29	79	11301	7.250%
19	6,935	22,593	3.26	80	11781	4.250%
20	7,300	23,547	3.23	81	12617	7.100%
21	7,665	24,501	3.20	82	13248	5.000%
22	8,030	25,456	3.17	83	14109	6.500%
23	8,395	26,410	3.15	84	14426	2.250%
24	8,760	27,364	3.12	85	15147	5.000%
25	9,125	28,318	3.10	86	15933	5.190%
26	9,490	29,272	3.08	87	16411	3.000%
27	9,855	30,226	3.07	88	16575	1.000%
28	10,220	31,180	3.05	89	17238	4.000%
29	10,585	32,135	3.04	90	17755	3.000%
30	10,950	33,089	3.02	91	18021	1.500%
31	11,315	34,043	3.01	92	18021	0.000%
32	11,680	34,997	3.00	93	18111	0.500%
33	12,045	35,951	2.98	94	18202	0.500%
34	12,410	36,905	2.97	95	18407	1.125%
35	12,775	37,859	2.96	96	18591	1.000%
36	13,140	38,814	2.95	97	18591	0.000%
37	13,505	39,768	2.94	98	18777	1.000%
38	13,870	40,722	2.94			
39	14,235	41,676	2.93			
40	14,600	42,630	2.92			
41	14,965	43,584	2.91			
42	15,330	44,538	2.91			
43	15,695	45,493	2.90			
44	16,060	46,447	2.89			
45	16,425	47,401	2.89			
46	16,790	48,355	2.88			
47	17,155	49,309	2.87			
48	17,520	50,263	2.87			
49	17,885	51,217	2.86			
50	18,250	52,172	2.86	90th Percentile PPD Administrator & Co-Administrator Salary.		

KANSAS MEDICAID STATE PLAN

CASE MIX INDEX TABLE EFFECTIVE 07/01/97

RUG-III GROUP	CODE	CMI
SPECIAL REHABILITATION		
REHAB VERY HI 14-18	RVC	4.12
REHAB VERY HI 8-13	RVB	3.38
REHAB VERY HI 4-7	RVA	3.23
REHAB HI 15-18	RHD	3.40
REHAB HI 12-14	RHC	2.77
REHAB HI 8-11	RHB	2.75
REHAB HI 4-7	RHA	2.54
REHAB MED 16-18	RMC	2.51
REHAB MED 8-15	RMB	2.06
REHAB MED 4-7	RMA	1.97
REHAB LO 12-18	RLB	1.56
REHAB LO 4-11	RLA	1.41
EXTENSIVE SERVICES		
EXTENSIVE 3	SE3	4.10
EXTENSIVE 2	SE2	2.39
EXTENSIVE 1	SE1	1.61
SPECIAL CARE		
SPECIAL CARE 17-18	SSC	1.45
SPECIAL CARE 14-16	SSB	1.30
SPECIAL CARE 7-13	SSA	1.23
CLINICALLY COMPLEX		
COMPLEX 17-18 D	CD2	1.27
COMPLEX 17-18	CD1	1.22
COMPLEX 11-16 D	CC2	1.14
COMPLEX 11-16	CC1	1.06
COMPLEX 6-10 D	CB2	1.09
COMPLEX 6-10	CB1	0.97
COMPLEX 4-5 D	CA2	0.95
COMPLEX 4-5	CA1	0.78

RUG-III GROUP	CODE	CMI
IMPAIRED COGNITION		
IMPAIRED 6-10 N	IB2	0.94
IMPAIRED 6-10	IB1	0.85
IMPAIRED 4-5 N	IA2	0.75
IMPAIRED 4-5	IA1	0.65
BEHAVIOR PROBLEMS		
BEHAVIOR 6-10 N	BB2	0.96
BEHAVIOR 6-10	BB1	0.84
BEHAVIOR 4-5 N	BA2	0.74
BEHAVIOR 4-5	BA1	0.59
REDUCED PHYSICAL FUNCTIONS		
PHYSICAL 16-18 N	PE2	1.03
PHYSICAL 16-18	PE1	0.99
PHYSICAL 11-15N	PD2	0.98
PHYSICAL 11-15	PD1	0.92
PHYSICAL 9-10 N	PC2	0.87
PHYSICAL 9-10	PC1	0.87
PHYSICAL 6-8 N	PB2	0.77
PHYSICAL 6-8	PB1	0.69
PHYSICAL 4-5 N	PA2	0.69
PHYSICAL 4-5	PA1	0.56

KANSAS MEDICAID STATE PLAN

COMPILATION OF COST CENTER LIMITATIONS
EFFECTIVE 07/01/97

	BEFORE INFLATION					***AFTER INFLATION***				
	ADMIN	PLT OP	RM&BRD	HLTCR	TOTAL	ADMIN	PLT OP	RM&BRD	HLTCR	TOTAL
MEDIAN	8.43	5.32	14.11	37.49	65.55	8.74	5.57	14.80	39.37	68.67
MEAN	9.68	5.73	15.10	38.62	69.14	10.06	6.00	15.85	40.57	72.48
WTMN	9.06	5.61	14.80	38.56	68.02	9.41	5.86	15.55	40.52	71.35
# OF PROV	385									

KANSAS MEDICAID STATE PLAN

COMPILATION OF ADMINISTRATOR, CO-ADMINISTRATOR AND OWNER EXPENSE - O/A LIMIT

	ADMINISTRATOR		CO-ADMINISTRATOR		TOTAL ADMN & CO-ADMN		OWNER	
	TOTAL	PRD	TOTAL	PRD	TOTAL	PRD	TOTAL	PRD
HIGH	108,232	16.57	45,438	1.49	108,232	16.57	241,350	6.32
99th	72,872	3.92	45,438	1.49	83,864	3.92	218,424	6.22
95th	60,653	3.08	39,563	1.35	63,848	3.10	101,451	4.35
90th	53,521	2.81	35,659	1.32	55,039	2.86	79,168	3.10
85th	49,391	2.60	34,067	0.96	50,181	2.62	58,497	2.35
80th	46,714	2.45	27,809	0.96	47,633	2.48	42,814	1.98
75th	45,420	2.34	23,021	0.89	45,578	2.39	35,155	1.62
70th	43,673	2.27	20,048	0.71	44,142	2.28	30,215	1.31
65th	42,354	2.17	18,753	0.64	42,750	2.21	23,657	1.17
60th	40,934	2.08	17,597	0.55	41,202	2.12	19,992	0.96
55th	39,910	2.02	16,178	0.54	40,129	2.06	17,938	0.83
50th	38,533	1.91	5,143	0.23	38,896	1.94	15,510	0.71
40th	36,788	1.70	4,243	0.16	36,970	1.76	10,545	0.57
30th	33,935	1.54	2,797	0.14	33,972	1.59	7,701	0.39
20th	31,164	1.39	1,600	0.08	31,164	1.41	4,634	0.18
10th	25,004	1.12	960	0.04	24,813	1.18	2,502	0.11
1st	8,960	0.67	-142	-0.01	8,960	0.67	1,000	0.05
LOW	6,544	0.44	-142	-0.01	6,544	0.44	-15,620	-2.18
MEAN	38,945	1.99	14,186	0.50	39,773	2.01	28,561	1.21
WTMN	41,877	1.77	17,202	0.54	43,141	1.81	33,890	1.20
# of Prov	363		24		364		147	

COMPILATION OF LINE ITEM INPUTS TO INCENTIVE FACTOR

	INCENTIVE AMOUNT
HIGH	254.00
99th	49.38
95th	22.33
90th	18.74
85th	17.81
80th	17.22
75th	16.38
70th	15.69
65th	15.19
60th	14.53
55th	14.05
50th	13.56
40th	12.70
30th	12.08
20th	10.99
10th	9.87
1st	7.50
LOW	6.61
MEAN	15.16
WTMN	14.26
# of Prov	386