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# BUDGET NARRATIVE

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Fiscal Years  
2025 - 2026

Kansas Department for Aging & Disability Services  
Kansas Neurological Institute  
Larned State Hospital  
Osawatomie State Hospital  
Adair Acute Care at Osawatomie  
Parson State Hospital & Training Center

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NARRATIVE INFORMATION – DA 400  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE:  
SUBPROGRAM TITLE:

15 September 2024

Adam Proffitt, Director of Budget  
Division of Budget  
Suite 504, Landon State Office Building  
900 SW Jackson Street  
Topeka, KS 66612

Dear Mr. Proffitt:

As Secretary of the Department of Aging and Disability Services, I hereby submit for your consideration the budget documents for FY2025 and FY2026 for the Agency. The budget has been prepared in accordance with the instructions transmitted in your memo of July 2024. To the best of my knowledge and belief, the information and explanation included in this budget request are correct and complete.

As always, my staff and I are prepared to provide any additional information which you or our budget analyst, Bill Schafer, may require.

Sincerely,

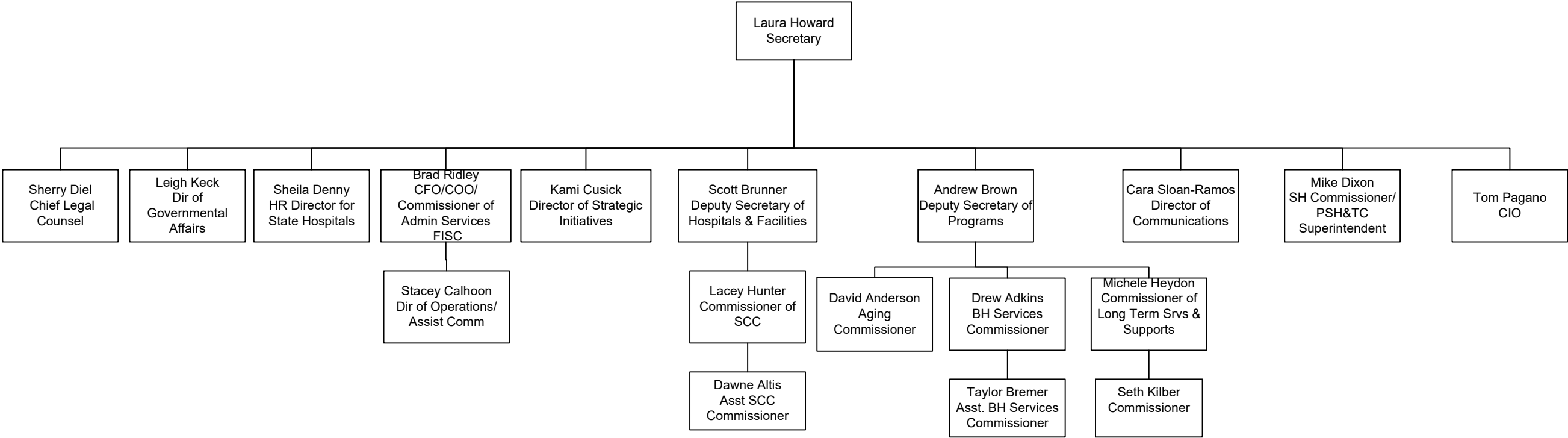


Laura Howard  
Secretary

# Kansas Department for Aging & Disability Services

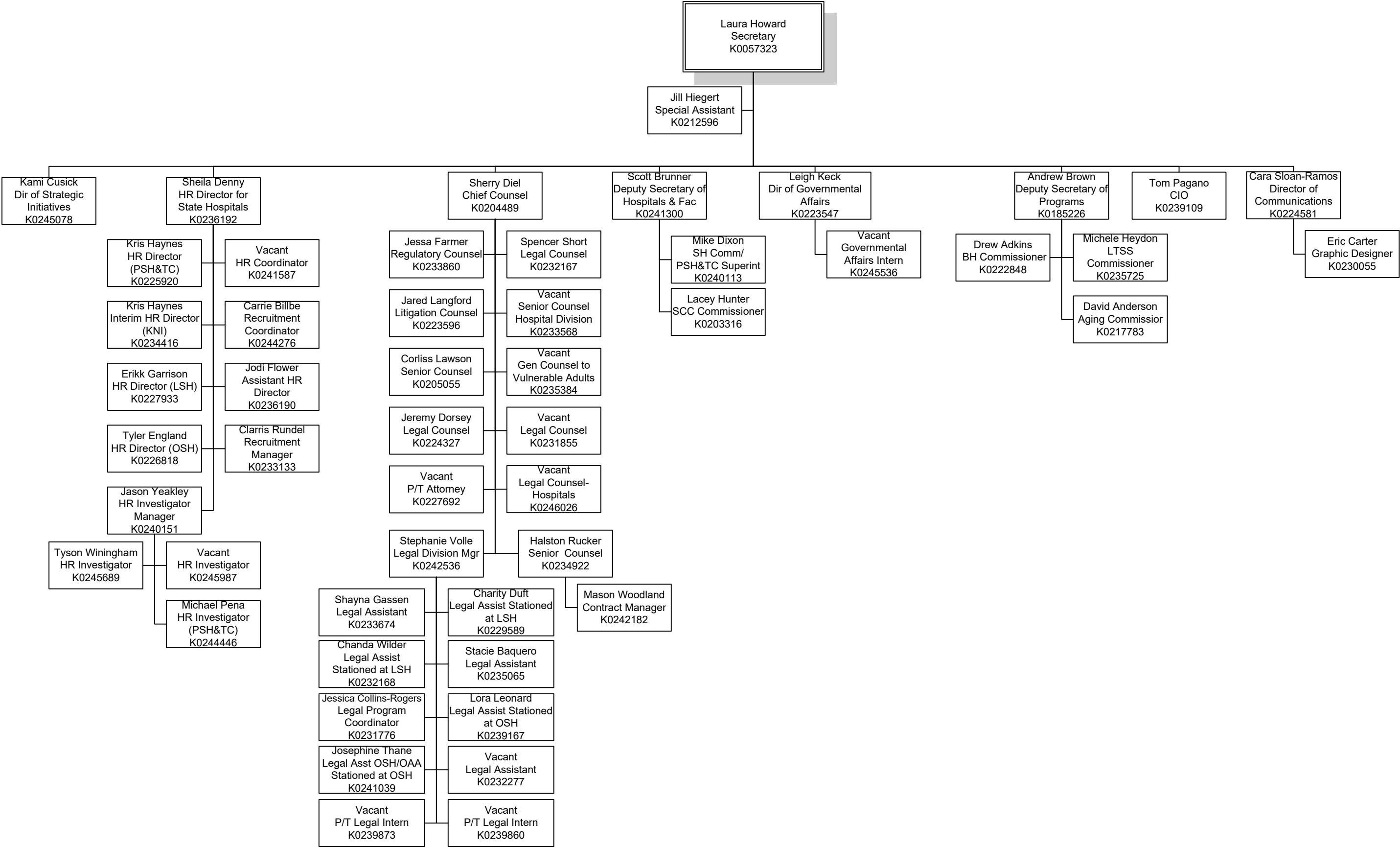
## Senior Leadership Staff

September 3, 2024



# Kansas Department for Aging & Disability Services

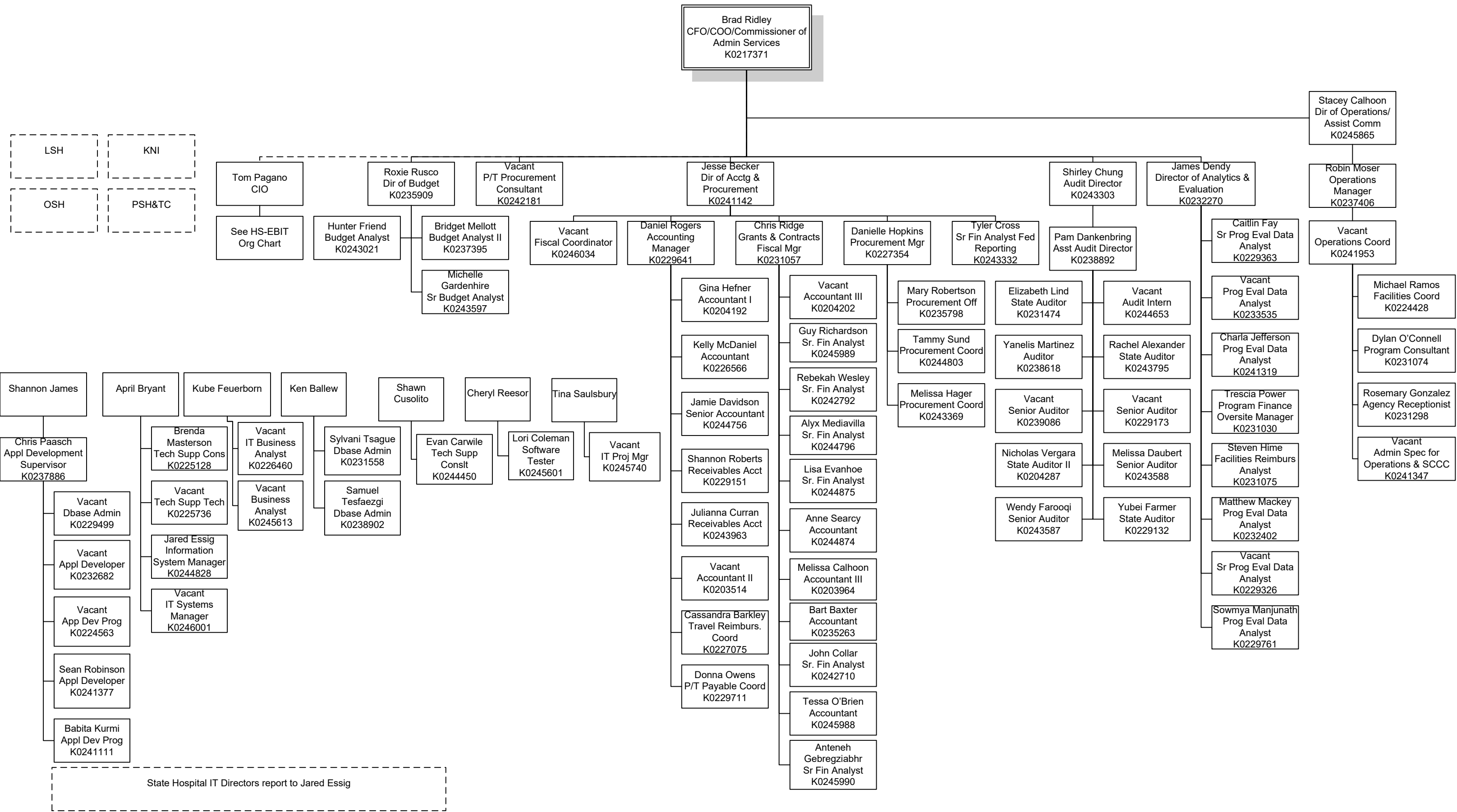
Office of the Secretary  
September 3, 2024



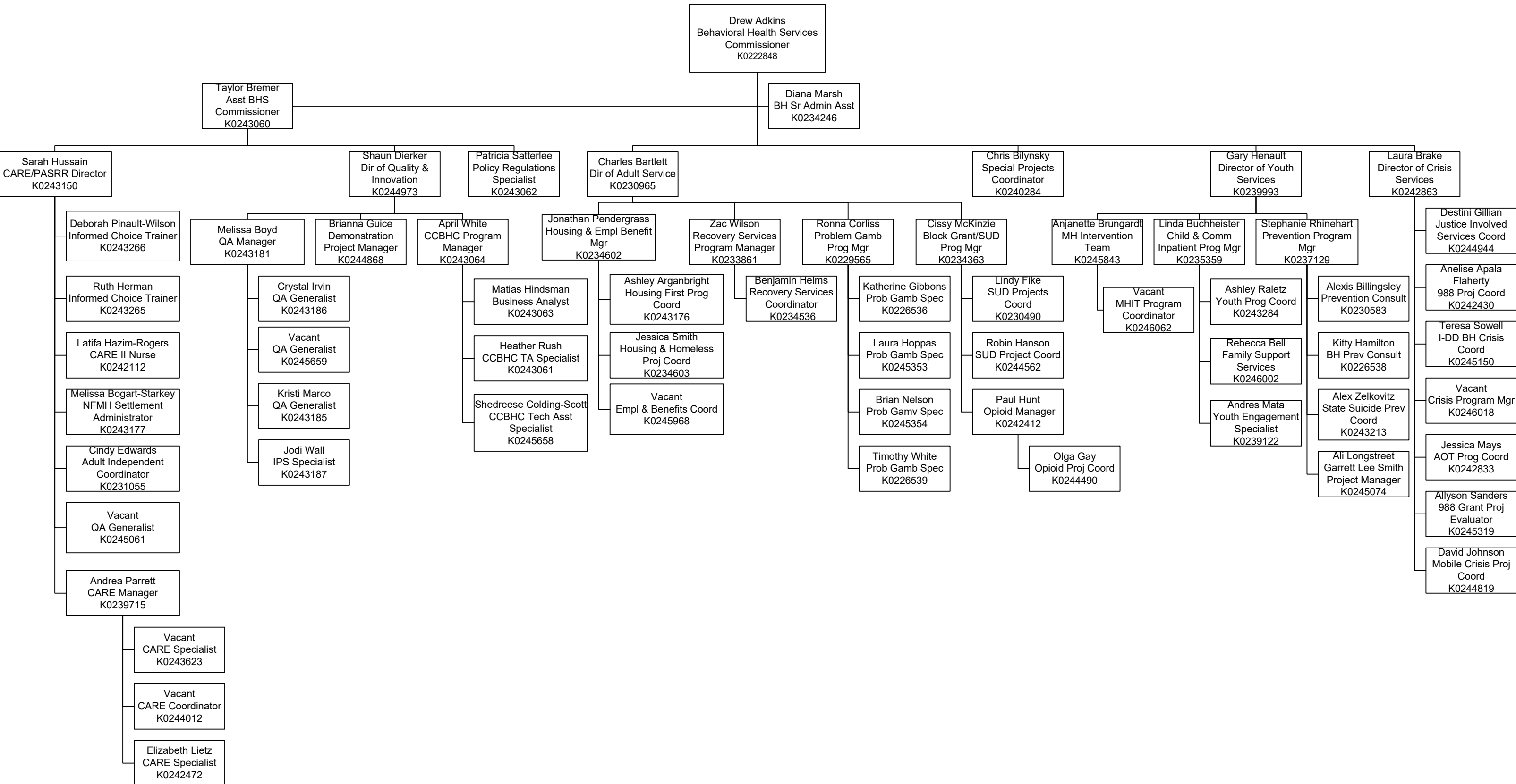
# Kansas Department for Aging & Disability Services

Financial & Information Services Commission

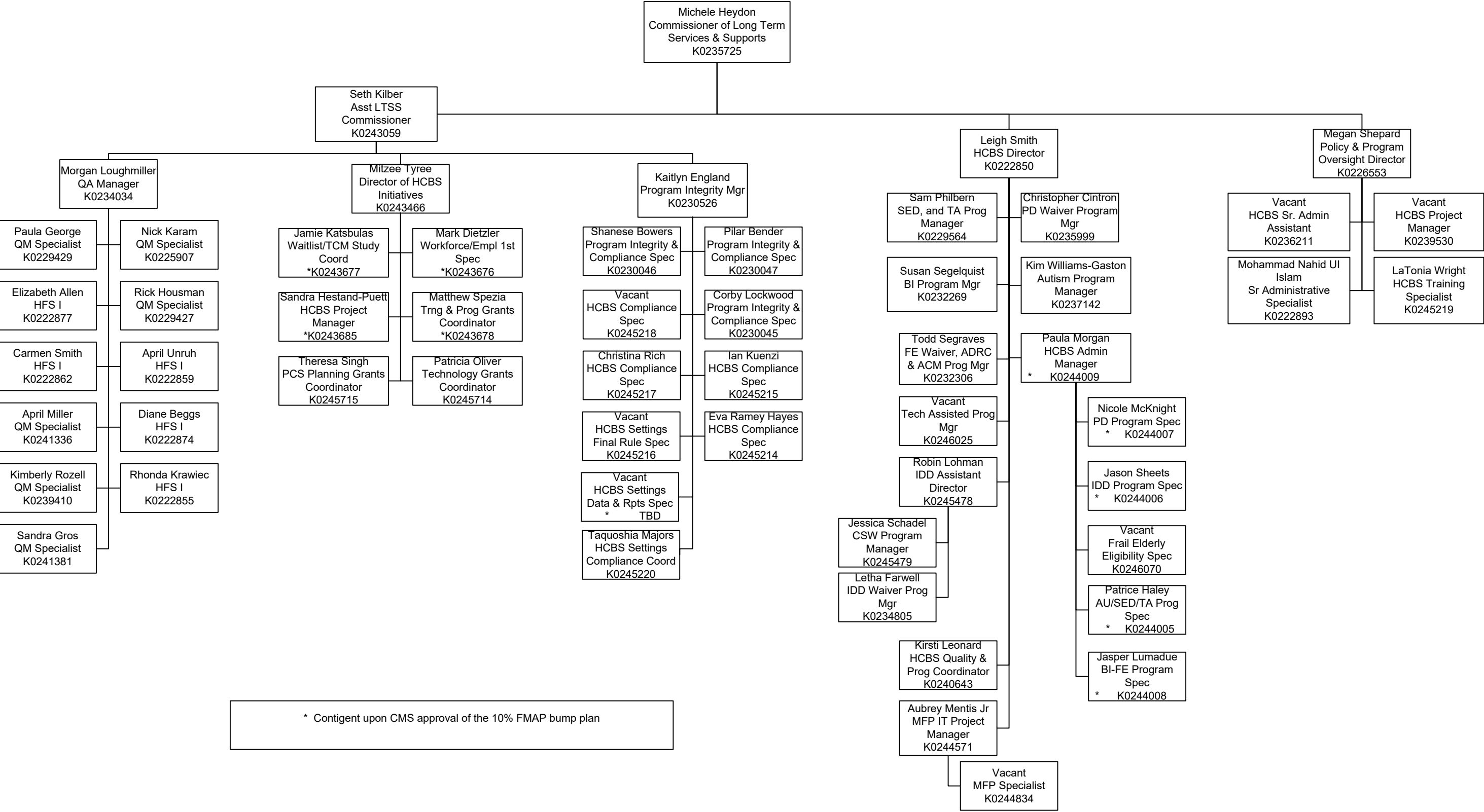
September 3, 2024



Kansas Department for Aging and Disability Services  
Behavioral Health Services  
September 3, 2024

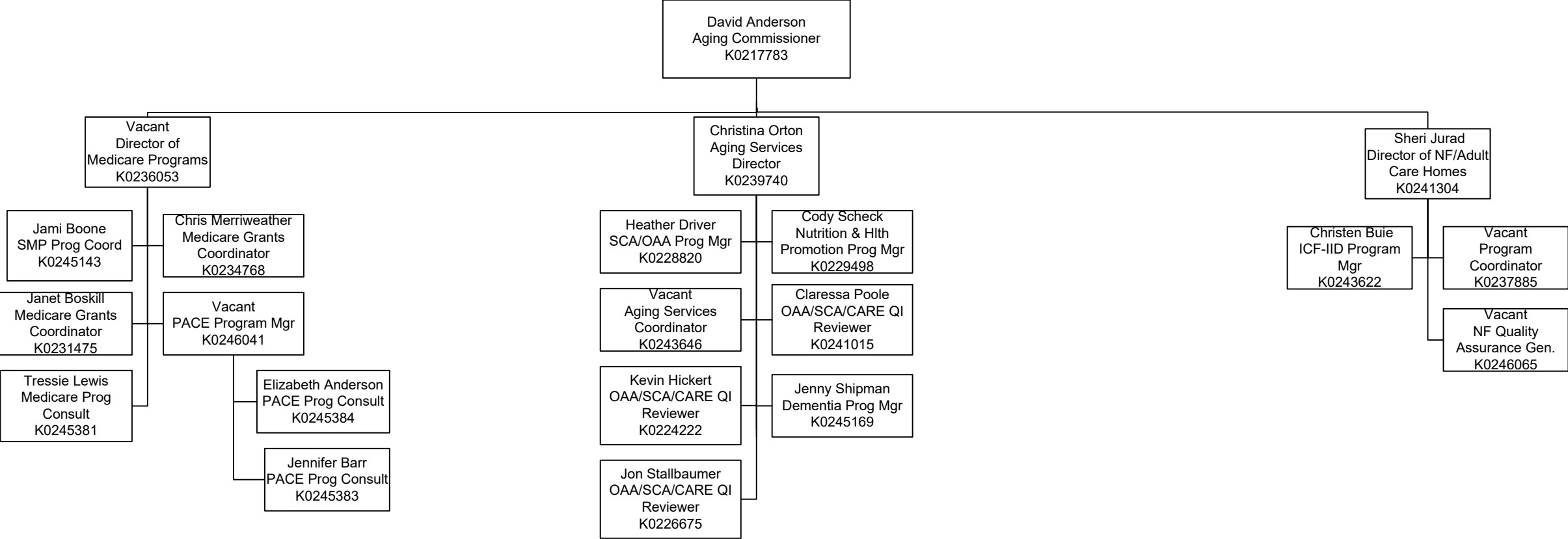


Kansas Department for Aging and Disability Services  
Long Term Services & Supports  
September 3, 2024





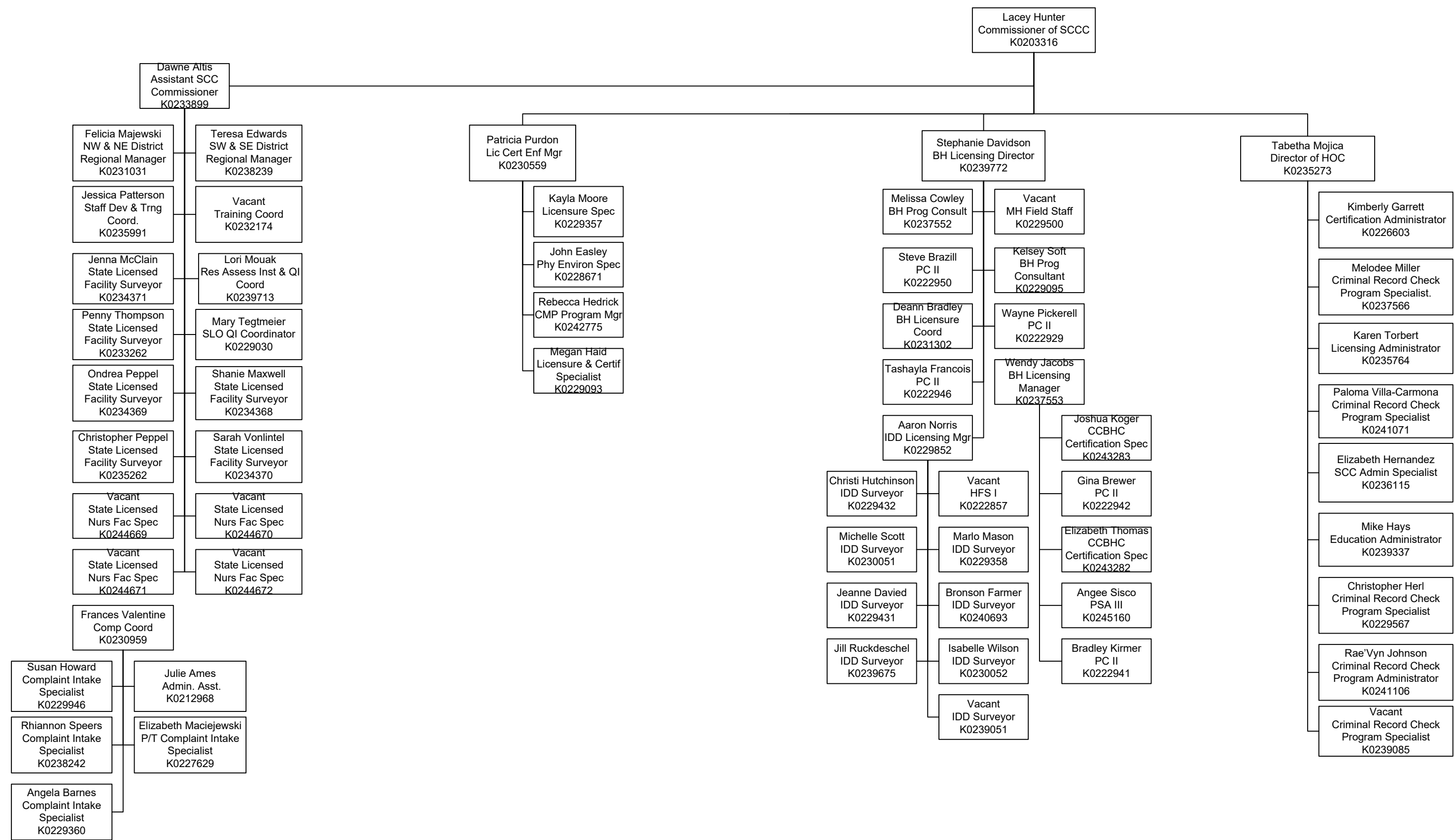
Kansas Department for Aging and Disability Services  
Commission on Aging  
September 3, 2024



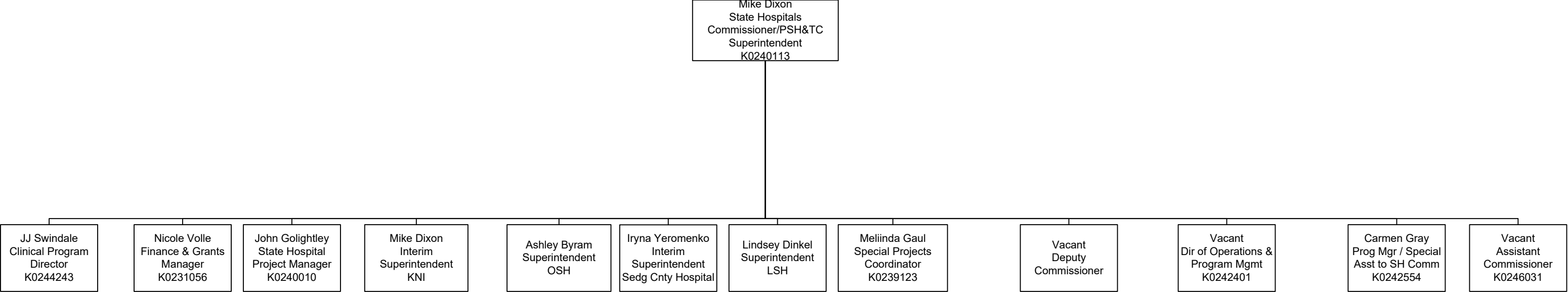
# Kansas Department for Aging and Disability Services

## Survey Certification and Credentialing Commission

September 3, 2024

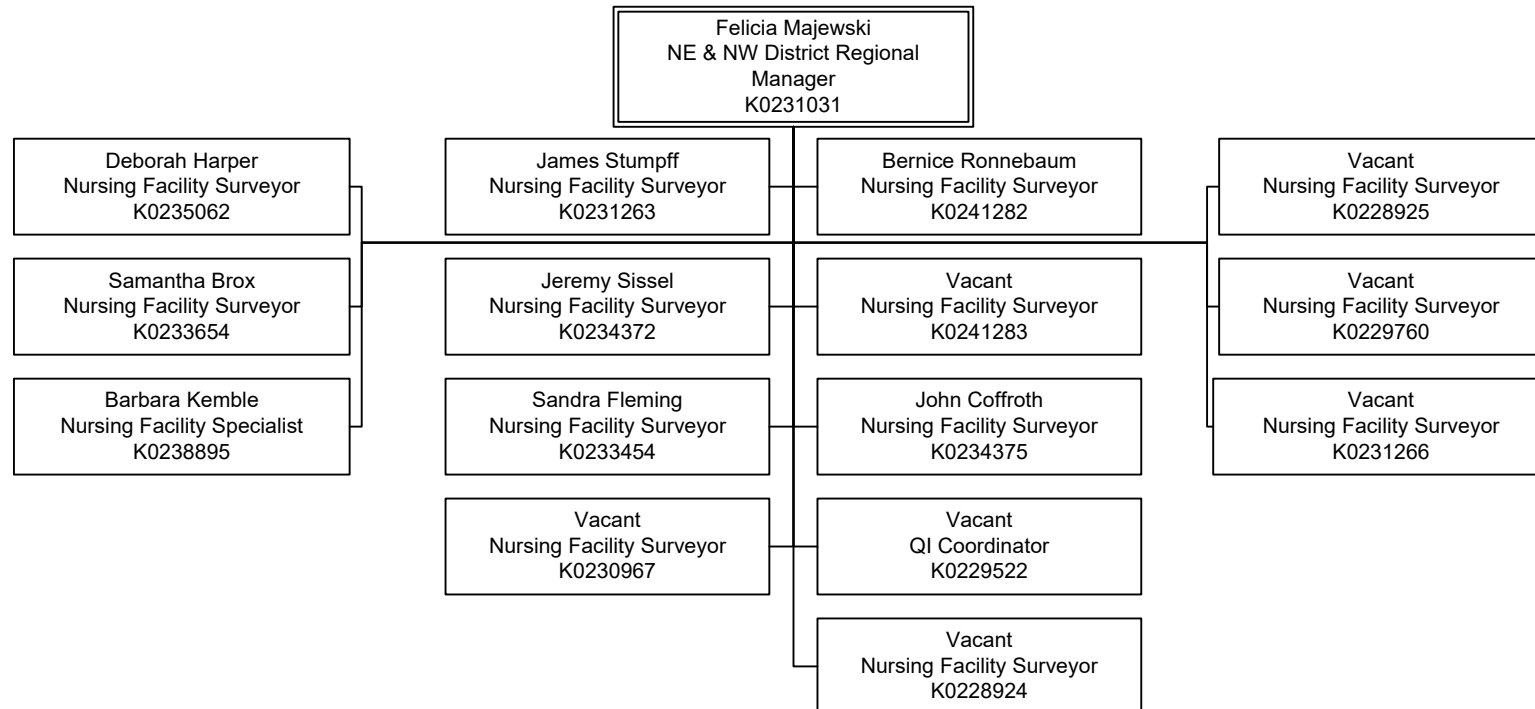


Kansas Department for Aging and Disability Services  
State Hospitals  
September 3, 2024



Kansas Department for Aging and Disability Services  
Northeast District Office

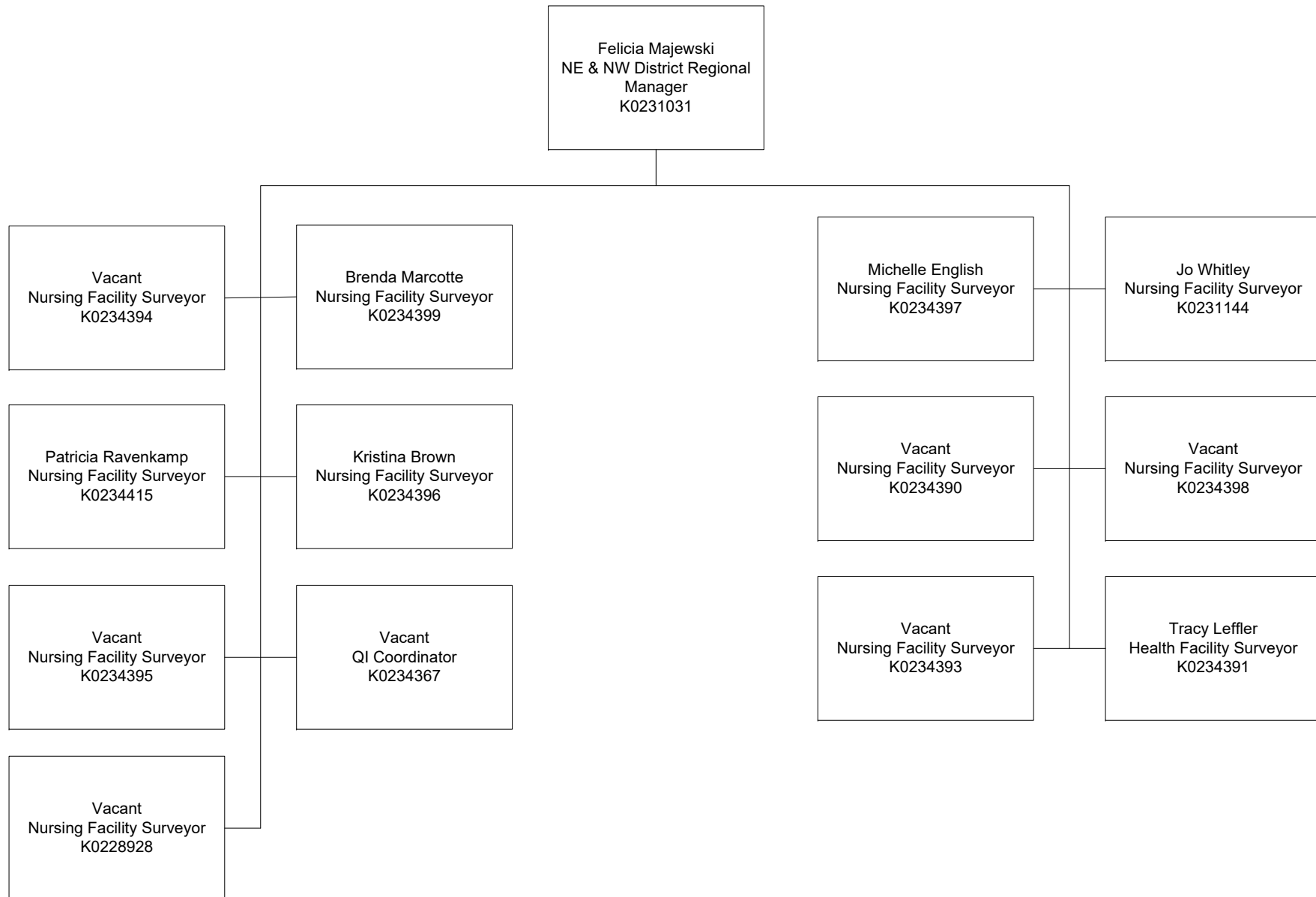
September 3, 2024



# Kansas Department for Aging and Disability Services

## Northwest District Office

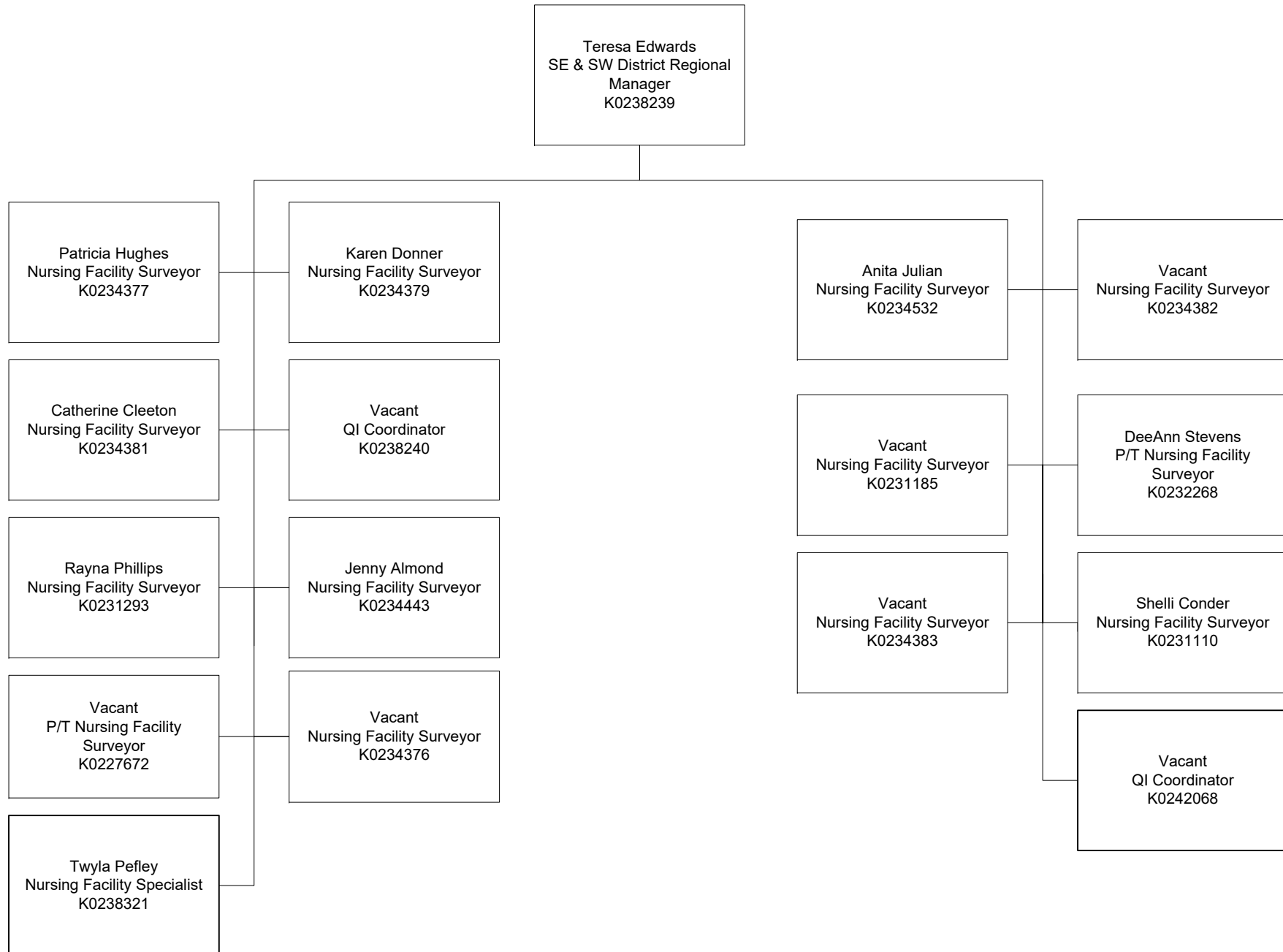
### September 3, 2024



# Kansas Department for Aging and Disability Services

## Southeast District Office

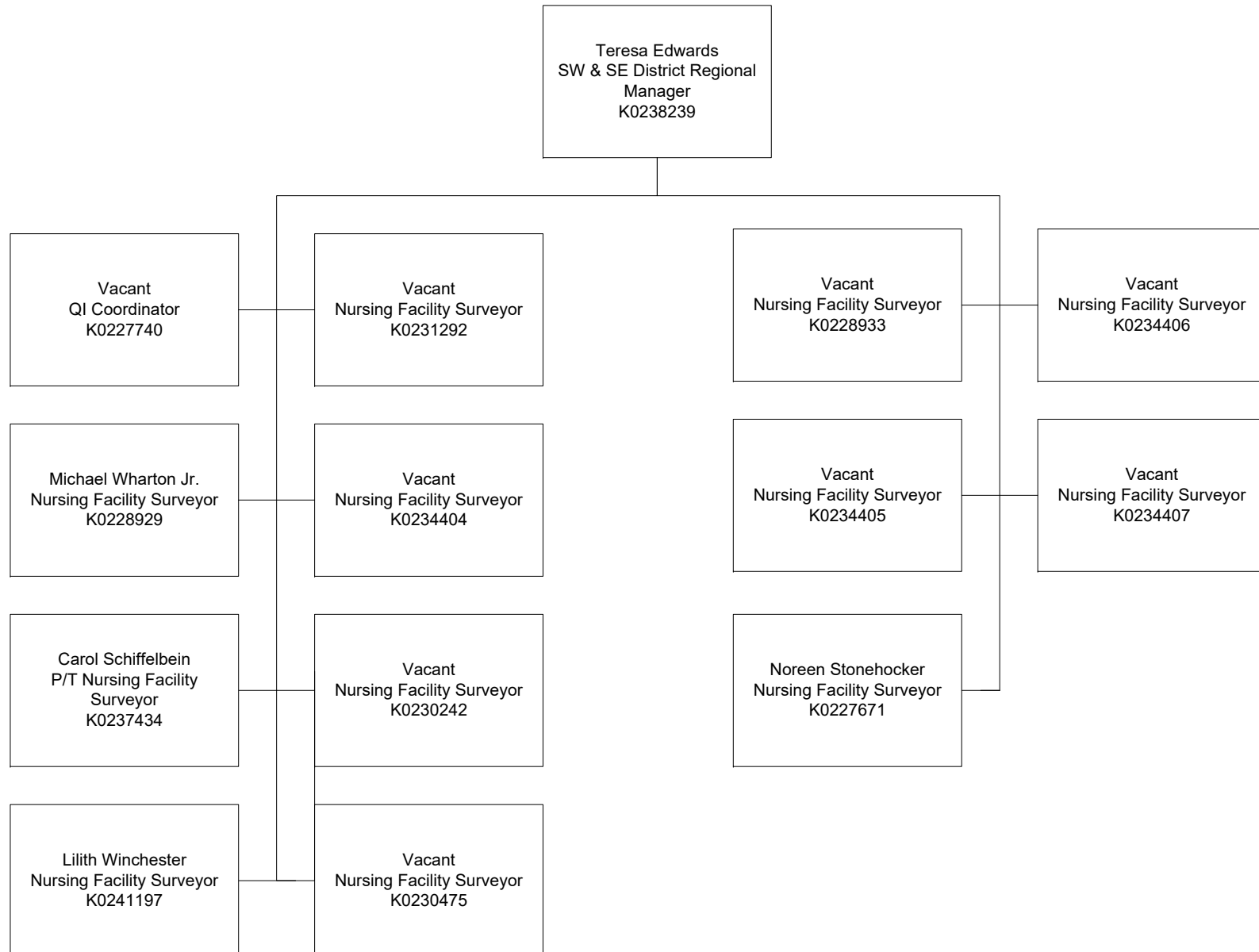
### September 3, 2024



# Kansas Department for Aging and Disability Services

## Southwest District Office

September 3, 2024



## KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES – AGENCY OVERVIEW

The Kansas Department for Aging and Disability Services (KDADS) is a cabinet level agency that protects Kansans, promotes recovery, and supports self-sufficiency. KDADS is responsible for overseeing and administering Older Americans Act programs, the administration of Medicaid long-term care programs, survey and certification for adult care homes, behavioral health programs, home and community-based services for older adults and persons with disabilities, and the management and oversight of four state hospitals.

KDADS serves as the single state Substance Abuse authority and the state Mental Health authority.

### MOTTO

Let's make Kansas a leader again in community-based services. Social determinants of health, such as housing, employment and nutrition make a difference. Let's make a difference.

### VISION

KDADS envisions a community that empowers Kansans to make informed choices about their lives.

### MISSION

KDADS's mission statement has been updated to better capture what we do: ***Protect Kansans. Promote Recovery. Support Self-Sufficiency.***

### STRATEGIC OBJECTIVES

#### **Refocus on community-based services:**

Modernize the continuum of care in the state through technology, collaboration, and innovation, including the roles of institutional settings and the most integrated community alternatives.

#### **Employment:**

Increase meaningful employment and community-integrated employment opportunities for populations served by KDADS.

#### **Housing:**

Implement comprehensive approaches to link target populations to accessible community-based housing.

#### **Prevention:**

Adopt strategic prevention framework.



## STATUTORY HISTORY

The 1977 “Kansas Act on the Aging,” K.S.A. 75-5901, established the Kansas Department on Aging (KDOA). K.S.A. 39-923 delegated Adult Care Home authority to the agency in 1977. The reporting authority of abuse, neglect, and exploitation (ANE) of certain persons was codified in K.S.A. 39-1401 in 1980.

On July 1, 2012, Executive Reorganization Order (ERO) 41 consolidated the KDOA with programs from the Kansas Department of Social and Rehabilitation Services (SRS) and the Department of Health and Environment (KDHE) to streamline the delivery of state services. The Division of Disabilities and Behavioral Health Services from the Department of Social and Rehabilitation Services, which included HCBS waivers, mental health and addiction programs, other community support services, and the five state hospitals, was merged into KDADS. In addition, the Health Occupations Credentialing program of KDHE was transferred to KDADS in ERO 41.

### Aging Commission

- In 1989 the Kansas Legislature enacted the Senior Care Act codified at K.S.A. 75-5926.
- In 1996, (S.L. 1996, Chap. 271) The responsibility for administration of long-term care programs for Kansans over the age of 65 was transferred from the Department on Social and Rehabilitation Services (SRS) to the Kansas Department on Aging (KSA 75-5321a and KSA 75-5945 et seq.).
- In 1998 the Kansas Legislature enacted K.S.A. 75-7301 et seq., which created the Office of the State Long-Term Care Ombudsman, thereby transferring such office from KDOA to the Department of Administration.
- In 2006, the Kansas Legislature enacted K.S.A. 75-5958 which establishes methodology for nursing facility reimbursement rate setting.
- In 2010, the Kansas Legislature enacted K.S.A. 75-7435 creating the Quality Care Improvement Panel and authorizing KDOA to collect a quality care assessment from skilled nursing care facilities to financial initiatives to maintain or improve the quality and quantity of skilled nursing care in Kansas. This is a provider assessment for adult care homes, and allows Kansas to tax providers, match the providers’ funds with federal funds, and reimburse adult care homes at a higher rate.
- In 2024, aging services programs were moved from the Long-Term Services and Supports Commission into a separate Commission on Aging with its own Commissioner.

### Behavioral Health Services Commission

- In 1972, the Kansas Legislature established the State Alcohol Program (K.S.A. 65-4001). In 1973, the Kansas Legislature established the Drug Abuse Program (K.S.A. 75-5375). Both programs functioned separately under a five-member commission until 1975, when the commissions were abolished, and the Alcohol and Drug programs were brought into SRS. In 2007, SB 354 merged the separate statutes through an amendment of K.S.A. 65-4001. The Alcohol and Drug programs were moved to KDADS in 2012 as part of ERO 41.
- K.S.A. 65-4007, et seq., 65-4601, et seq., and 75-5375, et seq. deal with alcohol and drug prevention, treatment, and licensing functions. Funding for these programs is through the Community Alcoholism and Intoxication Programs Fund, K.S.A. 41-1126, and the Alcoholism Treatment Fund, K.S.A. 41-2622.

Federally, alcohol treatment and prevention activities are governed by P.L. 97-35. This legislation also provides for federal funding through the Substance Abuse Prevention and Treatment Block Grant.

- In 1994 the Kansas Legislature enacted K.S.A. 39-968, which established the Client Assessment, Referral and Evaluation Program (CARE) and was transferred from Social and Rehabilitation Services to KDADS effective January 1, 1995.
- K.S.A. 65-4403 describes the procedures for providing state aid to Community Mental Health Centers.
- In 2007, SB 66 authorized the establishment of slot machines at racetracks and for regional state operated casinos. SB 66 designated that 2 percent of the state proceeds from these expanded gaming activities would be made available to treat problem gambling and other addictions.
- In 2021, K.S.A. 39-2019 established the process for certification of and funding for certified community behavioral health clinics (CCBHCs).
- In 2022 SB 19 implemented the 988-suicide prevention & mental health crisis hotline in Kansas, provided a \$10M annual appropriation for the program, and established a 988 Coordinating Council that will be sunset in 2026.
- In 2022, SB 84 authorized sports wagering under the Kansas expanded lottery act and directed KDADS to prioritize spending on problem gambling, create a hotline with text capabilities, increase the annual transfer to the Problem Gaming and Addictions Grant Fund (PGAF) from \$80,0000 to \$100,000, and provide that two percent of the remaining monies credited to the Lottery Operating Fund from sports wagering revenues be credited to PGAF after the initial credit to the White Collar Crim Fund. Despite the additional revenue and requirements, KDADS did not receive increased spending authority from PGAF.

### **Long Term Services & Supports Commission**

- K.S.A. 39-708c and K.S.A. 75-3306 governs state implementation of Medicaid programs under the federal Social Security Act.
- K.S.A. 39-7,100; and K.S.A. 39-7,100a place the responsibility for Medicaid Home and Community Based Services (HCBS) Waivers with KDADS.
- K.S.A. 39-1801 codifies the federal Developmental Disabilities Reform Act in state statute.
- K.S.A. 19-4001 lays out how community facilities for individuals with developmental disabilities are organized, operated, and financed.

### **State Hospital Commission**

- The foundation for all community mental health services is the Mental Health Reform Act K.S.A. 39-1601 et seq.
- The Treatment Act for Mentally Ill Persons, K.S.A. 59-2901, et seq., states how patients shall be provided psychiatric treatment on both a voluntary and involuntary basis.
- K.S.A. 75-3307b authorizes the agency to enforce the laws relating to the hospitalization of mentally ill persons in mental health hospitals and community treatment facilities.
- K.S.A. 22-3302 outlines the process for competency evaluations for defendants referred by criminal courts in Kansas, and K.S.A. 22-3303 outlines the process for competency restoration treatment and evaluation services.

### Survey, Certification & Credentialing Commission

- In 2003, the Kansas Legislature transferred responsibility for survey, certification, and licensure of adult care homes from the Secretary of Health and Environment to the Secretary of Aging, K.S.A. 39-923.
- Licensure of disability service providers is governed by K.S.A. 39-2001, et seq.
- In 2003, the Kansas Legislature transferred responsibility for investigating reports of abuse, neglect, or exploitation of residents of adult care homes from the Secretary of Health and Environment to the Secretary of Aging, K.S.A. 39-1401.

In 2006, the Kansas Legislature enacted K.S.A. 75-723, which requires the agency to send all confirmed cases of abuse, neglect and exploitation filed against certified nurses and medication aides to the newly formed ANE unit within the Attorney General's office.

### 2024 Legislative Session Statutory Changes (SFY2024 Revised and SFY 2025)

- SB 15 made changes to the disability employment tax credit and established a grant program to facilitate transitions by employers to minimum wage employment for persons with disabilities. The Kansas Department of Labor was given responsibility for the grant program; KDOL and KDADS entered into an MOU to shift that responsibility to KDADS.
- SB 333 provides a hiring, promotion, and retention preference for persons with disabilities for certain state executive branch positions.
- SB 414 included a requirement for persons on a third or subsequent conviction of driving under the influence to participate in a multi-disciplinary model of services for substance use disorders.
- SB 433 clarified practice privileges of institutional license holders.
- SB 491 standardized criminal history record check fingerprinting language and defined who may be fingerprinted for a criminal history record check.
- HB 2353 increased the amount of time a person may be held for treatment and added criteria for when continued treatment may be ordered under the care and treatment act for mentally ill persons.
- HB 2784 contained a number of statutory changes impacting KDADS, including, prohibiting the state fire marshal from wearing or operating a body camera during an onsite inspection at a licensed facility; transferred authority for certification of continuing care retirement communities to KDADS; authorizing the Secretary of KDADS to grant certain regulation waivers to providers of disability services and adding a definition of day service providers; and provided expanded certification of CCBHCs after February 1, 2027.
- SB 28, the mega budget, contained several provisions impacting KDADS operations including:
  - Oversight of supplemental nursing service agencies through annual registration and quarterly reporting.
  - Requiring all state-licensed-only adult care homes to submit a report upon completion of every involuntary transfer or discharge of a resident.
  - Cap the waiting list for the Home and Community Based Services (HCBS) Physical Disabilities (PD) Waiver at 2,000, the HCBS (Intellectual and Developmental Disabilities) IDD Waiver at 4,800 and provide an estimate of additional monies needed to the budget committees.
  - Apply to the federal Centers for Medicare and Medicaid (CMS) for a new HCBS Waiver, known as the Community Support Waiver.
- HB 2551, the Omnibus budget, also contained several provisions impacting KDADS operations including:
  - Implement a program for the awarding of hiring, recruiting or retention bonuses to state employees who are employed at any state hospital.
  - Transfer of the Mental Health Intervention Team (MHIT) program from the Kansas State Department of Education to KDADS.

**2024 Legislative Session Budget Additions – FY 2025 Approved Budget**

Description	FTEs	SFY 2025		
		SGF / SIBF	Othe r	All funds
SUD Services for Uninsured	-	2,500,000	-	2,500,000
Employee & Benefits Coordinator	1	65,814	21,938	87,752
Family Support Coordinator	1	43,876	43,876	87,752
Family Treatment Court Costs	-	1,500,000	-	1,500,000
EmberHope Youthville After-Care Services	-	250,000	-	250,000
Mental Health Intervention Team (KSDE Transfer)	-	13,534,722	-	13,534,722
Mirror Inc. Workforce Development	-	1,800,000	-	1,800,000
SUD Services for Uninsured	-	2,500,000	-	2,500,000
Behavioral Health Training Program	-	3,400,000	-	3,400,000
Community Behavioral Health Retention Program	-	2,400,000	-	2,400,000
Mental Health Intervention Team (Expansion)	-	4,500,000	-	4,500,000
SUD Indigent Services	-	3,500,000	-	3,500,000
KanCare Consensus Caseloads	-	23,742,319	36,100,321	59,842,640
Non-KanCare Consensus Caseloads	-	7,900,000	12,400,000	20,300,000
Area Agency on Aging Core Funding	-	5,000,000	-	5,000,000
Nursing Facility: Medicaid Add-On (Est. \$15 per day)	-	-	-	-
PACE Rate Increase	-	-	-	-
Respite Care for Alzheimer's	-	600,000	-	600,000
HCBS Community Support Waiver Staffing	4	179,498	179,497	358,995
HCBS/IDD: Supported Employment \$28 per hour	-	3,323,321	5,290,783	8,614,104
HCBS/TA Program Manager	1	43,816	43,816	87,632
HCBS/IDD: Additional 250 Waiver Slots	-	6,680,480	10,537,870	17,218,350
HCBS/PD: Additional 250 Waiver Slots	-	2,200,000	3,600,000	5,800,000
14C Wage Transition Program	-	5,000,000	-	5,000,000
CDDO IDD State Aid Services	-	1,000,000	-	1,000,000
Envision Operation Support	-	600,000	-	600,000
HCBS/FE, BI, PD, AU, TA: Increase Rates Closer to IDD Rate	-	5,000,000	8,000,000	13,000,000
HCBS/FE: Agency-Directed Personal Care Rate to \$30 per hour	-	18,600,000	29,700,000	48,300,000
HCBS/IDD: Additional 250 Waiver Slots (500 Total)	-	6,700,000	10,600,000	17,300,000
HCBS/IDD: Supported Employment Rate to \$40 per hour	-	3,900,000	6,300,000	10,200,000
HCBS/IDD-PD-BI-AU-TA: Increase PCS Rates	-	5,000,000	8,000,000	13,000,000
HCBS/IDD-TA: Specialized Medical Care Rate to \$50 per hour	-	1,300,000	2,100,000	3,400,000
HCBS/PD: Additional 250 Waiver Slots (500 Total)	-	2,200,000	3,600,000	5,800,000
Self-Advocate Coalition of KS Operational Support	-	50,000	-	50,000
CDDO Administration Increase	-	500,000	387,379	887,379
CCRC Program Positions	2	196,800	-	196,800
State Hospital Razing Projects	-	3,150,200	-	3,150,200
State Hospital Rehab and Repair	-	5,627,350	-	5,627,350
State Hospital Shoe/Boot Allowance for Nursing Staff	-	567,155	-	567,155
State Hospital Shoe/Boot Allowance for Safety and Security Officers	-	123,713	-	123,713
SC Regional Psychiatric Hospital	-	26,500,000	-	26,500,000
<b>Total</b>	<b>9</b>	<b>171,679,064</b>	<b>136,905,480</b>	<b>308,584,544</b>

NARRATIVE INFORMATION – DA 400  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Agency Overview  
SUBPROGRAM TITLE:

## AGENCY BUDGET OVERVIEW

Fund	SFY 2024 Actuals	SFY 2025 Approved	SFY 2025 Base	SFY 2025 Supplementals	SFY 2025 Adjusted	SFY 2026 Base	SFY 2026 Enhancements	SFY 2026 Adjusted
State General Fund	\$ 1,107,238,279	\$ 1,394,427,645	\$ 1,508,794,983	\$ 1,000,000	\$ 1,509,794,983	\$ 1,324,215,645	\$ 61,975,400	\$ 1,386,191,045
Federal Fund	\$ 1,705,965,174	\$ 1,857,521,960	\$ 1,901,542,487	\$ -	\$ 1,901,542,487	\$ 1,871,852,636	\$ 18,241,810	\$ 1,890,094,446
All Other Funds	\$ 80,202,003	\$ 83,619,367	\$ 103,451,516	\$ -	\$ 103,451,516	\$ 82,503,320	\$ 11,126,900	\$ 93,630,220
<b>Agency Totals</b>	<b>\$ 2,893,405,456</b>	<b>\$ 3,335,568,972</b>	<b>\$ 3,513,788,986</b>	<b>\$ 1,000,000</b>	<b>\$ 3,514,788,986</b>	<b>\$ 3,278,571,601</b>	<b>\$ 91,344,110</b>	<b>\$ 3,369,915,711</b>

### Current Year

For SFY2025, KDADS requests revised expenditures totaling \$3,514,788,986, of which \$1,509,794,983, is from the State General Fund and \$21,899,348, is from the State Institution Building Fund (SIBF). The agency budget request represents an increase of \$115,367,338, SGF and an increase of \$19,832,149, AFs from the revised FY 2025 approved budget. The agency's adjusted budget request contains one (1) Supplement for FY2025 described in greater detail in the Supplemental & Enhancement section of the budget narrative.

### Budget Year

For FY2026, KDADS requests expenditures totaling \$3,369,915,711, of which \$1,386,191,045, is from the State General Fund (SGF) and \$4,175,900, is from the State Institution Building Fund (SIBF). The agency's adjusted budget request contains fourteen (14) Enhancements for FY2026. The enhancements are described in greater detail in the Supplemental & Enhancement section of the budget narrative.

### KDADS Supplemental and Enhancement Requests

The agency's FY2025 and FY2026 budget request contains one (1) Supplemental and fourteen (14) Enhancement proposals, (4) of which are for the State Hospitals to enhance the agency's ability to carry out its mission most efficiently and effectively. The proposals are described in greater detail in the Supplemental & Enhancement Request section of the budget narrative. In brief, they are:

#### Supplementals:

1. NSIP Nutrition Services

**Enhancements:**

1. Community Support Waiver
2. HCBS/FE
3. HCBS/TA
4. HCBS/BI
5. Community Support Waiver Consultant
6. HCBS Provider Compliance Grants
7. NSIP Nutrition Services
8. PACE Program Consultants
9. Aging Services Program Manager
10. NFMH Settlement/SOAR Positions

**State Hospital Commission Supplemental / Enhancement Requests**

**Enhancements:**

1. 2<sup>nd</sup> Priority Rehabilitation and Repair Projects
2. Remodeling the Cottonwood Recreation Building at OSH
3. Special Services and MICO House Office Renovation at OSH
4. Adair A Building and Common Area Renovation at OSH

**Reappropriation** - The following details the spending plan of State General Funds Reappropriations from SFY 2024.

- 1000-0612: KDADS will allocate \$6,000,000 in SGF to one-time HCBS projects. Projects include development of IDD Community Supports Waiver, administration of HCBS modernization federal HCBS compliance projects.
- 1000-3002: KDADS has allocated the \$45,142,171 reappropriation to federally approved projects to support HCBS programs. These projects are a continuation of projects from FY23 known as “HCBS FMAP projects” and are required to be approved by CMS.
- 1000-3003: KDADS has allocated \$35,000,000 in reappropriation for the construction of a Regional State Hospital in Sedgwick County.
- 1000-0801: KDADS will allocate \$3,684,286 to continued implementation of new Electronic Health Records system at each State Hospital as well as continued implementation of a new KDADS Substance Use Disorder data system. Additional these funds include funding appropriated for a study of the Agency’s KAMIS system, which was appropriated in but not completed in SFY24.
- 1000-0270: KDADS has allocated \$928,262 in reappropriation to the continuation of the PACE Expansion project as appropriated and initiated in SFY24.

## New Funds

### 1000 - TBD CCBHC Planning

Added \$4 million SGF to establish a grant fund to provide \$1 million per year for four years to non-CMHCs to begin the process to become certified as CCBHCs, for FY 2026, and add language that not more than 50.0 percent of the grants should go to FQHCs or FQHC look-a-likes.

### 1000 - 0160 Mental Health Intervention Team Pilot (MHIT)

Mental health intervention team pilot to establish the mental health intervention team program. The purposes of the mental health intervention team program are to: Provide greater access to behavioral health services for students enrolled in kindergarten or any of the grades one through 12 and establish a coherent structure between school districts and mental health intervention team providers to optimize scarce behavioral health resources and workforce; identify students, communicate with families and link students and their families to the statewide behavioral health systems and resources within the network of mental health intervention team providers; alleviate the shortage of staff with specialized degrees or training such as school counselors, psychologists and social workers and reduce the competition for such staff between school districts and other private and governmental service providers to provide broader-based and collaborative services to students, especially in rural districts that do not have enough students to justify a full-time staff position; provide and coordinate mental health services to students throughout the calendar year, not only during school hours over nine months of the school year; and reduce barriers that families experience to access mental health services and maintain consistency for a child to attend recurring sessions and coordination between the child's classroom schedule and the provision of such services. Funds to Implement Integrated Primary and Behavioral Healthcare at Select Rural and Urban Communities.

### 1000 - 3006 Aging Services Grant

Respite Care for Alzheimer's – this budget addition came from a request of the Alzheimer's Association and is intended to be used by caregivers of individuals with Alzheimer's for respite care services, providing a needed break for the caregiver from caregiver duties.  
Core funding for AAAs – this budget addition came from a request of the Area Agencies on Aging (AAAs) to provide a resource to cover basic organizational and administrative costs and enhance capacity that is not program specific.

### 1000 - 3007 Indigent Support

Indigent Support Funding for Substance Use Disorder (SUD) services – this funding was added by the Legislature to supplement federal Substance Use Prevention and Treatment Block Grant funding. That funding is intended for uninsured and underinsured populations. This specific funding cannot be used in institutional settings such as a State Hospital or Prison.

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PROGRAM TITLE: Agency Overview  
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#### **1000 - NEW5 Crisis Funding**

This fund is being added in SFY 2026 to better manage and create transparency for all Crisis Funding appropriated over the years. Funds were transferred from the following SGF accounts:

<b>Name</b>	<b>Fund</b>	<b>Budget Unit</b>
RSI Crisis Center	1000	0110
Comcare Crisis Center	1000	0120
Valeo Crisis Center	1000	0130
Salina Crisis Center	1000	0140
BH Community Aid	1000	3004

#### **1000 - NEW4 Wichita Hospital**

This fund is being added in SFY 2026 to keep the funding for the Wichita State Hospital separate from the remaining funds in 1000-3003 designated for regional beds.

#### **3284 - 1332 Integrated Care Grant**

Funds to Implement Integrated Primary and Behavioral Healthcare at Select Rural and Urban Communities in Kansas will comprise rural sites in communities located in Southeast Kansas.

#### **3284 - 1333 Improve Local 988 Capacity**

Funds to improve state and territory response to 988 contacts (including calls, chats, and texts) originating in the state/territory. Building on SAMHSA's FY 2022 988 funding, the goals of this program are to increase workforce support for the growing 988 demand, improve the public communication of 988 services including those for high-risk populations, and continue to expand post-contact support connections with services such as mobile crisis outreach and crisis stabilization services.



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**SFY 2024 Actual Position Data**

KDADS had 334.63 FTE positions in FY2024, with 46 non-FTE unclassified positions authorized.

The Department's actual FTE position data by program:

Agency Commission	FTE Positions	Non-FTE Unclassified Positions	All Positions
Administration	113	18	131
Behavioral Health Commission	64	14	78
LTSS / HCBS Commission	25	7	32
Aging Commission	29	3	32
SCCC Commission	94	4	98
State Hospitals Commission	9	-	9
<b>Agency Total</b>	<b>334</b>	<b>46</b>	<b>380</b>

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 PROGRAM TITLE: Agency Overview  
 SUBPROGRAM TITLE:

### MATCH REQUIREMENTS BY FEDERAL FUNDING SOURCE

PROGRAM / GRANT	STATE	LOCAL	
<b>Federal Programs</b>			
Older Americans Act Titles III-B and C	5%	10%	Providers publish a suggested contribution rate for customers
Older Americans Act Titles III-E	None	25%	SCA case management is match
Older Americans Act Title VII and III-D	None	None	
Older Americans Act Ombudsman	15%	None	Subgrant to DoA - Ombudsman
OAA - Nutritional Saving Incentive Program (NSIP)	None	None	
PASARR Medicaid Title XIX (CARE Program)	25%	None	
Medicaid Title XIX (services only)	38.13%	None	SFY 2025 blended rate
	38.16%	None	SFY 2026 blended rate
Medicaid XIX (administration only)	50%	n/a	
Medicaid XIX Survey & Certification (administration only)	25%	n/a	
Medicare XVIII Survey & Certification (administration only)	None	n/a	Effective 7-1-03. Formula funding capped by annual award
Hospital Discharge Planning Model (CMS Demo. Grant)	None	5%	
Community Transition Option	None	None	
Senior Health Insurance Program (SHIP aka SHICK)	None	None	
Senior Medicare Patrol - AoA Demonstration Grant	None	None	
Lifespan Respite	None	None	
Outreach & Assistance	None	None	

PROGRAM / GRANT	STATE	LOCAL	
<b>State Programs</b>			
Senior Care Act	n/a	33%	Maintenance of Effort Allocation only
			Fee for Service - on sliding scale

NARRATIVE INFORMATION – DA 400  
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AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Supplements & Enhancements  
SUBPROGRAM TITLE:

## **KDADS Supplemental and Enhancement Request**

### **Supplemental Request #1/1:**

**Priority:** 1  
**Title:** NSIP Nutrition Services Supplement  
**Program:** 36700 – Nutrition Grants

**Justification:** The state experienced a cut in its Nutrition Services Incentive Program (NSIP) funding by \$650,906. NSIP is a U.S. Department of Agriculture (USDA) program that provides grants to organizations that sponsor Elderly Nutrition Program (ENP) sites. These grants are used to encourage the provision of more meals to support ENP's congregate and home-delivered nutrition programs. KDADS is requesting \$1,000,000, in supplemental funding for SFY 25 to offset this cut and to cover those older Kansans who were not being served, at the prior funding level, because of waiting lists put into place by nutrition providers based on their level of funding prior to the NSIP cut from the Federal government.

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AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Supplements & Enhancements  
SUBPROGRAM TITLE:

**Enhancement Request #1/10:**

**Priority:** 1  
**Title:** Community Support Waiver  
**Program:** 38700 – Community Support Waiver

**Justification:** The Kansas Department for Aging & Disability Services requests \$2,500,000, of which \$953,750 is from the State General Fund to fund services for the new HCBS Community Support Waiver, with a goal to serve up to 500 individuals in FY26. This waiver aims to reduce the I/DD waitlist by offering essential services for those who may not require the full menu of comprehensive services on the existing I/DD waiver. By focusing on targeted services and supports and excluding Day and Residential services, this funding will promote integration, autonomy, and inclusion while using resources more efficiently.

Performance Metric	FY24 Actual	FY25 Projection (no additional funding)	FY26 Projection (if funded)	FY27 Projection (if funded)	Enhancement
Number of individuals served on the new Community Supports Waiver	0	0	500	1000	Community Support Waiver

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AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Supplements & Enhancements  
SUBPROGRAM TITLE:

**Enhancement Request #2/10:**

**Priority:** 2  
**Title:** HCBS - FE  
**Program:** 36200 – HCBS Waiver – Frail Elderly

**Justification:** The Kansas Department for Aging & Disability Services requests the addition of \$13,341,610, of which \$5,116,510 is from the State General Fund to increase the number of individuals served on the Frail and Elderly (FE) HCBS waiver. The FE waiver allows for individuals to live in their own homes and communities who would otherwise require more expensive Nursing Home services. Additional funding will ensure the department is able to avoid the creation of a waiting list for these crucial services. Without this funding individuals eligible for FE services would need to be served in a Nursing Facility costing the state more money in the long run. Over the course of the last year the number of eligible participants has increased by approximately 7%.

Performance Metric	FY24 Actual	FY25 Projection	FY26 Projection (if funded)	Enhancement
Increase number of individuals served on the FE waiver (Monthly Average)	7,246	7,911	8,594	HCBS/FE

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PROGRAM TITLE: Supplements & Enhancements  
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**Enhancement Request #3/10:**

**Priority:** 3  
**Title:** HCBS - TA  
**Program:** 38600 – CSS Services Waiver – Att Care

**Justification:** The Kansas Department for Aging & Disability Services requests \$8,145,890, of which \$3,123,950 is from the State General Fund to fund the Technology Assisted (TA) HCBS waiver, which supports medically fragile children aged 0-21 who require life-sustaining medical technology. This waiver provides necessary services to help participants avoid institutionalization by allowing them to remain in their homes and communities. Funding will enhance access to care, improve quality of life, and promote independence, ultimately preventing more costly hospitalizations or institutional placements. Without this funding, the state risks inadequate support for this vulnerable population, leading to higher long-term costs. Over the course the last year the number of eligible participants has increased by approximately 11%.

Performance Metric	FY24 Actual	FY25 Projection	FY26 Projection (if funded)	Enhancement
Increase number of individuals served on the TA waiver (Monthly Average)	792	872	969	HCBS/TA

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PROGRAM TITLE: Supplements & Enhancements  
SUBPROGRAM TITLE:

**Enhancement Request #4/10:**

**Priority:** 4  
**Title:** HCBS - BI  
**Program:** 38400 – CSS Services Waiver – PD

**Justification:** The Kansas Department for Aging & Disability Services requests \$5,447,710, of which \$2,089,190 is from the State General Fund to fund the Brain Injury (BI) HCBS waiver, which provides essential services to individuals who have sustained a traumatic or acquired brain injury. This waiver helps prevent institutionalization by supporting participants in maintaining their physical and mental well-being while living independently in their communities. Funding will ensure the department does not have to create a waiting list for access to a range of services, including rehabilitation therapies, personal care, and assistive services, promoting recovery, and enhancing quality of life. Without this funding, many individuals may face costly institutional care, increasing long-term state expenses. As a rehabilitation waiver, it's important that individuals can access services in a timely manner from the time of the acquired or traumatic brain injury to afford the greatest recovery. Over the course the last year the number of eligible participants has increased by approximately 6%.

Performance Metric	FY24 Actual	FY25 Projection	FY26 Projection (if funded)	Enhancement
Increase number of individuals served on the BI waiver (Monthly Average)	992	1,080	1,159	HCBS/BI

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AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Supplements & Enhancements  
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**Enhancement Request #5/10:**

**Priority:** 5  
**Title:** HCBS – I/DD CSW & I/DD Modernization Consultant (PCG)  
**Program:** 37100 – Waiver Services Administration

**Justification:** The Kansas Department for Aging & Disability Services requests \$4,000,000 of SGF to continue its partnership with Public Consulting Group (PCG) to develop the Community Support Waiver (CSW) and implement recommendations from the I/DD Modernization Committee, as well as managing several grant initiatives to bring HCBS providers into compliance with federal standards and help meet and expand the need of Kansans served on these programs. PCG's expertise is essential to ensure the department meets the goal of launching a federally compliant and operational CSW by April 2026, which will address critical needs in the I/DD community and improve home and community-based service delivery statewide.



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AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Supplements & Enhancements  
SUBPROGRAM TITLE:

**Enhancement Request #6/10:**

**Priority:** 6  
**Title:** HCBS - Conflict of Interest Compliance for CDDO/HCBS Provider Grants  
**Program:** 37100 – Waiver Services Administration

**Justification:** The Kansas Department for Aging & Disability Services requests \$45,000,000 from SGF to address federal compliance mandates related to conflict of interest. Currently, many CDDOs also serve as waiver providers, which is not permissible under federal regulations and threatens the successful launch of the Community Support Waiver and future funding for the I/DD Comprehensive Waiver. These funds will be used to establish independent CDDOs, fully separated from service provision, to eliminate these conflicts, ensure compliance, and secure continued federal funding.

To ensure federal compliance by providing conflict-free TCM services. Currently, many TCMs are associated with Community Service Providers, which presents a conflict of interest under federal regulations. This jeopardizes the Community Support Waiver and future funding for the I/DD Comprehensive Waiver. These grants will support the separation of TCM services from service provision, ensuring compliance and protecting waiver funding.

To help community service providers, particularly Assisted Living Facilities, Home Plus, and other congregate HCBS providers meet federal accessibility and community living standards, ensuring compliance with the HCBS Settings Final Rule. These grants will support necessary modifications to expand capacity and ensure these HCBS providers offer a compliant, integrated, and supportive environment that enhances privacy, independence, and quality of life for HCBS participants. Compliance is critical to maintaining a robust provider network capable of meeting the diverse needs of our HCBS participants.

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AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Supplements & Enhancements  
SUBPROGRAM TITLE:

**Enhancement Request #7/10:**

**Priority:** 7  
**Title:** NSIP - Nutrition Services Enhancement  
**Program:** 36700 – Nutrition Grants

**Justification:** The state experienced a cut in its NSIP funding by \$650,906. KDADS is requesting \$1,000,000 in funding for SFY 26 to offset this cut and to cover those older Kansans who were not being served because of waiting lists put into place by nutrition providers based on their level of funding prior to the NSIP cut from the Federal government.

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AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Supplements & Enhancements  
SUBPROGRAM TITLE:

**Enhancement Request #8/10:**

**Priority:** 8  
**Title:** PACE Program Consultants (Sustain)  
**Program:** 31030 – Aging Commission

**Justification:** The Kansas Department for Aging & Disability Services requests the addition of \$180,000 all funds, (\$90,000 SGF) to fund positions currently funded with the HCBS SGF savings funds (expiring March 2025) to aid in the expansion of PACE Services.

These positions will be fulfilling the state-level responsibility for being able to operate PACE in Kansas. These positions ensure timely and efficient enrollment and disenrollment into the PACE program. Expansion of PACE programs, especially in rural areas is an important priority within KDADs as well. Failure to do this will result in unnecessary delay of aging in place. Delays in enrollment cost the state additional funding and cause unnecessary physical and mental health decline in potential participants. Research has shown that PACE programs reduce hospitalization, emergency room visits, and nursing home stays, lowering monthly Medicaid payments by 15% on average.

The Program of All-Inclusive Care for the Elderly (PACE) is designed to help people, who meet the eligibility for a Nursing Facility level of care, meet their health care needs in the community. PACE is designed to allow people to choose to “age in place”, even though they often have significant health care issues. PACE providers are to utilize a multi-disciplinary team to create an individualized Care Plan that meets all the participants healthcare needs, for which the PACE provider receives a capped level of reimbursement. KDAS Aging staff have the primary responsibility to manage and oversee the PACE Providers and to follow up on complaints, grievances, and appeals made by PACE Participants. This includes having interactions with PACE Providers, Area Agencies on Aging, CMS, PACE participants and other community stakeholders. These positions are vital to the Aging Commission being able to provide appropriate oversight of the PACE Programs.

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AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Supplements & Enhancements  
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**Enhancement Request #9/10:**

**Priority:** 9

**Title:** Aging Services Program Manager (Sustain)

**Program:** 31030 – Aging Commission

**Justification:** The Kansas Department for Aging & Disability Services requests the addition of \$102,000 SGF to fund a new position. Supervise programs and staff as follows - Title VII Long Term Care Ombudsman ,Title VII Prevention Elder Abuse Neglect and Exploitation, Nutrition and Health Promotion Program Manager (Current FTE), Title IIIC Nutrition programs (Congregate and home delivered meals, C1 and C2), Title IIID Health Promotion and Disease Prevention (Preventive Health), Supportive Services Program Coordinator (New FTE), Title IIIB Supportive Services, Title IIIE Family Caregiver Support Program, OAA Contract Coordinator (New FTE), SCA Program Coordinator (Current ½ FTE from OAA/SCA program manager, would need new ½ FTE)

This position will be fulfilling the state-level responsibility for being able to operate.

During meetings with our Federal partners from the Administration for Community Living the Aging Commission staff have been told that ACL believe we are understaffed in comparison to other similarly sized states. With the population of Kansans aged 65 and older being the fastest growing segment of the population it is vital that the Aging Commission have adequate staffing to oversee the state and federal programs dedicated to this growing population.

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AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Supplements & Enhancements  
SUBPROGRAM TITLE:

**Enhancement Request #10/10:**

**Priority:** 10  
**Issue:** NFMH / SOAR Contract Funding  
**Program:** 32200 – Mental Health Grants

**Justification:** The Kansas Department for Aging & Disability Services requests the addition of \$500,000 of which all is from the State General Fund, to sustain contract positions and services related directly to the Olmstead settlement in Kansas, also known as, the NFMH Agreement. This request would allow continued funding of contracted staff to continue working in the NFMHs around the state of KS and allow the state to continue to meet requirements laid out in the NFMH Pre-Litigation Settlement Agreement Practice Improvements and offer benefits connections of which the state currently lacks in areas of individuals exiting publicly funded institutions, and in the homeless population. This funding will allow the requirements of KDADS and KDHE to deliver upon service coordination of individuals discharging from Nursing Facilities for Mental Health to make sure they are offered mental health specialized services, connected to services when they discharge, and ensure they do not fall through any cracks while rehabilitating into the community. These contract staff will operate with the NFMHs to provide complete impartiality between the facilities and the CCBHCs/CMHCs and focus solely on person-centered care planning. Current funding for these positions is not sustainable.

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PROGRAM TITLE: Supplements & Enhancements  
SUBPROGRAM TITLE:

## State Hospital Commission Enhancement Requests

### Enhancement Request #1/4:

**Priority:** 1  
**Title:** 2nd Priority Rehabilitation and Repair projects  
**Program:** Capital Improvements

**Justification:** KDADS requests an increase of \$3,489,200 from the State Institutions Building Fund (SIBF) in FY 2026 to fund the 2nd priority Rehabilitation and Repair projects that were included in the 5-year capital improvement plan. This funding would include a variety of projects on all four campuses that were identified by the hospital staff as the second highest priority for FY 2026.

The most significant second priority projects include the following:

<b>Larned State Hospital</b>	
Repair Area Drainage Problems, New Concrete at Canteen Entrance and Improve Drainage Into Creek	\$ 620,000
ATC Bldg. Partial Flooring Replacement, North Bldg., Office Areas, and Carpeted Areas	\$ 225,000
Isaac Ray Replace Flooring Tiles in Entrance Areas and Heavy Traffic Areas	\$ 310,000
<b>Osawatomie State Hospital</b>	
Power Plant Purchase & Install Summer Time Boiler	\$ 625,000
Sedriks Building Replace Condensing Units	\$ 415,000
<b>Parsons State Hospital</b>	
Cafeteria - Add Fire Sprinkler System	\$ 253,500
Install Fire Sprinkler System in Oak, Cedar and Pine Cottages	\$ 390,000
<b>Kansas Neurological Institutes</b>	
LED Lighting Upgrade	\$ 360,000

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AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Supplements & Enhancements  
SUBPROGRAM TITLE:

**Enhancement Request #2/4:**

**Priority:** 2  
**Title:** Remodeling the Cottonwood Recreation Building at OSH  
**Program:** Capital Improvements

**Justification:** KDADS requests \$2,021,200 from SIBF in FY 2026 for a significant remodeling project at OSH in the Cottonwood Resource Center building. These projects are typically \$500,000 and larger and represent new buildings or substantial changes to existing buildings.

The Cottonwood Resource Center was originally constructed in 1956 and has had no significant renovations in nearly 70 years. The structure needs to be sealed and tuckpointed, have new windows installed, make ADA compliance modifications, updated HVAC system, and upgraded restrooms, and moisture damaged walls need to be repaired and painted. The exterior site drainage & soil elevations also need improved to prevent water & moisture from entering the structure. The Cottonwood Resource Building includes patient recreation areas including a library, television rooms, and game areas. As the patient population shifts with the completion of the Biddle Building remodel, functional spaces for patient treatment, activity therapy and recreation will be needed to have a complete treatment approach for the mentally ill patients served OSH and Adair Acute Care.

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PROGRAM TITLE: Supplements & Enhancements  
SUBPROGRAM TITLE:

**Enhancement Request #3/4:**

**Priority:** 3  
**Title:** Special Services and MICO House Office Renovation at OSH  
**Program:** Capital Improvements

**Justification:** KDADS requests \$926,000 from SIBF in FY 2026 for a significant remodeling project at OSH in the Special Services building and the office area in the MICO House reintegration facility.

This project would involve asbestos abatement, installing new vinyl flooring, repairing, and repainting wall surfaces, repairing the heating system, and improving site drainage and soil elevations. The Special Services Building was reroofed in 2013. However, the 3rd floor has not been used and there is water damage from missing windows that could threaten the other floors in the building. This project is needed to protect the Information Technology & Health Information Management Department located in the basement and Staff Education and the Licenses Mental Health Technician (LMHT) Program located on the 2nd floor. The 3rd floor is also needed to relocate medical records from storage in buildings that are scheduled to be razed or renovated. This project also would expand office space at the MICO Sexual Predator Treatment Program reintegration facility



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AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Supplements & Enhancements  
SUBPROGRAM TITLE:

**Enhancement Request #4/4:**

**Priority:** 4  
**Title:** Adair A Building and Common Area Renovation at OSH  
**Program:** Capital Improvements

**Justification:** KDADS requests \$4,690,500 from SIBF in FY 2026 for a significant remodeling project at OSH in the Adair A Building. The Adair Building is the primary facility for Adair Acute Care (AAC), the certified component of Osawatimie State Hospital (OSH). AAC serves acute unit for involuntarily committed adults in mental health crisis ordered for treatment from the counties within the OSH catchment area. AAC serves higher acuity patients with the goal of rapidly stabilizing after a crisis, starting, or reestablishing a treatment plan, and placing the individual in their home community with wrap around services. Adair has 2 patient units (A and B) with 15 patient rooms on each unit. Some of the rooms are double occupancy which makes the average daily census approximately 48-52 patients.

In September 2024, AAC patients, staff and treatment teams will be moved to the newly renovated Biddle Building. Once A Building is vacant, this proposal would renovate the building to update flooring, plumbing, electrical, and HVAC systems, patient common areas, medication rooms, and unit treatment rooms to meet the current standards for life safety and behavioral health treatment. The primary goal is to move the building to single occupancy rooms for improved patient management, staff safety, and more efficient treatment. The experience with remodeling Biddle provides standards and designs that can be reused for the Adair Building remodeling. Bringing Adair A up to a current standard of care and with updated finishes that match the recent remodels on Biddle and Adair B including safety and security updates will make 30 more patient room available to increase the OSH capacity from 159 to 189 by the end of FY 2028. This project would renovate one of the patient units on A building and the common spaces between A and B units. The renovation of the other patient unit is included in the request for FY 2027.

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PROGRAM TITLE: Supplements & Enhancements  
SUBPROGRAM TITLE:

### Agency Enhancement Request Summary

KDADS Supplemental Requests						
Commission	Agency Priority	Request Title	SFY	Total	Federal	SGF
AGING	1	NSIP Nutrition Services Supplement	25	\$1,000,000	\$0	\$1,000,000
Total				\$1,000,000	\$0	\$1,000,000

KDADS Enhancement Requests						
Commission	Agency Priority	Request Title	SFY	Total	Federal	SGF
LTSS / MED	1	Community Support Waiver	26	\$2,500,000	\$1,546,250	\$953,750
LTSS / MED	2	HCBS/FE	26	\$13,341,610	\$8,225,100	\$5,116,510
LTSS / MED	3	HCBS/TA	26	\$8,145,890	\$5,021,940	\$3,123,950
LTSS / MED	4	HCBS/BI	26	\$5,447,710	\$3,358,520	\$2,089,190
LTSS	5	Community Support Waiver Consultant	26	\$4,000,000	\$0	\$4,000,000
LTSS	6	HCBS Provider Compliance Grants	26	\$45,000,000	\$0	\$45,000,000
AGING	7	NSIP Nutrition Services enhancement	26	\$1,000,000	\$0	\$1,000,000
AGING	8	PACE Program Consultants (Sustain) - No FTEs	26	\$180,000	\$90,000	\$90,000
AGING	9	Aging Services Program Manager - No FTE	26	\$102,000	\$0	\$102,000
BHS	10	NFMH Settlement/SOAR Positions (Contract)	26	\$500,000	\$0	\$500,000
Total				\$80,217,210	\$18,241,810	\$61,975,400

State Hospital Commission Enhancement Requests						
Commission	Agency Priority	Request Title	SFY	Total	Federal	SIBF
SHC	1	2nd Priority Rehabilitation and Repair Projects	26	\$3,489,200	\$0	\$3,489,200
SHC	2	Remodeling the Cottonwood Recreation Building at OSH	26	\$2,021,200	\$0	\$2,021,200
SHC	3	Special Services and MICO House Office Renovation at OSH	26	\$926,000	\$0	\$926,000
SHC	4	Adair A Building and Common Area Renovation at OSH	26	\$4,690,500	\$0	\$4,690,500
Total				\$11,126,900	\$0	\$11,126,900

Agency Total	Federal	SGF / SIBF
\$92,344,110	\$18,241,810	\$74,102,300

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AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Administration  
SUBPROGRAM TITLE: COVID-19 Federal Funding

## **CORONAVIRUS (COVID-19) PANDEMIC FUNDING**

The coronavirus (COVID-19) pandemic resulted in severe global social and economic disruption. In response to the coronavirus pandemic, federal financial assistance opportunities are available to carry out the emergency support services to address medical or public health needs as well as provide economic support for those affected by COVID-19.

KDADS has received federal funding to provide resources and flexibility to prevent, prepare for, and respond to the coronavirus disease 2019 (COVID-19) public health emergency and ensure the continuity of services to support individuals. As of July 2024, KDADS has received \$67,853,681 (non-SPARK) in COVID-19 Federal Funding for use during the period of April 2020 through September 2026. The operational period for each of the grants vary. Each grant award generally has approximately two years from the date it is awarded to the date it ends.

All Covid-19 funds have expired except for the following:

### **Substance Abuse Block Grant (COVID Supplement)**

Provided further, that with respect to the amount appropriated under this heading in this Act the SAMHSA shall maintain the 20% set-aside for prevention, but may waive requirements with respect to allowable activities, timelines, or reporting requirements for the SABG and the MHBG as deemed necessary to facilitate a grantee's response to coronavirus: Provided further, that such amount is designated by the Congress as being for an emergency requirement pursuant to section 251(b)(2)(A)(i) of the Balanced Budget and Emergency Deficit Control Act of 1985.

### **Substance Abuse Block Grant (ARPA Supplement)**

This grant provides American Rescue Plan Act (ARPA) Supplemental Funding for the Substance Abuse Prevention and Treatment (SAPTBG) Block Grant Program, in accordance with H.R. 1319 - ARPA 2021. Consistent with respect to allowable activities, timelines, or reporting requirements for SAPTBG as deemed necessary to facilitate a grantee's response to coronavirus.

### **Substance Abuse Block Grant (ARPA Supplement 2)**

This funding provides American Rescue Plan Act (ARPA) Supplemental Funding for the Substance Abuse Prevention and Treatment (SABG) Block Grant Program, in accordance with H.R. 1319 - American Rescue Plan Act of 2021. The awarded funds must be used for activities consistent with the SABG program requirements. This funding is available to expand dedicated testing and mitigation resources for people with mental health and substance use disorders. These funds will provide resources and flexibility for states to prevent, prepare for, and respond to the coronavirus disease 2019 (COVID-19) public health emergency and ensure the continuity of services to support individuals connected to the behavioral health system.

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PROGRAM TITLE: Administration  
SUBPROGRAM TITLE: COVID-19 Federal Funding

### **Mental Health Block Grant (COVID Supplement)**

Provided further, that with respect to the amount appropriated under this heading in this Act the Substance Abuse and Mental Health Services Administration may waive requirements with respect to allowable activities, timelines, or reporting requirements for the Community Mental Health Services Block Grant as deemed necessary to facilitate a grantee's response to coronavirus: Provided further, that such amount is designated by the Congress as being for an emergency requirement pursuant to section 251(b)(2)(A)(i) of the Balanced Budget and Emergency Deficit Control Act of 1985.

### **Mental Health Block Grant (ARPA Supplement)**

This grant provides American Rescue Plan Act (ARPA) Supplemental Funding for the Community Mental Health Services (MHBG) Block Grant Program, in accordance with H.R. 1319 - ARPA 2021. Consistent with respect to allowable activities, timelines, or reporting requirements for MHBG as deemed necessary to facilitate a grantee's response to coronavirus.

### **Mental Health Block Grant (ARPA Supplement 2)**

This grant provides American Rescue Plan Act (ARPA) Supplemental Funding for the Substance Abuse Prevention and Treatment (SABG) Block Grant Program, in accordance with H.R. 1319 - American Rescue Plan Act of 2021. The awarded funds must be used for activities consistent with the SABG program requirements. This funding is available to expand dedicated testing and mitigation resources for people with mental health and substance use disorders. These funds will provide resources and flexibility for states to prevent, prepare for, and respond to the coronavirus disease 2019 (COVID-19) public health emergency and ensure the continuity of services to support individuals connected to the behavioral health system.

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AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Administration  
SUBPROGRAM TITLE: COVID-19 Federal Funding

Program Title	Fund	Budget Unit	Award
<b>CFDA 93.042 - Special Programs for the Aging, Title VII, Chapter 2, Long Term Care Ombudsman Services for Older Individuals</b>			
(OMC3) CARES Act for Ombudsman Program under Title VII of the Older Americans Act	3358	3074	\$ 169,736
(OMC6) American Rescue Plan (ARP) for Ombudsman Program under Title VII of the OAA	3358	3062	\$ 84,176
<b>CFDA 93.043 - Special Programs for Aging, Title III, Part D, Disease Prevention and Health Promotion Services</b>			
(PHC6) American Rescue Plan (ARP) for Preventive Health under Title III-D of the OAA <ARP>	3286	3093	\$ 370,375
<b>CFDA 93.044 - Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers</b>			
(SSC3) CARES Act for Supportive Services under Title III-B of the Older Americans Act	3287	3076	\$ 1,697,364
(SSC6) American Rescue Plan (ARP) for Supportive Services under Title III-B of the Older Americans Act	3287	3090	\$ 3,872,099
(VAC5) Expanding Access to COVID-19 Vaccines via the Aging Network	3287	3279	\$ 422,955
(STPH) Expanding the Public Health Workforce withing the Aging Network for States	3287	3284	\$ 864,708
<b>CFDA 93.045 - Special Programs for the Aging, Title III, Part C, Nutrition Services</b>			
(HDC3) CARES Act for Nutrition Services under Title III-C of the Older Americans Act	3425	3077	\$ 4,073,674
(CMC2) Families First Coronavirus Response Act. Older Americans Act Title III - Congregate Meals	3425	3078	\$ 678,946
(HDC2) Families First Coronavirus Response Act. Older Americans Act Title III - Home Delivered Meals	3425	3079	\$ 1,357,891
(HDC5) Consolidated Appropriations Acts, 2021 Supplemental Funding, Nutrition OAA Title III-C2	3425	3082	\$ 1,421,264
(CMC6) American Rescue Plan (ARP) for Congregate Meals under Title III-C1 of the OAA	3425	3091	\$ 2,525,282
(HDC6) American Rescue Plan (ARP) for Home Delivered Meals under Title III-C2 of the OAA	3425	3092	\$ 3,787,923
<b>CFDA 93.048 - Special Programs for the Aging, Title IV, and Title II, Discretionary Projects</b>			
ADRC No Wrong Door System Funding Opportunity: Critical Relief Funds for COVID-19 Pandemic Response	3288	3998	\$ 455,454
ADRC-COVID Critical Relief Funds - Supplement Award	3288	3996	\$ 236,836
<b>CFDA 93.052 - National Family Caregiver Support, Title III, Part E</b>			
(FCC3) CARES Act for Family Caregiver Support Program under Title III-E of the OAA	3289	3081	\$ 844,651
(FCC6) American Rescue Plan (ARP) for Family Caregivers under Title III-E of the OAA	3289	3094	\$ 1,210,843
<b>CFDA 93.665 - Emergency Grants to Address Mental and Substance Use Disorders during COVID-19</b>			
Kansas COVID-19 Response	3672	3999	\$ 2,000,000
Kansas COVID-19 Response (Supplement)	3672	3997	\$ 2,859,649
<b>CFDA 93.747 - Elder Abuse Prevention Interventions Program</b>			
(LOC5) CRRSA Act 2021 funding for LTC Ombudsman, SSA Title XX, Section 2043(a)(1)(A)	3680	3083	\$ 33,840
(LOC6) American Rescue Plan (ARP) for LTC Ombudsman, SSA Title XX, Section 2043(a)(1)(A)	3680	3096	\$ 152,316
<b>CFDA 93.777 - State Survey and Certification of Health Care Providers and Suppliers, Title XVIII, Medicare</b>			
State Survey & Certification of Health Care Providers and Suppliers, Title XVIII, Medicare <CARES>	3064	3063	\$ 781,758
<b>CFDA 93.958 - Block Grants for Community Mental Health Services</b>			
Mental Health Block Grant - COVID Supplement	3310	0461	\$ 6,035,542
Mental Health Block Grant - ARPA Supplement	3310	0462	\$ 10,425,027
Mental Health Block Grant - ARPA Supplement 2	3310	0463	\$ 358,764
<b>CFDA 93.959 - Block Grants for Prevention and Treatment of Substance Abuse</b>			
Substance Abuse for Prevention and Treatment Block Grant - COVID Supplement	3301	0311	\$ 11,153,650
Substance Abuse for Prevention and Treatment Block Grant - ARPA Supplement	3301	0312	\$ 9,632,698
Substance Abuse for Prevention and Treatment Block Grant - ARPA Supplement 2	3301	0313	\$ 346,260
<b>COVID-19 Awards Total</b>			<b>\$ 67,853,681</b>

NARRATIVE INFORMATION – DA 400  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Administration  
SUBPROGRAM TITLE: COVID-19 Expenditure Justification

## EXPENDITURE JUSTIFICATION – COVID-19

Fund	SFY 2024 Actuals	SFY 2025 Approved	SFY 2025 Base	SFY 2025 Supplementals	SFY 2025 Adjusted	SFY 2026 Base	SFY 2026 Enhancements	SFY 2026 Adjusted
State General Fund	\$ 233,387	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Fund	\$ 111,317,362	\$ 10,214,416	\$ 9,125,688	\$ -	\$ 9,125,688	\$ 9,127,102	\$ -	\$ 9,127,102
All Other Funds	\$ 19,022	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Covid Totals</b>	<b>\$ 111,569,771</b>	<b>\$ 10,214,416</b>	<b>\$ 9,125,688</b>	<b>\$ -</b>	<b>\$ 9,125,688</b>	<b>\$ 9,127,102</b>	<b>\$ -</b>	<b>\$ 9,127,102</b>

**SFY 2024** actuals expenditures are \$111,569,771, of which \$233,387, are from the State General Fund.

**SFY 2025** adjusted budget request has expenditures totaling \$9,125,688, of which \$0, are from the State General Fund.

**SFY 2026** adjusted budget request has expenditures totaling \$9,127,102, of which \$0, are from the State General Fund.

### Object Code 5100: Salaries and Wages

**Summary:** Staff is responsible for carrying out the administrative and oversight activities.

**SFY 2025:** \$131,308 is requested.

**SFY 2026:** \$132,722 is requested.

### Object Code 5200: Contractual Services

**Summary:** Includes communications, freight and express, printing and advertising, rentals, repairing and servicing, staff travel expense for training and program services, utilities, and professional or other services.

**SFY 2025:** \$2,651,130 is requested.

**SFY 2026:** \$2,651,130 is requested.

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AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Administration  
SUBPROGRAM TITLE: COVID-19 Expenditure Justification

**Object Code 5300: Commodities**

**Summary:** Includes office supplies, data processing supplies, professional supplies, vehicle related items (gasoline and parts for maintenance repairs).

**SFY 2025:** \$0 is requested.

**SFY 2026:** \$0 is requested.

**Object Code 5400: Capital Outlay**

**Summary:** Capital outlay includes assets that 1) are used in operations and 2) have an initial useful life of over one year. This includes both tangible assets (land, buildings, building improvements, vehicles, machinery, equipment, works of art, historical treasures, infrastructure, and intangible assets (easements, software, water rights). Assets held for investment or resale purposes only are not considered capital assets. Instructions regarding capitalizing of assets can be found in Policy Manual filing 13,001. With exception of software, KDADS will utilize items in this category that meet or exceeds \$5,000.

**SFY 2025:** \$0 is requested.

**SFY 2026:** \$0 is requested.

**Object Code 5500: Aid to Local Governments & Other Assistance**

**Summary:** Aid disbursements made from federal and state funds to individuals, schools, state agencies, non-state organizations, and political subdivisions.

**SFY 2025:** \$6,343,250 is requested.

**SFY 2026:** \$6,343,250 is requested.

NARRATIVE INFORMATION – DA 400  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Administration  
SUBPROGRAM TITLE: Office of the Secretary

## OFFICE OF THE SECRETARY COMMISSION OVERVIEW

The Department for Aging and Disability Services (KDADS) is a cabinet-level agency administered by the Secretary for Aging and Disability Services who is appointed by, and serves at the privilege of, the Governor. The Secretary, as chief executive officer, oversees all aspects of agency operations, has the authority to sign all documents, letters, contacts and grants for support services and programs administered by the agency. Reporting directly to the Secretary are the Secretaries Special Assistant, Director of Strategic Initiatives, Human Resources Director for the State Hospitals and agency, Chief Legal Counsel, Deputy Secretary of Hospitals & Facilities, Director of Governmental Affairs, Deputy Secretary of Programs, Chief Information Officer, Director of Communications, and Chief Operating Officer / Commissioner of Administration.

The Office of the Secretary ensures that all parts of the agency support the agency mission and the success of the Office of the Secretary is determined by the success of the entire agency.

The Office of the Secretary is comprised of 5 divisions:

### 1. Communications Division

The communications division plays a crucial role in managing the flow of information between the agency and the public. Responsibilities include:

- Developing and implementing communication strategies.
- Crafting messages for internal and external audiences including printed materials, social media accounts, development and maintenance of intranet and internet sites.
- Ensuring consistent branding and messaging across various departments.

The division also handles media relations, organizes interviews, press conferences, speeches, and works to maintain a positive public image of the agency. Additionally, communications may engage in crisis communication, providing timely and accurate information during emergencies.

Some successes of the Division have been the new KDADS website design and the creation and publication of a new agency Intranet site.

### 2. Governmental Affairs Division

The Governmental Affairs Division serves as a liaison between the agency and other divisions of government, namely the Governor's Office, State Legislature, other state agencies, and Congressional delegation. The Governmental Affairs Division also routinely engages with stakeholders. Activity may include preparing testimony for legislative hearings, evaluating the impact of legislation on the agency's operations and mission, guiding agency-



sponsored legislation through the process, and coordinating responses to stakeholder and constituent concerns. This office regularly collaborates with internal divisions, as well as with other State partners, to advance the goals and objectives of the agency. Key projects include:

- Monitor activity of the Legislature and appropriations process.
- Agency sponsored legislation that advanced in the 2024 Session included:
  - SB 433 clarifies practice privileges of institutional licensure holders at the State Hospitals.
  - HB 2353 increased the amount of time a person may be held for treatment and added criteria for when continued treatment may be ordered under the care and treatment act for mentally ill persons.
  - HB 2784 authorizing the Secretary of KDADS to grant certain regulation waivers to providers of disability services and adding a definition of day service provider.
  - KDADS also introduced HB 2746 updating state licensure requirements for dietitians to match national requirements.
- Monitor and coordinate testimony for interim legislative committees such as the Bob G. Bethell Joint Committee on Home and Community Based Services & KanCare Oversight.
- Coordination and administration of 2 annual Stakeholder meetings:
  - KDADS Annual Post-Legislative Session Stakeholder meeting provides updates to stakeholders from new legislation and budget enhancements enacted during the session.
  - KDADS Annual Stakeholder Budget Input Meeting provides stakeholders an opportunity to shape the agency's budget enhancement requests for the following fiscal year.

### 3. Human Resources Division

The Human Resources (HR) Division is within the Office of the Secretary. The goal of the HR Division is to oversee and provide technical and expert assistance on recruitment, selection, performance management, benefits, position management, organizational management, classification, compensation, employee relations, guidance and discipline, employee recognition, employee development and training, layoffs, furloughs, time and leave, payroll, benefits, FMLA, ADA, shared leave program, and retirement. Additionally, HR ensures that the agency is following all state and federal rules, regulations and statutes related to Fair Labor Standards Act, the Americans with Disabilities Act, the Equal Employment Act, etc.

HR staff also aid as the agency reassesses and reorganizes operations and staffing needs in furtherance of efficiency. Partnering with agency management in these endeavors is critical, as HR staff will be able to provide valuable assistance and guidance as the agency evolves and works through the challenges presented.

In FY2024 , the HR Division performed the following tasks:

- Recruited 67 new staff
  - 13 New to KDADS, Previous STATE employees

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- 4 Previously employed by KDADS
  - 50 New to the State
- Participated in 21 Job Fairs and 8 Hiring events with the State Hospitals

#### 4. Legal Division

The Legal Division provides consultation and advice to the Secretary and agency staff. The division is comprised of attorneys and legal assistants divided into four sections:

- General Agency Support
- Community Programs and Licensure
- State Hospitals
- Litigation

Each attorney has specialized knowledge in areas relevant to the legal needs of the agency, which has both programs and regulatory responsibilities. Specific duties of the Legal Division include general legal advice, legal research and opinions, representation of the agency in administrative hearings and before state and federal courts, contracts, personnel matters, adoption of rules and regulations, policy review, and legislation review.

In FY2024, the Legal Division performed the following tasks:

- Assisted with the collection, review, and preparation of documents to respond to 53 third-party subpoena requests for documents, including filing appropriate motions to quash
- Drafting and oversight of 28 agency contracts
- Served as agency counsel for 50-52 care and treatment dockets
- Completed 79 Abuse, Neglect and Exploitation cases
- Completed 38 guardianships for patients at the state hospitals
- Completed 182 Kansas Open Record Act Requests
- Completed 1,977 background checks for state hospital employment
- 89 Medicaid and licensure administrative appeals filed with the Office of Administrative Hearings
- 108 administrative appeals filed by residents of the Sexual Predator Treatment Program with the Office of Administrative Hearings
- 16 litigation cases
- 11 complaints filed with Kansas Human Rights Commission and/or Equal Employment Opportunity Commission

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## 5. Strategic Initiatives Division

The Strategic Initiatives Division oversees a diverse range of projects as assigned by the Secretary. Activity may include facilitating improvements to organizational processes or focusing on initiatives that are outside the scope of regular agency operations. This office regularly collaborates with internal divisions, as well as with other State partners, to advance the goals and objectives of the agency. Key projects include:

- KanCare Implementation
  - Lead State Readiness team
  - Co-lead MCO Readiness team with KDHE
- Project Management for Home and Community Based Services process improvements

## FINANCIAL AND INFORMATION SERVICES COMMISSION OVERVIEW

The Financial and Information Services Commission (FISC) is led by the CFO/COO/Commissioner of Admin Services. The purpose of this commission is to manage and maintain all financial information, data analytics, and technology services for the agency.

The FISC Commission is comprised of 6 Divisions:

### 1. Accounting and Financial Management Division

Most of the agency's resources pay on behalf of Medicaid beneficiaries. The Accounting Division is responsible for payment of Medicaid services as KDADS is the Operating Agency for the state's Medicaid program known as KanCare. Close coordination between the division, the Kansas Department of Health and Environment, the single state Medicaid agency, the Department of Administration, and the Medicaid fiscal agent who manages the Medicaid Management Information System, is required to ensure that KanCare capitation payments as well as any Medicaid Fee for Service payments are made timely and accurately. The Division prepares Medicaid expenditure reports for submission to the State Medicaid Agency.

The Contract and Grant Unit of this Division oversees the allocation of federal and state funds to various programs including, but not limited to, the Older Americans Act, Senior Care Act, Community Development Disability Organizations (CDDOs), and the Community Mental Health Centers (CMHCs). It has responsibility for all federal financial status reports including quarterly and annual financial reports to various federal agencies including, but not limited to, the Centers for Medicare and Medicaid Services (CMS), Administration for Community Living (ACL) and Substance Abuse and Mental Health Services Administration (SAMHSA). The Unit also performs the financial management functions for grants and contracts to many other providers of services to older adults and individuals with disabilities, including special project grants and contracts.

This Division develops, implements, and maintains a system for allocating KDADS' administrative cost, and for interpreting and applying federal and state policies governing purchasing, cost principles, and grants management. The division's internal processes and systems are compliant with appropriate state and federal mandates and appropriate internal controls exist.

### 2. Audit Division

The Audit Services Division performs audits on organizations that receive funding through the agency. This includes, but is not limited to, Nursing Facilities, Area Agencies on Aging, Centers for Independent Living, Home Health Agencies, Certified Community Behavioral Health Clinics (CCBHC), and Community Developmental Disability Organizations. The audit tasks include the following: determine that reported nursing facility and psychiatric residential treatment facility costs and resident days used to set reimbursement rates for Medicaid residents are in compliance with state and federal regulations and policies through cost report desk reviews on annual basis before the Medicaid rate setting and through field audits on selected cost reports during the year; review and analyze all CPA, and single audit reports of sub grantees and providers; identify issues that require management attention;

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review audit work papers as necessary; perform audits of Resident Personal Needs Fund accounts at nursing facilities as requested by the Survey, Certification and Credentialing Commission or State Ombudsman; desk review audit nursing facility requests for asset rebases as received during the year, and review projected financial reports for adult care home change of ownership and new IDD applications. Additionally, the Audit Division conducts financial and compliance audits and closeout reviews requested by KDADS programs and accounting as part of the grant subrecipient monitoring process.

Performance Measure	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Percentage of nursing facility desk reviews completed within the established timeframe	100%	100%	100%
Percentage of nursing facilities field audited annually	6.00%	9.55%	8.92%
Amount of reimbursable costs reported that were reduced as a result of desk review adjustments due to non-compliance	\$10,134,113	\$10,886,234	\$10,393,950

### 3. Budget Division

The Budget Division provides helpful, timely and accurate budget information to the agency, as well as to the Governor's Division of the Budget and the Kansas Legislative Research Department. This division provides budget analysis, prepares budget recommendations, and develops and prepares the agency's annual budget. The division reviews, analyzes, and evaluates monthly expenditures throughout the year to ensure expenditures are in line with the Approved Budget.

The division assists with the preparation of federal grant budgets by meeting with program staff, assisting in determining budget needs, and providing support throughout the grant/award life. Budget staff also works closely with accounting and grant staff to help monitor federal fund revenues and expenditures, federal reporting, ledger corrections, and is responsible for drawing funds from the Federal Payment System.

The Budget Division also contributes to the development of the agency Cost Allocation Plan through quarterly calculations of direct hours as required by CMS based on direct time selected on timesheets. Creates and implements Task Profiles and Budget Tables in SHARP, reviews, and updates Speed Charts in SMART. As part of the process, Budget staff works closely with HR throughout the year to ensure KDADS stays within the salary budget by funding source.

Additional responsibilities include tracking the agency's budget through the legislative process, preparing the agency's fiscal notes, and provides estimates for the Consensus Caseload Process.

#### 4. Fiscal and Program Analysis Division

The Fiscal and Program Analysis Division supports the agency through collection, analysis and reporting of data at all levels: state, county, city, national. This includes evaluation and analysis of agency programs including KanCare, Home and Community Based Services (HCBS), Nursing Facilities and Substance Abuse and Mental Health programs. Collection efforts include acquiring electronic data from multiple sources. Analysis activities include compiling and analyzing data for expenditure, service provision, customer profiling and quality improvement activities. The purpose of the analysis activity is to provide information on status, to provide advance notice of trends to program administrators at the state level and local administrators of aging programs.

This Division is responsible for the completion and submission of reports including, but not limited to, the Older Americans Act annual program report, federal reporting to ensure federal compliance with the agency's Home and Community Based and Behavioral Health Services. and compiles quality assurance reports for many agency programs. Additional responsibilities include monitoring service utilization and caseload for all the agency's programs.

The Division manages rate setting for several of the agency's institutional programs. This includes Nursing Facilities, Nursing Facilities for Mental Health, Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) and Psychiatric Residential Treatment Facilities (PRTFs). Staff members are responsible for collecting and reviewing cost reports and setting facility-based payment rates that act as the floor in the State's KanCare program. Support activities include assisting providers with various financial questions as they relate to the cost analysis process used for setting cost-based rates. The Division also calculates the Program of All-Inclusive Care for the Elderly (PACE) rates. Staff members are responsible for creating and submitting the KDADS Central Office cost report for the submission of the State Hospitals' Home Office Cost Settlement to the Centers for Medicare & Medicaid Services (CMS). Additional detail about these Medicaid programs is provided in the Medicaid section of this budget.

#### 5. Information Technology Services Division

The Financial and Information Services Division oversees the IT support received by the agency. The commission takes the lead in working with the Human Services – Executive Branch Information Technology (HS-EBIT) team that provides IT support to both KDADS and DCF. The commission works to ensure that all technological systems, such as the Kansas Aging Management Information System (KAMIS), data and voice communication systems, and data storage systems, are maintained and operate to effectively support the agency. These systems and applications support thousands of external users that depend on the agency's systems to provide effective services to those the agency serves. The agency's systems also enhance the agency's ability to track customers and services provided by various partners and providers. The commission also works closely with HS-EBIT and Office of Information Technology (OITS) staff to help prevent attacks and breaches of the agency's network, support the email system, and maintain an appropriate level of security. KDADS IT Development staff within the HS-EBIT team conduct many functions including the management of databases and applications and performance of custom data extractions and monitoring of data integrity. KDADS also has staff that provide Help Desk support as part of the HS-EBIT team. This work supports all agency staff as well as up to 7,000 external users of KDADS' information systems.

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PROGRAM TITLE: Administration  
SUBPROGRAM TITLE: Financial & Information Services Commission

## 6. Operations Division

The Operations team provides operational support to agency staff. Secure building occupancy and coordinate system operations in accordance with federal and state regulations. Ensure agency compliance with The Americans with Disabilities Act (ADA) and emergency operations are met. The safety and security of agency staff and assets are protected via security guard vendor or physical access control systems. Manage to office support such as workspace assignments, rebuilds, adjustments and configuration design needs. Ensure availability of office supplies and other building equipment is stocked and well maintained. Development of policy and procedures pertaining to KDADS owned vehicles, cellular phones, credit cards, toll road access, asset onboarding, registration and insurance, maintenance and surplus of assets as needed. Front Desk fields phone calls to the agency main line, greets walk-in guests, provides our guests with available resources as requested, processes incoming mail and deliveries. This team also organizes and participates in strategic planning and special projects to further support KDADS staff.

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AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Administration  
SUBPROGRAM TITLE: Expenditure Justification

## EXPENDITURE JUSTIFICATION – ADMINISTRATION

Fund	SFY 2024 Actuals	SFY 2025 Approved	SFY 2025 Base	SFY 2025 Supplementals	SFY 2025 Adjusted	SFY 2026 Base	SFY 2026 Enhancements	SFY 2026 Adjusted
State General Fund	\$ 11,417,506	\$ 8,975,385	\$ 14,951,937	\$ -	\$ 14,951,937	\$ 13,423,503	\$ -	\$ 13,423,503
Federal Fund	\$ 2,503,492	\$ 5,207,582	\$ 2,962,384	\$ -	\$ 2,962,384	\$ 2,987,991	\$ -	\$ 2,987,991
All Other Funds	\$ 1,431,881	\$ 2,566,745	\$ 3,358,650	\$ -	\$ 3,358,650	\$ 3,389,481	\$ -	\$ 3,389,481
<b>Operations Totals</b>	<b>\$ 15,352,879</b>	<b>\$ 16,749,712</b>	<b>\$ 21,272,971</b>	<b>\$ -</b>	<b>\$ 21,272,971</b>	<b>\$ 19,800,975</b>	<b>\$ -</b>	<b>\$ 19,800,975</b>

**FY 2024** actuals expenditures are \$15,352,879, of which \$11,417,506, are from the State General Fund.

**FY 2025** adjusted budget request has expenditures totaling \$21,272,971, of which \$14,951,937, are from the State General Fund. Increase due to reappropriations.

**FY 2026** adjusted budget request has expenditures totaling \$19,800,975, of which \$13,423,503, are from the State General Fund.

### Object Code 5100: Salaries and Wages

**Summary:** Staff is responsible for carrying out the administrative and oversight activities.

**FY 2025:** \$11,022,177 is requested.

**FY 2026:** \$11,140,681 is requested.

### Object Code 5200: Contractual Services

**Summary:** Includes communications, freight and express, printing and advertising, rentals, repairing and servicing, staff travel expense for training and program services, utilities, and professional or other services.

**FY 2025:** \$9,123,534 is requested.

**FY 2026:** \$7,533,034 is requested.



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AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Administration  
SUBPROGRAM TITLE: Expenditure Justification

**Object Code 5300: Commodities**

**Summary:** Includes office supplies, data processing supplies, professional supplies, vehicle related items (gasoline and parts for maintenance repairs).

**FY 2025:** \$54,060 is requested.

**FY 2026:** \$54,060 is requested.

**Object Code 5400: Capital Outlay**

**Summary:** Capital outlay includes assets that 1) are used in operations and 2) have an initial useful life of over one year. This includes both tangible assets (land, buildings, building improvements, vehicles, machinery, equipment, works of art, historical treasures, infrastructure, and intangible assets (easements, software, water rights). Assets held for investment or resale purposes only are not considered capital assets. Instructions regarding capitalizing of assets can be found in Policy Manual filing 13,001. With exception of software, KDADS will utilize items in this category that meet or exceeds \$5,000.

**FY 2025:** \$1,048,200 is requested.

**FY 2026:** \$1,048,200 is requested.

**Object Code 5500: Aid to Local Governments & Other Assistance**

**Summary:** Aid disbursements made from federal and state funds to individuals, schools, state agencies, non-state organizations, and political subdivisions.

**FY 2025:** \$25,000 is requested.

**FY 2026:** \$25,000 is requested.

## MEDICAID PROGRAMS

Medicaid Programs encompass all medical services programs KDADS manages, most of which are included in KanCare. Effective January 1, 2013, KDADS integrated the services provided under this program with the state's Section 1115 KanCare Demonstration Project. KanCare is an integrated delivery system in which nearly all Medicaid services, including services provided in this program, are provided through the KanCare health plans. Kansas now operates KanCare under a 1915b authority.

### **Behavioral Health Services: KanCare (32400)**

The three KanCare Managed Care Organizations (MCOs) contract with a variety of community mental health providers that include Community Mental Health Centers (CMHCs) and other private mental health practitioners to provide Medicaid-funded mental health services throughout the state. MCOs are responsible for ensuring persons with mental illness who are Medicaid eligible receive a comprehensive array of timely, quality, accessible and effective mental health services in all areas of the state. The goal of these services is for persons with mental illness to experience recovery and live safe, healthy, successful, self-determined lives in their home and community. Also, Medicaid eligible Kansans in need of alcohol and drug abuse treatment services can access outpatient, intermediate, reintegration, medical detox, and other related hospital-based services.

Certified Community Behavioral Health Clinics (CCBHCs) went into effect May 1<sup>st</sup>, 2022. CCBHCs provide specific evidence-based services and greater access to care. This includes integration of SUD services, coordination of patient care, 24/7 crisis services, peer support, Assertive Community Treatment (ACT), Individual Placements & Supports (IPS). Services are provided regardless of ability to pay.

### **Psychiatric Residential Treatment Facilities: KanCare (32500)**

Psychiatric Residential Treatment Facilities (PRTFs) are licensed facilities which provide comprehensive mental health inpatient treatment for youth who cannot otherwise be served safely and effectively in a less restrictive environment. Youth are screened to determine the medical necessity. PRTFs are expected to include family, agencies, and community as they offer strengths-based, culturally competent, medically appropriate mental health treatment. Treatment is uniquely designed to support reintegration to family/community living environment utilizing coordinated care support systems and community-based services.

### **Nursing Facilities for Mental Health: KanCare (32700)**

Nursing Facilities for Mental Health (NFs/MH) provide institutional care for persons experiencing severe symptoms of mental illness. Persons seeking placement in NFs/MH are screened to determine whether their needs can be met with community-based services before their admission to an NFMH is determined. Currently, persons needing these services are required to travel long distances from their homes due to the limited number of facilities in the state. NFMHs are classified by

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AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Medicaid Programs  
SUBPROGRAM TITLE:

the Centers for Medicare and Medicaid Services (CMS) as Institutions for Mental Disease (IMDs). CMS does not allow payment of Federal Financial Participation (FFP) to IMDs for persons between 22 and 64 years of age. Public payment for persons in this age range is funded entirely through the State General Funds. NFMH facilities have experienced an increase in the number of people not eligible for FFP, creating a need for additional state funds. In addition, by state statute, NFMH reimbursement rates are reviewed each year which results in annual rate increase.

### **Nursing Facility Program: KanCare (36100)**

The Nursing Facility (NF) Program is responsible for enrollment of nursing homes providing Medicaid services to customers, and reimbursement for those services. KDADS also collects Civil Monetary Penalties (CMPs) from nursing facilities in instances of substandard quality of care, determined by the KDADS surveyors. As of June 30, 2024, there were 288 nursing homes operating in the state of Kansas as Medicaid providers and when combined with the 10 nursing homes for mental health, they serve 96 counties in the state. These homes provide care for a monthly average of 9,107 residents (based on the 1<sup>st</sup> three Quarters of SFY24) whose care is paid by Medicaid. Nursing homes are reimbursed for Medicaid resident care using a cost-based, facility specific, prospective payment system. As of July 1, 2024, the average daily reimbursement rate is \$288.27.

In 2010, the Kansas Legislature passed a provider assessment for nursing facilities. This allows Kansas to tax providers, match the providers' funds with federal funds and reimburse nursing facilities at a higher rate. On July 1, 2016, the provider assessment was increased. In FY 2024, the agency collected approximately \$28 million from the assessment.

### **Frail Elderly Waiver (HCBS-FE): KanCare (36200)**

The Home and Community Based Services for the Frail Elderly waiver program (HCBS-FE) provides Medicaid eligible customers with the opportunity to receive cost-effective community-based services as an alternative to nursing home care. The waiver program also promotes independence in the community setting and encourages residency in the most integrated setting. The federal waiver requires that the aggregate cost of serving these customers in their homes be less than if they had elected to enter nursing homes.

### **HCBS & PACE FMAP BUMP: (36400)**

On March 11, 2021, President Biden signed the American Rescue Plan Act of 2021 (ARP). Section 9817 of the ARP plan provides qualifying states with a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for Home and community base services (HCBS) and PACE programs. States must use the federal funds attributable to the increased FMP to supplement, not supplant, existing state funds expended for HCBS & PACE, and states must use state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid Program. Fund-Budget Unit 1000-3002 will be utilized to fund those activities.

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In SFY 2024, the account reflects negative expenditures that should have been reflected as revenue. The reappropriation balance is budgeted entirely in SFY 2025 although the federal deadline has been extended to December 2025.

#### **Program of All-Inclusive Care for the Elderly (PACE) (36500)**

PACE is a form of managed care in which the provider accepts a capitated rate in the form of a monthly “premium”. Most PACE participants are eligible for both Medicare and Medicaid benefits. The PACE Medicaid rate is negotiated at a minimum of a federally required 5% cost savings for each unique service coverage area of the calculated upper payment limit, based on past fee-for-service costs for Medicaid beneficiaries aged 55 years and older.

For this capitated payment, the provider assumes the full risk for their participant’s long-term care needs. The monthly capitated payment is a fixed amount which extends over the life of the participant regardless of changes in the participant’s health status or service needs. Participants may be required to pay a portion of the capitated payment depending on their income.

PACE organizations must have an administrative center that is approved by CMS and the state to provide adult day services, clinical services, therapies, meals, social services, assistance with activities of daily living and medication management. In addition, the sites are also required to have a primary care physician who is part of the team of professionals that help the participants manage their care. Each participant has access to all specialty services covered under Medicare and/or Medicaid.

PACE received one time funding of \$2,500,000 for expansion in SFY 2024. The reappropriated funds of \$928,262 in 1000-0270 will complete the project in SFY 2025.

#### **Targeted Case Management (TCM) - I/DD: KanCare (37200)**

Case managers help identify, select, obtain, coordinate, and use both paid services and natural supports as may be available for persons with intellectual or developmental disabilities. These services are designed to enhance independence and productivity that is consistent with the capabilities and preferences as identified by the individual. Other case management activities include assessment, support planning, support coordination and transition planning. Individuals receiving this service have been determined eligible for services through the HCBS Developmental Disabilities (DD) system. DD TCM services are provided through the DD system which is integrated with KanCare.

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### **Head Injury Rehabilitation Hospitals: KanCare (37300)**

Head Injury Rehabilitation Hospitals provide Medicaid funded services to individuals with Brain Injuries (BI) who require services at a level of intensity, duration or frequency that may not be available in the community-based setting. Services must be restorative and rehabilitative in nature. Services include behavioral therapy, cognitive therapy, drug and alcohol abuse therapy, independent living skills training, occupational therapy, and physical therapy.

### **Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID): KanCare (37500)**

The LTSS Commission administers ICFs/IID. Private ICFs/IID are Medicaid funded, federally regulated, 24-hour care and training facilities that serve persons with intellectual or developmental disabilities. Facilities provide comprehensive and individualized health care and rehabilitation services to individuals to promote their functional status and independence. Each ICFs/IID is reimbursed a per diem rate for each person living in the facility.

### **Intellectual and Developmental Disabilities (I/DD) Waiver: KanCare (38100)**

The LTSS Commission administers the Home and Community-Based Services Waiver for persons with Intellectual and Developmental Disabilities (HCBS-I/DD Waiver). The I/DD Waiver provides Medicaid funding for a variety of community supports and services for persons whose developmental disabilities are severe enough to qualify them for institutional services. Rather than placement in a private ICF or State Institution for persons with I/DD, these individuals choose to live in their home and community. Most persons with I/DD and their families choose community-based services over institutional placement. Services provided through the I/DD Waiver include day supports, residential support services, supportive home care, assistive services, as well as other support services.

### **Children with Autism Spectrum Disorders (ASD): KanCare (38200)**

The Autism Waiver is designed to provide intensive early intervention services to children with ASD. The services funded by the Autism Waiver include respite care to provide relief to primary caregivers, parent support and training, and intensive individual supports, which provides the therapy needed to assist the child in acquiring, retaining, and improving the self-help, socialization, and adaptive skills they need. Consultative clinical and therapeutic services, family adjustment counseling and interpersonal communication therapy will also be provided.

### **Physical Disability (PD) Waiver: KanCare (38300)**

The LTSS Commission administers the Home and Community-Based Services Waiver program for persons with a Physical Disability (PD). The PD Waiver provides Medicaid funding for a variety of community services for those who prefer to live in their community rather than a nursing facility. Most persons who have a physical disability needing supports choose to remain in their homes and communities with services funded by the PD Waiver. The primary service

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provided through this program is personal services which assists the individual with activities that an individual would perform for themselves if they did not have a disability.

#### **Brain Injury (BI) Waiver: KanCare (38400)**

The LTSS Commission administers the Home and Community-Based Services Waiver program for persons who have suffered a BI. The BI Waiver provides Medicaid funding for a variety of community services for those who prefer to live in their community rather than a rehabilitation hospital. Services through this waiver are targeted to persons with a BI between 16 to 65 years of age. Individuals receive services from various professionals, including Therapists (physical, occupational, speech, behavior, and cognitive), Transitional Living Skills Specialists and Personal Care Attendants. Services and community resources are coordinated by case managers who either work independently or work for Centers for Independent Living or Home Health Agencies. Persons must continue to make progress in their rehabilitation or independent living skills training to maintain eligibility. Although the rehabilitative progress of persons receiving BI Waiver services is monitored on an ongoing basis, a formal administrative review process is conducted for individuals approaching four years of receiving services to determine if the person is maintaining eligibility for the program by continuing to make progress. Most persons who suffer with a BI prefer to receive services while remaining in their home and community and transition from the waiver within two years of initiating services.

#### **Technology Assistance Waiver for Children: KanCare (38600)**

The LTSS Commission purchases services for children, birth through 21 years of age, who are chronically ill and medically fragile, and dependent on medical technology devices to sustain life. These children receive in-home care from Registered Nurses, Licensed Practical Nurses, or Home Health Aides which are provided by Home Health Agencies licensed by the Department of Health and Environment. Participants and/or parents may utilize the self-directed care option if a personal care attendant is preferable to meet the needs of the child during the times skilled nursing services are not required. In SFY 2009, Attendant Care for Independent Living, a Medicaid entitlement program which provided nursing care, was merged into the TA Waiver. The nursing care is the primary service provided to children receiving services through this waiver.

The TA Waiver disregards (waives) the parent's income, thereby making the child eligible for Medicaid coverage if the child meets the eligibility criteria as outlined in the waiver. Children qualifying for the TA Waiver would otherwise be eligible to be placed in an in-patient hospital funded by Medicaid.

Children on the TA Waiver receive care coordination/case management by Advanced Registered Nurse Practitioners or Registered Nurses who coordinate their care through the managed care system under KanCare.

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**Community Support Waiver (38700)**

This program code is being added for the enhancement in SFY 2026.

The Community Support Waiver (CSW) is currently under development and is planned to go live in 2026. This waiver is for individuals with intellectual or developmental disabilities impacting at least two adaptive skill areas and who may not need the comprehensive care of the IDD waiver. Services will include Respite, personal care services, individual budget authority, supported employment, and more. Applicants will contact the local Community Developmental Disability Organization (CDDO) to apply.

**Program Waiver Services-Other (38900) - Spending Plan for Waiver Reappropriations:**

KDADS will allocate \$6,000,000 in SGF (1000-0612) to one-time HCBS projects. Projects include development of I/DD Community Supports Waiver, administration of HCBS modernization federal HCBS compliance projects.

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## MEDICAID PROGRAMS – PERFORMANCE MEASURES

Program	Performance Measure	SFY2024 Actuals	SFY2025 Estimate	SFY2026 Estimate
Psychiatric Rehabilitation Treatment Facilities (PRTF)	Number of KanCare Children Receiving PRTF Services (Monthly Average)	247	279	279
	Number of KanCare Children on the PRTF Waitlist	125	120	120

Program	Performance Measure	CY2024 Estimate	CY2025 Estimate	CY2026 Estimate
HCBS Management	Number of Participants Eligible to Receive HCBS I/DD Services (Monthly Average)	9,005	9,611	9,611
	Number of Participants Eligible to Receive HCBS PD Services (Monthly Average)	6,100	6,647	6,647
	Number of Participants Eligible to Receive HCBS Autism Services (Monthly Average)	61	65	65
	Number of Participants Eligible to Receive HCBS SED Services (Monthly Average)	3,876	4,000	4,000
	Number of Participants Eligible to Receive HCBS FE Services (Monthly Average)	7,623	8,376	9,129
	Number of Participants Eligible to Receive HCBS TA Services (Monthly Average)	824	897	970
	Number of Participants Eligible to Receive HCBS BI Services (Monthly Average)	1,044	1,108	1,192
	Number of Participants Enrolled In PACE Program (Monthly Average)	1,039	1,045	1,045
	Number of Individuals on Waitlist to Receive HCBS I/DD Services*	4,800	4,800	4,800
	Number of Individuals on Waitlist to Receive HCBS PD Services*	2,000	2,000	2,000
	Number of Individuals on Autism Proposed Recipient List*	650	650	650



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## EXPENDITURE JUSTIFICATION – MEDICAID PROGRAMS

Fund	SFY 2024 Actuals	SFY 2025 Approved	SFY 2025 Base	SFY 2025 Supplementals	SFY 2025 Adjusted	SFY 2026 Base	SFY 2026 Enhancements	SFY 2026 Adjusted
State General Fund	\$ 939,736,216	\$ 1,121,627,732	\$ 1,212,948,122	\$ -	\$ 1,212,948,122	\$ 1,103,627,732	\$ 11,283,400	\$ 1,114,911,132
Federal Fund	\$ 1,517,703,374	\$ 1,770,189,519	\$ 1,813,180,278	\$ -	\$ 1,813,180,278	\$ 1,784,330,628	\$ 18,151,810	\$ 1,802,482,438
All Other Funds	\$ 28,981,335	\$ 27,661,000	\$ 27,661,000	\$ -	\$ 27,661,000	\$ 27,661,000		\$ 27,661,000
<b>Medicaid Totals</b>	<b>\$ 2,486,420,925</b>	<b>\$ 2,919,478,251</b>	<b>\$ 3,053,789,400</b>	<b>\$ -</b>	<b>\$ 3,053,789,400</b>	<b>\$ 2,915,619,360</b>	<b>\$ 29,435,210</b>	<b>\$ 2,945,054,570</b>

**FY 2024** actuals expenditures are \$2,486,420,925, of which \$939,736,216, are from the State General Fund.

**FY 2025** adjusted budget request has expenditures totaling \$3,053,789,400, of which \$1,212,948,122, are from the State General Fund.

**FY 2026** adjusted budget request has expenditures totaling \$2,945,054,570, of which \$1,114,911,132, are from the State General Fund.

### Object Code 5100: Salaries and Wages

**Summary:** Staff is responsible for carrying out the administrative and oversight activities.

**FY 2025:** \$897,322 is requested.

**FY 2026:** \$0 is requested. Employees currently funded by the FMAP project are budgeted entirely in SFY 2025.

### Object Code 5200: Contractual Services

**Summary:** Includes communications, freight and express, printing and advertising, rentals, repairing and servicing, staff travel expense for training and program services, utilities, and professional or other services.

**FY 2025:** \$67,198,786 is requested.

**FY 2026:** \$17,116,821 is requested. The decrease in SFY 2026 is due to the FMAP funds being budgeted entirely in SFY 2025.

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**Object Code 5300: Commodities**

**Summary:** Includes office supplies, data processing supplies, professional supplies, vehicle related items (gasoline and parts for maintenance repairs).

**FY 2025:** \$0 is requested.

**FY 2026:** \$0 is requested.

**Object Code 5400: Capital Outlay**

**Summary:** Capital outlay includes assets that 1) are used in operations and 2) have an initial useful life of over one year. This includes both tangible assets (land, buildings, building improvements, vehicles, machinery, equipment, works of art, historical treasures, infrastructure, and intangible assets (easements, software, water rights). Assets held for investment or resale purposes only are not considered capital assets. Instructions regarding capitalizing of assets can be found in Policy Manual filing 13,001. With exception of software, KDADS will utilize items in this category that meet or exceeds \$5,000.

**FY 2025:** \$0 is requested.

**FY 2026:** \$0 is requested.

**Object Code 5500: Aid to Local Governments & Other Assistance**

**Summary:** Aid disbursements made from federal and state funds to individuals, schools, state agencies, non-state organizations, and political subdivisions.

**FY 2025:** \$2,985,693,292 is requested.

**FY 2026:** \$2,927,937,749 is requested.

## BEHAVIORAL HEALTH SERVICES (BHS) COMMISSION OVERVIEW

The Behavioral Health Services Commission administration provides supervision, direction, guidance, and support to the major service delivery programs of behavioral health services. Delivery of programs and health services include prevention, intervention, treatment, recovery for mental health disorders, substance use disorders, and problem gambling. This Commission serves as the single state agency for the federal Mental Health, and Substance Abuse Prevention and Treatment Block Grants. The commission is also the authority for the State Opioid Response Grant, which is supported by the state, and the federal Substance Abuse and Mental Health Services Administration (SAMHSA).

KDADS is required by statute to license, certify, and provide operational oversight of substance abuse and mental health service providers in Kansas.

The Behavioral Health Commission is comprised of 5 Divisions: CARE/PASSR, Quality & Innovation, Adult Services, Youth Services, and Crisis Services. Each division strives to coordinate mental health services across all service systems including, but not limited to, the public health, primary care, juvenile justice, adult corrections, and child welfare systems. The commission is also focused on implementing required practice improvements within the NFMH Pre-litigation Settlement Agreement and the implementation and success of the CCBHC to improve and enhance community-based services.

### 1. Adult Services Division

The Adult Services Division within the Behavioral Health Services Commission; provides program oversight, implements policy, and allocates resources that support behavioral health in Kansas. Services for adults include treatment and prevention of mental health disorders, substance use disorders, problem gambling and gaming disorders and support for persons needing safe and secure housing who are homeless or at risk of homelessness. The division has 17 staff members and provides support for the overall behavioral health goals and objectives in accordance with federal and state regulations and KDADS policies.

- Block Grant / Substance Use Disorder (SUD) Program
  - Community level efforts to address primary prevention of substance use and monitoring of tobacco sales to minors for Synar compliance.
  - Supports statewide substance use disorder outpatient and residential treatment services along with uninsured recovery support services
  - Supports a contractual agreement for Administrative Services Organization (ASO) services including statewide helpline services.
- Housing & Homelessness Program
  - Reduce homelessness by supporting increased service coordination and access for persons with behavioral health conditions.
  - Expanding community integration for those exiting publicly funded institutions
  - Increasing competitive employment through evidence-based practices.
  - Overseeing training and implementation of benefits coordination through SOAR (SSI/SSDI, Outreach, Access, and Recover)
  - Working across federal, state, and local systems to bridge gaps between housing programs (brick and mortar) and housing supportive services.

- Opioid Program
  - Supports funding to treatment facilities across the state for treatment of opioid use disorder, medical assisted treatment, and stimulant use disorder treatment in Kansas.
  - Promotes harm reduction for opioid use disorders through destitution of Naloxone, Fentanyl Test Strips, and prevention for community outreach and community-based prevention
- Problem Gambling Program
  - Provides first contact, crisis intervention and treatment for problem gamblers/gamers and their families at no cost to Kansas residents.
  - Provides a helpline 24 hours a day, 365 days a year, monitored by masters-level professional staff.
  - Provides prevention education, media awareness and targeted strategies to address player health.
  - Funds granted to 4 regional taskforces and a statewide coalition.
- Recovery Services Program
  - Management and distribution of the Community Mental Health Services Block Grant (MHBG), to support the grantees in carrying out plans for providing comprehensive community mental health services.
  - Oversees peer certification capacity building of the workforce for peer support services which are individual-centered services with a rehabilitation and recovery focus. These services are designed to promote skills to cope with, build recovery capacity and manage addictions, substance use disorders and/or psychiatric symptoms while facilitating the use of natural resources and the enhancement of community living skills.
  - Increase recovery support access in the community through support and development of community base recovery programs including Clubhouse Model programs, Consumer Run Organizations (CRO), Kansas Consumer Advisory Council on Adult Mental Health, National Alliance on Mental Illness Kansas, Inc. (NAMI KS), the support and develop Kansas Oxford Houses and other recovery supportive housing.
  - Provide behavioral health services to individuals that have a behavioral health diagnosis or are suffering from suicidal ideation.

## **2. Client Assessment, Referral and Evaluation (CARE) / Pre-Admission Screening and Resident Review (PASSR) Division**

The CARE & PASRR Division has 21 staff at KDADS that administer the Client, Assessment, Referral, and Evaluation (CARE) Program, Specialized Services & Diversion projects, and the NFMH projects. They focus on a person-centered thinking approach to assessment and evaluation for Medicaid certified long-term care facilities, services (Specialized Services) both within long-term care facilities and community-based (diversion from long-term care). They provide training for informed choice and management of the NFMH Settlement Agreement to improve Nursing Facilities for Mental Health (NFMH) services and resources for people at-risk of admission to NFMHs.

- Client Assessment, Referral and Evaluation (CARE) Program
  - Guided by the code of federal regulations for the Pre-Admission Screening and Resident Review (PASRR).
  - Responsible for managing the statewide assessment (Level I and special admissions) and evaluation (Level II evaluations for mental illness and intellectual/developmental disabilities) for Medicaid certified long-term care facilities.
  - Manages the contracts for the Level I assessments (Area Agencies on Aging) and Level II evaluations (HealthSource Integrated Solutions until 9.29.2024 and a contractor is chosen through RFP process).
  - Reports an annually to the Secretary of KDADS and to Centers for Medicare and Medicaid Services (CMS).
- Nursing Facilities for Mental Health (NFMH) Program
  - Provide training and tools to assist Behavioral Health Services (BHS) Commission staff and community partners to provide reports (data and narrative) regarding progress related to the NFMH Settlement Agreement Practice Improvements.
  - Gather information from BHS and community partners to report on the progress of the practice improvements and outcomes as outlined in the NFMH Settlement Agreement and Manage Olmstead Navigator agreement.
  - Mentor Diversion staff and others regarding the case work within the context of the NFMH Settlement Agreement.
  - Provide training regarding informed choice, WRAP (Wellness Recovery Action Plan), and Person- Centered Thinking to CMHC NFMH Liaisons, Olmstead Navigators, NFMH staff, Managed Care Organizations (MCO), and more.
- Pre-Admission Screening and Resident Review (PASSR) Program (Specialized Services and Diversion)
  - Administer the Specialized Services agreement with the 7 Community Mental Health Centers (CMHCs) co-located with the 10 NFMHs.
  - Development and quality assurance review for the NFMH specialized services and develop the future skilled nursing facility manual.
  - Diversion from potential long-term care for people who receive a Level I assessment with mental illness and/or intellectual/developmental disabilities suspected. Connection to community-based services to meet their needs.
  - Engage in community-based services for those who have discharged from NFMHs for at least a year after discharge

### 3. Crisis Services Division

Crisis Services Division includes programs such as Mobile Crisis Response and Stabilization, 988, and other programs designed to help individuals using a Crisis Now model of service delivery. The three main components of the Crisis Now model is 1) 24/7 Crisis Call Hubs, 2) Mobile Crisis Outreach Teams, 3) Crisis Receiving Facilities. These components make sure that a person in crisis has a number to call, someone to respond, and a place to go. The Crisis Now model has demonstrated improved outcomes and realized savings in patient care, through reduced emergency department visits, psychiatric hospitalizations, and law enforcement involvement, and is shown to be effective in preventing suicide attempts and deaths. In addition, this division has been collaborating closely with three CCBHCs and other organizations to implement chat and text crisis response, ensuring the delivery of these services and meeting the federal expectations for 988.

- 988 Program
  - Supports 988 call centers in providing confidential and free 24/7 access to trained crisis counselors for any Kansan in need of crisis intervention or emotional support.
  - Advocacy for state-level policies and funding to support the expansion and sustainability of Kansas 988 lifeline program.
  - Manages allocations and disbursements of federal and state funding, supporting statewide build-up and strengthening of new and existing 988 call centers.
- Assisted Outpatient Treatment (AOT) Program
  - Provides wrap around services with civil court oversight for individuals with serious mental illness and the inability to understand they have a mental illness.
  - Provides extensive individualized treatment services with a primary point of contact encouraging relationship building and trust.
  - Provides community support and connections including but not limited to peer support, employment services, housing services, medical care, independence training, childcare, and transportation.
- Intellectual or Developmental Disability (IDD) Behavioral Health Crisis Program
  - Develops, enhances, and coordinates crisis services for people with IDD and co-occurring behavioral health needs.
  - Acquires and disseminates evidence-based, best practice information to IDD/BH stakeholders.
  - Recommends state police, procedures, and plans that incorporate best practices for people with IDD and BH needs.
- Justice Involved Services Program
  - Stepping Up Initiative TA center for the communities across the state that need support for justice involved persons to decrease judicial involvement, unnecessary incarceration and decrease carceral recidivism rates.
  - Competency Evaluation and Competency Restoration services for both youth and adults experiencing the judicial system to help prevent unnecessary and extended incarceration without access to appropriate mental health resources and services.
  - Planning, presentation, and implementation of Juvenile Justice initiative consisting of listening sessions, webinars, and state task force meetings in order create a community-based programming/continuum of care for justice involved youth.
- Mobile Crisis Program
  - Directs and supports mobile response services that offer rapid in-person, community-based engagement, trauma-informed and empathetic care, support and intervention to adults, children, youth, and families who are experiencing a mental health crisis.
  - Collaborates closely with directors and supervisors of mobile teams at the state's Community Mental Health Centers to provide education, training, and support to ensure mobile crisis services are accessible 24 hours a day, seven days a week.
  - Manages allocations and disbursements of funding supporting state-wide build-up and strengthening of new and existing mobile crisis response teams.

#### 4. Quality & Innovation Division

The Quality and Innovation Division focuses on improving behavioral health services and programming within BHS through quality assurance and measurement-based standards. The division has 11 staff at KDAS that is divided into two dedicated teams that work on implementing oversight, accountability, and support to entities providing behavioral health and substance use treatment.

- Certified Community Behavioral Health Clinic (CCBHC) Program
  - Provide on-site and virtual assistance to CMHCs/CCBHCs regarding CCBHC expectations, how clinics can meet/exceed those expectations, and facilitate collaboration between the CMHCs/CCBHCs and other entities in their community.
  - Kansas was recently awarded the Demonstration Project for the CCBHC program. This program, jointly overseen between the Centers for Medicare and Medicaid Services and the Substance Abuse and Mental Health Services Administration, will allow KDADS to continue working towards functional excellence for the behavioral health public safety net of Kansas from January 1, 2025, to January 1, 2029. Some examples of continued work under this project will be:
    - Provide technical expertise on the CCBHC program (including, but not limited to cost reporting, Prospective Payment System (PPS), application/certification, continual quality improvement processes, etc.)
    - Enhanced guidance and technical support to clinics regarding expectations and deliverables during the demonstration period
    - Enhanced Federal Medical Assistance Program Matching funds (FMAP) (72% / 28%)
    - Collaboration among other states going through the program for peer-to-peer state learning
- Quality Assurance Program
  - Conducts program-level reviews of all Behavioral Health Services programming through Community Mental Health Centers and Certified Community Behavioral Health Clinics ensuring programs align with the best practices/standards for the program and alignment with KDADS mission/vision
  - Provides as-needed reviews of programs and/or CMHCs/CCBHCs when problems are brought to KDADS attention regarding how services are being provided (or not provided) in a particular program/site

#### 5. Youth Services Division

The Youth Services Division is comprised of Children's behavioral health services, Prevention Services and MHIT-Mental Health in Schools program. This division covers all children's behavioral health concerns from prevention to the highest level of psychiatric care, ensuring the needs of Kansas children and families are being addressed by a well-trained and supported workforce. Prevention services covering primary prevention and expanding efforts to meet the growing concerns of all Kansans related to Substance Use, Mental Health, and Suicide Prevention. The Mental Health in schools' team are working to support the connection between behavioral health services and education providers. The Youth Leaders in Kansas (YLink) program is an integral part of prevention, building youth voice and building behavioral health and prevention leaders of the future.

- Child & Community Inpatient Program
  - Crisis Programs provide cool down beds, crisis interventions (up to 28 days), respite which all include therapeutic interventions including individual, family and group therapy.
  - Psychiatric Residential Treatment Facilities (PRTFs) provide out-of-home residential psychiatric treatment to children and adolescents whose mental health needs cannot be effectively and safely met in a community setting. In Kansas, there are 452 licensed beds with a total of 287 beds being staffed and 270 children being served in a PRTF.
  - The Ember Hope Pilot Project has been moved to Kids TLC in Olathe. This program includes increased family commitment to the treatment and six months of aftercare from a Parent Peer or Therapist, as needed, to improve engagement in community-based services.
  - Florence Crittenton and Camber Hays Aftercare Programs provide six months aftercare to increase family engagement in community CBS
  - The Kansas Renewal Institute renovation and remodel for implementation of secure and higher acuity level of care for PRTF
  - Youth Leaders in Kansas (YLINK) is a statewide youth groups that provide prevention activities within their schools and communities that include suicide, drug and alcohol and mental health prevention, awareness, and stigma reduction. Currently, Kansas has 70 YLINK groups across 24 counties and in 42 cities.
- Prevention Program
  - Provides numerous programs, resources, and grants to support suicide prevention efforts in Kansas. Which include Kansas Community Suicide Prevention Grant, Kansas Suicide Prevention Coalition, Suicide Postvention Services, TTI Suicide Prevention for high-risk populations, and Kansas Suicide Prevention Resource Center.
  - Kansas Prevention Collaborative Community Initiative (KPCCI) Grantees focuses on increasing readiness of the community to address substance misuse, increasing coalition capacity to implement prevention activities, and decreasing underage drinking, marijuana use, vaping, and related risk factors.
  - The Strategic Prevention Foundation (SPF-RX) program raises community awareness and brings prescription drug abuse prevention activities and education to schools, communities, parents, prescribers, and their patients. KDADS tracks reductions in opioid overdoses and the incorporation of the Kansas Prescription Drug Monitoring Program (PDMP) data known as KTRACS, into needs assessments and strategic plans as indicators of the program's success.
  - For Transitional Aged Youth, there is an informational series for youth and young adults (YYA) between the ages of 16-24 years old that helps with transitioning into adulthood.
- Mental Health Intervention Team (MHIT) Program
  - The MHIT program is dedicated to improving student's academic potential by breaking down barriers to mental health services.
  - Under MHIT, school districts employ school-based liaisons, who identify students needing intense behavioral & mental health services & links them to local service providers.
  - This program has grown in 6 years from serving 9 school districts to 90 in the 24-25 school year. This fall the program plans to expand its program to additional school districts and include qualified schools.



## BEHAVIORAL HEALTH SERVICES (BHS) COMMISSION – PROGRAM CHARTS

### Behavioral Health Non-Medicaid Services

Program	FY2024 Actuals	FY2025 Estimate	FY2026 Estimate
Mental Health Services	\$ 128,227,371	\$ 179,401,506	\$ 177,249,494
SUD & Other addiction Services	\$ 43,391,610	\$ 42,076,001	\$ 37,221,545
<b>Program Total</b>	<b>\$ 171,618,981</b>	<b>\$ 221,477,507</b>	<b>\$ 214,471,039</b>

Funding Source s	FY2024 Actuals	FY2025 Estimate	FY2026 Estimate
State General Fund	\$ 107,546,084	\$ 145,193,148	\$ 141,638,474
Fee Fund	\$ 31,708,507	\$ 41,900,269	\$ 39,344,826
Mental Health Block Grant	\$ 5,668,827	\$ 5,690,300	\$ 5,690,300
Substance Abuse Block Grant	\$ 12,995,236	\$ 12,600,000	\$ 12,600,000
Other Federal Grants	\$ 13,700,327	\$ 16,093,790	\$ 15,197,439
<b>Funding Total</b>	<b>\$ 171,618,981</b>	<b>\$ 221,477,507</b>	<b>\$ 214,471,039</b>

\*The increase in 2025 and drop in 2026 is due to several one-time allocations in 2025.

### Problem Gambling

Program	SFY 2024 Act.	SFY2025 Est.	SFY2026 Est.
Problem Gambling Treatment / Services	\$ 1,497,835	\$ 2,160,522	\$ 1,606,066
KDADS Problem Gambling Administration	\$ 302,549	\$ 559,948	\$ 564,404
KanCare / Medicaid Behavioral Health	\$ 4,000,000	\$ 4,000,000	\$ 4,000,000
Uninsured SUD Treatment / Services	\$ 2,250,000	\$ 2,250,000	\$ 2,250,000
<b>Total</b>	<b>\$ 8,050,384</b>	<b>\$ 8,970,470</b>	<b>\$ 8,420,470</b>

\*The Problem Gambling fund was under expended in 2024 but planned for one time spending in 2025.  
KDADS administration estimate increase due to salary increases, contractual studies, and regional training.

FY2025 – FY2026

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Division of the Budget  
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AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Behavioral Health Commission  
SUBPROGRAM TITLE:

## BEHAVIORAL HEALTH SERVICES (BHS) COMMISSION – PERFORMANCE MEASURES

Program	Performance Measure	SFY2024 Actuals	SFY2025 Estimate	SFY2026 Estimate
Mental Health Treatment	Number of Persons with Severe and Persistent Mental Illness Receiving Outpatient Services	9,444	10,000	10,000
	Medicaid Beneficiaries Served through CCBHCs	47,096	58,870	58,870
Substance Use Disorder (SUD) Treatment	Number of Uninsured Individuals Receiving SUD treatment	13,248	14,000	14,000
	Number of Medicaid Individuals Receiving Community-Based SUD treatment	6,049	6,500	6,500
Problem Gambling	Number of Individuals Receiving Problem Gambling Treatment	240	300	300
Crisis Centers	Number of Individuals Receiving Social Detox Through a Crisis Program	1,713	1,800	2,000
	Number of Individuals Referred to MH and/or SUD Treatment From a Crisis Program	8,145	8,500	9,500
Client Assessment, Referral, and Evaluation (CARE)	Number of CARE Level I Assessments	10,019	10,180	10,180
	Number of CARE Level II Assessments	402	560	590

NARRATIVE INFORMATION – DA 400  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Behavioral Health Commission  
SUBPROGRAM TITLE: Expenditure Justification

## EXPENDITURE JUSTIFICATION – BEHAVIORAL HEALTH COMMISSION

Fund	SFY 2024 Actuals	SFY 2025 Approved	SFY 2025 Base	SFY 2025 Supplementals	SFY 2025 Adjusted	SFY 2026 Base	SFY 2026 Enhancements	SFY 2026 Adjusted
State General Fund	\$ 116,181,163	\$ 164,115,877	\$ 147,999,123	\$ -	\$ 147,999,123	\$ 143,969,085	\$ 500,000	\$ 144,469,085
Federal Fund	\$ 36,057,492	\$ 33,111,365	\$ 39,531,954	\$ -	\$ 39,531,954	\$ 38,659,774		\$ 38,659,774
All Other Funds	\$ 30,186,775	\$ 33,871,011	\$ 42,723,971	\$ -	\$ 42,723,971	\$ 40,174,799		\$ 40,174,799
<b>BHS Totals</b>	<b>\$ 182,425,430</b>	<b>\$ 231,098,253</b>	<b>\$ 230,255,048</b>	<b>\$ -</b>	<b>\$ 230,255,048</b>	<b>\$ 222,803,658</b>	<b>\$ 500,000</b>	<b>\$ 223,303,658</b>

**FY 2024** actuals expenditures are \$182,425,430, of which \$116,181,163, are from the State General Fund.

**FY 2025** adjusted budget request has expenditures totaling \$230,255,048, of which \$147,999,123, are from the State General Fund.

**FY 2026** adjusted budget request has expenditures totaling \$223,303,658, of which \$144,469,085, are from the State General Fund.

### Object Code 5100: Salaries and Wages

**Summary:** Staff is responsible for carrying out the administrative and oversight activities.

**FY 2025:** \$5,147,086 is requested.

**FY 2026:** \$5,206,224 is requested.

### Object Code 5200: Contractual Services

**Summary:** Includes communications, freight and express, printing and advertising, rentals, repairing and servicing, staff travel expense for training and program services, utilities, and professional or other services.

**FY 2025:** \$34,949,650 is requested.

**FY 2026:** \$35,304,051 is requested.

NARRATIVE INFORMATION – DA 400  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Behavioral Health Commission  
SUBPROGRAM TITLE: Expenditure Justification

**Object Code 5300: Commodities**

**Summary:** Includes office supplies, data processing supplies, professional supplies, vehicle related items (gasoline and parts for maintenance repairs).

**FY 2025:** \$23,190 is requested.

**FY 2026:** \$18,660 is requested.

**Object Code 5400: Capital Outlay**

**Summary:** Capital outlay includes assets that 1) are used in operations and 2) have an initial useful life of over one year. This includes both tangible assets (land, buildings, building improvements, vehicles, machinery, equipment, works of art, historical treasures, infrastructure, and intangible assets (easements, software, water rights). Assets held for investment or resale purposes only are not considered capital assets. Instructions regarding capitalizing of assets can be found in Policy Manual filing 13,001. With exception of software, KDADS will utilize items in this category that meet or exceeds \$5,000.

**FY 2025:** \$13,710 is requested.

**FY 2026:** \$710 is requested.

**Object Code 5500: Aid to Local Governments & Other Assistance**

**Summary:** Aid disbursements made from federal and state funds to individuals, schools, state agencies, non-state organizations, and political subdivisions.

**FY 2025:** \$190,121,412 is requested.

**FY 2026:** \$182,774,013 is requested.

NARRATIVE INFORMATION – DA 400  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Capital Improvements  
SUBPROGRAM TITLE:

## **CAPITAL IMPROVEMENTS**

### **MISSION**

Capital improvements are administered by KDADS to support the mission and programs of the state hospitals.

### **PHILOSOPHY**

To provide safe, accessible, comfortable, and efficient facilities which enhance the delivery of mental health treatment provided at the state mental health hospitals and support the individuals with intellectual and developmental disabilities at Parsons State Hospital and Kansas Neurological Institute.

### **Programs Established to Assist with Mission**

98000 - Debt Service  
99000 - Capital Improvement

### **State Institutions**

#### **Mental Health Hospitals**

- Larned State Hospital
- Osawatomie State Hospital

#### **Intellectual & Developmental Disability Hospitals**

- Parsons State Hospital and Training Center
- Kansas Neurological Institute

NARRATIVE INFORMATION – DA 400  
Division of the Budget  
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AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Capital Improvements  
SUBPROGRAM TITLE:

**For purposes of budgeting and planning, capital improvement projects have been divided into the following Divisions.**

**DIVISION I - NEW CONSTRUCTION AND ADDITIONS**

All new construction and building additions.

**DIVISION II - REMODELING**

All major projects that substantially change the existing structure and its uses.

**DIVISION III - ACQUISITION**

The purchase of an existing facility.

**DIVISION IV - RAZING**

The demolition of existing structures.

**DIVISION V - REHABILITATION AND REPAIR**

Routine, major, or emergency maintenance; restoration; replacement of fixed equipment; energy conservation; requests related to compliance with the Americans with Disabilities Act (ADA); and code compliance projects as well as projects needed to meet program requirements.

NARRATIVE INFORMATION – DA 400  
Division of the Budget  
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AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Capital Improvements  
SUBPROGRAM TITLE:

## STATUTORY HISTORY

The funds for Capital Improvements for state operated facilities come from the State Institutional Building Fund (SIBF). In 1953, the Legislature approved SB 26, establishing an Institutional Building Fund for constructing, reconstructing, repairing, and equipping of buildings at the state institutions. The funds are collected from an annual state tax of one-half mill on all the property of the state which is subject to Ad Valorem taxation under the general tax laws of this state. The 1990 Session, HB 2607, Sec. 24, established the Institutional Rehabilitation and Repair Fund. The purpose of the fund was to consolidate the central funds that were setup over the years into one fund titled Institutional Rehabilitation and Repair Fund.

KDADS develops a budget for capital improvement expenditures based on identified capital improvement needs across the state hospitals. KDADS works with hospital staff to prioritize identified repairs and rehabilitation projects at each campus and across the campuses. Emergency repairs and maintenance is either paid through SIBF funds appropriated to KDADS or hospital funds depending on the scale of the project and how it fits into the prioritized project list. Project costs are paid by KDADS on behalf of the individual state hospitals. The hospitals have additional capital improvement expenses for individual projects or unanticipated expenses not included in the capital plan. These expenses are shown in the hospital budgets.

## OVERVIEW OF CURRENT YEAR ESTIMATE AND BUDGET YEAR INFORMATION

State Hospitals – Funds provided are adequate to meet emergency needs and maintain facilities at a minimal level. Facility needs are being addressed in priority order.

In SFY 2023, the Governor recommended, and the Legislature approved capital improvement expenditures of \$11.3 million for rehabilitation and repairs, razing projects, and new construction design. There also was \$2.6 million approved for debt service to retire bonds funding rehabilitation and repair projects. The approved capital budget funded all the priority 1 and 2 projects identified by the campuses in the SFY 2023 5-year capital plan. This was a historic commitment to repairing critical infrastructure and facilities at the state hospitals by addressing all the projects identified as the highest priorities for SFY 2023. The funding will pay for security enhancements at Larned State Hospital including repairs and extensions to building fences, fire alarm and video monitoring systems, and installing duress systems on additional buildings for staff safety. This funding level included additional funding for the Biddle Remodeling project and to raze buildings on the Osawatomie and Parsons State Hospital campuses. There was a significant carry forward balance in SFY 2023. Several significant projects were delayed due to slower planning timelines, COVID-19 related delays in materials, difficulty finding qualified and willing bidders on projects, and reprioritization of projects based on the emergency needs to replace chillers, electrical and steam distribution infrastructure, and equipment failures.

In SFY 2024, the Governor recommended, and the Legislature approved capital improvement expenditures of \$3.2 million for rehabilitation and repairs, razing projects, and new construction design. There also was \$268,450 approved for debt service to retire bonds funding rehabilitation and repair projects. The approved capital budget funded all the priority 1 projects identified by the campuses in the SFY 2023 5-year capital plan.

For SFY 2025, KDADS received \$8.8 million from the State Institutions Building Fund for rehabilitation and repair projects. This will allow KDADS and the hospitals to work through the first and second priority rehabilitation and repair projects. A significant portion of the \$8.8 million is dedicated to the first phase of

NARRATIVE INFORMATION – DA 400  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Capital Improvements  
SUBPROGRAM TITLE:

replacing the Osawatomie State Hospital medium voltage electrical system. After three disruptions in electrical service related to the age of utility tunnels, collocating electrical supplies with steam conduits, and switching the electrical service to city provided power, the electrical supply to the campus is need of redesign and upgraded capacity. Phase 1 of the project, planned in SFY 2025, includes the installation of an underground duct-bank with concrete and steel reinforcement, updated electrical conductors, and new pad-mounted switches and transformers. The new distribution system will provide redundancies that are not currently available for the existing system at OSH. This first phase of the project will update the system in a “Loop Configuration” which will allow a technician to quickly isolate and back-feed power from multiple directions in the event of a power system failure.

The approved budget also includes \$3.2 million from the SIBF to continue razing abandoned buildings on the state hospital campuses. In SFY 2023, KDADS received \$457,000 to raze the De Jong building and West Pavilion at OSH and the Chestnut building at Parsons State Hospital (PSH). As preliminary work was done with project architect for onsite disposal of the building materials, KDADS received updated costs from the demolition contractors. The higher cost changed the project, but De Jong and West Pavilion at OSH have been razed and the sites have been remediated. The funding included in the SFY 2025 approved budget will allow KDADS to move forward with other razing projects including seeking efficiencies in the contracting process by bundling project on each campus or working with a demolition contractor on multiple buildings. The remaining buildings to raze include the Gheel and Capper Buildings at LSH, Chestnut Building at PSH, Rush and Carmichael pavilion at OSH, and the Sunflower Building at KNI. These buildings contain asbestos insulation, asbestos floor & ceiling tile, and lead based paint, biological hazards such as live rats & vermin, animal feces, broken windows, and are susceptible to collapse and arson.

#### **Object Code 5400: Capital Improvements**

**Summary:** Capital Improvements includes rehabilitation and repair expenditures for the four state hospitals as well as the debt services for the bonds on the rehabilitation and repairs and the construction of the State Security Hospital at Larned State Hospital (LSH).

Based on Department of Administration guidance in spring 2018, many of “rehabilitation and repair” expenditures are reclassified from “capital improvement” to a “contractual services” expense. This reflects the expenditures as remodeling or repair work at the state hospitals as opposed to new construction or expanding existing facilities. The type of work planned and executed using contractors for project design and construction including the labor and materials needed to complete remodeling and significant repairs to existing buildings.

**SFY 2025:** A total of \$11,977,550 is approved for capital improvements. This includes \$3.2 million for routine rehabilitation and repair projects, \$5,627,350 for the 2<sup>nd</sup> priority rehabilitation projects, and \$3,150,200 for razing projects as described in the Five-Year Capital Improvement Plan. More complete details related to the Capital Improvement needs of the State Institutions with related priorities can be found in the SFY 2025 Five Year Capital Improvement Plan. All debt service for state hospital projects were completed in SFY 2024 and there are no future anticipated debt service costs.



NARRATIVE INFORMATION – DA 400  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Capital Improvements  
SUBPROGRAM TITLE:

**SFY 2026:** A total of \$3,452,500 is requested for capital improvements. The budget includes the Priority 1 routine rehabilitation and repair projects at the state hospitals as described in the Five-Year Capital Improvement Plan. More complete details related to the Capital Improvement needs of the State Institutions with related priorities can be found in the SFY 20254 Five Year Capital Improvement Plan.

Below is a breakdown of funds available:

<b>Fund - Budget Unit</b>	<b>Description</b>	<b>FY 2024 Actuals</b>	<b>FY2025 Projection</b>	<b>FY2026 Projection</b>
<b>8100 - 8240</b>	<b>Rehabilitation &amp; Repair</b>			
	Appropriation	\$ 3,200,000	\$ 8,827,350	\$ 3,452,500
	Re-Appropriation	\$ 14,376,251	\$ 8,782,391	\$ -
	Supplemental Appropriation	\$ -	\$ -	\$ -
	<b>Total Rehab &amp; Repair</b>	<b>\$ 17,576,251</b>	<b>\$ 17,609,741</b>	<b>\$ 3,452,500</b>
<b>8100 - 8250</b>	<b>SIBF Razing</b>			
	Appropriation	\$ -	\$ 3,150,200	\$ -
	Re-Appropriation	\$ -	\$ -	\$ -
	<b>Total SIBF Razing</b>	<b>\$ -</b>	<b>\$ 3,150,200</b>	<b>\$ -</b>
<b>8100 - 8330</b>	<b>SIBF Remodeling</b>			
	Appropriation	\$ -	\$ -	\$ -
	Re-Appropriation	\$ 1,139,407	\$ 1,139,407	
	<b>Total SIBF Remodeling</b>	<b>\$ 1,139,407</b>	<b>\$ 1,139,407</b>	<b>\$ -</b>
<b>8100 - 8325</b>	<b>Debt Service - Rehab &amp; Repair</b>			
	Appropriation	\$ 268,450	\$ -	\$ -
	Re-Appropriation	\$ 1,006	\$ -	\$ -
	Lapse	\$ (1,006)	\$ -	\$ -
	<b>Total Debt Service - R&amp;R</b>	<b>\$ 268,450</b>	<b>\$ -</b>	<b>\$ -</b>
	<b>Total Capital Improvements</b>	<b>\$ 18,984,108</b>	<b>\$ 21,899,348</b>	<b>\$ 3,452,500</b>

FY2025 – FY2026

NARRATIVE INFORMATION – DA 400  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Capital Improvements  
SUBPROGRAM TITLE:

## EXPENDITURE JUSTIFICATION – CAPITAL IMPROVEMENTS

Fund	SFY 2024 Actuals	SFY 2025 Approved	SFY 2025 Base	SFY 2025 Supplements	SFY 2025 Adjusted	SFY 2026 Base	SFY 2026 Enhancements	SFY 2026 Adjusted
State General Fund	\$ -	\$ -	\$ 76,298,754	\$ -	\$ 76,298,754	\$ 12,115,116	\$ -	\$ 12,115,116
Federal Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
All Other Funds	\$ 9,330,762	\$ 11,977,550	\$ 21,899,348	\$ -	\$ 21,899,348	\$ 3,452,500	\$ 11,126,900	\$ 14,579,400
<b>Capital Improv. Totals</b>	<b>\$ 9,330,762</b>	<b>\$ 11,977,550</b>	<b>\$ 98,198,102</b>	<b>\$ -</b>	<b>\$ 98,198,102</b>	<b>\$ 15,567,616</b>	<b>\$ 11,126,900</b>	<b>\$ 26,694,516</b>

**FY 2024** actuals expenditures are \$9,330,762, of which \$0, are from the State General Fund.

**FY 2025** adjusted budget request has expenditures totaling \$98,198,102, of which \$76,298,754, are from the State General Fund. (1000-3003 Regional Beds)

**FY 2026** adjusted budget request has expenditures totaling \$26,694,516, of which \$12,115,116, are from the State General Fund. (1000- NEW4 Wichita Hospital)

### Object Code 5100: Salaries and Wages

**Summary:** Staff is responsible for carrying out the administrative and oversight activities.

**FY 2025:** \$0 is requested.

**FY 2026:** \$0 is requested.

### Object Code 5200: Contractual Services

**Summary:** Includes communications, freight and express, printing and advertising, rentals, repairing and servicing, staff travel expense for training and program services, utilities, and professional or other services.

**FY 2025:** \$93,908,495 is requested.

**FY 2026:** \$15,567,616 is requested.

NARRATIVE INFORMATION – DA 400  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Capital Improvements  
SUBPROGRAM TITLE:

**Object Code 5300: Commodities**

**Summary:** Includes office supplies, data processing supplies, professional supplies, vehicle related items (gasoline and parts for maintenance repairs).

**FY 2025:** \$0 is requested.

**FY 2026:** \$0 is requested.

**Object Code 5400: Capital Outlay**

**Summary:** Capital outlay includes assets that 1) are used in operations and 2) have an initial useful life of over one year. This includes both tangible assets (land, buildings, building improvements, vehicles, machinery, equipment, works of art, historical treasures, infrastructure, and intangible assets (easements, software, water rights). Assets held for investment or resale purposes only are not considered capital assets. Instructions regarding capitalizing of assets can be found in Policy Manual filing 13,001. With exception of software, KDADS will utilize items in this category that meet or exceeds \$5,000.

**FY 2025:** \$4,289,607 is requested.

**FY 2026:** \$11,126,900 is requested.

**Object Code 5500: Aid to Local Governments & Other Assistance**

**Summary:** Aid disbursements made from federal and state funds to individuals, schools, state agencies, non-state organizations, and political subdivisions.

**FY 2025:** \$0 is requested.

**FY 2026:** \$0 is requested.

## LONG TERM SERVICES & SUPPORTS (LTSS) COMMISSION OVERVIEW

The LTSS Commission primarily oversees the state’s seven Home and Community-Based Services (HCBS) Medicaid Waivers. HCBS empowers around 25,000 Kansans with disabilities, enabling them to lead fulfilling lives in their own homes and communities. Managed under KanCare, these services are tailored to enhance health and welfare, independence, and well-being. The commission is comprised of 5 Divisions: Quality Assurance, HCBS Federal Medical Assistance Program (FMAP) Initiatives, Program Integrity, HCBS Waiver program management, and Policy & Program Oversight Divisions.

### 1. HCBS Federal Medical Assistance Program (FMAP) Initiatives Division

The enhanced HCBS FMAP funding provided through the America Rescue Plan Act (ARPA) aims to enhance Medicaid HCBS programs by improving service quality and accessibility, strengthening the workforce, supporting family caregivers, expanding service capacity, investing in technology, addressing social determinants of health, and promoting innovative care models. This funding seeks to create a more robust and sustainable system for individuals with disabilities and older adults. Enhanced FMAP funding must be fully expended by December 31, 2025.

- Targeted Case Management (TCM) Study
  - KDADS contracted with PCG to bring the State of Kansas IDD TCM system into compliance with federal waiver regulations.
  - The study aims to enhance service provision, reduce administrative complexities, and address conflicts of interest.
- Training Development and Career Ladder
  - Initiatives are focused on developing education and training to support DSPs in advancing their healthcare careers, meeting the needs of an aging and disabled population.
- IDD and PD Waitlist Study
  - KDADS and the University of Kansas Center for Research, KUCR collect and gather data to plan effectively for those on IDD and PD waiting lists, aiming to decrease crisis-driven service entries.
- Workforce Bonus and Retention Program
  - Offers recruitment and retention bonuses for DSWs to improve staffing stability and increase capacity for HCBS service delivery.
- Employment 1st Pilot
  - KDADS with KUCR to implement the Employment First law, ensuring that competitive employment is prioritized for Kansans with disabilities.

- Person-Centered Planning Initiative
  - KDADS and UMKC, The University of Missouri at Kansas City are implementing the CtLC, Charting the Life Course Nexus Framework to enhance person-centered planning and system-wide integration of practices.
- Behavior Management Family Training Pilot
  - KDADS partnered with KCART at KUMED to train caregivers in behavior management, aiming to keep children with disabilities in their homes.
- Sequential Intercept Model
  - KDADS hosted a conference to develop local plans using the SIM to divert individuals with I/DD from the justice system to appropriate treatment.
- IDD Mobile Crisis
  - KDADS is seeking proposals for training to address the needs of individuals with I/DD in crisis, aiming to enhance responses and reduce hospitalizations.
- Technology First Initiative
  - KDADS is seeking applications for projects that use technology to increase independence in various social determinants of health for individuals with disabilities.
  - This initiative aims to incorporate smart home technologies to increase independence and safety for individuals, reducing the need for constant onsite staffing.
- PACE Expansion
  - KDADS intends to utilize 2.5M to expand PACE services in underserved areas of the state.

## 2. HCBS Waiver Program Management Division

The HCBS waiver program management is responsible for the primary day to day management of the state's 7 HCBS waivers. These waiver programs provide an array of services that support individuals in their homes and communities. Once eligibility is established, waiver participants and their families receive assistance from MCO care coordinators who help them identify service providers and facilitate service coordination. Program managers ensure the following guiding principle are adhered to within their respective programs:

- Supports and services are designed and implemented in a person centered, self-determined manner.
- Supports and services allow persons to live successfully in their home and community.
- Persons are treated with dignity and respect and live a life without discrimination.

- Persons have opportunities for independence and full community integration; and
  - Persons feel safe and are free from abuse, neglect, and exploitation.
- Aging & Disability Resource Centers (ADRC) Program
  - Acts as a comprehensive access point for older individuals and those with disabilities, offering information on long-term services and supports.
  - ADRCs provide options counseling to aid in care decisions and help with navigating care systems, including the application and eligibility processes.
  - ADRCs coordinate with local and state resources to deliver tailored support and advocate for the needs of these communities, raising public awareness of available resources.
- Frail and Elderly (FE) Waiver Program
  - For individuals aged 65 and older who meet nursing home level-of-care criteria.
  - Services include adult day care, assistive technology, personal care services, home telehealth, medication reminder, oral health services, and more.
  - Applicants contact the ADRC for application details.
- Physical Disability (PD) Waiver Program
  - For individuals aged 16 to 64 who require assistance with daily activities and meet nursing facility level-of-care criteria.
  - Services include Home and Environmental Modifications (HEMS), Vehicle Modification Services (VMS), Specialized Medical Equipment and Supplies (SMES), home-delivered meals, medication reminder services, personal emergency response system installation, and personal care services.
  - Applicants contact the ADRC for application details.
- Autism (AU) Waiver Program
  - For children up to age six with Autism, Asperger's Syndrome, or Pervasive Developmental Disorder.
  - Services include family adjustment counseling, parent support and training, respite care, consultative clinical and therapeutic services, intensive individual supports, and interpersonal communication therapy.
  - Applicants apply by contacting the Autism Program Manager.
- Serious Emotional Disturbance (SED) Waiver Program
  - For children aged 4-18 with mental health conditions that substantially disrupt social, academic, or emotional functioning.
  - Services include parent support and training, independent living/skills building, short term respite care, wraparound facilitation, professional resource family care, attendant care.
  - Applicants must apply through the local Community Mental Health Center (CMHC).

- Technology Assisted (TA) Waiver Program
  - For individuals through age 21 who are dependent on intensive medical technology and meet nursing level-of-care requirements.
  - Services include health maintenance monitoring, home modification, intermittent intensive medical care, personal care services, medical respite.
  - Applicants contact the Children's Resource Connection by phone or email.
- Community Support Waiver (CSW) Waiver Program (*In Development - Going live in 2026*)
  - For individuals with intellectual or developmental disabilities impacting at least two adaptive skill areas and who may not need the comprehensive care of the IDD waiver.
  - Services will include Respite, personal care services, individual budget authority, supported employment, and more.
  - Applicants will contact the local Community Developmental Disability Organization (CDDO) to apply.
- Brain Injury (BI) Waiver Program
  - For individuals aged 16-65 with a brain injury due to external force impacting cognitive or physical functions.
  - Services include Home and Environmental Modifications (HEMS), Vehicle Modification Services (VMS), Specialized Medical Equipment and Supplies (SMES), home-delivered meals, medication reminder services, rehabilitation therapies (behavior, cognitive, physical, speech-language, occupational). Applicants contact the ADRC to apply.
- Intellectual or Developmental Disability (IDD) Waiver Program
  - For individuals aged five or older with intellectual or developmental disabilities impacting at least two adaptive skill areas.
  - Services include assistive services, adult day supports, overnight respite, personal care services, residential supports, supported employment, and more.
  - Applicants contact the local Community Developmental Disability Organization (CDDO) to apply.
- Money Follows the Person (MFP) Program and Institutional Transitions
  - Assistance for individuals to transition from institutional settings like nursing homes back into community-based settings, enhancing their independence and quality of life.

### 3. Policy & Program Oversight Division

The policy and program oversight division oversees and ensures the integrity of HCBS policies and procedures by managing the drafting, amending, and finalization of policies under the commission's purview. The division closely coordinates with the Single State Medicaid Agency to enhance operational efficiency of HCBS waiver activities through policy creation, contract oversight and project management.

- Policy Development
  - Develop and review policies for all HCBS waivers and programs.
  - Coordinates policy work with KDHE to provide policy implementation.
  - Develop new and updates policies in accordance with waiver amendments and renewals.
- Program Oversight
  - Provides oversight on contracts that provide support to HCBS waivers and programs.
  - Coordinates commission contracting process including the development of any new request for procurement.
  - Provides project management for HCBS related initiatives.
  - Medicaid Functional Eligibility Instrument (MFEI)- Implement new assessment tool for IDD, FE, and PD waivers.
  - Electronic Visit Verification (EVV)- Works with KDHE on oversight and implementation of EVV.
  - Self-Advocate Coalition of Kansas (SACK)- Self-advocates aid in using voices of lived experience to help develop KDADS policies and participate in programs.
  - Families Together- Program provides training opportunities to families caring for children with disabilities.
  - Wichita State University Administrative Support- Program provides facilitation and administrative support for HCBS Commission.

### 4. Program Integrity and Compliance Division

The program integrity and compliance division are responsible for managing all intake and referrals related to abuse, neglect, exploitation, and potential fraud, ensuring these issues are forwarded to appropriate state agencies, MCO health plans, and other organizations for investigation. Additionally, the position ensures compliance with the HCBS Final Settings Rule, interacts with community stakeholders to provide technical assistance, trains providers, resolves complaints/grievances, and ensures that all services are delivered in a person-centered manner.

- HCBS Program Integrity and Compliance (PIC) Program
  - Review, triage, and follow up on all Adverse Incidents reported regarding HCBS participants.
  - Complete oversight activities of Community Developmental Disability Organizations (CDDOs) to ensure their operations align with regulatory standards and contractual requirements.



- HCBS Settings Final Rule
  - Ensure initial and ongoing provider compliance with HCBS Final Settings Rule through development and maintenance of a settings compliance review process.
  - Track and maintain data regarding compliant settings. Ensure Heightened Scrutiny process is carried out for “high-risk” settings.
  - Resolve grievances related to settings rule concerns; ensures adequate transitions when necessary.

## 5. Quality Assurance Division

The Quality Assurance Division oversees the collection and review of data for 1915(c) waiver performance measures and policy compliance of functional assessors and Managed Care Organizations (MCOs). Each quarter, staff review customer case files for each HCBS Waiver to ensure compliance with regulations and adherence to the Plan of Care. Audits of HCBS Provider Qualifications are also conducted. The results are forwarded to the Fiscal and Program Analysis Division for further analysis and report dissemination. Additionally, the Division conducts the National Core Indicators Aging and Disability (NCI-AD) Survey annually to track performance within the aging and disability populations.

- Quality Assurance Program
  - Conducts thorough quality assurance audits based on a robust set of evaluation criteria.
  - Provides clear and consistent data, to assist the Commission and contracted entities, to foster continuous improvement.
  - Conducts the comprehensive NCI-AD survey to track State performance within the aging and disability populations, and in comparison, with the performance of other participating States.

NARRATIVE INFORMATION – DA400  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Long Term Services & Supports / HCBS  
SUBPROGRAM TITLE:

**LONG TERM SERVICES & SUPPORTS (LTSS) COMMISSION – PERFORMANCE MEASURES**

Program	Performance Measure	SFY2024 Actuals	SFY2025 Estimate	SFY2026 Estimate
Aging and Disability Resource Centers (ADRC)	Number of Assessments	15,001	16,000	18,000
	Average Number of ADRC Call Center Contacts per Week	626	635	650

Program	Performance Measure	SFY2024 Actuals	SFY2025 Estimate	SFY2026 Estimate
Customer Reviews	Number of Older Americans Act customers reviewed	222	222	222
	Number of Senior Care Act customers reviewed	358	358	358

NARRATIVE INFORMATION – DA 400  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Long Term Services and Supports  
SUBPROGRAM TITLE: Expenditure Justification

## EXPENDITURE JUSTIFICATION – LONG TERM SUPPORT AND SERVICES (LTSS)

Fund	SFY 2024 Actuals	SFY 2025 Approved	SFY 2025 Base	SFY 2025 Supplements	SFY 2025 Adjusted	SFY 2026 Base	SFY 2026 Enhancements	SFY 2026 Adjusted
State General Fund	\$ 12,776,971	\$ 36,664,619	\$ 21,582,610	\$ -	\$ 21,582,610	\$ 15,685,398	\$ 49,000,000	\$ 64,685,398
Federal Fund	\$ 7,588,029	\$ 22,155,782	\$ 8,441,488	\$ -	\$ 8,441,488	\$ 8,545,445		\$ 8,545,445
All Other Funds	\$ (3,018)	\$ 92,400	\$ -	\$ -	\$ -	\$ -		\$ -
<b>LTSS Totals</b>	<b>\$ 20,361,982</b>	<b>\$ 58,912,801</b>	<b>\$ 30,024,098</b>	<b>\$ -</b>	<b>\$ 30,024,098</b>	<b>\$ 24,230,843</b>	<b>\$ 49,000,000</b>	<b>\$ 73,230,843</b>

**FY 2024** actuals expenditures are \$20,361,982, of which \$12,776,971, are from the State General Fund.

**FY 2025** adjusted budget request has expenditures totaling \$30,024,098, of which \$21,582,610, are from the State General Fund. The decrease from the Approved to the Base was moving the “Aging Programs” to the new “Aging Commissions”.

**FY 2026** adjusted budget request has expenditures totaling \$73,230,843, of which \$64,685,398, are from the State General Fund.

### Object Code 5100: Salaries and Wages

**Summary:** Staff is responsible for carrying out the administrative and oversight activities.

**FY 2025:** \$3,695,195 is requested.

**FY 2026:** \$3,901,940 is requested.

### Object Code 5200: Contractual Services

**Summary:** Includes communications, freight and express, printing and advertising, rentals, repairing and servicing, staff travel expense for training and program services, utilities, and professional or other services.

**FY 2025:** \$21,308,810 is requested.

NARRATIVE INFORMATION – DA 400  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Long Term Services and Supports  
SUBPROGRAM TITLE: Expenditure Justification

**FY 2026:** \$64,308,810 is requested.

**Object Code 5300: Commodities**

**Summary:** Includes office supplies, data processing supplies, professional supplies, vehicle related items (gasoline and parts for maintenance repairs).

**FY 2025:** \$0 is requested.

**FY 2026:** \$0 is requested.

**Object Code 5400: Capital Outlay**

**Summary:** Capital outlay includes assets that 1) are used in operations and 2) have an initial useful life of over one year. This includes both tangible assets (land, buildings, building improvements, vehicles, machinery, equipment, works of art, historical treasures, infrastructure, and intangible assets (easements, software, water rights). Assets held for investment or resale purposes only are not considered capital assets. Instructions regarding capitalizing of assets can be found in Policy Manual filing 13,001. With exception of software, KDADS will utilize items in this category that meet or exceeds \$5,000.

**FY 2025:** \$10,900 is requested.

**FY 2026:** \$10,900 is requested.

**Object Code 5500: Aid to Local Governments & Other Assistance**

**Summary:** Aid disbursements made from federal and state funds to individuals, schools, state agencies, non-state organizations, and political subdivisions.

**FY 2025:** \$5,009,193 is requested.

**FY 2026:** \$5,009,193 is requested.

## AGING SERVICES COMMISSION OVERVIEW

The Aging Services Commission administers a variety of community-based programs for the aging population through contracts and grants consisting of state and federal funds. Programs administered include Older Americans Act, Senior Care Act services, and the Program of All-Inclusive Care for the Elderly (PACE). The Aging Services Commission oversees and implements grants that assist individuals who are aging or have a disability under Senior Health Insurance Counseling for Kansas (SHICK), Senior Medicare Patrol (SMP), and Medicare Improvements for Patients and Providers Act (MIPPA). In addition, the Aging Services Commission oversees rate setting for programs such as Nursing Facilities for Mental Health, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID), Psychiatric Residential Treatment Facilities, the PACE program, and State Hospitals. The Aging Services Commission also oversees quality improvement programs such as Promoting Excellent Alternatives in Kansas (PEAK), VENT, and ICF-IID gatekeeping.

The goal of this commission is to improve the quality and performance of community programs for Kansas seniors, and to rebalance nursing home and community care systems to prevent premature placement in nursing homes through an effective and supportive community aging network.

The Aging Commission is comprised of 3 Divisions:

### 1. Medicare Division

The Medicare Division administers a variety of community-based programs for the aging and disabled populations through contracts and grants of state and/or federal funds. PACE is a Medicare program and Medicaid state option that provides community-based care and services to people 55 years of age or older who meet a nursing home level of care but can live safely in the community with the help of PACE services. SHICK, MIPPA and SMP assist Medicare beneficiaries, their families, and caregivers statewide with a variety of Medicare and other insurance needs. SHICK is part of a nationwide network of State Health Insurance Assistance Programs providing free, unbiased, reliable, and confidential education, assistance, and counseling. MIPPA focuses on educating the public on the availability of income-eligible subsidy programs that help offset Medicare costs and assisting with enrollment into those programs. SMP educates the public about Medicare fraud, errors, and abuse in addition to providing complex referral and reporting assistance to potential victims. Programs this division works with.

- Kansas Senior Medicare Patrol (SMP) Program
  - Educates Kansas Medicare & Medicaid beneficiaries about health care errors, fraud, and abuse.
  - Collaborates with community-based organizations to recruit professionals who are then trained as volunteer educators.
  - Volunteer educators create a statewide network of fraud experts who educate beneficiaries about health care errors fraud, and abuse.

- Medicare Improvement for Patients and Providers Act (MIPPA) Program
  - Provides education and outreach to Medicare beneficiaries, their family and caregivers about low-income subsidy and Medicare Savings Program eligibility.
  - Educates Medicare beneficiaries about no-cost Medicare preventive benefits.
  - Coordinates efforts to inform Medicare beneficiaries about benefits available under State and Federal programs.
- Senior Health Insurance Counseling for Kansas (SHICK) Program
  - Provides education and outreach to Medicare beneficiaries, their family, and caregivers about Medicare.
  - Assists beneficiaries with prescription drug benefits and plan changes.
  - Coordinates efforts to inform Medicare beneficiaries about benefits available under State and Federal programs.
- Program of All-Inclusive Care for the Elderly (PACE)
  - Medicare program and Medicaid state option that provides community-based care and services to people aged 55 years or older who meet a nursing home level of care but can live safely in the community with the help of PACE services.
  - PACE provides participants, their families, caregivers, and professional health care provider's flexibility to meet health care needs.
  - The PACE program provides all medical and social services for participants including primary care, nursing, hospital care, medical specialty services, prescription drugs, nursing home care, emergency health services, in-home care, physical therapy, occupational therapy, adult day care, recreational therapy, meals, dentistry, nutritional counseling, social services, laboratory/X-ray services, social work counseling, transportation and other services determined to be necessary.
  - Participants may be enrolled in Medicare, Medicaid, or both to join PACE with private pay also being an option.
  - For additional information please see the Medicaid portion of the budget.

## 2. Nursing Facility / Adult Care Homes Division

Plans, organizes, and directs the analysis, processes and evaluation of provider rate setting for KDADS's long-term care settings. The institutional settings include Adult Care Homes (ACHs): Nursing Facilities, Nursing Facilities for Mental Health, and the Intermediate Care Facilities/IID and Psychiatric Residential Treatment Facilities, State Hospitals, Central Office, and the VENT and PACE programs. This division also oversees the ICF-IID gatekeeping process and approvals, the PEAK incentive program (including contracting), and the VENT program. This division manages quality activities such as annual resident satisfaction surveys, reporting to legislature and federal partners, the Quality Care Improvement Panel, audits, the provider web page and implementing processes to streamline workflows.

- Rate Setting includes but not limited to:
  - Overseeing the contract with KDADS 's rate setting contractor
  - Publish SPAs and public notice, respond to RAIs

**NARRATIVE INFORMATION – DA400**Division of the Budget  
State of Kansas

AGENCY NAME:	Kansas Department for Aging & Disability Services
PROGRAM TITLE:	Aging Commission
SUBPROGRAM TITLE:	

- Nursing facility and ICF enrollment revalidation and changes in ownership
  - Processing of quality care assessment fees and payments
  - Managing CCRC status
  - Administrator and bed changes
  - CMPs and DPNAs
- Nursing Facilities / Adult Care Homes Programs includes:
  - Overseeing the VENT program and the ICF/IID gatekeeping program
  - Creating and implementing QCA payments via the STO's CSR system
- Nursing Facilities / Adult Care Homes Quality Initiatives includes but not limited to:
  - Liaison with Associations and provider contacts
  - Oversee the Promoting Excellent Alternatives in Kansas Nursing Homes (PEAK) Program including contracting
  - Assist the Quality Care Improvement Panel
  - Audits
  - Provider web page
  - Manage annual resident satisfaction surveys including contracting
  - Reporting to legislature and federal partners
  - Implementing processes to streamline workflows

### 3. Aging Services Division

The federal Older Americans Act (OAA) provides many services for older Kansans including access, in-home services, congregate and home-delivered nutrition services, caregiver, and legal assistance. The Senior Care Act (SCA) is a fee-for-service program funded by state general funds. This program provides services in the customers' homes and is designed to prevent premature nursing home placement for persons who have not exhausted their financial resources and have slightly higher income than Medicaid allows. Dementia program is currently being developed, recent funding from legislature for Alzheimer's respite program has allowed KDADS to create Kansas Respite for Alzheimer's & Dementia Program (K-RAD) program.

- Older Americans Act (OAA) Title III-B Supportive Services (Information and Referral) Program
  - Services offered are access services, including information and assistance and case management, in-home services such as chore, homemaker and attendant care, and community services such as legal assistance.
- Older Americans Act (OAA) Title III-C Nutrition Program
  - Provides congregate and home-delivered meal services to reduce hunger, food insecurity and malnutrition among older Kansans.

- These services also provide meaningful socialization opportunities and promote health and wellbeing by delaying the onset of adverse health conditions resulting from poor nutritional health, sedentary behavior, social isolation, and loneliness.
  - Nutrition services play a vital role in maintaining the independence of older Kansans and enabling them to age in place, remaining in their homes and communities even as health and functioning decline
- Older Americans Act (OAA) Title III-D Disease Prevention & Health Promotion Program
  - Improves the health and well-being and reduce disease and injury among older Kansans.
  - Positively impact the health of program participants by providing educational opportunities that empower older Kansans to make healthy, sustainable lifestyle changes that are supported by research.
- Older Americans Act (OAA) Title III-E Caregiver Support Program
  - Kansas Family Caregiver Support Program supports Kansas family members and informal caregivers who are taking care of a loved one age 60 years and older or an individual of any age with Alzheimer's disease and related disorders, grandparents providing care to children under the age of 18 and older relatives providing care to adults with a disability ages 18-59.
  - Current services provided are information and public education to caregivers about services in their community, assistance to caregivers with resources and coordination of services, individual counseling, support groups, respite care, supplemental and one-time services.
- Older Americans Act (OAA) Title VII: Prevention of Elder Abuse, Neglect and Exploitation (PEANE)
  - KDADS is actively involved in the protection of older Kansans from Abuse, Neglect, and Exploitation (ANE)
  - KDADS uses funds received from OAA Title VII to partner with the Department for Children and Families, Adult Protective Services division. We are currently partnering with DCF on developing a Mandatory Reporter Training.
- Older Americans Act (OAA) Title VII: Long-Term Care (LTC) Ombudsman
  - KDADS administers funding from OAA Title IIIB and VII to the LTC office.
  - The Office of the State Long-Term Care Ombudsman serves as an advocate for individuals who receive services and supports while residing in Kansas's long-term care facilities.
  - KDADS Aging Services provides oversight related to OAA and the LTC to ensure OAA regulations are followed.
- Senior Care Act (SCA) Program
  - Assist Kansas residents, aged 60 and older, who have functional limitations in self-care and independent living, but who can reside in a community-based residence if some services are provided.
  - The program provides in-home services to older adults who contribute to the cost of services based on their ability to pay.
  - Senior Care Act services vary by county and region, but may include services such as attendant care, respite care, homemaker, chore services and adult day care.
  - Services are offered on a sliding fee scale based on income and assets for customers who functionally qualify.



NARRATIVE INFORMATION – DA400  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Aging Commission  
SUBPROGRAM TITLE:

- SCA is funded by the State General Fund (SGF) and the Social Service Block Grant Program (SSBG), awarded to the State by the U.S. Department of Health and Human Services (HHS).
- SCA customers pay between a donation and 100 percent of the cost of the service.
- Dementia Program
  - The Kansas Respite for Alzheimer's & Dementia Program (K-RAD) provides relief to unpaid caregivers of individuals with a probable diagnosis of Alzheimer's disease or related Dementia.
    - Services replace the direct care by the caregiver for short or intermittent periods for the purpose of temporarily relieving the burden of those care tasks.
    - Respite Care may be received through the delivery of services through providers (traditional care option) or in some cases, caregivers may hire someone of their choice to provide care (care-directed option).
    - The program may subsidize the cost of services not to exceed an amount up to \$1,000 per year per care receiver.
  - KDADS is working to create a statewide informative training related to Alzheimer's Disease and Related Dementia (ADRD)
  - KDADS is currently developing a Dementia Road map, which is a navigation tool for individuals impacted by ADRD.

#### AGING SERVICES COMMISSION – NUTRITION PROGRAM CHART

Fund	Budget Unit	Fund Name	SFY2024 Actuals	SFY2025 Projection	SFY2026 Projection
1000	0280	OAA State Match	\$ 7,045,724	\$ 8,045,725	\$ 8,045,725
1000	0520	LTSS Services	\$ 3	\$ -	\$ -
1000	0801	State Operations	\$ 49,339	\$ -	\$ -
1000	3006	Aging Services Grants	\$ -	\$ -	\$ -
2660	2610	MOW Check Off	\$ 86,785	\$ 95,000	\$ 95,000
3291	3305	Nutrition Services Incentive Program	\$ 2,454,458	\$ 1,400,000	\$ 1,400,000
3425	3424	OAA Title III C(1) Congregate Meals	\$ 4,971,637	\$ 3,700,000	\$ 3,700,000
3425	3437	OAA Title III C(2) Home Delivery Meals	\$ 4,672,083	\$ 3,500,000	\$ 3,500,000
<b>Nutrition Total</b>			<b>\$ 19,280,029</b>	<b>\$ 16,740,725</b>	<b>\$ 16,740,725</b>

\* Federal funds in SFY2024 are overstated by \$1,007,957 due to not releasing encumbrances by the end of the year.

NARRATIVE INFORMATION – DA400  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Aging Commission  
SUBPROGRAM TITLE:

## AGING SERVICES COMMISSION – PERFORMANCE MEASURES

Program	Performance Measure	FFY2024 Estimate	FFY2025 Estimate	FFY2026 Estimate
Older Americans Act (OAA)	Number Served for OAA Registered Services	34,001	35,000	35,000
	Performance Measure	SFY2024 Actuals	SFY2025 Estimate	SFY2026 Estimate
	Percentage of Customers that have Contacted their Provider in the Last 2-3 Months	56.0%	70.0%	70.0%
	Percentage of Customers That Would Recommend the OAA Program to a Friend or Relative	100.0%	100.0%	100.0%
	Percentage of Attendants that Work the Amount of Time Authorized on the Plan of Care	97.0%	99.0%	99.0%

Program	Performance Measure	SFY2024 Actuals	SFY2025 Estimate	SFY2026 Estimate
Senior Care Act (SCA)	Number Served Annually	3,694	3,800	3,800
	Percentage of Customers that have Contacted their Provider in the Last 2-3 Months	65.0%	65.0%	65.0%
	Percentage of Customers that Would Recommend the SCA Program to a Friend or Relative	98.0%	100.0%	100.0%
	Percentage of Attendants that Work the Amount of Time Authorized on the Plan of Care	91.0%	100.0%	100.0%

Program	Performance Measure	FFY2024 Estimate	FFY2025 Estimate	FFY2026 Estimate
OAA- Nutrition Program	Number of Congregate Meals Served	1,275,000	1,275,000	1,275,000
	Number of Home Delivered Meals	2,345,000	2,400,000	2,500,000
	Number of Customers Receiving Support Services	32,000	34,000	35,000

NARRATIVE INFORMATION – DA400  
 Division of the Budget  
 State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
 PROGRAM TITLE: Aging Commission  
 SUBPROGRAM TITLE:

Program	Pe rformance Measure	SFY2024 Actuals	SFY2025 Estimate	SFY2026 Estimate
SHIP (SHICK)	Number Served	23,883	23,184	24,361
	Number of Contacts	23,883	23,184	24,361
	Number of Events	378	389	400

Program	Pe rformance Measure	SFY2024 Actuals	SFY2025 Estimate	SFY2026 Estimate
MIPPA	Number Served	12,007	12,040	12,247
	Number of Contacts	12,007	12,040	12,247
	Number of Events	281	321	400

NARRATIVE INFORMATION – DA 400  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Aging Commission  
SUBPROGRAM TITLE: Expenditure Justification

#### EXPENDITURE JUSTIFICATION – Aging Services Commission

Fund	SFY 2024 Actuals	SFY 2025 Approved	SFY 2025 Base	SFY 2025 Supplementals	SFY 2025 Adjusted	SFY 2026 Base	SFY 2026 Enhancements	SFY 2026 Adjusted
State General Fund	\$ 16,821,115	\$ 6,242,150	\$ 19,797,586	\$ 1,000,000	\$ 20,797,586	\$ 19,675,640	\$ 1,192,000	\$ 20,867,640
Federal Fund	\$ 26,373,121	\$ 10,037,140	\$ 21,040,544	\$ -	\$ 21,040,544	\$ 21,051,846	\$ 90,000	\$ 21,141,846
All Other Funds	\$ 49,869	\$ -	\$ 95,000	\$ -	\$ 95,000	\$ 95,000		\$ 95,000
<b>Aging Totals</b>	<b>\$ 43,244,105</b>	<b>\$ 16,279,290</b>	<b>\$ 40,933,130</b>	<b>\$ 1,000,000</b>	<b>\$ 41,933,130</b>	<b>\$ 40,822,486</b>	<b>\$ 1,282,000</b>	<b>\$ 42,104,486</b>

**FY 2024** actuals expenditures are \$43,244,105, of which \$16,821,115, are from the State General Fund.

**FY 2025** adjusted budget request has expenditures totaling \$41,933,130, of which \$20,797,586, are from the State General Fund.

**FY 2026** adjusted budget request has expenditures totaling \$42,104,486, of which \$20,867,640, are from the State General Fund.

#### Object Code 5100: Salaries and Wages

**Summary:** Staff is responsible for carrying out the administrative and oversight activities.

**FY 2025:** \$1,678,495 is requested.

**FY 2026:** \$1,849,851 is requested.

#### Object Code 5200: Contractual Services

**Summary:** Includes communications, freight and express, printing and advertising, rentals, repairing and servicing, staff travel expense for training and program services, utilities, and professional or other services.

**FY 2025:** \$7,268,952 is requested.

**FY 2026:** \$7,268,952 is requested.

NARRATIVE INFORMATION – DA 400  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Aging Commission  
SUBPROGRAM TITLE: Expenditure Justification

**Object Code 5300: Commodities**

**Summary:** Includes office supplies, data processing supplies, professional supplies, vehicle related items (gasoline and parts for maintenance repairs).

**FY 2025:** \$86,098 is requested.

**FY 2026:** \$86,098 is requested.

**Object Code 5400: Capital Outlay**

**Summary:** Capital outlay includes assets that 1) are used in operations and 2) have an initial useful life of over one year. This includes both tangible assets (land, buildings, building improvements, vehicles, machinery, equipment, works of art, historical treasures, infrastructure, and intangible assets (easements, software, water rights). Assets held for investment or resale purposes only are not considered capital assets. Instructions regarding capitalizing of assets can be found in Policy Manual filing 13,001. With exception of software, KDADS will utilize items in this category that meet or exceeds \$5,000.

**FY 2025:** \$10,920 is requested.

**FY 2026:** \$10,920 is requested.

**Object Code 5500: Aid to Local Governments & Other Assistance**

**Summary:** Aid disbursements made from federal and state funds to individuals, schools, state agencies, non-state organizations, and political subdivisions.

**FY 2025:** \$32,888,665 is requested.

**FY 2026:** \$32,888,665 is requested.

## **SURVEY, CERTIFICATION & CREDENTIALING COMMISSION (SCCC) OVERVIEW**

The Survey, Certification and Credentialing Commission protects public health in Kansas through the inspection and licensing of adult care homes, as defined by K.S.A. 39-923. The Commission is responsible for inspection and licensing of residential care facilities, residential and day support facilities, shared living, and targeted case management for individuals with developmental disabilities, private psychiatric hospitals, psychiatric residential treatment facilities, community mental health centers, and substance use disorder treatment facilities as defined by KSA 39-2002. The Commission develops and enforces regulations and standards for these facilities and field staff document compliance with state regulations and federal certification standards through onsite surveys.

The Commission operates the abuse, neglect, and exploitation hotline for healthcare facilities in Kansas. This includes facilities licensed by Kansas Department for Aging and Disability Services under K.S.A. 39-923 and K.S.A. 39-2002, as well as the Kansas Department of Health and Environment. The hotline is responsible for routing all intakes to the correct department or agency, including triaging all adult care home intakes based on the Center for Medicare and Medicaid Services (CMS) State Operations Manual (SOM) Chapter 5 guidelines. The commission is also responsible for the Health Occupation and Credentialing (HOC) program which registers, licenses, or certifies several health occupations. HOC also maintains the nurse aide registry, manages the criminal record check program, certifies, and approves training courses, and course material for Certified Nurse Aides (CNA), Certified Medication Aides (CMA), Paid Nutrition Assistants, Home Health Aides, Adult Care Home Operators, and Administrators.

The SCC Commission is comprised of 4 Divisions:

### **1. Behavioral Health Licensing Division**

Responsible for inspection and licensing of Residential Care Facilities (RCF), residential and day support facilities, shared living, and targeted case management for individuals with developmental disabilities, Private Psychiatric Hospitals (PPH), Psychiatric Residential Treatment Facilities (PRTF), Community Mental Health Centers (CMHC), and Substance Use Disorder (SUD) treatment facilities as defined by KSA 39-2002. The Division is responsible for development and enforcement of regulations and standards for these facility types. These responsibilities are accomplished through the administrative review of initial qualifications and ongoing surveys conducted for both adverse incidents as well as licensure renewal.

- Intellectual or Developmental Disability (IDD) License Program
  - Includes State licensing for IDD day service, residential, shared living, and target case management providers.
  - Administrative review of initial qualifications, and in person surveys, ensuring ongoing compliance with State regulations.
  - Administrative follow-up on complaints received.
  - Assures that corrective actions are imposed accurately and in a timely way when facilities fail to meet licensure requirements.
  - Work with Long Term Supports and Services Commission (LTSS) to ensure providers are following final rules settings.

- CMHC, PPH, PRTH, RCF and SUD
  - Includes State licensing for Community Mental Health Centers (CMHC), Private Psychiatric Hospitals (PPH), Psychiatric Residential Treatment Facilities (PRTF), Residential Care Facilities (RCF) and Substance Use Disorder (SUD) providers.
  - Administrative review of initial qualifications, and in person surveys, ensuring ongoing compliance w/ State regulations.
  - Administrative follow-up on complaints received.
  - Assures that corrective actions are imposed accurately and in a timely way when facilities fail to meet licensure requirements.
  - Works with Behavioral Health Commission (BHS) to certify CMHCs as Certified Community Behavioral Health Center (CCBHC).

## 2. Health Occupational Credentialing (HOC) Division

The Health Occupations Credentialing (HOC) program administers the Health Occupations Credentialing Act (KSA 65-5001 *et seq.*) which establish the types of health professions that require a state credential to be employed in health care settings. Related to the certification program, HOC administers the Kansas Nurse Aide Registry, a federally mandated program to ensure that facilities hire nurse aides and home health aides without abuse, neglect, or exploitation charges on their record. Other related professions or para-professions administered through this section include activities directors, social service designees and paid nutrition assistants for adult care homes in Kansas.

The State of Kansas began requiring operators of adult care homes, home health agencies, and staffing agencies to conduct criminal background checks of staff to ensure that those working in those settings do not have a criminal history of prohibited crimes. This legislation went into effect July 1, 1997, and the enforcement of prohibited criminal histories began in 1998. HOC is linked to the KBI through a telecommunications system which provide initial criminal record data on each person for whom there is a record check requested, help determine, and notifies the operators when a criminal record indicates requirements to include individuals employed in all facilities licensed by KDADS.

- Certification Program
  - Maintains the Kansas Nurse Aid Registry in partnership with KDADS legal department.
  - HOC issues licenses to dietitians, speech-language pathologists, audiologists and adult care home administrators and operators.
  - Certification programs administered by HOC include nurse aides, home health aides and medication aides.
  - Registration program includes adult care home operators, activities directors, social service designees and paid nutrition assistants for adult care homes in Kansas.
- Criminal Record Check (CRC) Program
  - KDADS, the Kansas Bureau of Investigation (KBI) and operators work in partnership to ensure that no one worked in KDADS licensed settings who had a criminal history of a prescribed list crimes.
  - Implement the health care staffing agency registration and reporting as outlined in 2024 SB 28 and HB 2771.

### 3. Licensure & Certification Division

The Licensure and Certification Division approves adult care homes for licensure under state law, regulation, and policy. These responsibilities are accomplished through administrative review of initial qualifications, reviewing and processing amended change of owner and annual renewal licensure applications, maintaining Administrator or Operator of record for all adult care homes, reviewing and approving all renovations/additions to adult care homes including increasing and decreasing resident capacity, and working with CMS and the Medicare Administrative Contractor to perform initial and ongoing Medicare Certification for Nursing Facilities.

- Certification Program
  - Operates the Civil Monetary Penalty (CMP) Reinvestment Program on behalf of CMS
  - Ensures that remedies are imposed accurately and in a timely way when nursing facilities fail to meet conditions of participation or certification standards as outlined in CMS SOM Chapter 7.
  - Review and approve/deny all certified capacity changes.
  - Completes state survey agency certification functions as outlined in CMS SOM Chapters 1 and 2.
- Licensure Program
  - Includes assisted living, residential health care facilities, home plus, adult day care, nursing facilities, nursing facilities for mental health, intermediate care facilities for the intellectual and developmentally disabled, and boarding care homes.
  - Approves adult care homes for licensure under state law, regulation, and rule.
  - Implement and maintain requirements for facility-initiated discharges as required by SB 28 from 2024 legislative session.
  - Assures that corrective actions are imposed accurately and in a timely way when facilities fail to meet licensure requirements.

### 4. Survey & Complaints Division

The Survey and Certification Division reviews for compliance nursing facilities and providers for state licensure and federal certification. These responsibilities are accomplished through the administrative review of initial qualifications and ongoing surveys conducted by teams of registered nurses or Licensed Practical Nurses that ensure ongoing compliance with state regulations and federal certification requirements. There are approximately 330 nursing facilities in Kansas that must be surveyed or inspected no less than every 15.9 months with a monthly average of 12 months.

- State Licensed Only Program
  - Includes: assisted living, residential health care facilities, home plus, adult day care and boarding care homes.
  - Review for compliance of licensure under state law, regulation, and rule through on-site, unannounced survey inspections.
  - There are approximately 390 free standing facilities and approximately 100 state licensed facilities attached to nursing facilities.



NARRATIVE INFORMATION – DA 400  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Survey, Certification, & Credentialing Commission  
SUBPROGRAM TITLE:

- The Commission has been able to execute and follow-up with corrective actions plans for all deficiencies cited at a scope and severity of “D” or higher with the influx of staffing hired after an approved budget enhancement for SFY2022.
- Review with licensure and certification division facility-initiated discharge reporting required in SB 28 from the 2024 legislative session.
- Complaints Program
  - Performs complaint intake activities through the abuse, neglect, and exploitation hotline.
  - Triage complaints for severity for all adult care homes.
  - Coordinates with other state agencies including the Department of Children and Families (DCF) and the Kansas Department of Health and Environment (KDHE) that handle complaints for other types of facilities.

#### SURVEY, CERTIFICATION & CREDENTIALING COMMISSION (SCCC) – PERFORMANCE MEASURES

Program	Performance Measure	FFY2024 Estimate	FFY2025 Estimate	FFY2026 Estimate
Skilled Nursing Facility / NF	Average Number of months between surveys	18.10	17.40	16.80

Program	Performance Measure	CY2024 Estimate	CY2025 Estimate	CY2026 Estimate
Background Checks	Number of Background Checks Processed	85,000	90,000	95,000

Program	Performance Measure	SFY2024 Actuals	SFY2025 Estimate	SFY2026 Estimate
ACH State Licensed & Survey	Number of Surveys Exited	378	365	365

NARRATIVE INFORMATION – DA 400  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Survey, Certification & Credentialing Commission  
SUBPROGRAM TITLE: Expenditure Justification

## EXPENDITURE JUSTIFICATION – Survey, Certification & Credentialing Commission (SCCC)

Fund	SFY 2024 Actuals	SFY 2025 Approved	SFY 2025 Base	SFY 2025 Supplementals	SFY 2025 Adjusted	SFY 2026 Base	SFY 2026 Enhancements	SFY 2026 Adjusted
State General Fund	\$ 3,108,720	\$ 4,343,013	\$ 3,338,214	\$ -	\$ 3,338,214	\$ 3,481,394	\$ -	\$ 3,481,394
Federal Fund	\$ 4,382,833	\$ 6,573,144	\$ 7,080,231	\$ -	\$ 7,080,231	\$ 7,144,930	\$ -	\$ 7,144,930
All Other Funds	\$ 2,297,190	\$ 2,281,153	\$ 2,563,547	\$ -	\$ 2,563,547	\$ 2,580,540	\$ -	\$ 2,580,540
<b>SCCC Totals</b>	<b>\$ 9,788,743</b>	<b>\$ 13,197,310</b>	<b>\$ 12,981,992</b>	<b>\$ -</b>	<b>\$ 12,981,992</b>	<b>\$ 13,206,864</b>	<b>\$ -</b>	<b>\$ 13,206,864</b>

**FY 2024** actuals expenditures are \$9,788,743, of which \$3,108,720, are from the State General Fund.

**FY 2025** adjusted budget request has expenditures totaling \$12,981,992, of which \$3,338,214, are from the State General Fund.

**FY 2026** adjusted budget request has expenditures totaling \$13,206,864, of which \$3,481,394, are from the State General Fund.

### Object Code 5100: Salaries and Wages

**Summary:** Staff is responsible for carrying out the administrative and oversight activities.

**FY 2025:** \$10,563,521 is requested.

**FY 2026:** \$10,688,193 is requested.

### Object Code 5200: Contractual Services

**Summary:** Includes communications, freight and express, printing and advertising, rentals, repairing and servicing, staff travel expense for training and program services, utilities, and professional or other services.

**FY 2025:** \$3,158,030 is requested.

**FY 2026:** \$3,158,230 is requested.

NARRATIVE INFORMATION – DA 400  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Survey, Certification & Credentialing Commission  
SUBPROGRAM TITLE: Expenditure Justification

**Object Code 5300: Commodities**

**Summary:** Includes office supplies, data processing supplies, professional supplies, vehicle related items (gasoline and parts for maintenance repairs).

**FY 2025:** \$124,190 is requested.

**FY 2026:** \$124,190 is requested.

**Object Code 5400: Capital Outlay**

**Summary:** Capital outlay includes assets that 1) are used in operations and 2) have an initial useful life of over one year. This includes both tangible assets (land, buildings, building improvements, vehicles, machinery, equipment, works of art, historical treasures, infrastructure, and intangible assets (easements, software, water rights). Assets held for investment or resale purposes only are not considered capital assets. Instructions regarding capitalizing of assets can be found in Policy Manual filing 13,001. With exception of software, KDADS will utilize items in this category that meet or exceeds \$5,000.

**FY 2025:** \$250,380 is requested.

**FY 2026:** \$350,380 is requested.

**Object Code 5500: Aid to Local Governments & Other Assistance**

**Summary:** Aid disbursements made from federal and state funds to individuals, schools, state agencies, non-state organizations, and political subdivisions.

**FY 2025:** \$70,870 is requested.

**FY 2026:** \$70,870 is requested.

## STATE HOSPITAL COMMISSION OVERVIEW

The State Hospital Commission was created on June 2, 2019, by the Secretary of the Kansas Department for Aging and Disability Services. The State Hospital Commission is responsible for providing leadership, guidance, direction, oversight, training, and support to the five State Hospitals: Kansas Neurological Institute (KNI), Parsons State Hospital and Training Center (PSH), Larned State Hospital (LSH), Osawatomie State Hospital (OSH) and Adair Acute Care (AAC) on Osawatomie State Hospital's campus. The Commission provides day to day management and collaboration with Superintendents and executive staff at the State Hospitals, ensuring compliance with conditions of participation for certification with Centers for Medicaid and Medicare Services (CMS) and accreditation with the Joint Commission. The Commission is vital in strengthening stakeholder relations to increase the services provided in the community for individuals with intellectual disabilities and or behavioral health needs.

The Commission contains state hospital programs administered by KDADS. The funds were transferred from the hospitals to KDADS to provide the services. Services provided are:

- Medical liability insurance for physicians.
- Cost report preparation services.
- Oversight of risk management activities at each hospital to comply with conditions of participation and accreditation requirements, as well as monitoring compliance with patient standards of care.
- Providing project and program management support for the hospitals including procurement, implementation and support of a pharmaceutical dispensing system, food service operations contract nursing staff, learning management system and a system wide electronic medical record.
- Program management for State Institutional Alternative Program.
- Coordination of Continuity of Operations Planning and consistent infection control policies.

The State Hospital Commission is comprised of 2 divisions:

### 1. Clinical Programs Division

The Clinical Programs Division provides system level coordination for the clinical operations of the state hospitals. The Commission team supports the health care staff at the state hospitals through reviews of risk management practices, support for accreditation or survey findings, and implementing new programs that cross hospitals such as a common pharmacy dispensing system, electronic health record, and billing support. This includes supporting the implementation of a new electronic health record system for all 4 state hospitals.

- Electronic Health Record Implementation
  - The Hospital Commission developed a request for proposal to purchase an electronic medical record system and KDADS entered an agreement with WellSky to deploy its electronic medical records software on each state hospital campus.
  - After 2 years of development the Wellsky Specialty Care solution will be implemented at Parsons State Hospital in August 2024.

- The EHR project included running new fiber connections to OSH, LSH, and Parsons as well as upgrading switches and campus hardware to support the higher internet speeds necessary to operate the electronic medical record system.
  - The system will replace existing electronic health record and billing systems, integrate with other electronic systems including the pharmacy dispensing and ordering systems, and expand functionality to exchange information with other electronic health record systems and health care providers.
  - The implementation process involves staff from information technology, medical services, social services, medical records, patient accounts, revenue cycle management, and pharmacy at each hospital as well as central office support for the information technology infrastructure and project management.
  - Within the EHR project, each campus and across campuses internal policies, procedures, and forms will be updated to reflect the EHR system workflows. That process has allowed for more standardized approaches for common issues between the psychiatric hospitals and the hospitals for people with intellectual disabilities.
- Digital Fingerprint Scanners
  - The Hospital Commission also received a SPARK efficiency grant to purchase and implement digital fingerprint scanners at LSH and PSH.
  - The electronic capture and transmission of fingerprints should speed up the completion of background checks for potential employees.
  - Both fingerprint capture devices have been installed, the staff are trained, and the secure connection to the Kansas Bureau of Investigation background check system have been established.
- State Hospital Census Management
  - SHC report monthly on admissions to the state psychiatric hospitals, including the wait time for admission from county jails to the State Security Program.
  - Coordinate admissions information between Health Source Integrated Solutions for admissions through State Institution Alternative hospitals, state hospital screens completed by Community Mental Health Centers, and administrative transfers.

## 2. Operations and Program Management Division

The Operations and Program Management Division work with the hospital staff to find efficient ways of sharing resources across the campuses, implement programs that benefit the hospital patient populations, connect to other KDADS program areas and programs, and implement

- State Institutional Alternatives
  - SIA providers expand regional access to psychiatric hospital services for individuals with mental illness meeting the criteria for state hospital admissions. The SIAs provide regional alternatives to LSH and OSH, allowing for care closer to home for patients and reducing demand on the state hospitals, as well as reducing wait times for admissions. The SIA program also serves as the only option for youth under 18 years of age meeting admissions criteria to the state hospital

- SHC in conjunction with the Behavioral Health Commission worked on SIA program implementation and continues to work on further program development.
  - There are currently six providers and nine SIA locations across the state serving adults and adolescents.
  - Since starting services through SIA providers in August 2021 through June 2024, 1,880 adults and 1,372 children have been admitted to an SIA. That reflects the addition of approximately 18 additional acute inpatient beds in the mental health system that would have been admitted to or waited for admission to OSH or LSH.
  - The SIA program has led to revisions to the standard screening form, standardization of medical clearance information needed for admission, and improved workflows and reporting through a central bed board to show inpatient space availability across state hospitals and community hospitals with inpatient psychiatric capacity.
  - In 2024, the SHC focused on improved robust discharge planning processes for SIA and State Hospital Patients. Through an agreement with Heartland RADAC, each state hospital and SIA hospital have designated intensive care coordinators, including trained peer counselors, embedded at each location to help discharging patients with community resources and support services for up to ninety days
- Capital Project Oversight
  - The SHC Project Manager manages the KDADS capital improvement budget for debt service, major renovations, rehabilitation and repairs, and emergency capital projects. This includes scheduled and emergency maintenance on buildings, systems, and the grounds on the state hospitals that are included in the KDADS 5-year capital improvement plan.
  - SHC coordinates the architectural and engineering plans needed for state approval of projects, the competitive bidding process for construction contractors and suppliers, and processing invoices and change orders for projects.
  - The SHC Finance and Grants Manager develops the capital improvement budget, coordinates with hospital finance and operations staff on project priorities and emergency needs, and any hospital funded capital projects.
  - KDADS also implemented with the state hospital facility directors and Chief Operating Officers on a common asset management and facility maintenance tracking system. The system tracks equipment and systems on each campus, suggests routine maintenance activities, and supports inventory control of critical parts needed to maintain boilers, air handlers, electronic controls, and other critical infrastructure on each campus.
- Budget and Finance Oversight
  - The SHC Finance and Grants Manager works with the hospital Chief Financial Officers on coordinated development of budget submissions, Governor's Budget Amendments, legislative fiscal requests, and monthly financial reporting.
  - SHC the capital improvement budget, coordinates with hospital finance and operations staff on project priorities and emergency needs, and any hospital funded capital projects.
  - Coordinates the revenue estimates for Title XIX Medicaid payments and requests transfers of funds from KDADS to each state hospital to meet their budget estimates and finance expenditures.
- South Central Regional Psychiatric Hospital
  - The SHC is coordinating the planning, design, and operational model for a new state psychiatric hospital.

- The Governor included in her FY 2023 budget \$15.0 million to support the construction and operation of a regional state psychiatric hospital in South Central Kansas.
  - KDADS entered an agreement with Sedgwick County to provide funding to have the County acquire, construct, or modify a building to serve as a state psychiatric hospital.
  - Sedgwick County was awarded \$25.0 million in SPARK funds to finance the acquisition and construction costs. When the building is substantially complete, Sedgwick County will transfer the property and facility to the State of Kansas to operate as a state psychiatric hospital.
  - The 2024 Legislature appropriated an additional \$26.5 million for the project to build the recommended 104 bed design with 52 beds for forensic patients and 52 for acute treatment for adults committed under the Care and Treatment Statute.
  - The site has been selected for construction in south Wichita and the property purchase should be completed in July 2024.
  - The construction documents are expected to be complete in September 2024. That will allow Sedgwick County to seek proposals for a construction contractor in the late Fall and Construction to begin early in 2025.
- Special Projects
    - SHC Special Projects Manager oversees the distribution and reporting of COVID relief funding for Facility and Workforce Expansion. The Strengthening People and Revitalizing Kansas (SPARK) Executive Committee and the State Finance Council approved a total of \$66.3 million to the agency to support facility and workforce training expansion opportunities. KDADS published a Notice of Funding opportunities to gather project ideas that would expand health care facilities; the reach of current service providers; or Workforce training.
    - SHC awarded the funds and coordinates the payment process through the Office of Recovery and ARPA consultants to ensure federal requirements are met through the capital project and recovery funding requirements.
    - The projects includes \$5 million to the Kansas College of Osteopathic Medicine for class expansion, \$1.1 million to the University of Kansas for the ASPIRE program to reach out to rural emergency departments, \$1.575 million to expand the Nursing Home without Walls program to expand remote monitoring technology, \$12.725 million to KVC Camber for a new adult and child psychiatric hospital in Olathe, \$5.0 million to Rock Regional Hospital to expand services in South Central Kansas, \$15.0 million to the Wichita State University/University of Kansas Biomedical Campus in Wichita, and \$25 million to Sedgwick County to construct a state psychiatric hospital. The 2023 Legislature appropriated \$22 million to Ascension Via Christi in Wichita for an emergency department expansion, which also will be overseen by the SHC.
    - The SHC processes reimbursement requests from law enforcement and health care providers for uncompensated care provided during the time patients or defendants wait for admission to a state hospital. 2023 SB 228 allows KDADS to reimburse counties for time criminal defendants spend waiting for competency evaluation or restoration at Larned State Hospital. During FY 2024, KDADS reimbursed counties \$7.8 million from the State General Fund. In FY 2024, through a proviso in HB 2184, KDADS reimbursed law enforcement and health care providers for observation and transportation costs for patients waiting for admission. Reimbursement totaled \$1.1 million. Both programs continue in FY 2025.

NARRATIVE INFORMATION – DA 400  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: State Hospital Commission  
SUBPROGRAM TITLE:

#### EXPENDITURE JUSTIFICATION – State Hospital Commission

Fund	SFY 2024 Actuals	SFY 2025 Approved	SFY 2025 Base	SFY 2025 Supplementals	SFY 2025 Adjusted	SFY 2026 Base	SFY 2026 Enhancements	SFY 2026 Adjusted
State General Fund	\$ 6,963,201	\$ 52,458,869	\$ 11,878,637	\$ -	\$ 11,878,637	\$ 12,237,777	\$ -	\$ 12,237,777
Federal Fund	\$ 39,471	\$ 33,012	\$ 179,920	\$ -	\$ 179,920	\$ 4,920	\$ -	\$ 4,920
All Other Funds	\$ 7,908,187	\$ 5,169,508	\$ 5,150,000	\$ -	\$ 5,150,000	\$ 5,150,000	\$ -	\$ 5,150,000
<b>SHC Totals</b>	<b>\$ 14,910,859</b>	<b>\$ 57,661,389</b>	<b>\$ 17,208,557</b>	<b>\$ -</b>	<b>\$ 17,208,557</b>	<b>\$ 17,392,697</b>	<b>\$ -</b>	<b>\$ 17,392,697</b>

**SFY 2024** actuals expenditures are \$14,910,859, of which \$6,963,201, are from the State General Fund.

**SFY 2025** adjusted budget request has expenditures totaling \$17,208,557, of which \$11,878,637, are from the State General Fund.

**SFY 2026** adjusted budget request has expenditures totaling \$17,392,697, of which \$12,237,777, are from the State General Fund.

#### Object Code 5100: Salaries and Wages

**Summary:** Staff is responsible for carrying out the administrative and oversight activities.

**SFY 2025:** \$1,518,941 is requested.

**SFY 2026:** \$1,531,246 is requested.

#### Object Code 5200: Contractual Services

**Summary:** Includes communications, freight and express, printing and advertising, rentals, repairing and servicing, staff travel expense for training and program services, utilities, and professional or other services.

**SFY 2025:** \$9,702,206 is requested.

**SFY 2026:** \$9,874,041 is requested.



NARRATIVE INFORMATION – DA 400  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: State Hospital Commission  
SUBPROGRAM TITLE:

**Object Code 5300: Commodities**

**Summary:** Includes office supplies, data processing supplies, professional supplies, vehicle related items (gasoline and parts for maintenance repairs).

**SFY 2025:** \$701,850 is requested.

**SFY 2026:** \$701,850 is requested.

**Object Code 5400: Capital Outlay**

**Summary:** Capital outlay includes assets that 1) are used in operations and 2) have an initial useful life of over one year. This includes both tangible assets (land, buildings, building improvements, vehicles, machinery, equipment, works of art, historical treasures, infrastructure, and intangible assets (easements, software, water rights). Assets held for investment or resale purposes only are not considered capital assets. Instructions regarding capitalizing of assets can be found in Policy Manual filing 13,001. With exception of software, KDADS will utilize items in this category that meet or exceeds \$5,000.

**FY 2025:** \$285,560 is requested.

**FY 2026:** \$285,560 is requested.

**Object Code 5500: Aid to Local Governments & Other Assistance**

**Summary:** Aid disbursements made from federal and state funds to individuals, schools, state agencies, non-state organizations, and political subdivisions.

**FY 2025:** \$5,000,000 is requested.

**FY 2026:** \$5,000,000 is requested.

NARRATIVE INFORMATION – DA 405  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimates  
SUBPROGRAM TITLE:

## 2141-2195 Social Welfare Fund

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ 1,809,951	\$ 2,056,682	\$ 2,156,692
License Business	421110	\$ -	\$ -	\$ -
Recovery of Current FY Expenditures	462110	\$ -	\$ -	\$ -
Other Reimb and Refunds	462900	\$ 5,442	\$ -	\$ -
Recovery of Prior FY Expenditures	469010	\$ 325,606	\$ 300,000	\$ 300,000
Other Nonrevenue Receipts	469090	\$ 672,216	\$ 400,000	\$ 400,000
Federal Indirect Cost Transfers In	469290	\$ -	\$ -	\$ -
Residual Transfers Out	766040	\$ -	\$ -	\$ -
		\$ 2,813,215	\$ 2,756,682	\$ 2,856,692

## 2193-2193 Indirect Cost Fund

**Purpose:** Fee fund for indirect payroll expenditures. Indirect costs on federal grants are drawn from this fund.

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ 146,852	\$ 1,423,551	\$ -
Recovery of Current FY Expenditures	462110	\$ -	\$ -	\$ -
Other Reimbursements & Refunds	462900	\$ -	\$ -	\$ -
Recovery of Prior FY Expenditures	469010	\$ -	\$ -	\$ -
Other Service Charges	420990	\$ -	\$ -	\$ -
Federal Indirect Cost Transfer In	469290	\$ -	\$ 1,572,206	\$ 3,023,687
Residual Transfers In	766030	\$ -	\$ -	\$ -
		\$ 146,852	\$ 2,995,757	\$ 3,023,687

NARRATIVE INFORMATION – DA 405  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimates  
SUBPROGRAM TITLE:

### 2315-2315 Health Occupations Credentialing Fund

**Purpose:** During the 2018 legislative session, SB109 authorized the creation of the Health Occupations Credentialing Fee Fund. The revenue source of this fund is based on the fees collected for licensure, temporary licensure, renewal, late renewal, reinstatement, reciprocity, sponsorship, wall or wallet card license replacement, duplicate wall license, and examination fees. The purpose of the fund is to allow Health Occupations Credentialing to employ additional staff to meet current and future work requirements.

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ 1,677,800	\$ 1,760,846	\$ 1,577,035
Audits & Inspections	420100	\$ 688,270	\$ 683,000	\$ 683,000
License Personal Services	421100	\$ 649,375	\$ 600,000	\$ 600,000
License Business	421110	\$ 21,932	\$ 17,000	\$ 17,000
Other Non-Federal Grants & Contributions	440100	\$ -	\$ -	\$ -
Recovery of Current FY Expenditures	462110	\$ -	\$ -	\$ -
Other Reimbursements & Refunds	462900	\$ -	\$ -	\$ -
Recovery of Prior FY Expenditures	469010	\$ -	\$ -	\$ -
		\$ 3,037,377	\$ 3,060,846	\$ 2,877,035

### 2336-2336 Community Mental Health Center Improvement Fund

**Purpose:** During the 2018 legislative session, HB2079 authorized the creation of the Community Mental Health Center Improvement Fund. The revenue source of this fund is based on the increase in the privilege fee for Managed Care Organizations. The purpose of the fund is for the Community Mental Health Centers to provide enhanced services.

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ -	\$ -	\$ -
Operating Transfer In	766010	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000
		\$ 5,000,000	\$ 5,000,000	\$ 5,000,000

NARRATIVE INFORMATION – DA 405  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimates  
SUBPROGRAM TITLE:

### 2337-2337 Community Crisis Stabilization

**Purpose:** This fund was established to fund Behavioral Health crisis stabilization programming with revenue generated from the Lotto Vending Machine program.

**Authorization:** K.S.A. 75-5963 and K.S.A. 74-8711 establishes in the state treasury the Community Crisis Stabilization Fund and the Clubhouse Model Program Fund. Commencing in fiscal year 2019, on or before the 10th day of each month, the director of the lottery shall certify to the director of accounts and reports all net profits from the sale of lottery tickets and shares via lottery ticket vending machines. Of such certified amount, the director of accounts and reports shall transfer 75% from the lottery operating fund to the community crisis stabilization centers fund of the Kansas Department for Aging and Disability Services, and 25% from the lottery operating fund to the clubhouse model program fund of the Kansas Department for Aging and Disability Services.

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ 9,341,954.00	\$ 10,833,421.00	\$ 5,933,421.00
Operating Transfers In	766010	\$ 6,750,000.00	\$ 7,500,000.00	\$ 6,000,000.00
		\$ 16,091,954	\$ 18,333,421	\$ 11,933,421

### 2338-2338 Clubhouse Model Program

**Purpose:** This fund was established to fund Behavioral Health clubhouse programming with revenue generated from the Lotto Vending Machine program. The Clubhouse Model is an evidence-based, recovery-oriented program for adults diagnosed with a mental illness. The goal of the program is to improve a person's ability to function successfully in the community through involvement in a peer-focused environment. Members are also encouraged to participate in activities to promote outside employment, education, meaningful relationships, housing, and an overall improved quality of life.

**Authorization:** K.S.A. 75-5963 and K.S.A. 74-8711 establishes in the state treasury the Community Crisis Stabilization Fund and the Clubhouse Model Program Fund. Commencing in fiscal year 2019, on or before the 10th day of each month, the director of the lottery shall certify to the director of accounts and reports all net profits from the sale of lottery tickets and shares via lottery ticket vending machines. Of such certified amount, the director of accounts and reports shall transfer 75% from the lottery operating fund to the community crisis stabilization centers fund of the Kansas department for aging and disability services and 25% from the lottery operating fund to the clubhouse model program fund of the Kansas Department for Aging and Disability Services.

NARRATIVE INFORMATION – DA 405  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimates  
SUBPROGRAM TITLE:

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ 423,768	\$ 423,768	\$ 423,768
Operating Transfers In	766010	\$ 2,250,000	\$ 2,500,000	\$ 2,000,000
		\$ 2,673,768	\$ 2,923,768	\$ 2,423,768

### 2363-2110 Provisional Overpayment Recovery & Collection

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ 86,855	\$ 94,737	\$ 94,737
Federal Recoveries	469040	\$ 7,882	\$ -	\$ -
		\$ 94,737	\$ 94,737	\$ 94,737

### 2363-2120 Civil Monetary Penalties

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ 6,220,137	\$ 7,645,139	\$ 9,047,734
Fines Penalty Forfeiture	454010	\$ -	\$ -	\$ -
Other Fines Penalties Forfeiture	454090	\$ 1,670,010	\$ 1,600,000	\$ 1,600,000
Refunds	462740	\$ (5,000)	\$ -	\$ -
Other Non-revenue Receipts	469090	\$ -	\$ -	\$ -
		\$ 7,885,147	\$ 9,245,139	\$ 10,647,734

### 2363-2130 Medical Fraud Recovery

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ 502,862	\$ 502,862	\$ 502,862
Recovery of Prior FY Expenditures	469010	\$ -	\$ -	\$ -
		\$ 502,862	\$ 502,862	\$ 502,862

NARRATIVE INFORMATION – DA 405  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimates  
SUBPROGRAM TITLE:

### 2371-2371 Problem Gambling and Addictions Grant Fund

**Purpose:** To aid with the direct treatment of persons diagnosed as suffering from pathological gambling, funding for research regarding the impact of gambling, and prevention efforts to reduce the incidence of compulsive gambling on Kansas residents. Moneys in the Problem Gambling and Addictions Grant Fund may be used to treat alcoholism, drug abuse, and other addictive behaviors.

**Transfers:** Beginning in SFY 2024 Transfers out are no longer sent to the Governor's office and Department of Corrections

**Authorization:** K.S.A. 79-4805 establishes in the state treasury the Problem Gambling and Addictions Grant Fund. All moneys credited to the fund shall be used only for the awarding of grants under this section. K.S.A. 79-4806 requires \$80,000 to be transferred from the State Gaming Revenues Fund. K.S.A. 79-4710 requires \$20,000 to be transferred from the State Bingo Regulation Fund. The fund also includes a provision for 2.0 percent of lottery gaming facility revenues to be paid to the Problem Gambling and Addictions Grant Fund established by K.S.A. 2006 Suppl. 79-4805 and amendments thereto.

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ 871,606	\$ 1,251,203	\$ 602,786
Other Fines, Penalties & Forfeitures	454090	\$ 28,053	\$ -	\$ -
Recovery of Prior FY Expenditures	469010	\$ 20,000	\$ -	\$ -
Operating Transfers In from Revenue	766010	\$ 8,381,928	\$ 8,322,053	\$ 8,322,053
Operating Transfers Out	766020	\$ -	\$ -	\$ -
		\$ 9,301,587	\$ 9,573,256	\$ 8,924,839

NARRATIVE INFORMATION – DA 405  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimates  
SUBPROGRAM TITLE:

### 2373-2370 State Licensure Fee Fund

**Authorization:** The 2007 Legislature amended K.S.A. 39-930 Article 9 – Adult Care Homes, which created in the State Treasury the State Licensure Fee Fund. The State Treasury is directed to credit licensure fees to this fund. It also designates KDADS to administer the fund. It further requires that expenditures from the fund shall be made in accordance with appropriation acts.

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ 4,106,224	\$ 4,199,456	\$ 4,078,327
Audit & Inspections	420100	\$ -	\$ -	\$ -
Other Service Charges	420990	\$ -	\$ -	\$ -
License Personal Services	421100	\$ -	\$ -	\$ -
License Business	421110	\$ 1,157,610	\$ 1,000,000	\$ 1,000,000
Fines, Penalties, & Forfeitures - District Courts	454010	\$ -	\$ -	\$ -
Other Miscellaneous Revenue	459090	\$ 3,024	\$ -	\$ -
Estate Recovery Program	461200	\$ -	\$ -	\$ -
Recovery of Current FY Expenditures	462110	\$ -	\$ -	\$ -
Refunds	462740	\$ (783)	\$ -	\$ -
Other Reimbursements & Refunds	492900	\$ -	\$ -	\$ -
Recovery of Prior FY Expenditures	469010	\$ 1,696	\$ -	\$ -
Other Nonrevenue Receipts	469090	\$ 2	\$ -	\$ -
		\$ 5,267,771	\$ 5,199,456	\$ 5,078,327

NARRATIVE INFORMATION – DA 405  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimates  
SUBPROGRAM TITLE:

**2524-2510 General Fee Funds – Miscellaneous Fees**

**Purpose:** These funds are from various items, staff usage of copies, faxes, postage, copies of regulations or other documents for outside sources and other incidental items.

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ 1,308,902	\$ 1,451,444	\$ 1,542,044
Other Service Charges	420990	\$ 36,975	\$ -	\$ -
License Business	421110	\$ 600	\$ 600	\$ 600
License Other Business	421190	\$ 68,676	\$ 65,000	\$ 65,000
Federal Grant Operating	440100	\$ -	\$ -	\$ -
All Other Operating Grants	441010	\$ -	\$ -	\$ -
Other Fines, Penalties, & Forfeitures	454090	\$ -	\$ -	\$ -
Other Miscellaneous Revenue	459090	\$ -	\$ -	\$ -
Convenience Fee - Credit Cards	459120	\$ 12,598	\$ 12,000	\$ 12,000
Sale of Asset Gain or Loss	461190	\$ 12,946	\$ 13,000	\$ 13,000
Recovery of Current FY Expenditures	462110	\$ 8,112	\$ -	\$ -
Reimbursement from Other State Agency	462400	\$ -	\$ -	\$ -
Refunds	462740	\$ -	\$ -	\$ -
Recovery of Prior FY Expenditures	469010	\$ 4,210	\$ -	\$ -
		\$ 1,453,019	\$ 1,542,044	\$ 1,632,644



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AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimates  
SUBPROGRAM TITLE:

## 2524-2530 General Fee Funds Utilization Reviews

**Purpose:** KDADS conducts utilization reviews of ICF/IID facilities on behalf of the Kansas Department for Children and Families per a contract between the two agencies.

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ 170,857	\$ 211,223	\$ 211,223
License Other Business	421190	\$ 40,366	\$ -	\$ -
		\$ 211,223	\$ 211,223	\$ 211,223

## 2595-4130 Title XIX Fund State Hospital Medicaid

**Purpose:** Federal Title XIX receipts for medical services provided by the state hospitals.

**Transfers:** Transfers are made to this fund from KDHE and the Managed Care Organizations (MCO). Transfers are made from this fund to the individual hospital funds.

**Authorization:** KSA 59-2006 and KSA 59-2006b establishes the authority for the state hospitals to establish and charge fees.

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ 2,864,792	\$ 11,344,794	\$ 11,194,794
Care & Hospitalization	420610	\$ 56,364,555	\$ 46,265,106	\$ 47,264,027
Recovery of Prior FY Expenditures	469010	\$ -	\$ -	\$ -
Operating Transfers Out	766020	\$ (47,761,802)	\$ (46,265,106)	\$ (47,264,027)
Federal Subgrant Transfer In	766050	\$ -	\$ -	\$ -
		\$ 11,467,545	\$ 11,344,794	\$ 11,194,794

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PROGRAM TITLE: Revenue Estimates  
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## 266X-XXXX OTHER STATE FEE FUNDS

### 2660-2610 Senior Citizens Meals on Wheels Contribution Funds for Sr. Citizen Nutrition Check-off Fund

**Purpose:** Senior Citizen Meals on Wheels Contribution Funds are the result of contributions made by Kansas individual taxpayers to the Kansas Meals on Wheels Fund. Funds are received annually (in January) from Department of Revenue and are made available to Area Agencies on Aging for home-delivered meal providers by way of grant awards. All funds are currently obligated through grant awards.

**Authorization:** K.S.A. 75-4265 and K.S.A. 79-3221G.

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ 37,339	\$ 37,340	\$ 32,340
All Other Operating Grants	441010	\$ 86,786	\$ 90,000	\$ 90,000
		\$ 124,125	\$ 127,340	\$ 122,340

### 2661-1110 Alcohol and Drug Abuse Fees and Tax Receipts

**Purpose:** K.S.A. 41-1126. Other state fees fund; use and expenditure of moneys in fund; community alcoholism and intoxication programs fund.

**Authorization:** K.S.A. 79-41a02 establishes a 10 % percent tax on the gross receipts derived from the sale of alcoholic liquor by any club, caterer, or drinking establishment. K.S.A. 79-41a03 requires that 5 % of K.S.A 79-41a02 revenue collected be credited to the Community Alcoholism and Treatment Fund created by K.S.A 41-1126. K.S.A 8-241, requires that all reinstatement fees collected pursuant to this section, 50 % will be credited to the Community Alcoholism and Intoxication Programs fund created by K.S.A. 41-1126. K.S.A 8-2110, requires that all reinstatement fees collected pursuant of this section, 22.06% of such moneys to the Community Alcoholism and Intoxication Programs fund created by K.S.A. 41-1126.

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ 7,126,064	\$ 8,873,151	\$ 9,825,545
Liquor - Caterer or Drinking Establishment	412423	\$ 3,041,594	\$ 2,900,000	\$ 2,900,000
License Motor Vehicle Operator	421210	\$ 820,966	\$ 780,000	\$ 780,000
Average Daily Balance Interest	430150	\$ 403,644	\$ -	\$ -
Recovery of Current FY Expenditures	462110	\$ -	\$ -	\$ -
Recovery of Prior FY Expenditures	469010	\$ -	\$ -	\$ -
		\$ 11,392,268	\$ 12,553,151	\$ 13,505,545

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## 2661-1120 Alcoholism Treatment Fund

**Purpose:** These dollars are used for substance use disorder (SUD) administration costs and to support the prevention infrastructure and substance abuse treatment services.

**Authorization:** K.S.A. 41-2622 prescribes for an occupation or license tax on clubs and drinking establishments. Of that amount collected, 50.0 percent is credited to the Other State Fees Fund of KDADS. K.S.A. 41-501 imposes a gallonage tax and requires the State Treasurer to credit 1/10 of the funds collected from the taxes imposed upon alcohol and spirits to the Community Alcoholism and Intoxication Programs fund created by K.S.A. 41-1126. K.S.A 8-1567 establishes fines for driving under the influence of alcohol or drugs. The amount of the increase in fines shall be remitted by the Clerk of the District Court to the State Treasurer, and the State Treasurer is required to credit 50 % to the Community Alcoholism and Intoxication Programs Fund. K.S.A. 41-2622, the director shall remit all moneys received under this section to the state treasurer in accordance with the provisions of K.S.A. 75-4215, and amendments thereto. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount in the state treasury. Of each such deposit, 50% shall be credited to the state general fund, and the remaining 50% shall be credited to the other state fees fund of the Kansas department for aging and disability services. In addition to other purposes for which expenditures may be made from the other state fees fund of the Kansas department for aging and disability services, expenditures may be made by the secretary for aging and disability services for the purpose of implementing the powers and duties of the secretary under the provisions of K.S.A. 65-4006 and 65-4007, and amendments thereto. K.S.A 45-501, upon receipt of each such remittance, the state treasurer shall deposit the entire amount in the state treasury and the state treasurer shall credit 1/10 of the moneys collected from taxes imposed upon alcohol and spirits under subsection (b)(1) to the community alcoholism and intoxication programs fund created by K.S.A. 41-1126.

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ 7,150,119	\$ 8,851,075	\$ 10,051,075
Liquor - Gallonage Tax	412422	\$ 1,486,698	\$ 1,400,000	\$ 1,400,000
License Business	421110	\$ 1,707,890	\$ 1,600,000	\$ 1,600,000
Average Daily Balance Interest	430150	\$ 389,908	\$ 200,000	\$ 200,000
Other Fines, Penalties & Forfeitures	454090	\$ 544,915	\$ 500,000	\$ 500,000
Recovery of Prior FY Expenditures	469010	\$ -	\$ -	\$ -
		\$ 11,279,530	\$ 12,551,075	\$ 13,751,075

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### 2661-1130 DUI - Kansas Department of Corrections (KDOC) Treatment

**Purpose:** Provides for the provision of care coordination and recovery services to persons convicted three or more times of driving under the influence of alcohol or drugs.

**Authorization:** K.S.A. 74-7336 provides that of the remittances of fines, penalties and forfeitures received from clerks of the district court, the State Treasurer shall credit 2.69% to the Community Alcoholism and Intoxication Program Fund.

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ 2,358,088.00	\$ 2,102,411.00	\$ 1,557,411.00
Average Daily Balance Interest	430150	\$ 103,070.00	\$ 55,000.00	\$ 55,000.00
FINES PENALTY FORFEIT DIST CT	454010	\$ -	\$ -	\$ 1,200,000.00
Other Fines, Penalties & Forfeitures	454090	\$ 208,464.00	\$ 250,000.00	\$ 250,000.00
Reimbursement from Other State Agency	462400	\$ 1,058,660.00	\$ 1,300,000.00	\$ -
Recovery of Prior FY Expenditures	469010	\$ 475,620.00	\$ -	\$ -
		\$ 4,203,902	\$ 3,707,411	\$ 3,062,411

### 2661-2070 CS&P Facility License Fees

**Purpose:** These dollars are used for AAPS administration costs and to support the prevention infrastructure and substance abuse treatment services.

**Authorization:** K.S.A. 65-4013 Application for licensing alcohol or drug abuse treatment facilities; rules and regulations; fees. (a)All applications must be accompanied by an application fee not to exceed \$100.00 as fixed by the Secretary, by rules and regulations.

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ 126,066	\$ 151,014	\$ 169,014
License Business	421110	\$ 18,581	\$ 15,000	\$ 15,000
Average Daily Balance Interest	430150	\$ 6,367	\$ 3,000	\$ 3,000
		\$ 151,014	\$ 169,014	\$ 187,014

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### 2893-2893 County Competency Expense Fund

**Purpose:** SB 228 created the County Competency Expense Fund requiring the secretary for aging and disability services to reimburse counties for certain costs when a person is confined in a county jail awaiting examination, evaluation or treatment for competency; relating to} county jails; removing the requirement that every county shall have a jail; modernizing requirements related to food, drink and medical care for prisoners and jail records; modifying procedures used when district courts commit prisoners to jail in another county and when counties contract with city jails or other county jails to keep prisoners; requiring a medical examination before certain United States prisoners or city prisoners are taken into custody of a county jail.

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ -	\$ 137,600	\$ -
Operating Transfers In	766010	\$ 7,915,000	\$ 4,862,400	\$ 5,000,000
		\$ 7,915,000	\$ 5,000,000	\$ 5,000,000

### 2913-2913 Suicide Prevention and Mental Health Hotline

**Purpose:** For the 988 suicide prevention and mental health crisis hotline fund.

**Authorization:** On July 1, 2022, and on each July 1 thereafter, except as provided in paragraph (2), the director of accounts and reports shall transfer \$10,000,000 from the state general fund to the 988 suicide prevention and mental health crisis hotline fund. (2) For the fiscal year ending June 30, 2023, and each fiscal year thereafter, the secretary for aging and disability services, in consultation with the director of the budget, shall certify at the end of each such fiscal year the amount of the unencumbered ending balance of moneys in the 988 suicide prevention and mental health crisis hotline fund and shall transmit such certification to the director of accounts and reports and the director of legislative research. Upon receipt of such certification, the director of accounts and reports shall reduce the amount of the demand transfer required to be made pursuant to paragraph (1) for the fiscal year following such certification by such certified amount.

\*\* Working with DoA to reconcile the balance of the account. KDADS should not have more than \$10,000,000 available.

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ 3,212,062	\$ 2,090,242	\$ 146,368
Operating Tranfers In	766010	\$ 6,934,307	\$ 8,056,126	\$ 9,946,916
		\$ 10,146,369	\$ 10,146,368	\$ 10,093,284

FY2025 – FY2026

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### 2999-2902 Quality Care Service

**Purpose:** These funds are to be used exclusively to maintain or improve the quantity and quality of skilled nursing care facilities in Kansas.

**Transfers:** Interest earned and transferred to 2999-2903.

**Authorization:** The Quality Care Fund was created by the Kansas Legislature 2010 (House Bill 2320) for the collection of payments related to the Quality Care Assessment.

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ 1,379,674	\$ 4,209,677	\$ 8,648,677
License Personal Services	421100	\$ -	\$ -	\$ -
License Business	421110	\$ 27,983,936	\$ 28,100,000	\$ 28,100,000
Average Daily Balance Interest	430150	\$ 566,937	\$ -	\$ -
Operating Transfers Out - Interest Allocation	766080	\$ (566,937)	\$ -	\$ -
		\$ 29,363,610	\$ 32,309,677	\$ 36,748,677

### 2999-2903 Quality Care Service (Interest)

**Purpose:** To earn interest on funds received to maintain or improve the quantity and quality of skilled nursing care facilities in Kansas.

**Transfers:** Interest earned on Quality Care Service fund (2999-2902)

**Authorization:** The Quality Care Fund was created by the Kansas Legislature 2010 (House Bill 2320) for the collection of payments related to the Quality Care Assessment.

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ 885,022	\$ 1,502,733	\$ 1,932,733
Average Daily Balance Interest	430150	\$ 50,774	\$ 30,000	\$ 30,000
Operating Transfer In - Interest Allocation	766070	\$ 566,937	\$ 400,000	\$ 400,000
		\$ 1,502,733	\$ 1,932,733	\$ 2,362,733

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### 3XXX FEDERAL FUNDING – COMPETITIVE GRANTS, FORMULA AND BLOCK GRANTS, PASS-THROUGH GRANTS

#### 3023-3022 Opioid Abuse Treatment & Prevention Fund - State Opioid Response (S0R) 3

**Purpose:** This program is to address the opioid overdose crisis by providing resources to states and territories for increasing access to FDA-approved medications for the treatment of opioid use disorder (MOUD), and for supporting the continuum of prevention, harm reduction, treatment, and recovery support services for opioid use disorder (OUD) and other concurrent substance use disorders.

**CFDA Number:** 93.788 Department of HHS Substance Abuse and Mental Health Services Administration

**Authorization:** Consolidated Appropriations Act, of 2022-Public Law 117-103

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (2,364,109)	\$ (1,261,881)	\$ -
Federal Grant Operating	440100	\$ 8,634,688	\$ 9,749,230	\$ 8,489,160
Recovery of Prior FY Expenditures	469010	\$ 59,037	\$ -	\$ -
		\$ 6,329,616	\$ 8,487,349	\$ 8,489,160

#### 3054-4024 Money Follows Person (MFP)

**Purpose:**

- (1) Increase the use of HCBS, rather than institutional long-term services and supports (LTSS), in the Medicaid program.
- (2) Eliminate barriers or mechanisms, whether in state law, the state Medicaid plan, the state budget, or otherwise, that prevent or restrict the flexible use of Medicaid funds to enable Medicaid-eligible individuals to receive support for appropriate and necessary LTSS in the settings of their choice.
- (3) Increase the ability of state Medicaid programs to assure continued provision of HCBS to eligible individuals who choose to transition from an institution to a community setting; and
- (4) Ensure that procedures are in place (at least comparable to those required under the qualified HCBS program) to provide quality assurance for eligible individuals receiving Medicaid HCBS and to provide for continuous quality improvement in such services.

**CFDA Number:** 93.791

**Authorization:** Section 6071 of the DRA of 2005

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Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ -	\$ (431)	\$ -
Federal Grant peration	440100	\$ 229,167	\$ 186,423	\$ 188,117
Federal Subgrant Transfer In	766050	\$ -	\$ -	\$ -
		\$ 229,167	\$ 185,992	\$ 188,117

### 3064-3064 Survey and Certification Title XVIII

**Purpose:** To provide financial assistance to any State which is able and willing to determine through its state health agency or other appropriate State agency that providers and suppliers of health care services are compliant with Federal regulatory health and safety standards and conditions of participation. KDADS determines whether adult care homes meet federal standards. Annually, on a federal fiscal year, a Medicare formula grant is issued for the certification of adult care homes. The state has had to subsidize a portion of the Medicare share of the cost of the certification function.

**CFDA Number:** 93.777 State Survey and Certification of Health Care Providers and Suppliers (Title XVIII) Medicare

**Authorization:** Social Security Act, Sections 1863, 1864, 1865, 1902, 1903, and 1919, Title XVIII.

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (91,258)	\$ 143,103	\$ -
Federal Grant Operating	440100	\$ 3,616,802	\$ 3,734,422	\$ 3,914,443
License Personal Services	421100	\$ -	\$ -	\$ -
Fines, Penalty, & Forfeiture - District Court	454010	\$ -	\$ -	\$ -
Other Miscellaneous Revenue	459090	\$ 9,072	\$ -	\$ -
Recovery of Current FY Expenditures	462110	\$ -	\$ -	\$ -
Insurance Reimbursement	461200	\$ -	\$ -	\$ -
Refunds	462740	\$ (616,500)	\$ -	\$ -
Other Reimbursement and Refunds	462900	\$ -	\$ -	\$ -
Recovery of Prior FY Expenditures	469010	\$ 4,069	\$ -	\$ -
Other Nonrevenue Receipts	469090	\$ 5	\$ -	\$ -
		\$ 2,922,190	\$ 3,877,525	\$ 3,914,443



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PROGRAM TITLE: Revenue Estimates  
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### 3064-3065 Survey and Certification Title XIX

**Purpose:** To provide financial assistance to any State which is able and willing to determine through its state health agency or other appropriate State agency that providers and suppliers of health care services are compliant with Federal regulatory health and safety standards and conditions of participation. KDADS determines whether adult care homes meet federal standards. Annually, on a federal fiscal year, a Medicare formula grant is issued for the certification of adult care homes. The state has had to subsidize a portion of the Medicare share of the cost of the certification function.

**CFDA Number:** 93.777 State Survey and Certification of Health Care Providers and Suppliers (Title XVIII) Medicare

**Authorization:** Social Security Act, Sections 1863, 1864, 1865, 1902, 1903, and 1919, Title XVIII.

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (74,543)	\$ 29,493	\$ -
Federal Grant Operating	440100	\$ 2,293,785	\$ 2,977,070	\$ 3,035,006
Fines, Penalty & Forfeiture - District Court	454010	\$ -	\$ -	\$ -
Other Miscellaneous Revenue	459090	\$ 7,128	\$ -	\$ -
Insurance Reimbursements	461200	\$ -	\$ -	\$ -
Recovery of Current FY Expenditures	462110	\$ -	\$ -	\$ -
Refunds	462740	\$ (1,845)	\$ -	\$ -
Other Reimbursement and Refunds	462900	\$ -	\$ -	\$ -
Recovery of Prior FY Expenditures	469010	\$ 3,197	\$ -	\$ -
Other Nonrevenue Receipts	469090	\$ 4	\$ -	\$ -
Federal Subgrant Transfer In	766050	\$ -	\$ -	\$ -
		\$ 2,227,726	\$ 3,006,563	\$ 3,035,006

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### 3284-1320 Family Centered Treatment for Pregnant and Post-Partum Women

**Purpose:** To enhance flexibility in the use of funds designed to: (1) support family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, emphasizing the treatment of opioid use disorders; (2) help state substance abuse agencies address the continuum of care, including services provided to pregnant and postpartum women in nonresidential-based settings; and (3) promote a coordinated, effective and efficient state system managed by state substance abuse agencies by encouraging new approaches and models of service delivery.

**CFDA Number:** 93.243 Substance Abuse & Mental Health Services Projects of Regional & National Significance

**Authorization:** Section 501 of the Comprehensive Addiction and Recovery Act of 2016 and Section 508 of the Public Health Service Act

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (30,842)	\$ (455,087)	\$ -
Federal Grant Operating	440100	\$ 944,737	\$ 1,355,087	\$ 900,000
		\$ 913,895	\$ 900,000	\$ 900,000

### 3284-1324 KS Strategic Prevention Framework for Prescription Drugs (SPF Rx)

**Purpose:** To raise awareness about the dangers of sharing medications and work with pharmaceutical and medical communities on the risks of overprescribing to young adults. The SPF Rx program will also raise community awareness and bring prescription drug abuse prevention activities and education to schools, communities, parents, prescribers, and their patients. In addition, SAMHSA will track reductions in opioid overdoses and the incorporation of Prescription Drug Monitoring Program (PDMP) data into needs assessments and strategic plans as indicators of the program's success.

**CFDA Number:** 93.243 Substance Abuse & Mental Health Services Projects of Regional & National Significance

**Authorization:** Section 501 of the Comprehensive Addiction and Recovery Act of 2016 and Section 508 of the Public Health Service Act

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (18,896)	\$ (179,229)	\$ -
Federal Grant Operating	440100	\$ 375,749	\$ 571,718	\$ 392,618
		\$ 356,853	\$ 392,489	\$ 392,618

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### 3284-1326 First Responder (FR-CARA)

**Purpose:** To provide resources to first responders and members of other key community sectors at the state, tribal, and other government levels to train, carry and administer Federal Food, Drug, and Cosmetic Act (FD&C Act) approved drugs and devices for emergency reversal of known or suspected opioid overdose.

**CFDA Number:** 93.243 Substance Abuse & Mental Health Services Projects of Regional & National Significance

**Authorization:** Section 546 of the PH Act, 42 USC 290ee-1, as amended

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (196,141)	\$ (685,235)	\$ -
Federal Grant Operating	440100	\$ 742,314	\$ 1,528,608	\$ 843,563
		\$ 546,173	\$ 843,373	\$ 843,563

### 3284-1328 Kansas 988 Capacity

**Purpose:** To improve state and territory response to 988 contacts (including calls, chats, and texts) originating in the state/territory.

**CFDA Number:** 93.243 Substance Abuse & Mental Health Services Projects of Regional & National Significance

**Authorization:** Section 2501 Funding for Public Health Workforce of the ARP

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (46,120)	\$ (358,838)	\$ -
Federal Grant Operating	440100	\$ 439,493	\$ 358,838	\$ -
		\$ 393,373	\$ -	\$ -

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### 3284-1330 Expanding CIT in Kansas (MHAT)

**Purpose:** To expand crisis intervention treatment and mental health awareness training.

**CFDA Number:** 93.243 Substance Abuse & Mental Health Services Projects of Regional & National Significance

**Authorization:** Section 520J of the PHS Act (42 USC 290bb–41) as amended

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ -	\$ (15,119)	\$ -
Federal Grant Operating	440100	\$ 49,714	\$ 153,625	\$ 138,649
		\$ 49,714	\$ 138,506	\$ 138,649

### 3284-1331 Kansas GLS Program

**Purpose:** Funds to support states and tribes with implementing youth suicide prevention and early intervention strategies in schools, institutions of higher education juvenile justice systems, substance use and mental health programs, foster care systems, and other child and youth-serving organizations.

**CFDA Number:** 93.243 Substance Abuse & Mental Health Services Projects of Regional & National Significance

**Authorization:** 520E PHS Act (42USC290bb-36); Sec 9008-21stCenturyCuresAct

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ -	\$ (268,009)	\$ -
Federal Grant Operating	440100	\$ 57,210	\$ 1,087,090	\$ 820,281
		\$ 57,210	\$ 819,081	\$ 820,281

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### 3284-1332 Integrated Care Grant (PIP)

**Purpose:** Funds to Implement Integrated Primary and Behavioral Healthcare at Select Rural and Urban Communities in Kansas will comprise rural sites in communities located in Southeast Kansas.

**CFDA Number:** 93.243 Substance Abuse & Mental Health Services Projects of Regional & National Significance

**Authorization:** Sec 520K of PHS Act, as amended

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ -	\$ (1,189,981)	\$ -
Federal Grant Operating	440100	\$ 237,571	\$ 3,288,297	\$ 2,099,199
		\$ 237,571	\$ 2,098,316	\$ 2,099,199

### 3284-1333 988 Improve Local Capacity

**Purpose:** Funds to improve state and territory response to 988 contacts (including calls, chats, and texts) originating in the state/territory. Building on SAMHSA's FY 2022 988 funding, the goals of this program are to increase workforce support for the growing 988 demand, improve the public communication of 988 services including those for high-risk populations, and continue to expand post-contact support connections with services such as mobile crisis outreach and crisis stabilization services.

**CFDA Number:** 93.243 Substance Abuse & Mental Health Services Projects of Regional & National Significance

**Authorization:** Section 520E-3&520A of PHS Act (42 USC 290bb-36c & 290bb-32)

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ -	\$ (1,433)	\$ -
Federal Grant Operating	440100	\$ 65,238	\$ 1,960,040	\$ 1,959,783
		\$ 65,238	\$ 1,958,607	\$ 1,959,783

NARRATIVE INFORMATION – DA 405  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimates  
SUBPROGRAM TITLE:

**3286-3093 (PHC6) American Rescue Plan (ARP) for Preventive Health under OAA Title III-D**

**Purpose:** This formula grant award is issued under the authority of the American Rescue Plan (ARP) Act, P.L. 117-2 for activities authorized under Title III of the Older Americans Act of 1965, as amended through P.L. 116-131, enacted March 25, 2020.

**CFDA Number:** 93.043 (PHC6) American Rescue Plan (ARP) for Preventive Health under Title III-D of the OAA <ARPA>

**Authorization:** P.L. 117-2 under P.L. 116-131 (OAA)

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (10,843)	\$ (131,864)	\$ -
Federal Grant Operating	440100	\$ 168,224	\$ 131,864	\$ -
		\$ 157,381	\$ -	\$ -

**3286-3285 Older Americans Act-III D Preventive Health**

**Purpose:** To develop or strengthen preventive health service and health promotion systems through designated State Agencies on Aging and Area Agencies on Aging. Funds are provided for evidence-based disease prevention and health promotion services including programs related to: physical fitness; medication management; chronic disease self-management education; psychosocial behavioral health intervention; nutrition counseling; HIV; arthritis; brain health; diabetes; falls prevention; substance-abuse screening and intervention; family caregiver psychosocial counseling and self-care educational support; care transition intervention; depression; and chronic pain.

**CFDA Number:** 93.043 Special Programs for the Aging, Title III, Part D, Disease Prevention and Health Promotion Services

**Authorization:** Older Americans Act of 1965, Title III, Parts A and F, Public Law 89-73, as amended; Public Law 90-42, 81 Stat. 106; Public Law 91-69, 83 Stat. 108; Public Law 93-29, 87 Stat. 30; Public Law 93-351, 88 Stat. 357; Public Law 94-135, 89 Stat. 713; Public Law 95-65, 91 Stat. 269; Public Law 95-478, 92 Stat. 1513; Public Law 97- 115, 95 Stat. 1595; Public Law 98-459, 98 Stat. 1767; Public Law 100- 175, 101 Stat. 926; Section 705, Public Laws 100-628, 102-375, and 106-501, 42 U.S.C. 3022-3030(M).

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (128,845)	\$ (404,161)	\$ -
Federal Grant Operating	440100	\$ 138,940	\$ 624,161	\$ 220,000
		\$ 10,095	\$ 220,000	\$ 220,000

NARRATIVE INFORMATION – DA 405  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimates  
SUBPROGRAM TITLE:

**3287-3090 (SSC6) American Rescue Plan (ARP) for OAA Title III-B – Supportive Services**

**Purpose:** In collaboration with local Area Agencies on Aging (AAAs), OAA Title III B Supportive Services Program provides a variety of services to address functional limitations, maintain health and independence, and promote access to services of older adults and caregivers in the community. This formula grant award is issued under the authority of the American Rescue Plan (ARP) Act, P.L. 117-2 for activities authorized under Title III Part B of the Older Americans Act of 1965, as amended through P.L. 116-131, enacted March 25, 2020.

**CFDA Number:** 93.044

**Authorization:** P.L. 116-260 and P.L. 116-131 (OAA) and 42 U.S. Code Sec. 241 (PHS Act) // American Rescue Plan Act (ARPA) P.L. 117-2

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (259,498)	\$ (1,726,919)	\$ -
Federal Grant Operating	440100	\$ 1,301,377	\$ 1,726,919	\$ -
		\$ 1,041,879	\$ -	\$ -

**3287-3280 Older Americans Act-II B Supportive Services–III B**

**Purpose:** Title III-B Supportive services include special provisions for "Frail Older Americans" and their caregivers. These programs are designed to assist individuals who are unable to perform at least two activities of daily living (ADLs) without substantial human assistance. Services may include chore maintenance and the assistance of homemakers or home health aides. Notably, older Americans with Alzheimer's disease and related neurological disorders are specifically mentioned as intended beneficiaries.

**CFDA Number:** 93.044 Special Programs for the Aging, Title III, Part B Grants for Supportive Services and Senior Centers

**Authorization:** Older Americans Act of 1965, Title III, Parts A and B, Public Law 89-73, as amended; Public Law 90-42, 81 Stat. 106; Public Law 91-69, 83 Stat. 108; Public Law 93-29, 89 Stat. 301; Public Law 93-351, 88 Stat. 357; Public Law 94-135, 89 Stat 713; Public Law 95- 65, 91 Stat. 269; Public Law 95-478, 92 Stat. 1513; Public Law 97-115, 95 Stat. 1595; Public Law 98-459, 98 Stat. 1767; Public Law 100-175; Section 705, Public Law 100-628; 42 U.S.C. 3022-3030d; Public Law 106-501. Older Americans Act of 1965, Title III, Parts A and B, Public Law 89-73, as amended; Public Law 90-42, 81 Stat. 106; Public Law 91-69, 83 Stat. 108; Public Law 93-29, 89 Stat. 301; Public Law 93-351, 88 Stat. 357; Public Law 94-135, 89 Stat 713; Public Law 95- 65, 91 Stat. 269; Public Law 95-478, 92 Stat. 1513; Public Law 97-115, 95 Stat. 1595; Public Law 98-459, 98 Stat. 1767; Public Law 100-175; Section 705, Public Law 100-628; 42 U.S.C. 3022-3030d; Public Law 106-501.

NARRATIVE INFORMATION – DA 405  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimates  
SUBPROGRAM TITLE:

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (811,709)	\$ (2,172,055)	\$ -
Federal Grant Operating	440100	\$ 3,269,341	\$ 5,672,055	\$ 3,500,000
Recovery of Prior FY Expenditures	469010	\$ 53,861	\$ -	\$ -
Operating Transfer Out	766020	\$ -	\$ -	\$ -
		\$ 2,511,493	\$ 3,500,000	\$ 3,500,000

### 3287-3284 (STPH) Expanding the Public Health Workforce within the Aging Network for States

**Purpose:** To promote and protect the health of people and the communities where they live, learn, work, and play. The aging and disability networks funded by ACL play essential roles in that work. These networks are the nation’s visible and trusted infrastructure providing health and wellness education and information, counseling, case management, community services, and guidance related to health and social needs, as well as information on how to access those supports in every local community in the country.

**CFDA Number:** 93.044

**Authorization:** P.L. 117-2 and P.L. 116-131

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (75,193)	\$ (245,723)	\$ -
Federal Grant Operating	440100	\$ 454,927	\$ 245,723	\$ -
Operating Transfer Out	766020	\$ -	\$ -	\$ -
		\$ 379,734	\$ -	\$ -



NARRATIVE INFORMATION – DA 405  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimates  
SUBPROGRAM TITLE:

### 3288-3297 Administration on Aging Discretionary Grant - SMP

**Purpose:** To support the development and testing of innovative programs, services and systems of support that respond to the needs of the nation's growing elderly population, to improve knowledge of the problems and needs of the elderly, to help ensure adequately trained personnel in the field of aging, and to demonstrate better ways of improving the quality of life for the elderly, their caregivers, and people with disabilities.

**CFDA Number:** 93.048 Special Programs for the Aging Title IV and Title II Discretionary Projects

**Authorization:** Older Americans Act of 1965, Title IV, Public Law 89-73, 79 Stat. 218, as amended; Public Law 97-115, 95 Stat. 1595; Public Law 98-459, 98 Stat. 1767; Public Law 100-175; Public Law 100-628, 42 U.S.C. 3031-3037b; Public Law 102-375; Public Law 106-501.

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ 1,169	\$ (112,729)	\$ -
Federal Grant Operating	440100	\$ 444,307	\$ 708,512	\$ 598,170
Recovery of Prior FY Expenditures	469010	\$ -	\$ -	\$ -
Recovery of Current FY Expenditures	462110	\$ -	\$ -	\$ -
Other reimbursement and Refunds	462900	\$ -	\$ -	\$ -
Recovery of Prior FY Expenditures	469010	\$ -	\$ -	\$ -
Residual Transfers Out	766040	\$ -	\$ -	\$ -
		\$ 445,476	\$ 595,783	\$ 598,170

### 3289-3094 (FCC6) American Rescue Plan (ARP) OAA Title III-E Family Caregivers

**Purpose:** This formula grant award is issued under the authority of the American Rescue Plan (ARP) Act, P.L. 117-2 for activities authorized under Title III of the Older Americans Act of 1965, as amended through P.L. 116- 131, enacted March 25, 2020. OAA Title III-E Family Caregivers provides service to: (1) informal caregivers of older adults; and (2) older relative caregivers (who are 55 years of age and older), with primary caregiving responsibilities for a child or individuals with a disability.

**CFDA Number:** 93.052

**Authorization:** P.L. 117-2 under P.L. 116-131 (OAA)

NARRATIVE INFORMATION – DA 405  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimates  
SUBPROGRAM TITLE:

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (17,802)	\$ (620,496)	\$ -
Federal Grant Operating	440100	\$ 279,161	\$ 620,496	\$ -
		\$ 261,359	\$ -	\$ -

### 3289-3201 Older Americans Act-Caregiver – III E

**Purpose:** To assist States, Territories in providing multifaceted systems of support services for: (1) Family caregivers; and (2) grandparents or older individuals who are relative caregivers. Services to be provided include: information to caregivers about available services; assistance to caregivers in gaining access to the services; individual counseling, and caregiver training to caregivers to assist the caregivers in making decisions and solving problems relating to their caregiving roles; respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities; and supplemental services, on a limited basis, to complement the care provided by caregivers.

Older Americans Act requires both state and local match as follows:

Fund / Revenue Sources	Federal	State	Local
State Administrative Costs (Capped at 5% of the State's Title III award)	75%	25%	-
Area Agency on Aging Administration (Capped at 10% of the State's Title III award less State's Administrative Allotment)	75%	-	25%

**CFDA Number:** 93.052 National Family Caregiver Support, Title III, Part E

**Authorization:** Older Americans Act, as amended, Public Law 106- 501, Title III, Part E.

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (920,610)	\$ (1,421,482)	\$ -
Federal Grant Operating	440100	\$ 1,634,096	\$ 3,121,482	\$ 1,700,000
Recovery of Prior FY Expenditures	469010	\$ -	\$ -	\$ -
		\$ 713,486	\$ 1,700,000	\$ 1,700,000

NARRATIVE INFORMATION – DA 405  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimates  
SUBPROGRAM TITLE:

**3291-3305 Older Americans Act – Nutrition Fund – Nutrition Services Incentive Program (NSIP)**

**Purpose:** To reward effective performance by States and Tribes in the efficient delivery of nutritious meals to older adults using cash or commodities. NSIP was originally established by the OAA in 1974 as the Nutrition Program for the Elderly and administered by USDA. In 2003, Congress transferred the administration of NSIP from USDA to AOA. However, states and other entities may continue to receive all or part of their NSIP grants in the form of USDA commodities. Obligations for commodity procurement for NSIP are funded under an agreement between USDA and HHS.

Older Americans Act requires both state and local match as follows:

<b>Fund / Revenue Sources</b>	<b>Federal</b>	<b>State</b>	<b>Local</b>
State Administrative Costs (Capped at 5% of the State's Title III award)	75%	25%	-
Area Agency on Aging Administration (Capped at 10% of the State's Title III award less State's Administrative Allotment)	75%	-	25%
3291 Nutrition Services Incentive Program *	100%	-	-

**CFDA Number:** 93.053 Nutrition Services Incentive Program

**Authorization:** Older Americans Act of 1965, as amended, Section 311, 42 U.S.C. 303a, Section 604, 42 U.S.C. 3057.

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (1,051,827)	\$ (984,101)	\$ -
Federal Grant Operating	440100	\$ 2,522,184	\$ 2,384,101	\$ 1,400,000
		\$ 1,470,357	\$ 1,400,000	\$ 1,400,000

NARRATIVE INFORMATION – DA 405  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimates  
SUBPROGRAM TITLE:

### 3301-0310 Block Grant for Prevention and Treatment of Substance Abuse (SAPTBG)

**Purpose:** The SABG program's objective is to provide financial assistance to States and Territories to support projects for the development and implementation of prevention, treatment and rehabilitation activities directed to the diseases of alcohol and drug abuse. SAPTBG is authorized by section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service (PHS) Act (PDF | 253 KB). The PHS Act required the secretary of the U.S. Department of Health and Human Services to create regulations as a precondition to making funds available to the states and other grantees under the SAPTBG.

**CFDA Number:** 93.959 Block Grants for Prevention and Treatment of Substance Abuse

**Authorization:** Public Health Service Act, Title XIX, Part B, Subpart II, as amended, Public Law 106-310; 42 U.S.C. 300x.

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (1,074,922)	\$ (4,530,913)	\$ -
Federal Grant Operating	440100	\$ 9,712,765	\$ 17,528,575	\$ 13,002,061
Recovery of Prior FY Expenditures	469010	\$ 24,699	\$ -	\$ -
		\$ 8,662,542	\$ 12,997,662	\$ 13,002,061

### 3301-0311 Substance Abuse for Prevention & Treatment Block Grant - COVID Supplement

**Purpose:** This Notice of Award (NoA) provides COVID emergency relief funding for the Substance Abuse Prevention and Treatment (SABG) Block Grant Program, in accordance with the Coronavirus Response and Relief Supplement Appropriations Act, 2021 [P.L. 116-260]. The awarded funds must be used for activities consistent with the SABG program requirements.

**CFDA Number:** 93.959

**Authorization:** Subparts II & III, B, Title XIX, PHS Act // 45 CFR Part 96 // Coronavirus Response and Relief Supplement Appropriations Act, 2021 [P.L. 116-260]

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (621,314)	\$ (16,479)	\$ -
Federal Grant Operating	440100	\$ 3,675,048	\$ 35,501	\$ 19,224
		\$ 3,053,734	\$ 19,022	\$ 19,224

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State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimates  
SUBPROGRAM TITLE:

**3301-0312 Substance Abuse for Prevention & Treatment Block Grant - COVID Supplement (ARPA)**

**Purpose:** This Notice of Award (NoA) provides American Rescue Plan Act (ARPA) Supplemental Funding for the Substance Abuse Prevention and Treatment (SABG) Block Grant Program, in accordance with H.R. 1319 - American Rescue Plan Act of 2021. The awarded funds must be used for activities consistent with the SABG program requirements.

**CFDA Number:** 93.959

**Authorization:** Subparts II & III, B, Title XIX, PHS Act // 45 CFR Part 96 // H.R. 1319 American Rescue Plan Act of 2021

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (1,051,395)	\$ (2,369,243)	\$ -
Federal Grant Operating	440100	\$ 2,806,824	\$ 6,458,956	\$ 4,090,348
		\$ 1,755,429	\$ 4,089,713	\$ 4,090,348

**3301-0313 Substance Abuse for Prevention & Treatment Block Grant - COVID Supplement (ARPA 2)**

**Purpose:** This Notice of Award (NoA) provides American Rescue Plan Act (ARPA) Supplemental Funding for the Substance Abuse Prevention and Treatment (SABG) Block Grant Program, in accordance with H.R. 1319 - American Rescue Plan Act of 2021. The awarded funds must be used for activities consistent with the SABG program requirements. This funding is available to expand dedicated testing and mitigation resources for people with mental health and substance use disorders. These funds will provide resources and flexibility for states to prevent, prepare for, and respond to the coronavirus disease 2019 (COVID-19) public health emergency and ensure the continuity of services to support individuals connected to the behavioral health system.

**CFDA Number:** 93.959

**Authorization:** Subparts II & III, B, Title XIX, PHS Act // 45 CFR Part 96 // H.R. 1319 American Rescue Plan Act of 2021

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (11,955)	\$ (116,342)	\$ -
Federal Grant Operating	440100	\$ 55,313	\$ 231,342	\$ 115,000
		\$ 43,358	\$ 115,000	\$ 115,000

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AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimates  
SUBPROGRAM TITLE:

### 3307-3371 Social Services Block Grant (SSBG) – Senior Care Act (SCA)

**Purpose:** To enable each State to furnish social services best suited to the needs of the individuals residing in the State. The federal block grant funds may be used to provide services directed toward one of the following five goals specified in the law: (1) To prevent, reduce, or eliminate dependency; (2) to achieve or maintain self-sufficiency; (3) to prevent neglect, abuse, or exploitation of children and adults; (4) to prevent or reduce inappropriate institutional care; and (5) to secure admission or referral for institutional care when other forms of care are not appropriate.

**Transfer:** Transferred in from Department for Children and Family

**CFDA Number:** 93.667 Social Services Block Grant

**Authorization:** Social Security Act, Title XX, as amended; Omnibus Budget Reconciliation Act of 1981, as amended, Public Law 97-35; Jobs Training Bill, Public Law 98-8 and 473; Medicaid and Medicare Patient and Program Act of 1987; Omnibus Budget Reconciliation Act of 1987, Public Law 100-203; Family Support Act of 1998, Public Law 100-485; Omnibus Budget Reconciliation Act of 1993, Public Law 106-66, 42 U.S.C 1397 ET seq.

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ 41,339	\$ 41,339	\$ -
Federal Subgrant Transfer In	766050	\$ 4,500,000	\$ 4,458,661	\$ 4,500,000
		\$ 4,541,339	\$ 4,500,000	\$ 4,500,000

### 3310-0460 Mental Health Block Grant

**Purpose:** To provide financial assistance to States and Territories to enable them to carry out the State's plan for providing comprehensive community mental health services to adults with a serious mental illness and to children with a serious emotional disturbance; monitor the progress in implementing a comprehensive community based mental health system; provide technical assistance to States and the Mental Health Planning Council that will assist the States in planning and implementing a comprehensive community based mental health system.

**CFDA Number:** 93.958 Block Grants for Community Mental Health Services

**Authorization:** Public Health Service Act, Title XIX, Part B, Subpart I, as amended, Public Law 106-310; 42 U.S.C. 300X.

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Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimates  
SUBPROGRAM TITLE:

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (698,273)	\$ (601,083)	\$ -
Federal Grant Operating	440100	\$ 7,927,494	\$ 8,525,348	\$ 7,928,116
Recovery of Prior FY Expenditures	469010	\$ -	\$ -	\$ -
		\$ 7,229,221	\$ 7,924,265	\$ 7,928,116

### 3310-0461 CRRSA Mental Health Block Grant (CARES)

**Purpose:** This Notice of Award (NoA) provides COVID emergency relief funding for the Community Mental Health Services (MHBG) Block Grant Program, in accordance with the Coronavirus Response and Relief Supplement Appropriations Act, 2021 [P.L. 116-260]. The awarded funds must be used for activities consistent with the MHBG program requirements.

**CFDA Number:** 93.958

**Authorization:** Subparts I & III, B, Title XIX, PHS Act // 45 CFR Part 96 // Coronavirus Response and Relief Supplement Appropriations Act, 2021 [P.L. 116-260]

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (124,999)	\$ (1,280,844)	\$ -
Federal Grant Operating	440100	\$ 1,200,462	\$ 2,783,025	\$ 1,502,214
		\$ 1,075,463	\$ 1,502,181	\$ 1,502,214

### 3310-0462 CSS Mental Health Block Grant (CARES ARPA)

**Purpose:** This Notice of Award (NoA) provides American Rescue Plan Act of 2021 (ARPA) funding for the Community Health Services (MHBG) Block Grant Program, in accordance with H.R. 1319 – American Rescue Plan Act of 2021 the ARPA Act, 2021 (P.L. 117-2). The awarded funds must be used for activities consistent with the MHBG program requirements.

**CFDA Number:** 93.958

**Authorization:** Subparts I & III, B, Title XIX, PHS Act // 45 CFR Part 96 // American Rescue Plan Act of 2021 [P.L. 117-2]

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AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimates  
SUBPROGRAM TITLE:

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (1,840,170)	\$ (2,392,480)	\$ -
Federal Grant Operating	440100	\$ 2,970,494	\$ 5,442,292	\$ 3,050,356
		\$ 1,130,324	\$ 3,049,812	\$ 3,050,356

### 3310-0463 CSS Mental Health Block Grant (CARES ARPA 2)

**Purpose:** This Notice of Award (NoA) provides American Rescue Plan Act of 2021 (ARPA) funding for the Community Health Services (MHBG) Block Grant Program, in accordance with H.R. 1319 – American Rescue Plan Act of 2021 the ARPA Act, 2021 (P.L. 117-2). The awarded funds must be used for activities consistent with the MHBG program requirements. This funding is available to expand dedicated testing and mitigation resources for people with mental health and substance use disorders. These funds will provide resources and flexibility for states to prevent, prepare for, and respond to the coronavirus disease 2019 (COVID-19) public health emergency and ensure the continuity of services to support individuals connected to the behavioral health system.

**CFDA Number:** 93.958

**Authorization:** Subparts I & III, B, Title XIX, PHS Act // 45 CFR Part 96 // American Rescue Plan Act of 2021 [P.L. 117-2]

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ 39,730	\$ (34,000)	\$ -
Federal Grant Operating	440100	\$ (38,826)	\$ 384,000	\$ 350,000
Recovery of Prior FY Expenditures	469010	\$ -	\$ -	\$ -
		\$ 904	\$ 350,000	\$ 350,000



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AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimates  
SUBPROGRAM TITLE:

### 3310-0465 BSCA Mental Health

**Purpose:** To develop a mental health emergency preparedness and response plan, establish a state behavioral health team, establish a crisis response team, enhance crisis/mental health emergency services for youth, and develop services to be provided to communities after a mass shooting.

**CFDA Number:** 93.958 Block Grants for Community Mental Health Services

**Authorization:** Subparts I & III, B, Title XIX, PHS Act/45 CFR Part96

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ -	\$ (87,499)	\$ -
Federal Grant Operating	440100	\$ 2,643	\$ 587,499	\$ 500,000
Recovery of Prior FY Expenditures	469010	\$ -	\$ -	\$ -
		\$ 2,643	\$ 500,000	\$ 500,000

### 3347-4316 Projects for Assistance in Transition from Homelessness (PATH) Block Grant

**Purpose:** To provide financial assistance to States to support services for individuals who are suffering from serious mental illness or serious mental illness and substance abuse; and are homeless or at imminent risk of becoming homeless. Programs and activities include: (1) Outreach services; (2) screening and diagnostic treatment services; (3) habilitation and rehabilitation services; (4) community mental health services; (5) alcohol or drug treatment services; (6) staff training; (7) case management services; (8) supportive and supervisory services in residential settings; (9) referrals for primary health services, job training, educational services, and relevant housing services; and (10) prescribed set of housing services.

**CFDA Number:** 93.150 Projects for Assistance in Transition from Homelessness (PATH)

**Authorization:** Public Health Service Act, Title V, Part C, Section 521, as amended, 42 U.S.C 290cc-21 et seq; Stewart B. McKinney Homeless Assistance Amendments Act of 1990, Public Law 101-645; re-authorized by Section 9004 of 21<sup>st</sup> Century Cures Act (P.L. 114-255).

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (214,781)	\$ (96,642)	\$ -
Federal Grant Operating	440100	\$ 443,035	\$ 471,904	\$ 375,326
		\$ 228,254	\$ 375,262	\$ 375,326

NARRATIVE INFORMATION – DA 405  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimates  
SUBPROGRAM TITLE:

### 3358-3072 Older Americans Act Title VII Ombudsman

**Purpose:** The principal role of this Ombudsman Program is to investigate and resolve complaints made by or on behalf of residents of nursing homes or other long-term care facilities. Ombudsmen also promote policies and practices needed to improve the quality of care and life in long-term care facilities and educate both consumers and providers about residents' rights and good care practices. No match is required for this grant.

**CFDA Number:** 93.042 Special Programs for the Aging Title VII, Chapter 2\_Long Term Care Ombudsman Services for Older Individuals  
**Authorization:** Older Americans Act of 1965, as amended, Section 702 (a).

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (1,856)	\$ -	\$ -
Federal Grant Operating	440100	\$ 1,856	\$ -	\$ -
Operating Transfer Out	766020	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -

### 3376-3377 Traumatic Brain Injury (TBI) 2 (August 2021 – May 2026)

**Purpose:** The TBI State Partnership Grant Program provides funding to help states increase access to services and supports for individuals with TBI throughout the lifetime. This grant program is one component of the federal TBI Program, along with Protection & Advocacy, which is expected to:

- Help states expand and improve state and local capability so individuals with TBI and their families have better access to comprehensive and coordinated services.
- Generate support from local and private sources for sustainability of funded projects after federal support terminates. This is done through state legislative, regulatory, or policy changes that promote the integration of TBI-related services into state service delivery systems.
- Encourage systems change activities so that individual states can 1) evaluate their current structures and policies and 2) improve their systems as needed to better meet the needs of individuals with TBI and their families.

States must address four barriers to needed services by:

- Screening to identify individuals with TBI
- Building a trained TBI workforce by providing professional training

FY2025 – FY2026

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Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimates  
SUBPROGRAM TITLE:

- Providing information about TBI to families and referrals to appropriate service providers
- Facilitating access to needed services through resource facilitation

State Partnership Grants (SPGs) cannot be used to support primary injury prevention initiatives, research initiatives, or the provision of direct services. Funds may be used, however, to educate the public about the causes, symptoms, and treatment of TBI.

**CFDA Number:** 93.234 Traumatic Brain Injury State Demonstration Grant Program

**Authorization:** The current authorizing legislation is the Traumatic Brain Injury Program Reauthorization Act of 2018 (P.L 115-377); (42 U.S.C. 300d–52). It raised the authorization levels for the TBI State Partnership Program and TBI P&A and officially designates ACL as the administering agency for both programs. Also, the new provision for partners at the Centers for Disease Control will allow them to implement and analyze concussion prevalence and incidence data, filling a longstanding data gap that will bolster all TBI programs.

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (11,994)	\$ (68,108)	\$ -
Federal Grant Operating	440100	\$ 222,608	\$ 345,356	\$ 277,338
		\$ 210,614	\$ 277,248	\$ 277,338

### 3402-3061 Older Americans Act - Elder Abuse Prevention

**Purpose:** To support activities to develop, strengthen, and carry out programs for the prevention, detection, assessment, and treatment of, intervention in, investigation of, and response to elder abuse, neglect, and exploitation (including financial exploitation).

**CFDA Number:** 93.041 Special Programs for the Aging Title VII, Chapter 3 \_Programs for Prevention of Elder Abuse, Neglect, and Exploitation

**Authorization:** Older Americans Act, Title 7, Section 721.

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (5,460)	\$ (41,885)	\$ -
Federal Grant Operating	440100	\$ 34,260	\$ 87,570	\$ 45,685
		\$ 28,800	\$ 45,685	\$ 45,685

NARRATIVE INFORMATION – DA 405  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimates  
SUBPROGRAM TITLE:

**3408-3465 CMS Demonstration Grant – Medicare Improvements for Patients and Providers Act (MIPPPA) – State Health Insurance Assistance Program (SHIP)/Senior Health Insurance Counseling for Kansas (SHICK)**

**Purpose:** The Centers for Medicare & Medicaid Services (CMS) conducts research, demonstrations, and evaluations in support of CMS' key role as a beneficiary-centered purchaser of high-quality health care at a reasonable cost. These grants are awarded in the form of research grants and cooperative agreements; Hispanic health services grants; historically, black colleges and university grants. For fiscal years 2010 and 2011, CMS research, demonstrations and evaluations will focus on expanding agency efforts to improve the efficiency of payment, delivery, access, and quality of our health care programs that serve millions of beneficiaries.

**CFDA Number:** 93.779 Centers for Medicare and Medicaid Services (CMS) Research, Demonstrations and Evaluations

**Authorization:** Social Security Act, Title XI, Sections 1110 and 1115; 42 U.S.C. 1310 and 1315(a); Title XVIII, Section 1875; 42 U.S.C. 1395 and 42 U.S.C. 1881 (f); Section 402, Public Law 90-248, as amended; Section 222, Public Law 92-603.

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (410,322)	\$ (367,131)	\$ -
Federal Grant Operating	440100	\$ 540,055	\$ 866,876	\$ 500,696
Recovery of Current FY Expenditures	462110	\$ -	\$ -	\$ -
Other Reimbursements and Refunds	462900	\$ -	\$ -	\$ -
Recovery of Prior FY Expenditures	469010	\$ -	\$ -	\$ -
		\$ 129,733	\$ 499,745	\$ 500,696

NARRATIVE INFORMATION – DA 405  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimates  
SUBPROGRAM TITLE:

### 3414-XXXX MEDICAL

**Purpose:** To provide financial assistance to States for payments of medical assistance on behalf of cash assistance recipients, children, pregnant women, and the aged who meet income and resource requirements, and other categorically eligible groups. In certain States that elect to provide such coverage, medically needy persons, who, except for income and resources, would be eligible for cash assistance, may be eligible for medical assistance payments under this program. Financial assistance is provided to States to pay for Medicare premiums, copayments and deductibles of qualified Medicare beneficiaries meeting certain income requirements. More limited financial assistance is available for certain Medicare beneficiaries with higher incomes. The Kansas Department of Health and Environment is the Single State Medicaid Agency. They pass through Medicaid funds to JJA, DCF, and KDADS medical services each agency provides or purchases.

**CFDA Number:** 93.778 Medical Assistance Program

**Authorization:** Social Security Act, Title XIX, as amended; Public Laws 89-97, 90-248, and 91-56; 42 U.S.C. 1396 et seq., as amended; Public Law 92-223; Public Law 92-603; Public Law 93-66; Public Law 93-233; Public Law 96-499; Public Law 97-35; Public Law 97-248; Public Law 98-369; Public Law 99-272; Public Law 99-509; Public Law 100-93; Public Law 100-202; Public Law 100-203; Public Law 100-360; Public Law 100-436; Public Law 100-485; Public Law 100-647; Public Law 101-166; Public Law 101-234; Public Law 101-239; Public Law 101-508; Public Law 101-517; Public Law 102-234; Public Law 102-170; Public Law 102-394; Public Law 103-66; Public Law 103-112; Public Law 103-333; Public Law 104-91; Public Law 104-191; Public Law 104-193; Public Law 104-208, 104-134; Balanced Budget Act of 1997, Public Law 105-33; Public Law 106-113; Public Law 106-554; Public Law 108-27; Public Law 108-173; Public Law 109-91; Public Law 109-171; Public Law 109-432; Public Law 110-28; Public Law 110-161; Public Law 111-3; Public Law 111-5; Public Law 111-8; Public Law 111-31; Public Law 111-68; Public Law 111-88; Public Law 111-117; Public Law 111-118; Public Law 111-148; Public Law 111-150; Public Law 111-150; Public Law 111-152; Public Law 111-309, Public Law 112-10, Public Law 112-33, Public Law 112-36, Public Law 112-55, Public Law 112-74.

NARRATIVE INFORMATION – DA 405  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimates  
SUBPROGRAM TITLE:

### 3414-3450 Medical Administration CARE

**Purpose:** To provide financial assistance to States for payments of medical assistance on behalf of cash assistance recipients, children, pregnant women, and the aged who meet income and resource requirements, and other categorically eligible groups. In certain States that elect to provide such coverage, medically needy persons, who, except for income and resources, would be eligible for cash assistance, may be eligible for medical assistance payments under this program. Financial assistance is provided to States to pay for Medicare premiums, copayments and deductibles of qualified Medicare beneficiaries meeting certain income requirements. More limited financial assistance is available for certain Medicare beneficiaries with higher incomes. The Kansas Department of Health and Environment is the Single State Medicaid Agency. They pass through Medicaid funds to JJA, DCF, and KDADS medical services each agency provides or purchases.

**CFDA Number:** 93.778 Medical Assistance Program

	<b>FMAP</b>	<b>State Rate</b>
<b>FY2020</b>	75.00%	25.00%
<b>FY2021</b>	75.00%	25.00%
<b>FY2022</b>	75.00%	25.00%
<b>FY2023</b>	75.00%	25.00%
<b>FY2024</b>	75.00%	25.00%
<b>FY2025</b>	75.00%	25.00%
<b>FY2026</b>	75.00%	25.00%

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (96,708)	\$ (107,126)	\$ -
Federal Grant Operating	440100	\$ -	\$ 664,715	\$ 562,851
Recovery of Current FY Expenditures	462110	\$ -	\$ -	\$ -
Other Reimbursements and Refunds	462900	\$ -	\$ -	\$ -
Recovery of Prior FY Expenditures	469010	\$ -	\$ -	\$ -
Federal Subgrant Transfer In	766050	\$ 413,120	\$ -	\$ -
		\$ 316,412	\$ 557,589	\$ 562,851

NARRATIVE INFORMATION – DA 405  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimates  
SUBPROGRAM TITLE:

### 3414-3451 Medical CARE AAA Assessments

**Purpose:** To provide financial assistance to States for payments of medical assistance on behalf of cash assistance recipients, children, pregnant women, and the aged who meet income and resource requirements, and other categorically eligible groups. In certain States that elect to provide such coverage, medically needy persons, who, except for income and resources, would be eligible for cash assistance, may be eligible for medical assistance payments under this program. Financial assistance is provided to States to pay for Medicare premiums, copayments and deductibles of qualified Medicare beneficiaries meeting certain income requirements. More limited financial assistance is available for certain Medicare beneficiaries with higher incomes. The Kansas Department of Health and Environment is the Single State Medicaid Agency. They pass through Medicaid funds to JJA, DCF, and KDADS medical services each agency provides or purchases.

**CFDA Number:** 93.778 Medical Assistance Program

	<b>FMAP</b>	<b>State Rate</b>
<b>FY2020</b>	75.00%	25.00%
<b>FY2021</b>	75.00%	25.00%
<b>FY2022</b>	75.00%	25.00%
<b>FY2023</b>	75.00%	25.00%
<b>FY2024</b>	75.00%	25.00%
<b>FY2025</b>	75.00%	25.00%
<b>FY2026</b>	75.00%	25.00%

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (2,130,179)	\$ (2,913,877)	\$ -
Other Reimbursements and Refunds	462900	\$ -	\$ -	\$ -
Federal Subgrant Transfer In	766050	\$ 1,535,737	\$ 2,913,877	\$ -
		\$ (594,442)	\$ -	\$ -

NARRATIVE INFORMATION – DA 405  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimates  
SUBPROGRAM TITLE:

### 3414-3452 Medical CARE Level II

**Purpose:** To provide financial assistance to States for payments of medical assistance on behalf of cash assistance recipients, children, pregnant women, and the aged who meet income and resource requirements, and other categorically eligible groups. In certain States that elect to provide such coverage, medically needy persons, who, except for income and resources, would be eligible for cash assistance, may be eligible for medical assistance payments under this program. Financial assistance is provided to States to pay for Medicare premiums, copayments and deductibles of qualified Medicare beneficiaries meeting certain income requirements. More limited financial assistance is available for certain Medicare beneficiaries with higher incomes. The Kansas Department of Health and Environment is the Single State Medicaid Agency. They pass through Medicaid funds to JJA, DCF, and KDADS medical services each agency provides or purchases.

**CFDA Number:** 93.778 Medical Assistance Program

	<b>FMAP</b>	<b>State Rate</b>
<b>FY2020</b>	75.00%	25.00%
<b>FY2021</b>	75.00%	25.00%
<b>FY2022</b>	75.00%	25.00%
<b>FY2023</b>	75.00%	25.00%
<b>FY2024</b>	75.00%	25.00%
<b>FY2025</b>	75.00%	25.00%
<b>FY2026</b>	75.00%	25.00%

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (348,099)	\$ (496,824)	\$ -
Federal Subgrant Transfer In	766050	\$ 226,275	\$ 496,824	\$ -
		\$ (121,824)	\$ -	\$ -



NARRATIVE INFORMATION – DA 405  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimates  
SUBPROGRAM TITLE:

### 3414-3453 Medical Administration Federal Funds

**Purpose:** To provide financial assistance to States for payments of medical assistance on behalf of cash assistance recipients, children, pregnant women, and the aged who meet income and resource requirements, and other categorically eligible groups. In certain States that elect to provide such coverage, medically needy persons, who, except for income and resources, would be eligible for cash assistance, may be eligible for medical assistance payments under this program. Financial assistance is provided to States to pay for Medicare premiums, copayments and deductibles of qualified Medicare beneficiaries meeting certain income requirements. More limited financial assistance is available for certain Medicare beneficiaries with higher incomes. The Kansas Department of Health and Environment is the Single State Medicaid Agency. They pass through Medicaid funds to JJA, DCF, and KDADS medical services each agency provides or purchases.

**CFDA Number:** 93.778 Medical Assistance Program

**Authorization:** Social Security Act, Title XIX, as amended; Public Laws 89-97, 90-248, and 91-56, 42 U.S.C. 1396, et – 42 CFR parts 430 through 456, 1002, 1007 seq., as amended; Public Laws 92-223, 92-603, 93-66, 93-233, 96-499, 97-35, 97-248, 98-369, 99-272, 99-509, 100-93, 100-202, 100-203, 100-360, 100-436, 100-485, 100-647, 101-166, 101-234, 101-239, 101-508, 101-517, 102-234, 102-170, 102-394, 103-66, 103-112, 103-333, 104-91, 104-191, 104-193, 104-208 and 104-134; Balanced Budget Act of 1997, Public Law 105-33.

**FMAP State Rate**  
**FY2020** 50.00% 50.00%  
**FY2021** 50.00% 50.00%  
**FY2022** 50.00% 50.00%  
**FY2023** 50.00% 50.00%  
**FY2024** 50.00% 50.00%  
**FY2025** 50.00% 50.00%  
**FY2026** 50.00% 50.00%

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (1,873,049)	\$ (2,944,788)	\$ -
Federal Grant Operating	440100	\$ -	\$ -	\$ -
License Personal Services	421100	\$ -	\$ -	\$ -
Other Service Charges	420990	\$ 1,701	\$ -	\$ -
Other Miscellaneous Revenues	459090	\$ -	\$ -	\$ -
Recovery of Current FY Expenditures	462110	\$ -	\$ -	\$ -
Refunds	462740	\$ -	\$ -	\$ -
Other Reimbursements & Refunds	462900	\$ -	\$ -	\$ -
Recovery of Prior FY Expenditures	469010	\$ 199,711	\$ -	\$ -
Operating Transfers In	766010	\$ -	\$ -	\$ -
Operating Transfers Out	766020	\$ -	\$ -	\$ -
Federal Subgrant Transfer In	766050	\$ 11,848,605	\$ 24,466,802	\$ 21,653,545
		\$ 10,176,968	\$ 21,522,014	\$ 21,653,545

FY2025 – FY2026

**NARRATIVE INFORMATION**

Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimate  
SUBPROGRAM TITLE:

**3414-3458 Medical Assistance Federal Funds Nursing Facilities**

**Purpose:** To provide financial assistance to States for payments of medical assistance on behalf of cash assistance recipients, children, pregnant women, and the aged who meet income and resource requirements, and other categorically eligible groups. In certain States that elect to provide such coverage, medically needy persons, who, except for income and resources, would be eligible for cash assistance, may be eligible for medical assistance payments under this program. Financial assistance is provided to States to pay for Medicare premiums, copayments and deductibles of qualified Medicare beneficiaries meeting certain income requirements. More limited financial assistance is available for certain Medicare beneficiaries with higher incomes. The Kansas Department of Health and Environment is the Single State Medicaid Agency. They pass through Medicaid funds to JJA, DCF, and KDADS medical services each agency provides or purchases.

**CFDA Number:** 93.778 Medical Assistance Program

**Authorization:** Social Security Act, Title XIX, as amended; Public Laws 89-97, 90-248, and 91-56, 42 U.S.C. 1396, et – 42 CFR parts 430 through 456, 1002, 1007 seq., as amended; Public Laws 92-223, 92-603, 93-66, 93-233, 96-499, 97-35, 97-248, 98-369, 99-272, 99-509, 100-93, 100-202, 100-203, 100-360, 100-436, 100-485, 100-647, 101-166, 101-234, 101-239, 101-508, 101-517, 102-234, 102-170, 102-394, 103-66, 103-112, 103-333, 104-91, 104-191, 104-193, 104-208 and 104-134; Balanced Budget Act of 1997, Public Law 105-33.

	<b>Blended FMAP</b>	<b>State Rate</b>
FY2019	56.51%	43.49%
FY2020	61.75%	38.26%
FY2021	65.75%	34.25%
FY2022	66.24%	33.76%
FY2023	65.76%	34.24%
FY2024	67.61%	38.33%
FY2025	61.65%	38.36%
FY2026	61.85%	38.15%

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ 248,667	\$ 430,068	\$ (44,795,668)
Other Reimb and Refunds	462900	\$ 8,958	\$ -	\$ -
Recovery of Prior FY Expenditures	469010	\$ 613,564	\$ -	\$ -
Federal Subgrant Transfer In	766050	\$ 1,510,255,426	\$ 1,758,379,471	\$ 1,729,959,889
		\$ 1,511,126,615	\$ 1,758,809,539	\$ 1,685,164,221

**NARRATIVE INFORMATION**

Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimate  
SUBPROGRAM TITLE:

**3425-XXXX Older Americans Act**

**Purpose:** To provide grants to States to support nutrition services including nutritious meals, nutrition education and other appropriate nutrition services for older Americans to maintain health, independence, and quality of life. Meals may be served in a congregate setting or delivered to the home, if the older Individual is homebound. The state purpose for Title III is to encourage state and area agencies on aging to concentrate resources to develop greater capacity and foster the development and implementation of comprehensive and coordinated systems to serve individuals aged 60 or older. Formula grants are awarded to states based on each state's percent of the U. S. population age 60 and older. States are required to establish an Intrastate Funding Formula, approved by the Administration on Aging, for allocating pass-through grants to area agencies on aging.

Older Americans Act requires both state and local match as follows:

<b>Fund / Revenue Sources</b>	<b>Federal</b>	<b>State</b>	<b>Local</b>
State Administrative Costs (Capped at 5% of the State's Title III award)	75%	25%	-
Area Agency on Aging Administration (Capped at 10% of the State's Title III award less State's Administrative Allotment)	75%	-	25%
3425 Title III Part C Nutrition Services	85%	5%	10%

**CFDA Number:** 93.045 Special Programs for the Aging, Title III, Part C., Nutrition Services

**Authorization:** Older Americans Act of 1965, Parts A and C, Public Law 89-73, as amended; Public Law 90-42, 81 Stat. 106; Public Law 91-69, 85 Stat. 108; Public Law 92-258, 86 Stat. 88; Public Law 93-87 Stat. 301; Public law 93-351, 88 Stat. 357; Public law 94-135, 89; Stat. 713; Public Law 95-65, 91 Stat. 269; Public law 95-478, 92 Stat. 513; Public law 97-115, 95 Stat. 1595; Public Law 98-459, 98 Stat. 1767; Title III, Part C, Public Law 100-175; Public Law 100-628; 42 U.S.C. 3030e-3030g; Public Law 102-375; Public 106-501.

OAA Reauthorization Act, S. 192, Public Law 114-144

**3425-3091 (CMC6) American Rescue Plan (ARP) for OAA Title III-C1 – Congregate Meals**

FY2025 – FY2026

**NARRATIVE INFORMATION**

Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimate  
SUBPROGRAM TITLE:

**Purpose:** The Congregate Nutrition Services section of the OAA authorizes meals and related nutrition services in congregate settings, which help to keep older Americans healthy and prevent the need for more costly medical interventions. In addition to serving healthy meals, the program presents opportunities for social engagement, information on healthy aging, and meaningful volunteer roles, all of which contribute to an older individual's overall health and well-being. The Congregate Nutrition program serves individuals aged 60 and older, and in some cases, their caregivers, spouses, and/or persons with disabilities. This one-time funding is to support preventing, preparing for, and responding to Coronavirus Disease 2019 (COVID-19).

**CFDA Number:** 93.045

**Authorization:** P.L. 117-2 under P.L. 116-131 (OAA); American Rescue Plan (ARP) Act, P.L. 117-2  
This formula grant award is issued under the authority of the American Rescue Plan (ARP) Act, P.L. 117-2 for activities authorized under Title III of the Older Americans Act of 1965, as amended through P.L. 116- 131, enacted March 25, 2020.

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (335,802)	\$ (1,511,080)	\$ -
Federal Grant Operating	440100	\$ 788,166	\$ 1,511,080	\$ -
		\$ 452,364	\$ -	\$ -

### 3425-3092 (HDC6) American Rescue Plan (ARP) for OAA Title III-C2 -Home Delivered Meals

**Purpose:** The Home-Delivered Nutrition Services of the OAA authorizes meals and related nutrition services for older individuals and their spouses of any age. Home-delivered meals are often the first in-home service that an older adult receives, and the program is a primary access point for other home- and community-based services. The program often serves frail, homebound, or isolated individuals who are age 60 and over, and in some cases, their caregivers, and/or persons with disabilities. This one-time funding is to support preventing, preparing for, and responding to Coronavirus Disease 2019 (COVID-19).

**CFDA Number:** 93.045

**Authorization:** P.L. 117-2 under P.L. 116-131 (OAA).  
This formula grant award is issued under the authority of the American Rescue Plan (ARP) Act, P.L. 117-2 for activities authorized under Title III of the Older Americans Act of 1965, as amended through P.L. 116- 131, enacted March 25, 2020.

**NARRATIVE INFORMATION**  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimate  
SUBPROGRAM TITLE:

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (270,004)	\$ (1,511,080)	\$ -
Federal Grant Operating	440100	\$ 1,161,286	\$ 1,511,080	\$ -
		\$ 891,282	\$ -	\$ -

**3425-3424 Older Americans Act-Congregate Meals-III C (1)**

**Purpose:** To provide grants to States to support nutrition services including nutritious meals, nutrition education and other appropriate nutrition services for older Americans to maintain health, independence, and quality of life. Meals may be served in a congregate setting or delivered to the home, if the older individual is homebound. The state purpose for Title III is to encourage state and area agencies on aging to concentrate resources to develop greater capacity and foster the development and implementation of comprehensive and coordinated systems to serve individuals aged 60 or older. Formula grants are awarded to states based on each state's percent of the U. S. population age 60 and older. States are required to establish an Intrastate Funding Formula, approved by the Administration on Aging, for allocating pass-through grants to area agencies on aging.

Older Americans Act requires both state and local match as follows:

Fund / Revenue Sources	Federal	State	Local
State Administrative Costs (Capped at 5% of the State's Title III award)	75%	25%	-
Area Agency on Aging Administration (Capped at 10% of the State's Title III award less State's Administrative Allotment)	75%	-	25%
3425 Title III Part C Nutrition Services	85%	5%	10%

**CFDA Number:** 93.045 Special Programs for the Aging, Title III, Part C., Nutrition Services

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (1,289,276)	\$ (2,454,818)	\$ -
Federal Grant Operating	440100	\$ 3,778,329	\$ 6,154,818	\$ 3,700,000
Recovery of Prior FY Exp	469010	\$ 27,766	\$ -	\$ -
Residual Transfers Out	766040	\$ -	\$ -	\$ -
		\$ 2,516,819	\$ 3,700,000	\$ 3,700,000

**3425-3434 Older Americans Act-Nutrition Program-III C**

**NARRATIVE INFORMATION**

Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimate  
SUBPROGRAM TITLE:

**Purpose:** To provide grants to States to support nutrition services including nutritious meals, nutrition education and other appropriate nutrition services for older Americans to maintain health, independence, and quality of life. Meals may be served in a congregate setting or delivered to the home, if the older individual is homebound. The state purpose for Title III is to encourage state and area agencies on aging to concentrate resources to develop greater capacity and foster the development and implementation of comprehensive and coordinated systems to serve individuals aged 60 or older. Formula grants are awarded to states based on each state's percent of the U. S. population age 60 and older. States are required to establish an Intrastate Funding Formula, approved by the Administration on Aging, for allocating pass-through grants to area agencies on aging.

Older Americans Act requires both state and local match as follows:

<b>Fund / Revenue Sources</b>	<b>Federal</b>	<b>State</b>	<b>Local</b>
State Administrative Costs (Capped at 5% of the State's Title III award)	75%	25%	-
Area Agency on Aging Administration (Capped at 10% of the State's Title III award less State's Administrative Allotment)	75%	-	25%
3425 Title III Part C Nutrition Services	85%	5%	10%

**CFDA Number:** 93.045 Special Programs for the Aging, Title III, Part C., Nutrition Services

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (47,527)	\$ 67,977	\$ -
Motor Vehicle Registration	412700	\$ -	\$ -	\$ -
Other Service Charges	420900	\$ -	\$ -	\$ -
Federal Grant Operating	440100	\$ 661,024	\$ 530,396	\$ 603,524
Recovery of Current FY Expenditures	462110	\$ -	\$ -	\$ -
Other Reimbursements & Refunds	462900	\$ -	\$ -	\$ -
Recovery of Prior FY Expenditures	469010	\$ -	\$ -	\$ -
		\$ 613,497	\$ 598,373	\$ 603,524

NARRATIVE INFORMATION  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimate  
SUBPROGRAM TITLE:

**3425-3437 Older Americans Act-Home Delivered Meals-III C (2)**

**Purpose:** To provide grants to States to support nutrition services including nutritious meals, nutrition education and other appropriate nutrition services for older Americans to maintain health, independence, and quality of life. Meals may be served in a congregate setting or delivered to the home, if the older individual is homebound. The state purpose for Title III is to encourage state and area agencies on aging to concentrate resources to develop greater capacity and foster the development and implementation of comprehensive and coordinated systems to serve individuals aged 60 or older. Formula grants are awarded to states based on each state's percent of the U. S. population age 60 and older. States are required to establish an Intrastate Funding Formula, approved by the Administration on Aging, for allocating pass-through grants to area agencies on aging.

Older Americans Act requires both state and local match as follows:

Fund / Revenue Sources	Federal	State	Local
State Administrative Costs (Capped at 5% of the State's Title III award)	75%	25%	-
Area Agency on Aging Administration (Capped at 10% of the State's Title III award less State's Administrative Allotment)	75%	-	25%
3425 Title III Part C Nutrition Services	85%	5%	10%

**CFDA Number:** 93.045 Special Programs for the Aging, Title III, Part C., Nutrition Services

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (2,080,945)	\$ (2,643,330)	\$ -
Federal Grant Operating	440100	\$ 4,028,451	\$ -	\$ -
Recovery of Prior FY Expenditures	469010	\$ 81,247	\$ 6,143,330	\$ 3,500,000
		\$ 2,028,753	\$ 3,500,000	\$ 3,500,000

**3468-3306 AOA Medicare Enrollment - MIPPA-AAA**

FY2025 – FY2026

**NARRATIVE INFORMATION**

Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimate  
SUBPROGRAM TITLE:

**Purpose:** To provide outreach to eligible Medicare beneficiaries regarding the benefits available under title XVIII of the Social Security Act, including the Medicare prescription drug benefit under Part D of title XVIII of the Social Security Act and under the Medicare Savings Program, and to coordinate efforts to inform older Americans about benefits available under Federal and state programs.

**CFDA Number:** 93.071 Medicare Enrollment Assistance Program

**Authorization:** The statutory authority for grants under this program announcement is contained in XVIII of the Social Security Act and in Subsection (a)(1)(B) of section 119 of the Medicare Improvements for Patients and Providers Act of 2008, as amended by section 3306 of the Patient Protection and Affordable Care Act, section 610 of the American Taxpayer Relief Act of 2012, section 1110 of the Pathway for SGR Reform Act of 2013, and section 110 of the Protecting Access to Medicare Act of 2014, and section 208 of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (81,915)	\$ (32,441)	\$ -
Federal Grant Operating	440100	\$ 355,296	\$ 337,434	\$ 305,797
All Other Operating Grants	441010	\$ -	\$ -	\$ -
Recovery of Current FY Expenditures	462110	\$ -	\$ -	\$ -
Other Reimbursements and Refunds	462900	\$ -	\$ -	\$ -
Recovery of Prior FY Expenditures	469010	\$ -	\$ -	\$ -
		\$ 273,381	\$ 304,993	\$ 305,797

**3733-3101 Kansas Assisted Outpatient Treatment (AOT)**

FY2025 – FY2026



**NARRATIVE INFORMATION**

Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimate  
SUBPROGRAM TITLE:

**Purpose:** This is Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) Assisted Outpatient Treatment Grant Program for Individuals with Serious Mental Illness (Short title: Assisted Outpatient Treatment [AOT]). This four-year program is intended to implement and evaluate new AOT programs and identify evidence-based practices to reduce the incidence and duration of psychiatric hospitalization, homelessness, incarcerations, and interactions with the criminal justice system while improving the health and social outcomes of individuals with a serious mental illness (SMI). This program is designed to work with courts, to allow these individuals to obtain treatment while continuing to live in the community and their homes.

**CFDA Number:** 93.997

**Authorization:** Section 224 of PAMA  
This program was established by the Protecting Access to Medicare Act of 2014 (PAMA), Section 224, that was enacted into law on April 1, 2014. Within the Act, AOT is defined as “medically prescribed mental health treatment that a patient receives while living in a community under the terms of a law authorizing a state or local court to order such treatment.”

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (200,705)	\$ (415,405)	\$ -
Federal Grant Operating	440100	\$ 993,750	\$ 1,390,590	\$ 95,627
		\$ 793,045	\$ 975,185	\$ 95,627

### 3756-3536 American Rescue Plan (ARP) (SPARK)

**Purpose:** The Strengthening People and Revitalizing Kansas (SPARK) Executive Committee will oversee the distribution of the American Rescue Plan Act (ARPA) Funding, assisted by four advisory panels with additional members. The advisory panels are focused on four main topics: Health and Education, Economic Revitalization, Connectivity, and Efficiency and Modernization. The advisory panels recommend investments to the executive committee, and the executive committee then makes recommendations to the State Finance Council, which makes the final determination.

**NARRATIVE INFORMATION**  
Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimate  
SUBPROGRAM TITLE:

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ 67,707,465	\$ 88,315	\$ -
Lapses	40005	\$ -	\$ -	\$ -
Average Daily Balance Interest	430150	\$ 3,635,878	\$ -	\$ -
	469010	\$ -	\$ 86,685	\$ -
Fed Subgrant Transfer In	766050	\$ 21,330,518	\$ -	\$ -
Operating Transfer Out	766020	\$ -	\$ -	\$ -
Operations Transfer Out-Interest Allocation	766080	\$ (3,635,878)	\$ -	\$ -
		\$ 89,037,983	\$ 175,000	\$ -

**3887-3889 Drug and Alcohol Services Information System (DASIS)**

**Purpose:** The Drug and Alcohol Services Information System (DASIS) is the primary source of national information on the services available for substance abuse treatment and the characteristics of individuals admitted to treatment. DASIS contains three data sets which are maintained with the cooperation and support of the States:

- The Inventory of Behavioral Health Services (I-BHS), an electronic master list of all organized substance abuse treatment facilities known to the Substance Abuse and Mental Health Services Administration (SAMHSA),
- The National Survey of Substance Abuse Treatment Services (N-SSATS), an annual survey of the treatment providers on the I-BHS; and
- The Treatment Episode Data Set (TEDS), a national database containing a minimum data set of information about individuals admitted to and discharged from treatment (primarily by providers receiving public funding).

**CFDA Number:** 99.006

**Authorization:** Federal Discretionary Funding

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (40,489)	\$ 20,681	\$ 20,681
Federal Grant Operating	440100	\$ 50,384	\$ -	\$ -
		\$ 9,895	\$ 20,681	\$ 20,681

**NARRATIVE INFORMATION**

Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimate  
SUBPROGRAM TITLE:

**3887-3891 Behavioral Health Services Information System (BHSIS)**

**Purpose:** Section 505 of The Public Health Service Act (42.U.S.C. 290aa-4) requires the Secretary of Health and Human Services, acting through the Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA) to collect data. The Behavioral Health Services Information System was developed by SAMHSA to meet the statutory requirements for specific data collection.

The purpose of BHSIS (formerly known as DASIS) is the operation of an integrated statistical data system that provides information at National, State, and Local levels on the facilities and services available for Substance Abuse treatment and Mental Health treatment in the United States, and on the characteristics of clients admitted to such treatment facilities.

KDADS has a contractual agreement with Synectic's (contract administrator) to provide such data in return for federal compensation. These funds can be used for the salary of positions directly related to data collection and for costs supporting information technology involving the data collection.

**CFDA Number:** 99.006

**Authorization:** Federal Discretionary Funding

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ 1,305,324	\$ 1,442,687	\$ 1,442,687
Federal Grant Operating	440100	\$ 137,363	\$ -	\$ -
		\$ 1,442,687	\$ 1,442,687	\$ 1,442,687

**NARRATIVE INFORMATION**

Division of the Budget  
State of Kansas

AGENCY NAME: Kansas Department for Aging & Disability Services  
PROGRAM TITLE: Revenue Estimate  
SUBPROGRAM TITLE:

**3930-3930 KS CCBHC Planning Grant**

**Purpose:** The CCBHC Planning Grants Program, as authorized by Section 223 of the Protecting Access to Medicare Act (Public Law 113-93, 42 U.S.C. 1396a note) as amended in the Bipartisan Safer Communities Act, Section 11001 (Public Law 117-159).), includes funds to support states to develop and implement certification systems for CCBHCs, establish Prospective Payment Systems (PPS) for Medicaid reimbursable services, and prepare an application to participate in a four-year CCBHC Demonstration program.

**CFDA Number:** 93.829

**Authorization:** 223 Medicare Act PL113-93, amended BSCA Sec 11001 PL117-159

Description	Revenue Account	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Cash Forward	40007	\$ (4,030)	\$ (10,602)	\$ -
Federal Grant Operating	440100	\$ 646,633	\$ 245,549	\$ 219,909
		\$ 642,603	\$ 234,947	\$ 219,909

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August 26, 2024

Mr. Adam Proffitt, Director  
Division of the Budget  
Landon State Office Building  
900 SW Jackson – Room 504 North  
Topeka, KS 66612

Dear Mr. Proffitt:

Despite the challenges posed by today's competitive healthcare labor market, Adair Acute Care (AAC) continues to deliver high-quality patient care. AAC has successfully met the community's needs by offering social detoxification, care for voluntary patients, and treatment for involuntary patients. Over the past fiscal year, AAC has experienced an increase in the number of acute psychiatric patients, making safety the top priority for both patients and staff.

Recent Medicare Surveys of AAC have highlighted the need to adapt to the increasingly acute population. In response, we have introduced zone strategies to ensure staff are optimally positioned during crises, thereby reducing risk. Additionally, we have implemented new auditing procedures, including clinical reviews, to focus on patients whose potential for violence may pose risks to the treatment environment.

Ongoing construction projects will modernize the infrastructure needed for several departments. Mainly, the renovation of the Biddle Courtyard will boost the Recreation and Expressive Therapy Department's ability to provide an even higher standard of care by having more ways for patients to engage in enhancing their physical and mental well-being throughout their treatment. In addition, making all patient rooms private on AAC is a forward-thinking decision that aligns with best practices for treating high-acuity patients. It not only enhances the therapeutic environment but also supports better outcomes, safety, and patient satisfaction. Studies have shown that private rooms can lead to faster recovery times, potentially reducing the length of stay for patients, which is beneficial for both the patient and the facility's operational efficiency. Shared rooms can sometimes lead to conflicts or stress due to differing patient needs or behaviors. Private rooms eliminate this issue, reducing the likelihood of agitation or escalation in patients. The elimination of shared rooms will allow AAC to function at full capacity due to the elimination of having to separate patients due to conflicts.

East Biddle will have more group space available. Having more group rooms mean patients have more opportunities to engage in

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structured activities, such as art therapy, music therapy, or skill-building groups. This engagement can lead to improved mental health outcomes by promoting active participation in their treatment. With additional group rooms, the facility can offer a wider range of therapeutic activities simultaneously. This allows for a more personalized treatment approach, as different groups can be conducted at the same time, catering to various patient needs and preferences.

Having the courtyard instead of small concrete patios will also enhance patient care. Being confined indoors for extended periods can be challenging for patients. Access to an outdoor courtyard provides a change of scenery, which can alleviate feelings of restlessness and improve mood. The courtyard can be a gathering place for patients to socialize, participate in group activities, or engage in outdoor therapy sessions. Social interaction in a relaxed, natural setting can foster a sense of community and reduce feelings of isolation.

Efforts to retain staff as well as creating an enriching and supportive work environment continue with a partnership with the Kansas University Education Center to bring peer support to AAC. Bringing a peer support perspective to our staff will enhance patient care and staff outcomes. In the coming year, AAC hopes to provide more educational opportunities through providing Continuing Education credits to all licensed staff and install other initiatives for staff.

With all of this in mind, I am proud to submit the following for your review. I thank you on behalf of our patients and staff as we continue to serve those who cannot turn to anywhere else for urgent psychiatric care.

A handwritten signature in black ink, appearing to read 'Clint', with a long horizontal stroke extending to the right.

Clint Glidewell, LSCSW, LMAC, MBA  
CEO  
Adair Acute Care at  
Osawatomie State Hospital

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**AGENCY OVERVIEW:**

Abolitionist and Reverend Samuel Lyle Adair generously donated the land which would later become Osawatomie State Hospital (OSH). In honor of his legacy, Adair Acute Care (AAC) is named after him. AAC serves as a psychiatric facility primarily focused on providing inpatient treatment for mentally ill adults from 45 counties in eastern and central Kansas. As part of the continuum of mental health services, AAC plays a crucial role in stabilizing and rehabilitating individuals with severe mental illness who are unable or unwilling to access these services elsewhere. AAC is licensed alongside Osawatomie State Hospital under the supervision of KDADS, but AAC is also certified under the Centers for Medicare & Medicaid Services (CMS).

**ACCREDITATION AND CERTIFICATION:**

AAC operates as a free-standing hospital, situated on the Osawatomie State Hospital campus. Its licensing is overseen by the Kansas Department of Health and Environment (KDHE). KDHE conducts regular and unannounced surveys to assess adherence to relevant laws, regulations, and standards. Additionally, AAC holds certification from the Centers for Medicare and Medicaid Services (CMS). CMS conducts periodic surveys to ensure compliance with applicable laws, regulations, and standards.

**PROGRAMS ESTABLISHED TO ASSIST WITH AGENCY MISSION:**

AAC is organized for budgetary purposes into the following five programs. Some services are provided to AAC through a Memorandum of Understanding (MOU) with OSH:

- **General Administration Program** provides the overall administration and management of AAC. Included in General Administration is the CEO's office, the Chief Financial Officer, performance improvement and risk management. All other administration programs are provided through the MOU. These include accounting, accounts payable, billing and collections, budget, cashier and post office, contract management, credentialing, employee benefits, health information management, human resource management, patient accounts, purchasing, program assistants, information technology services, legal services, and recruitment.
- **Staff Development Program** provides staff education and development for AAC through the MOU.
- **Clinical Programs** provides inpatient services for people 18 years of age and older with severe mental illness. This program has 60 beds divided across two units. Treatment is provided on each unit, as well as, through a variety of activity therapy groups. Services within this program include activities therapy, admission, clinical therapy, direct care scheduling, infection control, nursing administration, nutrition services, peer support, psychology, unlicensed nursing, social work, and triage. Clinical Programs are provided to AAC through the MOU.

- **Medical Services** consists of psychiatric services, pharmacy, medical laboratory, x-ray, EKG-EEG and dental services, as well as outside medical services. Psychiatric coverage is provided twenty-four hours a day, throughout every day of the year with routine psychiatric and medical services being provided throughout the week.
- **Physical Plant and Central Services** operates the central heating plant, maintains buildings including electrical, cooling, carpentry, grounds maintenance, environment of care, laundry services and supplies for all programs, as well as property management that maintains oversight over the hospital assets, including capitalized assets. Physical plant and central services also include safety and security for AAC through the MOU.

**STATUTORY HISTORY:**

In 1863, the Kansas Legislature granted permission for the establishment of the "Osawatomie Insane Asylum" on a 160-acre site in Osawatomie, Kansas. The initial structure, known as "The Lodge," was completed by early 1866, a two-story house with room for 12 beds, costing \$500. Construction on the Main Building, designed according to the "Kirkbride Plan," began in 1866 and spanned 15 years, expanding its capacity to 1,400 beds with a total cost of \$500,000. Renamed the Osawatomie State Hospital (OSH) in 1901, it fell under the Department of Social and Rehabilitation Services (SRS) in 1973, which later became the Department of Children and Families (DCF) in 2012. This led to the formation of the Kansas Department for Aging and Disability Services (KDADS), currently responsible for overseeing the hospital.

In 1963, OSH became known as a rehabilitation center due to several newly added amenities to assist the patients with recovery which included a swimming pool, a modern gymnasium, and a well-equipped auditorium.

During 2015, OSH was the first hospital in the nation to be surveyed under the new CMS (Centers for Medicare and Medicaid Services) standards related to ligature free environments. OSH underwent numerous surveys by CMS during this time which resulted in terminating certification of the hospital on December 21, 2015, due to the inability to bring the entire campus up to the new conditions of participation. At that time, a moratorium was established in 2015 (K.S.A. 59-2968), limiting OSH to a maximum census of 145 patients which decreased the bed capacity by 61. This moratorium also limited OSH from admitting voluntary patients unless there was no one on the waiting list and the census was below 145.

As a response to the decertification, the hospital made improvements to the physical plant at Adair A-building. The environment was brought up to meet the new ligature free environment standards along with bringing, staffing levels up to standard and improving operational practices to correct the deficiencies cited by CMS. In August 2016, these two living units were functionally separated from



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the hospital to form Adair Acute Care (AAC). This is functionally considered a free-standing hospital with a maximum census of 60 patients. On December 15, 2017, AAC passed a CMS survey and became recertified.

A Memorandum of Understanding (MOU) was established between OSH and AAC, allowing AAC to outsource certain administrative, medical, clinical, physical plant and central service support services to OSH. These services are reported on a monthly, quarterly, and annual schedule. The quality of service is directly tied to the strategic plan developed by the agency.

**VISION:** The Right care, at the Right time, in the Right place

**AGENCY MISSION:** Working together to provide excellent care that promotes recovery and self-sufficiency.

**VALUES:** Compassion, Teamwork, Professionalism, Communication, Respect and Efficiency.

**PILLARS:**

People  
Quality  
Finance  
Service  
Community  
Growth

**PROGRAMS ESTABLISHED TO ASSIST WITH AGENCY MISSION:**

Administration  
Medical Services  
Clinical Services  
Physical Plant and Central Services

**FINANCIAL REQUEST:**

For FY 2025, AAC requests revised expenditures totaling \$20,556,320 of which \$8,182,082 is from the State General Fund. For FY 2026, AAC requests revised expenditures totaling \$20,723,492 of which \$8,783,718 is from the State General Fund.

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Adair Acute Care at OSH**  
**Program Title: Agency Overview**

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For FY 2025, a supplemental is requested for agency nursing totaling \$11,000,000 in State General Fund. Specific to AAC, \$7,750,000 is requested in AAC SGF. For FY 2026, an enhancement is requested for agency nursing totaling \$11,000,000 in State General Fund. Specific to AAC, \$7,750,000 is requested in AAC SGF. More detailed information is available in the change package portion of the narrative.

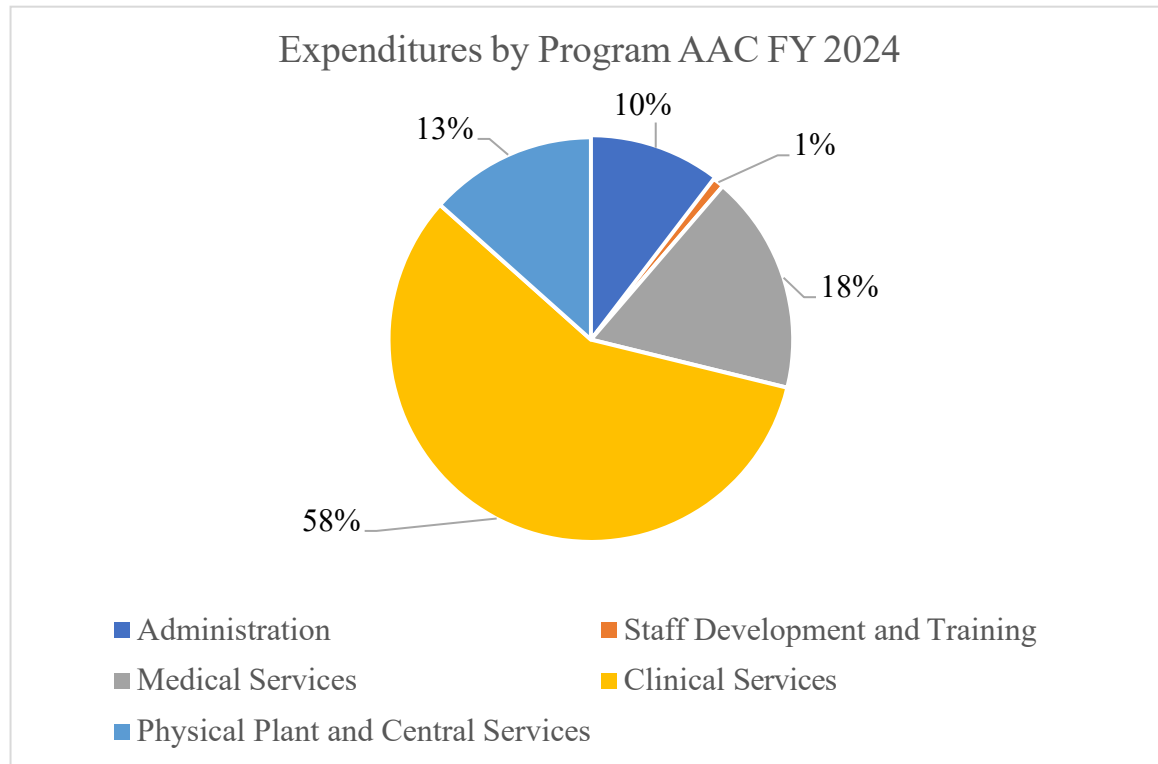
**OUTCOMES OVERVIEW:**

Agency Outcomes presents information related to patient admissions like referral sources and county locations of admissions. Furthermore, it provides insights into various facets of inpatient care, including the number of patients served and the duration of their stays. Lastly, the outcomes include financial data for Adair Acute Care (AAC) provided through a MOU from OSH, covering expenditures and related financial information. The information in this section discusses AAC's outcomes. Subsequent narratives, those specifically discussing AAC's various departments and their roles, offer comprehensive details about the objectives and performance metrics established for a specific department, encompassing both the State of Kansas and the national level.

<b>FY 2022 through FY 2026 AAC Approved FTE Positions</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Actuals</b>	<b>FY2025 Estimate</b>	<b>FY2026 Estimate</b>
<b>Programs</b>	<b>Approved FTE</b>	<b>Approved FTE</b>	<b>Approved FTE</b>	<b>Approved FTE</b>	<b>Approved FTE</b>
Administration	21.50	21.50	23.00	26.55	26.55
Staff Development and Training	1.50	1.50	2.20	1.80	1.80
Medical Services	12.50	12.50	13.00	13.64	13.64
Clinical Services	92.50	92.50	95.50	91.26	91.26
Physical Plant/Central Services	27.00	27.00	39.50	57.20	57.20
<b>TOTAL APPROVED POSITIONS</b>	<b>155.00</b>	<b>155.00</b>	<b>173.20</b>	<b>190.45</b>	<b>190.45</b>

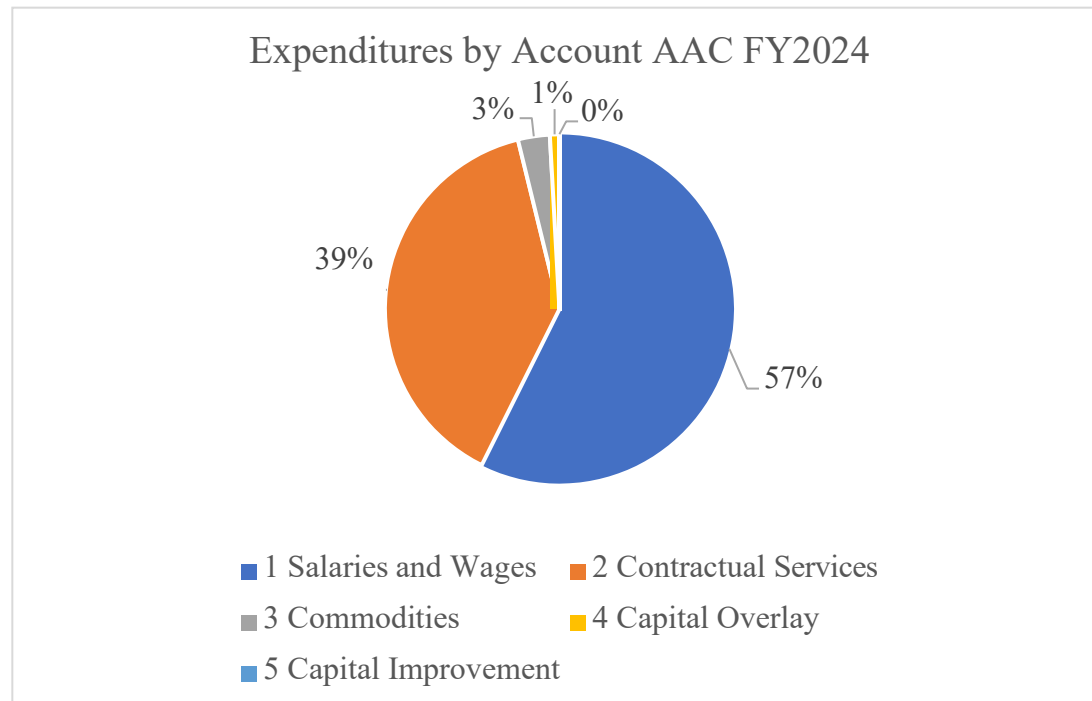
**Projected Overall Shrinkage FY 2025– 13.6%**  
**Projected Overall Shrinkage FY 2026 – 10.7%**

Expenditures by Program AAC FY 2024	
Program	Amount
Administration	\$ 2,560,233
Staff Development and Training	\$ 225,187
Medical Services	\$ 4,319,208
Clinical Services	\$ 14,239,833
Physical Plant and Central Services	\$ 3,303,083
<b>TOTAL</b>	<b>\$ 24,647,544</b>



FY2025 – FY2026

Expenditures by Account AAC FY2024	
Account	Amount
1 Salaries and Wages	\$ 14,137,300
2 Contractual Services	\$ 9,564,735
3 Commodities	\$ 727,646
4 Capital Overlay	\$ 216,195
5 Capital Improvement	\$ 527
9 Other Assistance	\$ 1,141
<b>TOTAL</b>	<b>\$ 24,647,544</b>

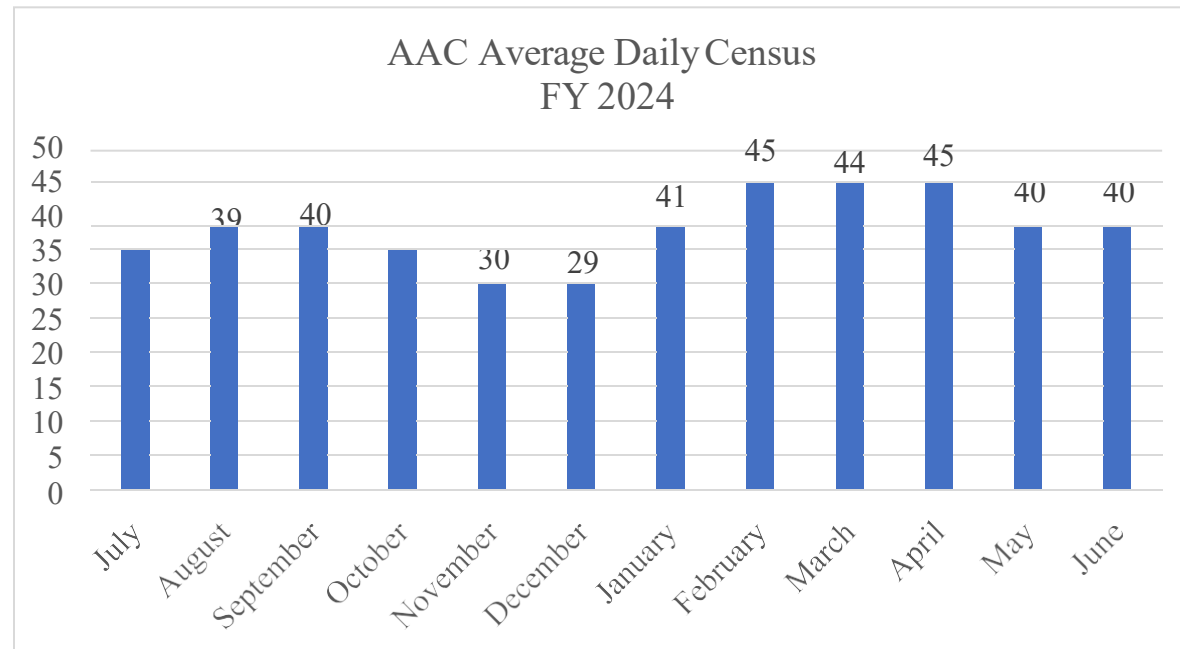


FY2025 – FY2026

**Total Patients Served**

Description	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Total Patients Served	995	1,032	1,071	1,106	1,106

AAC ADC FY 2024	
July	36
August	39
September	40
October	35
November	30
December	29
January	41
February	45
March	44
April	45
May	40
June	40



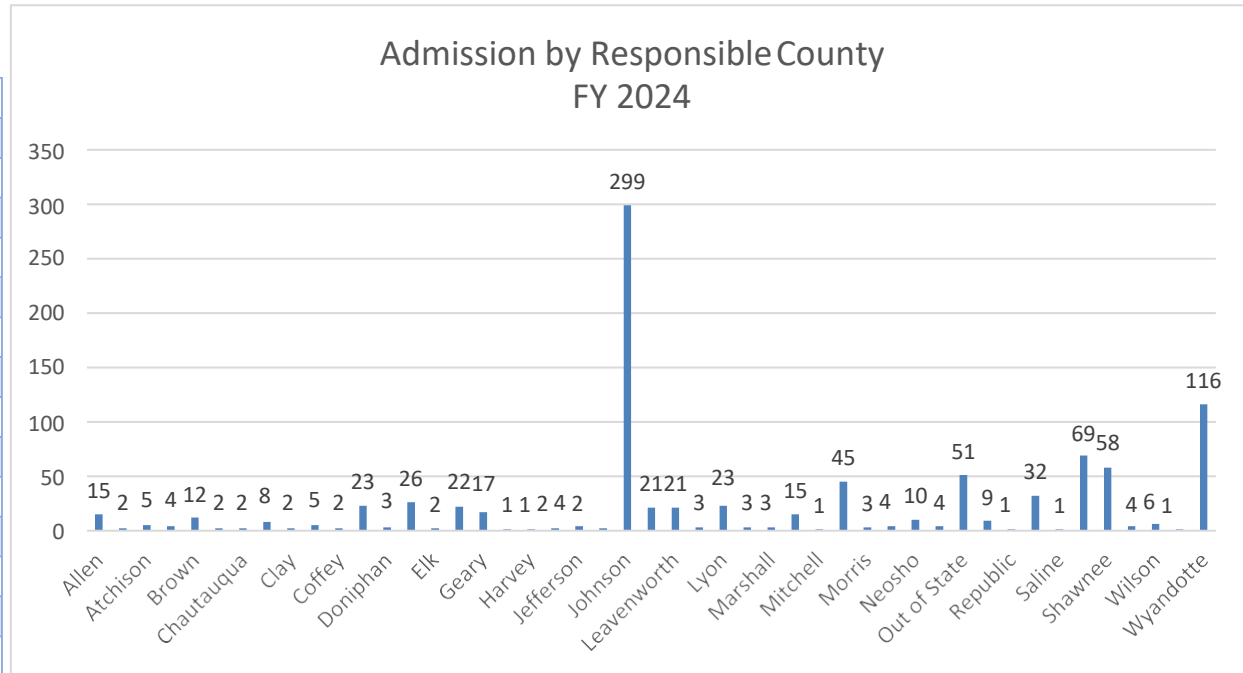
FY2025 – FY2026

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Adair Acute Care at OSH**  
**Program Title: Agency Outcomes**

County	# of Adm
Allen	15
Anderson	2
Atchison	5
Bourbon	4
Brown	12
Butler	2
Chautauqua	2
Cherokee	8
Clay	2
Cloud	5
Coffey	2
Crawford	23
Doniphan	3
Douglas	26
Elk	2
Franklin	22
Geary	17
Greenwood	1
Harvey	1
Jackson	2
Jefferson	4
Jewell	2
Johnson	299
Labette	21
Leavenworth	21

Linn	3
Lyon	23
Marion	3
Marshall	3
Miami	15
Mitchell	1
Montgomer	45
Morris	3
Nemaha	4
Neosho	10
Osage	4
Out of State	51
Pottawatom	9
Republic	1
Riley	32
Saline	1
Sedgwick	69
Shawnee	58
Wabaunsee	4
Wilson	6
Woodson	1
Wyandotte	116

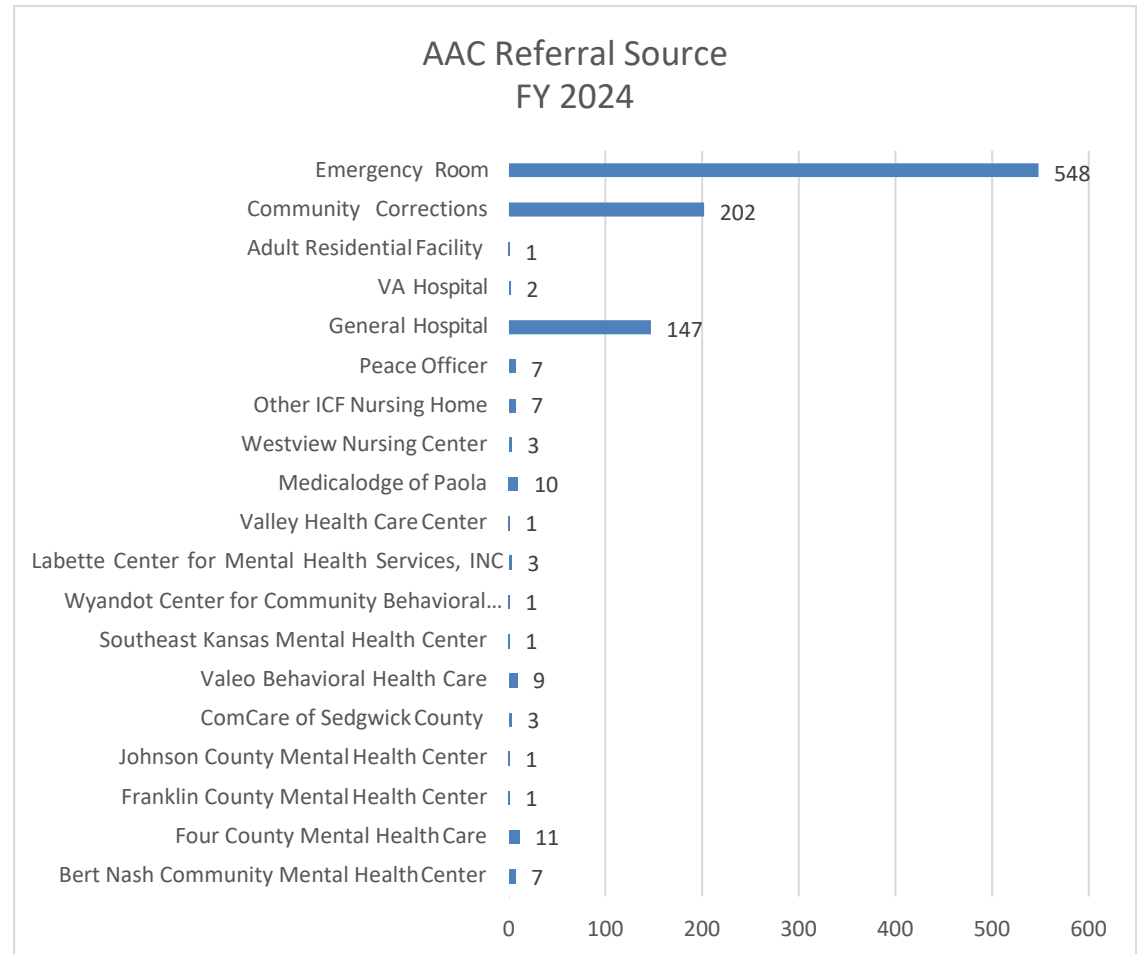


FY2025 – FY2026

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Adair Acute Care at OSH**  
**Program Title: Agency Outcomes**

Referral Source	# of Adm
Bert Nash Community Mental Health Center	7
Four County Mental Health Care	11
Franklin County Mental Health Center	1
Johnson County Mental Health Center	1
ComCare of Sedgwick County	3
Valeo Behavioral Health Care	9
Southeast Kansas Mental Health Center	1
Wyandot Center for Community Behavioral Healthcare	1
Labette Center for Mental Health Services, INC	3
Valley Health Care Center	1
Medicalodge of Paola	10
Westview Nursing Center	3
Other ICF Nursing Home	7
Peace Officer	7
General Hospital	147
VA Hospital	2
Adult Residential Facility	1
Community Corrections	202
Emergency Room	548



FY2025 – FY2026



Narrative Information – DA 400  
Division of the Budget  
State of Kansas

Agency Name: Adair Acute Care at OSH  
Program Title: Revenue

EXPLANATION OF RECEIPT ESTIMATES - DA 405											
FY 2025 State General Fund Limitations											
Agency	Name	Fund Name	Fund	BU	FY 2025 Approved Expenditures	FY 2025 Re-appropriation	Transfers	Supplemental/Reduction Package	SGF Transfers	FY 24 Cash Forward	FY25 Adjusted Expenditure Request
410	Larned State Hospital										
		SGF Operating	1000	0103	\$45,329,251	\$695,526	\$5,120,526	\$35,299,775	-	-	\$86,445,078
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF-SPTP New Crime	1000	0110	\$5,000	\$9,540	(\$14,540)	-	-	-	\$0
		SGF - SPTP	1000	0200	\$25,135,888	\$827,628	\$1,721,382	-	-	-	\$27,684,898
494	Osawatomie State Hospital										
		SGF Operating	1000	0100	\$37,352,139	-	\$2,418,026	\$3,250,000	-	-	\$43,020,165
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF SPTP-MiCo	1000	0200	\$1,661,535	-	\$663,772	-	-	-	\$2,325,307
	Adair Acute Care										
		SGF Certified Care	1000	0101	\$6,537,396	-	\$1,659,430	\$7,750,000	-	-	\$15,946,826
507	Parsons State Hospital										
		SGF Operating	1000	0100	\$19,977,997	-	\$2,091,067	-	-	-	\$22,069,064
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF- SPTP	1000	0200	\$2,188,438	\$406,769	-	-	-	-	\$2,595,207
363	Kansas Neurological										
		SGF Operating	1000	0303	\$16,262,805	-	\$1,712,315	-	-	-	\$17,975,120
		SGF Hospitality	1000	0304	\$150	-	-	-	-	-	\$150
	<b>Total SGF</b>				\$154,451,049	\$1,939,463	\$15,371,978	\$46,299,775	\$0	\$0	\$218,062,265
FY 2026 State General Fund Limitations											
Agency	Name	Fund Name	Fund	BU	FY 2026 Estimated Expenditures	FY 2026 Re-appropriation	Transfer	Enhancement/Reduction Package	SGF Transfers	KDADS Transfer IN	FY26 Adjusted Expenditure Request
410	Larned State Hospital										
		SGF Operating	1000	0103	\$51,074,082	-	-	\$37,472,029	-	-	\$88,546,111
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF-SPTP New Crime	1000	0110	\$0	-	-	-	-	-	\$0
		SGF - SPTP	1000	0200	\$26,847,730	-	-	-	-	-	\$26,847,730
494	Osawatomie State Hospital										
		SGF Operating	1000	0100	\$39,500,000	-	-	\$3,503,723	-	-	\$43,003,723
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF SPTP-MiCo	1000	0200	\$2,500,000	-	-	-	-	-	\$2,500,000
	Adair Acute Care										
		SGF Certified Care	1000	0101	\$8,798,795	-	-	\$7,750,003	-	-	\$16,548,798
507	Parsons State Hospital										
		SGF Operating	1000	0100	\$21,889,503	-	-	-	-	-	\$21,889,503
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF- SPTP	1000	0200	\$2,595,207	-	-	-	-	-	\$2,595,207
363	Kansas Neurological										
		SGF Operating	1000	0303	\$18,110,375	-	-	-	-	-	\$18,110,375
		SGF Hospitality	1000	0304	\$150	-	-	-	-	-	\$150
	<b>Total SGF</b>				\$171,316,292	\$0	\$0	\$48,725,755	\$0	\$0	\$220,042,047

FY2025 – FY2026

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Adair Acute Care at OSH**  
**Program Title: Revenue**

EXPLANATION OF RECEIPT ESTIMATES - DA 405												
FY 2025 Fee Funds												
Agency	Name	Fund Name	Fund	BU	FY 2025 Estimated C&H Receipts	FY 2025 Estimate Adj	Cash Forward	Add'l Misc Revenue	Other Transfer	FY 2025 Cash Forward	FY 2025 Adjusted Expenditure	Supplemental Request
410	Larned State Hospital	LSH Fee Fund	2073	2100	\$4,316,987	-	\$1,620,122		-	\$0	\$5,937,109	\$2,177,742
		Title XIX No limit	2074	2200	\$7,085,354	-	\$819,342		-	\$0	\$7,904,696	
494	Osawatomie State Hospital	OSH Fee Fund	2079	4200	\$730,000	-	\$2,732,503		-	(\$1,745,205)	\$1,717,298	\$0
		OSH TXIX No limit	2080	4300	\$0	-	\$164,895		-		\$164,895	
	Adair Acute Care	OSH Certified Care	2079	4201	\$4,752,700	-	(\$409,432)		-	(\$134)	\$4,343,134	\$0
		OSH TXIX Cert Care No Limit	2080	4301	\$6,679,751	-	\$858,466		-		\$7,538,217	
507	Parsons State Hospital	PSH Fee Fund	2082	2200	\$859,747	-	\$190,253		-	\$0	\$1,050,000	\$0
		Title XIX No limit	2083	2300	\$15,500,000	-	\$4,589,868		-	(\$4,820,039)	\$15,269,829	
363	Kansas Neurological Institute	KNI Fee Fund	2059	2000	\$1,423,264	-	\$901,802		-	(\$629,119)	\$1,695,947	\$0
		Title XIX No limit	2060	2200	\$17,000,000	-	\$951,966		-	(\$738,651)	\$17,213,315	
	<b>Total Fee Fund</b>				<b>\$58,347,803</b>	<b>\$0</b>	<b>\$12,419,785</b>	<b>\$0</b>	<b>\$0</b>	<b>(\$7,933,148)</b>	<b>\$62,834,440</b>	
FY 2026 Fee Funds												
Agency	Name	Fund Name	Fund	BU	FY 2026 Estimated C&H Receipts	FY 2025 Estimate Adj	Cash Forward	Add'l Misc Revenue	Other Transfer	FY 2026 Cash Forward	FY 2026 Adjusted Expenditure	Supplemental Request
410	Larned State Hospital	LSH Fee Fund	2073	2100	\$4,337,354	-	\$0		-		\$4,337,354	\$0
		Title XIX No limit	2074	2200	\$7,085,354	-	\$0		-		\$7,085,354	
494	Osawatomie State Hospital	OSH Fee Fund	2079	4200	\$755,000	-	\$1,745,205		-	\$0	\$2,500,205	
		OSH TXIX No limit	2080	4300	\$0	-	\$0		-		\$0	
	Adair Acute Care	OSH Certified Care	2079	4201	\$4,260,969	-	\$134		-	\$0	\$4,261,103	
		OSH TXIX Cert Care No Limit	2080	4301	\$7,678,671	-	\$0		-	\$0	\$7,678,671	
507	Parsons State Hospital	PSH Fee Fund	2082	2200	\$1,150,000	-	\$0		-		\$1,150,000	
		Title XIX No limit	2083	2300	\$15,500,000	-	\$4,820,039		-	(\$4,751,798)	\$15,568,241	
363	Kansas Neurological Institute	KNI Fee Fund	2059	2000	\$1,423,264	-	\$629,119		-	(\$337,113)	\$1,715,270	
		Title XIX No limit	2060	2200	\$17,000,000	-	\$738,651		-	(\$548,994)	\$17,189,657	
	<b>Total Fee Fund</b>				<b>\$59,190,612</b>	<b>\$0</b>	<b>\$7,933,148</b>	<b>\$0</b>	<b>\$0</b>	<b>(\$5,637,905)</b>	<b>\$61,485,855</b>	<b>\$0</b>

FY2025 – FY2026

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Adair Acute Care at OSH**  
**Program Title: Revenue**

<b>Explanation of Receipts - DA 405</b>						
<b>Revenue Source</b>	<b>Revenue Account Code</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Actuals</b>	<b>FY 2025 Estimate</b>	<b>FY 2026 Estimate</b>
Medicare A	420610	\$1,547,045	\$1,341,669	\$1,291,075	\$2,000,000	\$1,800,000
Medicare B	420610	\$98,563	\$85,099	\$75,519	\$150,000	\$150,000
Insurance	420610	\$2,138,954	\$1,993,234	\$2,171,572	\$2,500,000	\$2,200,000
Private Pay-Care & Hosp.	420610	\$60,486	\$62,612	\$57,487	\$75,000	\$75,000
Kansas Debt Set Off	420610	\$17,824	\$19,415	\$24,557	\$25,000	\$33,269
	420610					
<b>Total Hospitalization</b>		<b>\$3,862,872</b>	<b>\$3,502,029</b>	<b>\$3,620,210</b>	<b>\$4,750,000</b>	<b>\$4,258,269</b>
Clerical Charges	420400		\$0			
Educational Charges	420500		\$0			
Other Service Charges	420990	\$458	\$ (128.00)	\$213	\$0	\$0
Sale of Salvage	422500		\$0			
Sale of Usable / Condemned	422600		\$0			
Sale of Meals & Processed Food	422700		\$0			
Other Interest	430900	\$109	\$1,227	\$1,401	\$1,500	\$1,500
Rent of Unimproved Land	431100		\$0			
Rent of Real Estate & Bldg.	431200		\$0			
Other Misc. Revenue	459090		\$0			
Insurance Reimbursement	461200		\$0			
Estate Recovery	462100		\$0			
Recovery of Current FY Expenses.	462110		\$0	\$1,194	\$1,200	\$1,200
Reimbursement and Refunds, Other	462900		\$0			
Recovery of Prior FY Expenses	469010	\$11	\$0	\$0	\$0	\$0
Other Nonrevenue Receipts	469090	\$6	\$11	\$4,346	\$0	\$0
<b>Total</b>		<b>\$3,863,456</b>	<b>\$3,503,139</b>	<b>\$3,627,364</b>	<b>\$4,752,700</b>	<b>\$4,260,969</b>

FY2025 – FY2026

**Explanation of Receipts**

In FY 2024, AAC did not meet revenue estimates in the FY 2024 - 2025 Budget submission. The agency did see a continued decline in the number of patients admitted with traditional Medicare and a continued increase in the number of patients with Medicare Advantage plans. The Medicare Advantage plans do not reimburse at the same rate as the traditional Medicare plans, which resulted in a decrease in revenue. Moving forward, the agency is adjusting estimates to plan for this change in payer sources.

Over the past three fiscal years, the OSH billing department, which provides services to AAC through the MOU, has collected data to identify the reason for payer denials. It was identified that it was not a denial issue but a resubmission issue with specific information being requested from each payer that does not automatically populate in the current billing form. There has been an increase to manual claim submissions to avoid the need for resubmissions, but this investment in time and resources has resulted in an increase in payments.

OSH billing department is optimistic that the proposed new Electronic Health Record and Billing system will help streamline this process and eliminate the need for so many manual claims.

OSH billing department has also increased the number of Medicare Advantage plan contracts. These contracts will allow AAC to be in network for more patient, lessening the financial burden for them, as well as, increasing payer sources for AAC.

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**EXPENDITURE JUSTIFICATION**

**PROGRAM:** Administration – 01031

**Program Overview:**

This program includes Adair Acute Care's (AAC) operations, ensuring essential tasks for facility management are carried out. Its main goals include overseeing treatment quality for proper patient care, maintaining accreditation, and managing vital activities. The General Administration Program is responsible for the overall administration and management of OSH. This includes various components Chief Executive Officer's office, Chief Financial Officer, performance improvement, risk management, accounts payable, billing and collections, budgeting, cashier and post office operations, contract management, credentialing, employee benefits, health information management, human resources, patient accounts, patient canteen services, procurement, program assistants, information technology services, legal support, and recruitment. Importantly, OSH also provides administrative support to AAC through a Memorandum of Understanding (MOU).

**BUSINESS SERVICES:**

The Business Services Department is made of Accounts Receivable, Accounts Payable, Snack Shack and the Post Office. The Accounts Receivable Department does all the billing for patient services for Osawatomie State Hospital (OSH). OSH serves Adair Acute Care (AAC) through a Memorandum of Understanding. The patient billing is a process that is done daily as well as monthly. The Accounts Payable Department pays the hospital bills according to supplier contracts and the state statutes. The Utilization Department reviews patient charts for medical necessity of continued stay and determines that charges are correct. Reviews are done with insurance companies providing medical information to determine insurance billing. The hospital Post Office/Cashier Office is also included in this department. The Post Office receives incoming mail and prepares the outgoing mail, and oversees the Patient Trust Fund, and printing documents that are needed hospital wide.

**Goals and Updates:**

The Business Office has several goals:

1. Increase in self-pay and insurance receipts by 5%.
2. Complete implementation of the Electronic Health Record (EHR) program for all state hospitals. This program is set to go-live at AAC in October 2024.

FY2025 – FY2026

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3. The Department has begun looking at the time frame of general ledger entries being made. The goal is to have all entries made in the month of the expenditure, therefore showing a true picture of the month.

### **INFORMATION TECHNOLOGY:**

Information Technology (IT) has automated and innovated several processes at Osawatomie State Hospital (OSH). OSH serves Adair Acute Care through a Memorandum of Understanding. All charts for patients are housed within a “home-grown” Electronic Health Record (EHR). IT also provides constant support for the EHR. Additionally, IT provides general office equipment and computer management training, maintenance, installations, and repairs. IT regularly maintains and provides upkeep for the following critical systems for the functioning of the hospital: Patient Account Management (PAM), Medical Records Management System (MRM), Patient Care System (PCS), Patient Care System 2.0 (PCS2.0), as well as data bridge management between these systems when issues arise. Maintenance of off the shelf systems for patient health and safety such as medication management (WinPharm), laboratory services (LabDaq) and their integrations with the EHR occurs. Additionally, the building access, video surveillance, overhead paging, and building heat, ventilation, and air conditioning systems are maintained.

### **Goals and Updates:**

The department is finalizing security updates for all desktop workstations and has successfully upgraded the LabDaq laboratory system. It is currently working on upgrading the glucometer system for diabetes management. Anticipating the implementation of a new Electronic Health Record (EHR) system, the department looks forward to improved patient outcomes. Additionally, they are actively enhancing existing systems, including the video surveillance system, overhead paging, and exploring emergency text alerts to staff cell phones. These efforts aim to boost the hospital's overall technological efficiency and effectiveness.

### **HUMAN RESOURCES:**

The Human Resources (HR) Department at Osawatomie State Hospital is responsible for managing the employee life cycle: recruiting, hiring, onboarding, training, discipline, termination and administering employee benefits. Through a memorandum of understanding, OSH serves staff for Adair Acute Care (AAC).

### **Goals and Updates:**

Since January 2023, many practices, forms, and processes have been developed and improved in the recruitment section of HR. The

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employee transfer request process has been implemented, which takes seniority, references, and work performance into consideration for each applicant. The process for posting our positions on our Kansas website and with the other subsequent websites we use to present our vacancies. This new process allows for jobs to be posted and withdrawn in a repetitive fashion, while also helping to reduce the chances of a missed applicant. Even though the statistics have not shown a great deal of improvement yet, the department is proactive in dedicating the time, attention, and resources needed into these new and/or updated processes. This has further continued into 2024. The Human Resources department has further refined the process of progressive discipline and disciplinary letters alongside KDADS Central office HR.

**Performance Based Budgeting Goals:**

Goal: Track percentage of employees that turnover in a month/year

Measurement: Number of employees that turnover recorded every month

Department Responsible: Human Resources

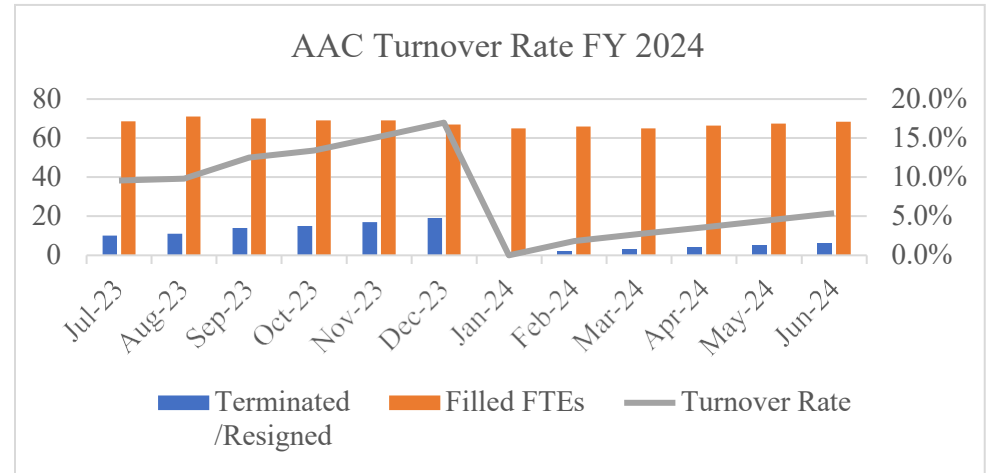
<b>Performance Measures</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Actuals</b>	<b>FY 2025 Estimate</b>	<b>FY 2026 Estimate</b>
Annual Employee Turnover Rate	3.4%	1.5%	7.4%	6%	6%

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Month	Terminated / Resigned	Filled FTEs	Turnover Rate
Jul-23	1	68.49	9.6%
Aug-23	2	70.98	9.8%
Sep-23	2	69.98	12.5%
Oct-23	1	68.98	13.4%
Nov-23	0	68.98	15.2%
Dec-23	0	66.98	17.0%
Jan-24	0	64.98	0.0%
Feb-24	0	65.98	1.8%
Mar-24	2	65	2.7%
Apr-24	1	66.47	3.6%
May-24	1	67.47	4.5%
Jun-24	3	68.47	5.4%



Goal: Record number of filled and vacant positions in a month/year

Measurement: Number of filled and vacant positions recorded monthly

Department Responsible: Human Resources

Performance Measures	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Employee Vacancy Rate	41.9%	31.8%	38.8%	35.5%	33.5%

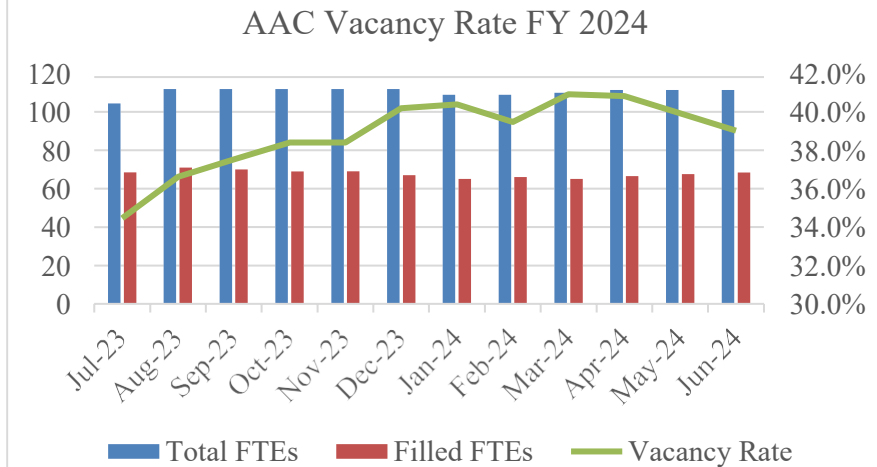
FY2025 – FY2026



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**Program Title: Administration**

Month	Total FTEs	Filled FTEs	Vacancy Rate
Jul-23	104.49	68.49	34.5%
Aug-23	111.98	70.98	36.6%
Sep-23	111.98	69.98	37.5%
Oct-23	111.98	68.98	38.4%
Nov-23	111.98	68.98	38.4%
Dec-23	111.98	66.98	40.2%
Jan-24	108.98	64.98	40.4%
Feb-24	108.98	65.98	39.5%
Mar-24	110	65	40.9%
Apr-24	111.47	66.47	40.8%
May-24	111.47	67.47	39.9%
Jun-24	111.47	68.47	39.0%



**RISK MANAGEMENT:**

The Risk Management and Performance Improvement at Department coordinates the AAC Risk Management program. This involves developing policies and procedures to identify and address risks across various services and departments. The department is responsible for reviewing all reportable incidents, determining standard of care, and referring cases to appropriate supervisors and committees for feedback, education, and follow-up. It actively tracks trends within the hospital and provides input for improvement based on the identified patterns. The department also participates in state and federal surveys and assists with tracer projects throughout the year. Overseeing performance improvement measures for each department, the team continually monitors trends and offers input accordingly. Furthermore, the department analyzes data, devises improvement strategies, implements changes, and ensures compliance with state and federal regulations, all with the goal of enhancing patient safety and promoting improvement while effectively managing potential risks.

**Goals and Updates:**

The focus in Risk Management remains on providing education and training to staff aimed at minimizing risks, ensuring safety for both patients and staff on the units, and maintaining compliance with state and federal guidelines. In the upcoming year, there will be

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a primary emphasis on collaborating with specific departments to enhance their goals. The goal is to provide constructive feedback to aid staff in recognizing increasing symptoms in patients, intervening early using the least restrictive measures, and improving physical intervention documentation. Although incident reporting is currently low throughout AAC, the aim is to encourage more reporting from non-risk management staff. To achieve this, education on reporting requirements, expectations set by hospital leadership, and state and federal regulations will be provided. The AAC Risk Management staff will continue tracking performance measures and offering individualized input to departments based on their current performance trends.

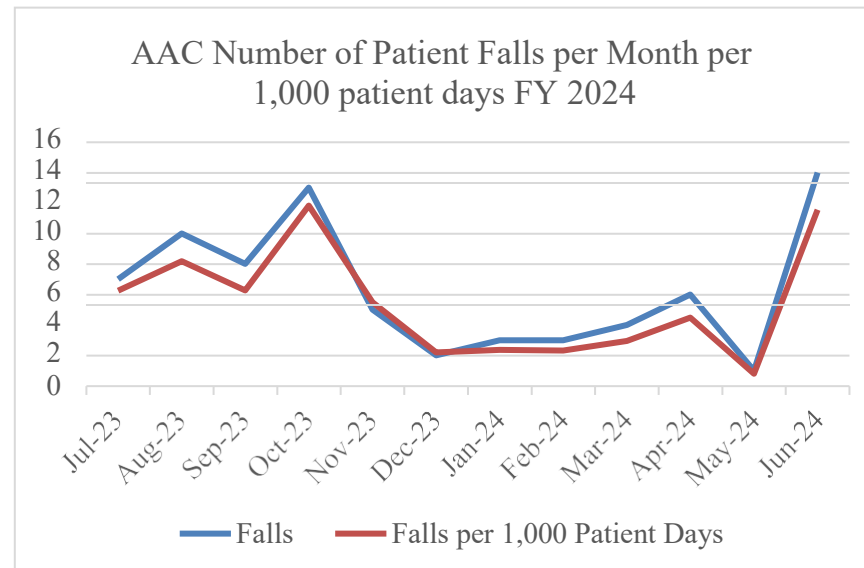
**Performance Based Budgeting Goals:**

Goal: Number of Patient falls per month per 1,000 patient days will be tracked and trended

Measurement: Number of Patient Falls

Department Responsible: Risk Management

Month	Falls	Falls per 1,000 Patient Days
Jul-23	7	6.25
Aug-23	10	8.18
Sep-23	8	6.26
Oct-23	13	11.83
Nov-23	5	5.50
Dec-23	2	2.19
Jan-24	3	2.36
Feb-24	3	2.32
Mar-24	4	2.95
Apr-24	6	4.49
May-24	1	0.80
Jun-24	14	11.55



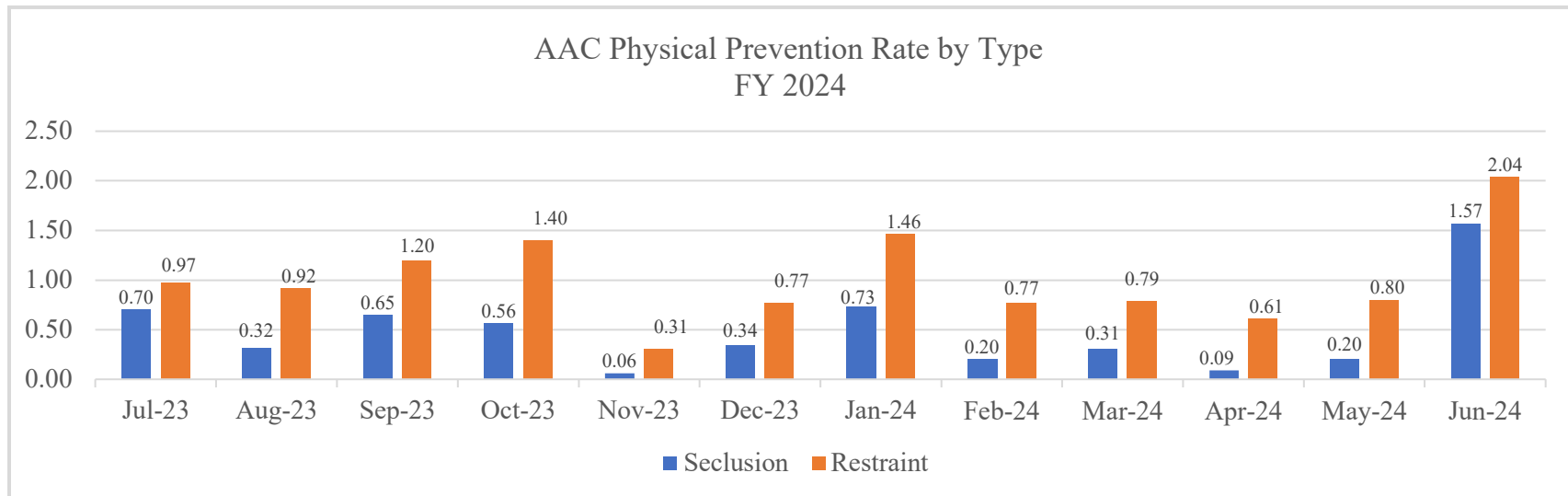
FY2025 – FY2026

Goal: The monthly Physical interventions rate will be below .30 per 1,000 patient hours for all physical interventions

Measurement: Physical intervention rate recorded monthly

Department Responsible: Risk Management

Performance Measures	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Average restraint hours per 1,000 inpatient hours	0.49	1.71	0.48	0.6	0.6
Average seclusion hours per 1,000 inpatient hours	0.95	0.84	1	0.6	0.6



FY2025 – FY2026

**HEALTH INFORMATION MANAGEMENT:**

The Health Information Management Department provides the operation to service medical records for Osawatomie State Hospital (OSH). OSH provides services to Adair Acute Care (AAC) through a memorandum of Understanding (MOU). Following American Health Information Management Association (AHIMA), state, and federal guidelines enable the department to provide complete medical records through quality control and validation processes.

**Goals and Updates:**

The HIM Department has been working diligently to modernize our data and make items electronic that were previously only paper. While working with our IT department to make electronic databases for our historical statistical cards. OSH is about 98% complete, RMHF still needs to be uploaded, and our outpatient cards are currently being processed. With the new Electronic Health Record known as Wellsky coming to our facility we have been preparing to switch gears to prepare our hybrid records electronic when our facility goes live in October.

**Expenditures Administration:**

<b>Administration</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Actuals</b>	<b>FY 2025 Estimate</b>	<b>FY 2026 Estimate</b>
Salaries and Wages	\$1,427,358	\$1,589,060	\$1,998,713	\$4,206,173	\$4,222,631
Shrinkage	\$0	\$0	\$0	-\$40,000	-\$40,000
Contractual Services	\$456,513	\$399,487	\$449,761	\$443,504	\$443,504
Commodities	\$16,616	\$14,306	\$24,947	\$15,325	\$15,325
Capital Outlay	\$51,508	\$36,309	\$86,812	\$8,500	\$8,500
Capital Improvements	\$0	\$0	\$0	\$0	\$0
<b>Total</b>	<b>\$1,951,995</b>	<b>\$2,039,162</b>	<b>\$2,560,233</b>	<b>\$4,633,502</b>	<b>\$4,649,960</b>

**Account Code 51000: Salaries and Wages**

Funds requested will provide salary and wage funds for positions and represents funding for 26.55 FTEs in FY 2025 and FY 2026 for  
FY2025 – FY2026

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26 pay periods, fringe benefits, health insurance and longevity. This increase in salaries and wages is due to the Governor's pay plan increase and the increase of maximum bonuses from \$3,500 to \$10,000 per employee. This was allowed by legislature but unfunded.

**FY 2025:** \$4,179,950 is requested. The shrinkage rate is 1%.

**FY 2026:** \$4,196,146 is requested. The shrinkage rate is 1%.

**Account Codes 52000 – 52900: Contractual Services**

This category includes all fee and service type expenses projected for this program including those allocated to the agency from the Department of Administration such as data, telecom, postage, OITS and Statewide Management Accounting and Reporting Tool (SMART). These expenses include communications (local phone & cell phones), equipment rental (copiers), travel, medical and service contracts, employment lab testing, KBI record checks and data management fees needed for accreditation (NRI). Staff recruitment resources are included here. Monies are also projected for shredding services, fees for an outside contractor to assist with the preparation of the annual Medicare & Medicaid cost reports, travel for all staff assigned to the program.

**FY 2025:** \$443,504 is requested.

**FY 2026:** \$443,504 is requested.

**Account Codes 53000 – 53900: Commodities**

The funds requested for this object code will be used to purchase various professional supplies for the departments in this program. Included are office supplies for medical records, miscellaneous supplies used by all hospital programs.

**FY 2025:** \$15,325 is requested.

**FY 2026:** \$15,325 is requested.

**Account Codes 54000 – 54900: Capital Outlay**

The funds requested for this object code will be used to purchase equipment, micro-computers, and other info processing equipment

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necessary to maintain operation of both administration and all AAC.

**FY 2025:** \$8,500 is requested.

**FY 2026:** \$8,500 is requested.

FY2025 – FY2026

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**PROGRAM:** Staff Development and Training – 01071

**Program Overview:**

The Staff Development and Training Program at Osawatomie State Hospital (OSH) is dedicated to delivering educational opportunities that enhance individual performance, foster personal growth, and lead to positive patient outcomes. Through a Memorandum of Understanding, OSH provides educational services to Adair Acute Care (AAC). Comprehensive training has been extended to supervisory and departmental staff, ensuring an environment of safety and collaboration. This initiative directly impacts patient experiences by fostering healing, communication, and patient-centered treatment, with an evolving focus on tailored services aligned with patient needs.

**STAFF DEVELOPMENT AND TRAINING:**

Staff Development and Training (SD&T) is responsible for orientation of all hospital staff at Osawatomie State Hospital (OSH). Through a Memorandum of Understanding, OSH provides services for Adair Acute Care (AAC). SD&T uses oral presentations, computer-based training (CBTs), and hands-on training to orientate employees. SD&T also offers Continuing Education credit hours that fulfill the requirements for state relicensing for Licensed Nursing Staff (LMHT, LPN, RN, APRN) as well as other licensed staff across the facility (Therapist, Social Workers, Psychologist).

**Goals and Updates:**

Expo 2024 will serve as the SD&T annual competency training, providing essential skills development. This comprehensive training program includes a combination of hands-on sessions and computer-based training CBTs. SD&T will provide the hands-on training for nursing such as oxygen, vital signs, nebulizer, Hoyer lift, sit-to-stand lift and glucometer check offs. SD&T will also provide training for any staff member who is required to have restraint training, covering how to use the restraint bed with Velcro restraints and the restraint chair. The 2024 EXPO, the emphasis will be on training all staff on the LifeVac choking device and the AED as these are required annually and CPR (which they initially get the training in) is bi-annually. By adding additional trainings, staff proficiency in these areas should increase.

**Performance Based Budgeting Goals:**

Goal: Education will be offered each month for both AM and PM shifts.

FY2025 – FY2026

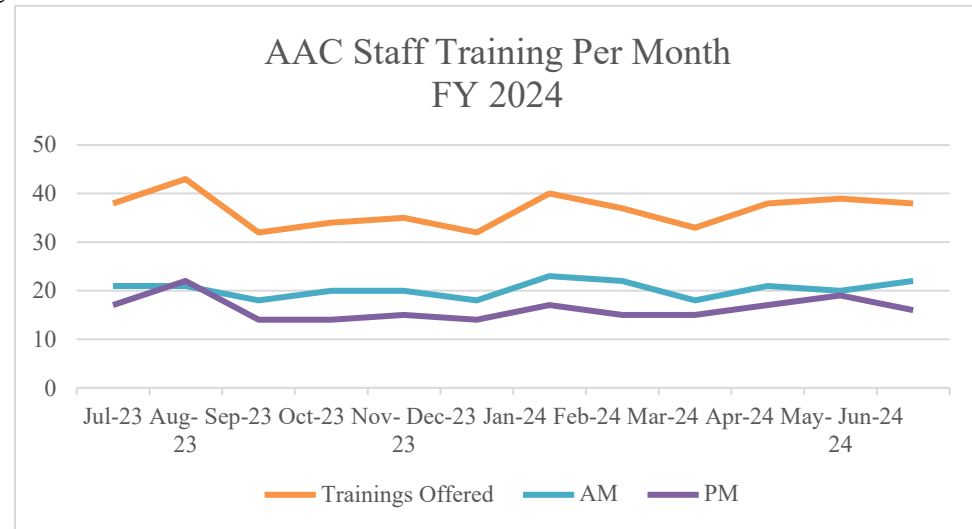
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**Agency Name: Adair Acute Care at OSH**  
**Program Title: Staff Development and Training**

Measurement: Number of education opportunities offered monthly reported.

Department Responsible: Staff Development and Training

Month	Trainings Offered	AM	PM
Jul-23	38	21	17
Aug-23	43	21	22
Sep-23	32	18	14
Oct-23	34	20	14
Nov-23	35	20	15
Dec-23	32	18	14
Jan-24	40	23	17
Feb-24	37	22	15
Mar-24	33	18	15
Apr-24	38	21	17
May-24	39	20	19
Jun-24	38	22	16



**Expenditures Staff Development and Training:**

Staff Development and Training	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Salaries and Wages	\$ 174,048	\$ 160,311	\$ 206,156	\$ 206,015	\$ 207,204
Shrinkage	\$ -	\$ -	\$ -	\$ -	\$ -
Contractual Services	\$ 11,154	\$ 4,369	\$ 11,787	\$ 10,450	\$ 10,450
Commodities	\$ 4,227	\$ 3,805	\$ 7,244	\$ 7,250	\$ 7,250
Capital Outlay	\$ -	\$ -	\$ -	\$ -	\$ -
Capital Improvements	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total</b>	<b>\$189,429</b>	<b>\$168,485</b>	<b>\$225,187</b>	<b>\$223,715</b>	<b>\$224,904</b>

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**Agency Name: Adair Acute Care at OSH**  
**Program Title: Staff Development and Training**

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**Account Code 51000: Salaries and Wages**

Funds requested will provide salary and wage funds for 1.8 FTEs and represents funding for positions for 26 pay periods, fringe benefits, health insurance and longevity.

**FY 2025:** \$206,015 is requested. The shrinkage rate is 0%.

**FY 2026:** \$207,204 is requested. The shrinkage rate is 0%.

**Account Codes 52000 – 52900: Contractual Services**

This category includes training for Crisis Prevention Institute (CPI) Nonviolent Crisis Intervention, as wells as, other training opportunities.

**FY 2025:** \$10,450 is requested.

**FY 2026:** \$10,450 is requested.

**Account Codes 53000 – 53900: Commodities**

The funds requested for this object code will be used to purchase various professional supplies for the departments in this program.

**FY 2025:** \$7,250 is requested.

**FY 2026:** \$7,250 is requested.

**Account Code 54000 – 54900: Capital Outlay & Improvements**

No funds requested.

**FY 2025:** \$0 is requested.

**FY 2026:** \$0 is requested.

FY2025 – FY2026

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**PROGRAM:** Medical Services – 83001

**Program Overview:**

All psychiatric and medical services provided to the patients at the Adair Acute Care at OSH (AAC) are done under the auspices of the Medical and Surgical Services Program. From the initial evaluation, through day-to-day care, and up to the point of discharge, the medical staff forms the backbone of the medical and medication management for the patients being treated at the hospital. Coverage is provided on a “24/7” basis so that a physician is always available to address the treatment needs of the patients. In addition, ancillary treatment is provided through the medical service including the Medical Laboratory, Pharmacy, and other contracted services as appropriate to meet the needs of the patient. OSH provides some Medical Services to AAC through a Memorandum of Understanding.

**MEDICAL SERVICES:**

The Medical Staff at Osawatomie State Hospital consists of physicians, medical and psychiatric APRNs, and dental consultant. The Medical Staff also serves Adair Acute Care (AAC) through a Memorandum of Understanding. The Medical Staff are responsible for providing quality, current and safe psychiatric and medical services to all patients. They are fully trained and qualified to provide these services. Members of the Medical Staff undergo privileging and credentialing requirements which include review of their qualifications, licensures, DEA certifications, evidence-based patient assessments, treatment and management, and participation in required hospital wide training such as annual EXPO training, use of seclusion and restraint, CPI and BLS. The Clinical Director is responsible to provide regular checks and performance reviews to ensure compliance with the Medical Staff By laws, hospital procedures and policies, and standards and regulations by accrediting agencies such as Centers for Medical/Medicaid Services (CMS) and Kansas Department of Health and Environment.

Medical Staff members are responsible to admit patients by performing psychiatric interviews, completing psychiatric evaluations, physical examinations and prescribing psychotropic and medical medications to address their psychiatric and medical needs. They collaborate and communicate closely with other hospital staff by participating in treatment team and discharge meetings to ensure seamless coordination and integration of services with the goal of providing a safe, holistic, and patient centered approach in patient care. They actively participate in performance improvement activities, clinical governance, identification of areas for improvement.

**Goals and Updates:**

Aside from providing patient care, the goal of the Medical Staff for the coming year is to fill vacancies; The department needs one or more Psychiatric Advanced Practice Nurse Practitioners, one more Staff Physician Specialist and a Chief Medical Officer. If these positions are filled, the department will have continuous flexibility amongst scheduling of staff. There will be some retirements in the

FY2025 – FY2026

department this year. If these positions are filled promptly, scheduling will remain fluid.

**Performance Based Budgeting Goals:**

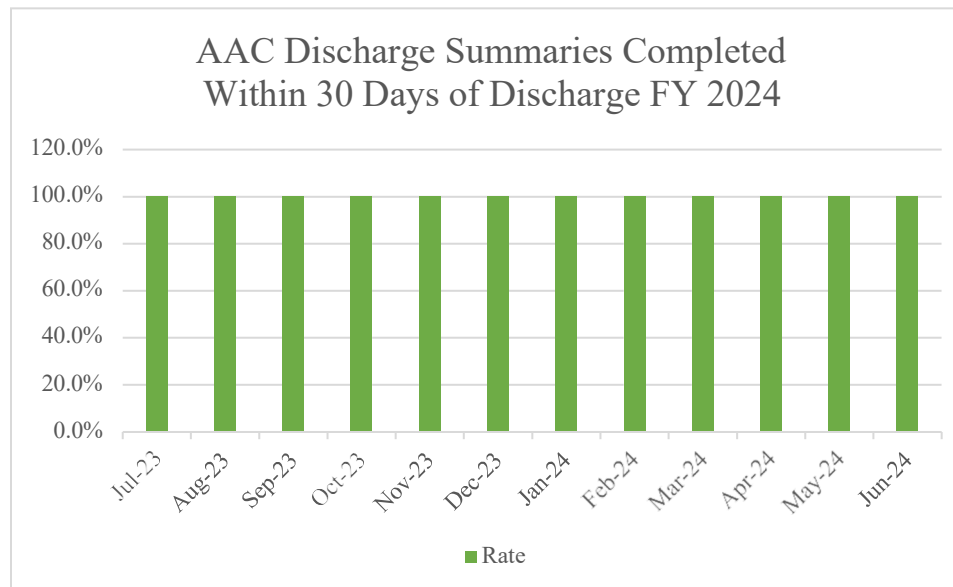
Goal: At least 95% of patients discharged will have a Discharge Summary completed within 30 days of discharge.

Measurement: % of patient discharge summaries completed within 30 days of discharge reported monthly.

Department Responsible: Clinical Director

Performance Measures	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Percent of patients discharged having a Discharge Summary completed within 30 days of discharge.	100%	100%	100%	100%	100%

Month	Rate
Jul-23	100.0%
Aug-23	100.0%
Sep-23	100.0%
Oct-23	100.0%
Nov-23	100.0%
Dec-23	100.0%
Jan-24	100.0%
Feb-24	100.0%
Mar-24	100.0%
Apr-24	100.0%
May-24	100.0%
Jun-24	100.0%



FY2025 – FY2026

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Adair Acute Care at OSH**  
**Program Title: Clinical Services**

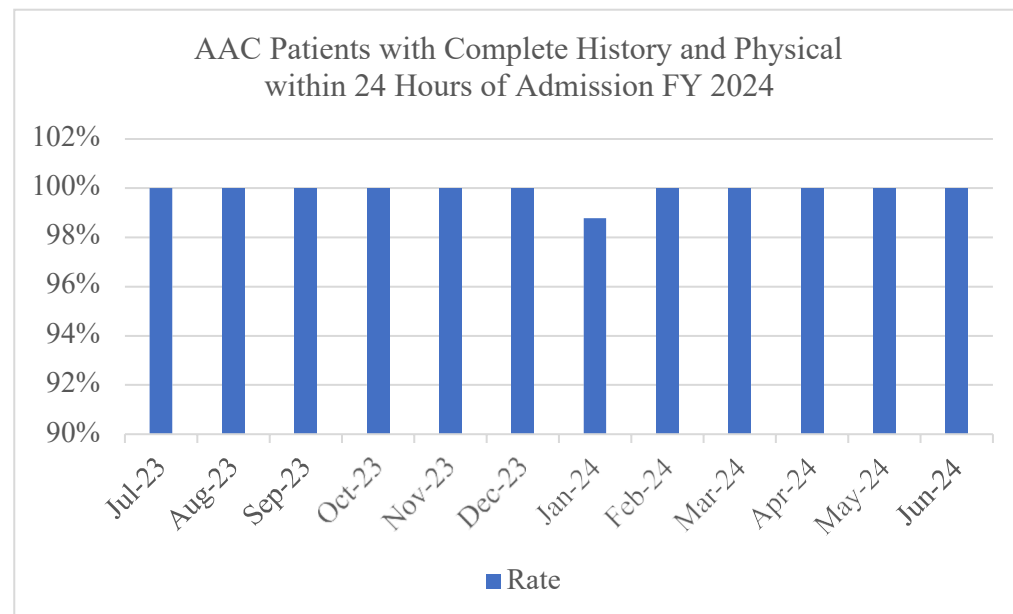
Goal: 100% of patients will have a complete history and physical within 24 hours of admission.

Measurement: % of patients with a complete history and physical completed recorded monthly.

Department Responsible: Medical Services

Performance Measures	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Percent of patients who have: a history and physical completed within 24 hours of admission, examination signed and dated, all sections of the history and physical examination completed including review of Cranial Nerves II - XII and Impressions/Recommendations, reason documented if Rectal/Pelvic examination is deferred	97%	99%	99%	99%	99%

Month	Rate
Jul-23	100%
Aug-23	100%
Sep-23	100%
Oct-23	100%
Nov-23	100%
Dec-23	100%
Jan-24	99%
Feb-24	100%
Mar-24	100%
Apr-24	100%
May-24	100%
Jun-24	100%



FY2025 – FY2026

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

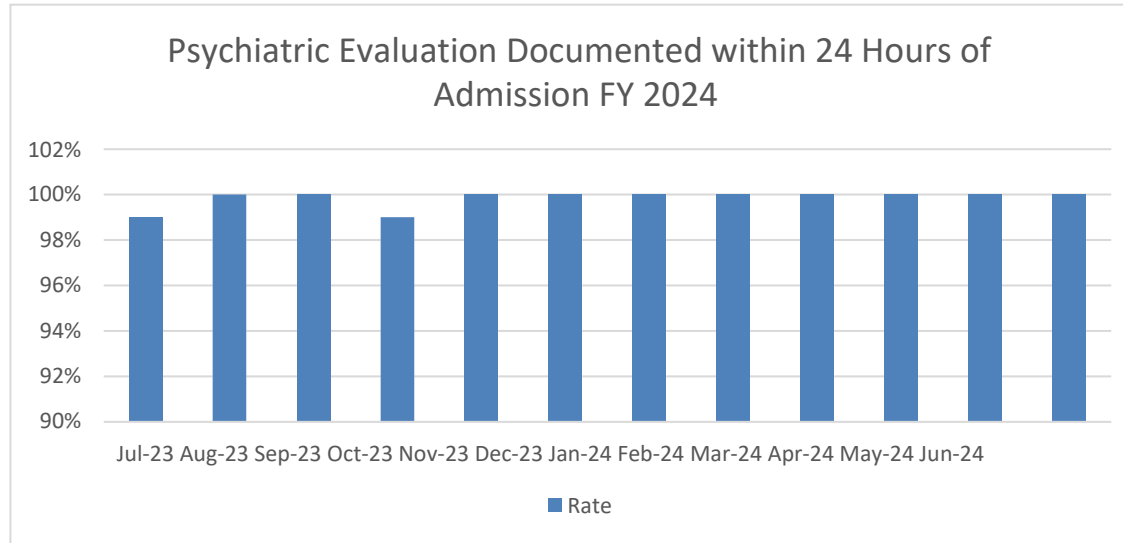
**Agency Name: Adair Acute Care at OSH**  
**Program Title: Clinical Services**

Goal: 100% of patients will be evaluated and the Psychiatric Evaluation documented within 24 hours of admission

Measurement: % of patients with a psychiatric evaluation that is completed and documented within 24 hours of admission

Department Responsible: Clinical Director

Month	Rate
Jul-23	99%
Aug-23	100%
Sep-23	100%
Oct-23	99%
Nov-23	100%
Dec-23	100%
Jan-24	100%
Feb-24	100%
Mar-24	100%
Apr-24	100%
May-24	100%
Jun-24	100%



**PHARMACY:**

The Pharmacy Department ensures safe, effective, and cost-conscious medication use at Osawatomie State Hospital (OSH). OSH serves Adair Acute Care (AAC) through a Memorandum of Understanding. Pharmacists under the department are accountable for both clinical and distributive functions. Distributive functions include tasks such as checking and stocking the Pyxis machines to maintain an accessible and adequate medication supply when the pharmacy is closed, as well as filling discharge medications to ensure seamless continuity of care. On the other hand, clinical functions involve reviewing medication orders to apply evidence-based therapeutic treatments, updating the hospital formulary to provide access to medications in accordance with current disease-state medication guidelines, and conducting patient chart reviews to assess current medication management.

FY2025 – FY2026

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Pharmacists are available on-call 24/7 to address both clinical and operational inquiries. Additionally, the pharmacy actively participates in the hospital's emergency response planning, infection prevention and control measures, management of hazardous medications, and incident reporting. Furthermore, they collaborate with the Medical Staff to develop a comprehensive formulary of medications available for prescription at the hospital and establish guidelines to ensure the safe prescribing of medications.

**Goals and Updates:**

In October 2024 the pharmacy is changing to Wellsky. This new electronic health record (EHR) will improve communication between state hospitals regarding treatment records for patients transferring between facilities. The hospital is pursuing remote pharmacy verification services to provide 24-hour, 365-day pharmacist order entry checking prior to medication administration. Remote verification services provide an additional safeguard to ensure correct medication administration in addition to automated dispensing machines. July 2024 was the second anniversary of implementing Pyxis machines on every patient unit on AAC. The machines have increased immediate medication access and by utilizing the profile functionality provides another safeguard for correct medication administration. The department is planning to update its medication unit packaging machine which allows the pharmacy to provide unit dose, barcoded medication to the units for administration. Scanning unit-dosed, barcoded medication prior to administration provides yet another safeguard for medication administration. The pharmacy department is implementing software that tracks medication providences to comply with federal DSCA regulations. The pharmacy, in collaboration with the medical staff, published the hospital formulary medication management resource book in January 2024. The book contains agreed upon prescribing criteria for some medications, therapeutic interchanges for certain medication classes, guidelines for COPD, Asthma, and the hospitals antimicrobial stewardship, in addition to listing medications on the formulary. Medications listed on the hospital formulary is under continual review and revision, as new medication come on the market and prescribing practices change. Pharmacy is collaborating with the medical team to enable pharmacists to actively manage patients with chronic conditions by closing in on the goal of two units per pharmacist with a 60:1 patient ratio, allowing closer therapy review, greater input on medication decisions, and reduced errors. The focus is on interdepartmental collaboration to ensure patient care. Pharmacy will continue to work with the University of Kansas as an internship/externship site for pharmacy students and hopes to have student assignments in June 2025.

**Performance Based Budgeting Goals:**

Goal: 100% of reported Medication Alerts, Medication Variances and Adverse Drug Reactions (ADR) will be fully investigated with 14 days of receiving a report

Measurement: Percentage of events investigated with 14 days of receiving a report

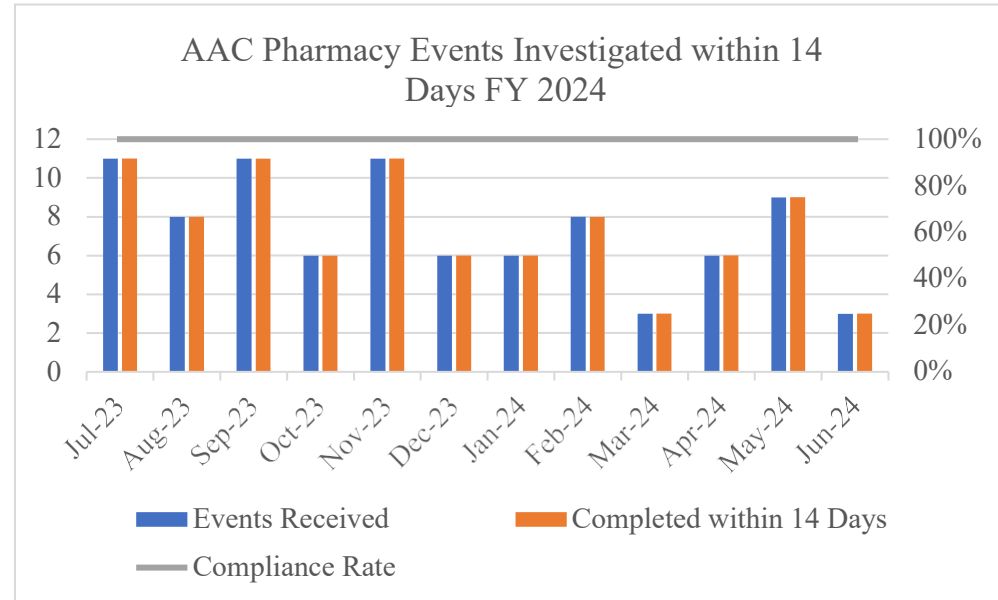
FY2025 – FY2026

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Adair Acute Care at OSH**  
**Program Title: Clinical Services**

Department Responsible: Pharmacy

Month	Events	Completed within	Compliance
Jul-23	11	11	100%
Aug-23	8	8	100%
Sep-23	11	11	100%
Oct-23	6	6	100%
Nov-23	11	11	100%
Dec-23	6	6	100%
Jan-24	6	6	100%
Feb-24	8	8	100%
Mar-24	3	3	100%
Apr-24	6	6	100%
May-24	9	9	100%
Jun-24	3	3	100%



**LABORATORY:**

The primary purpose of the Laboratory Department is to provide phlebotomy services to Osawatomie State Hospital. Through a Memorandum of Understanding, OSH provides services to AAC. This department provides coverage for Medical Support Services (Ancillary Services) to meet requirements set forth in the performance of moderated and waived test complexities of a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory.

**Goals and Updates:**

The Laboratory department's primary objective is to enhance quality and productivity by devising a streamlined and economically viable approach to delivering laboratory, radiology, and ECG services. This strategy is rooted in adhering to regulations, standards, internal assessments, and guidelines, all of which collectively aid physicians and nurse practitioners in effectively diagnosing, treating, and managing patients. The department's specific goals encompass modernizing outdated equipment, incorporating novel resources from laboratory information systems, and leveraging technology to heighten efficiency. This, in turn, aids clinical decision-making, accurate diagnoses, prompt treatment selection, minimal treatment delays, enhanced recovery, and disease prevention.

FY2025 – FY2026

**Expenditures Medical Services:**

Medical	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Salaries and Wages	\$1,603,265	\$2,874,957	\$3,063,262	\$4,108,706	\$4,115,051
Shrinkage	\$0	\$0	\$0	(\$502,197)	(\$502,197)
Contractual Services	\$1,685,904	\$831,044	\$997,130	\$217,150	\$217,150
Commodities	\$369,484	\$266,904	\$252,463	\$329,560	\$329,560
Capital Outlay	\$0	\$1,105	\$5,911	\$24,900	\$24,900
Other Assistance	\$0	\$0	\$442	\$500	\$500
<b>Total</b>	<b>\$3,658,653</b>	<b>\$3,974,010</b>	<b>\$4,319,208</b>	<b>\$4,178,619</b>	<b>\$4,184,964</b>

**Account Code 51000: Salaries and Wages**

Funds requested will provide salary and wage funds for 13.64 FTEs and represents funding for all current positions for 26 pay periods, fringe benefits, health insurance and longevity. This program consists of staff in the following departments:

**FY 2025:** \$4,108,706 is requested. The Shrinkage rate is 12.2%

**FY 2026:** \$4,115,051 is requested. The Shrinkage rate is 12.2%

**Account Codes 52000 – 52900: Contractual Services**

The larger amounts requested in this category represent professional fees. Professional fees are needed for the continuation of maintenance and service agreements. Maintenance agreements are for laboratory, EEG-EKG, x-ray, pharmacy, and other equipment as needed. Service agreements on most of these items are required. Service agreements provide for the purchase of professional consultant services in specialized fields such as psychiatry, radiology, pathology, podiatry, EKG-EEG, and other services as deemed vital to treatment. Amounts for patient medical care sometimes fluctuate greatly between fiscal years depending on need. This area also includes the cost of contract staffing to provide coverage for vacancies, as well as recruitment resources.

FY2025 – FY2026



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**FY 2025:** \$217,150 is requested.

**FY 2026:** \$217,150 is requested.

**Account Codes 53000 – 53900: Commodities**

This category includes all supply type expenses projected for this program. Drug costs account for much of the amount in this category. With the increased number of psychotropic drugs becoming generic, changes in prescribing practices and the formulary costs have been reasonably consistent over the last two years. If new drugs are introduced which could benefit our patients, cost will increase. In addition to drug costs, the category also includes supplies used in the following areas: medical laboratory, X-Ray, EKG-EEG, pharmacy, and psychological testing.

**FY 2025:** \$329,560 is requested.

**FY 2026:** \$329,560 is requested.

**Account Codes 54000 – 54900: Capital Outlay**

The funds requested for this object code will be used to purchase vital sign machines and other equipment necessary for the patient services.

**FY 2025:** \$24,900 is requested.

**FY 2026:** \$24,900 is requested.

**Account Codes 59000 – 59900: Other Assistance**

The funds requested for this object code will be used for property damage to employees' property.

**FY 2025:** \$500 is requested.

**FY 2026:** \$500 is requested.

FY2025 – FY2026

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**PROGRAM:** Clinical Services – 84001

**Program Overview:**

The Clinical Services Program at Adair Acute Care offers comprehensive group and individual psychotherapy to inpatients across two treatment programs, operating seven days a week, year-round. Each patient receives tailored care guided by an interdisciplinary team of mental health professionals, employing evidence-based practices regularly reviewed for effectiveness. The program encompasses specialized activity therapies like music, recreation therapy, alongside general leisure skills training. Before admission, patients undergo assessments by Community Mental Health Center screeners, leading to voluntary or involuntary admission. Additional services include Recreational Therapy for stress reduction, Social Services for communication and discharge planning, Clinical Therapy for interventions, Nutrition Services for dietary monitoring and education, Scheduling for staffing coordination, Patient Services for personalized needs, Psychology for evaluation, and both Licensed and Unlicensed Nursing for direct patient care and support.

**RECREATION AND EXPRESSIVE THERAPIES:**

Recreation and Expressive Therapies team at Adair Acute Care (AAC) provides evidence-based treatment including leisure awareness and education programs, recreation-based games, visual and expressive arts, animal-assisted interventions, outdoor and nature activities, sports, and physical activities, as well as music and rhythm. These therapeutic programs are designed to promote the acquisition and application of leisure-related skills, knowledge, attitudes, and behaviors, promote creative outlets as healthy ways to express oneself, and provide opportunities to utilize personal interests, skills, and talents to improve and maintain well-being. The goal of the department is to rehabilitate a person's level of functioning and independence in life activities, promote individual health and wellness, as well as reduce restrictions to actively participating in life situations caused by illness.

Members of the Recreation and Expressive Therapies team perform a wide range of duties regarding patient care which includes the administration of an initial assessment to determine a patient's support systems, patterns, preferences, strengths, and goals, and development of a multidisciplinary treatment plan that is individualized and evidence based with detailed objectives to address a patient's unique needs. Treatment services are facilitated through group and individual therapy. Patient progress or lack thereof is assessed and documented weekly, along with updating treatment plans accordingly. Team members also coordinate and implement leisure activities and special events. Leisure resources are provided for their independent leisure time.

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**Goals and Updates:**

Over the past year, the AAC Recreation and Expressive Therapies department provided recreation and expressive therapy services, unit activities, and special events to over 1,000 individuals at AAC. Therapy services, leisure activities, and special events were offered seven days a week throughout the year, even as the department struggled with consistent department vacancies and serious injuries/illness. The AAC Recreation and Expressive Therapies department will continue to have ongoing expenses related to purchase of items and equipment for these daily therapy programs, leisure activities, and special events, as well as future development of programs to benefit patients. Many items need to be replenished throughout the year such as art/craft supplies, stress balls, table games, books, etc. The department plans to increase technology and media options available to patients (books, magazines, music, film, videogames, etc.) to use as part of active treatment and/or in their leisure time. The department hopes to continue to revise current programs, implement new programs, and in general advance the department to better serve the patient population. The department has visions to expand expressive therapy offerings with addition of Drama Therapy, Art Therapy, and/or Dance/Movement Therapy.

**SOCIAL SERVICES:**

The Social Services Department at Adair Acute Care at Osawatomie State Hospital enhances patient care by facilitating effective communication between various parties involved in the treatment and discharge planning process. AAC is a short term, acute care psychiatric facility, where crisis stabilization and quick return to the community represents the standard. The department comprises three essential components: social workers, patient advocacy, and peer support.

Social workers at Adair Acute Care meet with patients and the interdisciplinary team regularly to keep everyone informed about the patient's progress. They also collaborate with family members and community partners to create safe and effective discharge plans and arrange specialized aftercare. Social workers serve as a primary point of contact for patients' well-being, especially with members who are not directly involved in the patient's care team. They play a significant role in coordinating information flow regarding the patient's treatment progress and ensuring continuity of care once the patient returns to the community.

Patient Advocacy is a crucial function at Adair Acute Care, dedicated to safeguarding patients' rights and well-being. Advocates closely monitor hospital policies, support patients in decision-making, mediate conflicts, and ensure comprehensive care coordination for access to essential resources during and after treatment. Their goal is to empower patients, provide education, and serve as a vital link between patients and the healthcare system to enhance their overall care experience.

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**Goals and Updates:**

The Social Services Department continues to meet patients' needs through the coordination of treatment and discharge planning to meet the needs of the individual for individualized aftercare appointments, and more. However, two vacant positions for social workers remain unfilled due to salary constraints. AAC is a short-term crisis stabilization psychiatric facility and 50% staffing for social workers greatly impacts the department's ability to meet the needs of patients.

To enhance departmental skills, additional education courses will be introduced, focusing on maintaining licensures and improving patient interactions and work-life balance.

**Performance Based Budgeting Goals:**

Goal: 100% of patients who are readmitted within 30 days of discharge will be tracked to identify trends.

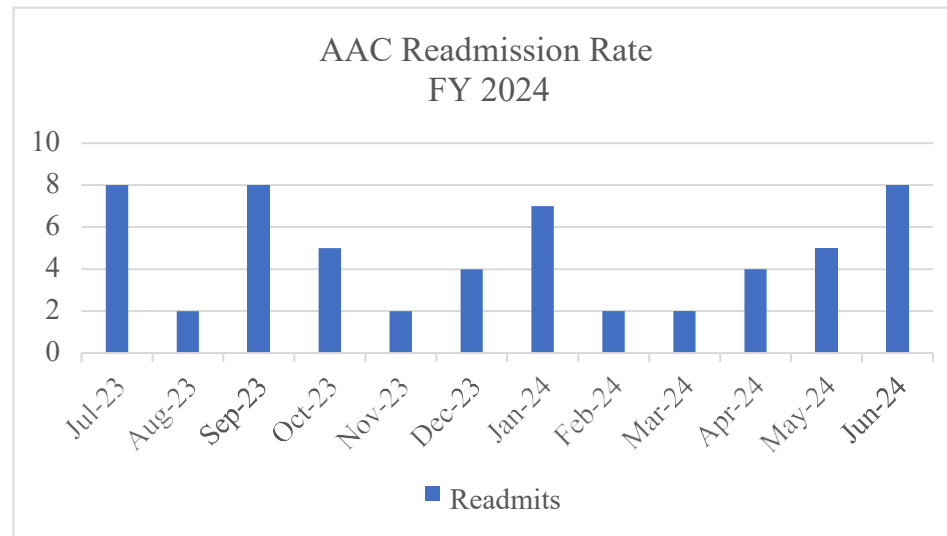
Measurement: % of patients readmitted within 30 days of discharge reported monthly.

Department Responsible: Social Services

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Adair Acute Care at OSH**  
**Program Title: Clinical Services**

Month	Readmits
Jul-23	8
Aug-23	2
Sep-23	8
Oct-23	5
Nov-23	2
Dec-23	4
Jan-24	7
Feb-24	2
Mar-24	2
Apr-24	4
May-24	5
Jun-24	8



Goal: Patient galley will be inspected daily, and issues identified are corrected.

Measurement: % of issues corrected reported monthly.

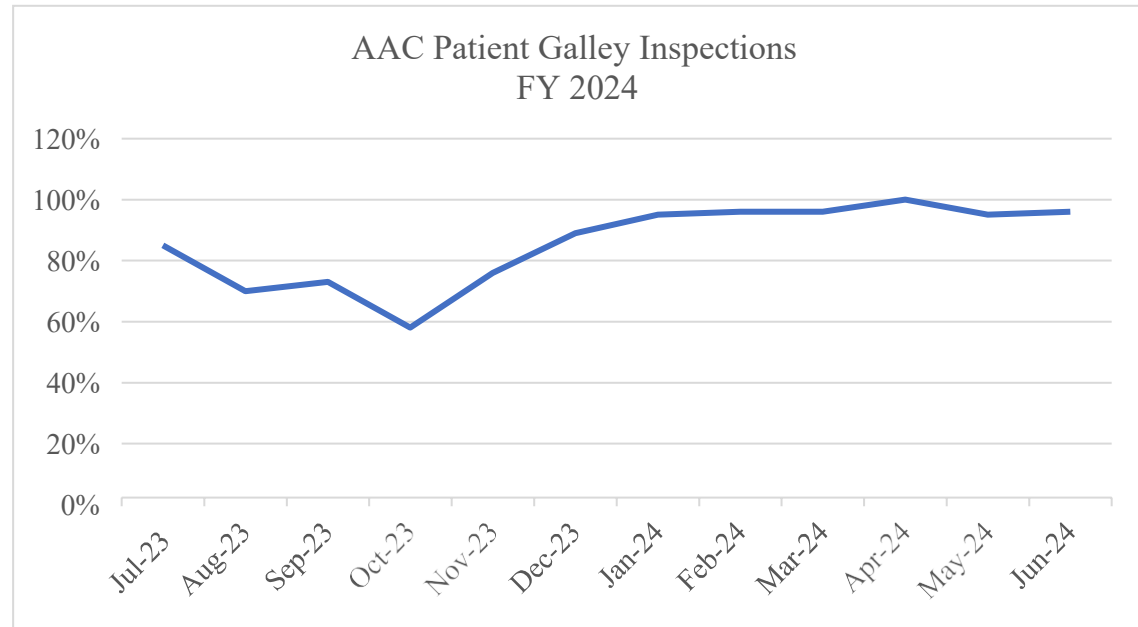
Department Responsible: Patient Advocate

FY2025 – FY2026

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Adair Acute Care at OSH**  
**Program Title: Clinical Services**

Month	Issues Corrected
Jul-23	85%
Aug-23	70%
Sep-23	73%
Oct-23	58%
Nov-23	76%
Dec-23	89%
Jan-24	95%
Feb-24	96%
Mar-24	96%
Apr-24	100%
May-24	95%
Jun-24	96%



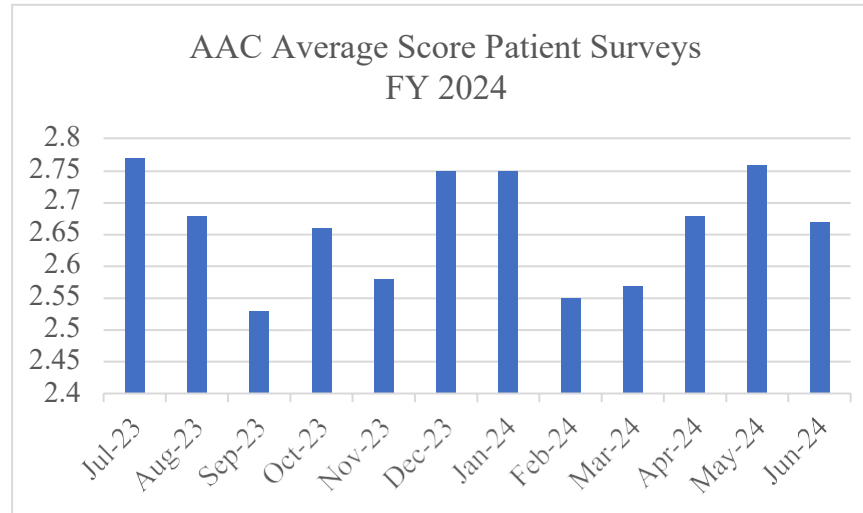
Goal: Score a 2.5 out of a 3 on all sections of the survey.

Measurement: Number reported, reported monthly

Department Responsible: Patient Advocate

FY2025 – FY2026

Month	Average Score
Jul-23	2.77
Aug-23	2.68
Sep-23	2.53
Oct-23	2.66
Nov-23	2.58
Dec-23	2.75
Jan-24	2.75
Feb-24	2.55
Mar-24	2.57
Apr-24	2.68
May-24	2.76
Jun-24	2.67



### **CLINICAL THERAPY:**

The Clinical Therapy Services department at Adair Acute Care (AAC) provides evidence-based treatment, helping patients achieve their treatment goals, and fostering success in the community. They conduct essential assessments, such as the Tobacco Use Assessment, Alcohol Use Disorders Identification Test (AUDIT), and Columbia Suicide Severity Rating Scales, to evaluate tobacco and alcohol usage patterns and suicide risk. Using comprehensive psychosocial assessments, the AAC Clinical Therapists develop individualized and evidence-based treatment plans with specific goals to address each patient's unique needs. Additionally, the AAC Clinical Therapy team delivers individual and/or group therapies utilizing evidence-based modalities to effectively address patients' treatment needs.

### **Goals and Updates:**

Over the past year, the AAC Clinical Therapy Services department provided individual and group therapies and clinical assessments to over 1,000 individuals admitted to AAC which were offered seven days a week, even as the department struggled with staffing challenges. The department currently has a 73% vacancy rate and requires significant agency staffing to provide adequate

FY2025 – FY2026

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services at the hospital. As a result, the department will continue to have ongoing expenses related to utilizing agency staff to fill vacant positions until the position can be permanently occupied. In the coming year, the department is looking to increase educational and licensing opportunities for staff as it relates to social detoxification programs and substance abuse assessment/treatment.

**DIETARY SERVICES:**

The Dietary Services Department at Osawatomie State Hospital (OSH) serves the dietary needs of patients. OSH serves Adair Acute Care (AAC) through a Memorandum of Understanding. Department dietitians regularly meet with patients to provide education and consultation to patients. The dietitians also continuously develop and evaluate the nutrition program and nutrition education program to ensure better patient care. The department also works with the contracted food service company to ensure food quality standards are met.

**Goals and Updates:**

The most immediate goal of the Dietary Services Department is to fill the Director of Nutrition Position. If filled, the department will operate at a smoother rate. In the coming fiscal year, the department plans to add a new event in March of 2024 during National Nutrition Month. Additional education, games, and prizes will be provided to patients who participate. The goal is to create and promote an awareness week for staff and patients in March 2024. Other costs for the department in FY 2024 include the purchase of updated reference manuals to be utilized by the registered dietitians.

**NURSING:**

The Nursing Department at Adair Acute Care plays a critical role in assessing and treating individuals who present with acute mental health conditions and medical conditions. The department consists of a dedicated team of nursing professionals who provide comprehensive care and support to ensure the well-being and recovery of patients. AAC is a short term, acute care psychiatric facility, where crisis stabilization and a quick return to the community is the norm.

**Key Components and Responsibilities:**

**Comprehensive Patient Assessment:**

The Nursing Department conducts thorough assessments of patients upon admission, considering both their mental health and medical conditions. Nurses gather essential information, perform physical and mental health evaluations, and collaborate with other healthcare



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professionals to develop individualized treatment plans.

**Integrated Care and Treatment:**

Nursing professionals deliver integrated care, addressing both mental health and medical needs of patients. They administer medications, closely monitor their effects, and ensure compliance with prescribed treatment regimens. Additionally, they provide ongoing support, education, and counseling to patients, promoting holistic well-being and recovery.

**Physical Health Monitoring:**

Recognizing the interconnectedness of mental and physical health, the nursing staff monitors vital signs, conducts regular physical health assessments, and collaborates with medical professionals to address any medical concerns that may arise during a patient's stay. This integrated approach ensures comprehensive care and timely interventions.

**Crisis Intervention and Stabilization:**

Nurses are trained in crisis intervention techniques and play a pivotal role in managing acute psychiatric crises. They provide immediate support, implement de-escalation strategies, and ensure a safe environment for patients and staff. Their expertise helps stabilize individuals in distress and facilitates the development of personalized treatment plans.

**Collaborative Multidisciplinary Approach:**

The Nursing Department works collaboratively with a multidisciplinary team, including psychiatrists, psychologists, social workers, and other healthcare professionals. Through regular team meetings, nurses contribute their valuable insights, actively participate in treatment planning, and coordinate care to optimize patient outcomes.

**Patient and Family Education:**

All nurses in the department take the initiative to educate patients and their families about mental health conditions, medical treatments, medications, and coping strategies. They provide guidance on managing symptoms, fostering healthy lifestyles, and promoting long-term recovery, empowering individuals to actively participate in their own care.

**Goals and Updates:**

The department has been focused on several important updates and initiatives to enhance the overall functioning and quality of patient care. These include creating safety protocols through implementing a zone strategy and three time a day environmental round.

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Adair Acute Care at OSH**  
**Program Title: Clinical Services**

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Efforts are being made to improve the quality of patient care and safety. The department implemented a zone strategy. The zone strategy assigns the MHTs for each shift one of several different zones for a period of 1 to 2 hours. The MHT is to remain in that zone and monitor the patients and environment of the zone they are assigned to. This was implemented to enhance safety of staff and patients by ensuring that there is a staff member in each area of the unit.

Mental Health Technicians are required to complete environmental rounds on the units three times a day. They are to round and check each room for potential safety issues and cleanliness. Those rounds are to be verified by a nursing supervisor and submitted after they are completed.

The department is actively working with staff to improve their ability to identify and manage psychiatric crises and improve trauma informed care. By implementing evidence-based interventions and crisis management techniques, staff will be better equipped to handle challenging situations and provide optimal care to patients in need.

**SCHEDULING:**

The scheduling department staffs and schedules the patient units with proper ratios to ensure patient care and safety for patients and staff for Osawatomie State Hospital (OSH). OSH serves staff for Adair Acute Care (AAC) through an MOU. The department staffs each unit accordingly: 2 Registered Nurses (RN), 1 Licensed Practical Nurse (LPN)/Licensed Mental Health Technician (LMHT), 4 Mental Health Technicians (MHT), in addition to staffing for current/potential 1:1 patient check(s) to increasingly ensure safety for all.

Staff is recruited to cover Requested Time Off (RTO), Crisis Prevention Institute (CPI)/Cardiopulmonary Resuscitation (CPR) trainings, patient appointments, sick leave, admin leave, work comp, and the Family Medical Leave Act leave.

The nursing service staff schedule is developed in accordance with current policy and procedure. The daily shift schedule is evaluated. This is on-going and requires hourly changes. The Scheduling Department develops plans for establishing schedules in the required time frames, performs office management duties, and oversees the maintenance of required staffing data. The Department provides information that requires immediate attention to executive staff and delegates other matters to various management nursing staff in unit programs. At times, the Scheduling Department manager advises other department head and executives on administrative policies related to staffing at the direction of a supervisor.

**TRIAGE:**

FY2025 – FY2026

The Triage Department at Osawatomie State Hospital (OSH) plays a crucial role in assessing and processing state screens for potential patients referred by community mental health centers. OSH serves Adair Acute Care (AAC) through a Memorandum of Understanding. Their main responsibility is to facilitate efficient communication among various stakeholders, including community partners, state agencies, community hospitals or sending agents, and the hospital psychiatrist. This communication is essential to determine whether psychiatric hospitalization is appropriate for the proposed patients, following established guidelines. The department collaborates closely with hospital administrators, the nursing department, and physicians to ensure that all relevant information about the proposed patients is communicated effectively. This comprehensive communication ensures that proper care and treatment can be provided if the patient is accepted for hospitalization.

### **Goals and Updates:**

Triage is continuously working to effectively master their process from time of receiving a screen to the time of admitting the patient by always evaluating how to improve the communication with community providers to get all the requested information timely to be able to process proposed patients once they are accepted. This year they have continued to work with Health Source and use EnzoCare for screening information and tracking.

### **NURSING EDUCATION:**

Nursing Education is the department responsible for training Nursing and Mental Health Technician Staff (MHT) at Osawatomie State Hospital (OSH). Through a Memorandum of Understanding, OSH provides education services to Adair Acute Care (AAC). Nursing Education uses oral presentations, computer-based training (CBT), and hands-on training to orientate employees. Nursing Education also offers Continuing Education credit hours that fulfill the requirements for state relicensing for Licensed Mental Health Technicians (LMHT), Registered Nurses (RN), and Licensed Practical Nurses (LPN).

In response to staff concerns and incidents on campus, nurses receive extensive training focused on patient interaction, patient boundaries, and handling patient contraband. Additionally, training is provided on the use of charting systems to ensure accurate documentation. WinPharm is utilized as a system to display medication orders, and LMHTs, RNs, and LPNs are trained to effectively manage and verify these orders. Pyxis, a medication storage machine located on patient units, is also a part of the training. Nurses learn how to access medication through the machine, document instances of wasted medication, record insulin usage, and document-controlled substances use such as anti-anxiety medication and specific painkillers. They are also instructed on conducting medication counts at the end of their shifts. Furthermore, the Patient Care System (PCS) is used for documenting patient charts, and nursing staff

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are trained on what can and cannot be charted, the importance of accurately detailing events, and the legal significance of maintaining precise and comprehensive patient charts.

**Goals and Updates:**

The EXPO event serves as Nursing Education's annual competency training, providing essential skills development. This comprehensive training program includes a combination of hands-on sessions and computer-based training (CBTs) tailored to meet the specific needs of each position. For instance, nurses receive a more extensive focus on CBTs and hands-on training compared to custodial staff. In addition to skills development, the EXPO event also addresses staff concerns. During the 2022 EXPO, the spotlight was on two key areas: Absent Without Leave codes (AWOL) and patient boundaries. These topics were selected based on past incidents at the hospital and the expressed interest of the staff in addressing them. Looking ahead to the 2023 EXPO, the emphasis will be on Medical Emergency codes ("Dr. Heart") and injection practices. This decision was made in response to staff concerns regarding potential shortcomings in these critical areas. By prioritizing these skills, staff apprehensions will be addressed by increasing proficiency in these areas.

In the future, the Electronic Health Record (EHR) system will be introduced. This advanced system will seamlessly integrate features from WinPharm and PCS, enhancing usability and efficiency. By merging these systems, operational workflows will be streamlined, resulting in improved processes. Additionally, the EHR system will seamlessly interact with Pyxis, the medication storage and management system, benefiting both staff and patients.

**INFECTION CONTROL:**

At Adair Acute Care, the Infection Prevention Department aims to create a safe environment for everyone in the healthcare facility, achieved by recommending and implementing risk reduction practices throughout all departments and among individuals. The program ensures safe, cost-effective patient care by reducing healthcare-associated infections. The department educates all staff on infection prevention principles and integrates them into standard practices across the organization. Employee Health supports the Infection Prevention and Control Program by providing vaccinations for staff and patients through a Memorandum of Understanding.

**Goals and Updates:**

In the past year, there were over 1,000 admissions to AAC. Each admission is reviewed within 72 hours of admission to any infection risk or precautions. Risks identified are brought to the attention of the Medical Staff and Nursing staff. Additionally in the last year,

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Adair Acute Care at OSH**  
**Program Title: Clinical Services**

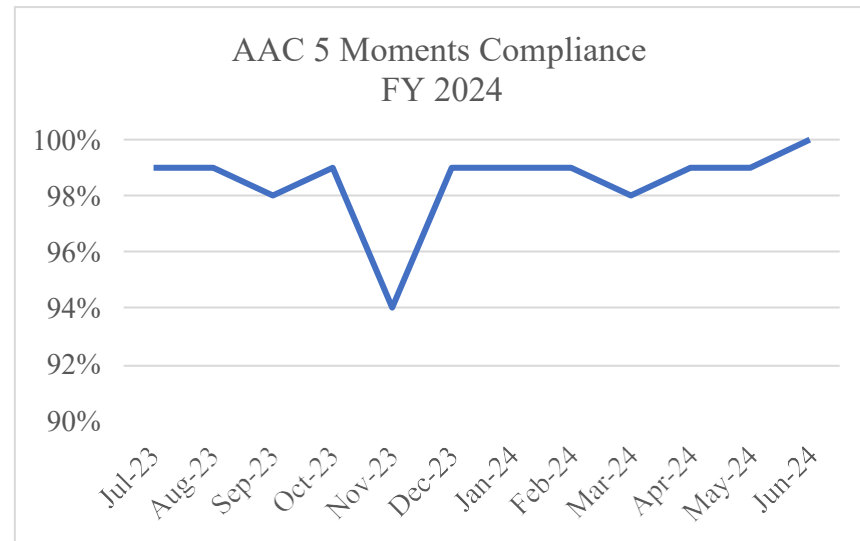
the frequency of unit rounding was increased to ensure the environment is clean and potential risks are identified and addressed as well as remaining compliant with CMS standards. The information collected from infections identified, environmental risks, and community risks are compiled together to develop the Infection Control Plan for the next year. Department goals are to strengthen all staff's knowledge of infection prevention practices, provide education routinely regarding policies and standards to ensure accreditation, collaboration with facilities and environmental services to ensure the environment is compliant with standards and decrease potential risks for infection through education and surveillance.

Goal: 90% of staff are following the 5 moments of handwashing.

Measurement: % of staff identified in infection control rounding meeting compliance guidelines recorded monthly.

Department Responsible: Infection Control

Month	Compliance Rate
Jul-23	99%
Aug-23	99%
Sep-23	98%
Oct-23	99%
Nov-23	94%
Dec-23	99%
Jan-24	99%
Feb-24	99%
Mar-24	98%
Apr-24	99%
May-24	99%
Jun-24	100%



FY2025 – FY2026

Performance Measures	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Healthcare associated infections (HAI) will rate remains below national average of 3.0	1%	1%	1%	1%	1%
Percent of staff in compliance with the 5 moments of handwashing.	93%	97%	98%	98%	98%

**Expenditures Clinical Services:**

Clinical	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Salaries and Wages	\$5,381,204	\$6,481,726	\$6,874,206	\$8,741,279	\$8,801,230
Shrinkage	\$0	\$0	\$0	(\$1,890,967)	(\$1,329,619)
Contractual Services	\$5,504,624	\$4,997,165	\$7,344,243	\$1,275,210	\$1,275,210
Commodities	\$29,543	\$31,356	\$20,685	\$267,225	\$267,225
Capital Outlay	\$0	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$699	\$0	\$0
<b>Total</b>	<b>\$10,915,371</b>	<b>\$11,510,247</b>	<b>\$14,239,833</b>	<b>\$8,392,747</b>	<b>\$9,014,046</b>

**Account Code 51000: Salaries and Wages**

This program provides direct treatment to patients admitted to AAC. The program is organized into two treatment units supervised by one Clinical Program Director who oversees the treatment process. The program consists of Direct Care staff including Mental Health Technicians and Registered and Licensed Practical Nurses. Direct care staff are assigned 24-hours a day 7-days a week. This program also includes clinical treatment staff consisting of Social Workers, Chemical Dependency Counselors, Clinical Therapists, Clinical Dietitians. Funds requested will provide salary and wage funds for 91.26 FTEs in FY 2025 FY 2026 for 26 pay periods, fringe

FY2025 – FY2026

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benefits, health insurance and longevity.

**FY 2025:** \$8,741,279 is requested. The shrinkage rate is 21.6%.

**FY 2026:** \$8,801,230 is requested. The shrinkage rate is 15.1%.

**Account Codes 52000 – 52900: Contractual Services**

This category includes all fee and service type expenses. Most expenses in this category are used for contracted staffing, in both licensed and unlicensed staffing categories, as well as social services. It should be noted in FY 2024, AAC continued to see an increased need for contracted staffing with an expectation that this need will continue in FY 2025 and FY 2026.

**FY 2025:** \$1,275,210 is requested.

**FY 2026:** \$1,275,210 is requested.

**Account Codes 53000 – 53900: Commodities**

This category includes professional and scientific supplies for medical equipment and testing.

**FY 2025:** \$267,225 is requested.

**FY 2026:** \$267,225 is requested.

**Account Code 54000 – 54900: Capital Outlay & Improvements**

No funds requested.

**FY 2025:** \$0 is requested.

**FY 2026:** \$0 is requested.

FY2025 – FY2026

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**Account Codes 59000 – 59900: Other Assistance**

No funds requested.

**FY 2025:** \$0 is requested.

**FY 2026:** \$0 is requested.

FY2025 – FY2026



**PROGRAM:** Physical Plant and Central Services – 96001

**Program Overview:**

This program encompasses a central heating plant operation, building and equipment maintenance, custodial and laundry services, and supply provision. This program and its subprograms fall under the purview of Osawatomie State Hospital (OSH). OSH serves Adair Acute Care (AAC) through a Memorandum of Understanding. The broader scope involves Facility Services responsible for property management and grounds care, Housekeeping ensuring building cleanliness, Safety and Security overseeing ground security and emergency situations, and Supply managing hospital inventory. The Laundry department ensures proper cleaning and sterilization of reusable items, all contributing to the efficient functioning and patient well-being within the hospital grounds. Finally, Procurement ensures a steady and proper flow of goods, services, and supplies to the campus.

**OPERATIONS:**

The smooth functioning of Osawatomie State Hospital (OSH) relies on Operations, which encompass Facility Services, Power Plant, Grounds, Custodial Services, Laundry Services, and Safety & Security Divisions. Facility Services employs a skilled team of carpenters, auto technicians, HVAC specialists, electricians, and plumbers who maintain and repair the facility's infrastructure. The Power Plant division ensures a reliable and consistent power supply throughout the institution. The Grounds division, consisting of arborists and mowers, tends to the campus grounds and buildings, including winter road clearance. Custodial Services uphold a high standard of cleanliness by cleaning all buildings on a timely schedule. Laundry Services handle the cleaning, folding, and sorting of patient laundry on a large scale. Simultaneously, Safety and Security provide security, emergency procedures, and fire safety with its own fire department. Additionally, OSH serves Adair Acute Care (AAC) through a Memorandum of Understanding.

**Goals and Updates:**

In the coming fiscal year, the department will focus on three main goals beyond regular upkeep. Firstly, the aim is to train supervisors and directors to lead more effectively and foster better relationships with their employees. This should lead to improved outcomes, including staff retention and better patient experiences. Secondly, the department plans to hire additional staff to maintain scheduling flexibility. The third and final goal involves moving Compliance from the Risk Management/Compliance Department to Operations. This transition will take place after hiring a new Director of Risk Management. By shifting the compliance positions to Operations, the department aims to enhance its ability to respond to ongoing changes in the hospital. The move will also facilitate the development of more effective policies and ensure comprehensive enforcement of current and future policies.

FY2025 – FY2026

**FACILITY SERVICES:**

Facility Services ensures the continuous and reliable operation of a facility, power plant, buildings, structures, grounds, utility systems, as well as automotive and real property for the Osawatomie State Hospital (OSH). OSH serves Adair Acute Care through a Memorandum of Understanding. The responsibilities encompass both routine maintenance and emergency response to maintain these assets in optimal condition for continuous use. This skilled team of professionals is responsible for executing planned maintenance tasks, inspections, and repairs to prevent potential issues and ensure the longevity of the assets. Additionally, they promptly address emergency situations to minimize downtime and restore functionality. From conducting routine checks on equipment and systems to managing repairs and upgrades, the Facilities Department ensures the safety, efficiency, and seamless operation of the entire facility, contributing to the smooth functioning of day-to-day operation.

**Goals and Updates:**

The Facilities Services Department is pleased to announce the implementation of a new software program, TMA, which will enhance our ability to manage both the daily operations and the data management aspects of our facility services. This innovative tool will streamline our processes, allowing for improved efficiency and effectiveness in our service delivery.

In addition to the TMA software, we are excited to introduce a dedicated facility service storeroom. This new resource will enable us to effectively manage tools, equipment, and parts necessary for repairs across the campus. By centralizing our inventory, we anticipate a significant reduction in turnaround times for repairs, as well as improved tracking of parts and labor allocation. This initiative is designed to enhance our operational capabilities and ensure that we can respond promptly to the needs of our campus community.

Furthermore, we are committed to maintaining the highest standards of safety and compliance within our department. To this end, all Facilities Services staff will undergo OSHA 10 training. This training will equip our team with the essential knowledge and skills required to uphold safety protocols, thereby ensuring the well-being of our staff, patients, and visitors.

We believe that these advancements will not only improve our service delivery but also foster a safer and more efficient working environment. We look forward to the positive impact these initiatives will have on our operations and the overall experience of those we serve. Thank you for your continued support as we strive to enhance our facilities services

**POWER PLANT:**

The Power Plant is responsible for the efficient operation, maintenance, and management of the power plant facility at Osawatomie State Hospital. OSH serves Adair Acute Care through a Memorandum of Understanding. The department's personnel oversee, operate, and maintain complex equipment including turbines, generators, and control systems, ensuring the continuous and reliable production of electricity. They conduct routine inspections, perform repairs, and implement preventive measures to optimize plant performance and enhance safety standards. Additionally, the Power Plant Department adheres to environmental regulations, striving to minimize the facility's ecological footprint and contributing to the sustainable growth of power generation.

**Goals and Updates:**

In the upcoming year, the Power Plant Department will concentrate on two significant initiatives aimed at enhancing our operational efficiency and ensuring the safety and reliability of our services.

The first initiative involves a comprehensive upgrade of our equipment, specifically the replacement of Boiler 3. This project is substantial in scope and will require the removal of an external wall of the facility to facilitate the safe extraction of the existing boiler and the installation of the new equipment. This upgrade is essential not only for improving our energy efficiency but also for ensuring that our systems meet the latest safety and environmental standards. The successful execution of this project will enhance our operational capabilities and contribute to the overall reliability of our power generation processes.

The second area of focus will be the training and development of our staff within the Power Plant Department. As we introduce new equipment, it is imperative that our team is well-equipped with the knowledge and skills necessary for its proper care and maintenance. We will implement a comprehensive training program designed to familiarize staff with the operational protocols and maintenance requirements of the new boiler system. This training will emphasize the importance of regular maintenance practices, which are critical for ensuring the safety of our staff, patients, and visitors. Additionally, proper maintenance is vital for maximizing the operational lifespan of the new equipment, thereby safeguarding our investment, and ensuring that it functions optimally throughout its expected life expectancy.

By focusing on these two key areas—upgrading our equipment and enhancing staff training—we aim to foster a culture of safety and excellence within the Power Plant Department. We are committed to providing a reliable and efficient power supply that supports the hospital's mission and enhances the overall experience for all who rely on our services. We appreciate the continued support of our

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stakeholders as we embark on these important initiatives, and we look forward to sharing our progress in the coming year. Thank you for your trust in our department as we strive to uphold the highest standards of operational excellence and safety.

**GROUND:**

The 300-acre landscape of the Osawatimie State Hospital and Adair Acute Care (through a Memorandum of Understanding) are maintained by the Grounds Department. Mowing, trimming, felling, planting trees and flowers, pruning and watering shrubs, and edging sidewalks and curbs are the department's main focus in the spring, summer, and fall months. Chemicals are used for broad leaf weeds in the spring and fall. The Department is also responsible for maintaining all street signs and painting curbs and various other reserved parking areas on the campus. In the winter months, all snow removal on the streets and sidewalks throughout the campus is the department's responsibility.

**Goals and Updates:**

The Grounds Department is committed to maintaining an attractive and safe environment for all who visit and work at the hospital. In the upcoming year, we have planned several initiatives aimed at enhancing the aesthetic appeal and safety of our grounds.

One of our primary focuses will be the trimming of numerous trees throughout the property. This essential maintenance will not only improve the visual landscape but also promote the health and longevity of the trees, ensuring they remain a vital part of our environment. Additionally, we will be installing flowerbeds around multiple buildings on the grounds. These flowerbeds will contribute to a more inviting atmosphere, enhancing the overall experience for staff, patients, and visitors alike.

During the winter months, the Grounds Department plays a crucial role in ensuring safety across the campus. We utilize heavy equipment and dedicated manpower to efficiently remove snow from streets and walkways. This proactive approach is vital in maintaining safe access for all individuals on the premises, thereby minimizing the risk of accidents and ensuring that our staff, patients, and visitors can navigate the grounds safely and comfortably.

Through these efforts, the Grounds Department aims to create a welcoming and secure environment that reflects our commitment to excellence in service. We appreciate the support of our community as we work diligently to enhance the hospital grounds and ensure a positive experience for everyone who visits. Thank you for your continued trust in our department as we strive to uphold the highest standards of safety and aesthetics.

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**SAFETY & SECURITY:**

Safety and Security provides Osawatomie State Hospital and Adair Acute Care (through a Memorandum of Understanding) security for patients, staff, and visitors, ensuring a safe environment on campus. In emergency situations, the department's handle incidents effectively, and the on-site fire department enhances the campus's emergency response capabilities. Safety and Security collaborates closely with the Kansas State Fire Marshall's Office to maintain safety standards. The department also manages visitor check-in through on-site dispatch and handles telecommunication operations for the campus. Their responsibilities also include conducting monthly fire extinguisher checks, fire drills, weekly and monthly building inspections, as well as daily door checks and animal control.

**Goals and Updates:**

The Safety and Security Department is pleased to announce the ongoing integration of new staff members into our team. As we expand our workforce, our primary focus remains on ensuring that both new and existing personnel are equipped with the necessary tools and training to maintain a safe environment for all staff, patients, and visitors.

To achieve this goal, we are committed to providing comprehensive training programs which cover essential safety protocols, emergency response procedures, and the proper use of equipment. This training is designed not only to familiarize our team with the specific responsibilities of their roles but also to instill a strong culture of safety and vigilance throughout the department. By prioritizing education and skill development, we aim to empower our staff to respond effectively to any situation that may arise, thereby enhancing the overall safety of our facility.

The Chief of Safety and Security plays a pivotal role in fostering a culture of accountability within the department. By emphasizing the importance of individual responsibility, the Chief encourages all team members to take ownership of their roles and contribute to the collective mission of ensuring safety and security. This focus on accountability is essential for promoting professional growth and a sense of purpose among staff members. It encourages open communication, collaboration, and a shared commitment to excellence in service delivery.

Furthermore, the department is dedicated to regularly assessing and updating our safety protocols and training programs to reflect the latest industry standards and best practices. This proactive approach ensures that our staff remains well-prepared to address emerging challenges and adapt to the evolving needs of our facility.

**Zones:** Zones were created to increase safety on the units.

To accomplish the zones, we created a zone schedule for each unit for the officers to follow. The zone time was increased to thirty minutes on each unit and then rotate to the adjacent unit on each building. After each unit zone was complete, it is followed up with a perimeter check. This has increased the amount of time spend on the units by security to approximately 4.25 hours each day. The supervisor is responsible for zone checks to ensure that the officers are following the set schedule. The zones also created structure for the department which decreased the daily miles of the security vehicles.

**Trainings:** Assessments and job-related trainings

We have selected two department trainings for our area of focus. The first area was dispatcher training. Each officer will receive dispatch training to obtain a basic understanding of what to do in situations that may arise while dispatching. At the end of the trainings, each safety and security officer will complete a dispatch assessment test. The test will then repeat semi-annually. This is designed to improve the understanding of this position. Our second department training was focused on fire drills. A power-point was developed explaining each step of the fire drill. A step-by-step explanation of how to properly complete the paperwork was developed since this has been an area of focus with new employees. We used our AWOL policy as our QAPI. A power point was used to explain the policy and completed a training with each shift. We have been running weekly simulated AWOL drills with security to improve our response and become more familiar with what to do when if it were to happen.

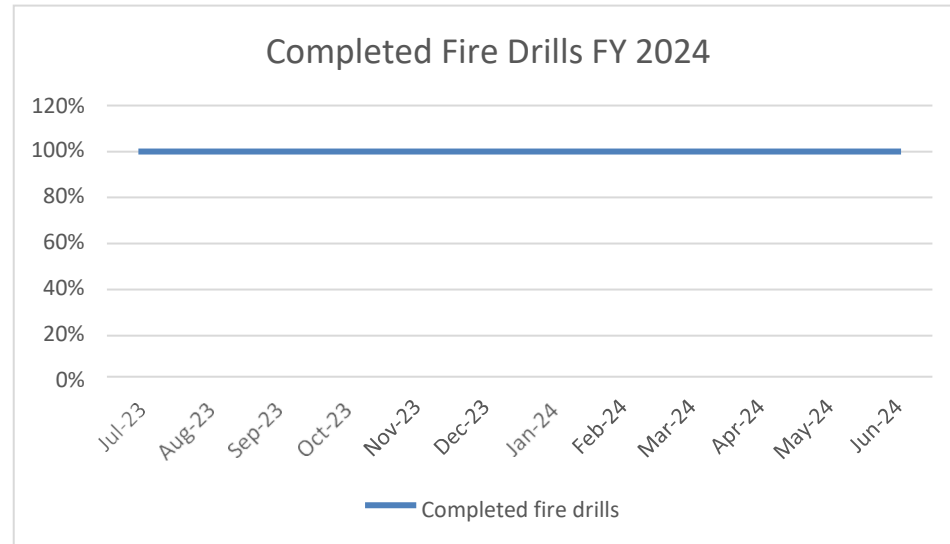
**Performance Based Budgeting Goals:**

Goal: Aid with the inspection and testing of fire alarm and fire detection systems and automatic fire extinguishing systems

Measurement: Percentage of inspections and testing assistance provided recorded monthly

Department Responsible: Safety and Security

Month	Completed Fire Drills
Jul-23	100%
Aug-23	100%
Sep-23	100%
Oct-23	100%
Nov-23	100%
Dec-23	100%
Jan-24	100%
Feb-24	100%
Mar-24	100%
Apr-24	100%
May-24	100%
Jun-24	100%



### **CUSTODIAL:**

The Custodial Department at Osawatomie State Hospital (OSH) maintains cleanliness and hygiene for patients and staff. Through a Memorandum of Understanding, OSH serves facilities at Adair Acute Care (AAC). OSH also employs AgTac Services (ATS) staff due to staffing shortages. Responsibilities include ensuring restrooms, staff rooms, patient units, showers, and all other buildings receive deep cleaning and sanitization daily and weekly. In the patient units, bed strips are performed, and deep cleaning of patient rooms are conducted. The methods used for cleaning are sweeping, mopping, dusting, buffering, stripping, and waxing of floors. The department cleans, folds, and sorts patients' laundry. Moreover, a deeper cleaning is given to soiled clothing as well as being separated in the cleaning process. In the past fiscal year, the department cleans over 14,000 pounds of patient laundry monthly for OSH.

### **Goals and Updates:**

The department is always looking to hire more quality staff to enable better cleaning routines around campus. Goals for the coming

FY2025 – FY2026

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year is to order new supplies for the coming fiscal year and teach more safety to staff regarding use of cleaning materials.

**PURCHASING:**

The purpose of the Purchasing department is to ensure that Osawatomie State Hospital (OSH) and Adair Acute Care (AAC) run smoothly as possible when it comes to procuring goods and services. OSH serves AAC through a Memorandum of Understanding, charging AAC for goods and services based on utilization. The department oversees the purchasing and contract work for the agency using the purchasing authority, identifies business requirements for goods, materials, services and find reliable suppliers to meet these requirements. Contracted vendors or non-contracted vendors approved by the State of Kansas must be used.

OSH Purchasing & Contracts Department reviews each request for appropriate vendor if items can be purchased on contract or off contract. It follows the requisition process from entry in the Statewide Management, Accounting, and Reporting Tool (SMART), ensuring correct accounting codes are used to ensure the proper funds are being utilized as directed by the OSH Chief Financial Officer, to purchase order dispatched and the items are ordered. Items purchased are inspected to ensure correct shipment was received and communication with vendors is maintained if there are discrepancies in the order.

OSH Purchasing & Contracts Department create specifications or scope of work for bid events needed by the agency for goods, materials, or services. It reviews the bid documents and make recommendations of contract awards to the Department of Administration Office of Procurement & Contract through the Procurement Negotiations Committee and the bid evaluation process. Quotes are processed and requests are submitted for quotes to qualified vendors for requested items. Returned Quotes are inspected for processing and purchasing.

**Goals and Updates:**

The department proposes a new warehouse building, an upgraded inventory system, and a wage increase for the storekeeper position. A new warehouse would enable proper storage of certain assets. An upgraded inventory system would free the department of customer service issues with the current system. This would enable smoother operation of the department. The Storekeeper position having its wage increased would allow for more quality staff to hold the position, in turn allowing for better outcomes in the department.



**Expenditures Physical Plant and Central Services:**

Physical Plant and Central Services	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Salaries and Wages	\$1,436,082	\$1,792,393	\$1,994,963	\$2,110,739	\$2,125,509
Shrinkage	\$0	\$0	\$0	(\$200,000)	(\$200,000)
Contractual Services	\$558,103	\$825,791	\$761,814	\$795,536	\$302,650
Commodities	\$331,429	\$349,573	\$422,307	\$242,402	\$242,402
Capital Outlay	\$8,892	\$57,084	\$123,472	\$178,310	\$178,310
Capital Improvements	\$0	\$10,430	\$527	\$750	\$750
Other	\$0	\$0	\$0	\$0	\$0
<b>Total</b>	<b>\$2,334,506</b>	<b>\$3,035,271</b>	<b>\$3,303,083</b>	<b>\$3,127,737</b>	<b>\$2,649,621</b>

**Account Code 51000: Salaries and Wages**

Funds requested will provide salary and wages 30.6 FTEs for 26 pay periods, fringe benefits, health insurance and longevity.

**FY 2025:** \$2,110,739 is requested. The shrinkage rate is 9.5%.

**FY 2026:** \$2,125,509 The shrinkage rate is 9.4%

**Account Codes 52000 – 52900: Contractual Services**

The major expense in this category is for utilities including natural gas, electricity, water, and sewer service. Trash service is provided by contract.

Also, included in this category is repair and servicing completed by non-OSH maintenance personnel. The repairs and servicing work that cannot be completed by OSH's maintenance staff includes specialized work on the stand-by electrical generating system, compressor and electrical motor rebuilding, repair work on state-owned motor vehicles, fire alarm system maintenance, boiler maintenance, termite treatment services, hazardous chemical removal (i.e., paint, solvents), hydrostatic testing of fire extinguishers to

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Adair Acute Care at OSH**  
**Program Title: Physical Plant and Central Services**

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comply with NFPA Life Safety Code Standards and other service contracts. This category also includes augmented staffing for housekeeping services.

**FY 2025:** \$795,536 is requested.

**FY 2026:** \$302,650 is requested.

**Account Codes 53000 – 53900: Commodities**

Funds are requested for office and other operating supplies, tools used by the Facility Services staff, supplies used by the power plant in maintaining equipment, general supplies for the entire campus, nursing supplies, housekeeping, and laundry supplies. The Food Service Operation has been contracted out, but funds will still be needed to cover the cost of the contract.

**FY 2025:** \$242,402 is requested.

**FY 2026:** \$242,402 is requested.

**Account Code 54000 – 54900: Capital Outlay**

Funds are requested to address equipment needs, as well as capital outlay related to the upkeep of AAC.

**FY 2025:** \$178,310 is requested.

**FY 2026:** \$178,310 is requested.

**Account Code 55000 – 55900: Capital Improvements**

Funds are requested to address equipment needs, as well as capital outlay related to the upkeep of AAC.

**FY 2025:** \$750 is requested.

**FY 2026:** \$750 is requested.

FY2025 – FY2026

**August 23, 2024**

**Mr. Adam Proffitt, Director  
Division of the Budget  
Landon State Office Building  
900 SW Jackson - Room 504 North  
Topeka, KS66612**

**Dear Mr. Proffitt:**

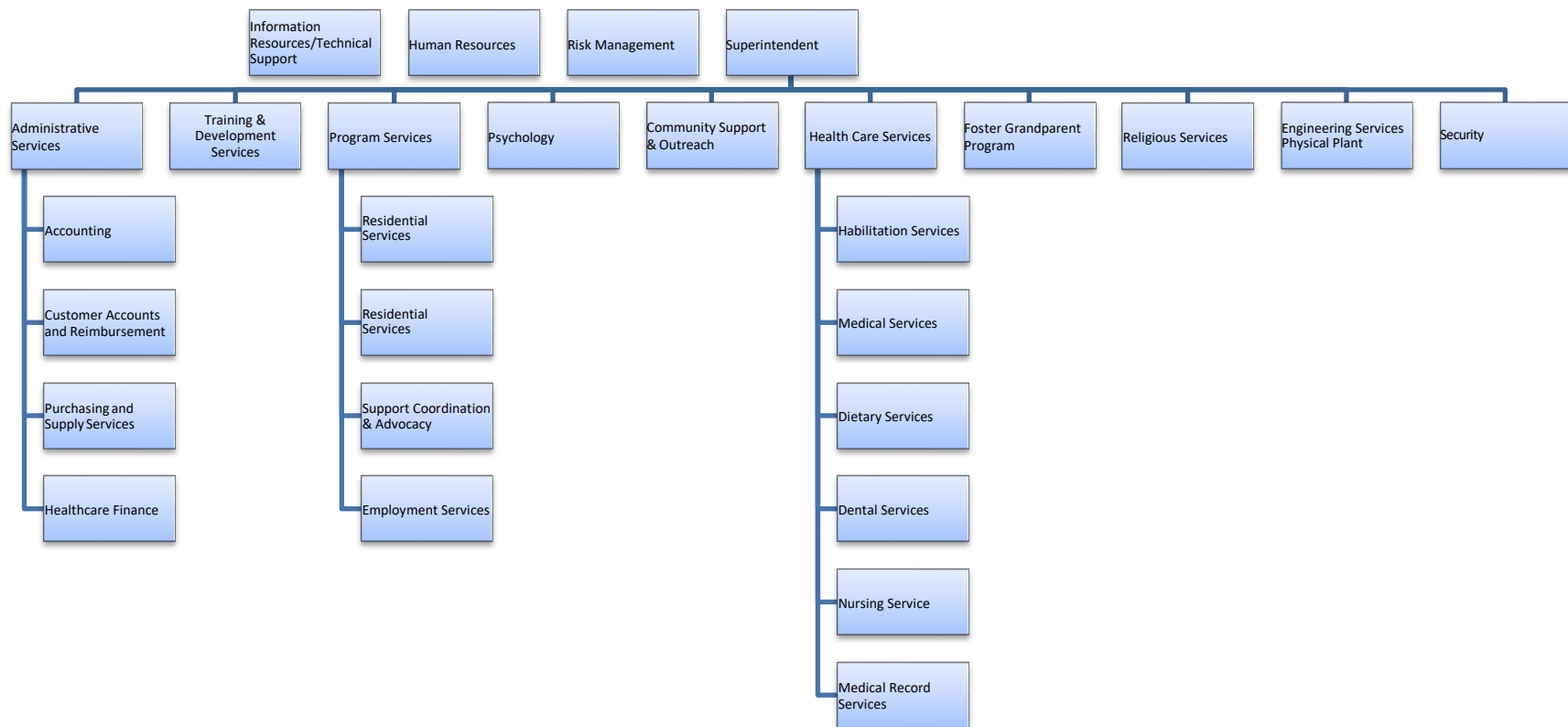
**As Superintendent of the Kansas Neurological Institute (KNI), I. Hereby submit for your consideration the FY 2025 -FY 2026 budget document for the facility. It has been prepared in accordance with the instructions, and to the best of my knowledge and belief, the information included is correct and complete.**

**As always, my staff and I are prepared to provide any additional information that you or our budget analyst may require.**

**Sincerely,**



**Dr. Mike Dixon  
Acting Superintendent  
Kansas Neurological Institute**



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**GENERAL AGENCY INFORMATION**

**AGENCY MISSION:**

The mission of Kansas Neurological Institute (KNI) is to support each person who lives at KNI to have a meaningful life. We will accomplish this by ensuring wellbeing, providing opportunities for choice, promoting personal relationships, encouraging participation in the community, and recognizing individuality.

**AGENCY VISION:**

KNI's vision is to be a leader and community resource in providing individualized supports to people with developmental disabilities. We will accomplish this by providing excellent person-centered, customer-focused supports for the people who live at KNI, by being a resource within Kansas and throughout the United States regarding issues affecting people with developmental disabilities, by being a positive and cooperative work environment, and by being a learning organization that provides creative supports to address evolving needs and opportunities.

**AGENCY PHILOSOPHY:**

KNI's philosophy is that people with developmental disabilities, including people with profound multiple disabilities, should have the opportunity to participate in the everyday activities and special events that make life worthwhile for all people. KNI believes people with disabilities are not broken human beings in need of programs to fix them. They are people in need of support and assistance to make choices and achieve personal goals. KNI is committed to understanding and meeting the unique needs of each person supported by the agency, to promoting respectful individualized treatment for all people and to providing services that meet and exceed the expectations of service users and their families.

**STATUTORY HISTORY:**

The Kansas Neurological Institute was established in 1959 (L. 1959, Ch. 361, Par. 3) on grounds formerly occupied by Winter Veterans Hospital. Its purpose was defined as "evaluation, treatment and care of the mentally retarded, training of personnel and research in the causes and prevention and proper methods of treatment and training of mentally retarded children." During the past 30 years, the community services system has expanded significantly and there has been an increased emphasis on providing services to people in their home communities. Statutes governing KNI are K.S.A. 76-17c01 to 76-17c06.

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**ACCREDITATION AND CERTIFICATION:**

KNI is certified by the federal government as an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IDD) under Title XIX of the Social Security Act. As part of that certification, inspection teams from the Kansas Department on Aging were responsible for assessing the agency's adherence to federal regulations. Because of Executive Reorganization Order No. 41 that became effective on July 1, 2012, responsibility for inspections was shifted to the Kansas Department of Health and Environment (KDHE) at that time. Any deficiencies in meeting certification standards are recorded and reported to the federal Centers for Medicare and Medicaid Services (CMS) and deficiencies must be corrected according to a Plan of Correction submitted by KNI and approved by CMS. A follow-up survey is made to assure any required corrections have been completed, and to determine if KNI continues to meet requirements for certification. Failure to comply could result in decertification and/or penalization by eliminating Title XIX funds.

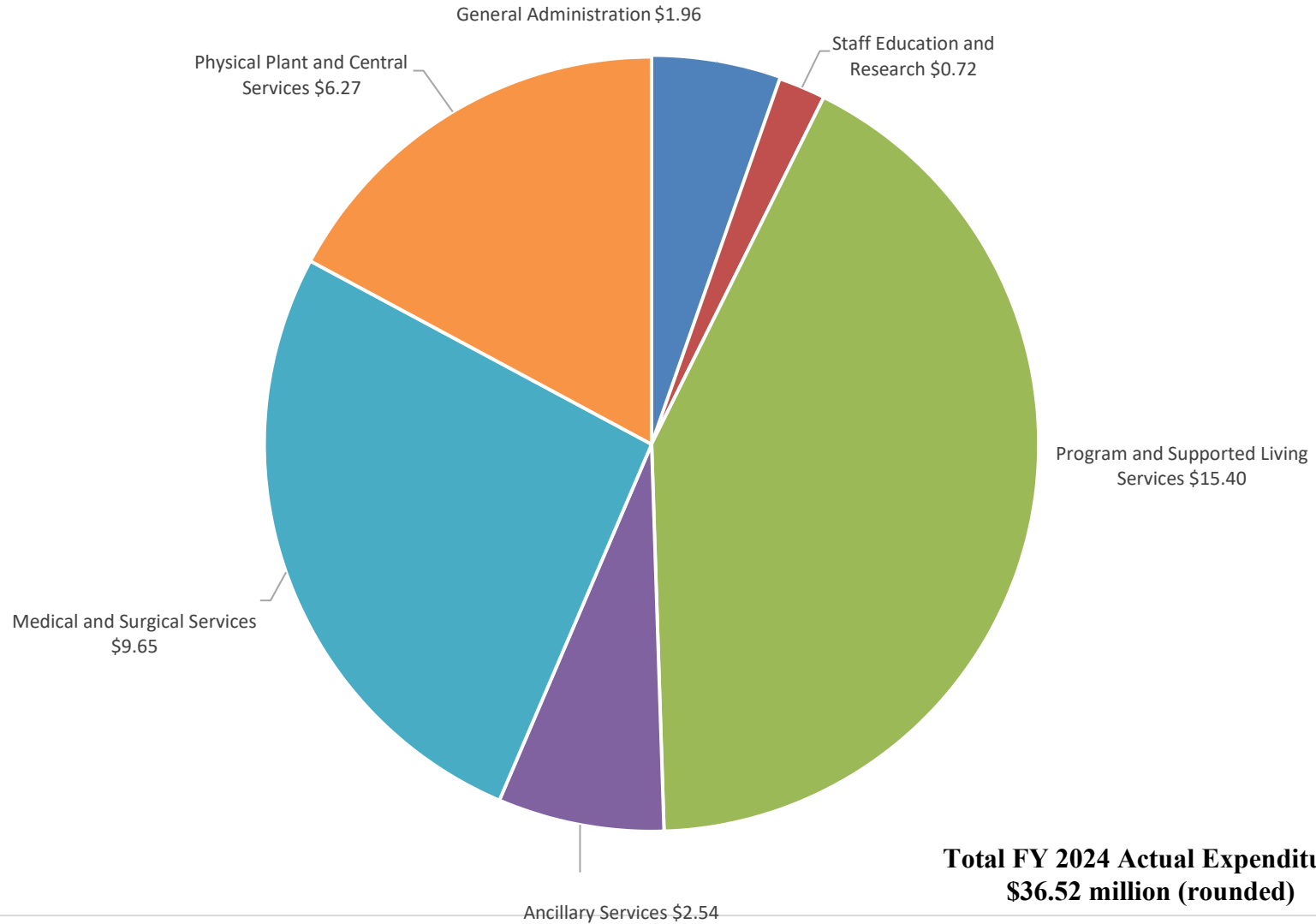
**OVERVIEW OF CURRENT AND BUDGET YEAR INFORMATION:**

**Agency Overview:** KNI estimates FY 2025 operating expenditures of \$37,402,994 including \$17,975,270 from the State General Fund. The budget for salary and wages includes longevity bonuses of \$40 per year of service, as approved by the 2024 Legislature. The shrinkage rate is 14.675%.

The FY 2026 budget request reflects flat overall spending from FY 2025. KNI estimates operating expenditures of \$37,533,612 including \$18,206,190 from the State General Fund. The salary and wage budget represent flat funding with accompanying increases in fringe benefits and health insurance. No COLA or step movement are included. The shrinkage rate is 14.70%.

**Initiatives:** KNI's primary initiative is to provide a comprehensive array of high-quality person-centered services that meet and exceed the expectations of our customers---the people with profound, multiple disabilities who receive services from the agency and the legal guardians and family members who often must advocate on behalf of the people who live at KNI because of the severity of their disabilities. A secondary initiative is to gradually expand the provision of outreach services provided by KNI to contribute to an overall increase in capacity within the Kansas developmental disabilities services system.

## FY 2024 Actual Expenditures by Program In Millions



FY2025 – FY2026

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Kansas Neurological Institute**  
**Program Title: Agency Overview**

<b>FY 2020 - FY 2024 Revised Requested FTE and UP/UT Positions</b>	<b>FY 2022 Actuals</b>		<b>FY 2023 Actuals</b>		<b>FY 2024 Actuals</b>		<b>FY 2025 Estimate</b>		<b>FY 2026 Estimate</b>	
<b>Program</b>	<b>FTE</b>	<b>UP/UT</b>	<b>FTE</b>	<b>UP/UT</b>	<b>FTE</b>	<b>UP/UT</b>	<b>FTE</b>	<b>UP/UT</b>	<b>FTE</b>	<b>UP/UT</b>
Administration	14.00	13.00	15.00	14.00	20.00	19.00	20.00	19.00	20.00	19.00
Staff Education and Research	13.00	7.00	12.00	8.00	13.00	9.00	13.00	9.00	13.00	9.00
Program and Support Living	295.00	201.00	294.00	215.00	294.00	216.00	294.00	216.00	294.00	216.00
Ancillary Services	21.50	12.50	23.00	16.00	25.00	18.00	25.00	18.00	25.00	18.00
Medical and Surgical Services	42.00	30.00	40.50	30.00	53.00	42.00	53.00	42.00	53.00	42.00
Physical Plant/Central Services	52.00	32.00	53.00	38.00	59.80	44.80	59.80	44.80	59.80	44.80
<b>TOTAL APPROVED POSITIONS</b>	437.50	295.50	437.50	321.00	464.80	348.80	464.80	348.80	464.80	348.80

KNI FTE count increased from 437.50 to 464.80 during FY 2024, KNI added an Assistant Superintendent, Chief of Operations, Assistant Human Resource Director, Human Resource Coordinator, Information Technology Manager, Technology Support Consultant, Staff Development Specialist, Behavior Tech, Behavior Analyst, Licensed Practical Nurse, 2 (two) Program Managers, 2 (two) facilities specialist, 3 (three) Safety and Security Officers. 3 (three) Registered Nurses, 6 (six) Certified Medication Aides.

Due to staffing issues along with KDHE survey recommendations, restructure of departments was required to ensure the safety and well-being of the people who live at KNI along with making sure all KNI employees have the support they need to succeed.

With the current salary increases and various bonuses such as pick up shift bonus, sign-on bonus, retention bonus, etc. authorized by the governor to help reduce the cost of agency staff, KNI is seeing an increase in applications and hope to fill all current vacant positions. As of 08/19/2024, KNI has filled 20 of the current vacant positions since 07/01/2024.

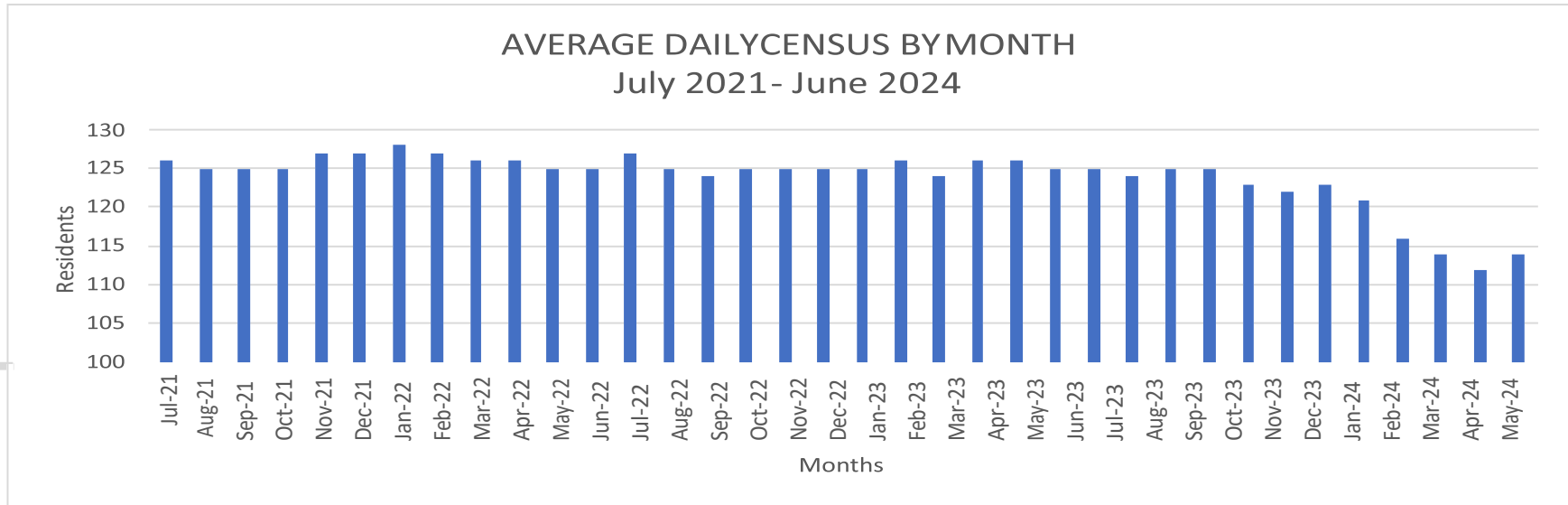


**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Kansas Neurological Institute**  
**Program Title: Agency Overview**

<b>Resident Movement</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Actuals</b>	<b>FY 2025 Estimate</b>	<b>FY 2026 Estimate</b>
Rated Bed Capacity	454	454	454	454	454
Optimal Maximum Bed Capacity					
Residents "On The Books" at the beginning of the fiscal year	128	127	128	116	116
<b>ADDITIONS</b>					
First Admissions	5	3	2	4	4
Re-Admissions	0	0	1	0	0
Transfers In - Other KDADS Institutions	0	0	0	0	0
Respite	0	0	0	0	0
<b>TOTAL</b>	<b>5</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>4</b>
Total Beds	133	130	131	120	120
<b>SEPERATIONS</b>					
Discharges	2	1	3	0	0
Deaths in Institutions	4	0	5	4	4
Deaths in Community Care (Hospital)	0	1	7	0	0
Transfers Out - Other KDADS Institutions	0	0	0	0	0
Respite	0	0	0	0	0
<b>TOTAL</b>	<b>6</b>	<b>2</b>	<b>15</b>	<b>4</b>	<b>4</b>
Residents "On The Books" at the End of the Fiscal Year	127	128	116	116	116
Residents on Therapeutic or Hospital leave at the End of Fiscal Year	0	3	0	0	0
Residents on Campus at the Beginning of the Fiscal Year	128	127	125	116	116
Residents on Campus at the End of the Fiscal Year	127	125	116	116	116
Daily Average of Residents on Campus	126	125	121	116	116

FY2025 – FY2026



Average Daily Census by Fiscal Year	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY2025 Estimate	FY2026 Estimate
Total	126	125	121	118	118

**Third Party Leases/Contracts:**

KNI currently has no third-party contracts.

**Land Holdings and Leases:**

Legal Description of KNI property:

That part of the Northwest Quarter and the Southwest Quarter and the West Half of the Northeast Quarter and the West Half of the Southeast Quarter of Section 11, Township 12 South, Range 15 East of the Sixth Principal Meridian, in the City of Topeka Shawnee County, Kansas described as COMMENCING at the Northwest Corner of Said Southwest Quarter; thence along the west line of said Southwest Quarter on a bearing of S01°03'51"E (SPCS NAD 83, Kansas North Zone Grid Bearing), 1725.75 feet, more or less, to the centerline of the Shunganunga Creek and being the POINT OF BEGINNING; thence along said west line N01°03'51"W, 411.72 feet; thence N88°29'41"E, 2319.19 feet; thence N01°09'02"W, 1345.29 feet; thence N00°43'25"W, 856.91 feet; thence S88°37'39"W, 3.42 feet; thence S01°06'44"E, 187.33 feet; thence S88°37'39"W, 558.75 feet; thence N01°21'35"W, 122.53 feet; thence N62°12'53"W, 133.00 feet; thence N01°21'35"W, 1737.31 feet; to a point on the south right-of-way line of SW 21st Street, being a perpendicular distance of 55.00 feet south of the north line of said Northwest Quarter; thence along said right-of-way line N87°44'08"E, 1017.10 feet to the east line of said Northwest Quarter; thence along said east line N01°07'17"W, 25.00 feet; thence N87°44'08"E, 30.01 feet; thence S01°07'17"E, 290.46 feet to the southwest corner of Lot 4, Block 2, Romig's Subdivision; thence along the south line of said Subdivision and Romig's Subdivision No. 2, (a replat of part of Romig's) N87°44'41"E, 1301.64 feet to the east line of the West Half of said Northeast Quarter; thence along said east line S01°08'45"E, 2283.62 feet to a point being a perpendicular distance of 50.00 feet north of the south line of the West Half of said Northeast Quarter; thence parallel with said south line S87°39'22"W, 600.13 feet; thence S01°08'45"E, 50.01 feet to said south line; thence parallel with the east line of the West Half of said Southeast Quarter S01°10'35"E, 300.06 feet; thence N87°39'22"E, 600.12 feet; to the east line of the West Half of said Southeast Quarter; thence along the east line of the West Half of said Southeast Quarter S01°10'31"E, 835.25 feet, more or less, to the centerline of the Shunganunga Creek; thence westerly along the meanderings of said centerline to the POINT OF BEGINNING; containing 231 acres, more or less, including 2.59 acres of street right-of-way.

The area on the southern edge of the campus, approximately 72 acres, is leased without monetary consideration, to the City of Topeka for park and recreational purposes. This is in accordance with K.S.A. 76-17c07 1981 Supplement to the Kansas Statutes Annotated. The period of the lease is not to exceed ten years in duration with five-year renewal terms thereafter.

The area immediately north of the 72 acres, that contains approximately 39 acres, is in grass. The only expenditure is for mowing the area periodically. The buildings and land that are utilized as part of KNI is approximately 110 acres, bordered by 21<sup>st</sup> Street on the north, Randolph Street on the east, the Veteran's Administration Hospital on the west and the grassland to the south. The main entrance to the facility is at the intersection of West 21<sup>st</sup> Street and Oakley Street, Topeka, KS.

Narrative Information – DA 400  
Division of the Budget  
State of Kansas

Agency Name: Kansas Neurological Institute  
Program Title: Revenues

EXPLANATION OF RECEIPT ESTIMATES - DA 405											
FY 2025 State General Fund Limitations											
Agency	Name	Fund Name	Fund	BU	FY 2025 Approved Expenditures	FY 2025 Re- appropriation	Transfers	Supplemental/ Reduction Package	SGF Transfers	FY 24 Cash Forward	FY25 Adjusted Expenditure Request
410	Larned State Hospital	SGF Operating	1000	0103	\$45,329,251	\$695,526	\$5,120,526	\$35,299,775	-	-	\$86,445,078
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF-SPTP New Crime	1000	0110	\$5,000	\$9,540	(\$14,540)	-	-	-	\$0
		SGF - SPTP	1000	0200	\$25,135,888	\$827,628	\$1,721,382	-	-	-	\$27,684,898
494	Osawatomie State Hospital	SGF Operating	1000	0100	\$37,352,139	-	\$2,418,026	\$3,250,000	-	-	\$43,020,165
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF SPTP-MiCo	1000	0200	\$1,661,535	-	\$663,772	-	-	-	\$2,325,307
	Adair Acute Care	SGF Certified Care	1000	0101	\$6,537,396	-	\$1,659,430	\$7,750,000	-	-	\$15,946,826
507	Parsons State Hospital	SGF Operating	1000	0100	\$19,977,997	-	\$2,091,067	-	-	-	\$22,069,064
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF- SPTP	1000	0200	\$2,188,438	\$406,769	-	-	-	-	\$2,595,207
363	Kansas Neurological	SGF Operating	1000	0303	\$16,262,805	-	\$1,712,315	-	-	-	\$17,975,120
		SGF Hospitality	1000	0304	\$150	-	-	-	-	-	\$150
	<b>Total SGF</b>				\$154,451,049	\$1,939,463	\$15,371,978	\$46,299,775	\$0	\$0	\$218,062,265
FY 2026 State General Fund Limitations											
Agency	Name	Fund Name	Fund	BU	FY 2026 Estimated Expenditures	FY 2026 Re- appropriation	Transfer	Enhancement/ Reduction Package	SGF Transfers	KDADS Transfer IN	FY26 Adjusted Expenditure Request
410	Larned State Hospital	SGF Operating	1000	0103	\$51,074,082	-	-	\$37,472,029	-	-	\$88,546,111
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF-SPTP New Crime	1000	0110	\$0	-	-	-	-	-	\$0
		SGF - SPTP	1000	0200	\$26,847,730	-	-	-	-	-	\$26,847,730
494	Osawatomie State Hospital	SGF Operating	1000	0100	\$39,500,000	-	-	\$3,503,723	-	-	\$43,003,723
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF SPTP-MiCo	1000	0200	\$2,500,000	-	-	-	-	-	\$2,500,000
	Adair Acute Care	SGF Certified Care	1000	0101	\$8,798,795	-	-	\$7,750,003	-	-	\$16,548,798
507	Parsons State Hospital	SGF Operating	1000	0100	\$21,889,503	-	-	-	-	-	\$21,889,503
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF- SPTP	1000	0200	\$2,595,207	-	-	-	-	-	\$2,595,207
363	Kansas Neurological	SGF Operating	1000	0303	\$18,110,375	-	-	-	-	-	\$18,110,375
		SGF Hospitality	1000	0304	\$150	-	-	-	-	-	\$150
	<b>Total SGF</b>				\$171,316,292	\$0	\$0	\$48,725,755	\$0	\$0	\$220,042,047

FY2025 – FY2026

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Kansas Neurological Institute**  
**Program Title: Revenues**

EXPLANATION OF RECEIPT ESTIMATES - DA 405												
FY 2025 Fee Funds												
Agency	Name	Fund Name	Fund	BU	FY 2025 Estimated C&H Receipts	FY 2025 Estimate Adj	Cash Forward	Add'l Misc Revenue	Other Transfer	FY 2025 Cash Forward	FY 2025 Adjusted Expenditure	Supplemental Request
410	Larned State Hospital	LSH Fee Fund	2073	2100	\$4,316,987	-	\$1,620,122		-	\$0	\$5,937,109	\$2,177,742
		Title XIX No limit	2074	2200	\$7,085,354	-	\$819,342		-	\$0	\$7,904,696	
494	Osawatomie State Hospital	OSH Fee Fund	2079	4200	\$730,000	-	\$2,732,503		-	(\$1,745,205)	\$1,717,298	\$0
		OSH TXIX No limit	2080	4300	\$0	-	\$164,895		-	-	\$164,895	
	Adair Acute Care	OSH Certified Care	2079	4201	\$4,752,700	-	(\$409,432)		-	(\$134)	\$4,343,134	\$0
		OSH TXIX Cert Care No Limit	2080	4301	\$6,679,751	-	\$858,466		-	-	\$7,538,217	
507	Parsons State Hospital	PSH Fee Fund	2082	2200	\$859,747	-	\$190,253		-	\$0	\$1,050,000	\$0
		Title XIX No limit	2083	2300	\$15,500,000	-	\$4,589,868		-	(\$4,820,039)	\$15,269,829	
363	Kansas Neurological Institute	KNI Fee Fund	2059	2000	\$1,423,264	-	\$901,802		-	(\$629,119)	\$1,695,947	\$0
		Title XIX No limit	2060	2200	\$17,000,000	-	\$951,966		-	(\$738,651)	\$17,213,315	
	<b>Total Fee Fund</b>				\$58,347,803	\$0	\$12,419,785	\$0	\$0	(\$7,933,148)	\$62,834,440	
FY 2026 Fee Funds												
Agency	Name	Fund Name	Fund	BU	FY 2026 Estimated C&H Receipts	FY 2025 Estimate Adj	Cash Forward	Add'l Misc Revenue	Other Transfer	FY 2026 Cash Forward	FY 2026 Adjusted Expenditure	Supplemental Request
410	Larned State Hospital	LSH Fee Fund	2073	2100	\$4,337,354	-	\$0		-		\$4,337,354	\$0
		Title XIX No limit	2074	2200	\$7,085,354	-	\$0		-	-	\$7,085,354	
494	Osawatomie State Hospital	OSH Fee Fund	2079	4200	\$755,000	-	\$1,745,205		-	\$0	\$2,500,205	
		OSH TXIX No limit	2080	4300	\$0	-	\$0		-	-	\$0	
	Adair Acute Care	OSH Certified Care	2079	4201	\$4,260,969	-	\$134		-	\$0	\$4,261,103	
		OSH TXIX Cert Care No Limit	2080	4301	\$7,678,671	-	\$0		-	\$0	\$7,678,671	
507	Parsons State Hospital	PSH Fee Fund	2082	2200	\$1,150,000	-	\$0		-	-	\$1,150,000	
		Title XIX No limit	2083	2300	\$15,500,000	-	\$4,820,039		-	(\$4,751,798)	\$15,568,241	
363	Kansas Neurological Institute	KNI Fee Fund	2059	2000	\$1,423,264	-	\$629,119		-	(\$337,113)	\$1,715,270	
		Title XIX No limit	2060	2200	\$17,000,000	-	\$738,651		-	(\$548,994)	\$17,189,657	
	<b>Total Fee Fund</b>				\$59,190,612	\$0	\$7,933,148	\$0	\$0	(\$5,637,905)	\$61,485,855	\$0

FY2025 – FY2026

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Kansas Neurological Institute**  
**Program Title: Revenues**

Fee Fund Explanation of Receipts - DA 405

Revenue Source	Revenue Account Code	Actuals FY 2022	Actuals FY 2023	Actuals FY 2024	Projected FY 2025	Projected FY 2026
Care and Hospitalization	420610	1,240,777	1,392,893	1,476,043	1,400,000	1,400,000
Other Service Charges	420990	1261	719	1084	1000	1000
Salvaged Materials	422500	0	0	0	500	500
Usable Condemned Equipment	422600	19065	0	2180	0	0
Rent of Unimproved Land	431100	14490	14490	14490	16664	16664
Rent - Voting Place	431300	0	0	0	0	0
Bad Debts Recovery	459020	980	292	1991	0	0
Recovery of Current FY Expenditures	462110	270	1043	453	100	100
Recovery of Prior FY Expenditures	469010	6465	419430	4184	5000	5000
<b>Total</b>		<b>1,283,308</b>	<b>1,828,867</b>	<b>1,500,425</b>	<b>1,423,264</b>	<b>1,423,264</b>

FY2025 – FY2026

**KNI FEE FUND REVENUE ESTIMATES:**

K.S.A. 76-1409a authorizes the KNI Fee Fund. KNI'S current appropriation set by the Kansas Legislature for its Fee Fund is \$1,695,947.

Most fee fund revenue is received from Care and Hospitalization at Kansas Neurological Institute, the people who live at KNI have their board and care obligations established by either Social Security and/or State of Kansas Medicaid depending on their individual monetary resources. The resident at KNI pay Board and Care at the lowest established rate due to their lack on income. Actual collections for the fee fund each year are based primarily on census and the ability of the residents to pay Board and Care. The resulting low obligation for KNI's residents minimizes the ability to generate revenue for the Fee Fund from Board and Care charges.

**KNI TITLE XIX FUND ESTIMATES:**

In FY 2020, the Title XIX Fund was changed from an appropriated fund to a no-limit fund by the Kansas Legislature. Title XIX revenue collections are based a variety of continuously changing factors and situations encountered by each Medicaid eligible agency throughout any given fiscal year. Title XIX estimates take the following factors into consideration for each month of billing:

- Number of eligible Medicaid eligible residents served in any given month
- Individual eligibility changes within any given month
- Delays in processing beneficiary eligibility status at the state and federal level
- Number of days in the month
- Per diem rates
- Patient Liability Amount set by KanCare
- Parental/Guardian obligations collections
- Federal fiscal year Medicaid Assistance Program (FMAP) rates



**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Kansas Neurological Institute**  
**Program Title: Revenues**

The chart below reflects KNI's Title XIX Fund actual collections for FY 2022, FY 2023, FY 2024 and projections for FY 2025 and FY 2026 as calculated in IBARS. The daily rate for KNI in FY 2025 is \$773.00.

**KNI TITLE XIX FUND ESTIMATES**

Explanation of Receipts - DA 404	Revenue	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Revenue Source	Sub-Object	Actuals	Actuals	Actual	Estimate	Estimate
Cash Forward	40007	1,349,725	840,976	926,598	951,966	738,651
Operating Transfers In	766010	14,353,767	13,000,000	17,075,000	17,000,000	17,000,000
Total Title XIX Available		15,703,492	13,840,976	18,001,598	17,951,966	17,738,651
Title XIX (Medicaid) Expenditures		(14,862,516)	(12,914,378)	(17,049,632)	(17,213,315)	(17,113,315)
Balance Forward		840,976	926,598	951,966	738,651	625,336

FY2025 – FY2026

## 83000 Medical Services – Supplemental/Enhancement Request

### Supplemental Request #1/2: Certified Medication Aide positions

**Justification:** KNI requests an increase of twenty-one (21) FTE positions and a supplemental increase to the FY 2025 base budget and beyond of \$1,112,966 SGF.

On August 4, 2023, KNI was cited by surveyors from the Department of Health and Environment for failing to ensure an appropriately organized staffing structure that ensures the supervision of Certified Medication Aides (CMA's) was under a Kansas licensed nurse. KNI's plan of correction states that the facility will implement a plan to move responsibility for passing resident medication under the direct supervision of nursing staff. Due to minimum staffing ratios for direct care staff in the homes, KNI is unable to transfer any MHDDTs who are CMA certified from the program services department to the nursing department to administer medications.

A medication administration time study was conducted to help determine how many CMAs would be needed to pass medication for nursing in the Flint Hills Building. Results concluded that it took on average approximately 20 minutes per resident to pass meds. Based on the number of medications that need to be administered and the number of residents in the Flint Hills building, it was determined that 21 CMAs would be needed to adequately pass medications under the nursing department.

CMA's must operate under the supervision of a nurse and adding these positions fulfill the requirements of the plan of correction that removed the immediate jeopardy citation in the August survey.

Description	FTE's Requested	FY 2025	FY 2026
		SGF Funding Requested	SGF Funding Requested
CMA's for passing meds	21	\$1,168,615	\$1,168,615

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Kansas Neurological Institute Supplemental Request Summary

Position Description	FTE's Impacted	FY 2025	FY 2026
		SGF	SGF
MHDDTS - CMA	21	\$ 1,168,615	\$ 1,168,615
<b>Estimate d Total</b>	<b>21</b>	<b>\$ 1,168,615</b>	<b>\$ 1,168,615</b>

**80830 Ancillary Services – Supplemental/Enhancement Request**

**Supplemental Request #2/2: Hire Cooks FY 26**

**Justification:** KNI requests an increase of twenty-one (21) FTE positions and an enhancement in FY 2026 base budget and beyond of \$898,025 SGF.

In September of 1996, KNI closed the dietary department and direct support staff throughout 20 living units began planning menus, shopping for groceries, and preparing meals for the people who live at KNI. Each living unit consists of 4 to 8 individuals. Due to KNI's aging population, dietary needs are becoming more specific and complex for the health and wellbeing of the people who live at KNI including specialized textures, food consistency, and medication administration through food. The care needs including personal care, seating and positioning, and transporting residents to activities occupy much of the direct care staff during their shifts. Separating the meal preparation and planning will ensure KNI can meet requirements in the survey plan of correction related to dietary services while maintaining the personalization of meal services across campus.

KNI proposes to hire one (1) cook manager, one (1) cook supervisor, and nineteen (19) cook seniors to work across the living units. These positions would assume to responsibility of planning menus, shopping for groceries and preparing meals for the people who live at KNI. These positions would work closely with KNI's dietitian to ensure that nutritional needs are met.

Performance Measures	Jan, 2024	Feb, 2024	Mar, 2024	Apr, 2024	May, 2024	Jun, 2024
Diets will be Accurate 100% of the time during audits.	82.00%	100.00%	75.00%	50.00%	47.00%	50.00%
Food consistency will be accurate 100% of the time during audits.	85.00%	71.00%	70.00%	84.00%	76.00%	71.00%

Description	FTE(s) Requested	FY 2025 SGF Funding Requested	FY 2026 SGF Funding Requested
Hire cooks to plan, shop and prepare meals for KNI Residents	21	\$0.00	\$1,002,057

Kansas Neurological Institute Supplemental Request Summary

Position Description	FTE's Impacted	FY 2025 Salary Includes Fringe	FY 2026 Salary Includes Fringe
Cook Manager	1	\$ -	\$ 71,869
Cook Supervisor	1	\$ -	\$ 62,514
Cook Senior	19	\$ -	\$ 867,674
<b>Estimated Total</b>	<b>21</b>	<b>\$ -</b>	<b>\$ 1,002,057</b>

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**EXPENDITURE JUSTIFICATION**

**PROGRAM:** Administration – 01030

**Program Overview:**

The purpose of Administration is to provide a support structure that ensures the effective and efficient provision of supports and services for people with developmental disabilities who live at KNI and ensures that KNI meets the requirements of rules, regulations, policies and standards of relevant state and federal agencies.

Performance Measures	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Vacancy Rate for Direct Care Staff	24.97%	25.00%	29.00%	10.00%	10.00%
Vacancy Rate for Non-Direct Care Staff	12.87%	13.70%	12.00%	6.00%	6.00%

**Current and Budget Year Operations:**

KNI's Administration will ensure that KNI maintains ICF/IDD certification and meets expectations of other entities that conduct external reviews of the agency's operations.

**Account Code 5100: Salaries and Wages**

Summary: The 1 classified position and 19 unclassified positions in this program provide direct and indirect administrative and support services to every area of the facility. Funding requested is for all current positions for 26 pay periods in FY 2025 and FY 2026 with accompanying increases in fringe benefits and health insurance.

**FY 2025:** \$1,467,745 is requested. The shrinkage rate is 14.675%.

**FY 2026:** \$14,477,764 reflects flat overall spending from FY 2025 with accompanying increases in fringe benefits and health insurance. No COLA or step movement are included. The shrinkage rate is 14.70%.

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**Account Codes 5200 - 5290: Contractual Services**

Summary: The major expenditures in this category include Office of Information Technology Services (OITS) monthly charges for data services and telecom services. The cost of cell phones, postage expenses, the Accounting, Payroll and Budget (APB) fees, all SHARP, Statewide Management, Accounting and Reporting Tool (SMART) fees, and the annual costs for Office 365, Cybersecurity and Microsoft licensing fees. Other costs include costs of TB Tests, drug screening, and background checks on new employees.

**FY 2025:** \$782,599 is requested.

**FY 2026:** \$782,599 is requested.

**Account Codes 5300 – 5390: Commodities**

Summary: The major expenditures in this category include toner cartridges and supplies for printers and computer systems in use at KNI.

**FY 2025:** \$12,200 is requested.

**FY 2026:** \$12,200 is requested.

**Account Codes 5400 - 5490: Capital Outlay**

Summary: The expenditures in this program include computers, monitor replacements and software. KNI will be getting a new Electronic Health Records System (EHR) and will be replacing older computers that are not compatible with the EHR.

**FY 2025:** \$28,500 is requested.

**FY 2026:** \$28,500 is requested.

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**PROGRAM:** Staff Education and Research – 01070

**Program Overview:**

This program exists to provide trained and competent staff to support the individual needs of the people who live either at KNI or in the community.

Performance Measures	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Number of hours new employees received in basic developmental disability training.	N/A	7250	4525	5000	5000
Number of training hours KNI employees receive annually	N/A	571.25	926	1000	1000

KNI has a new Director of Training, the Director edited the curriculum and modified the classes required for new employees and training offered to current employees. These performance measure for Staff Education and Research were revised during FY 2023.

**Current and Budget Year Operations:**

Staff Education and Research provides training to KNI staff to ensure they develop and maintain the skills necessary to provide high quality, person-centered services to people who live at KNI and will expand the provision of training to staff from other developmental disability service providers.

**Account Code 5100: Salaries and Wages**

Summary: Positions include 4 regular classified positions and 9 unclassified positions. Funding requested is for all current positions for 26 pay periods FY 2025 and FY 2026 with accompanying increases in fringe benefits and health insurance.

**FY 2025:** \$738,220 is requested. The shrinkage rate is 14.675%.

**FY 2026:** \$746,163 reflects flat overall spending from FY 2025 with accompanying increases in fringe benefits and health insurance.

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Kansas Neurological Institute**  
**Program Title: Staff Education and Research**

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No COLA or step movement are included. The shrinkage rate is 14.70%.

**Account Codes 5200 - 5290: Contractual Services**

Summary: The major expenditure in this category is provide training for direct support professionals and other KNI staff, that enhance the skills of KNI staff in meeting the active treatment needs of the people supported by the agency as defined in federal regulations for ICFs/IDD and staff from other agencies that support people with developmental disabilities.

**FY 2025:** \$38,000 is requested.

**FY 2026:** \$38,000 is requested.

**Account Codes 5300 - 5390: Commodities**

Summary: Funding in this category is primarily used for purchasing supplies specific to education, research, and training.

**FY 2025:** \$3,100 is requested.

**FY 2026:** \$3,100 is requested.



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**PROGRAM:** Program and Supported Living Services – 37900

**Program Overview:**

To provide quality supports for the people living at KNI in daily needs and decision-making.

Performance Measures	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Percent of people whose guardians agree KNI treats individuals with respect and dignity.	94%	100%	96%	100%	100%
Percent of people whose guardian agree KNI provides a comprehensive array of services that meet the needs of the individual living at KNI	96%	98%	96%	100%	100%
Percent of people whose guardians agree the person is supported to learn new things of importance at KNI	92%	94%	88%	100%	100%
Percent of people whose guardians agree the person is supported by staff to participate in the life of the community to a satisfactory degree	94%	94%	92%	100%	100%

**Current and Budget Year Operations:**

Program and Supported Living Services will provide person-centered services that meet and exceed the expectations of the people who live at KNI and of their legal guardians and will continue to gradually expand the provision of outreach services to contribute to increased capacity of the Kansas developmental disabilities services system.

**Account Code 5100: Salaries and Wages**

Summary: Approved staffing for the program includes 78 classified and 216 unclassified FTE positions. Funding requested is for all current positions for 26 pay periods FY 2025 and FY 2026 with accompanying increases in fringe benefits and health insurance. The

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positions include direct support positions, a program director and professional support staff, i.e., unit directors, qualified developmental disability professionals, and clerical support staff. Due to increase in vacancies in Program and Supporting Living Services during FY 2024, KNI experienced an increase in overtime resulting in \$1.153,963 in expenditures.

**FY 2025:** \$16,842,459 is requested. The shrinkage rate is 14.675%.

**FY 2026:** \$16,989,726 reflects flat overall spending from FY 2025 with accompanying increases in fringe benefits and health insurance. No COLA or step movement are included. The shrinkage rate is 14.70%.

**Account Codes 5200 - 5290: Contractual Services**

Summary: While the people living at KNI pay for their own costs for leisure activities such as movie tickets and game passes, funds are included in this category to pay for staff to support individuals in participating in activities of their choice.

**FY 2025:** \$9,230 is requested.

**FY 2026:** \$9,230 is requested.

**Account Codes 5300 - 5390: Commodities**

Summary: Commodities purchased include food and household items necessary for use in the homes at KNI. Meal preparation in the homes provides several benefits for the people who live at KNI, including giving them more involvement in choosing what foods to eat, additional community involvement associated with shopping for food in a variety of community grocery stores, and daily opportunities to participate in the preparation of meals in their homes. Other commodities include, but are not limited to, kitchen utensils and products used in the preparation of meals, personal hygiene items, non-inventory supplies, community activity supplies, and cameras and photographic equipment for recording special events and activities to meet ICF/IDD regulations requiring annual pictures of all people who live at KNI.

**FY 2025:** \$427,850 is requested.

**FY 2026:** \$427,850 is requested.

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Kansas Neurological Institute**  
**Program Title: Program and Supported Living**

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**Account Code 5400 - 5490: Capital Outlay**

Summary: Replacement of furniture that is used daily by an average of six to eight residents and twelve to fourteen staff in each home.

**FY 2025:** \$5,000 is requested.

**FY 2026:** \$5,000 is requested.

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Kansas Neurological Institute**  
**Program Title: Ancillary Services**

**PROGRAM:** Ancillary Services - 80000

**SUB-PROGRAMS:**

Activity Therapies - 80110  
 Supported Employment Services - 80130  
 Allied Clinical Services - 80830

**Program Overview:** The Ancillary Services Program provides clinical and therapeutic staff for all the people who live at KNI and includes three subprograms: Activity Therapies, Employment Services and Allied Clinical.

Activity Therapies provides an enriching program of leisure activities and skill development through KNI's Activity Therapy Program and the Foster Grandparent Program of Northeast Kansas. KNI's Activity Therapy Program holds activity and events for the residents of KNI. The Foster Grandparent Program (FGP) is a federally funded program for which KNI is the sponsoring organization for Northeast Kansas. Activity Therapies also includes volunteer services and chaplaincy services.

<b>Performance Measures</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Actuals</b>	<b>FY 2025 Estimate</b>	<b>FY 2026 Estimate</b>
Number of hours Foster Grandparents served in the community of Northeast Kansas	35714	31002	46678	50112	50112
Number of volunteers serving at KNI	109	60	76	200	200
Number of volunteer hours.	336	1440	1356	2000	2000

Employment Services provides support for residents in all aspects of finding, securing, and retaining individualized and meaningful employment. Revenue from the various entrepreneurial businesses in this subprogram are deposited into the Work Therapy Fund. The Work Therapy Fund is a non-appropriated fund used to pay for program materials and salaries for supported employees.

<b>Performance Measures</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Actuals</b>	<b>FY 2025 Estimate</b>	<b>FY 2026 Estimate</b>
Total number of residences participating in supported employment jobs.	74	47	74	74	74
Percent of residents in employment jobs	59%	37%	57%	57%	57%

Allied Clinical provides specialized services to meet medical and program needs of people who live at KNI, such as radiology, pharmacy, dental, psychological, social, speech and hearing services. This subprogram also coordinates the provision of outreach supports such as dental services, wheelchair positioning, modification and repair, other assistive technology services, and developmental and behavioral/psychological support to numerous Kansans with disabilities who do not live at KNI. The employees working in Habilitation Services collaborate with area therapists, vendors, and agencies in providing a Medicaid-approved seating and mobility clinic for Kansans with disabilities.

<b>Performance Measures</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Actuals</b>	<b>FY 2025 Estimate</b>	<b>FY 2026 Estimate</b>
Number of people with challenging behaviors and medical needs provided consultation and support	128	130	124	125	125
Number of KNI work requests for assistive technology services	1942	2478	3045	3000	3000
Number of community work requests for assistive technology services	153	111	99	100	100
Percent of residents who receive/require assistive technology services	89%	100%	96%	80%	80%
Number of residents who received physical therapy treatment services	54	59	64	60	60
Number of residents provided with dental consultation and services	128	130	130	120	120
Percent of residents provided with dental consultation and services.	100%	100%	100%	100%	100%

**Current and Budget Year Operations:**

Activity Therapy services will provide an expanded array of individualized social, leisure, and spiritual opportunities to the people who live at KNI through participation in leisure and other everyday activities with KNI Staff, foster grandparents, and volunteers. These activities include arts and crafts, movies, outings with the people at KNI several times each week and spiritual services offered by the KNI chaplain. Employment Services will increase supported employment opportunities for people living at KNI. Supported Employment Services includes employment in the entrepreneurial businesses operated at KNI---Balloon Extraordinaire, Hideaway Café, Oldies but Goodies Thrift Store, The Plant Shop ---or other job opportunities either at KNI and/or at other locations in the Topeka community such as custodial, delivery/courier, recycling, packaging, or vending services. Allied Clinical services will focus on meeting the clinical needs of people living at KNI and on gradually expanding the provision of outreach services such as dental, assistive technology and wheelchair modification and repair services to community members with developmental and other related disabilities.

**Account Code 5100: Salaries and Wages**

Summary: Salary and wage expenditures for all three subprograms in Ancillary Services include providing chaplaincy services, volunteer services, clerical support for the Foster Grandparent program, employment support staff for 47 people who live at KNI and staffing for the Medical Records, Physical Therapy, Occupational Therapy, Habilitation and Assistive Technologies. Approved staffing includes 7 regular classified FTE and 18 unclassified positions. Funding requested is for all current positions for 26 pay periods FY 2025 and FY 2026 with accompanying increases in fringe benefits and health insurance.

**FY 2025:** \$2,050,470 is requested. The shrinkage rate is 14.675%.

**FY 2026:** \$2,063,028 reflects flat overall spending from FY 2025 with accompanying increases in fringe benefits and health insurance. No COLA or step movement are included. The shrinkage rate for SGF is 14.70%.

**Account Codes 5200 - 5290: Contractual Services**

Summary: The major expenditures in this category are for contracts for anesthesia services during dental appointments and psychiatric consult. Travel expenditures for the staff in the Foster Grandparent Program (FGP), fingerprints and background checks for new Foster Grandparents as required by the federal grant. Fees associated with supporting KNI's entrepreneurial businesses, repair and maintenance of medical equipment, EEG services, auditory equipment, and dental equipment.

**FY 2025:** \$198,661 is requested.

**FY 2026:** \$198,661 is requested.

**Account Codes 5300 - 5390: Commodities**

Summary: The major expenditure in this category is the contract for pharmaceuticals. Other expenses are the purchasing of supplies specific to the FGP program for recognition and other FGP events, activity therapy, volunteer services and the chaplaincy program. Also purchased are the supplies used for resale by people living at KNI and support staff, in the various businesses at KNI. Items for resale include gift baskets, balloons, snacks, candy, plants, vegetables, and gift items. Allied Clinical supplies are purchased to meet the positioning and mobility needs of people at KNI as well as a wide range of assistive technologies, including customized switches, remote control devices and mechanical products that increase the independence, participation, choice making, and productivity of the

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Kansas Neurological Institute**  
**Program Title: Ancillary Services**

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people living at KNI.

**FY 2025:** \$220,800 is requested.

**FY 2026:** \$220,800 is requested.

**Account Code 5400 - 5490: Capital Outlay**

Summary: Purchase of physical and occupational therapy equipment to help residents regain or improve their physical or occupational abilities.

**FY 2023:** \$50,000 is requested.

**FY 2025:** \$50,000 is requested.

**Account Code 5790: Non-Expense Items**

Summary: Taxes in this program area are received on the sale of items made by people who live at KNI and are employed in the businesses supported by KNI employees.

**FY 2025:** \$5,500 is requested.

**FY 2026:** \$5,500 is requested.



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**PROGRAM:** Medical and Surgical Service – 83000

**Program Overview:**

The purpose of medical and surgical services is to provide health care for people who live at KNI with various types of acute and chronic conditions and to provide intermediate health care 24 hours a day, seven days a week. In addition to providing primary health care, staff in this program area will arrange for people living at KNI to receive services from medical specialists either through contracts for the provision of these services at KNI or through referrals to medical specialists or hospitals in the community. When the services of specialists or hospitals are utilized, Medical and Surgical Services staff will act as liaisons between specialists and KNI staff. One Dietitian III in this program, who is registered with the Academy of Nutrition and Dietetics, conducts the dietary and nutritional reviews required under ICF/IDD regulations ensuring that meals contain a variety of foods and flavors and are served in form and quantity to meet individual nourishment needs. Therapeutic modifications of diets and other clinical services are also provided by the dietitian.

Performance Measures	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Percent of parents and guardians who feel their loved ones receive the health care services he/she needs.	94%	100%	100%	100%	100%
Number of on-site medical clinic visits	120	188	250	200	200

**Current and Budget Year Operations:**

Medical and Surgical Services staff will provide high-quality medical and nursing care to people living at KNI and will provide training to KNI's direct support professionals to enhance their skills in meeting the health care needs of people who live at KNI.

**Account Code 5100: Salaries and Wages**

Summary: Medical and Surgical approved staff include 2 (two) Advanced Practice Registered Nurses who provides primary healthcare for all individuals residing at KNI, a dietitian, nursing staff, and medical support staff. Approved staffing includes 11 classified and 42 unclassified FTE positions. Funding requested is for all current positions for 26 pay periods FY 2025 and FY 2026 with accompanying increases in fringe benefits and health insurance.

**FY 2025:** \$5,004,300 is requested. The shrinkage rate is 14.675%.

FY2025 – FY2026

**FY 2026:** \$5,026,731 reflects flat overall spending from FY 2025 with accompanying increases in fringe benefits and health insurance. No COLA or step movement are included. The shrinkage rate is 14.70%.

**Account Codes 5200 - 5290: Contractual Services**

Summary: The major expenditure in this category is KNI's contract with Cotton O-Neil Clinic, a division of Stormont Vail Healthcare center, to provide on-call physician services and medical oversight for the people who live at KNI. Increased cost in the contract for agency staff to cover KNI's shortage of CNAs, CMAs, LPNs, and RNs. Other expenditures include the rental of specialized medical equipment such as IV pumps, and respiratory equipment to reduce the length of off-grounds hospitalization, medical equipment repairs, in-patient, and out-patient hospital expenses. Due to increase in vacancies in the Medical Services department during FY 2024 KNI increase of agency staff utilization resulted in \$9,647,782 in expenditures for FY 2024.

**FY 2025:** \$3,115,775 is requested.

**FY 2026:** \$3,115,775 is requested.

**Account Codes 5300 - 5390: Commodities**

Summary: Major expenditure in this category is for the purchase of professional scientific and sterile supplies.

**FY 2025:** \$250,500 is requested.

**FY 2026:** \$250,500 is requested.

**Account Code 5400 - 5490: Capital Outlay**

Summary: Major expenditures in this category are for hospital beds, medical equipment, and oxygen concentrators.

**FY 2025:** \$20,000 is requested.

**FY 2026:** \$20,000 is requested.

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**PROGRAM:** COVID-19 – 21662

**Program Overview**

The COVID-19 pandemic has contributed to additional expenditures, policies, procedures, and protocols for KNI. Since the beginning of the world-wide pandemic, KNI has followed numerous and frequently changing recommendations and information from the Centers for Disease Control (CDC), KDHE, Centers for Medicare and Medicaid (CMS), and the Shawnee County Health Department. KNI has worked especially close with the Shawnee County Health Department to support one another related to contact tracing of employees being monitored or confirmed to have COVID-19. KNI continues to work diligently to put recommendations in place to minimize the risks of COVID-19 to the people living at KNI as much as possible.

Multiple policies, protocols, and procedures were modified to include the recommendations specific to the COVID-19 virus. New protocols were developed and implemented for a multitude of nursing procedures including safely utilizing Personal Protective Equipment (PPE), and screening for residents, visitors, and employees. A color triage system was developed and applied to each building at KNI based on their exposure to the virus. The color triage system has Triage Green when no known cases of COVID exist in Shawnee County, Triage Yellow when known cases are present in the local community, and Triage Red when a confirmed case exists with a KNI employee or resident.

KNI's expenditures for COVID related items were \$0.00 in FY 2025.

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Kansas Neurological Institute**  
**Program Title: Physical Plant and Central Services**

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**PROGRAM:** Physical Plant and Central Services – 96000

**SUB-PROGRAM:**

Engineering Services - 96010  
Supply Services - 96020  
Security and Protection - 96030

**Program Overview:**

The Physical Plant and Central Services Program consist of three subprograms: Engineering Services, Supply Services and Security and Protection. Engineering Services operates the facility’s power plant and maintains the facilities and vehicle fleet. Supply Services is responsible for procuring, storing, and issuing all commodities and equipment at the facility. Security and Protection provides 24/7 security services, training for staff and residents to handle emergencies and fire and physical inspections of the facility.

Performance Measures	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Percent of parents and guardians who feel the home their loved one lives in is clean	94%	100%	92%	100%	100%
Percent of parents and guardians who feel the home their loved one lives in is good repair	94%	95%	94%	100%	100%
Percent of Parents and guardians who feel their loved on is safe at KNI	94%	96%	96%	100%	100%

**Current and Budget Year Operations:**

Engineering staff will ensure that KNI is a healthy, safe, and well-maintained environment for the people who live and work at KNI. Supply Services staff will ensure that staff members who provide direct services to the people who live at KNI have the supplies, materials, and equipment necessary to meet the needs of the agency’s customers. Security and Protection will provide services to ensure the safety of people living, working, and visiting at KNI, to maintain fire safety and to monitor the security of property and equipment at KNI.

FY2025 – FY2026

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**Account Code 5100: Salaries and Wages**

Summary: Approved positions include maintenance and repair technicians, power plant operators, custodians, the safety and security chief position, storekeepers, purchasing staff and a clothing specialist. Approved staffing for the program includes 15 classified positions and 44.8 unclassified FTE positions. Funding requested is for all current positions for 26 pay periods FY 2025 and FY 2026 with accompanying increases in fringe benefits and health insurance.

**FY 2025:** \$3,200,735 is requested. The shrinkage rate is 14.675%.

**FY 2026:** \$3,231,125 reflects flat overall spending from FY 2025 with accompanying increases in fringe benefits and health insurance. No COLA or step movement are included. The shrinkage rate is 14.70%.

**Account Codes 5200 - 5290: Contractual Services**

Summary: The major expenditures in this category include utilities, rental of equipment, vehicle and facility maintenance and repair costs, outside repair service fees, contract fees for fire alarm system maintenance, pest control, refuse disposal, vehicle registration, and vehicle liability insurance, freight and express service charges, printing service charges provided by the State Printer, Central Mail cost, copier rental contract and fees to repair office machines, sewing machines and other equipment and internet access for the people who live at KNI so they can stream services on their personal devices.

**FY 2025:** \$1,508,900 is requested.

**FY 2026:** \$1,408,900 is requested.

**Account Codes 5300 - 5390: Commodities**

Summary: Major expenditures under this category include materials and supplies needed for ongoing maintenance and remodeling of buildings to provide a more normal living environment. The cost of material and supplies in maintaining vehicles, buildings, and grounds; janitorial and power plant supplies and clothing, personal care items, and sewing supplies. Disposable briefs used for incontinent residents, nutritional products for residents who cannot eat by mouth, antibacterial hand soap, paper towels, mattresses, pillows, as well as purchases of office supplies, etc., used throughout the facility are distributed centrally through Supply Services.

**FY 2025:** \$1,254,450 is requested.

**Narrative Information – DA 400  
Division of the Budget  
State of Kansas**

**Agency Name: Kansas Neurological Institute  
Program Title: Physical Plant and Central Services**

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**FY 2026:** \$1,254,450 is requested.

**Account Code 5400 - 5490: Capital Outlay**

Summary: The major expenditure in this category is the purchase of a new handicap accessible van to be used to transport residents with specialized wheelchairs. Other expenditures include the purchase for equipment, appliances, and other capital equipment for use by the entire facility.

**FY 2025:** \$168,000 is requested.

**FY 2026:** \$168,000 is requested.

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**PROGRAM:** Trust and Benefits - 85000

**EXPENDITURE JUSTIFICATION:** Resident Benefit Fund

The 1974 Session of the Legislature required that an account be established for the Resident Benefit Fund (Section 7, House Bill 1059). The Resident Benefit Fund is a non-appropriated fund that has been utilized since the commencement of KNI for the general use and benefit of all KNI residents. Expenditures from this fund provide items and services that are not included in the KNI budget for the people living at KNI. Funds deposited are donations from concerned community organizations and individuals and now include vending commissions as well. Interest earned on Resident Trust Fund accounts is deposited to the Resident Benefit Fund. KNI distributes interest earnings to everyone's Resident Trust Fund account based on that resident's account balance. The interest is distributed quarterly, based on the quarter-end bank interest rate. Financial statements for the Resident Benefit Fund are submitted to the Department of Administration and audited annually.

**EXPENDITURE JUSTIFICATION:** Employee Use Fund

The KNI Employee Use Fund is a non-appropriated fund established for the general use and benefit of all employees at KNI. It is limited in its use to cover the costs for the annual KNI picnic for KNI residents, staff, and family members. Expenditures must be in accordance with K.S.A. 75-3080 & 75-3081 and require advance approval from the Appointive State Agency Head or his/her designee. For FY 2024, the KNI Employee Use Fund ending balance was \$4,381.48. Financial Statements are produced by the KNI Accounting Department and submitted annually to Department of Administration's Office of the Chief Financial Officer.

**Narrative Information - DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Larned State Hospital**  
**Program Title: Superintendent's Letter**

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August 29, 2024

Mr. Adam Proffitt, Director  
Division of the Budget  
Landon State Office Building  
900 SW Jackson - Room 504 North  
Topeka, KS 66612

Dear Mr. Proffitt:

As Superintendent of Larned State Hospital (LSH), I am pleased to present you with our FY 2025 and FY 2026 Budget Request. This work has been completed in accordance with the guidelines provided by the Division of the Budget and the Kansas Department for Aging and Disability Services (KDADS). All information included in this document is accurate and complete to the best of my knowledge and belief.

LSH is committed to providing a safety net of mental health services for Kansans in partnership with consumers, community mental health providers, and the justice system. LSH continues to work with leadership in the Kansas Department for Aging and Disability Services (KDADS) to develop and implement the most efficient and effective mental health treatments, ensuring that the hospital remains fiscally responsible to the citizens of Kansas.

Please feel free to contact us should you have questions or require additional information.

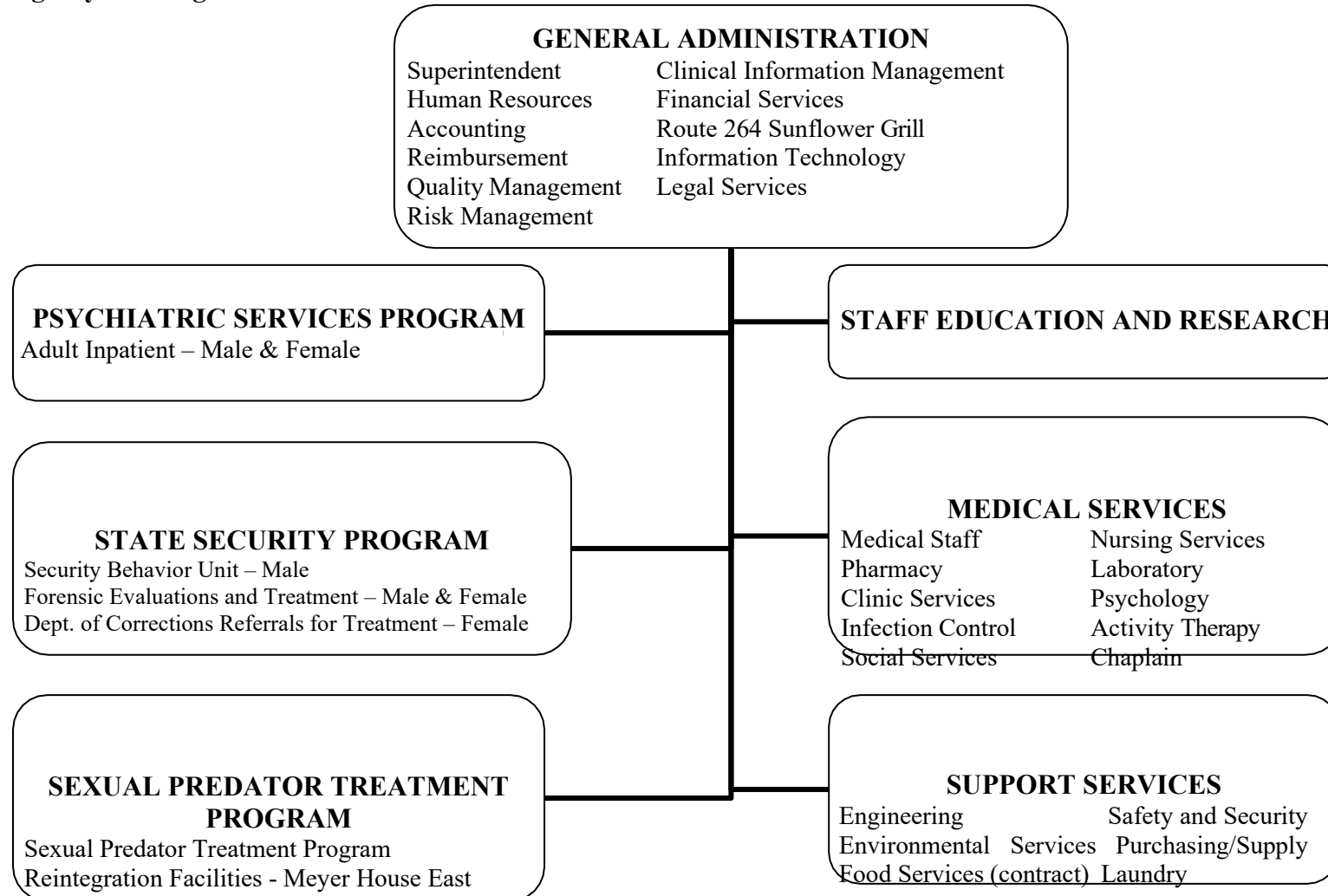
Sincerely,

A handwritten signature in black ink, appearing to be 'Lindsey Dinkel', written over a large, stylized 'x' mark.

Lindsey Dinkel, PhD., LCPC  
Superintendent, Larned State Hospital



**Agency Funding Chart**



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## GENERAL AGENCY INFORMATION

**AGENCY MISSION:** To provide a safety net of mental health services for Kansans in partnership with consumers, community providers, and the justice system and to deliver support services to related agencies.

**AGENCY VISION:** State of the art services provided by caring and competent staff.

**AGENCY PHILOSOPHY:** We are committed to continuous learning, quality, stewardship, and principled service to others.

### **STATUTORY HISTORY:**

Established Larned State Hospital (1911); K.S.A. 76-1303

Established State Security Hospital (1937); K.S.A. 76-1305

Established Security Behavior Ward (1976); K.S.A. 76-1306

Established Sexual Predator Treatment Program in SRS (1994); K.S.A. 59-29a07

Transferred CDRP/SSH program to Department of Corrections (2000); House Substitute for Senate Bill 326, Section 51

### **ACCREDITATION AND CERTIFICATION:**

The Psychiatric Services Program (PSP) located on the Adult Treatment Center (ATC) at LSH is fully accredited by The Joint Commission (TJC) and certified by the Center for Medicare and Medicaid Services (CMS). Hospital personnel work diligently to maintain TJC and CMS expectations to ensure consistent provision of a high level of environmental safety and treatment quality to the patients it serves. LSH's commitment to such high expectations makes a strong statement to all Kansans – patients, their families, and communities. The hospital had its most recent triennial survey by TJC in April 2021, with the outcome being accreditation of the PSP program located on the ATC Building. LSH also maintains licensure and oversight by the Kansas Department of Health and Environment (KDHE) for the PSP program as well as the State Security Program (SSP) and Sexual Predator Treatment Program (SPTP).

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**OVERVIEW OF CURRENT AND BUDGET YEAR INFORMATION:**

**Agency Overview:** For FY 2025, LSH requests revised expenditures totaling \$92,996,425, of which \$78,830,351 is from the State General Fund. For FY 2026, LSH requests expenditures totaling \$89,474,290 of which \$77,921,962 is from the State General Fund.

The agency has requested change packages for FY 2025 and FY 2026. This revises the agency budget request to \$128,296,200 for FY 2025 and \$126,946,319 for FY 2026. The change package is addressed in the LSH Supplemental/Enhancement request. The hospital is committed to actively managing the budget to the allocation and covering any unexpected obligations. Hospital staff monitors expenditures of hospital funds to ensure the hospital is only purchasing items essential for operations and to ensure the hospital is operating as efficiently as possible.

**Initiatives:** LSH is continuing to enhance our efforts to recruit and retain employees. LSH has expanded nursing agency contracts in efforts to maintain adequate staffing while recruiting to fill vacant positions and improving the work-life balance for employees by reducing overtime at Larned State Hospital. LSH has worked on topics to help staff feel supported, recognized, and appreciated. Given the type of clientele that is served at LSH, efforts have been extended to develop and implement a Workplace Violence Plan. This plan focuses on prevention, risk reduction, and response to any workplace violence that may occur in attempts to help keep employees as safe as possible while carrying out their job responsibilities.

LSH continues to actively implement the larnedcares.com campaign, which was part of the FY 2019 marketing opportunity provided to LSH from the City of Larned and Pawnee County. A new website for the Larned Cares campaign was launched in FY 2024 that provides information regarding the hospital and offers an easy and quick way to apply for LSH positions. In FY 2024, LSH worked with KSN in efforts to enhance recruiting strategies and advertisement, keeping recruiting interesting and continues to market the Larned Cares campaign.

LSH State Security Program continues to expand mobile competency and a mobile evaluator continues to go into jails to perform competency restoration and evaluations at other secured confinement settings. LSH piloted this first in Shawnee County followed by work in Wyandotte, Johnson, and Sedgwick counties. It has continued to expand into additional counties including Lyon, Geary, Saline, Reno, Leavenworth, and Barton County. LSH continues to host the largest mental health conference in Western Kansas, “Frontiers in Mental Health” with over 100 participants.

While wages have been increased for staff and additional positions have been authorized, SPTP has been confronted with addressing an increasingly violent, resistive, and aging population. The number and needs of the resident population have overwhelmed the

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program's ability to respond to the fundamental staffing challenges. It is exceedingly difficult to make decisions regarding placing residents in safe housing placements given residents increasing sexual and physical assaults on each other and staff. The programmatic and physical footprint for SPTP continues to need review to be able to manage residents safely along with the other two Programs on the LSH campus.

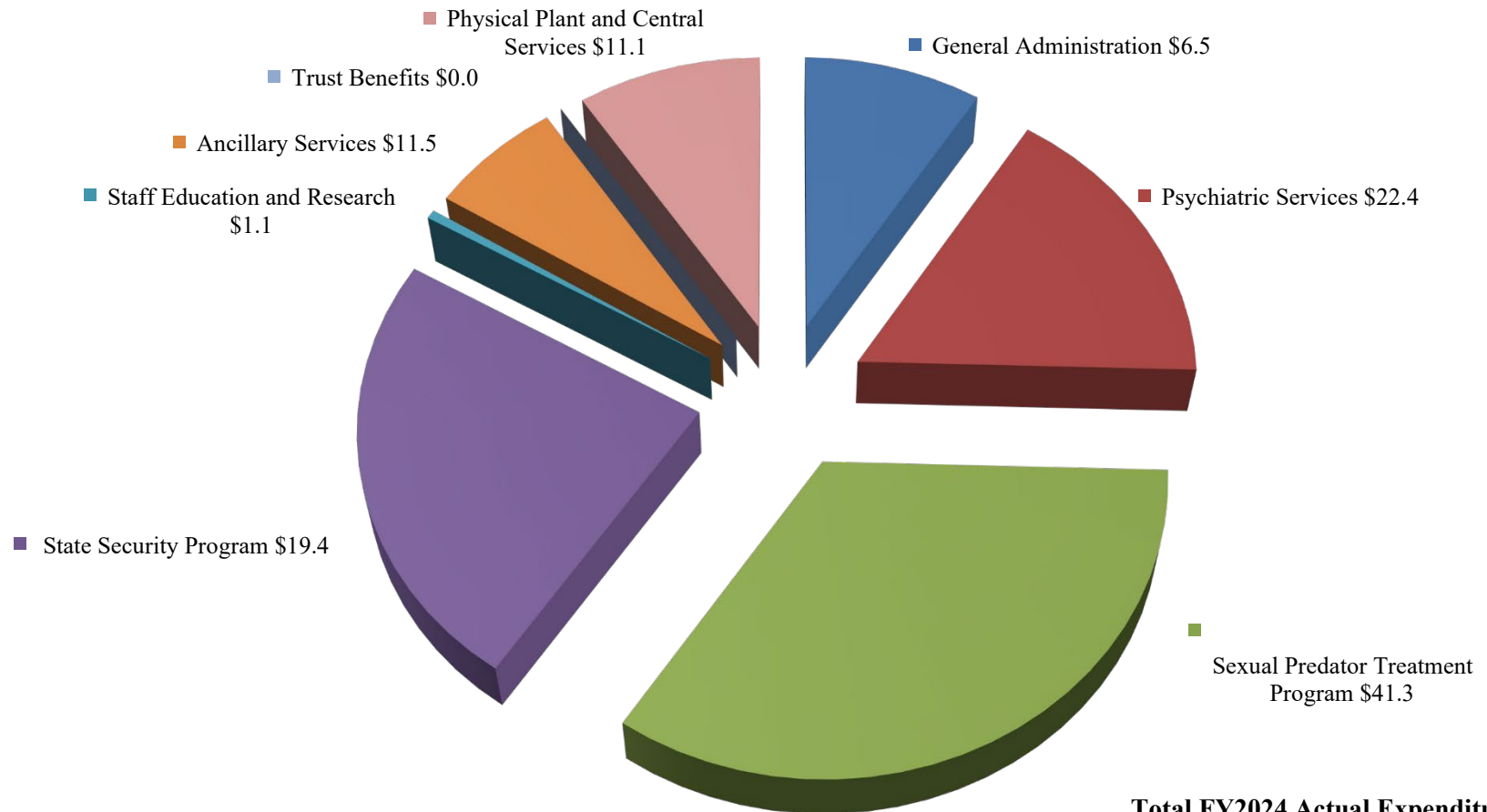
In FY24, LSH collaborated with the City of Larned and Larned Fire Department to restructure fire services for the LSH and Kansas Department of Corrections (KDOC) campus. LSH, KDOC, and the City of Larned entered into a memorandum of agreement starting July 1, 2024, for the City of Larned's Fire Department to provide immediate response to any fire safety issues on LSH and KDOC campuses. This allowed for the discontinuation of the Safety and Security Department of LSH from being the primary trained responders to a fire safety issue. Removing this responsibility from the Safety and Security Officers allows for greater focus to be placed on providing high quality support and interventions for the safety and security of the campus and any patients, residents, staff, contractors, or visitors.

LSH has added recruitment and retention bonus to enhance our ability to hire new employees and retain current employees. The maximum FY 2025 bonus amounts increased to \$10,000. We have added the following bonus:

- Sign – On Bonus: \$1,000 that would be paid to new full-time employees after 90 days on employment.
- Referral Bonus: \$500 available to current full-time employees after 6 months of a referral that was hired.
- Retention Bonus: \$2,000 in FY2025, \$1,000 paid after 6 months of employment and the second \$1,000 paid in June 2025.
- Longevity Bonus: Up to \$1,000 to be given at an employee's anniversary date for Unclassified employees or classified hired after 2007.
- Pick-Up Shift Bonus: Up to \$100 for designated days/times for shifts that are hard to cover and are directly related to patient care.

## FY 2024 Actual Expenditures

(In Millions)



**Total FY2024 Actual Expenditures**  
**\$113.3 Million**

(Total may not add due to rounding)

FY2025 – FY2026

FY 2022 through FY 2026 Approved FTE and UP/UT Positions										
Larned State Hospital	FY 2022 Actuals		FY 2023 Actuals		FY 2024 Actuals		FY2025 Estimate		FY2026 Estimate	
Program	FTE	UP/UT	FTE	UP/UT	FTE	UP/UT	FTE	UP/UT	FTE	UP/UT
General Administration	37.00	-	55.00	-	55.00	-	60.00	-	60.00	-
Staff Education and Research	3.00	-	2.00	-	2.00	-	2.00	-	2.00	-
Psychiatric Services Program	132.00	3.00	134.00	3.00	134.00	3.00	129.00	3.00	129.00	3.00
State Security Program	219.00	2.00	208.50	2.00	185.00	2.00	183.00	2.00	183.00	2.00
Sex Predator Treatment Program	318.50	1.00	291.50	2.00	287.00	2.00	291.00	2.00	291.00	2.00
Ancillary Services	62.00	3.00	74.50	2.00	71.50	2.00	67.50	2.00	67.50	2.00
Physical Plant and Central Services	129.00	-	146.00		146.00	-	155.00	-	155.00	-
<b>TOTAL APPROVED POSITIONS</b>	<b>900.50</b>	<b>9.00</b>	<b>911.50</b>	<b>9.00</b>	<b>880.50</b>	<b>9.00</b>	<b>887.50</b>	<b>9.00</b>	<b>887.50</b>	<b>9.00</b>

Budgeted Bed Capacity by Program at the End of the Fiscal Year					
Program	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Psychiatric Services Program	90	90	90	90	90
State Security Program	140	140	140	140	140
Sexual Predator Treatment Program	274	274	274	274	274
Meyer Reintegration	16	16	16	16	16
<b>Total</b>	<b>520</b>	<b>520</b>	<b>520</b>	<b>520</b>	<b>520</b>

FY2025 – FY2026

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Larned State Hospital**  
**Program Title: Agency Overview**

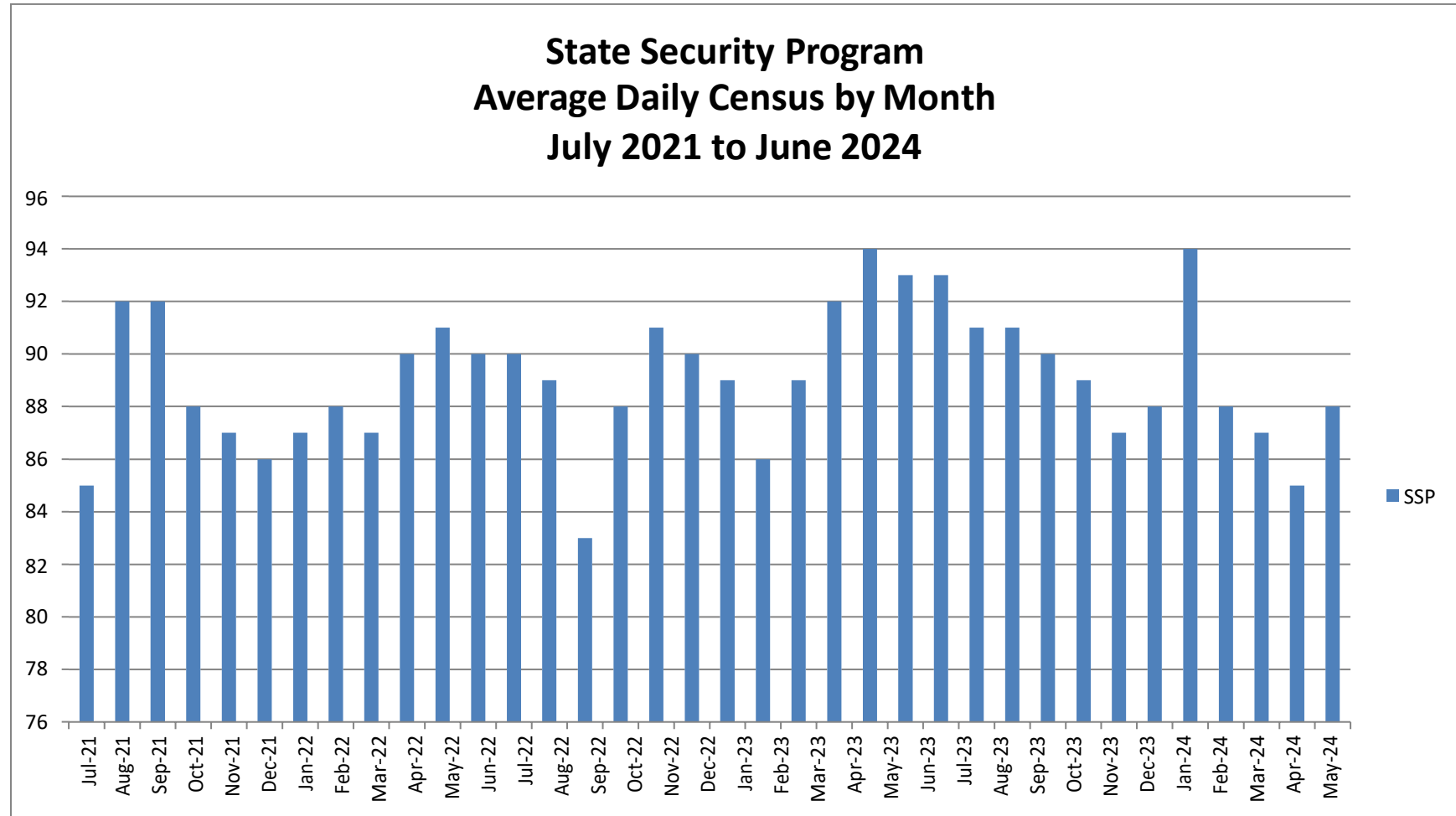
<b>Patient Movement Summary</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Actuals</b>	<b>FY 2025 Estimate</b>	<b>FY 2026 Estimate</b>
<b>Additions</b>					
First Admissions	531	390	419	445	445
Readmissions	596	423	407	475	475
<b>TOTAL ADMISSIONS</b>	<b>1127</b>	<b>813</b>	<b>826</b>	<b>920</b>	<b>920</b>
Admissions-- % Change from Prior Year	5.7%	-27.9%	1.6%	11.4%	0.0%
<b>Separations</b>					
Discharges	1126	812	832	822	822
<b>Total Separations</b>	<b>1126</b>	<b>812</b>	<b>832</b>	<b>822</b>	<b>822</b>
<b>Transfer In and Out – Other KDADS Institutions</b>					
Transfers in -- Other KDADS Institutions	41	34	26	30	30
Transfers out -- Other KDADS Institutions	66	50	54	52	52
<b>Deaths in Hospital</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>

FY2024: This chart has been updated as it was discovered Transfers Ins and Outs were double counting the Additions and Separations and Deaths were being double counted in Separations.

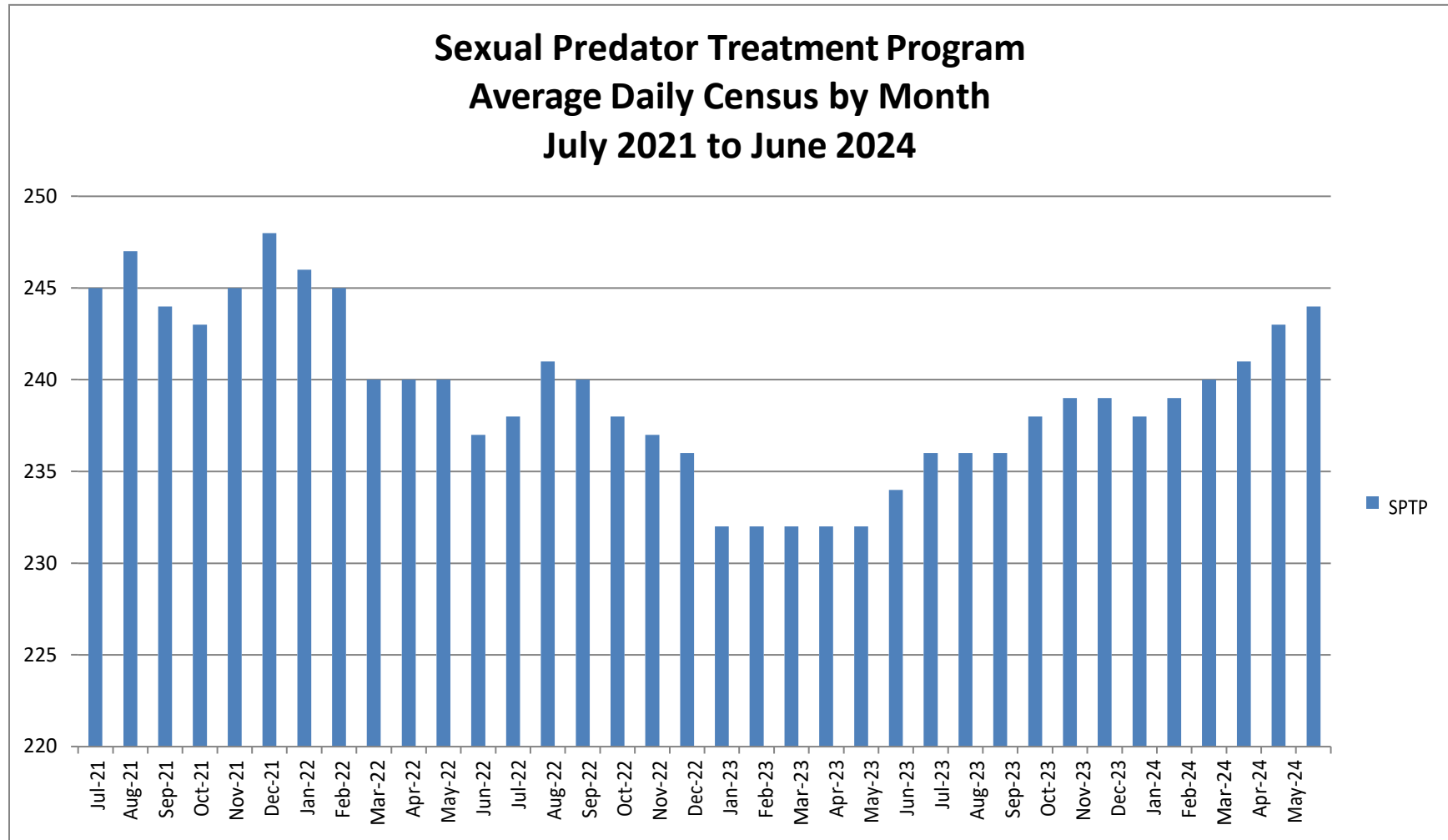


FY2025 – FY2026

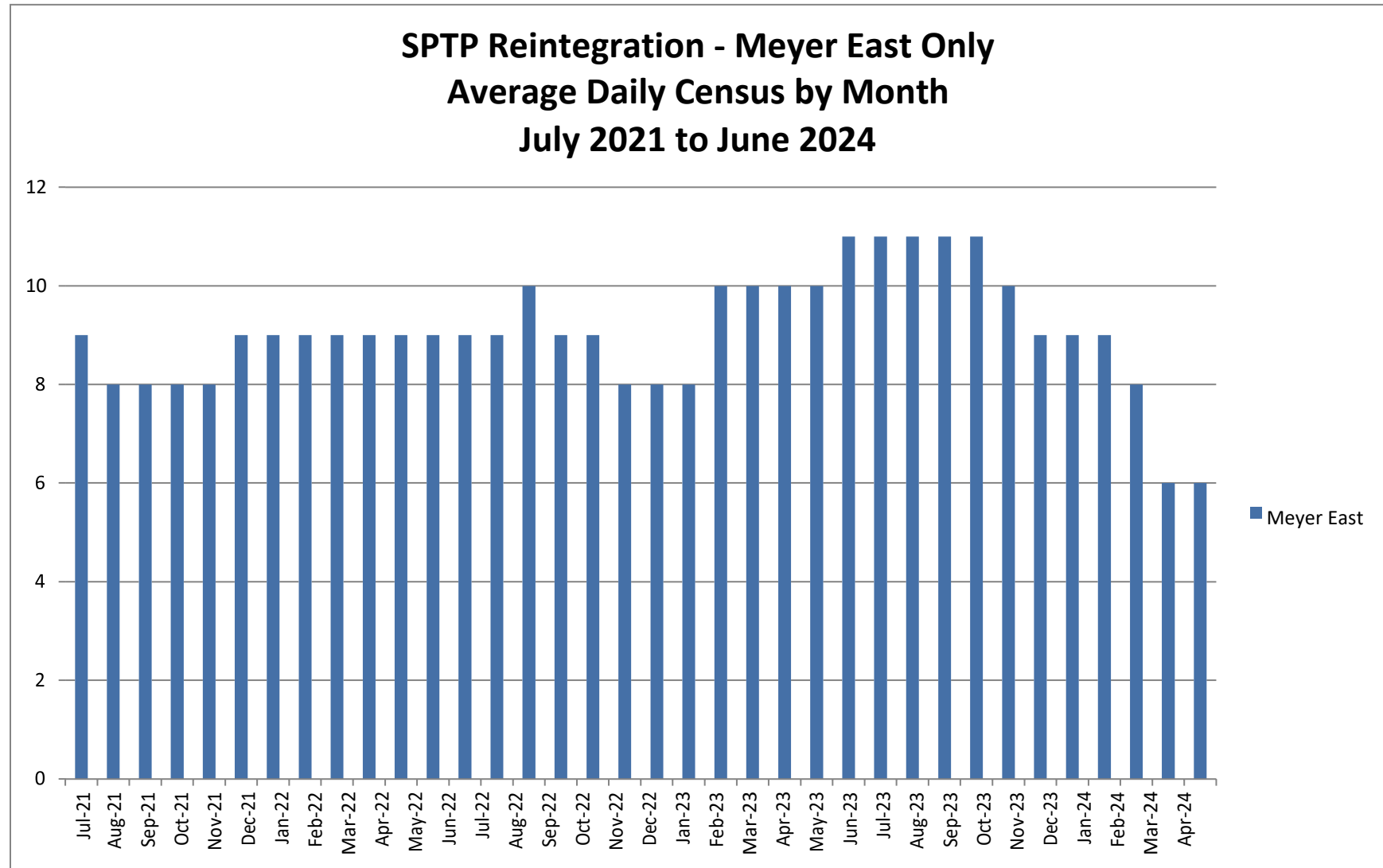




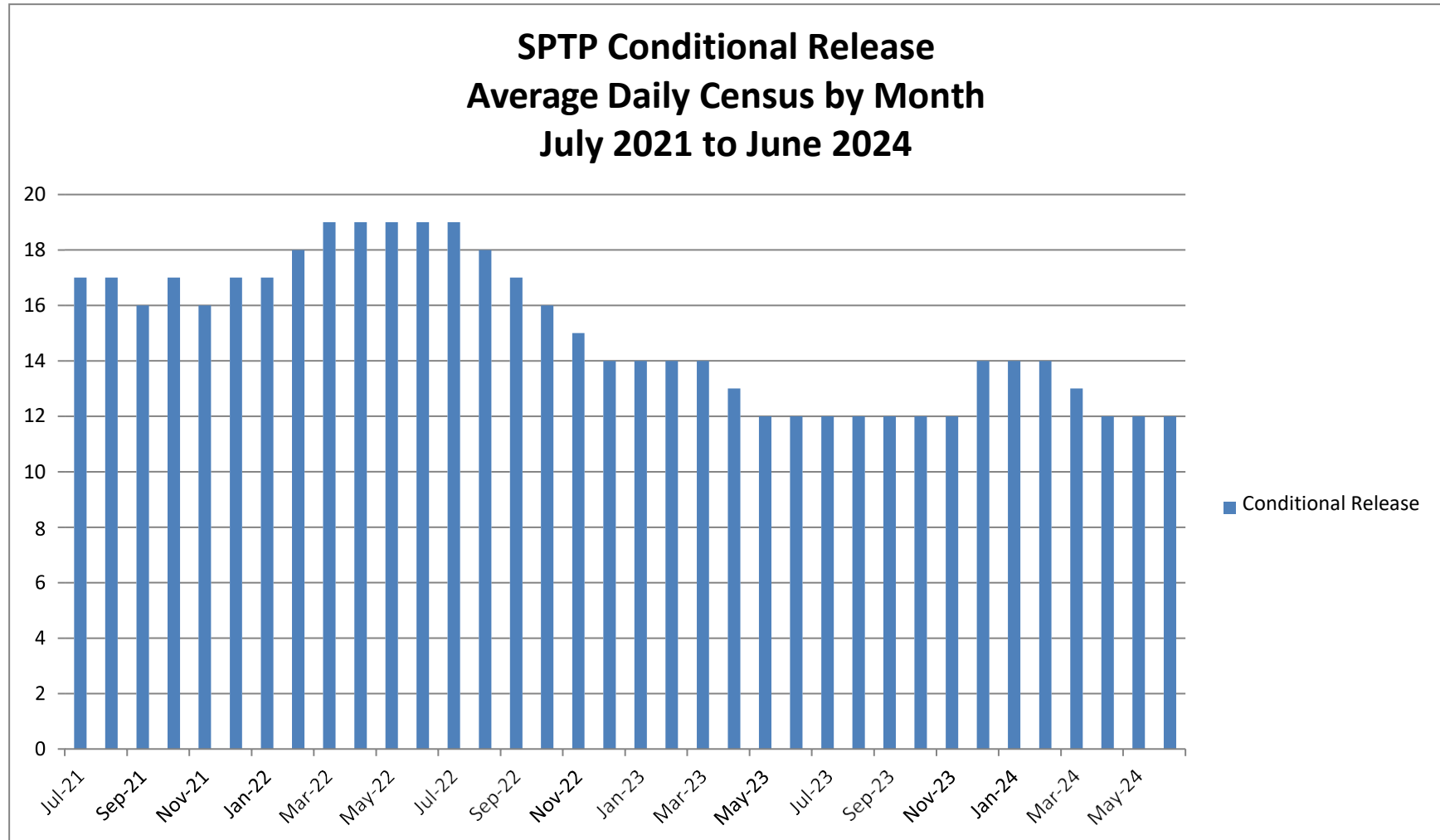
FY2025 – FY2026



FY2025 – FY2026



FY2025 – FY2026



FY2025 – FY2026

<b>Average Daily Census by Fiscal Year</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Actuals</b>	<b>FY 2025 Estimate</b>	<b>FY 2026 Estimate</b>
Psychiatric Services Program	73	72	70	71	71
State Security Program	90	90	88	103	118
Sexual Predator Treatment Program (LSH)	243	235	244	246	246
Meyer Reintegration	9	10	6	9	9
<b>Total</b>	<b>415</b>	<b>407</b>	<b>408</b>	<b>429</b>	<b>444</b>

<b>Average Length of Stay</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Actuals</b>	<b>FY 2025 Estimate</b>	<b>FY 2026 Estimate</b>
Psychiatric Services Program	42	49	44	46	46
State Security Program	89	105	147	126	126

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Larned State Hospital**  
**Program Title: Agency Overview**

**Third Party Leases**

Larned State Hospital has no third-party leases.

**Land Holdings and Leases**

Schedule of Agency Land Holdings Lease to Others						
Lease	Acres Leased to Others	Annual Rent Received	Taxes Paid	Expiration Date	Length of Lease	Lease Description
***1	58.1	\$3,899	\$3,346	Feb. 28, 2025	1 Year	Original lease provides for use of 196.0 cultivated acres through 2/28/97. Due to the construction of the new Juvenile Justice Authority facility, 53 acres south of 2 <sup>nd</sup> Street were removed from this lease in FY 2001. During FY 2003 84.9 acres north of 2 <sup>nd</sup> Street were removed from the lease to allow space for construction of the new facility to house the State Security Program. Subsequent annual renewal is contingent upon agreement of both parties.
2	353.4	\$23,713	\$0	Feb. 28, 2025	1 Year	Original lease provides for use of 353.4 cultivated acres through 2/28/97. Subsequent annual renewal is contingent upon agreement of both parties.
3	229.9	\$4,138	\$0	Feb. 28, 2025	1 Year	Original lease provides for five years use of 238.1 pasture acres through 2/28/97. In FY 2001 8.2 acres were removed from the lease due to inaccessibility. Subsequent annual renewal is contingent upon agreement of both parties.
<b>TOTAL:</b>	<b>641.4</b>	<b>\$31,750</b>	<b>\$3,346</b>			
<p>Amounts noted include total property taxes for leases 1, 2, and 3.</p> <p>*** Portions were removed from lease to accommodate new SSP facility.</p> <p>Land holdings of Larned State Hospital total 1,310.71 acres. The agency uses 325.59 acres and leases 641.4 acres to others. The 104.2 acres that DOC uses for LCMHF was transferred to DOC in FY 2019. The remaining 343.72 acres are considered land that cannot be cultivated and are therefore, not used.</p>						

FY 2025 – FY 2026

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**PROGRAM GOALS, OBJECTIVES AND OUTCOME:**

LSH is committed to providing mental health care and treatment in a safe setting. The following outcome indicators are used by LSH to help evaluate safety.

- Restraint Hours Per 1,000 Inpatient Hours
- Seclusion Hours Per 1,000 Inpatient Hours
- Patient Injuries Per 1,000 Inpatient Days
- Staff Injuries Per 1,000 Inpatient Days

**PROGRAM GOAL #1:**

Improve service quality in all areas.

**OBJECTIVE #1:**

Provide compassionate treatment of patients as evidenced by maintaining level of seclusion and restraint hours per 1,000 inpatient hours which is below previous levels.

The use of seclusion and restraint is an indicator of how effectively staff can work with patients who can be extremely violent, through verbal de-escalation and interventions and without having to limit their freedom of movement. LSH has embarked on a long-term project to minimize the use of seclusion and restraint. All LSH direct care staff, clinicians and designated support staff receive on-going training in a formalized program designed to manage violent behaviors without the use of seclusion or restraint.

**OBJECTIVE #2:**

Provide a safe environment for patients and staff by reducing patient injuries and staff injuries due to patient aggression below previous levels.

**Strategies for Objective #1 & #2:**

1. Provide training in Crisis Intervention Techniques by Crisis Prevention Institute (CPI) for direct care staff, clinicians, and designated support staff.

Performance Measures for Objective #1:

**Outcome Measures**

Description	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Average restraint hours per 1000 inpatient hours	0.123	0.168	0.090	0.125	0.14
Average seclusion hours per 1000 inpatient hours	0.056	0.043	0.042	0.040	0.037

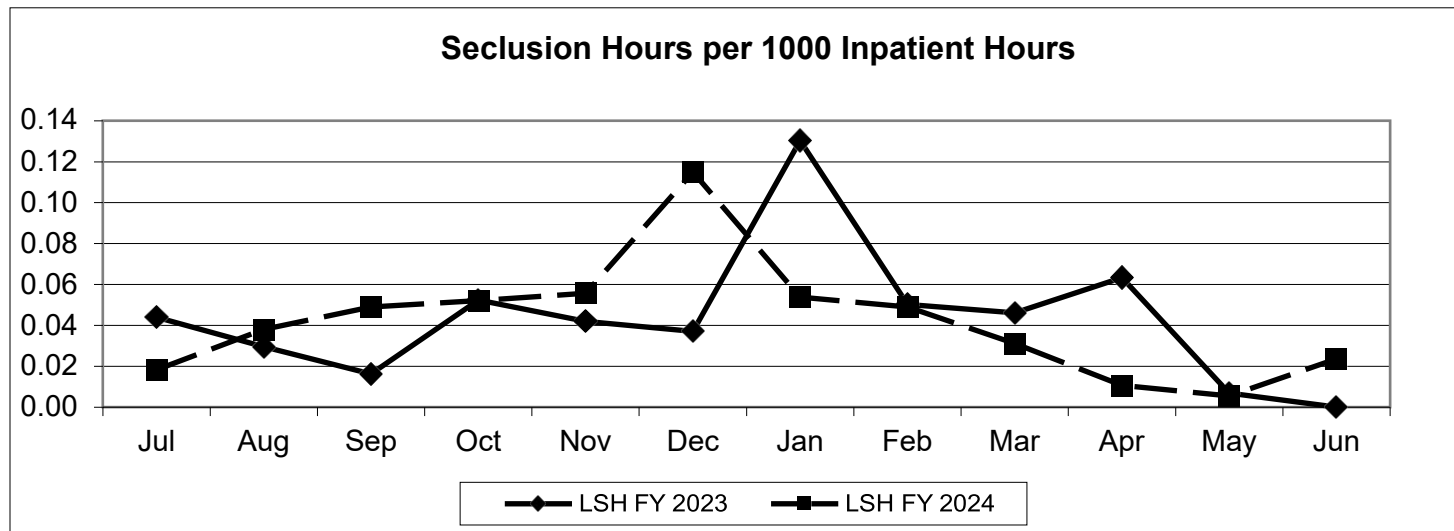
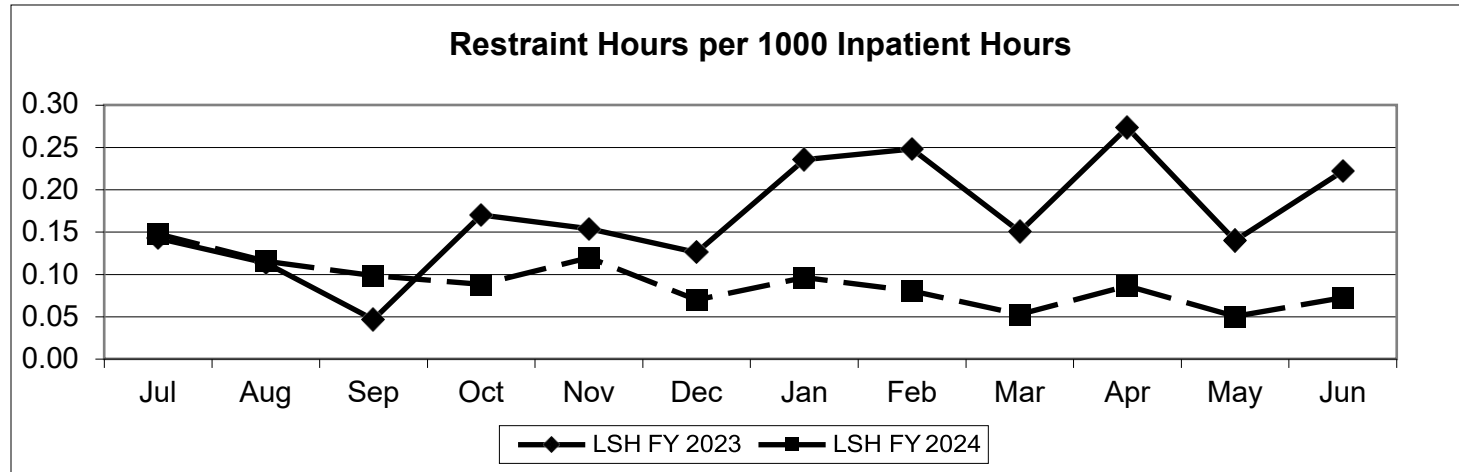
**Output Measures**

Description	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Average serious patient injuries per 1000 inpatient days	0.007	0.014	0.011	0.010	0.007
Average staff injuries from patient aggression per 1000 inpatient days	0.082	0.014	0.007	0.010	0.007

FY2025 – FY2026



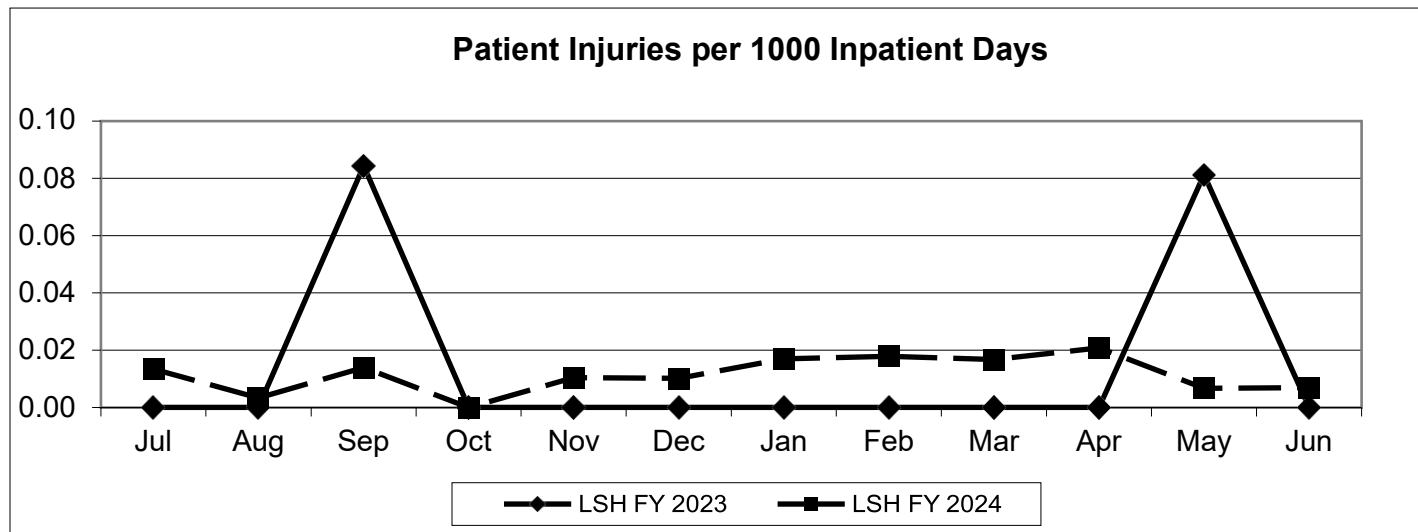
Performance Measures for Objective #2:



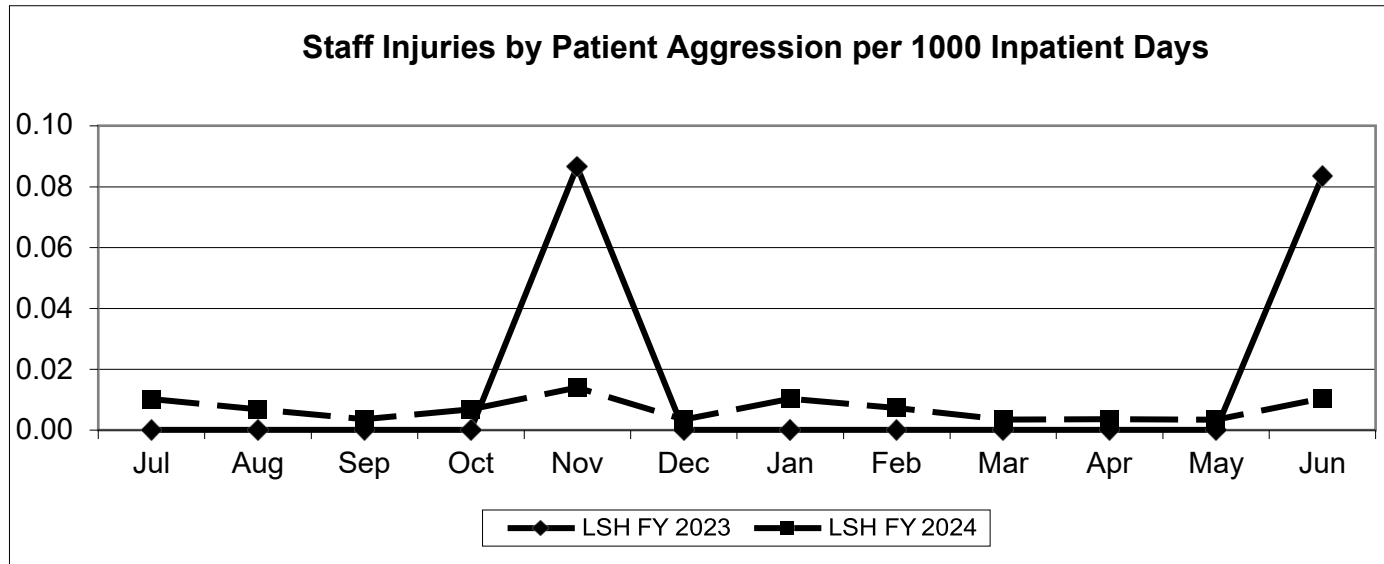
FY2025 – FY2026

**Output Measures**

Description	FY2022 Actuals	FY2023 Actuals	FY2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Percent of direct care staff, clinicians and designated support staff trained in crisis intervention techniques and Crisis Intervention Techniques by Crisis Prevention Institute (CPI).	98%	98%	99%	98%	98%



FY2025 – FY2026



FY2025 – FY2026

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**Supplemental/Enhancement Request #1/3: Funding for City of Larned Fire Services Agreement**

**Justification:** LSH requests \$275,825 from the State General Fund (SGF) in FY 2025 and \$75,000 for FY 2026 and beyond to provide funding for fire services from the City of Larned. In FY 2024, LSH collaborated with the City of Larned and Larned Fire Department to restructure fire services for the LSH and Kansas Department of Corrections (KDOC) campuses. Previously, the LSH Safety and Security Department held the primary responsibility of providing fire response to both LSH and KDOC campuses. LSH was challenged to successfully initiate and maintain the necessary fire training for the security officers given vacancy challenges of the department along with the costs associated with properly training each officer that is hired by LSH. Additionally, the expense of purchasing and maintaining proper fire gear for a department with over 90 officers created further challenges of being able to maintain a fire brigade. Training costs for Firefighter I and Firefighter II are approximately \$3,000 per officer along with the cost of \$3,500-\$4,000 for proper fire gear for each officer. With the size of the department along with the turnover rate, this was an unrealistic responsibility and expense for LSH to continue to manage.

A fire study was conducted by Wichita State University which assessed the number of resources available and needed for the City of Larned Fire Department to take over the primary response of fire services for the two campuses. LSH, KDOC, and the City of Larned entered into a memorandum of agreement (MOA) starting July 1, 2024, for the City of Larned's Fire Department to provide immediate response to any fire safety issues on LSH and KDOC campuses. Removing this responsibility from the Safety and Security Officers allows for greater focus to be placed on providing high quality support and interventions for the safety and security of the campus and any patients, residents, staff, contractors, or visitors. It also alleviates the demands of the fire safety trainings on the department and allows for officers to engage in additional trainings that help aid with improve security practices and patient behavior management. The funding for this supplemental/enhancement request will help aid LSH with meeting its contribution agreed upon within the MOA for the City of Larned.

**Supplemental Request #2/3: Funding for Contract Agency Nursing Staff**

**Justification:** Larned State Hospital (LSH) is requesting an increase of \$32,650,133 in SGF to the FY 2025 base budget and beyond to cover the cost of agency nursing staff that is critical to providing 24/7 front line nursing staff coverage to safely operate the 18 patient/resident units at LSH. Nursing staff (direct care staff) are the front-line employees who support all activities of daily living, continuous supervision, medical care, medications, monitoring of location, and are the first line of security and safety for patients and residents. Inadequate numbers of nursing staff may result in adverse outcomes to patients/residents, direct care staff, the agency, and the community. Despite ongoing recruiting and retention efforts, LSH is not receiving applications sufficient to hire full time employees at a successful rate.

Although LSH continues to heavily recruit, the Nursing Department continues to experience extremely high vacancy rates in all direct care positions. The table below breaks down the vacancy rate by Program at LSH. Looking at the last Fiscal Years, nursing vacancy rates continue to increase while hiring for full-time employees continues to decline.

FY 2024 Monthly Vacancy Rate for Nursing Department Per Program

Rate	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
SSP	69.05%	71.43%	69.44%	68.25%	69.05%	69.44%	71.03%	68.65%	68.85%	70.38%	71.15%	71.15%
PSP	64.29%	57.14%	64.29%	61.25%	59.38%	61.88%	54.49%	53.85%	61.82%	63.03%	63.03%	63.03%
SPTP	69.18%	67.30%	67.61%	66.98%	67.61%	68.24%	68.87%	70.75%	70.94%	72.95%	74.04%	74.59%

Hiring employees has proven very difficult in western Kansas. In Larned and surrounding areas, there are more job opportunities than viable candidates. The unemployment rate in Pawnee County and the surrounding counties is at a current average of 2.9%. According to data from the 2020 Census, the city of Larned has seen a steady decrease in population every year since 1990 going from a population of 4,811 in 1980 to a population of 3,769 in 2020 and continuing to reduce to a population of 3,643 for 2024. LSH approaches recruiting from multiple angles and partners with several agencies, including working with schools and colleges. LSH attends available job fairs within the state of Kansas, has hired outside sources to produce commercials airing on several media sites as well as streaming, posted on Facebook, advertised through KSN, circulated in publications, and marketed through multiple social media sites. However, despite these ongoing recruiting efforts, LSH struggles to recruit employees to come live in Larned or local communities and work at LSH as full-time employees.

The inability to hire and retain employees in the Larned area has resulted in a high number of FTE vacancies over a long period of

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Larned State Hospital**  
**Program Title: Supplementals/Enhancements**

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time, Agency nursing staff are essential; however, these expenses are well beyond LSH's approved budget for contractual services. In FY 2024, the cost has averaged \$780,000 weekly for direct care agency staff. Agency Nursing Costs are 2.5 times higher than FTE hourly pay. LSH has implemented Recruitment and Retention bonuses for FY 2025 to assist in increasing our FTE's and reducing the number of agency staff required. We are also working with Department of Administration to remove COVID pay from the agency nursing cost which will reduce the rate facilitates pay agency staff when there is a COVID positive patient/resident on the unit. We anticipate COVID rates being removed in FY 2025 from Agency Contracts.

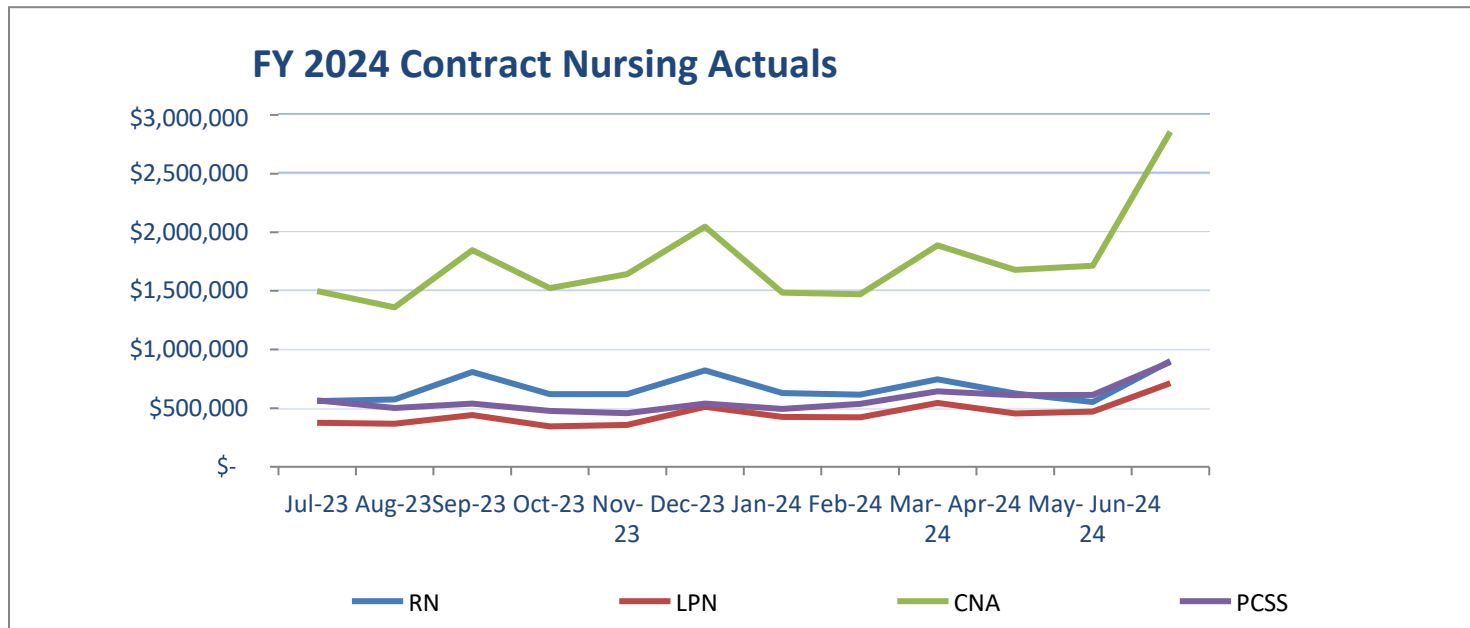
LSH is committed to caring for the needs of the patients/residents, and is unfortunately dependent upon RN, LPN, and CNA/Direct Care agency staff, despite the cost, to maintain minimal staffing levels on the 18 units. LSH must hold over full-time nursing staff to avoid agency staffing costs, but that leads to a poor work/life balance, which leads to decreased morale and higher turnover rates. During FY 2024, LSH spent a total of \$41.3 million for contract nursing. By the end of the fiscal year, 252 contract staff, including Nurses, Certified Nurse Aides (CNA) and Patient Care Support Staff (PCSS), were working on campus provided by different contract agencies.

The need for and cost of contractual nursing staff has increased the last several fiscal years. To provide a safe and secure environment and continue to care for patients/residents, this request is critical to continue to operate LSH with an adequate number of staff to care for and ensure safety of the patients/residents. Failure to provide adequate staff coverage may result in increased patient and staff injuries, reduction in the quality of care provided to patients, increased aggression toward staff, lack of responsiveness to serious situations, heightened risk of burnout among staff, and overall unsafe working conditions. Additionally, treatment would be greatly affected as social work, psychology, activity therapy departments would be required to work direct care and would be unable to provide therapy, treatment, forensic evaluations, competency restoration, or other clinical services. Another potential consequence includes a reduction in the LSH census in the Psychiatric Services or State Security Programs which directly limits the psychiatric services that can be provided and places a larger demand on other mental health settings in Kansas that may not have the same level of training or ability to manage the clientele that LSH serves. LSH needs to maintain the number of agency staff to a level that offers relief for the full-time employees to turn this repeated cycle around and gain full time employees who can find relief, have a positive work/life balance, and have optimism in their place of employment.

LSH has in the approved FY 2025 budget \$11.6 million for contract staffing. That amount includes \$8.7 million in the base budget and \$3.0 million in carry over funds from FY 2024 that will be applied to contract costs. The expected spending on contract staffing in FY 2025 totals \$43,770,063. The expected gap in FY 2025 is \$32,650,133.

FY2025 – FY2026

LSH CONTRACT NURSING STAFF			
Fiscal Year	Totals Spent	Annual Increase	Average Number of Staff Provide d Monthly
FY 2019	\$ 5,917,289	21%	47
FY 2020	\$ 7,286,334	23%	50
FY 2021	\$ 8,666,246	19%	55
FY 2022	\$ 28,364,315	227%	120
FY 2023	\$ 43,129,534	52%	210
FY 2024	\$ 41,314,749	-4%	250
FY 2025 Estimate	\$ 43,770,063	6%	276



FY2025 – FY2026

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**Supplemental Request #3/3: Funding to Open Up Additional SSP Competency Unit**

**Justification:** LSH is requesting \$2,373,817 in SGF FY 2025 and \$4,746,896 in FY 2026 base budget and beyond to add additional staffing to open an additional SSP Competency Unit on Isaac Ray by January 1, 2025. Historically, the State Security Program (SSP) at Larned State Hospital (LSH) has dedicated three units on the Isaac Ray Building for males that have court orders related to competency. The impacts of the COVID-19 Pandemic along with chronic staffing challenges at LSH resulted in one of these three units being closed. This reduced the number of patients being served through SSP by 30 beds. Upon its closure as a SSP unit, it was later utilized as an isolation unit during the pandemic. Patients from the Psychiatric Services Program (PSP) withhold orders that were being admitted for care and treatment were then placed on this unit when the need no longer existed for an isolation unit. This unit will be available in FY 2025 as the PSP population currently on this unit is moving back to the Adult Treatment Center (ATC) Building following security enhancements. The State Security Program needs this Isaac Ray unit for additional competency services. However, LSH is unable to staff this unit with FTE Nursing Staff due to the ongoing staffing challenge LSH faces along with needing an additional Psychiatrist assigned to this unit. LSH requests funding to assist with opening this unit as another SSP unit. Receiving the additional funding will help cover for agency staff while LSH recruits for staff to fill FTEs. The funding would also assist with hiring an FTE psychiatric medical provider that would solely cover the psychiatric medical services for patients admitted to this unit. The return of these 30 SSP beds would help increase the capacity which LSH can fulfill court orders from various counties across the state and reduce the wait list for the SSP program.

<b>Priority</b>	<b>LSH Supplemental &amp; Enhancement Requests</b>	<b>Fund/Budget</b>	<b>FTE's</b>	<b>FY 2025</b>	<b>FY 2026</b>
#1	Fire Services with City of Larned	1000/0103		\$275,825	\$75,000
#2	Agency Nursing Staff	1000/0103		\$32,650,133	\$32,650,133
#3	SSP Competency Unit	1000/0103	1.0	\$2,373,817	\$4,746,896
<b>TOTAL</b>			<b>1.0</b>	<b>\$35,299,775</b>	<b>\$37,472,029</b>



Narrative Information – DA 400  
Division of the Budget  
State of Kansas

Agency Name: Larned State Hospital  
Program Title: Revenue

EXPLANATION OF RECEIPT ESTIMATES - DA 405											
FY 2025 State General Fund Limitations											
Agency	Name	Fund Name	Fund	BU	FY 2025 Approved Expenditures	FY 2025 Re- appropriation	Transfers	Supplemental/ Reduction Package	SGF Transfers	FY 24 Cash Forward	FY25 Adjusted Expenditure Request
410	Larned State Hospital	SGF Operating	1000	0103	\$45,329,251	\$695,526	\$5,120,526	\$35,299,775	-	-	\$86,445,078
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF-SPTP New Crime	1000	0110	\$5,000	\$9,540	(\$14,540)	-	-	-	\$0
		SGF - SPTP	1000	0200	\$25,135,888	\$827,628	\$1,721,382	-	-	-	\$27,684,898
494	Osawatimie State Hospital	SGF Operating	1000	0100	\$37,352,139	-	\$2,418,026	\$3,250,000	-	-	\$43,020,165
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF SPTP-MiCo	1000	0200	\$1,661,535	-	\$663,772	-	-	-	\$2,325,307
	Adair Acute Care	SGF Certified Care	1000	0101	\$6,537,396	-	\$1,659,430	\$7,750,000	-	-	\$15,946,826
507	Parsons State Hospital	SGF Operating	1000	0100	\$19,977,997	-	\$2,091,067	-	-	-	\$22,069,064
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF- SPTP	1000	0200	\$2,188,438	\$406,769	-	-	-	-	\$2,595,207
363	Kansas Neurological	SGF Operating	1000	0303	\$16,262,805	-	\$1,712,315	-	-	-	\$17,975,120
		SGF Hospitality	1000	0304	\$150	-	-	-	-	-	\$150
	<b>Total SGF</b>				\$154,451,049	\$1,939,463	\$15,371,978	\$46,299,775	\$0	\$0	\$218,062,265
FY 2026 State General Fund Limitations											
Agency	Name	Fund Name	Fund	BU	FY 2026 Estimated Expenditures	FY 2026 Re- appropriation	Transfer	Enhancement/ Reduction Package	SGF Transfers	KDADS Transfer IN	FY26 Adjusted Expenditure Request
410	Larned State Hospital	SGF Operating	1000	0103	\$51,074,082	-	-	\$37,472,029	-	-	\$88,546,111
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF-SPTP New Crime	1000	0110	\$0	-	-	-	-	-	\$0
		SGF - SPTP	1000	0200	\$26,847,730	-	-	-	-	-	\$26,847,730
494	Osawatimie State Hospital	SGF Operating	1000	0100	\$39,500,000	-	-	\$3,503,723	-	-	\$43,003,723
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF SPTP-MiCo	1000	0200	\$2,500,000	-	-	-	-	-	\$2,500,000
	Adair Acute Care	SGF Certified Care	1000	0101	\$8,798,795	-	-	\$7,750,003	-	-	\$16,548,798
507	Parsons State Hospital	SGF Operating	1000	0100	\$21,889,503	-	-	-	-	-	\$21,889,503
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF- SPTP	1000	0200	\$2,595,207	-	-	-	-	-	\$2,595,207
363	Kansas Neurological	SGF Operating	1000	0303	\$18,110,375	-	-	-	-	-	\$18,110,375
		SGF Hospitality	1000	0304	\$150	-	-	-	-	-	\$150
	<b>Total SGF</b>				\$171,316,292	\$0	\$0	\$48,725,755	\$0	\$0	\$220,042,047

FY2025 – FY2026

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Larned State Hospital**  
**Program Title: Revenue**

EXPLANATION OF RECEIPT ESTIMATES - DA 405												
FY 2025 Fee Funds												
Agency	Name	Fund Name	Fund	BU	FY 2025 Estimated C&H Receipts	FY 2025 Estimate Adj	Cash Forward	Add'l Misc Revenue	Other Transfer	FY 2025 Cash Forward	FY 2025 Adjusted Expenditure	Supplemental Request
410	Larned State Hospital	LSH Fee Fund	2073	2100	\$4,316,987	-	\$1,620,122		-	\$0	\$5,937,109	\$2,177,742
		Title XIX No limit	2074	2200	\$7,085,354	-	\$819,342		-	\$0	\$7,904,696	
494	Osawatomie State Hospital	OSH Fee Fund	2079	4200	\$730,000	-	\$2,732,503		-	(\$1,745,205)	\$1,717,298	\$0
		OSH TXIX No limit	2080	4300	\$0	-	\$164,895		-		\$164,895	
	Adair Acute Care	OSH Certified Care	2079	4201	\$4,752,700	-	(\$409,432)		-	(\$134)	\$4,343,134	\$0
		OSH TXIX Cert Care No Limit	2080	4301	\$6,679,751	-	\$858,466		-		\$7,538,217	
507	Parsons State Hospital	PSH Fee Fund	2082	2200	\$859,747	-	\$190,253		-	\$0	\$1,050,000	\$0
		Title XIX No limit	2083	2300	\$15,500,000	-	\$4,589,868		-	(\$4,820,039)	\$15,269,829	
363	Kansas Neurological Institute	KNI Fee Fund	2059	2000	\$1,423,264	-	\$901,802		-	(\$629,119)	\$1,695,947	\$0
		Title XIX No limit	2060	2200	\$17,000,000	-	\$951,966		-	(\$738,651)	\$17,213,315	
	<b>Total Fee Fund</b>				\$58,347,803	\$0	\$12,419,785	\$0	\$0	(\$7,933,148)	\$62,834,440	
FY 2026 Fee Funds												
Agency	Name	Fund Name	Fund	BU	FY 2026 Estimated C&H Receipts	FY 2025 Estimate Adj	Cash Forward	Add'l Misc Revenue	Other Transfer	FY 2026 Cash Forward	FY 2026 Adjusted Expenditure	Supplemental Request
410	Larned State Hospital	LSH Fee Fund	2073	2100	\$4,337,354	-	\$0		-		\$4,337,354	\$0
		Title XIX No limit	2074	2200	\$7,085,354	-	\$0		-		\$7,085,354	
494	Osawatomie State Hospital	OSH Fee Fund	2079	4200	\$755,000	-	\$1,745,205		-	\$0	\$2,500,205	
		OSH TXIX No limit	2080	4300	\$0	-	\$0		-		\$0	
	Adair Acute Care	OSH Certified Care	2079	4201	\$4,260,969	-	\$134		-	\$0	\$4,261,103	
		OSH TXIX Cert Care No Limit	2080	4301	\$7,678,671	-	\$0		-	\$0	\$7,678,671	
507	Parsons State Hospital	PSH Fee Fund	2082	2200	\$1,150,000	-	\$0		-		\$1,150,000	
		Title XIX No limit	2083	2300	\$15,500,000	-	\$4,820,039		-	(\$4,751,798)	\$15,568,241	
363	Kansas Neurological Institute	KNI Fee Fund	2059	2000	\$1,423,264	-	\$629,119		-	(\$337,113)	\$1,715,270	
		Title XIX No limit	2060	2200	\$17,000,000	-	\$738,651		-	(\$548,994)	\$17,189,657	
	<b>Total Fee Fund</b>				\$59,190,612	\$0	\$7,933,148	\$0	\$0	(\$5,637,905)	\$61,485,855	\$0

FY2025 – FY2026

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Larned State Hospital**  
**Program Title: Revenue**

<b>Explanation of Receipts - DA 405</b>						
<b>Revenue Source</b>	<b>Revenue Account Code</b>	<b>Actual FY 2022</b>	<b>Actual FY 2023</b>	<b>Actual FY 2024</b>	<b>Projected FY 2025</b>	<b>Projected FY 2026</b>
Medicare A	420610	1,864,828	1,282,256	2,166,296	2,274,611	2,274,610
Medicare B	420610	149,164	144,008	157,872	165,765	165,764
Insurance	420610	739,945	865,348	1,143,618	903,565	921,636
Private Pay-Care & Hosp.	420610	777,418	887,954	705,983	814,828	831,125
Kansas Debt Set Off	420610	39,278	37,784	24,676	34,880	25,578
<b>Total Hospitalization</b>		<b>3,570,634</b>	<b>3,217,350</b>	<b>4,198,445</b>	<b>4,193,649</b>	<b>4,218,712</b>
Clerical Charges	420400	701	91	249	100	100
Educational Charges	420500					
Sale of Salvage	422500	1,073	15,957	62,527	25,000	20,000
Sale of Usable / Condemned	422600					
Sale of Meals & Processed Food	422700	5,319	5,427	13,653	13,653	13,675
Other Interest	430900	7	5	8	5	5
Rent of Unimproved Land	431100	31,750	31,750	31,750	31,750	31,750
Rent of Real Estate & Bldg.	431200	87,387	121,991	101,867	18,362	18,362
Other Misc. Revenue	459090					
Insurance Reimbursement	461200					
Estate Recovery	462100					
Recovery of Current FY Expenses	462110	17,173	18,110	16,397	17,500	17,500
Reimbursement and Refunds, Other	462900	13,985	1,981	9,968	6,500	6,750
Recovery of Prior FY Expenses	469010	18,883	11,125	9,153	10,468	10,500
<b>Total</b>		<b>3,746,912</b>	<b>3,423,787</b>	<b>4,444,017</b>	<b>4,316,987</b>	<b>4,337,354</b>

FY2025 – FY2026

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**EXPENDITURE JUSTIFICATION**

**PROGRAM:** Administration – 01030

**Program Overview:**

General Administration is responsible for planning, implementing, and monitoring LSH's operations. This program includes the following departments: Human Resources, Financial Services, Information Technology, Clinical Information Services (CIM), Quality Management, Risk Management, Accreditation, and Customer Service. The purpose of the General Administration is to provide general leadership and oversight of the agency through the professional specialties the department represents. These individualized departments correspond with other programs throughout LSH to ensure that effective operations are occurring and in compliance with outlined rules, regulations, and guidelines. This is achieved through the development, ongoing refinement, and implementation of LSH's mission, vision, values, and strategic plan. It is the responsibility of the General Administration to support compliance with LSH policies and procedures in efforts to maintain high quality of care to the patients and residents. The General Administration departments represent the agency in relation to state level authorities, other agencies and providers, and the public.

**Current and Budget Year Operations:**

A goal of General Administration is to focus on the successful execution of hospital policies and procedures, to provide exemplary customer service and increase stakeholder's confidence in hospital services.

LSH has submitted a Supplemental Budget request totaling \$275,825 in FY 2025 and \$75,000 in FY 2026 base budget and beyond for Fire Services Agreement with the City of Larned for LSH.

**Larned State Hospital Supplemental Request Summary Administration Program:**

Administrative Supplemental Request	FY 2025	FY 2026
Fire Services with City of Larned	\$275,825	\$75,000
<b>Total</b>	<b>\$275,825</b>	<b>\$75,000</b>

FY2025 – FY2026

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**Account Code 5100: Salaries and Wages**

Summary: The 60 FTE positions in this program provide direct and indirect administrative and support services to every area of the facility. In addition to recruiting for vacant positions, retention of a skilled labor force is essential. Funding requested is for all current positions for 26 pay periods FY 2025 and FY 2026, including fringe benefits, health insurance and longevity.

**FY 2025:** \$4,140,066 is requested. The shrinkage rate is 24.2%.

**FY 2026:** \$3,805,664 is requested. The shrinkage rate is 30.7%.

**Account Codes 5200 - 5290: Contractual Services**

Summary: The major contractual services are communications, telephone services, postage, telephone repair, computer services (networks), video conferencing, cellular phones, and utilities. Cellular phones, Smart Phones, and iPads are used for nursing supervisors, physicians, and other professional and support staff were deemed appropriate. The cost of contractual services LSH provides to LSCF is tracked through Administration, which includes water, sewer, and laundry services.

**FY 2025:** \$1,053,615 is requested.

**FY 2026:** \$1,064,651 is requested.

**Account Codes 5300 - 5390: Commodities**

Summary: The major commodities are food, maintenance supplies, professional supplies, and household supplies.

**FY 2025:** \$143,510 is requested.

**FY 2026:** \$144,978 is requested.

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Larned State Hospital**  
**Program Title: Administration**

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**Account Code 5400 - 5490: Capital Outlay**

Summary: Capital Outlay is requested for computer and office equipment.

**FY 2025:** \$49,187 is requested.

**FY 2026:** \$49,679 is requested.

FY2025 – FY2026

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Larned State Hospital**  
**Program Title: Administration**

<b>Program Name</b>	<b>Subprogram Name (if applicable )</b>	<b>Performance Measure</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Actuals</b>	<b>FY 2025 Estimate</b>	<b>FY 2026 Estimate</b>
Administration	Clinical Information Management	Percent of cases in which electronic and hard-copy medical records were maintained and filing is current, correct, and complete for each patient admitted to hospital as evidenced by qualitative analysis and quality checks	99%	97%	97%	90%	90%
		Percent of cases in which medical staff documentation was properly coded, including admissions and discharges, to ensure optimization of reimbursement as evidenced by internal quarterly coding audits	95%	100%	100%	90%	90%
		Percent of valid releases in compliance with departmental guidelines in accordance with authorizations, subpoenas, court orders, as evidenced by performing validity reviews prior to release and meeting departmental release deadlines.	100%	100%	100%	90%	90%
		Percent of appropriate inpatient admissions and continued stays as evidenced by meeting Medicare requirements of medical necessity and clinical criteria prior to authorizing.	100%	100%	100%	95%	95%
	Human Resources	Average percent of increase in full time staffing to efficiently provide support and safety to the hospital and patients.	13.9%	1.1%	0.0%	2.0%	2.0%

FY2025 – FY2026

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Larned State Hospital**  
**Program Title: Administration**

<b>Program Name</b>	<b>Subprogram Name (if applicable )</b>	<b>Performance Measure</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Actuals</b>	<b>FY 2025 Estimate</b>	<b>FY 2026 Estimate</b>
	Business and Fiscal Services	Determine admitting patient's available insurance and financial status for Ability to Pay determination 100% of the time.	100%	100%	100%	100%	100%
		Percent of completed Invoices processed within 10 business days in Smart for payment.	100%	100%	100%	100%	100%
	Quality Management	Number of campus wide performance improvement projects completed per fiscal year.	7	3	3	5	7
	Risk Management	Percent of risk management incidents are logged and prepared for initial review within 24 hours of receipt by Risk Manager.	100%	100%	100%	100%	100%

FY2025 – FY2026



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**PROGRAM:** Staff Education and Research – 01070

**Program Overview:**

The focus of Staff Education and Research is to assist employees in the acquisition of skills and knowledge, both for personal development and for career advancement.

**Current and Budget Year Operations:**

Staff Education and Research areas of focus are to provide educational opportunities to assist LSH employees in enhancing competent performance through facilitating training opportunities for staff intended for the purpose of developing and maintaining professional performance as well as personal development. The program also assists LSH employees in career development planning and activities. Staff education creates a learning environment that assists staff in enhancing awareness of what they need to learn by coordinating and conducting continuing education for Licensed Professional staff and offering educational opportunities to Mental Health Professionals and employees of affiliated agencies throughout Kansas.

Education provided through this department involves ensuring identification and provision of minimum hospital, KDADS and other training requirements as dictated by policy or standards. In addition, Staff Development is charged with maintaining the training records for LSH staff, creating, and monitoring of trainings and writing computer-based trainings as requested. This department also coordinates the annual Mental Health Conference for professional staff to received continuing educational units required for re-licensure. The Mental Health Conference not only provides educational opportunities for LSH but also for surrounding clinical staff, Community Mental Health Centers, and other community providers.

**Account Code 5100: Salaries and Wages**

Summary: The 2 FTE positions in this program provide education for all staff, administrative, and direct care services of LSH. Funding requested is for all current positions for 26 pay periods FY 2025 and FY 2026, including fringe benefits, health insurance and longevity.

**FY 2025:** \$131,679 is requested. The shrinkage rate is 22.2%.

**FY 2026:** \$117,873 is requested. The shrinkage rate is 30.7%.

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**Account Codes 5200 - 5290: Contractual Services**

Summary: The requested funds allow staff training personnel to attend workshops and conferences which will improve the quality of training they can provide to the diversified professions which comprise LSH's staff. In addition to travel costs associated with training, other contractual services include utilities and professional services.

**FY 2025:** \$328,686 is requested.

**FY 2026:** \$335,211 is requested.

**Account Codes 5300 - 5390: Commodities**

Summary: In this category funds are requested to provide training materials for staff and supplies.

**FY 2025:** \$22,027 is requested.

**FY 2026:** \$22,248 is requested.

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**PROGRAM:** Psychiatric Services Program – 32750

**Program Overview:**

The Psychiatric Services Program (PSP) provides psychiatric treatment to 61 Kansas counties. Patients are both male and females who are 18 years of age or older. PSP has a budgeted bed capacity of 90. However, PSP is currently utilizing 74 of the 90 beds. The decreased bed usage is due to staffing issues and the inability to safely operate all 90 beds. PSP beds on the Adult Treatment Center have deemed Status from the Centers for Medicare and Medicaid Services (CMS) and are accredited by The Joint Commission (TJC). Health care organizations that want to participate in and receive payment from the Medicare or Medicaid programs must be certified as complying with the Conditions of Participation (CoPs), or standards, set forth in federal regulations.

PSP has three units on two Larned State Hospital buildings. The Adult Treatment Center (ATC) building includes two units. A Crisis Stabilization Unit (CSU) for acute stabilization and one Treatment Unit for patients with chronic conditions as well as individuals who are not guilty due to lack of mental state and who have transferred to a less secure setting. Beds on the Adult Treatment Center have deemed Status from the Centers for Medicare and Medicaid Services (CMS) and are accredited by The Joint Commission (TJC). The third PSP unit is on the Isaac Ray building which has heightened security measures compared to the ATC building and serves individuals for acute stabilization from the jails (hold orders) as well as individuals dually committed for competency restoration and some individuals who are not guilty due to lack of mental state and who have transferred to LSH from the State Security Program but have not yet transferred to the ATC building's less secure setting.

Patients are admitted to PSP for both evaluation and acute inpatient treatment. Preadmission screening is completed by the Community Mental Health Center (CMHC). A CMHC screening is required by law to authorize admission to the PSP. Adults may be admitted either on a voluntary basis or by civil commitment. Patients may have a variety of symptoms due to mental illnesses, such as, but not limited to, schizophrenia, bipolar disorder, major depression, and post-traumatic stress disorder. Symptoms are often severe and may include hallucinations, delusions, suicidal ideation, and other behavioral problems. Adult psychiatric patients are admitted through a triage area and a determination is made regarding treatment options and unit placement. Social detoxification services are provided for up to 72 hours within the PSP at LSH for persons referred by law enforcement agencies or by a district court.

Upon admission to PSP, a comprehensive evaluation is performed. An individualized treatment plan is subsequently developed for each patient. The treatment plan may include group and individual therapy, medication, rehabilitative skills development, and other activity therapies. PSP patients are assigned an individualized number of active treatment hours each week based on the patient's current level of functioning/stability. Patients attend programming away from the living units as their functioning improves to decrease distractions, improve motivation, and begin the process of reintegration to assist with recovery. This approach increases

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responsibility, provides choices, promotes independence, and develops skills needed for successful community reintegration. The treatment approach includes a series of rehabilitative skill-building activities provided by a range of treatment disciplines. It brings together, in one location, contemporary treatment and rehabilitation programs created to build daily life skills, indoor and outdoor activities, hobbies and patient services.

**Current and Budget Year Operations:**

PSP's main goal is to limit the overall length of stay to only the time necessary to stabilize an individual, prepare them for community re-integration and to manage their mental illness in a less restrictive community-based setting. PSP works to provide treatment and skills to reduce an individual's need for long term treatment and/or re-admission allowing them an opportunity for independent living. PSP is continually re-evaluating programming to ensure intensive life skills coaching are provided for our hard-to-place patients. Programming focuses on everyday life skills, vocational training, and groups focusing on community reintegration and medication management.

**Account Code 5100: Salaries and Wages**

Summary: The 129 FTE and 3 Non-FTE Unclassified Permanent Positions approved positions in this program provide administrative and direct care services to every area of the program. Funding requested is for all current positions for 26 pay periods FY 2025 and FY 2026, including fringe benefits, health insurance and longevity.

**FY 2025:** \$9,096,246 is requested. The shrinkage rate is 24.2%.

**FY 2026:** \$8,354,657 is requested. The shrinkage rate is 30.7%.

**Account Codes 5200 - 5290: Contractual Services**

Summary: The major contractual services are communications, contract nursing staff, outside medical expenses for patients and residents for services not available at LSH and utilities.

**FY 2025:** \$3,850,000 is requested.

**FY 2026:** \$3,837,674 is requested.

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Larned State Hospital**  
**Program Title: Psychiatric Services Program**

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**Account Codes 5300 - 5390: Commodities**

Summary: The major commodities are food, pharmaceuticals, household supplies and activity supplies for patients.

**FY 2025:** \$599,604 is requested.

**FY 2026:** \$606,295 is requested.

**Account Code 55500: Total Other Assistance**

Summary: Property loss claims for SSP patients.

**FY 2025:** \$100 is requested.

**FY 2026:** \$100 is requested.

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Larned State Hospital**  
**Program Title: Psychiatric Services Program**

<b>Program Name</b>	<b>Subprogram Name (if applicable )</b>	<b>Performance Measure</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Actuals</b>	<b>FY 2025 Estimate</b>	<b>FY 2026 Estimate</b>
Psychiatric Services Program	Direct Support Services	Percent of documentation of nursing coverage and acuity entered into Plexus monthly.	62%	73%	86%	80%	90%
		Percent of staff who receive annual CPI training to ensure a safe environment for patients and staff.	95%	98%	97%	98%	98%
	Medical and Nursing Services	Percent of completed admission intake assessment by medical within 24 hours of admission.	96%	93%	94%	95%	100%
		Percent of completed admission intake assessment by nursing within 24 hours of admission.	98%	96%	97%	98%	100%
		Percent of completed monthly nursing Electronic Progress Notes (EPN's) on time.	64%	79%	75%	80%	90%
		Comprehensive Integrated Treatment Plan (CITP) will be completed on or before the due date.	98%	96%	96%	99%	100%

FY2025 – FY2026

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Larned State Hospital**  
**Program Title: Psychiatric Services Program**

<b>Program Name</b>	<b>Subprogram Name (if applicable )</b>	<b>Performance Measure</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Actuals</b>	<b>FY 2025 Estimate</b>	<b>FY 2026 Estimate</b>
Psychiatric Services Program Continued	Social Services	Percent of completed psychosocial assessments within policy timeframes.	98%	98%	100%	95%	95%
		Percent of completed patient progress notes per policy timeframes.	100%	98%	99%	95%	95%
		Percent of completed social work patient discharge instructions prior to discharge.	100%	100%	100%	95%	95%
	Psychological Services	Court reports will be completed by the internal due date.	98%	97%	98%	100%	100%
		Offer a minimum of 4 hours of active treatment per week to all patients.	80%	93%	91%	95%	100%

FY2025 – FY2026

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**PROGRAM:** State Security Program – 32800

**Program Overview:**

The State Security Program (SSP), also known in Kansas Statutes as the State Security Hospital, was originally opened March 27, 1939, to house the criminally insane on the Dillon building following the transfer of 100 patients from Lansing State Prison.

SSP serves adult male and female mentally ill forensic patients from the entire state of Kansas, which are admitted through specific forensic statutes from county jails or transferred from the Kansas Department of Corrections (KDOC) for treatment. Today, the program is housed among four units on the Isaac Ray (IR) building which opened in 2005 and is designed to safely maintain extremely dangerous and violent offenders with felony crimes.

SSP units admit, evaluate, care for, and treat individuals admitted by the District Courts as provided under KSA 22-3302 (Competency Evaluation), 22-3303 (Competency Treatment), 22-3219 (Mental Status Evaluation), 22-3429 (Presentence Evaluation), 22-3428 (Not Guilty by Reason of Lack of Mental State), 22-3430 (Care and Treatment in Lieu of Imprisonment) 59-29a05 (Sexual Predator Evaluation), as well as a limited number of females transferred by the Kansas Department of Corrections (KDOC) pursuant to K.S.A 75-5209 (Inmate Transfer to Larned State Security Hospital (LSSH)).

One unit, the Security Behavior Unit (SBU), serves up to 20 males who are civilly, rather than criminally, committed and who pose a very high risk of being dangerous and/or have been charged/arrested for a felony. Patients on this unit are administratively transferred from the Psychiatric Services Program (PSP), Osawatomie State Hospital (OSH), or Adair Acute Care at OSH.

**Current and Budget Year Operations:**

SSP provides a secure setting in the Isaac Ray building and currently serves up to 100 patients on four units. In FY 2021, the Governor's Budget Amendment (GBA), restored funding for 30 SSP beds. These 30 beds would expand capacity to accept criminal court referrals if LSH could staff the positions. Current vacancy rates for direct care nursing staff are 60.00% for MHDD, 91.18% for LMHTs/LPNs and 85.71% for RN's. Until the nursing department vacancy rate reaches less than 20% for each of these disciplines, SSP cannot safely open this unit.

The SSP has a pending admission list of District Court referrals and is focused on reducing the wait times for individuals to be admitted. SSP continues to work toward modernizing the forensic evaluation process by utilizing mobile evaluators to perform evaluations as well as providing competency restoration services within secure confinement settings and in the community for



**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Larned State Hospital**  
**Program Title: State Security Program**

individuals who may be on bond. In September 2019, SSP began the mobile evaluation process using LSH staff to conduct competency services in county jails. During FY 2024, evaluators completed 49 forensic reports for individuals ordered to the SSP in jail and other settings.

LSH continues to work with Kansas counties, the courts, and other community stakeholders in moving towards expanded outpatient services for individuals waiting for admission to the SSP. KDADS contracts with Wheat State Healthcare to use the Community Mental Health Center network to perform competency evaluations and restoration treatment in county jails.

LSH has submitted a Supplemental Budget request totaling \$2,373,817 and 1 FTE in FY 2025 and \$4,746,896 and 1 FTE in FY 2026 base budget and beyond to open an additional SSP Competency Unit by January 1, 2025.

**Larned State Hospital Supplemental Request Summary State Security Services Program:**

<b>PSP Supplemental Request</b>	<b>FTE</b>	<b>FY 2025</b>	<b>FY 2026</b>
SSP Competency Unit	1.0	\$2,373,817	\$4,746,896
<b>Total</b>	<b>1.0</b>	<b>\$2,373,817</b>	<b>\$4,746,896</b>

**Account Code 5100: Salaries and Wages**

Summary: The 183 FTE and 2 Non-FTE Unclassified Permanent Positions approved positions in this program provide administrative and direct care services to every area of the program. Funding requested is for all current positions for 26 pay periods FY 2025 and FY 2026, including fringe benefits, health insurance and longevity.

**FY 2025:** \$11,242,253 is requested. The shrinkage rate is 24.2%.

**FY 2026:** \$10,868,482 is requested. The shrinkage rate is 30.7%.

**Account Codes 5200 - 5290: Contractual Services**

Summary: The major contractual services are communications, contract nursing staff, outside medical expenses for patients and residents for services not available at LSH and utilities.

**FY 2025:** \$5,962,589 is requested.

**FY 2026:** \$6,775,281 is requested.

**Account Codes 5300 - 5390: Commodities**

Summary: The major commodities are food, pharmaceuticals, household supplies and activity therapy supplies.

**FY 2025:** \$679,291 is requested.

**FY 2026:** \$736,962 is requested.

**Account Code 5400 - 5490: Capital Outlay**

Summary: Capital Outlay is requested for computer and office equipment. LSH plans to replace a transport vehicle in each fiscal year to replace vehicles that are getting older and are having mechanical issues.

**FY 2025:** \$28,000 is requested.

**FY 2026:** \$28,000 is requested.

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Larned State Hospital**  
**Program Title: State Security Program**

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**Account Code 55500: Total Other Assistance**

Summary: Property loss claims for SSP patients.

**FY 2025:** \$50 is requested.

**FY 2026:** \$50 is requested.

FY2025 – FY2026

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Larned State Hospital**  
**Program Title: State Security Program**

<b>Program Name</b>	<b>Subprogram Name (if applicable )</b>	<b>Performance Measure</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Actuals</b>	<b>FY 2025 Estimate</b>	<b>FY 2026 Estimate</b>
State Security Program	Direct Support Services	Percent of documentation of nursing coverage and acuity entered into Plexus monthly.	85%	100%	100%	90%	90%
	Medical and Nursing Services	Percent of staff who receive annual CPI training to ensure a safe environment for patients and staff.	96%	98%	98%	98%	99%
		Percent of completed admission intake assessment by medical within 24 hours of admission.	86%	89%	86%	90%	90%
		Percent of completed admission intake assessment by nursing within 24 hours of admission.	96%	97%	95%	97%	97%
		Percent of completed nursing progress notes on time (as per policy).	81%	84%	87%	90%	90%
		Percent of time Comprehensive Integrated Treatment Plan (CITP) is posted in the medical record by end of day following the staffing.	70%	69%	92%	90%	90%

FY2025 – FY2026

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Larned State Hospital**  
**Program Title: State Security Program**

<b>Program Name</b>	<b>Subprogram Name (if applicable )</b>	<b>Performance Measure</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Actuals</b>	<b>FY 2025 Estimate</b>	<b>FY 2026 Estimate</b>
State Security Program Continued	Social Services	Percent of completed psychosocial assessments within policy timeframes.	100%	99%	100%	95%	95%
		Percent of completed patient progress notes per policy timeframes.	100%	100%	100%	95%	95%
		Percent of completed social work patient discharge instructions prior to discharge.	100%	100%	100%	100%	100%
	Psychological Services	Complete court reports (including forensic evaluations) by internal due date.	83%	94%	96%	90%	90%
		Offer a minimum of 2 hours of active treatment per week to all patients with a treatment order.	87%	92%	96%	90%	90%
		Complete the Comprehensive Integrated Treatment Plan (CITP) on or before the due date.	70%	100%	99%	90%	90%

FY2025 – FY2026

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**PROGRAM:** Sexual Predator Treatment Program – 32900

**Program Overview:**

Sexual Predator Treatment Program

The Sexual Predator Treatment Program (SPTP) was established in 1994 and provides for the civil commitment of persons determined by a Court to be Sexually Violent Predators (residents) as defined by statute. The program provides treatment in a secure environment with the goal of educating the residents to identify and manage risk and to return residents to the community where they can function as contributing and productive citizens.

SPTP provides evidenced based and individualized therapeutic treatment to each resident based on their identified risks and needs regarding sexual offending behaviors and other criminological traits. SPTP utilizes empirically supported treatment models that are used with individuals that have sexually offended including but not limited to: Risk-Needs-Responsivity (RNR) Model, Relapse Prevention Planning, and the Good Lives Model of Offender Rehabilitation. Additionally, empirically based therapeutic approaches are also incorporated into SPTP treatment which includes but is not limited to: Cognitive Behavior Therapy (CBT), Dialectical Behavior Therapy (DBT), and Motivational Interviewing. The treatment needs are based on information collected through clinical interviews, full record reviews, and assessment tools deemed to provide insight into areas such as sexual offending, violence risk, and diagnostic impressions. All residents of SPTP are offered clinical treatment tailored around the identified treatment models along with individualized therapeutic approaches applied based on the treatment team and clinicians' professional assessment and determination of residents' clinical needs. The treatment model combines (1) assessment and monitoring of risk and needs (through diagnostic evaluations, polygraphs, and risk measurements), (2) individual and group psychotherapy, (3) adjunct treatment, including supplemental and psychoeducational classes, (4) vocational and leisure activity opportunities, and, as the residents' progress, (5) supervised community outings to develop the skills, necessary which would allow those who complete treatment to safely return to society.

SPTP residents progress through two inpatient Tiers on the LSH Campus (Tier 1 - Skill Acquisition and Tier 2 - Skill Demonstration) with supervised community outings beginning on Tier 2. Advancement to Tier 3 involves placement at one of the Reintegration Facilities located at Larned State Hospital (Meyer House East), Osawatimie State Hospital (MiCo House), and Parsons State Hospital and Training Center (Maple and Willow Houses) for increasing community involvement including employment and planning for independent living. When the resident has demonstrated the ability to live more independently, abide by the resident's treatment plan, and continually display the skills acquired through inpatient treatment and maintain the requirements above, the resident, with the Court's approval, advances to Transitional Release. The last step is Conditional Release, also ordered by the Court, in which the

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resident resides in his own residence with periodic monitoring from Conditional Release Monitors and ongoing therapy and support from SPTP. After a minimum of five years on Conditional Release along with continued compliance with the resident's treatment plan, the resident is eligible to petition the Court for Final Discharge from SPTP.

At present, SPTP has 287 Residents which includes 245 Residents on the LSH campus, 19 in Reintegration Facilities, 4 on Transitional Release living at a Reintegration Facility and 12 individuals on Conditional Release (in addition to 7 SPTP Residents currently in KDOC which will be returned to LSH inpatient upon completion of their sentences). As the program expands, it is confronted with limited resources while addressing an increasingly violent, resistive, medically ill, and aging population. We recently had to open another unit on campus, increased 3 Unit Leader Positions, and added House Supervisor positions to assist with supervision and management of residents.

SPTP faces challenges being spread among three buildings on a 78-acre campus, increased medical needs requiring multiple off-site transports daily (27% increase from 2022), resident placement issues due to increased aggression and the inability to house certain residents together, managing treatment resistant residents, and significant staff shortages, which has required contract therapists to drive from various areas of the state to accommodate treatment needs. Moreover, the physical plant limitations impede the ability to offer multiple treatment groups at the same time. The inpatient services of SPTP at LSH struggles with limited options to respond to those residents who are aggressive, manipulative, sexually predatory and refuse to engage in treatment. SPTP program administration carried out significant movement of residents during FY 2022 to place more residents in the Isaac Ray building which has more complex building security measures in place. Without additional resources, shifting some parts of the SPTP programs to other parts of the state to address staffing shortages, or physical infrastructure changes to our facilities to effectively manage these individuals, the overall therapeutic milieu is at risk.

In addition, the aging, medically infirmed population, and residents with intellectual or developmental disabilities (I/DD) require more specialized care and require additional staff management of their medical acuity, additional treatment-related modifications, and additional Activity Therapy courses that meet the needs of medical limitations, which the inpatient component of SPTP is struggling to provide. The current average age of SPTP residents is 56 years old. To meet their medical needs, LSH depends on agency nurses to whom are here for a short period of time. Therapists have caseloads of more than 30 residents which limits their ability to provide individual therapy treatment sessions. Further, due to limitations of group space and daily living needs (meal and medication times throughout the day), reduces the times group therapy can be provided and the number of groups that can be provided each quarter. Given the length of time of some individuals in SPTP, we are also required to continually research and purchase additional treatment materials to continue teaching residents new treatment concepts, or present prior treatment concepts in a different way. Activity

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Therapists who provide the recreational services have an even higher staffing ratio of 50:1. Moreover, the four (4) Activity Therapists provide these services across three different buildings. Additional Activity Therapists are utilized to provide specific Psychoeducation or Vocational Training Program services. These individuals are also required to provide these types of services across the three buildings housing different groups of the overall SPTP population. This significantly limits Activity Therapy, Psychoeducation services, and Vocational Training Program Services. Moreover, the VTP is the only means for which a resident may earn money, which they need to have to be successful on Tier Three, Transitional Release, and Conditional Release. There are only 2 VTP positions, which limits the number of jobs available for residents to secure funds for advancement.

The Reintegration Facilities at Larned State Hospital (Meyer House East), Osawatomie State Hospital (MiCo House) and Parsons State Hospital and Training Center (Maple and Willow Houses) can each manage 16 Residents (48 total) in the more community-oriented aspects of SPTP. At present, the funds allocated for care at these facilities have been used to establish a very effective program for transition into the community and are able to adequately address resident's needs. Future challenges for community care and treatment for those with aging/medical or I/DD issues will need to be addressed. This includes finding adequate transportation for some residents with medical limitations (Traumatic Brain Injuries, eyesight issues). Given the locations of these Reintegration Facilities, there are limited opportunities for alternative transportation (i.e. buses, Lyft, etc.). For the residents on Conditional Release, SPTP has fulfilled its charge to rehabilitate individuals who can safely function in the community. However, due to the resident's ages, sometimes living independently or semi-independently poses concern during emergent needs. For example, one resident recently suffered a heart attack and had to be transported emergently out-of-state; this required additional intervention by the Conditional Release Monitor. Residents who are medically incapable of caring for themselves, and statutory living requirements, limits their ability to ever live in a nursing home, and creates a longer transport for routine and emergent medical care.

**Account Code 5100: Salaries and Wages**

Summary: The 291 FTE and 2 Non-FTE Unclassified Permanent positions are comprised of administrative and direct care staff plus support positions for the program. Funding requested is for all current positions for 26 pay periods FY 2025 and FY 2026, including fringe benefits, health insurance and longevity.

**FY 2025:** \$19,476,424 is requested. The shrinkage rate is 24.2%.

**FY 2026:** \$17,895,174 is requested. The shrinkage rate is 30.7%.



**Account Codes 5200 - 5290: Contractual Services**

Summary: The major contractual services are communications, contract nursing staff, outside medical expenses for patients and residents for services not available at LSH and utilities.

**FY 2025:** \$12,457,292 is requested.

**FY 2026:** \$12,660,375 is requested.

**Account Codes 5300 - 5390: Commodities**

Summary: The major commodities are pharmaceuticals, household supplies and activity supplies for residents.

**FY 2025:** \$1,461,816 is requested.

**FY 2026:** \$1,477,573 is requested.

**Account Codes 5400 - 5490: Capital Outlay**

Summary: Information Technology provides microcomputer systems and support equipment, information processing equipment, and computer systems, information processing, or microcomputer systems software for LSH. LSH plans to replace two SPTP transport vehicle in FY2025 and three in FY2025 to remove older vehicles with mechanical issues.

**FY 2025:** \$70,800 is requested.

**FY 2026:** \$98,000 is requested.

**Account Code 55500: Total Other Assistance**

Summary: Property loss claims for SPTP residents and stipend for SPTP reintegration residents.

**FY 2025:** \$2,000 is requested.

**FY 2026:** \$2,000 is requested.

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**Program Title: Sexual Predator Treatment Program**

<b>Program Name</b>	<b>Subprogram Name (if applicable )</b>	<b>Performance Measure</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Actuals</b>	<b>FY 2025 Estimate</b>	<b>FY 2026 Estimate</b>
Sexual Treatment Program	Direct Support Services	Percent of documentation of nursing coverage and acuity entered into Plexus monthly.	84%	92%	78%	90%	90%
		Percent of staff who receive annual CPI training to ensure a safe environment for patients and staff.	100%	98%	100%	98%	99%
	Medical and Nursing Services	Percent of completed admission intake assessment by medical within 24 hours of admission.	100%	80%	93%	100%	100%
		Percent of completed admission intake assessment by nursing within 24 hours of admission.	100%	87%	80%	100%	100%
		Percent of completed nursing progress notes on time (as per policy).	69%	69%	76%	90%	90%
		Percent of time Comprehensive Integrated Treatment Plan (CITP) is posted in the medical record by end of day following the staffing.	95%	96%	94%	100%	100%

FY2025 – FY2026

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**Program Title: Sexual Predator Treatment Program**

<b>Program Name</b>	<b>Subprogram Name (if applicable )</b>	<b>Performance Measure</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Actuals</b>	<b>FY 2025 Estimate</b>	<b>FY 2026 Estimate</b>
Sexual Treatment Program Continued	Social Services	Percent of completed psychosocial assessments within policy timeframes.	100%	100%	100%	100%	100%
	Psychological Services	Percent of scheduled treatment groups held.	80%	75%	91%	90%	95%
	New Crimes	Percent of substantiated felony cases committed by SPTP residents (where victim(s) want to prosecute) presented to the county attorney for prosecution.	100%	100%	100%	100%	100%
	Reintegration Program	Resident progress will be monitored and reviewed every quarter.	100%	100%	100%	100%	100%

FY2025 – FY2026

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**PROGRAM:** Ancillary Services – 80000

**Program Overview:**

Allied Clinical Services is comprised of the following departments: Medical Services, Pharmacy, Laboratory, Specialty Clinics, Infection Prevention and Control, Nursing, Social Services, Psychology, Chaplaincy and Activity Therapy.

The Medical Services Department, under the direction of the Chief Medical Officer, oversees all aspects of health care delivery at LSH including Primary Care, Psychiatry, Pharmacy, Laboratory, Consolidated Specialty Clinic Services (CSCS), Nutrition Services, and Infection Control and Prevention. Active Medical Staff provide psychiatric and primary medical care to all patients/residents at LSH starting at admission and throughout the course of their hospitalization. The CSCS provides ancillary healthcare including optometry, dentistry, and physical therapy as needed during hospitalization. The CSCS also dispenses central supply medical items such as, masks, bandages, syringes, and hand sanitizer. Durable Medical Equipment (e. g., wheelchairs, walkers, suction machines, patient lifts, etc.) are available through a checkout procedure at CSCS. The Medical Services department is committed to providing uniform, compassionate, quality care and treatment consistent with national best practice guidelines and standards of care. Goals of the medical services department for the coming years are to strengthen and expand the medical staff and provide meaningful educational opportunities for all LSH healthcare staff as part of continuous quality improvement of patient care.

The mission of the Pharmacy Department is to provide quality pharmacy services in a safe, effective, and cost-efficient manner, and to provide information and education for all LSH clinical disciplines. Currently the department has one (1) Pharmacist-in-Charge, three

(3) staff pharmacists and five (5) pharmacy technicians listed as administrative assistants. The Pharmacy works in a collaborative effort with Laboratory, Infection Control, Dietary, Psychiatry, Primary Care, Nursing, and other disciplines to enhance patient care and safety. The department continuously reviews and updates the LSH formulary and reviews policy and procedures to ensure quality pharmacy services.

The mission of the Clinical Laboratory is to provide accurate, precise, and timely laboratory results for all patients/residents at LSH in accordance with The Joint Commission (TJC), Centers for Medicare and Medicaid Services (CMS), and the Clinical Laboratory Improvement Act (CLIA). Approximately 95% of the tests requested by medical staff are processed onsite. Reference laboratories provide timely results for tests not performed on site. The laboratory is staffed with a certified Medical Technologist, serving as laboratory manager and two assistant lab technicians. The Director of the laboratory is a contracted Pathologist who provides consultation to LSH staff and makes routine visits to the laboratory to review all laboratory policies and services. The laboratory collaborates with all healthcare professionals to enhance patient care and safety. At this time, although post-Pandemic, all new admissions to the hospital are tested for COVID-19 and any employee exposed to COVID-19 is offered testing with results maintained

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by the lab.

The Infection Prevention and Control (IPC) Program is responsible for providing infection prevention and control services for LSH. Two Infection Preventionists, along with the multidisciplinary Infection Prevention and Control Committee, comprise the base for the IPC program, which serves both staff and patients/residents. Providing education for the prevention of infection to the staff, patients/residents, and visitors is a priority. New employees receive infection prevention and control information during new employee orientation and on an as needed basis. The educational process is on-going throughout their employment at LSH. Appropriate hand hygiene is emphasized as the number one way to prevent the spread of infection. Prevention services are offered to the employees of LSH including, yearly influenza vaccinations, COVID-19 vaccinations, hepatitis B vaccinations, tetanus (Td) vaccinations and Tb skin testing.

LSH Nursing Department is committed to the competent care of our patients and residents. The department utilizes the American Nurses Association Psychiatric Nursing Standards of Care, the Medical Standards of Care, and adheres to the Nurse Practice Act standards set forth by the Kansas State Board of Nursing. The goal is to remain competent in all areas of psychiatric nursing, as well, as expanding our knowledge to keep abreast of medical issues. Nursing works collaboratively with other members of the Treatment Team to ensure the best treatment regimen possible for all patients/residents. Nurses are patient/resident educators and advocates who strive to help patients/residents reach mutually agreed upon goals, succeed in their treatment programs, and re-establish themselves in their communities.

The Social Services Department provides quality services to patients while demonstrating respect for human dignity, the worth and uniqueness of individuals who are hospitalized, their families and community providers enabling patients/residents to be in the least restrictive environment possible. Staff members work to develop appropriate discharge and continuum of care plans and provide psycho-social education, individual and group therapy, and supportive counseling. Staff members provide patients with the opportunity to hear about community supports and resources available in their area. Staff members also work closely with the hospital liaisons from the Community Mental Health Centers to connect each patient with services prior to discharge. This department also provides a wide array of services including crisis intervention; treatment planning and implementation; consultation; treatment team membership; expert court testimony; and training for staff and patients. Furthermore, the Social Services Department has membership on various committees (e. g., Risk Management Committee, Utilization Review Committee, Clinical Executive Committee, etc.). Lastly, the LSH Social Services Department offers placements for intern and practicum students; both at the Master's and Bachelor's level.

The Psychology Department provides a wide array of services including individual and group psychotherapy, crisis intervention,

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psychological assessments, psychological testing, treatment planning and implementation, consultation, behavior support plans, forensic evaluations, reports to the court, expert court testimony and training for staff and patients. Furthermore, the Psychology Department has membership on various committees (e. g., Ethics Committee, Employee Retention Committee, and Clinical Executive Committee.). The Psychology Department offers an American Psychological Association (APA) accredited internship program which trains up to three interns each year. The program was granted the highest accreditation status (10 years) in 2019 and will be visited again in 2028 for reaccreditation. The Post-Doctoral Fellowship at LSH is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) which provides educational standards for training to psychologists that have graduated with their doctorate degree and need a year of supervised experience to obtain licensure in Kansas and other states. We have many staff members who are alums of these programs. Lastly, the LSH psychology department offers placements for practicum students.

The Chaplain provides for the pastoral needs of patients and residents and assists patient's and resident's understanding of life events as they relate to their spiritual and emotional well-being. The Chaplain conducts various weekly services for all LSH Programs, (e.g., contact clergy, answering requests, unit visits, drop off religious material). The Chaplain also provides special services of worship for special seasons and memorial services and makes provisions for the religious needs of patients and residents of all faith groups. As part of the patients or resident's treatment plan, the Chaplain may provide individual and group counseling, when appropriate, regarding such concerns as: loss of life's meaning, unresolved loss and grief, feelings of guilt, shame and resentment, confusion over religious faith and practice, problems of ethical and moral significance, and connections with their religious community. The Chaplain is a member of various committees (e. g., Crisis Debriefing, Ethics, Endowment, Clinical Executive Committee.)

The Activity Therapy Department provides therapeutic, psycho-educational and leisure programming for patients and residents, while demonstrating respect for human dignity and worth to individuals who are hospitalized. Staff provide sessions designed to assist patients/residents in the development of specific skills that will be helpful when reintegrating back into a less restrictive environment. Emphasis is also placed on self-worth, confidence-building, and inclusion. This department provides a wide spectrum of creative arts programming, such as music, art, and recreation, utilized in groups that allow the patient to develop or maintain leisure skills/interests for use after hospitalization.

**Current and Budget Year Operations:**

The Social Services Department has established three goals and associated objectives: provide timely completion of assessments and reassessments; provide timely collaboration with patients, families, and community providers; and develop responsive and appropriate continuum of care plans for each patient.

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**Program Title: Ancillary Services**

The Psychology Department's goals, initiatives, and plans for the current year will be focused on updating treatment groups to focus on continued development of the program based on patient issues, updating the psychology library to add to evidence based treatment, training on suicide assessment tools, and focusing on continued program development of the Post-Doctoral Fellowship and Internship programs.

LSH has submitted a Supplemental budget request for FY 2025 base budget and beyond totaling \$32,650,133 for Agency Nursing Staff. This request is to fund expected costs of contracted staff services to supplement the RN, LPN, Certified Nurse Aide, and Mental Health Technician positions to maintain the current patient capacity across the programs.

Ancillary Supplemental Request	FY 2025	FY 2026
Agency Nursing Staff	\$32,650,133	\$32,650,133
<b>Total</b>	<b>\$32,650,133</b>	<b>\$32,650,133</b>

**Account Code 5100: Salaries and Wages**

Summary: The 67.5 FTE positions and 2 Non-FTE Unclassified Permanent Positions approved positions in this program provide administrative and direct care services to every area of the program. Funding requested is for all current positions for 26 pay periods FY 2025 and FY 2026, including fringe benefits, health insurance and longevity.

**FY 2025:** \$9,853,775 is requested. The shrinkage rate is 26.2%.

**FY 2026:** \$9,255,031 is requested. The shrinkage rate is 30.7%.



**Account Codes 5200 - 5290: Contractual Services**

Summary: Contractual Services includes communication, computer fess, rental expenses, utilities, and contracted nursing staffing. Direct patient/resident contractual services are allocated to the programs based on usage rate which would include Physical Therapy, Optometry and Dental.

**FY 2025:** \$556,869 is requested.

**FY 2026:** \$563,377 is requested.

**Account Codes 5300 - 5390: Commodities**

Summary: Commodities includes building maintenance, miscellaneous supplies, and professional supplies to support the pharmacy, laboratory, and psychological testing areas. Pharmaceuticals are allocated to various programs within LSH based upon usage.

**FY 2025:** \$531,367 is requested.

**FY 2026:** \$536,679 is requested.

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**PROGRAM:** Trust and Benefits – 85000

**Program Overview:**

Trust and Benefits consist of seven non-appropriated funds: The Patients' Benefit Fund, Canteen Fund, Work Therapy Fund (Prairie Treasures), LSH Wood Crafters, LSH Mental Health Conference (Benefit Fund), Employee Use Fund, Route 264 Sunflower Grill.

**The Patients' Benefit Fund** is a trust fund established primarily for the general use and benefit of all patients, to be used when other monies are not available to meet their needs. It is limited in its use and expenditures require advance approval from the Chief Financial Officer.

Receipts consist of transfers from the Canteen Fund, donations from outside individuals and organizations, and commissions from beverage and snack vending machines on campus.

The primary use of the fund is to provide any needed items to patients. Patient transportation is provided in emergency situations, or when funding is not available from any other source. Other items and activities which have a beneficial impact for patients such as reinforcers for good behavior, educational and spiritual materials, replacement birth certificates and holiday gift bags are also provided from these funds.

**The Canteen Fund** provides a variety of convenience foods, candy, snacks, phone cards, stamps, and miscellaneous items to the patients. Orders are made online weekly by staff for the patients and sent electronically by the Reimbursement Department to KEEFE, our current vendor. The operation of the Canteen program provides the following benefit to the patients/residents at LSH:

- Offers the opportunity for patients on all three LSH programs, Psychiatric Services Program, State Security Program and Sexual Predator Treatment Program, to purchase items of their choice with personal funds.

**The Work Therapy Fund (Prairie Treasures) and LSH Wood Crafters Fund** are non-appropriated funds which emphasizes vocational therapy/training for our patients and residents. LSH Activity Therapy staff serve as the teachers and managers of each operation. The funding is derived from the sale of items produced by the patients and residents in two separate programs at LSH.

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- **Prairie Treasures:** At the LSH Horticultural Workshop, patients in the Psychiatric Services Program learn to grow and care for houseplants and spring bedding plants; as well as making craft items for sale to employees and the public. Sales are held at the LSH Greenhouse. Patients assist staff in displaying and pricing the items at the LSH Greenhouse thus giving the patient an opportunity to learn the fundamentals of retailing. Patients also assist customers with their purchases allowing the patient to interact with outside individuals. The patients gain satisfaction from seeing their products from start to finish.
  - **LSH Wood Crafters:** In a secure setting, residents of the Sexual Predator Treatment Program build and finish wood lawn furniture and various other custom wood products for sale to employees and the public. The money collected is deposited into the Work Therapy Fund. In addition to receiving a small paycheck, residents in the program are occupied and engaged in a worthwhile activity thus gaining useful skills which add to their rehabilitation. A portion of the resident's paycheck is repaid to the hospital for board and care.

**LSH Mental Health Conference (Benefit Fund)** is a non-appropriated fund established primarily for the general use and benefit of the annual mental health conference. It is limited in its use and expenditures require advance approval from the committee president, Superintendent, and Chief Financial Officer.

Receipts consist of conference attendee payments which normally come from interfund, PayPal transfers or checks.

The primary use of the fund is to provide any needed items for the annual mental health conference. These items include, but are not limited to, presenters, venue, food, drinks, and other necessary supplies.

In FY 2023 LSH offered a Virtual Mental Health Conference to provide continual clinical training to our staff and community members to provide updated practices, information, and clinical skills. A total of 174 professionals registered and attended the 2023 conference from 23 different counties across Kansas along with individual participants from Colorado and Missouri. These professionals were affiliated with 20 different professional organizations, both state and private sectors. LSH acknowledges the vital role the conference has for maintaining a high level of staff education for many professionals and settings.

**The Employee Use Fund** is a non-appropriated fund established for the general use and benefit of all employees. It is limited in its use such as a plant upon the death of an employee or an employees' immediate family member, employee appreciation events and recognition for achievements by employees.

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- Expenditures must be in accordance with KSA 75-3080 & 75-3081 and require advance approval from the Appointive State Agency Head.
  - Receipts consist of commissions from beverage and snack vending machines used by employees on campus and occasional fund-raising events.

**The Route 264 Sunflower Grill (“Grill”)**, formerly known as the Canteen, provides an onsite location to obtain breakfast, lunches, snacks, and drinks for Larned State Hospital staff, Larned State Correctional Facility (LSCF), local community members, and LSH patients. The Grill re-opened its doors September 3, 2014, using the remaining funds for the Canteen. Patients from PSP, with the appropriate privilege level, visit the Grill and enjoy the services. In addition, the Grill provides special meal orders to SSP patients and SPTP residents.

The Grill is operated by two permanent FTEs and is supervised by the Chief Financial Officer. In addition to the staff, minimum custody inmates from the neighboring LSCF are provided to LSH to work in the Grill. The Grill is currently opened from 6:30 a.m. to 1:30 p.m. to accommodate the morning breaks and lunch breaks. Daily specials vary each day and are offered in addition to the everyday menu items.

In addition to the funds described on this and the preceding pages, LSH also maintains a \$2,000 Agency Imprest fund.

**Current and Budget Year Operations:**

Financial Statements are produced by LSH Financial Services and submitted annually to Division of Accounts and Reports for audit. FY 2024 ending balances in the Trust and Benefit funds are:

- Patient Benefit Fund: \$115,266.56
- Canteen Fund: \$175,863.89
- Work Therapy Fund (Prairie Treasures): \$199,055.54
- LSH Wood Crafters: \$7,733.68
- LSH Mental Health Conference (Benefit Fund): \$4,790.80
- Employee Use Fund: \$14,379.73
- Route 264 Sunflower Grill: \$19,677.28

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**PROGRAM:** Physical Plant and Central Services – 96000

**Program Overview:**

Physical Plant and Central Services includes the following departments: Engineering, Environmental Services, Safety and Security, Purchasing/Supply, Food Services and Laundry.

Engineering services is responsible for the power plant, motor pool, grounds, carpentry shop, plumbing shop, electrical shop, paint shop for LSH as well as sewage system and water distribution system for LSH and LSCF. LJCF closed in March 2017. It was reopened in April 2020 as a quarantine unit for new inmate admissions for the KDOC. After its usage as a quarantine unit, KDOC later transitioned the West Unit inmates over to LJCF for permanent housing in June 2021 and it has now been deemed LSCF South Unit. LSH continues to pay for the sewer and water usage for this building that is currently being utilized by LSCF. Maintenance for 949,579 square feet of buildings and over 100 acres of grounds is provided by the Engineering Department. This department is available 24/7 to address issues that may arise with the buildings located on the LSH campus. Any staff member at LSH can request a work order through Engineering Department when observations are made and require attention by this department. The Engineering Department can provide many in-house services for daily maintenance of areas such as the building structure, internal building upkeep, grounds appearance, and functioning of state vehicles. This department also helps maintain the roads throughout the campus during inclement weather and general maintenance of painted street lines and resurfacing. Projects that require higher specialty work are incorporated into the Capital Improvement projects through Physical Plant and Central Services with prioritization of the project need.

The mission of the Environmental Services Department is to ensure compliance with regulatory agencies and provide a clean, safe, and sanitary environment for our patients, residents, staff, and visitors. The Environmental Services Department is divided into sections which cover the SSP and PSP occupied buildings along with the various buildings that house the operational services. These staff actively maintain the physical environment of the campus buildings and coordinate with other departments to address any issues identified with cleanliness. LSH supplements the Environmental Services Department with the use of Vocational Training Program residents from SPTP in some areas on Dillon, Jung, and Isaac Ray buildings.

The Safety and Security Department is responsible for the safety and security of the physical plant and all patients, residents, staff, and the surrounding community. The department assists the nursing staff in de-escalating verbally or physically aggressive patients/residents while maintaining the safety of the other individuals on the units. Safety and Security also carries out tasks such as responding to medical emergencies on campus, delivering oxygen tanks to patient/resident units, answering duress alarm calls for assistance by staff, completing walkthroughs of the campus facilities, providing supervision of highly aggressive and dangerous

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**Program Title: Physical Plant & Central Services**

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patients and residents on special programming and assisting in gathering information pertaining to unlawful incidents. When required, the department's transport officers transport patients/residents to and from medical appointments and remain with patients/residents during hospital stays. The department is responsible for limiting contraband coming on the premises through access control security check points. The department ensures patients/resident buildings remain secure using tomography machines, metal detectors, and staff ID verification system along with controlling the entry and movement within the secure buildings of the campus. Movement is managed through utilizing control centers to monitor the entire flow of patient, resident, staff, and visitor traffic in and out of the secure buildings. The Safety and Security Department oversees and ensures proper safety announcements are made in emergency situations including medical emergencies, trouble calls, fire, and inclement weather. The department's property officers manage the property of residents and patients which are admitted to the hospital and handle mail and packages for the hospital staff in all areas. Safety and Security Officers are the first responders for medical emergencies across campus, providing equipment for medical staff, first aid assistance, and AED operation when needed. The department provides the switchboard operator and mailroom for the hospital. Furthermore, the department patrols the campus providing traffic safety and the security of staff and patients moving about the campus area. Following an independent study with the City of Larned and Larned Fire Department (LFD) conducted by Wichita State University, LFD has assumed primary fire response duties for LSH.

The Purchasing & Supply Department's mission is to provide timely, cost-effective procurement and property management services for Larned State Hospital. The department is responsible for the purchasing, storage and distribution of all consumable supplies and all furnishings required by both hospital patients/residents and staff. The department provides procurement of supplies and services that meet customer requirements such as personal care items utilized by the patients. It is also responsible for warehousing, asset management and inventory control of all consumable and non-consumable, storing contracted vendors' food/beverages and paper inventories. The department Supervisor is responsible for the development of contracts and other documentation required for contractual services. The LSH Purchasing & Supply Department works cooperatively with LSCF by sharing supplies and products as needed and in emergency situations. The department also provides shipping, receiving, and delivery services for all the LSH campus. All LSH invoices are received, processed, and sent to accounting for payment by the Purchasing & Supply Department. The department utilizes the SMART System for all requisitions and purchase orders, as well as assisting other departments with SMART requisitioning. With the COVID-19 pandemic, this department has had to be persistent to locate limited supplies for the agency while maintaining inventory/storage of those supplies to prevent a shortage for COVID-19 materials that are needed.

The Food Service Department was privatized in July 2013 and management of these service needs were outlined by a contract prepared by KDADS and Larned State Hospital. In July of 2018, Sodexo was awarded the food service management contract. Sodexo provides all food services for patients, residents, and staff at LSH along with children and staff for Caring Hands Daycare Center

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which is housed on LSH campus. LSH campus has four buildings that have full-service kitchens available for use of daily meal preparations. These daily food services include three meals along with three snacks designated for morning, afternoon, and evening. Each patient and resident have their own individual diet order developed by the in-house medical provider and is followed by the contractor. Sodexo also provides meals and/or snacks for special events such as holidays that occur throughout the year and program activities. LSH also has a contracted clinical dietitian who performs nutritional assessments at the request of the physician's as well as for those patients/residents at high risk. Additionally, the clinical dietitian assists with Sodexo and LSH staff trainings for food handling along with carrying out specific audits for each of the four kitchens.

The Laundry Department processed 927,210 pounds of textiles and clothing items for LSH and LSCF in FY 2024. Listed below is the percentage for each agency:

- Larned State Hospital 57%
- Larned State Correctional Facility 43%

Laundry personnel perform a wide variety of tasks which includes picking up soiled laundry, logging daily weight per agency and program, presorting for washing, drying, and processing of all clean clothing and textile items, operating large industrial laundry equipment, programming washers per agency and classification. Laundry completes an inventory of weekly textile usage which allows delivery of textiles, according to established quotas and fills orders for daily textile delivery to all LSH Units. The Laundry makes clothing labels for patients/residents and assists with marking of unit stock clothing. The Laundry Department is staffed with 9.00 FTE positions and 1 to 10 inmate laborers.

The Laundry Department also operates the Clothing Supply area which takes in clothing donations, prepares them for patient/resident use, makes webbed belts, hems jeans/slacks and performs other mending and mild alterations according to patient/resident needs. Furthermore, this department fills new clothing and shoe orders and performs inventory on all stock items.

**Current and Budget Year Operations:**

A goal of the Engineering Department is increased proficiency in work order completions. A goal of the Environmental Services Department is increased infection prevention tasks occurring to minimize potential infection risks.

**Account Code 5100: Salaries and Wages**

Summary: The 155 FTE in this program consist of staff in Engineering, Environmental Services, Safety and Security, Purchasing/Supply and Laundry services. Funding requested is for all current positions for 26 pay periods FY 2025 and FY 2026, including fringe benefits, health insurance and longevity.

**FY 2025:** \$9,271,119 is requested. The shrinkage rate is 24.2%.

**FY 2026:** \$8,523,592 is requested. The shrinkage rate is 30.7%.

**Account Codes 5200 - 5290: Contractual Services**

Summary: Contractual services include the request for funding for utilities and for the costs of repairing and servicing. Utilities are allocated to various programs within LSH based upon usage. LSH pays a portion of the City of Larned's wastewater treatment facility bond payments from the State Institution Building Funds.

**FY 2025:** \$648,973 is requested.

**FY 2026:** \$653,359 is requested.

**Account Codes 5300 - 5390: Commodities**

Summary: The major commodities are clothing, professional supplies, maintenance supplies for equipment and buildings, and vehicle supplies to maintain LSH vehicles.

**FY 2025:** \$1,036,198 is requested.

**FY 2026:** \$1,047,025 is requested.



**Account Code 5400 - 5490: Capital Outlay**

Summary: Capital Outlay is requested for computer and office equipment. In FY 2025, LSH plans to replace a tractor and mower attachment to mow the campus, it will be utilized for snow removal and other projects throughout the 78-acre campus. LSH will replace a Safety and Security vehicle in FY 2025 to replace a vehicle that is aging and having mechanical issues.

**FY 2025:** \$189,539 is requested.

**FY 2026:** \$11,000 is requested.

**Account Code 57000: Non-Expense**

Summary: Property tax for the farmland that is leased is coded as non-expense.

**FY 2025:** \$3,350 is requested.

**FY 2026:** \$3,300 is requested.

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Larned State Hospital**  
**Program Title: Physical Plant & Central Services**

Program Name	Subprogram Name (if applicable)	Performance Measure	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Physical Plant and Central Services	Facilities Maintenance	Maintain TJC Standards for Accreditation Program: Hospital Chapter: Environment of Care as evidenced by documentation 95% current and deficiencies corrected within 30 days of notice.	100%	100%	100%	100%	100%
		Percent of compliance with all utility systems to meet all regulatory agency requirements (Kansas Department of Water Resources, Kansas Department of Health and Environment, and Kansas Corporation Commission) as evidenced by immediately correcting deficiencies unless time extensions are permitted.	100%	100%	100%	100%	100%
	Capital Improvement	Identify capital improvement needs such as architectural, mechanical, plumbing, electrical, program improvements, new facilities and facility remodels as evidenced by being within 3 years of “end of lifecycle” to prevent interference with patient care and patient programming.	100%	100%	100%	100%	100%

FY2025 – FY2026

**CAPITAL IMPROVEMENTS:**

**Program Overview:**

For ease of administration, Capital Improvement funding for all state hospitals is included in the KDADS budget. Funds for LSH capital improvement are contained in the KDADS Five Year Capital Improvement Plan and KDADS budget request.

LSH received \$200,000 in Spark State Efficiency and Modernization Program in FY 2023 which consisted of \$90,000 for Key Control and \$110,000 for ATC Generator. The Key Control funds were expended in FY 2024. The ATC Generator reappropriated to FY 2025 and a PO will be established for these funds prior to 12/31/2024 as the BID event was not finalized for this expense in FY 2024.

- Patient Building (ATC) Generator and Motor Replacement \$110,000

**Account Code 5500 - 5590: Capital Improvements**

Summary: LSH received \$110,000 in Spark State Efficiency and Modernization Program in FY2023 for Patient Buildings (ATC) Generator and Motor Replacement, these funds reappropriated into FY2025.

**FY 2025:** \$110,000 is requested.

**FY 2026:** \$0 is requested.

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Osawatomie State Hospital**  
**Program Title: Superintendent Letter**

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August 26, 2024

Mr. Adam Proffitt, Director  
Division of the Budget  
Landon State Office Building  
900 SW Jackson – Room 504 North  
Topeka, KS 66612

Dear Mr. Proffitt,

Fiscal Year 2024 has been marked by continuous improvement and changes.

Throughout this review period, our hospital has experienced significant activity and undergone notable transformations.

Osawatomie State Hospital has systematically evaluated various patient groups and treatment methods to identify the most effective strategies for patient well-being and engagement. This perspective shift emphasizes prioritizing approaches that yield optimal results, rather than adhering strictly to traditional practices. Our teams have scrutinized patient environments and staff interactions to ensure implementation of the best Trauma Informed Practices.

A central objective for our hospital has been increased community involvement. As evident from the budget details, we have worked diligently to become a true community partner.

Over the past year, we have bolstered both our Horticultural and Agricultural Programs. Moving beyond group activities, we are focused on offering additional community services and fostering community connections. For instance, our Horticulture program has partnered with the City of Osawatomie to provide them with flowers. Initiatives such as the First Friday's vendor fair and holiday light show, open to the public, have been established. We've actively engaged in the community, participating in float presentations in two parades that were staff-built. Collaborating with the Rotary and participating in numerous career fairs, we are striving to recruit new employees.

Concurrently, we've been enhancing our Supportive Employment Program to equip patients with practical skills applicable to vocational rehabilitation and community reintegration. Notably, participants in our Supportive Employment Program have shown significant progress. Patients are now more engaged in their treatment, showing improved personal hygiene and increased social

FY2025 – FY2026

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Osawatomie State Hospital**  
**Program Title: Superintendent Letter**

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interaction. Our Recreational Therapy and Leisure Departments are actively exploring ways to boost patient involvement in their treatment. With the reopening of our activity center, we have implemented ideas such as patient carnivals and other social activities.

Looking forward to the next year, our hospital department leaders are establishing partnerships with universities. The goal is to engage interns and develop practicum opportunities in diverse disciplines such as recreational therapy, social work, clinical therapy, nursing, and psychology services. We already host five psychology students, one social work student and collaborate with three nursing schools, reinforcing our belief that the hospital provides an exceptional learning environment.

A significant project is underway with the Biddle remodel, projected to be completed ahead of schedule. Despite unforeseen challenges, we anticipate moving in by September 2024. Following this, our Adair Acute Care Hospital will transition to the Biddle facility, a step toward revitalizing other units.

Recognizing the importance of maintaining our aging buildings, our Facilities Services Department has taken on regular maintenance and necessary repairs. A refined operational framework and advanced electronic tracking system have enhanced these efforts, optimizing resource allocation and operational efficiency.

We've also completed the demolition of two historic structures on our grounds: DeJong (established in 1902) and West Pavilion (established in 1912).

Considering my ongoing duty, I offer you the budget.

A handwritten signature in black ink, appearing to read 'Ashley L. Byram', with a long, sweeping horizontal line extending to the right.

Ashley L Byram LMSW,  
Superintendent  
Osawatomie State Hospital

FY2025 – FY2026

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**AGENCY OVERVIEW:**

OSH is a psychiatric facility which provides inpatient treatment for mentally ill adults from 45 counties in Kansas in collaboration with 12 Community Mental Health Centers (CMHCs). The hospital is an integral part of the continuum of mental health services, providing stabilization and rehabilitation to people with severe mental illness who cannot, or will not, access these services elsewhere. The hospital is one of four institutions supervised by KDADS and is one of two state institutions which provide mental health services.

OSH specializes in stabilizing psychiatric conditions so patients can return to their communities and receive less intense treatment. OSH's pillars of strength are People, Quality, Finance, Service, Community and Growth. We have tasked ourselves with using these tools to become leaders in providing patient-centered services in a safe environment which leads to the most positive outcomes for every patient. This is accomplished by using evidence-based treatment approaches in a planned, consistent manner which recognizes the individual strengths of each patient and the capabilities of the staff to facilitate positive changes to build on those strengths. Staff work together with the patients to assist in their recovery and to promote self-sufficiency.

**ACCREDITATION:**

OSH is licensed by the Kansas Department of Health and Environment (KDHE). This agency conducts periodic surveys, both announced and unannounced, to determine compliance with applicable laws, regulations and standard.

**PROGRAMS ESTABLISHED TO ASSIST WITH AGENCY MISSION:**

OSH is organized for budgetary purposes into the following five programs.

**General Administration Program** provides the overall administration and management of OSH. Included in General Administration is the superintendent's office, accounting, accounts payable, billing and collections, budget, cashier and post office, contract management, credentialing, employee benefits, health information management, human resource management, patient accounts, patient canteen, purchasing, program assistants, information technology services, legal services, performance improvement, recruitment, and risk management.

**Staff Development and Training Program** provides staff education and development for the entire OSH Hospital System, as well as AAC through the MOU.

**Clinical Program** provides inpatient services for people 18 years of age and older with severe mental illness. This program is licensed for 116 beds divided into four main treatment tracks. Treatment is offered both within each unit and through a range of activity therapy groups. This program encompasses various services, including activity therapy, admission, agricultural therapy, clinical therapy, scheduling for direct care, infection control, nursing administration, nutrition services, peer support, psychology, unlicensed nursing, social work, and triage.

**Medical Services** consists of psychiatric services, physical therapy, pharmacy, medical laboratory, x-ray, EKG-EEG, and dental services, as well as outside medical services. Psychiatric coverage is provided twenty-four hours a day, throughout every day of the year with routine psychiatric and medical services being provided throughout the week.

**Physical Plant and Central Services** operates the central heating plant, maintains buildings including electrical, cooling, carpentry, grounds maintenance, environment of care, laundry services and supplies for all programs, as well as property management that maintains oversight over the hospital assets, including capitalized assets. Physical plant and central services also include safety and security for the entire campus.

### **STATUTORY HISTORY:**

In 1863, the Kansas Legislature granted permission for the establishment of the "Osawatomie Insane Asylum" on a 160-acre site in Osawatomie, Kansas. The initial structure, known as "The Lodge," was completed by early 1866, a two-story house with room for 12 beds, costing \$500. Construction on the Main Building, designed according to the "Kirkbride Plan," began in 1866 and spanned 15 years, expanding its capacity to 1,400 beds with a total cost of \$500,000. Renamed the Osawatomie State Hospital (OSH) in 1901, it fell under the Department of Social and Rehabilitation Services (SRS) in 1973, which later became the Department of Children and Families (DCF) in 2012. This led to the formation of the Kansas Department for Aging and Disability Services (KDADS), currently responsible for overseeing the hospital.

In 1963, OSH became known as a rehabilitation center due to several newly added amenities to assist the patients with recovery which included a swimming pool, a modern gymnasium, and a well-equipped auditorium.

During 2015, OSH was the first hospital in the nation to be surveyed under the new CMS (Centers for Medicare and Medicaid Services) standards related to ligature free environments. OSH underwent numerous surveys during this time by CMS which resulted in terminating certification of the hospital on December 21, 2015, due to the inability to bring the entire campus up to the new

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Osawatomie State Hospital**  
**Program Title: Agency Overview**

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standard of conditions. At this time a moratorium was established in 2015 (K.S.A. 59-2968), limiting OSH to a maximum census of 145 patients which decreased the bed capacity by 61. This moratorium also limited OSH from admitting voluntary patients unless there was no one on the waiting list and the census was below 145.

As a response to the decertification, the hospital made improvements to the physical plant at Adair A-building. The environment was brought up to meet the new ligature free environment standards along with bringing, staffing levels up to standard and improving operational practices to correct the deficiencies cited by CMS. In August 2016, these two living units were functionally separated from the hospital to form Adair Acute Care (AAC). This is functionally considered a free-standing hospital with a maximum census of 60 patients. On December 15, 2017, AAC passed a CMS survey and became recertified.

A Memorandum of Understanding (MOU) was established between OSH and AAC, allowing AAC to outsource certain administrative, medical, clinical, physical plant and central service support services to OSH. These services are reported on a monthly, quarterly, and annual schedule. The quality of service is directly tied to the strategic plan developed by the agency. New performance-based budgeting metrics were put in place this fiscal year to measure how well OSH is achieving its defined goals.

The moratorium was lifted on January 3<sup>rd</sup>, 2022. OSH and AAC are now able to receive voluntary patients. OSH and AAC together are licensed for 206 beds.

Current statutory authority for OSH can be found in K.S.A. 76-1201 et seq. as amended. The "Act for Obtaining Care and Treatment for the Mentally Ill Person" (K.S.A. 59-2901 through 59-2941), revised in 1976 and 1986, is of special significance because it controls hospital activities related to the protection of patients' constitutional and human rights, particularly those that ensure due process for the involuntary patient.

The 2019 Kansas Legislature approved transferring authority for the Sexual Predator Treatment Program (SPTP) – MiCo House Reintegration Facility from Larned State Hospital to OSH. The MiCo House is located on the grounds at OSH and all operating costs are now reflected in the OSH budget.

The 2019 Kansas Legislature also approved a measure that would renovate two additional units at OSH. The purpose of the renovation was to provide additional capacity to lift the moratorium on admissions to allow for voluntary admissions. The FY 2021 Budget for KDADS included \$5.0 million from State General Fund (SGF) to renovate the Biddle building. The FY 2021 Budget for OSH included \$500,000 from building funds to renovate the B2 building. The B2 remodel was completed in May 2022. The Biddle Building remodel is currently underway with an expected completion date of August 2024 and an occupancy date of September 2024.

FY2025 – FY2026



**VISION:** The Right care, at the Right time, in the Right place.

**AGENCY MISSION:** Working together to provide excellent care that promotes recovery and self-sufficiency.

**VALUES:** Compassion, Teamwork, Professionalism, Communication, Respect and Efficiency.

**PILLARS:**

People  
Quality  
Finance  
Service  
Community  
Growth

**PROGRAMS ESTABLISHED TO ASSIST WITH AGENCY MISSION:**

Administration  
Medical Services  
Clinical Services  
Physical Plant and Central Services

**FINANCIAL REQUEST:**

For FY 2025, OSH requests revised expenditures totaling \$44,242,707 of which \$42,136,589 is from the State General Fund. For FY 2026, OSH requests revised expenditures totaling \$44,570,840 of which \$42,041,710 is from the State General Fund. For FY 2025, a supplemental is requested for agency nursing totaling \$11,000,000 in State General Fund. Specific to OSH, \$3,250,000 is requested in OSH SGF. For FY 2026, enhancements are requested totaling \$11,253,723 in State General Fund. Specific to OSH, \$3,503,723 is requested in OSH SGF. More detailed information is available in the change package portion of the narrative.

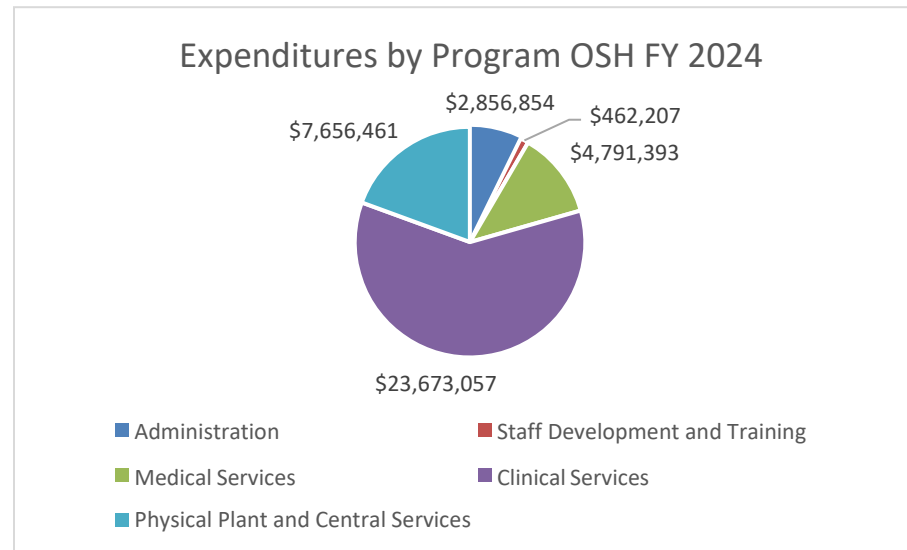
**OUTCOMES OVERVIEW:**

Agency Outcomes presents information related to patient admissions like referral sources and county locations of admissions. Furthermore, it provides insights into various facets of inpatient care, including the number of patients served and the duration of their stays. Lastly, the outcomes include financial data for OSH, covering expenditures and related financial information. The information in this section discusses OSH's outcomes. Subsequent narratives, those specifically discussing OSH's various departments and their roles, offer comprehensive details about the objectives and performance metrics established for a specific department, encompassing both the State of Kansas and the national level.

<b>FY 2022 through FY 2026 OSH Approved FTE Positions</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Actuals</b>	<b>FY 2025 Estimate</b>	<b>FY 2026 Estimate</b>
<b>Programs</b>	Approved FTE	Approved FTE	Approved FTE	Approved FTE	Approved FTE
Administration	31.5	31.5	30.0	23.25	23.25
Staff Development and Training	5.35	5.4	2.5	3.6	3.6
Medical Services	16.5	16.5	16.0	16.11	16.11
Clinical Services	241	241	227.6	228.2	230.2
Physical Plant/Central Services	62.6	62.6	57.2	57.2	57.2
<b>TOTAL APPROVED POSITIONS</b>	<b>357</b>	<b>357</b>	<b>333</b>	<b>328</b>	<b>330</b>

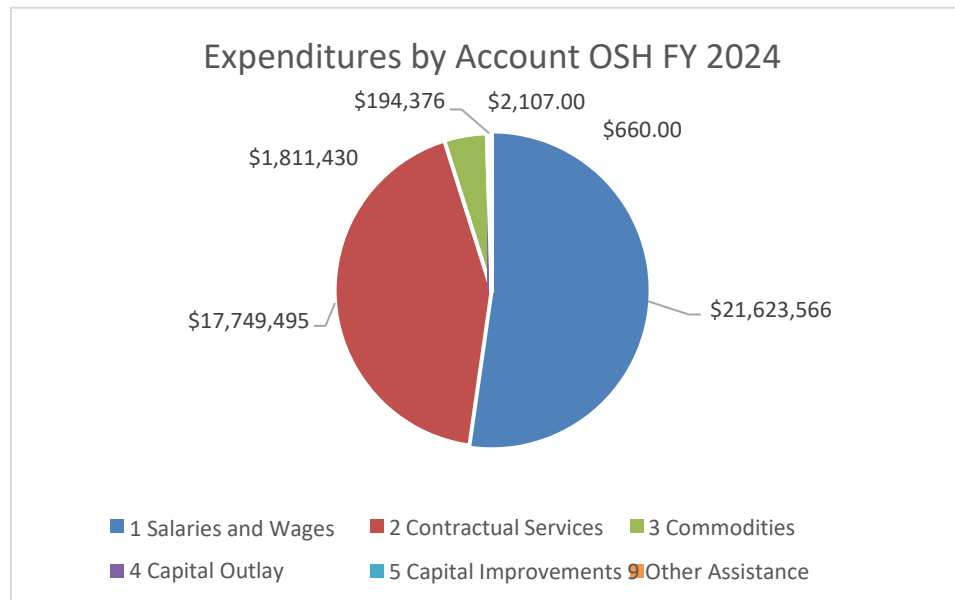
**Projected Overall Shrinkage FY 2025: 34.4%**  
**Projected Overall Shrinkage FY 2026: 35.2%**

Expenditure s by Program OSH FY 2024	
Program	Amount
Administration	\$ 2,856,854
Staff Development and Training	\$ 462,207
Medical Services	\$ 4,791,393
Clinical Services	\$ 23,673,057
Physical Plant and Central Services	\$ 7,656,461
<b>Total</b>	<b>\$ 39,439,972</b>



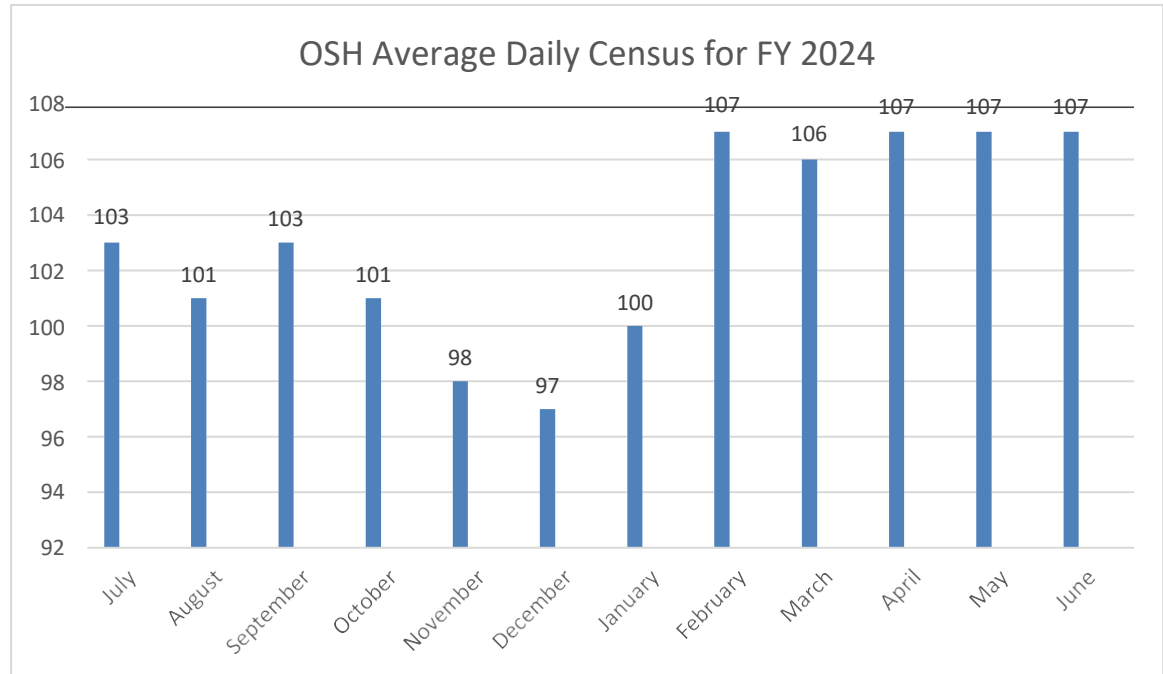
FY2025 – FY2026

Expenditure s by Account OSH FY 2024	
Account	Amount
1 Salaries and Wages	\$ 21,623,566
2 Contractual Services	\$ 17,749,495
3 Commodities	\$ 1,811,430
4 Capital Outlay	\$ 194,376
5 Capital Improvements	\$ 2,107.00
9 Other Assistance	\$ 660.00
<b>Total</b>	<b>\$ 41,381,634</b>



FY2025 – FY2026

OSH ADC FY 2024	
July	103
August	101
September	103
October	101
November	98
December	97
January	100
February	107
March	106
April	107
May	107
June	107

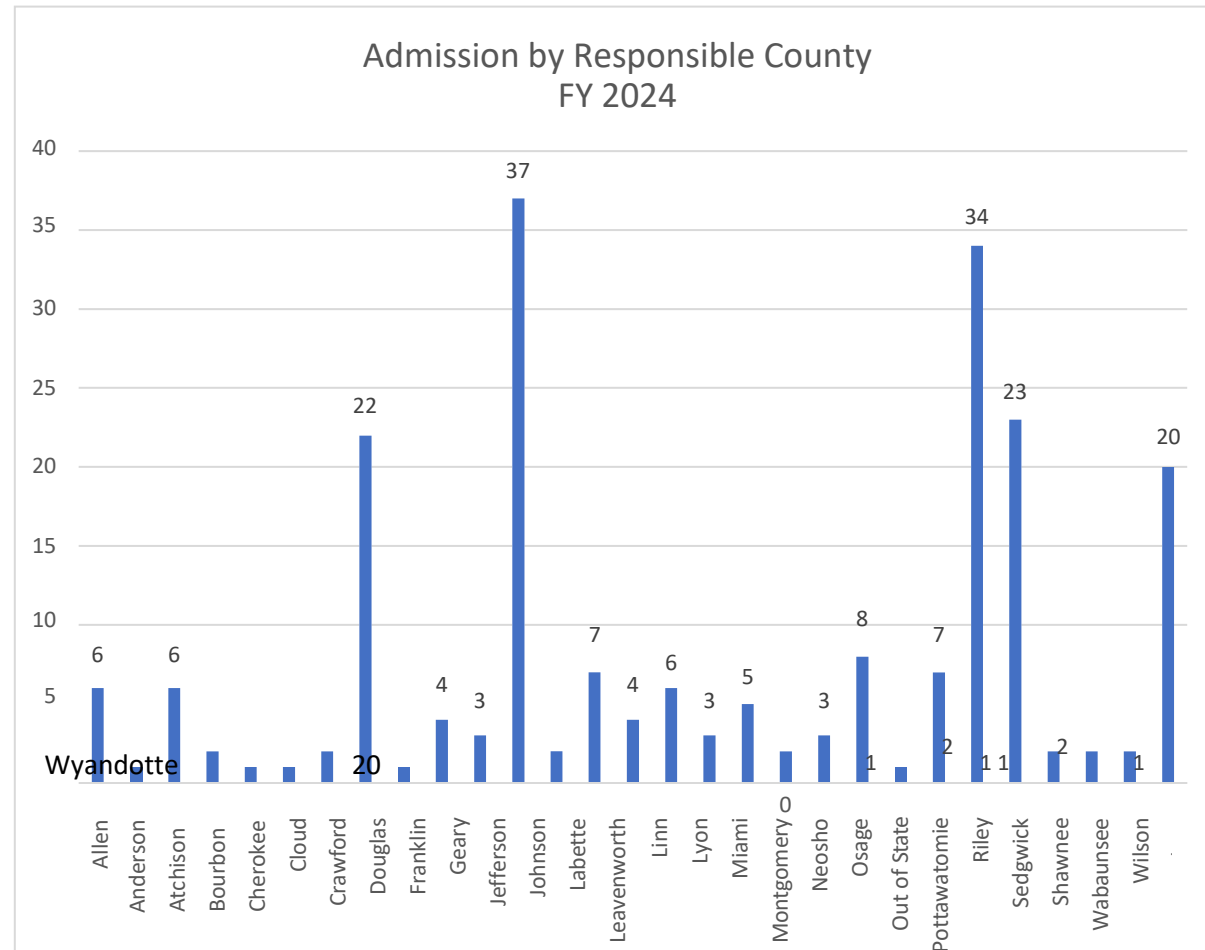


FY2025 – FY2026

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Osawatomie State Hospital**  
**Program Title: Agency Outcomes**

County	# of Admi
Allen	6
Anderson	1
Atchison	6
Bourbon	2
Cherokee	1
Cloud	1
Crawford	2
Douglas	22
Franklin	1
Geary	4
Jefferson	3
Johnson	37
Labette	2
Leavenworth	7
Linn	4
Lyon	6
Miami	3
Montgomery	5
Neosho	2
Osage	3
Out of State	8
Pottawatomie	1
Riley	7
Sedgwick	34
Shawnee	23
Wabaunsee	2
Wilson	2
Woodson	2



FY2025 – FY2026

**Narrative Information – DA 400**  
**2 Division of the Budget**  
**1 State of Kansas**

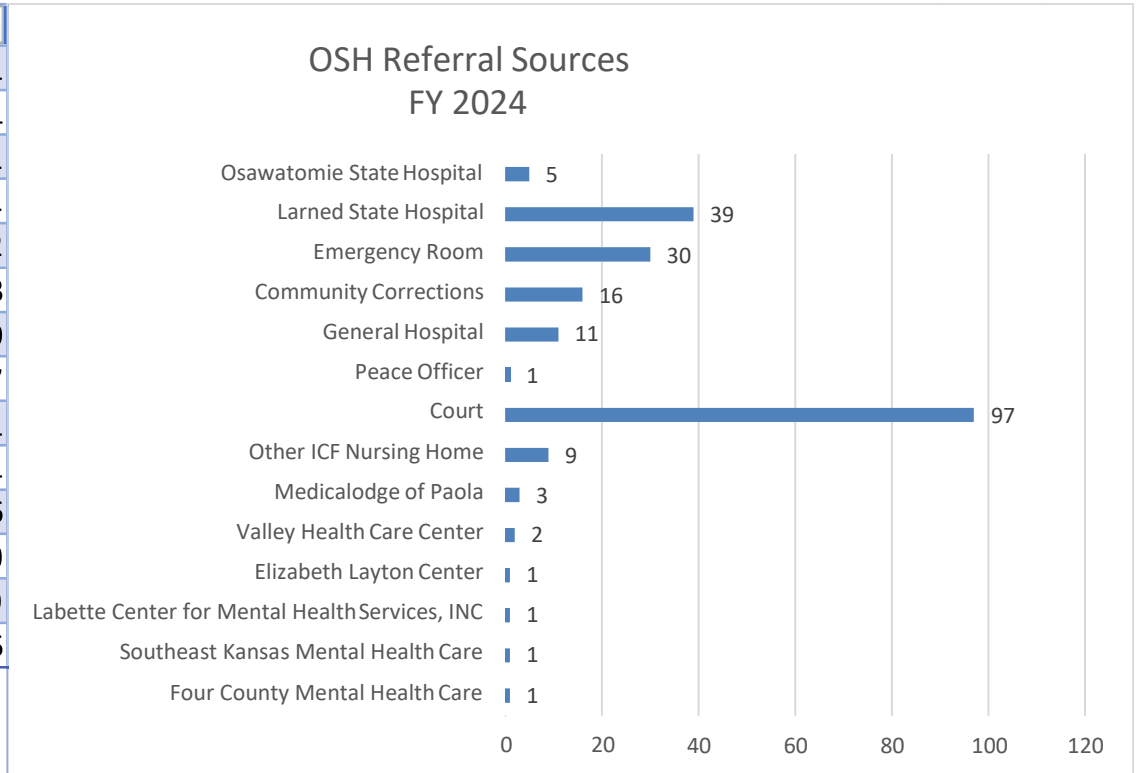
**Agency Name: Osawatomie State Hospital**  
**Program Title: Agency Outcomes**

FY2025 – FY2026

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Osawatomie State Hospital**  
**Program Title: Agency Outcomes**

Referral Source	#of Admits
Four County Mental Health Care	1
Southeast Kansas Mental Health Care	1
Labette Center for Mental Health Services, INC	1
Elizabeth Layton Center	1
Valley Health Care Center	2
Medicalodge of Paola	3
Other ICF Nursing Home	9
Court	97
Peace Officer	1
General Hospital	11
Community Corrections	16
Emergency Room	30
Larned State Hospital	39
Osawatomie State Hospital	5



FY2025 – FY2026



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**Supplemental/Enhancement Request #1/2: Funding for Contracted Direct Care Staff**

**Justification:** OSH is requesting a supplemental of \$11,000,000 in FY 2025 SGF and an enhancement of \$11,000,000 in FY 2026 to fund contracted direct care staff needed to meet the established direct care staff to patient core ratios. While contracted (traveling) staffing was a necessity for OSH pre pandemic, since COVID, OSH has seen a steady decline in retention of registered nurses (RNs), licensed practical nurses (LPNs), and mental health technicians (MHTs).

This issue is not specific to OSH. It was reported in the AMN Healthcare 2023 survey of 18,000 registered nurses, a growing number of nurses are leaving the profession because of burnout, staffing shortages, and concerns for safety. The survey also pointed out only 15% of nurses surveyed intended to continue in their current roles, with 85% looking to move into different roles, including administration or positions outside of direct patient care, contracted travel nursing, going back to school, or leaving the profession.

In the past four years, OSH has instituted measures to try and retain direct care full time employees. These measures include increased training in de-escalation techniques, increased wages, additional shift differentials, and the increased utilization of contracted (traveling) staffing to prevent staff to patient levels falling below core. While these efforts have slowed the number of staff leaving, it has not made up for the past exodus of staff or the inability to find enough replacement full time employees.

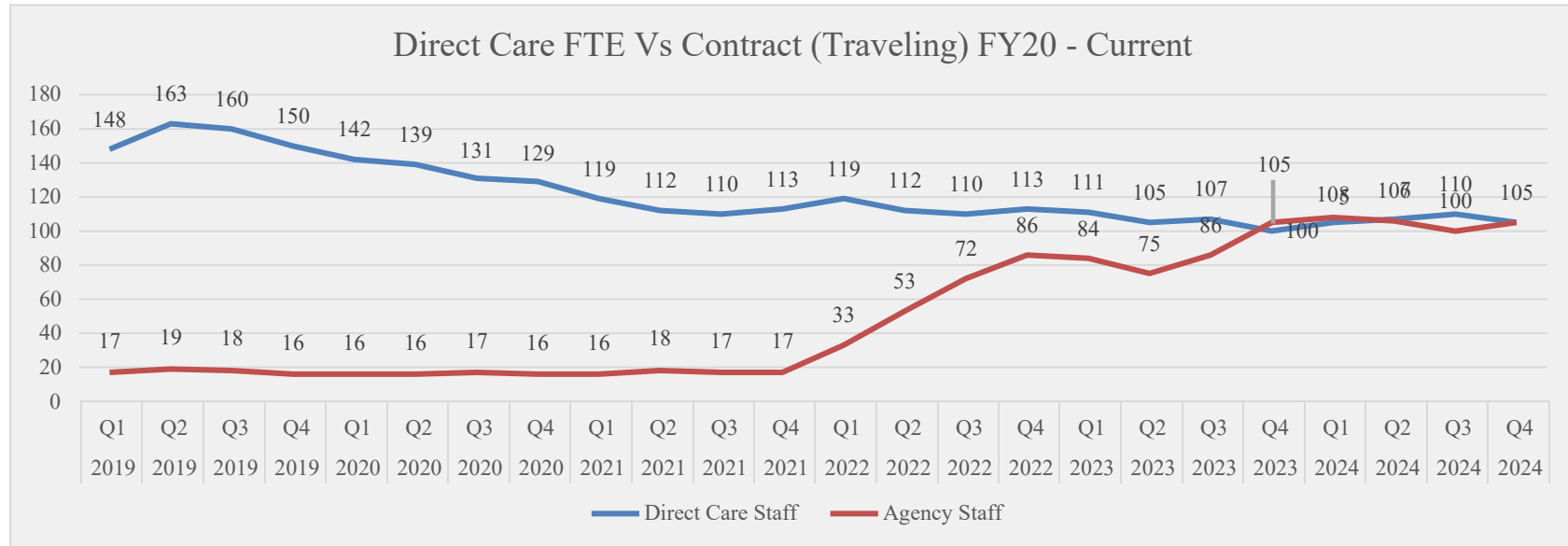
While OSH is optimistic the recent Pay Plan initiatives and unique shift pick-up bonus structure will help in recruiting direct care staff, OSH will need to continue to utilize contract (traveling) direct care staff until enough full-time employees are hired to meet the staff to patient cores needed. Contracted (traveling) direct care staff comes at a premium, with OSH not only paying for the staff, but the overhead of the contracted vendor the direct care staff is employed by. On average, contracted (traveling) direct care staff costs between 50% to 150% more than a full-time employee, including the cost of benefits.

In FY 2024, OSH spent \$17.93 million on contracted (traveling) direct care staff. To sustain current operations until the full effect of the Pay Plan wage increases and bonuses are felt, OSH will require additional SGF funding to pay for utilization of contracted (traveling) nurses. Without the additional SGF funding, OSH would need to cut resources to building maintenance, other ancillary programs, or shut down units which can't be staffed. All these options would severely limit OSH's ability to continue to serve the counties who depend on the agency to treat patients unable to access resources closer to their community.

Survey of Registered Nurses by Anon,

FY2025 – FY2026

[URL:https://www.amnhealthcare.com/siteassets/amn-insights/surveys/amn-healthcare-rnsurey-2023.pdf](https://www.amnhealthcare.com/siteassets/amn-insights/surveys/amn-healthcare-rnsurey-2023.pdf).



Description	FY 2025	FY 2026
	SGF	SGF
Funding for Contracted (Traveling) Direct Care Staff	\$ 11,000,000	\$ 11,000,000

FY2025 – FY2026

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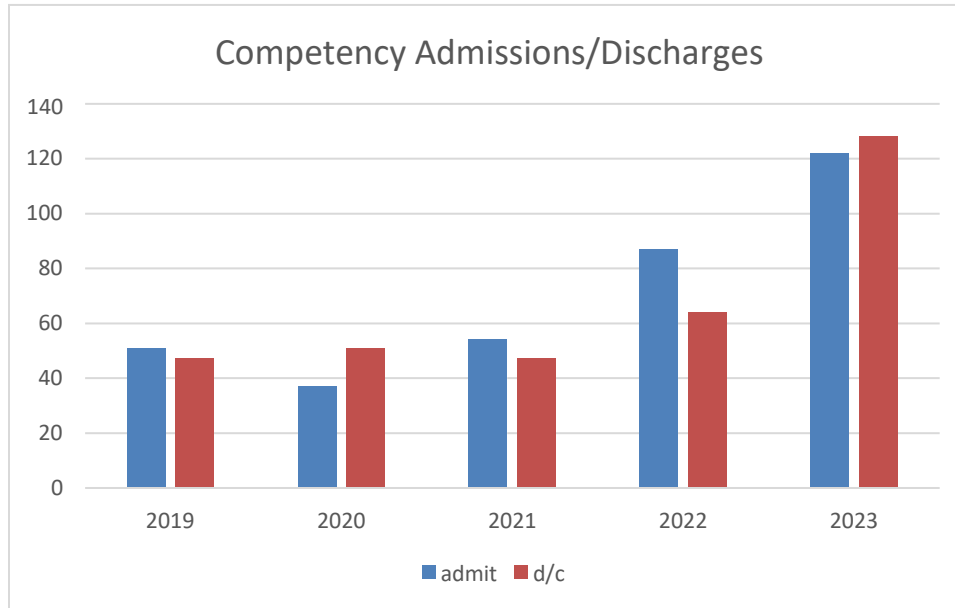
**Supplemental/Enhancement Request #2/2: Addition of two Psychologists**

**Justification:** OSH psychologists provide psychological treatment and evaluation for approximately 116 patients across four treatment units. In addition, assessment and supervision services are available to Adair Acute Care under a memorandum of understanding (MOU) for an additional 43 patients. OSH currently has 3.5 FTE psychologists on staff, in addition to a department director who is also a licensed psychologist.

Psychologists provide direct patient services including individual and group psychotherapy and assessment (for diagnostic clarification, informing treatment or discharge planning, and for court needs such as competency to stand trial). Additionally, psychologists are involved in indirect services such as administrative and/or clinical supervision, education and training for hospital staff, oversight and development of practicum, internship, and postdoctoral training programs. In mid-2022, due to a growing wait list across the state and increasing pressures for competency to stand trial treatment/ evaluation, OSH converted one of its existing treatment programs into a secondary competency treatment program. Our existing psychologists are not able to focus purely on evaluations due to other job duties/responsibilities.

Adding two additional psychologist positions would allow for improved distribution of assessment referrals, staff supervision, quality of work, and turn-around times for testing completion. It is anticipated additional psychologists would allow OSH to admit, treat, and discharge patients more efficiently, leading to decreased time on the state competency waiting list. Finally, the addition of two psychologists would allow for assistance with court reports and testimony for care of all hospital patients. This is critical to relieve the building pressure on the psychiatry staff due to their shortages. Consequently, this would improve the workload of the psychiatrists and ensure the best patient care for our patients.

Since opening a second unit in mid-2022, admission and discharge numbers for competency patients have increased accordingly. Additional psychologists will be a benefit both if our competency bed numbers remain the same (by decreasing the potential wait for an assessment once deemed ready for testing) and would be necessary to maintain the current level of service should additional competency units be opened. The graph below illustrates the baseline number of competency admissions/discharges prior to 2022 and the impact the additional unit has had since its creation.



Description	FY 2026
	SGF
Funding for the addition of two Psychologists	\$ 253,723

FY2025 – FY2026

Narrative Information – DA 400  
Division of the Budget  
State of Kansas

Agency Name: Osawatomie State Hospital  
Program Title: Revenue

EXPLANATION OF RECEIPT ESTIMATES - DA 405											
FY 2025 State General Fund Limitations											
Agency	Name	Fund Name	Fund	BU	FY 2025 Approved Expenditures	FY 2025 Re- appropriation	Transfers	Supplemental/ Reduction Package	SGF Transfers	FY 24 Cash Forward	FY25 Adjusted Expenditure Request
410	Larned State Hospital	SGF Operating	1000	0103	\$45,329,251	\$695,526	\$5,120,526	\$35,299,775	-	-	\$86,445,078
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF-SPTP New Crime	1000	0110	\$5,000	\$9,540	(\$14,540)	-	-	-	\$0
		SGF - SPTP	1000	0200	\$25,135,888	\$827,628	\$1,721,382	-	-	-	\$27,684,898
494	Osawatomie State Hospital	SGF Operating	1000	0100	\$37,352,139	-	\$2,418,026	\$3,250,000	-	-	\$43,020,165
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF SPTP-MiCo	1000	0200	\$1,661,535	-	\$663,772	-	-	-	\$2,325,307
	Adair Acute Care	SGF Certified Care	1000	0101	\$6,537,396	-	\$1,659,430	\$7,750,000	-	-	\$15,946,826
507	Parsons State Hospital	SGF Operating	1000	0100	\$19,977,997	-	\$2,091,067	-	-	-	\$22,069,064
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF- SPTP	1000	0200	\$2,188,438	\$406,769	-	-	-	-	\$2,595,207
363	Kansas Neurological	SGF Operating	1000	0303	\$16,262,805	-	\$1,712,315	-	-	-	\$17,975,120
		SGF Hospitality	1000	0304	\$150	-	-	-	-	-	\$150
	<b>Total SGF</b>				\$154,451,049	\$1,939,463	\$15,371,978	\$46,299,775	\$0	\$0	\$218,062,265
FY 2026 State General Fund Limitations											
Agency	Name	Fund Name	Fund	BU	FY 2026 Estimated Expenditures	FY 2026 Re- appropriation	Transfer	Enhancement/ Reduction Package	SGF Transfers	KDADS Transfer IN	FY26 Adjusted Expenditure Request
410	Larned State Hospital	SGF Operating	1000	0103	\$51,074,082	-	-	\$37,472,029	-	-	\$88,546,111
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF-SPTP New Crime	1000	0110	\$0	-	-	-	-	-	\$0
		SGF - SPTP	1000	0200	\$26,847,730	-	-	-	-	-	\$26,847,730
494	Osawatomie State Hospital	SGF Operating	1000	0100	\$39,500,000	-	-	\$3,503,723	-	-	\$43,003,723
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF SPTP-MiCo	1000	0200	\$2,500,000	-	-	-	-	-	\$2,500,000
	Adair Acute Care	SGF Certified Care	1000	0101	\$8,798,795	-	-	\$7,750,003	-	-	\$16,548,798
507	Parsons State Hospital	SGF Operating	1000	0100	\$21,889,503	-	-	-	-	-	\$21,889,503
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF- SPTP	1000	0200	\$2,595,207	-	-	-	-	-	\$2,595,207
363	Kansas Neurological	SGF Operating	1000	0303	\$18,110,375	-	-	-	-	-	\$18,110,375
		SGF Hospitality	1000	0304	\$150	-	-	-	-	-	\$150
	<b>Total SGF</b>				\$171,316,292	\$0	\$0	\$48,725,755	\$0	\$0	\$220,042,047

FY2025 – FY2026

Narrative Information – DA 400  
Division of the Budget  
State of Kansas

Agency Name: Osawatomie State Hospital  
Program Title: Revenue

EXPLANATION OF RECEIPT ESTIMATES - DA 405												
FY 2025 Fee Funds												
Agency	Name	Fund Name	Fund	BU	FY 2025 Estimated C&H Receipts	FY 2025 Estimate Adj	Cash Forward	Add'l Misc Revenue	Other Transfer	FY 2025 Cash Forward	FY 2025 Adjusted Expenditure	Supplemental Request
410	Larned State Hospital	LSH Fee Fund	2073	2100	\$4,316,987	-	\$1,620,122			-	\$0	\$5,937,109
		Title XIX No limit	2074	2200	\$7,085,354	-	\$819,342			-	\$0	\$7,904,696
494	Osawatomie State Hospital	OSH Fee Fund	2079	4200	\$730,000	-	\$2,732,503			(\$1,745,205)	\$1,717,298	\$0
		OSH TXIX No limit	2080	4300	\$0	-	\$164,895		-	-	\$164,895	
	Adair Acute Care	OSH Certified Care	2079	4201	\$4,752,700	-	(\$409,432)			(\$134)	\$4,343,134	\$0
		OSH TXIX Cert Care No Limit	2080	4301	\$6,679,751	-	\$858,466		-	-	\$7,538,217	
507	Parsons State Hospital	PSH Fee Fund	2082	2200	\$859,747	-	\$190,253			-	\$0	\$1,050,000
		Title XIX No limit	2083	2300	\$15,500,000	-	\$4,589,868		-	(\$4,820,039)	\$15,269,829	\$0
363	Kansas Neurological Institute	KNI Fee Fund	2059	2000	\$1,423,264	-	\$901,802			(\$629,119)	\$1,695,947	\$0
		Title XIX No limit	2060	2200	\$17,000,000	-	\$951,966		-	(\$738,651)	\$17,213,315	
	<b>Total Fee Fund</b>				\$58,347,803	\$0	\$12,419,785	\$0	\$0	(\$7,933,148)	\$62,834,440	
FY 2026 Fee Funds												
Agency	Name	Fund Name	Fund	BU	FY 2026 Estimated C&H Receipts	FY 2025 Estimate Adj	Cash Forward	Add'l Misc Revenue	Other Transfer	FY 2026 Cash Forward	FY 2026 Adjusted Expenditure	Supplemental Request
410	Larned State Hospital	LSH Fee Fund	2073	2100	\$4,337,354	-	\$0		-	-	\$4,337,354	\$0
		Title XIX No limit	2074	2200	\$7,085,354	-	\$0		-	-	\$7,085,354	
494	Osawatomie State Hospital	OSH Fee Fund	2079	4200	\$755,000	-	\$1,745,205			\$0	\$2,500,205	
		OSH TXIX No limit	2080	4300	\$0	-	\$0		-	-	\$0	
	Adair Acute Care	OSH Certified Care	2079	4201	\$4,260,969	-	\$134			\$0	\$4,261,103	
		OSH TXIX Cert Care No Limit	2080	4301	\$7,678,671	-	\$0		-	\$0	\$7,678,671	
507	Parsons State Hospital	PSH Fee Fund	2082	2200	\$1,150,000	-	\$0			-	\$1,150,000	
		Title XIX No limit	2083	2300	\$15,500,000	-	\$4,820,039		-	(\$4,751,798)	\$15,568,241	
363	Kansas Neurological Institute	KNI Fee Fund	2059	2000	\$1,423,264	-	\$629,119			(\$337,113)	\$1,715,270	
		Title XIX No limit	2060	2200	\$17,000,000	-	\$738,651		-	(\$548,994)	\$17,189,657	
	<b>Total Fee Fund</b>				\$59,190,612	\$0	\$7,933,148	\$0	\$0	(\$5,637,905)	\$61,485,855	\$0

FY2025 – FY2026

Narrative Information – DA 400  
Division of the Budget  
State of Kansas

Agency Name: Osawatomie State Hospital  
Program Title: Revenue

Explanation of Receipts - DA 405						
Revenue Source	Revenue Account Code	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Medicare A	420610					
Medicare B	420610					
Insurance	420610	\$154,720	\$270,359	\$328,546	\$300,000	\$300,000
Private Pay-Care & Hosp.	420610	\$423,227	\$444,386	\$377,636	\$335,000	\$335,000
Kansas Debt Set Off	420610	\$38,404	\$25,727	\$15,049	\$15,000	\$15,000
	420610					
<b>Total Hospitalization</b>		<b>\$616,351</b>	<b>\$740,472</b>	<b>\$721,231</b>	<b>\$650,000</b>	<b>\$650,000</b>
Clerical Charges	420400					
Educational Charges	420500					
Other Service Charges	420990	\$65	\$50	\$111	\$0	\$0
Sale of Salvage	422500			\$0	\$0	\$0
Sale of Useable Condemned	422600	\$11,748	\$10,000	\$9,773	\$10,000	\$10,000
Sale of Meals & Processed Food	422700	\$16	\$15	\$0	\$0	\$0
Other Interest	430900	\$23	\$20	\$312	\$0	\$0
Rent of Unimproved Land	431100	\$0				
Rent of Real Estate & Bldg.	431200	\$22,501	\$23,000	\$37,025	\$35,000	\$60,000
Other Misc. Revenue	459090					
Insurance Reimbursement	461200					
Estate Recovery	462100					
Recovery of Current FY Expenses	462110	\$537	\$525	\$2,331	\$0	\$0
Reimbursement and Refunds, Other	462900	\$79	\$75	\$20	\$0	\$0
Recovery of Prior FY Expenses	469010	\$3,334	\$3,000	\$20,389	\$20,000	\$20,000
Other Nonrevenue Receipts	469090	\$138	\$95	\$10,308	\$15,000	\$15,000
<b>Total</b>		<b>\$654,792</b>	<b>\$777,252</b>	<b>\$801,500</b>	<b>\$730,000</b>	<b>\$755,000</b>

FY2025 – FY2026

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**Explanation of Receipts**

OSH experienced an unusual increase in patient revenue due to a mix of admissions with increased access to payer sources. OSH continues to see increasing numbers in patients covered by insurance. Only about 50% of the patient population at OSH has access to any payer sources and OSH is not able to receive Medicare or Medicaid reimbursement.

OSH did continue to have nonrevenue receipts in FY 2024. OSH received rent from patients at the MiCo House, as part of their program goals. Moving into FY 2025 and FY 2026, OSH anticipates continuing to see the same payer mix, with the potential for an increase in insurance and private payers with the lifting of the moratorium and voluntary patients being admitted.



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**PROGRAM:** Administration – 01030

**Program Overview:**

This program forms the basis of the hospital's operations, ensuring essential tasks for facility management are carried out. Its main goals include overseeing treatment quality for proper patient care, maintaining licensing status, and managing vital activities. The General Administration Program is responsible for the overall administration and management of OSH. This includes various components like the Superintendent's office, Chief Financial Officer, performance improvement, risk management, accounts payable, billing and collections, budgeting, cashier and post office operations, contract management, credentialing, employee benefits, health information management, human resources, patient accounts, patient canteen services, procurement, program assistants, information technology services, legal support, and recruitment.

**BUSINESS SERVICES:**

The Business Services Department is made of Accounts Receivable, Accounts Payable, Utilization Review and the Post Office. The Accounts Receivable Department does all the billing for patient services for Osawatomie State Hospital (OSH). The patient billing is a process that is done daily as well as monthly. The Accounts Payable Department pays the hospital bills according to supplier contracts and the state statutes. The Utilization Department reviews patient charts for medical necessity of continued stay and determines that charges are correct. Reviews are done with insurance companies providing medical information to determine insurance billing. The hospital Post Office/Cashier Office is also included in this department. The Post Office receives incoming mail and prepares the outgoing mail, and oversees the Patient Trust Fund, and printing documents that are needed hospital wide.

**Goals and Updates:**

The Business Office has several goals:

1. Increase in self-pay and insurance receipts by 5%.
2. The State is implementing a standardized Electronic Health Record (EHR) program. This program is set to go-live at OSH in October 2024.
3. The Department has begun looking at the time frame of general ledger entries being made. The goal is to have all entries made in the month of the expenditure, therefore showing a true picture of the month.

**Performance Based Budgeting Goals:**

FY2025 – FY2026

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

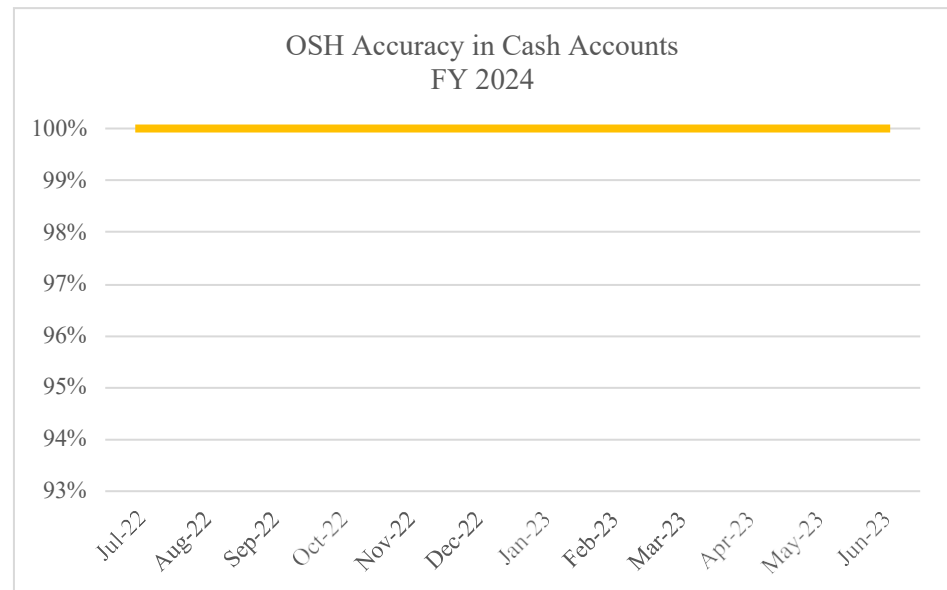
**Agency Name: Osawatomie State Hospital**  
**Program Title: Administration**

Goal: 98% of all cash transactions by the Cashiers in the Post Office will be accurate. All offices will be recorded and tracked throughout the year. Quarterly random audits will also be used to determine percentage of accuracy.

Measurement: Cash transaction accuracy recorded monthly

Department Responsible: Business Services

Month	Accuracy
Jul-23	100%
Aug-23	100%
Sep-23	100%
Oct-23	100%
Nov-23	100%
Dec-23	100%
Jan-24	100%
Feb-24	100%
Mar-24	100%
Apr-24	100%
May-24	100%
Jun-24	100%



FY2025 – FY2026

**INFORMATION TECHNOLOGY:**

Information Technology (IT) has automated and innovated several processes at Osawatomie State Hospital. All charts for patients are housed within a “home-grown” Electronic Health Record (EHR). IT also provides constant support for the EHR. Additionally, IT provides general office equipment and computer management training, maintenance, installations, and repairs. IT regularly maintains and provides upkeep for the following critical systems for the functioning of the hospital: Patient Account Management (PAM), Medical Records Management System (MRM), Patient Care System (PCS), Patient Care System 2.0 (PCS2.0), as well as data bridge management between these systems when issues arise. Maintenance of off the shelf systems for patient health and safety such as medication management (WinPharm), laboratory services (LabDaq) and their integrations with the EHR occurs. Additionally, the building access, video surveillance, overhead paging, and building heat, ventilation, and air conditioning systems are maintained.

**Goals and Updates:**

The department is finalizing security updates for all desktop workstations and has successfully upgraded the LabDaq laboratory system. It is currently working on upgrading the glucometer system for diabetes management. Anticipating the implementation of a new Electronic Health Record (EHR) system, the department looks forward to improved patient outcomes. Additionally, they are actively enhancing existing systems, including the video surveillance system, overhead paging, and exploring emergency text alerts to staff cell phones. These efforts aim to boost the hospital's overall technological efficiency and effectiveness.

**HUMAN RESOURCES:**

The Human Resources (HR) Department at Osawatomie State Hospital is responsible for managing the employee life cycle: recruiting, hiring, onboarding, training, discipline, termination and administering employee benefits.

**Goals and Updates:**

Since January 2023, many practices, forms, and processes have been developed and improved in the recruitment section of HR. The employee transfer request process has been implemented, which takes seniority, references, and work performance into consideration for each applicant. The process for posting our positions on our Kansas website and with the other subsequent websites we use to present our vacancies. This new process allows for jobs to be posted and withdrawn in a repetitive fashion, while also helping to reduce the chances of a missed applicant. Even though the statistics have not shown a great deal of improvement yet, the department is

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Osawatomie State Hospital**  
**Program Title: Administration**

proactive in dedicating the time, attention, and resources needed into these new and/or updated processes. This has further continued into 2024. The Human Resources department has further refined the process of progressive discipline and disciplinary letters alongside KDADS Central office HR.

**Performance Based Budgeting Goals:**

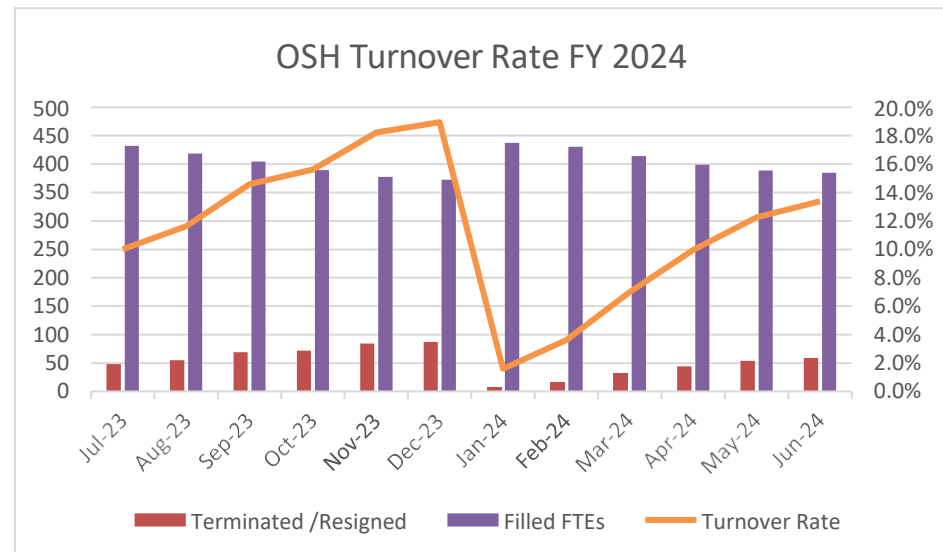
Goal: Track percentage of employees that turnover in a month

Measurement: Number of employees that turnover recorded every month

Department Responsible: Human Resources

Performance Measures	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Employee Turnover Rate	3.2%	2.8%	11.2%	10.2%	9.5%

Month	Terminated /Resigned	Filled FTEs	Turnover Rate
Jul-23	48	432	10.0%
Aug-23	55	419	11.6%
Sep-23	69	405	14.6%
Oct-23	72	389	15.6%
Nov-23	84	377	18.2%
Dec-23	87	372	18.9%
Jan-24	7	437	1.6%
Feb-24	16	431	3.6%
Mar-24	31	414	7.0%
Apr-24	44	399	10.0%
May-24	54	389	12.2%
Jun-24	59	385	13.4%



FY2025 – FY2026

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Osawatomie State Hospital**  
**Program Title: Administration**

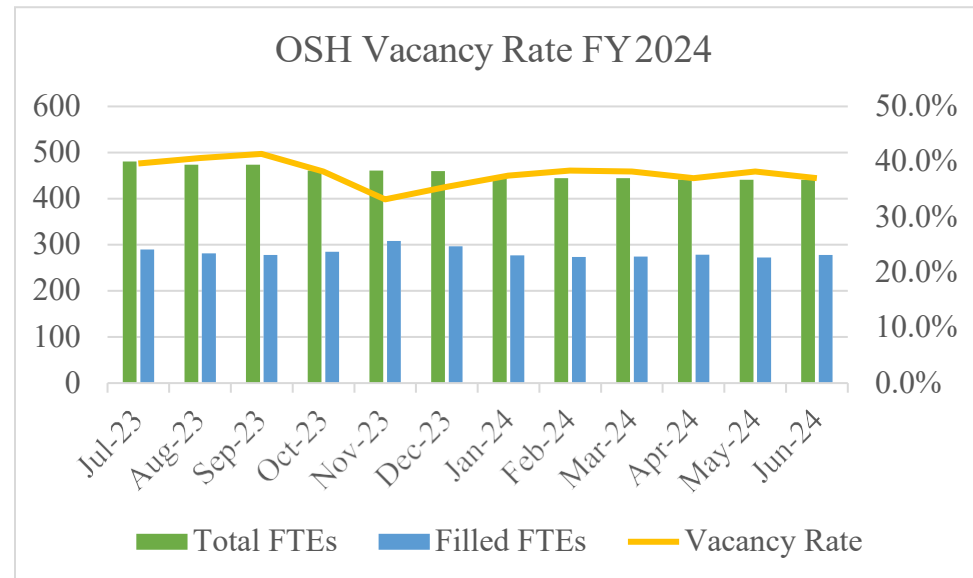
Goal: Track percentage of employee vacancies in a month

Measurement: Number of employees' vacancies recorded monthly

Department Responsible: Human Resources

Performance Measures	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Employee Vacancy Rate	28.6%	32.6%	37.9%	35.5%	33.5%

Month	Total FTEs	Filled FTEs	Vacancy Rate
Jul-23	480	290	39.7%
Aug-23	474	281	40.7%
Sep-23	474	278	41.4%
Oct-23	461	285	38.2%
Nov-23	461	308	33.2%
Dec-23	459	296	35.5%
Jan-24	443	277	37.5%
Feb-24	445	274	38.4%
Mar-24	444	274	38.3%
Apr-24	442	278	37.0%
May-24	441	272	38.3%
Jun-24	441	278	37.0%



FY2025 – FY2026

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**RISK MANAGEMENT:**

Risk Management at Osawatomie State Hospital is dedicated to safeguarding both patients and staff by fostering a culture of safety across the hospital. Collaborating closely with various departments, such as Nursing, Security, and IT, the department proactively addresses potential risks while also refining safety protocols. Through comprehensive analysis of adverse events and regular safety drills, Risk Management ensures safety measures are effectively implemented and continuously improved. By balancing ongoing projects with the need to respond to immediate risks, the department maintains a safe and trustworthy environment, prioritizing the well-being of everyone within the facility.

**Goals and Updates:**

The Risk Management department has made significant progress in enhancing training, communication, and safety initiatives. Updated training materials have been introduced, and education emails were implemented to improve staff understanding of key procedures. Various drills, including emergency response scenarios, were conducted to ensure readiness. The department continues to collaborate across hospital departments to address safety concerns, with recent projects focused on upgrading security measures such as door locks and camera installations. Additionally, efforts are ongoing to improve systems like the hospital's paging system and overall camera coverage, while also aligning protocols with other hospitals to strengthen safety practices.

**Performance Based Budgeting Goals:**

Goal: Number of patient falls per month per 1,000 patient days will be tracked and trended

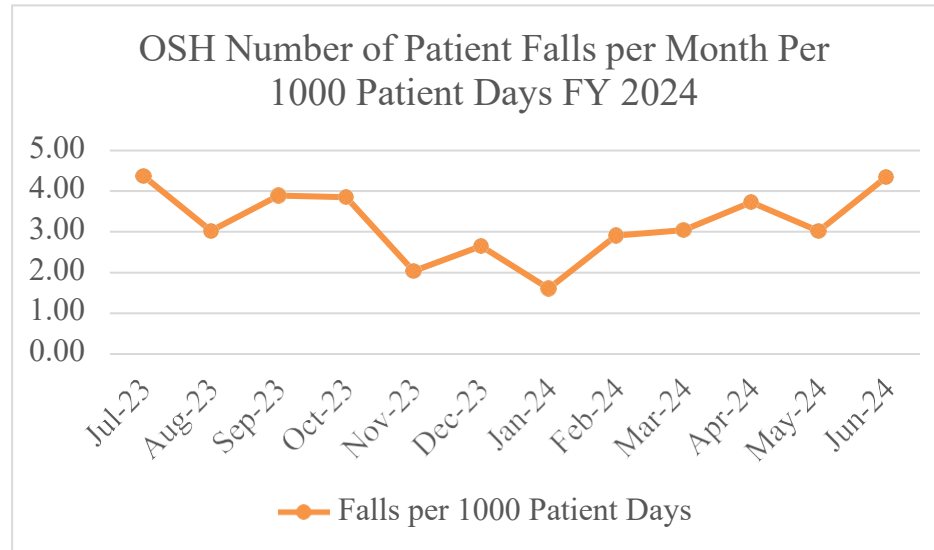
Measurement: Number of patient falls recorded monthly

Department Responsible: Risk Management

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Osawatomie State Hospital**  
**Program Title: Administration**

Month	Falls per 1,000 Patient Days
Jul-23	4.37
Aug-23	3.03
Sep-23	3.89
Oct-23	3.85
Nov-23	2.04
Dec-23	2.65
Jan-24	1.61
Feb-24	2.91
Mar-24	3.04
Apr-24	3.73
May-24	3.02
Jun-24	4.35



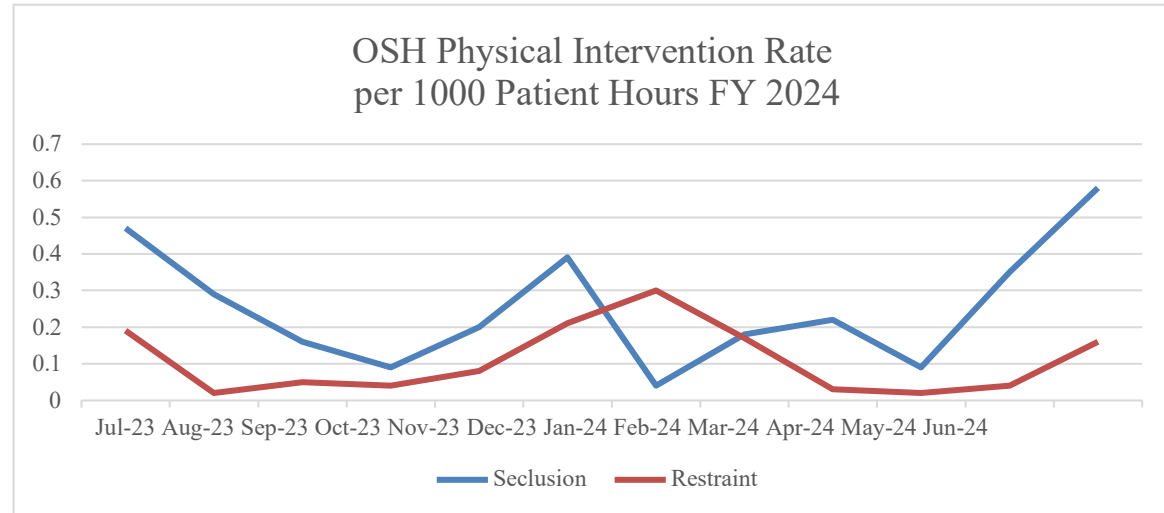
Goal: Monthly Physical Interventions rate will be below .30 per 1000 patient hours for all physical interventions

Measurement: Use of Seclusion/Restraints per 1000 patient hours

Department Responsible: Risk Management

FY2025 – FY2026

Month	Seclusion	Restraint
Jul-23	0.47	0.19
Aug-23	0.29	0.02
Sep-23	0.16	0.05
Oct-23	0.09	0.04
Nov-23	0.2	0.08
Dec-23	0.39	0.21
Jan-24	0.04	0.3
Feb-24	0.18	0.17
Mar-24	0.22	0.03
Apr-24	0.09	0.02
May-24	0.35	0.04
Jun-24	0.58	0.16



### **HEALTH INFORMATION MANAGEMENT:**

The Health Information Management Department provides the operation to service medical records for Osawatomie State Hospital (OSH). Following American Health Information Management Association (AHIMA), state and federal guidelines enable the department to provide high quality and complete medical records through quality control and validation processes. Even though closed, Rainbow Mental Health Facility (RMHF) records are kept within OSH electronic health record known as Patient Care System (PCS) and after the closure of Topeka State Hospital its statistical cards were relocated to Osawatomie State Hospital for holding.

In addition to processing records, release of information requests, and genealogy requests the OSH HIM Department is responsible for medical coding, utilization review, data requests, monthly reporting, admissions, unit support via Program Assistants, fulfilling survey requests, and auditing.

### **Goals and Updates:**

The HIM Department has been working diligently to modernize our data and make items electronic that were previously only paper. While working with our IT department to make electronic databases for our historical statistical cards. OSH is about 98% complete,

FY2025 – FY2026



**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Osawatomie State Hospital**  
**Program Title: Administration**

RMHF still needs to be uploaded, and our outpatient cards are currently being processed. With the introduction of the new Electronic Health Record system, Wellsky, to our facility, we have been preparing to transition our hybrid records to an electronic format in anticipation of our go-live date in October.

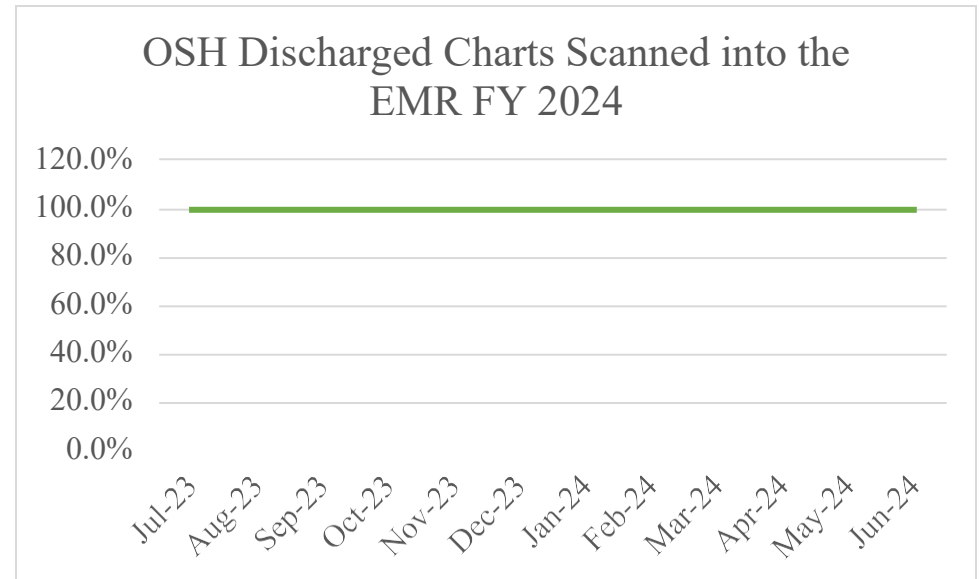
**Performance Based Budgeting Goals**

Goal: 100% of discharged charts will be scanned into the electronic medical record within 30 days of patient discharging

Measurement: Percentage of discharge charts scanned reported monthly

Department Responsible: Health Information Management

Month	Discharge s	Charts Scanned Timely	Rate
Jul-23	20	20	100%
Aug-23	9	9	100%
Sep-23	12	12	100%
Oct-23	22	22	100%
Nov-23	23	23	100%
Dec-23	23	23	100%
Jan-24	16	16	100%
Feb-24	17	17	100%
Mar-24	18	18	100%
Apr-24	21	21	100%
May-24	22	22	100%
Jun-24	12	12	100%



FY2025 – FY2026

**Expenditures for Administration:**

Administration	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Salaries and Wages	\$1,911,773	\$1,665,344	\$1,855,500	\$5,666,282	\$5,678,791
Shrinkage	\$0	\$0	\$ -	\$ (477,769.00)	\$ (861,177.00)
Contractual Services	\$962,512	\$898,640	\$896,496	\$900,123	\$900,123
Commodities	\$31,710	\$15,800	\$32,590	\$210,375	\$15,375
Capital Outlay	\$131,443	\$99,309	\$74,002	\$40,000	\$40,000
Other Assistance	\$0	\$0	\$0	\$0	\$0
<b>Total</b>	<b>\$3,037,438</b>	<b>\$2,679,093</b>	<b>\$2,858,588</b>	<b>\$6,339,011</b>	<b>\$5,773,112</b>

**Account Code 51000: Salaries and Wages**

Funds requested will provide salary and wage funds for positions and represents funding for 26.25 FTEs in FY 2025 and FY 2026 for 26 pay periods, fringe benefits, health insurance and longevity. This increase in salaries and wages is due to the Governor's pay plan increase and the increase of maximum bonuses from \$3,500 to \$10,000 per employee. This was allowed by legislature but unfunded.

**FY 2025:** \$5,666,282 is requested. The shrinkage rate is 8.4%.

**FY 2026:** \$5,678,791 is requested. The shrinkage rate is 15.1%.

**Account Codes 52000 – 52900: Contractual Services**

This category includes all fee and service type expenses projected for this program including those allocated to the agency from the Department of Administration such as data, telecom, postage, OITS and Statewide Management Accounting and Reporting Tool (SMART). These expenses include communications (local phone & cell phones), equipment rental (copiers), travel, medical and service contracts, employment lab testing, KBI record checks and data management fees needed for accreditation (NRI). Staff recruitment resources are included here. Monies are also projected for shredding services, fees for an outside contractor to assist with the preparation of the annual Medicare & Medicaid cost reports, travel for all staff assigned to the program

FY2025 – FY2026

**FY 2025:** \$900,123 is requested.

**FY 2026:** \$900,123 is requested.

**Account Codes 53000 – 53900: Commodities**

The funds requested for this object code will be used to purchase various professional supplies for the departments in this program. Included are office supplies for medical records, miscellaneous supplies used by all hospital programs.

**FY 2025:** \$210,375 is requested.

**FY 2026:** \$210,375 is requested.

**Account Codes 54000 – 54900: Capital Outlay**

The funds requested for this object code will be used to purchase equipment, micro-computers, and other info processing equipment necessary to maintain operation of both administration and all of OSH.

**FY 2025:** \$40,000 is requested.

**FY 2026:** \$40,000 is requested.

**Account Codes 55000: Other Assistance**

These funds will be used for potential property damage or loss claims.

**FY 2025:** \$0 is requested.

**FY 2026:** \$0 is requested.

FY2025 – FY2026

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**PROGRAM:** Staff Development and Training – 01070

The Staff Development and Training Program at Osawatomie State Hospital (OSH) is dedicated to delivering educational opportunities that enhance individual performance, foster personal growth, and lead to positive patient outcomes. Comprehensive training has been extended to supervisory and departmental staff, ensuring an environment of safety and collaboration. This initiative directly impacts patient experiences by fostering healing, communication, and patient-centered treatment, with an evolving focus on tailored services aligned with patient needs.

**STAFF DEVELOPMENT AND TRAINING:**

Staff Development and Training (SD&T) is responsible for orientation of all hospital staff at Osawatomie State Hospital (OSH). SD&T uses oral presentations, computer-based training (CBTs), and hands-on training to orientate employees. SD&T also offers Continuing Education credit hours that fulfill the requirements for state relicensing for Licensed Nursing Staff (LMHT, LPN, RN, APRN) as well as other licensed staff across the facility (Therapist, Social Workers, Psychologist).

**Goals and Updates:**

Expo 2024 will serve as the SD&T annual competency training, providing essential skills development. This comprehensive training program includes a combination of hands-on sessions and computer-based training CBTs. SD&T will provide the hands-on training for nursing such as oxygen, vital signs, nebulizer, Hoyer lift, sit-to-stand lift and glucometer check offs. SD&T will also provide training for any staff member who is required to have restraint training, covering how to use the restraint bed with Velcro restraints and the restraint chair. The 2024 EXPO, the emphasis will be on training all staff on the LifeVac choking device and the AED as these are required annually and CPR (which they initially get the training in) is bi-annually. By adding additional trainings, staff proficiency in these areas should increase.

**Performance Based Budgeting Goals**

Goal: Education will be offered each month for both AM and PM shifts.

Measurement: Number of education opportunities offered monthly reported.

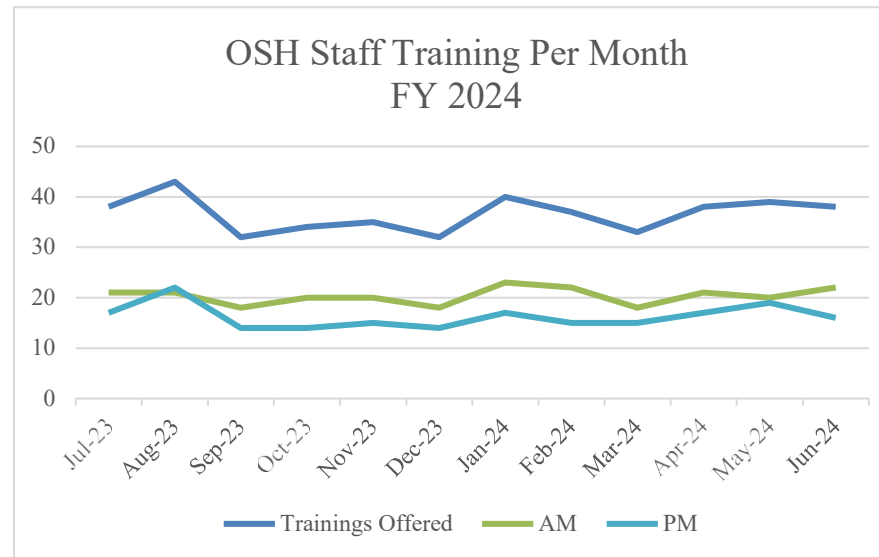
Department Responsible: Staff Development and Training

FY2025 – FY2026

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Osawatomie State Hospital**  
**Program Title: Staff Development and Training**

Month	Trainings Offered	AM	PM
Jul-23	38	21	17
Aug-23	43	21	22
Sep-23	32	18	14
Oct-23	34	20	14
Nov-23	35	20	15
Dec-23	32	18	14
Jan-24	40	23	17
Feb-24	37	22	15
Mar-24	33	18	15
Apr-24	38	21	17
May-24	39	20	19
Jun-24	38	22	16



**Expenditures for Staff Development and Training:**

Staff Development and Training	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY2025 Estimate	FY2026 Estimate
Salaries and Wages	\$519,093.00	\$396,954.00	\$417,626.00	\$412,031.00	\$ 414,411.00
Shrinkage	\$ -		\$ -	\$ -	\$ -
Contractual Services	\$ 39,956.00	\$ 36,082.00	\$ 23,575.00	\$ 20,550.00	\$ 20,550.00
Commodities	\$ 22,661.00	\$ 12,030.00	\$ 21,006.00	\$ 20,570.00	\$ 20,570.00
Capital Outlay	\$ -	\$ -	\$ -	\$ -	\$ -
Capital Improvements	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total</b>	<b>\$581,710.00</b>	<b>\$445,066.00</b>	<b>\$462,207.00</b>	<b>\$453,151.00</b>	<b>\$ 455,531.00</b>

FY2025 – FY2026

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Osawatomie State Hospital**  
**Program Title: Staff Development and Training**

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**Account Code 51000: Salaries and Wages**

Funds requested will provide salary and wage funds for 3.6 FTEs and represents funding for positions for 26 pay periods, fringe benefits, health insurance and longevity.

**FY 2025:** \$412,031 is requested. The shrinkage rate is 0%.

**FY 2026:** \$414,411 is requested. The shrinkage rate is 0%.

**Account Codes 52000 – 52900: Contractual Services**

This category includes training for Crisis Prevention Institute (CPI) Nonviolent Crisis Intervention. In FY 2022, an expanded CPI class was introduced to provide additional training to staff to create a safer working environment for both patients and staff.

**FY 2025:** \$20,550 is requested.

**FY 2026:** \$20,550 is requested.

**Account Codes 53000 – 53900: Commodities**

The funds requested for this object code will be used to purchase various professional supplies for the departments in this program.

**FY 2025:** \$20,570 is requested.

**FY 2026:** \$20,570 is requested.

**Account Codes 54000 – 54900: Capital Outlay**

No funds requested.

**FY 2025:** \$0 is requested.

**FY 2026:** \$0 is requested.

FY2025 – FY2026

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**PROGRAM:** Medical Services – 83000

**Program Overview:**

All psychiatric and medical services provided to the patients at the Osawatomie State Hospital are done under the auspices of the Medical and Surgical Services Program. From the initial evaluation, through day-to-day care, and up to the point of discharge, the medical staff forms the backbone of the medical and medication management for the patients being treated at the hospital. Coverage is provided on a “24/7” basis so a physician is always available to address the treatment needs of the patients. In addition, ancillary treatment is provided through the medical service including the Medical Laboratory, Pharmacy, Dentistry, Podiatry, Physical Therapy, and other contracted services as appropriate to meet the needs of the patient. OSH provides some Medical Services to AAC through a MOU.

**MEDICAL SERVICES:**

The Medical Staff at Osawatomie State Hospital consists of physicians, medical and psychiatric APRNs, and dental consultant. The Medical Staff also serves Adair Acute Care (AAC) through a Memorandum of Understanding. The Medical Staff are responsible for providing quality, current and safe psychiatric and medical services to all patients. They are fully trained and qualified to provide these services. Members of the Medical Staff undergo privileging and credentialing requirements which include review of their qualifications, licensures, DEA certifications, evidence-based patient assessments, treatment and management, and participation in required hospital wide training such as annual EXPO training, use of seclusion and restraint, CPI and BLS. The Clinical Director is responsible to provide regular checks and performance reviews to ensure compliance with the Medical Staff By laws, hospital procedures and policies, and standards and regulations by accrediting agencies such as Centers for Medicare and Medicaid Services (CMS) and Kansas Department of Health and Environment.

Medical Staff members are responsible to admit patients by performing psychiatric interviews, completing psychiatric evaluations, physical examinations and prescribing psychotropic and medical medications to address their psychiatric and medical needs. They collaborate and communicate closely with other hospital staff by participating in treatment team and discharge meetings to ensure seamless coordination and integration of services with the goal of providing a safe, holistic, and patient centered approach in patient care. They actively participate in performance improvement activities, clinical governance, identification of areas for improvement.

**Goals and Updates:**

Aside from providing patient care, the goal of the Medical Staff for the coming year is to fill vacancies; The department needs one or

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**Narrative Information – DA 400**  
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**Program Title: Medical Services**

more Psychiatric Advanced Practice Nurse Practitioners, one more Staff Physician Specialist and a Chief Medical Officer. If these

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**Narrative Information – DA 400**  
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**Program Title: Medical Services**

positions are filled, the department will have continuous flexibility amongst scheduling of staff. There will be some retirements in the department year. If these positions are filled promptly, scheduling will remain fluid.

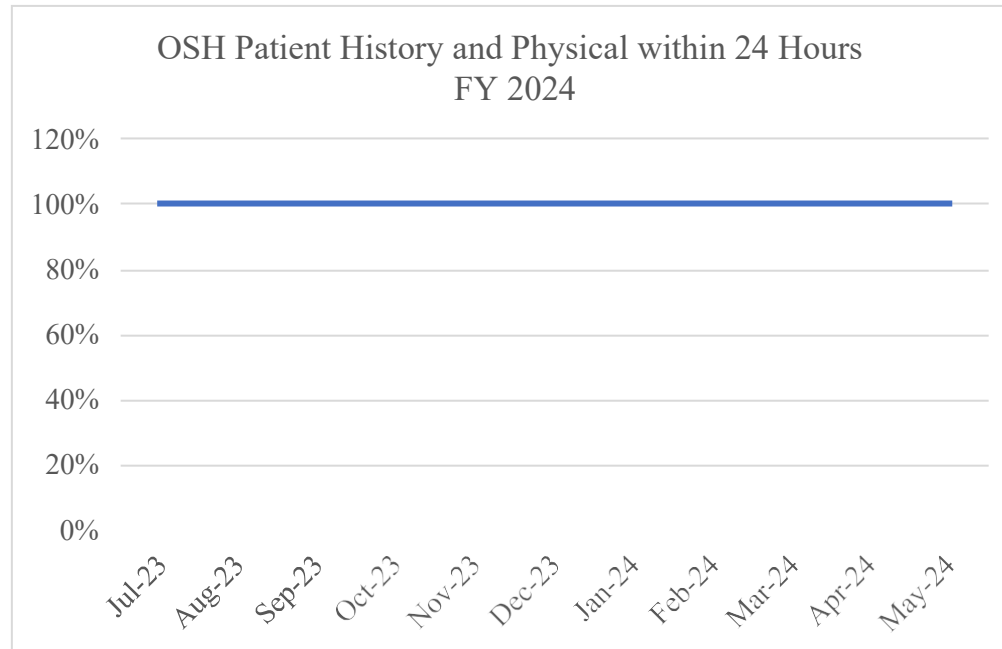
**Performance Based Budgeting Goals**

Goal: 100% of patients will have a complete history and physical within 24 hours of admission.

Measurement: Percentage of patients having a complete history and physical within 24 hours of admission

Department Responsible: Medical Services

Month	Rate
Jul-23	100%
Aug-23	100%
Sep-23	100%
Oct-23	100%
Nov-23	100%
Dec-23	100%
Jan-24	100%
Feb-24	100%
Mar-24	100%
Apr-24	100%
May-24	100%
Jun-24	100%



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**Narrative Information – DA 400**  
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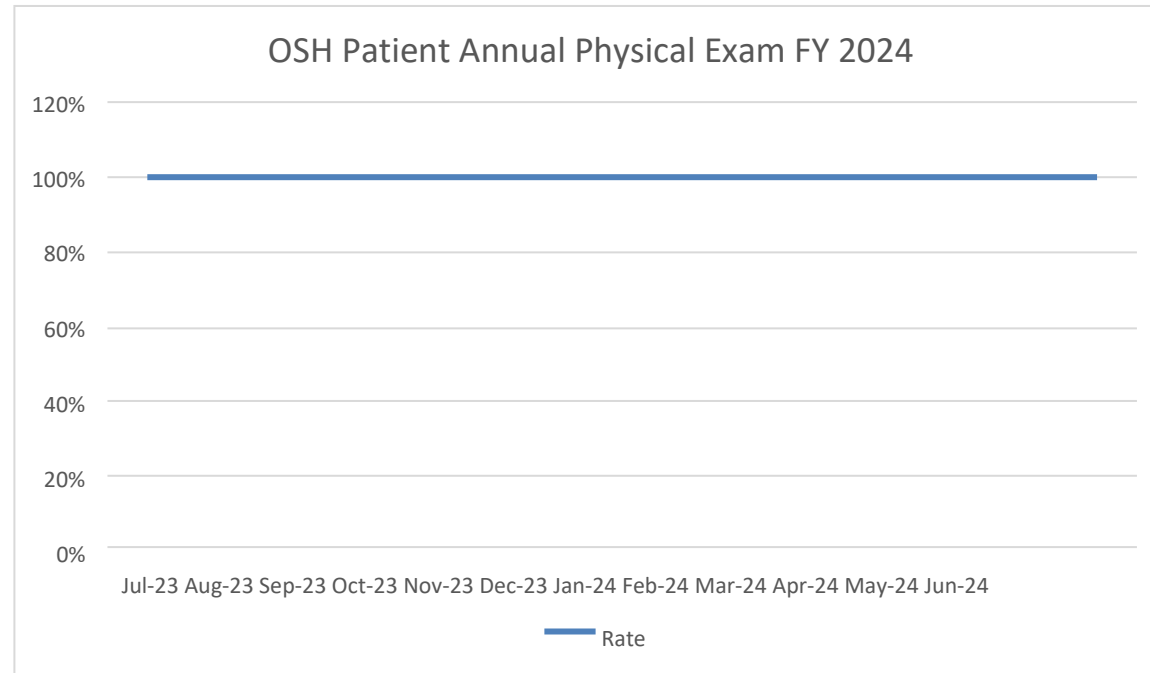
**Agency Name: Osawatomie State Hospital**  
**Program Title: Medical Services**

Goal: 100% of patients will receive an annual physical and neurological examination to promote health of patients remaining at the hospital for periods longer than one year

Measurement: Percentage of patients having an annual physical exam recorded monthly

Department Responsible: Medical Services

Month	Rate
Jul-23	100%
Aug-23	100%
Sep-23	100%
Oct-23	100%
Nov-23	100%
Dec-23	100%
Jan-24	100%
Feb-24	100%
Mar-24	100%
Apr-24	100%
May-24	100%
Jun-24	100%



**Performance Based Budgeting Goals:**

Goal: At least 95% of patients discharged will have a Discharge Summary completed within 30 days of discharge

FY2025 – FY2026

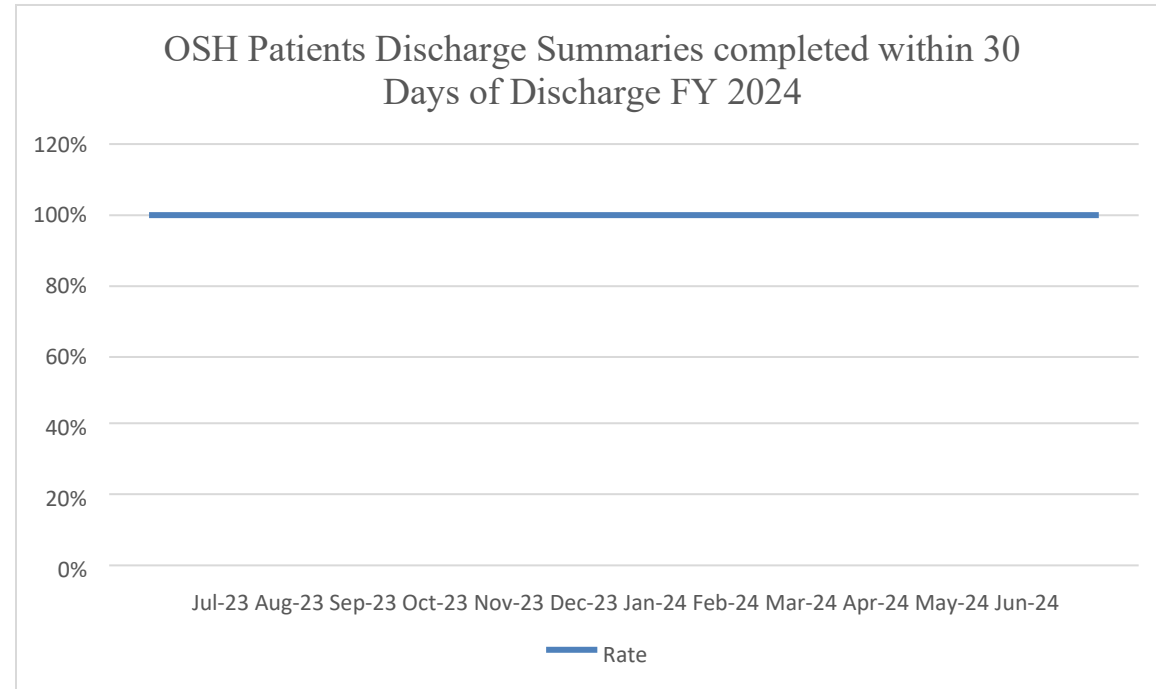
**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Osawatomie State Hospital**  
**Program Title: Medical Services**

Measurement: Percentage of patients discharged having a discharge summary completed recorded monthly

Department Responsible: Psychology and Therapy Services

Month	Rate
Jul-23	100%
Aug-23	100%
Sep-23	100%
Oct-23	100%
Nov-23	100%
Dec-23	100%
Jan-24	100%
Feb-24	100%
Mar-24	100%
Apr-24	100%
May-24	100%
Jun-24	100%
<b>Totals</b>	<b>100%</b>



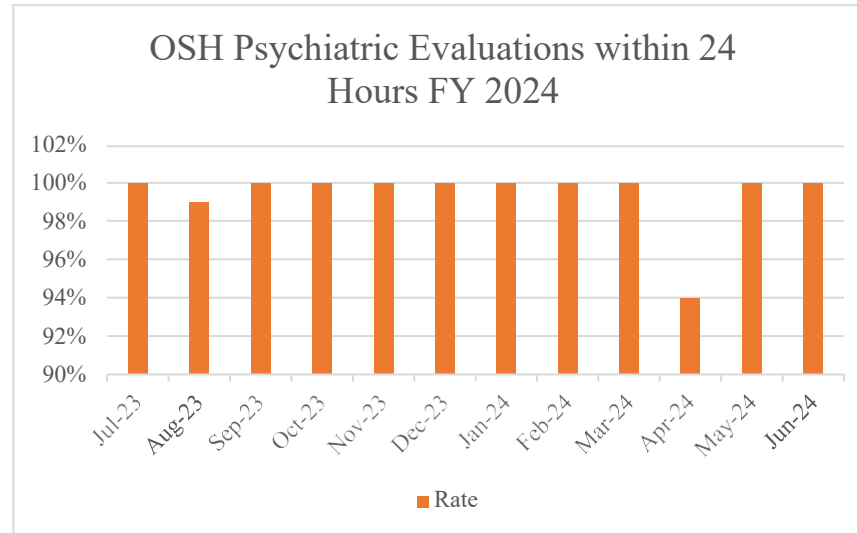
Goal: 100% of patients will be evaluated and the Psychiatric Evaluation documented within 24 hours of admission

Measurement: Percentage of patients having a psychiatric evaluation within 24 hours of admission recorded monthly

Department Responsible: Psychology and Therapy Services

FY2025 – FY2026

Month	Rate
Jul-23	100%
Aug-23	99%
Sep-23	100%
Oct-23	100%
Nov-23	100%
Dec-23	100%
Jan-24	100%
Feb-24	100%
Mar-24	100%
Apr-24	94%
May-24	100%
Jun-24	100%



Performance Measures	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Percent of patients discharged having a Discharge Summary completed within 30 days of discharge.	100%	100%	100%	100%	100%
Percent of patients evaluated, and Psychiatric Evaluation documented within 24 hours of admission.	95%	99%	99%	100%	100%

### **PHARMACY:**

The Pharmacy Department ensures safe, effective, and cost-conscious medication use at Osawatomie State Hospital (OSH). Pharmacists under the department are accountable for both clinical and distributive functions. Distributive functions include tasks such

FY2025 – FY2026

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as checking and stocking the Pyxis machines to maintain an accessible and adequate medication supply when the pharmacy is closed, as well as filling discharge medications to ensure seamless continuity of care. On the other hand, clinical functions involve reviewing medication orders to apply evidence-based therapeutic treatments, updating the hospital formulary to provide access to medications in accordance with current disease-state medication guidelines, and conducting patient chart reviews to assess current medication management.

Pharmacists are available on-call 24/7 to address both clinical and operational inquiries. Additionally, the pharmacy actively participates in the hospital's emergency response planning, infection prevention and control measures, management of hazardous medications, and incident reporting. Furthermore, they collaborate with the Medical Staff to develop a comprehensive formulary of medications available for prescription at the hospital and establish guidelines to ensure the safe prescribing of medications.

**DEPARTMENT UPDATES:**

In October 2024 the pharmacy is changing to Wellsky. This new electronic health record (EHR) will improve communication between state hospitals regarding treatment records for patients transferring between facilities. The hospital is pursuing remote pharmacy verification services to provide 24-hour, 365-day pharmacist order entry checking prior to medication administration. Remote verification services provide an additional safeguard to ensure correct medication administration in addition to automated dispensing machines. July 2024 was the second anniversary of implementing Pyxis machines on every patient unit on AAC. The machines have increased immediate medication access and by utilizing the profile functionality provides another safeguard for correct medication administration. The department is planning to update its medication unit packaging machine which allows the pharmacy to provide unit dose, barcoded medication to the units for administration. Scanning unit-dosed, barcoded medication prior to administration provides yet another safeguard for medication administration. The pharmacy department is implementing software that tracks medication providences to comply with federal Segregated Compounding Area regulations. The pharmacy, in collaboration with the medical staff, published the hospital formulary medication management resource book in January 2024. The book contains agreed upon prescribing criteria for some medications, therapeutic interchanges for certain medication classes, guidelines for COPD, Asthma, and the hospitals antimicrobial stewardship, in addition to listing medications on the formulary. Medications listed on the hospital formulary is under continual review and revision, as new medication come on the market and prescribing practices change. Pharmacy is collaborating with the medical team to enable pharmacists to actively manage patients with chronic conditions by closing in on the goal of two units per pharmacist with a 60:1 patient ratio, allowing closer therapy review, greater input on medication decisions, and reduced errors. The focus is on interdepartmental collaboration to ensure patient care. Pharmacy will continue to work with the University of Kansas as an internship/externship site for pharmacy students and hopes to have student assignments in June 2025.

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**LABORATORY:**

The primary purpose of the Laboratory Department is to provide phlebotomy services to Osawatomie State Hospital. This department provides coverage for Medical Support Services (Ancillary Services) to meet requirements set forth in the performance of moderated and waived test complexities of a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory.

**Goals and Updates:**

The Laboratory department's primary objective is to enhance quality and productivity by devising a streamlined and economically viable approach to delivering laboratory, radiology, and ECG services. This strategy is rooted in adhering to regulations, standards, internal assessments, and guidelines, all of which collectively aid physicians and nurse practitioners in effectively diagnosing, treating, and managing patients. The department's specific goals encompass modernizing outdated equipment, incorporating novel resources from laboratory information systems, and leveraging technology to heighten efficiency. This, in turn, aids clinical decision-making, accurate diagnoses, prompt treatment selection, minimal treatment delays, enhanced recovery, and disease prevention.

**Expenditures Medical Services:**

Medical	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Salaries and Wages	\$3,407,407	\$2,511,177	\$2,948,872	\$5,404,785	\$5,412,269
Shrinkage	\$0	\$0	\$0	(\$3,000,000)	(\$3,000,000)
Contractual Services	\$752,864	\$1,021,630	\$1,008,377	\$810,965	\$810,965
Commodities	\$255,575	\$613,433	\$826,527	\$955,430	\$955,430
Capital Outlay	\$4,384	\$9,224	\$7,617	\$77,100	\$77,100
Capital Improvements	\$0	\$0	\$0	\$0	\$0
<b>Total</b>	<b>\$4,420,230</b>	<b>\$4,155,464</b>	<b>\$4,791,393</b>	<b>\$4,248,280</b>	<b>\$4,255,764</b>

**Account Code 51000: Salaries and Wages**

Funds requested will provide salary and wage funds for 16.11 FTEs and represents funding for all current positions for 26 pay periods,

FY2025 – FY2026

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fringe benefits, health insurance, and longevity. This program consists of staff in the following departments:

**FY 2025:** \$5,404,785 is requested. The shrinkage rate is 55.5%.

**FY 2026:** \$5,412,269 is requested. The shrinkage rate is 55.4%.

**Account Codes 52000 – 52900: Contractual Services**

The larger amounts requested in this category represent professional fees. Professional fees are needed for the continuation of maintenance and service agreements. Maintenance agreements are for laboratory, EEG-EKG, x-ray, pharmacy, and other equipment as needed. Service agreements on most of these items are required. Service agreements provide for the purchase of professional consultant services in specialized fields such as dental, psychiatry, radiology, pathology, podiatry, EKG-EEG, gynecology, optometry, obstetrics, neurology, physical therapy, and audiology. Also included are the costs incurred to treat patients at outside medical facilities such as KU Medical Center and other providers when needed. Amounts for patient medical care sometimes fluctuate greatly between fiscal years depending on need.

**FY 2025:** \$810,965 is requested.

**FY 2026:** \$810,965 is requested.

**Account Codes 53000 – 53900: Commodities**

This category includes all supply type expenses projected for this program. Drug costs account for much of the amount in this category. With the increased number of psychotropic drugs becoming generic, changes in prescribing practices and the formulary costs have been reasonably consistent over the last two years. If new drugs are introduced which could benefit our patients, cost will increase. In addition to drug costs, the category also includes supplies used in the following areas: medical laboratory, X-Ray, EKG-EEG, physical therapy, pharmacy, psychological testing, and dental services.

**FY 2025:** \$955,430 is requested.

**FY 2026:** \$955,430 is requested.

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**Narrative Information – DA 400**  
**Division of the Budget**  
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**Program Title: Medical Services**

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**Account Codes 54000 – 54900: Capital Outlay**

The funds would allow replacement of medical equipment as needed.

**FY 2025:** \$77,100 is requested.

**FY 2026:** \$77,100 is requested.

FY2025 – FY2026



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## EXPENDITURE JUSTIFICATION

**PROGRAM:** Clinical Services – 84000

### **Program Overview:**

The Clinical Services Program provides most group and individual psychotherapy for the patients admitted for inpatient care at the Osawatomie State Hospital. Services are provided to patients in licensed beds across five distinct treatment programs. Therapeutic activities occur seven days a week, 365 days a year. Within each treatment program, care for the patient is individualized according to his/her unique presenting concerns with coordination and oversight being provided by an interdisciplinary team (IDT) of mental health professionals. The approach used in each program is drawn from evidence-based practices and this approach is regularly reviewed to ensure it remains an accepted and effective standard of care. Clinical Services includes the activity therapies subprogram which provides patients with specialized clinical services in music, vocational, and recreation therapy, as well as more general leisure skills training consistent with their presenting psychiatric concerns. Prior to admission, all patients are assessed by a Community Mental Health Center (CMHC) screener, and they may subsequently be admitted on a voluntary or involuntary basis, depending on the results of the CMHC screen and the patient's level of understanding/cooperation. OSH provides some Clinical Services to AAC through a MOU.

### **PSYCHOLOGY AND THERAPY SERVICES:**

Psychology and Therapy Services is comprised of psychologists, masters level therapists, leisure and fitness, and other support staff. The primary function of this department is to provide direct individual and group treatment services to patients at the hospital. Modalities vary by sub-department and are based on the unique needs of the patients on each treatment program. Services include individual therapy / contacts, group therapy, other group or individual activities, psychological assessment, and treatment planning. Additionally, for the psychologists and therapists, ongoing education is a component of the services provided – this may include provision of continuing education to the department or hospital, involvement with new hire orientation/training or other educational activities. Psychologists and sub-department supervisors also provide supervision to assigned staff.

### **Goals and Updates:**

#### **Psychology Department:**

One new FTE psychologist has been hired and due to patient needs is primarily providing direct groups and individual therapy at this time. Hospital needs may require involvement in other assessments and reports to the court. Ongoing development of training

FY2025 – FY2026

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programs remain a priority. One of the psychologists is dedicated to establishing a pre-doctoral APA-accredited internship program and other training opportunities. The department developed a formal post-doctoral residency which is posted and available but is not currently filled for FY 2025. Currently, a yearlong practicum rotation is provided for students in their doctoral programs at nearby universities. The student class has continued to grow from 3-4 in the first two years to 5 students in 2024 and 2025 (3 therapy and 2 assessment students). We also have an additional MA level psychologist in training for a 6-month rotation. Developing these programs provides essential educational opportunities for clinicians in training and allows the hospital to meet the requirements for formal accredited internships. This area remains a focus for the continuous growth and development of the psychology department. In FY 2025 the department is making a dedicated effort to submitting the application for contingent accreditation to become a formal APA accredited internship program. Additional focus has been placed on updating resources at the psychology testing lab, ensuring that the tests and tools available are up to date and meet the hospital's needs. An updated measure of adaptive functioning has been ordered and we look forward to the release of the updated IQ assessment, the WAIS-5 later this year.

**Clinical Therapy:**

Clinical therapists continue to provide most psychoeducational groups across the campus. This year, their involvement in education within the department and other areas of the hospital for staff development has increased. As part of their annual evaluation expectations, department staff have been tasked with providing case presentations and education to new hire orientees, students, existing staff, or the community. Due to the ongoing rise in competency to stand trial patients, all current clinical therapists have education about these processes and basic restoration activities. Cross-training will remain a focus due to the growing population in need of these services. Resources for groups and general provision of services are an area of focus for the coming year. Available resources are being evaluated to determine what additional materials are needed to provide high-quality groups and other treatment opportunities for patients.

**SUPPORTED EMPLOYMENT:**

The Supported Employment department at OSH provides patients with opportunities to develop vocational job skills and work experiences helpful for community life. The goal of the program is too better prepare patients for life after their discharge from OSH . Patients must be on “yellow band” status (able to leave their treatment units with supervision) and the team must agree that the patient is a good candidate for supported employment. Department staff assist with getting patients replacement birth certificates, Social Security cards as well as Identification Cards (ID) if they do not possess these documents. The departments provide on-unit groups on two units for those patients interested in working or wanting to learn how to build resumes, cover letters, budgeting etc. Patients involved in working through the department are provided with a minimum wage position with oversight and supervision by

staff.

**Goals and Updates:**

The Supported Employment program has continued to grow in scope over the past year. The resident workshop that was being developed at the time of the FY 2024 budget submission is now active and has employed multiple resident workers. Patients and staff have worked together to build flower planters, tables, and small to large decorative items. They continue to expand their list of items and are working to develop a catalog as well as a showroom. Work locations for patients have increased over the past year; in addition to the workshop, patients are now also working at the greenhouse, and another has been placed in the facilities department. The Supported Employment department requires ongoing monitoring and adjustments as patients discharge and others become eligible for employment or when the needs of existing resident workers change.

**LEISURE AND FITNESS:**

The Leisure and Fitness Department emphasizes a healthy lifestyle, improved coping skills, and effective symptom management through diverse group and individual activities. These include physical exercises for movement and relaxation, creative endeavors for self-expression and crafting, and social activities to foster meaningful interactions. Monthly group activity calendars consider individual preferences and activity levels, while music therapy and creative arts sessions further promote overall wellness, enhancing patient care.

**Goals and Updates:**

In the past year, the Leisure and Fitness Department has experienced growth and some changes. An additional half time position is posted, this will help with both transport of patients and supervision of patients at off unit activities. Due to changes in staff to patient ratios, additional staffing will help enhance the scope of services provided. Notable highlights for this year include a holiday program in winter, and a recent summer dance and carnival. The goals for the upcoming fiscal year include continuing hospital-wide events such as parades, carnivals, field days, movies, dances, holiday programs, talent shows, and tributes. Department expansion, with the addition of 2 more Activity Specialists, to offer better support for staff and enhance the ability to monitor off-unit activities. Currently, 4 staff members work Tuesday-Saturday, and 4 work Sunday-Thursday, providing coverage seven days a week. However, this arrangement limits group sizes and the ability to leave the unit due to staff-to-patient ratios, as one LF staff member works alone on their unit for four days each week.

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**AGRICULTURE THERAPY:**

Agriculture Therapy serves patients at OSH. Horticulture and animal activity groups are offered to referred patients, aiming to enhance their abilities for life outside the hospital. Staff is available seven days a week, providing daily care to plants and program animals. Through engaging activities and personalized attention, rapport is built with patients, teaching them valuable horticultural skills and animal care techniques. The horticulture group covers gardening, plant propagation, landscaping, indoor plant care, and therapeutic gardening. Meanwhile, the animal activity group involves animal care, training, animal-assisted therapy, education, and community outreach. By fostering connections with nature and animals, the goal is to improve the patients' quality of life and equip them with marketable job skills or lifelong recreational interests for community integration.

**Goals and Updates:**

**Greenhouse:**

Revitalization efforts for the hospital greenhouses and horticulture building are progressing. Two gardens have been tilled, with patients actively participating in planting summer and fall harvest vegetables. This year, we introduced a staff community garden alongside a raised bed area for patients. Patients are also engaged in planting houseplants and flowers, which are sold to staff and the community. The proceeds support the department, funding new seeds, soil, and other resources for patient groups. A large new area for raised beds has been established outdoors on gravel and rock, featuring multiple raised beds built by agriculture staff. This setup offers patients a more accessible space for planting and tending to flowers and vegetables. Many patients previously struggled with the narrow walkways and bending required in the existing greenhouses. The new raised bed area improves accessibility by providing ample space and eliminating the need to bend over. Additionally, a local community partner donated two large ornamental boulders and stone benches to further enhance this area.

**Animal Program:**

This year, we welcomed additional goat kids, much to the delight of our patients. Last year, three goats were donated to Parson's State Hospital and Training Center to support and enhance their animal program. Our dogs continue to play a significant role in patient engagement, with Dixon being extensively involved in physical therapy sessions led by the hospital's physical therapist and supported by agriculture staff. We also introduced Tootsie Roll, a miniature pony, to our animal group this year, and she has been incorporated into physical therapy sessions as well. We have launched a one-on-one animal care group for selected patients, available Tuesday through Saturday. This program allows patients to learn detailed animal care tailored to their specific needs and interests. Currently, five patients are enrolled.

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**Community Vitality:**

“Little Farm on the Hill” at Osawatomie State Hospital has made strides in increasing community involvement this year. We have participated in the Miami County Spring Farm Tour and plan to join the Fall Farm Tour. Plants were sourced and sold to the City of Osawatomie for their planters and garden areas. The “First Friday Farmer’s Market,” established last year, continues this year from June through October. This monthly market, open to both staff and the community, features crafted and farmed items, promoting the hospital as a valuable community resource and partner. Quarterly educational and experiential events, such as wreath making, terrarium building, and canning/food preservation workshops, remain popular, offering opportunities for both staff and community members to engage and learn.

**Upcoming Plans:**

In the coming year, we will continue to develop and enhance our animal and horticulture programs. We will review existing groups based on patient and unit needs, adjusting offerings as necessary to improve attendance and satisfaction. Plans include expanding and improving our animal facilities with additional pens for better management and rotational grazing, optimizing pasture use for our goats and pony. The greenhouses will undergo improvements, including new automatic watering systems and a control system for the new greenhouse. A capital improvement project is also planned for replacing windows in the large greenhouse. We will maintain our partnership with K-State Research & Extension and add more collaborative events. Additionally, staff will have the opportunity to purchase fall mums, holiday poinsettias, and other plants.

**SOCIAL SERVICES:**

The Social Services Department at Osawatomie State Hospital enhances patient care by facilitating effective communication between various parties involved in the treatment and discharge process. The department comprises several essential components, namely patient advocacy, peer support, clinical chaplain services, and social workers responsible for discharge planning.

Social workers meet with patients and the interdisciplinary team regularly to keep everyone informed about the patient's progress. They also collaborate with family members and community partners to create safe and effective discharge plans and arrange specialized aftercare. Moreover, social workers serve as a primary point of contact for patients' well-being, especially with members who are not directly involved in the patient's care team. They play a significant role in coordinating information flow regarding the patient's treatment progress and ensuring continuity of care once the patient returns to the community.

Patient Advocacy is a crucial function at Osawatomie State Hospital's Social Services Department, dedicated to safeguarding patients' rights and well-being. Advocates closely monitor hospital policies, support patients in decision-making, mediate conflicts, and ensure

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comprehensive care coordination for access to essential resources during and after treatment. Their goal is to empower patients, provide education, and serve as a vital link between patients and the healthcare system to enhance their overall care experience.

Peer Support is an integral component of the hospital's approach to patient care, where individuals with shared experiences provide emotional and practical support to patients. By fostering understanding and empathy, peers offer encouragement, act as role models for recovery, reduce stigma surrounding mental health and medical conditions, and create supportive group environments for open discussions and skill-sharing. This peer-driven support system empowers patients in their journey to overcome challenges, promoting self-advocacy and a sense of belonging throughout their treatment and recovery process.

The Clinical Chaplain plays a vital role in the Social Services Department at Osawatomie State Hospital, offering crucial spiritual support to patients throughout their treatment. They provide individual and group spiritual guidance, addressing the diverse beliefs of patients and ensuring their spiritual needs are met. Additionally, the Clinical Chaplain offers emotional and psychological assistance, serving as a compassionate listener and helping patients develop coping strategies. They collaborate with the interdisciplinary team, contribute to end-of-life care, and provide education to staff on respecting patients' spiritual beliefs. With a focus on holistic well-being, the Clinical Chaplain enhances patients' resilience and fosters a supportive and inclusive healthcare environment.

### **Goals and Updates:**

The Social Services Department is dedicated to meeting patients' needs through the coordination of discharge, aftercare, appointments, treatment programs, and more. However, three vacant positions for social workers remain unfilled due to salary constraints. We have had to utilize agency staffing to fill two vacant positions.

Education for staff will be provided: focusing on maintaining licensures (credit hours), improving patient interactions, work-life balance. The Peer Support program, particularly the Motivational Enhancement Program, empowers patients during treatment. Funding is sought for the ME Store, goods for holiday parties for patient units, and for Peer Support to attend the Kansas Recovery Peer Support Conference annually to stay up to date with best practices and discharge planning. The overarching goal remains to deliver exceptional care, adapt, and continuously improve services for patients.

### **Performance Based Budgeting Goals:**

Goal: Track and trend percentage of discharged patients readmitted within 30 days

FY2025 – FY2026

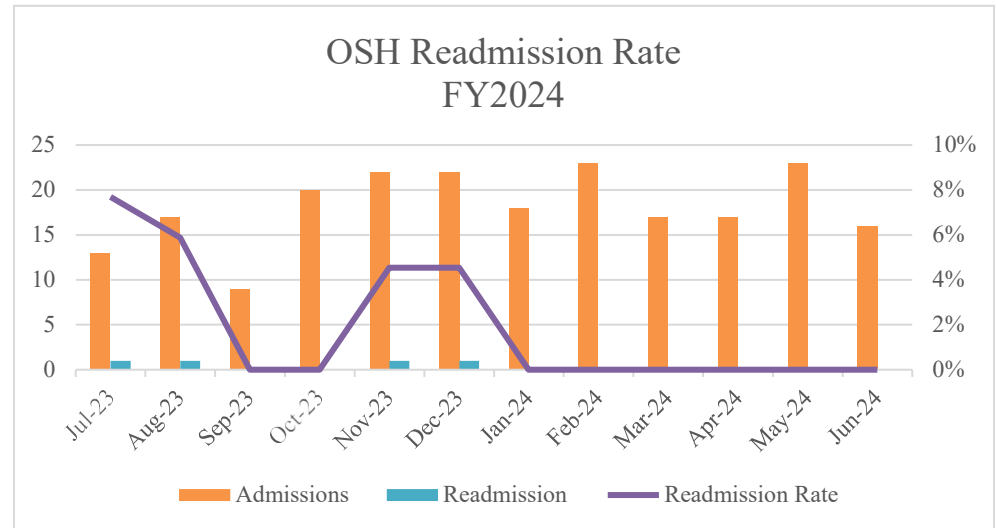
**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Osawatomi State Hospital**  
**Program Title: Clinical Services**

Measurement: Percentage of patients readmitted within 30 days

Department Responsible: Social Services

Month	Admissions	Readmissions	Readmission Rate
Jul-23	13	1	8%
Aug-23	17	1	6%
Sep-23	9	0	0%
Oct-23	20	0	0%
Nov-23	22	1	5%
Dec-23	22	1	5%
Jan-24	18	0	0%
Feb-24	23	0	0%
Mar-24	17	0	0%
Apr-24	17	0	0%
May-24	23	0	0%
Jun-24	16	0	0%



Performance Measures	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY2025 Estimate	FY2026 Estimate
Percent of patients who are readmitted within 30 days of discharge.	4.0%	2.0%	1.8%	1.0%	1.0%

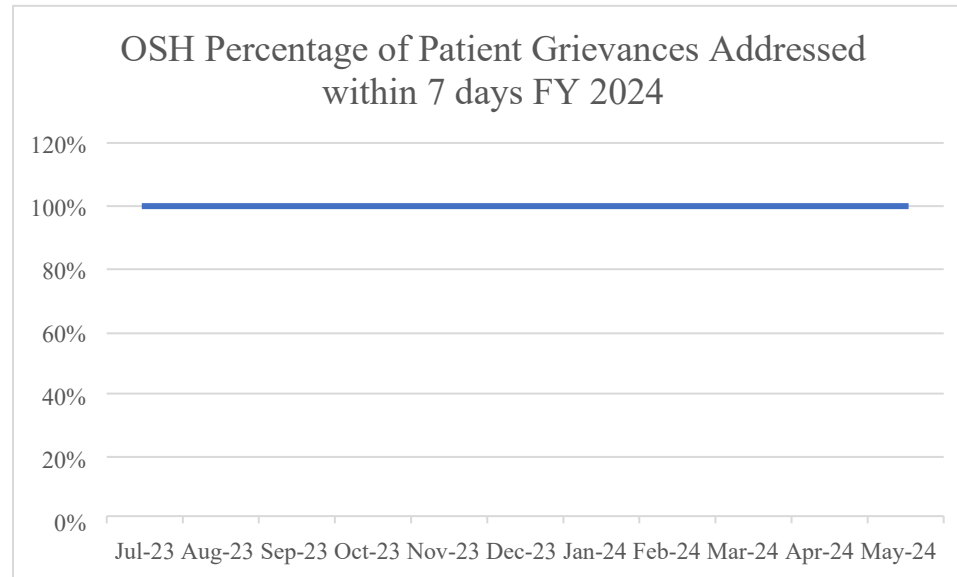
Goal: 100% of reported grievances will be address by the Patient Advocate within 7 days

FY2025 – FY2026

Measurement: Percentage of grievances addressed reported monthly

Department Responsible: Patient Advocates

Month	Rate
Jul-23	100%
Aug-23	100%
Sep-23	100%
Oct-23	100%
Nov-23	100%
Dec-23	100%
Jan-24	100%
Feb-24	100%
Mar-24	100%
Apr-24	100%
May-24	100%
Jun-24	100%



### **DIETARY SERVICES:**

The Dietary Services Department at Osawatomie State Hospital (OSH) serves the dietary needs of patients. Department dietitians regularly meet with patients to provide education and consultation to patients. The dietitians also continuously develop and evaluate the nutrition program and nutrition education program to ensure better patient care. The department also works with a food service company to ensure food quality standards are met.

FY2025 – FY2026



**Goals and Updates:**

In the coming fiscal year, the department plans to add a new event in March of 2024 during National Nutrition Month. Additional education, games, and prizes will be provided to patients who participate. The goal is to create and promote an awareness week for staff and patients in March 2024. Other costs for the department in FY 2024 include the purchase of updated reference manuals to be utilized by the registered dietitians.

**NURSING:**

The Nursing Department at Osawatomie State Hospital plays a critical role in assessing and treating individuals who present with complex mental health and medical conditions. Our department consists of a dedicated team of nursing professionals who provide comprehensive care and support to ensure the well-being and recovery of our patients.

**Key Components and Responsibilities:**

**Comprehensive Patient Assessment:**

The Nursing Department conducts thorough assessments of patients upon admission, taking into account, both their mental health and medical conditions. Our nurses gather essential information, perform physical and mental health evaluations, and collaborate with other healthcare professionals to develop individualized treatment plans.

**Integrated Care and Treatment:**

Our nursing professionals deliver integrated care, addressing both mental health and medical needs of our patients. They administer medications, closely monitor their effects, and ensure compliance with prescribed treatment regimens. Additionally, they provide ongoing support, education, and counseling to patients, promoting holistic well-being and recovery.

**Physical Health Monitoring:**

Recognizing the interconnectedness of mental and physical health, our nursing staff monitors vital signs, conducts regular physical health assessments, and collaborates with medical professionals to address any medical concerns that may arise during a patient's stay. This integrated approach ensures comprehensive care and timely interventions.

**Crisis Intervention and Stabilization:**

Our nurses are trained in crisis intervention techniques and play a pivotal role in managing acute psychiatric crises. They provide

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immediate support, implement de-escalation strategies, and ensure a safe environment for patients and staff. Their expertise helps stabilize individuals in distress and facilitates the development of personalized treatment plans. All nursing staff participate in regular safety training programs that focus on crisis intervention, de-escalation techniques, and the safe use of restraints when absolutely necessary. These training sessions are designed to ensure that our team is prepared to manage any situation that may arise, minimizing the risk of harm to patients and staff.

**Collaborative Multidisciplinary Approach:**

The Nursing Department works collaboratively with a multidisciplinary team, including psychiatrists, psychologists, social workers, and other healthcare professionals. Through regular team meetings, our nurses contribute their valuable insights, actively participate in treatment planning, and coordinate care to optimize patient outcomes.

**Staff Development:**

To maintain a high standard of care, the Nursing Department is committed to the continuous professional development of its staff. We believe that well-trained, confident nurses are better equipped to deliver safe and effective care. We offer ongoing education and training opportunities for our nursing staff, including workshops, trauma-informed care, and boundary trainings. These opportunities ensure that our nurses remain current with the latest best practices in mental health care. New staff members are paired with experienced mentors who provide guidance, support, and feedback as they acclimate to the unit.

**Patient and Family Education:**

Nurses in our department take the initiative to educate patients and their families about mental health conditions, medical treatments, medications, and coping strategies. They provide guidance on managing symptoms, fostering healthy lifestyles, and promoting long-term recovery, empowering individuals to actively participate in their own care.

**Goals and Updates:**

The department has been focused on several important updates and initiatives to enhance the overall functioning and quality of patient care. These include working on competency evaluation and trainings for staff, improving patient care quality and safety, collaborating with community healthcare organizations, and nursing schools, implementing a “Dr. Heart” training program for medical emergencies, and developing strategies for identifying and managing psychiatric crises. Additionally, there is a goal to transform the department into a teaching hospital, emphasizing the importance of continuous learning of mental health conditions and professional development for nursing staff.

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The department has prioritized competency evaluation and trainings for staff to ensure that they possess the necessary skills and knowledge to provide high-quality care. By regularly assessing clinical competencies, the department aims to identify areas for improvement and provide targeted training to enhance staff capabilities.

Efforts are being made to improve the quality of patient care and safety. The department is implementing protocols and best practices to enhance the overall patient experience and minimize potential risks. This includes continuously reviewing and updating policies and procedures to align with industry standards and evidence-based practices.

Collaboration with community healthcare organizations and nursing schools is a key focus for the department. By establishing partnerships, the department aims to improve healthcare services for community members and create opportunities for staff to engage in educational exchanges and professional development.

A Dr. Heart training program is being implemented to enhance staff preparedness and response during medical emergency events. This training equips staff with the necessary skills to effectively manage emergencies and provide timely and appropriate medical interventions.

The department is actively working with staff to improve their ability to identify and manage psychiatric crises and improve trauma informed care. By implementing evidence-based interventions and crisis management techniques, staff will be better equipped to handle challenging situations and provide optimal care to patients in need.

#### **Performance Based Budgeting Goals:**

Goal: Med Consult Book will be audited twice a week looking for the following measures: A temporary issue will be created 100% of the time, Clinical Guidelines/Nurse's noted will be followed 100% of the time, and medications will be ordered/entered into WinPharm if needed.

Measurement: % of Med Consults with relevant temporary issue created, % of Med Consults with guidelines/notes completed, and % of Med Consults with medications ordered/entered in WinPharm

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Osawatomie State Hospital**  
**Program Title: Clinical Services**

Department Responsible: Nursing

Measure	Target	July – 23	Aug – 23	Sept – 23	Oct – 23	Nov – 23	Dec – 23
% of Med Consults with a relevant temp issue created	100%	96%	93%	75%	78%	90%	94%
		Jan – 24	Feb – 24	Mar – 24	Apr – 24	May – 24	Jun – 24
		94%	91%	83%	91%	91%	95%
% of Med Consults with CGs or Nurses' Notes completed	100%	July – 23	Aug – 23	Sept – 23	Oct – 23	Nov – 23	Dec – 23
		100%	95%	79%	81%	91%	94%
		Jan – 24	Feb – 24	Mar – 24	Apr – 24	May – 24	Jun – 24
		94%	88%	90%	91%	90%	98%
% of Med Consults with medications ordered/entered WinPharm (if needed as indicated by guidelines)	100%	July – 23	Aug – 23	Sept – 23	Oct – 23	Nov – 23	Dec – 23
		97%	100%	96%	96%	100%	100%
		Jan – 24	Feb – 24	Mar – 24	Apr – 24	May – 24	Jun – 24
		100%	97%	98%	100%	100%	98%

Goal: 100% of Initial Nursing Assessments will be completed within 12 hours of admission. Vital signs (including height and weight) will be recorded in the Initial Nursing Assessment of 95% of admissions. 100% of Nursing Care Plans will be considered complete. To be considered complete the plans must include: the presenting psychiatric issue, identified risk (suicidal ideation or aggression), major medical issues.

FY2025 – FY2026

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Osawatomie State Hospital**  
**Program Title: Clinical Services**

Measurements: % of Initial Nursing Assessments completed within 12 hours of admission, % of Nursing Assessments with Vital Signs, % of Nursing Care Plans complete.

Measure	Target	July – 23	Aug – 23	Sept – 23	Oct – 23	Nov – 23	Dec – 23
% of Initial Nursing Assessments completed within 12 hours of admission	100%	92%	100%	100%	100%	100%	90%
		Jan – 24	Feb – 24	Mar – 24	Apr – 24	May – 24	Jun – 24
		94%	94%	100%	94%	91%	94%
		July – 23	Aug – 23	Sept – 23	Oct – 23	Nov – 23	Dec – 23
% of Nursing Assessments with vital signs	95%	100%	100%	78%	100%	92%	100%
		Jan – 24	Feb – 24	Mar – 24	Apr – 24	May – 24	Jun – 24
		94%	94%	100%	100%	100%	88%
		July – 23	Aug – 23	Sept – 23	Oct – 23	Nov – 23	Dec – 23
% of Nursing Care Plans complete	100%	85%	88%	100%	88%	92%	100%
		Jan – 24	Feb – 24	Mar – 24	Apr – 24	May – 24	Jun – 24
		94%	94%	94%	100%	87%	100%

**SCHEDULING:**

The scheduling department staffs and schedules the patient units with proper ratios to ensure patient care and safety for patients and staff for Osawatomie State Hospital (OSH). The department staffs each unit accordingly: 2 Registered Nurses (RN), 1 Licensed Practical Nurse (LPN)/Licensed Mental Health Technician (LMHT), 4 Mental Health Technicians (MHT), in addition to staffing for current/potential 1:1 patient check(s) to increasingly ensure safety for all.

Staff are recruited to cover Requested Time Off (RTO), Crisis Prevention Institute (CPI)/Cardiopulmonary Resuscitation (CPR) trainings, patient appointments, sick leave, admin leave, work comp, and the Family Medical Leave Act leave.

The nursing service staff schedule is developed in accordance with current policy and procedure. The daily shift schedule is evaluated. This is on-going and requires hourly changes. The Scheduling Department develops plans for establishing schedules in the required time frames, performs office management duties, and oversees the maintenance of required staffing data. The Department provides information that requires immediate attention to executive staff and delegates other matters to various management nursing staff in

FY2025 – FY2026

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unit programs. At times, the Scheduling Department manager advises other department head and executives on administrative policies at the direction of a supervisor.

**Goals and Updates:**

There has been marked improvement in the department as changes have been implemented. A top priority and focus for the upcoming year will be to improve the accuracy of staffing sheets and working hard on filling any gaps in coverage to provide a full team on every unit. With improvement, the department will have the assurance state staff are used prior to utilizing and allowing overtime for AAC.

**INFECTION CONTROL:**

Infection Control at OSH has one purpose: identifying and preventing infections while reducing disease transmission risk. The primary goal is delivering safe, cost-effective care to patients and preventing infection spread among patients, staff, visitors, and others in the healthcare environment. This program is designed to prevent and minimize healthcare-associated infections by integrating infection prevention and control principles into all aspects of practice. Additionally, comprehensive education and resources are provided to equip all staff with necessary knowledge for creating a safe environment for everyone within the facility. The Infection Control program's implementation extends across all departments, fostering a unified effort to promote a safe healthcare setting for all who enter the organization.

**Goals and Updates:**

The focus of the Infection Prevention and Control department is developing a more efficient and cost-effective manner for continual assessment and modification of infection prevention and control services based on regulations, standards, scientific studies, and internal evaluations and guidelines. Departmental goals include incorporating resources and technology into examining clinical practices related to infection prevention and control, strengthening infection surveillance processes, improving and streamlining practices for healthcare personnel health processes and records, improving hand hygiene education and monitoring, providing infection control-related educational opportunities, and collaborating with the nursing department and facility and environmental services departments to build and maintain specific environmental monitoring and continuous quality improvement activities based on principles of infection prevention and control and regulatory compliance requirements.

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Osawatomie State Hospital**  
**Program Title: Clinical Services**

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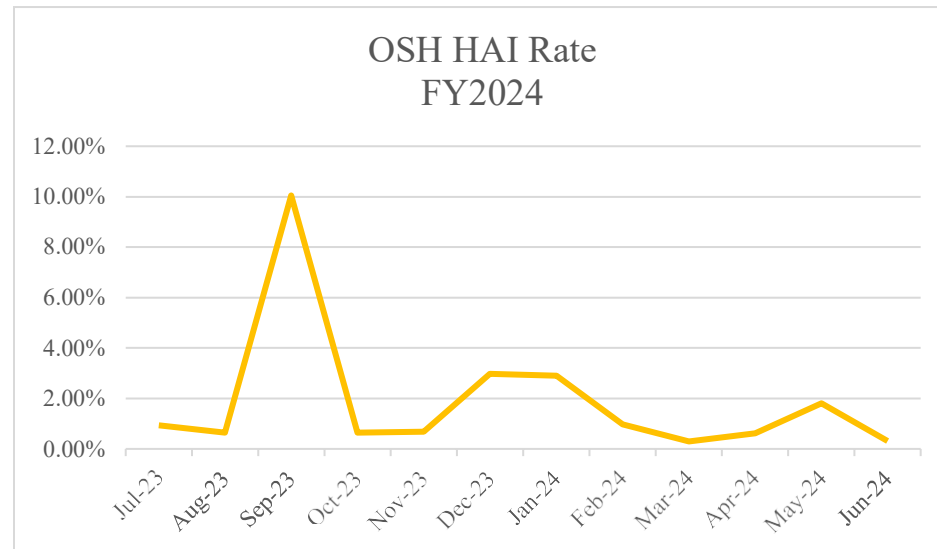
**Performance Based Budgeting Goals:**

Goal: The healthcare associated infection rate at OSH will remain below the national average of 4%

Measurement: Infection rate recorded monthly

Department Responsible: Infection Control

Month	HAI Rate
Jul-23	0.94%
Aug-23	0.64%
Sep-23	10.05%
Oct-23	0.64%
Nov-23	0.68%
Dec-23	2.98%
Jan-24	2.90%
Feb-24	0.97%
Mar-24	0.30%
Apr-24	0.62%
May-24	1.81%
Jun-24	0.31%



FY2025 – FY2026

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

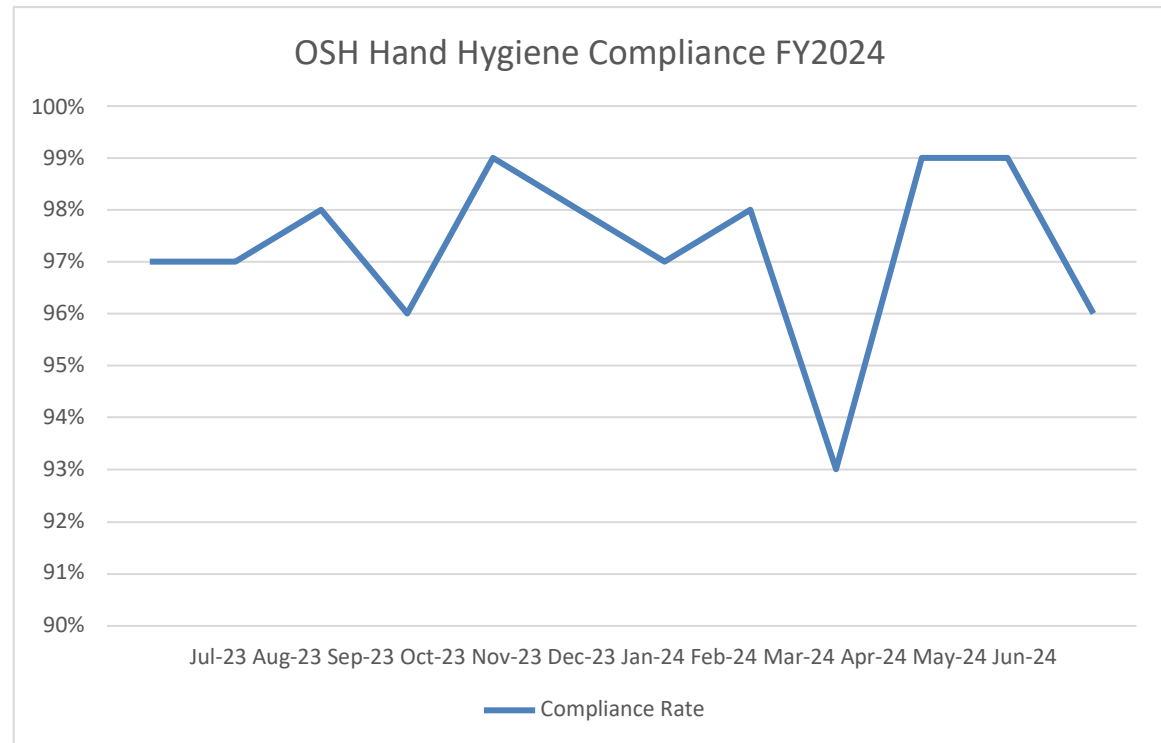
**Agency Name: Osawatomie State Hospital**  
**Program Title: Clinical Services**

Goal: 95% of staff are following the 5 moments of handwashing

Measurement: Percentage of staff in compliance with 5 moments of handwashing reported monthly

Department Responsible: Infection Control

Month	Compliance Rate
Jul-23	97%
Aug-23	97%
Sep-23	98%
Oct-23	96%
Nov-23	99%
Dec-23	98%
Jan-24	97%
Feb-24	98%
Mar-24	93%
Apr-24	99%
May-24	99%
Jun-24	96%



FY2025 – FY2026



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**TRIAGE:**

The Triage Department at Osawatomie State Hospital (OSH) plays a crucial role in assessing and processing state screens for potential patients referred by community mental health centers. Their main responsibility is to facilitate efficient communication among various stakeholders, including community partners, state agencies, community hospitals or sending agents, and the hospital psychiatrist. This communication is essential to determine whether psychiatric hospitalization is appropriate for the proposed patients, following established guidelines. The department collaborates closely with hospital administrators, the nursing department, and physicians to ensure that all relevant information about the proposed patients is communicated effectively. This comprehensive communication ensures that proper care and treatment can be provided if the patient is accepted for hospitalization.

**Goals and Updates:**

Triage is continuously working to effectively master their process from time of receiving a screen to the time of admitting the patient by always evaluating how to improve the communication with community providers to get all the requested information timely to be able to process proposed patients once they are accepted. This year they have continued to work with Health Source and use EnzoCare for screening information and tracking.

**NURSING EDUCATION:**

Nursing Education is the department responsible for training Nursing and Mental Health Technician Staff (MHT) at Osawatomie State Hospital (OSH). Nursing Education uses oral presentations, computer-based training (CBT), and hands-on training to orientate employees. Nursing Education also offers Continuing Education credit hours that fulfill the requirements for state relicensing for Licensed Mental Health Technicians (LMHT), Registered Nurses (RN), and Licensed Practical Nurses (LPN).

In response to staff concerns and incidents on campus, nurses receive extensive training focused on patient interaction, patient boundaries, and handling patient contraband. Additionally, training is provided on the use of charting systems to ensure accurate documentation. WinPharm is utilized as a system to display medication orders, and LMHTs, RNs, and LPNs are trained to effectively manage and verify these orders. Pyxis, a medication storage machine located on patient units, is also a part of the training. Nurses learn how to access medication through the machine, document instances of wasted medication, record insulin usage, and document-controlled substance use such as anti-anxiety medication and specific painkillers. They are also instructed on conducting medication counts at the end of their shifts. Furthermore, the Patient Care System (PCS) is used for documenting patient charts, and nursing staff are trained on what can and cannot be charted, the importance of accurately detailing events, and the legal significance of maintaining

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precise and comprehensive patient charts.

**Goals and Updates:**

The EXPO event serves as Nursing Education's annual competency training, providing essential skills development. This comprehensive training program includes a combination of hands-on sessions and computer-based training (CBTs) tailored to meet the specific needs of each position. For instance, nurses receive a more extensive focus on CBTs and hands-on training compared to custodial staff. In addition to skills development, the EXPO event also addresses staff concerns. During the 2022 EXPO, the spotlight was on two key areas: Absent Without Leave codes (AWOL) and patient boundaries. These topics were selected based on past incidents at the hospital and the expressed interest of the staff in addressing them. Looking ahead to the 2023 EXPO, the emphasis will be on Medical Emergency codes ("Dr. Heart") and injection practices. This decision was made in response to staff concerns regarding potential shortcomings in these critical areas. By prioritizing these skills, staff apprehensions will be addressed by increasing proficiency in these areas.

In the future, the Electronic Health Record (EHR) system will be introduced. This advanced system will seamlessly integrate features from WinPharm and PCS, enhancing usability and efficiency. By merging these systems, operational workflows will be streamlined, resulting in improved processes. Additionally, the EHR system will seamlessly interact with Pyxis, the medication storage and management system, benefiting both staff and patients.

**Expenditures for Clinical Services:**

Clinical	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Salaries and Wages	\$9,594,930	\$10,636,713	\$11,025,859	\$20,258,891	\$20,421,913
Shrinkage	\$0	\$0	\$0	(\$9,201,337)	(\$9,003,556)
Contractual Services	\$7,101,537	\$11,982,655	\$12,586,699	\$12,844,640	\$13,129,402
Commodities	\$27,506	\$42,116	\$60,499	\$556,255	\$570,655
Capital Outlay	\$0	\$0	\$0	\$650	\$650
Capital Improvements	\$7,260	\$0	\$0	\$0	\$0
Other Assistance	\$0	\$0	\$0	\$0	\$0
<b>Total</b>	<b>\$16,731,233</b>	<b>\$22,661,484</b>	<b>\$23,673,057</b>	<b>\$24,459,099</b>	<b>\$25,119,064</b>

**Account Code 51000: Salaries and Wages**

This program provides direct treatment to patients admitted to OSH. The program is organized into four treatment units supervised by the Chief Nursing Officer who oversees the treatment process. The program consists of Direct Care staff including MH/DD Technicians and Registered and Licensed Practical Nurses. Direct care staff are assigned 24-hours a day 7-days a week. This program also includes clinical treatment staff consisting of Psychologists, Social Workers, Chemical Dependency Counselors, Clinical Therapists, Clinical Dietitians, and staff that operate the Patient's/staff Coffee Shop. The LMHT Program is also budgeted in this program. Funds requested will provide salary and wage funds for 228.21 for 26 pay periods, fringe benefits, health insurance and longevity.

**FY 2025:** \$20,258,891 is requested. The shrinkage rate is 45.4%.

**FY 2026:** \$20,421,913 is requested. The shrinkage rate is 44.1%.

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**Account Codes 52000 – 52900: Contractual Services**

This category includes all fee and service type expenses including travel projected for this program. This is slightly increased from FY 2024, as there is a new expense coding procedures that will account for each program. This will assist in determining the costs to run each program at OSH. Physical Plant / Central Supply will significantly decrease in contractual services since they were allocated there previously.

**FY 2025:** \$12,844,640 is requested.

**FY 2026:** \$13,129,402 is requested.

**Account Codes 53000 – 53900: Commodities**

This category includes professional and scientific supplies for medical equipment and testing. This is significantly increased from FY 2024, as there is a new expense coding procedures that will account for each program. This will assist in determining the costs to run each program at OSH. Physical Plant / Central Supply will significantly decrease in commodities since they were allocated there previously.

**FY 2025:** \$556,255 is requested.

**FY 2026:** \$570,655 is requested.

**Account Codes 54000 – 54900: Capital Outlay**

No funds requested.

**FY 2025:** \$650 is requested.

**FY 2026:** \$650 is requested.

**Narrative Information – DA 400**  
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**Agency Name: Osawatomie State Hospital**  
**Program Title: Clinical Services**

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**Account Codes 55000 – 55900: Capital Improvements**

No Expenses

**FY 2025:** \$0 is requested.

**FY 2026:** \$0 is requested.

FY2025 – FY2026

## **EXPENDITURE JUSTIFICATION**

**PROGRAM:** Physical Plant and Central Services – 96000

### **Program Overview:**

This program encompasses a central heating plant operation, building and equipment maintenance, custodial and laundry services, and supply provision. This program and its subprograms fall under the purview of Osawatomie State Hospital. The broader scope of Central Services makes Facility Services responsible for property management and grounds care, Housekeeping ensuring building cleanliness, Safety and Security overseeing ground security and emergency situations, and Supply managing hospital inventory. The Laundry department ensures proper cleaning and sterilization of reusable items, all contributing to the efficient functioning and patient well-being within the hospital grounds. Finally, Procurement ensures a steady and proper flow of goods, services, and supplies to the campus.

### **OPERATIONS:**

The smooth functioning of Osawatomie State Hospital (OSH) relies on Operations, which encompass Facility Services, Power Plant, Grounds, Custodial Services, Laundry Services, and Safety & Security divisions. Facility Services employs a skilled team of carpenters, auto technicians, HVAC specialists, electricians, and plumbers who maintain and repair the facility's infrastructure. The Power Plant division ensures a reliable and consistent power supply throughout the institution. The Grounds division, consisting of arborists and mowers, tends to the campus grounds and buildings, including winter road clearance. Custodial Services uphold a high standard of cleanliness by cleaning all buildings on a timely schedule. Laundry Services handle the cleaning, folding, and sorting of patient laundry on a large scale. Simultaneously, Safety & Security provide protection and preparedness for emergencies, including the implementation of fire safety measures.

### **Goals and Updates:**

In the upcoming fiscal year, the Operations Department will concentrate on refining our current processes across all areas to enhance efficiency and effectiveness. Our commitment to compliance will ensure that our policies and procedures align with the latest standards and regulations, prioritizing the safety of both staff and patients.

In the realm of project management, we will emphasize the importance of engaging key stakeholders. It is essential that those affected by projects related to their areas or services are not only kept informed but also actively involved in the decision-making process. This

FY2025 – FY2026

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collaborative approach will foster a sense of ownership and accountability, ultimately leading to more successful project outcomes.

Within custodial services, we will implement a cross-training program for all staff members. This initiative will ensure that our team is equipped to cover all areas of the hospital, thereby enhancing our operational flexibility and responsiveness to the needs of the facility.

In the domains of Safety & Security and Facility Services, we will prioritize equipping our staff with the necessary tools and training to effectively deliver the services required by the facility. By ensuring that our personnel have access to the proper equipment and comprehensive training, we will enhance our ability to maintain a safe and secure environment for all.

Through these focused efforts, the Operations Department aims to create a more streamlined and effective operational framework that supports our overarching goal of providing exceptional service and safety for our staff, patients, and visitors. We appreciate the continued support of our stakeholders as we work diligently to implement these initiatives in the coming year.

### **FACILITY SERVICES:**

Facility Services ensures the continuous and reliable operation of a facility, power plant, buildings, structures, grounds, utility systems, as well as automotive and real property for the Osawatomie State Hospital (OSH). The responsibilities encompass both routine maintenance and emergency response to maintain these assets in optimal condition for continuous use. This skilled team of professionals is responsible for executing planned maintenance tasks, inspections, and repairs to prevent potential issues and ensure the longevity of the assets. Additionally, they promptly address emergency situations to minimize downtime and restore functionality. From conducting routine checks on equipment and systems to managing repairs and upgrades, the Facilities Department ensures the safety, efficiency, and seamless operation of the entire facility, contributing to the smooth functioning of day-to-day operation.

### **Goals and Updates:**

The Facilities Services Department is pleased to announce implementation of a new software program, TMA, which will enhance our ability to manage both the daily operations and the data management aspects of our facility services. This innovative tool will streamline processes, allowing for improved efficiency and effectiveness in our service delivery.

In addition to the TMA software, we are excited to introduce a dedicated facility service storeroom. This new resource will enable us to effectively manage tools, equipment, and parts necessary for repairs across the campus. By centralizing our inventory, we anticipate a significant reduction in turnaround times for repairs, as well as improved tracking of parts and labor allocation. This initiative is

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designed to enhance our operational capabilities and ensure that we can respond promptly to the needs of our campus community.

Furthermore, we are committed to maintaining the highest standards of safety and compliance within our department. To this end, all Facilities Services staff will undergo OSHA 10 training. This training will equip our team with the essential knowledge and skills required to uphold safety protocols, thereby ensuring the well-being of our staff, patients, and visitors.

We believe these advancements will not only improve our service delivery but also foster a safer and more efficient working environment. We look forward to the positive impact these initiatives will have on our operations and the overall experience of those we serve.

### **POWER PLANT:**

The Power Plant is responsible for the efficient operation, maintenance, and management of the power plant facility at Osawatomie State Hospital. The department's personnel oversee, operate, and maintain complex equipment including turbines, generators, and control systems, ensuring the continuous and reliable production of electricity. They conduct routine inspections, perform repairs, and implement preventive measures to optimize plant performance and enhance safety standards. Additionally, the Power Plant Department adheres to environmental regulations, striving to minimize the facility's ecological footprint and contributing to the sustainable growth of power generation.

### **Goals and Updates:**

In the upcoming year, the Power Plant Department will concentrate on two significant initiatives aimed at enhancing our operational efficiency and ensuring the safety and reliability of our services.

The first initiative involves a comprehensive upgrade of our equipment, specifically the replacement of Boiler 3. This project is substantial in scope and will require the removal of an external wall of the facility to facilitate the safe extraction of the existing boiler, along with other obsolete equipment and the installation of the new equipment. This upgrade is essential not only for improving our energy efficiency but also for ensuring that our systems meet the latest safety and environmental standards. The successful execution of this project will enhance our operational capabilities and contribute to the overall reliability of our power generation processes.

The second area of focus will be the training and development of our staff within the Power Plant Department. As we introduce new equipment, it is imperative our team is well-equipped with the knowledge and skills necessary for its proper care and maintenance. We



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will implement a comprehensive training program designed to familiarize staff with the operational protocols and maintenance requirements of the new boiler system. This training will emphasize the importance of regular maintenance practices, which are critical for ensuring the safety of our staff, patients, and visitors. Additionally, proper maintenance is vital for maximizing the operational lifespan of the new equipment, thereby safeguarding our investment, and ensuring that it functions optimally throughout its expected life expectancy.

By focusing on these two key areas—upgrading our equipment and enhancing staff training—we aim to foster a culture of safety and excellence within the Power Plant Department.

### **GROUNDS:**

The 300-acre landscape of the Osawatomie State Hospital is maintained by the Grounds Department. Mowing, trimming, felling, planting trees and flowers, pruning and watering shrubs, and edging sidewalks and curbs are the department's main focus in the spring, summer, and fall months. Chemicals are used for broad leaf weeds in the spring and fall. The Department is also responsible for maintaining all street signs and painting curbs and various other reserved parking areas on the campus. In the winter months, all snow removal on the streets and sidewalks throughout the campus is the department's responsibility.

### **Goals and Updates:**

The Grounds Department is committed to maintaining an attractive and safe environment for all who visit and work at the hospital. In the upcoming year, we have planned several initiatives aimed at enhancing the aesthetic appeal and safety of our grounds.

One of our primary focuses will be the trimming of numerous trees throughout the property. This essential maintenance will not only improve the visual landscape but also promote the health and longevity of the trees, ensuring they remain a vital part of our environment. Additionally, we will be installing flowerbeds around multiple buildings on the grounds. These flowerbeds will contribute to a more inviting atmosphere, enhancing the overall experience for staff, patients, and visitors alike.

During the winter months, the Grounds Department plays a crucial role in ensuring safety across the campus. We utilize heavy equipment and dedicated manpower to efficiently remove snow from streets and walkways. This proactive approach is vital in maintaining safe access for all individuals on the premises, thereby minimizing the risk of accidents and ensuring that our staff, patients, and visitors can navigate the grounds safely and comfortably.

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**SAFETY AND SECURITY:**

Safety and Security provides Osawatomie State Hospital security for patients, staff, and visitors, ensuring a safe environment on campus. In emergency situations, the department handles incidents effectively, and the on-site fire department enhances the campus's emergency response capabilities. Safety and Security collaborates closely with the Kansas State Fire Marshalls Office to maintain safety standards. The department also manages visitor check-in through on-site dispatch and handles telecommunication operations for the campus. Their responsibilities also include conducting monthly fire extinguisher checks, fire drills, weekly and monthly building inspections, as well as daily door checks and animal control.

**Goals and Updates:**

The Safety and Security Department is pleased to announce the ongoing integration of new staff members into our team. As we expand our workforce, our primary focus remains on ensuring that both new and existing personnel are equipped with the necessary tools and training to maintain a safe environment for all staff, patients, and visitors.

To achieve this goal, we are committed to providing comprehensive training programs which cover essential safety protocols, emergency response procedures, and the proper use of equipment. This training is designed not only to familiarize our team with the specific responsibilities of their roles but also to instill a strong culture of safety and vigilance throughout the department. By prioritizing education and skill development, we aim to empower our staff to respond effectively to any situation that may arise, thereby enhancing the overall safety of our facility.

The Chief of Safety and Security plays a pivotal role in fostering a culture of accountability within the department. By emphasizing the importance of individual responsibility, the Chief encourages all team members to take ownership of their roles and contribute to the collective mission of ensuring safety and security. This focus on accountability is essential for promoting professional growth and a sense of purpose among staff members. It encourages open communication, collaboration, and a shared commitment to excellence in service delivery.

Furthermore, the department is dedicated to regularly assessing and updating our safety protocols and training programs to reflect the latest industry standards and best practices. This proactive approach ensures that our staff remains well-prepared to address emerging challenges and adapt to the evolving needs of our facility.

Zones : Zones were created to increase safety on the units.

FY2025 – FY2026

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To accomplish the zones, we created a zone schedule for each unit for the officers to follow. The zone time was increased to thirty minutes on each unit and then rotate to the adjacent unit on each building. After each unit zone was complete, it is followed up with a perimeter check. This has increased the amount of time spend on the units by security to approximately 4.25 hours each day. The supervisor is responsible for zone checks to ensure that the officers are following the set schedule. The zones also created structure for the department which decreased the daily miles of the security vehicles.

Trainings: Assessments and job-related trainings

We have selected two department trainings for our area of focus. The first area was dispatcher training. Each officer will receive dispatch training in order to obtain a basic understanding of what to do in situations that may arise while dispatching. At the end of the trainings, each safety and security officer will complete a dispatch assessment test. The test will then repeat semi-annually. This is designed to improve the understanding of this position. Our second department training was focused on fire drills. A power-point was developed explaining each step of the fire drill. A step-by-step explanation of how to properly complete the paperwork was developed since this has been an area of focus with new employees.

We used our AWOL policy as our QAPI. A power point was used to explain the policy and completed a training with each shift. We have been running weekly simulated AWOL drills with security to improve our response and become more familiar with what to do when if it were to happen.

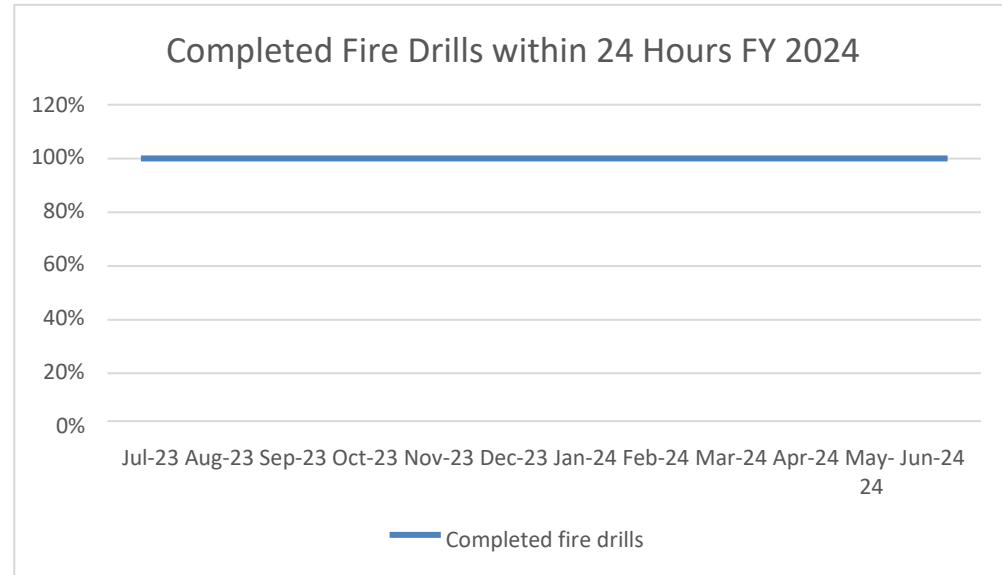
**Performance Based Budgeting Goals:**

Goal: Aid with the inspection and testing of fire alarm and fire detection systems and automatic fire extinguishing systems

Measurement: Percentage of inspections and testing assistance provided recorded monthly

Department Responsible: Safety and Security

Month	Completed fire drills
Jul-23	100%
Aug-23	100%
Sep-23	100%
Oct-23	100%
Nov-23	100%
Dec-23	100%
Jan-24	100%
Feb-24	100%
Mar-24	100%
Apr-24	100%
May-24	100%
Jun-24	100%



**CUSTODIAL SERVICES:**

The Custodial Services Department at Osawatomie State Hospital (OSH) is responsible for maintaining cleanliness and hygiene for both patients and staff. To address staffing shortages, OSH also employs AgTac Services (ATS) staff. The department's duties include daily and weekly deep cleaning and sanitization of restrooms, staff rooms, patient units, showers, and all other facilities. In the patient units, tasks include stripping and cleaning patient beds and rooms, maintaining day halls, and servicing staff areas such as technician and nurse stations. Cleaning methods involve sweeping, mopping, dusting, buffing, stripping, and waxing floors. Additionally, the department handles patient laundry by cleaning, folding, and sorting it, with special attention given to soiled clothing, which is separated during the cleaning process. Over the past fiscal year, the department has cleaned over 14,000 pounds of patient laundry each month for OSH.

**Goals and Updates:**

The department is always looking to hire more quality staff to enable better cleaning routines around campus. Goals for the coming  
FY2025 – FY2026

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year is to order new supplies for the coming fiscal year and teach more safety to staff regarding use of cleaning materials.

**PROCUREMENT:**

The Procurement Department is to ensure that Osawatomie State Hospital (OSH) runs as smoothly as possible when it comes to procuring goods and services while charging AAC for goods and services based on utilization. The department oversees the purchasing and contract work for the agency using the purchasing authority, identifies business requirements for goods, materials, services and find reliable suppliers to meet these requirements. Contracted vendors or non-contracted vendors approved by the State of Kansas must be used.

OSH Purchasing & Contracts Department reviews each request for appropriate vendor if items can be purchased on contract or off contract. It follows the requisition process from entry in the Statewide Management, Accounting, and Reporting Tool (SMART), ensuring correct accounting codes are used to ensure the proper funds are being utilized as directed by the OSH Chief Financial Officer, to purchase order dispatched and the items are ordered. Items purchased are inspected to ensure correct shipment was received and communication with vendors is maintained if there are discrepancies in the order.

OSH Purchasing & Contracts Department create specifications or scope of work for bid events needed by the agency for goods, materials, or services. It reviews the bid documents and make recommendations of contract awards to the Department of Administration Office of Procurement & Contract through the Procurement Negotiations Committee and the bid evaluation process. Quotes are processed and requests are submitted for quotes to qualified vendors for requested items. Returned Quotes are inspected for processing and purchasing.

**Goals and Updates:**

The department will continue to streamline processes and ensure ongoing support for the daily operations of Osawatomie State Hospital.

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Osawatomie State Hospital**  
**Program Title: Physical Plant and Central Services**

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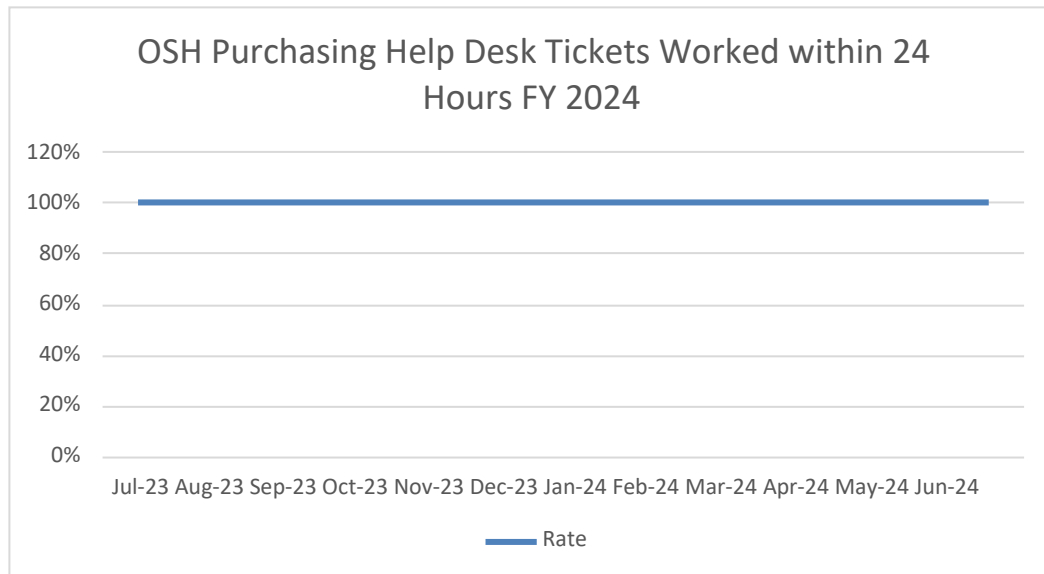
**Performance Based Budgeting Goals:**

Goal: 100% of the requests for Goods and Services on the OSH Help Desk will be answered within 24 hours of submission. This will be tracked monthly.

Measurement: Percentage of requests recorded monthly

Department Responsible: Business Services

Month	Rate
Jul-23	100%
Aug-23	100%
Sep-23	100%
Oct-23	100%
Nov-23	100%
Dec-23	100%
Jan-24	100%
Feb-24	100%
Mar-24	100%
Apr-24	100%
May-24	100%
Jun-24	100%



FY2025 – FY2026

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**Expenditures Physical Plant and Central Services:**

Central Services	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Salaries and Wages	\$2,976,241	\$3,521,901	\$3,841,804	\$3,827,240	\$3,861,554
Shrinkage	\$0	\$0	\$0	\$0	\$0
Contractual Services	\$2,475,098	\$3,096,945	\$2,910,064	\$1,606,420	\$1,606,420
Commodities	\$765,033	\$879,506	\$795,350	\$349,195	\$349,195
Capital Outlay	\$460,942	\$164,571	\$107,136	\$200,710	\$200,710
Capital Improvements	\$0	\$0	\$2,107	\$2,000	\$2,000
Other Assistance	\$0	\$0	\$0	\$0	\$0
<b>Total</b>	<b>\$6,677,314</b>	<b>\$7,662,923</b>	<b>\$7,656,461</b>	<b>\$5,985,565</b>	<b>\$6,019,879</b>

**Account Code 51000: Salaries and Wages**

Funds requested will provide salary and wages 57.2 FTEs for 26 pay periods, fringe benefits, health insurance and longevity.

**FY 2025:** \$3,827,240 is requested. The shrinkage rate is 0%.

**FY 2026:** \$3,861,554 is requested. The shrinkage rate is 0%.

**Account Codes 52000 – 52900: Contractual Services**

The major expense in this category is for utilities including natural gas, electricity, water, and sewer service. In addition to the cost and delivery charges for natural gas are gas for several houses the hospital owns but do not rent to staff. Trash service is provided by contract.

Also, included in this category is repair and servicing completed by non-OSH maintenance personnel. The repairs and servicing work that cannot be completed by OSH's maintenance staff includes specialized work on the stand-by electrical generating system, compressor and electrical motor rebuilding, repair work on state-owned motor vehicles, fire alarm system maintenance, boiler

FY2025 – FY2026

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Osawatomie State Hospital**  
**Program Title: Physical Plant and Central Services**

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maintenance, termite treatment services, hazardous chemical removal (i.e., paint, solvents), hydrostatic testing of fire extinguishers to comply with NFPA Life Safety Code Standards and other service contracts. This is significantly decreased from FY24, as there is a new expense coding procedures that will account for each program. This will assist in determining the costs to run each program at OSH. Clinical Services will significantly increase in contractual services since they will be allocated there now.

**FY 2025:** \$1,606,420 is requested.

**FY 2026:** \$1,606,420 is requested.

**Account Codes 53000 – 53900: Commodities**

Funds are requested for office and other operating supplies, tools used by the Facility Services staff, supplies used by the power plant in maintaining equipment, general supplies for the entire campus, nursing supplies, housekeeping, and laundry supplies. This is significantly decreased from FY24, as there is a new expense coding procedures that will account for each program. This will assist in determining the costs to run each program at OSH. Clinical Services will significantly increase in commodities since they will be allocated there now.

**FY 2025:** \$349,195 is requested.

**FY 2026:** \$349,195 is requested.

**Account Code 54000 – 54900: Capital Outlay & Improvements**

Funds are requested to address equipment needs, as well as capital outlay related to the upkeep of OSH. Requested funds for FY 2022 include the refurbishment of the overhead radio system that provides campus alerts. The current system began failing at the beginning of FY 2022.

**FY 2025:** \$105,194 is requested.

**FY 2026:** \$105,194 is requested.

FY2025 – FY2026



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## EXPENDITURE JUSTIFICATION

**PROGRAM:** Sexual Predator Treatment Program - MiCo House Reintegration Facility – 86000

**Program Overview:**

It is the mission of the Sexual Predator Treatment Program (SPTP) to promote safety for the community as well as to promote the welfare of the program's residents in a manner which fosters reintegration into a safe and stable environment for all Kansans. It is the vision of the SPTP to provide residents with the knowledge and tools needed for their reintegration back into society and production of non-violent citizens without compromising community safety.

The reintegration facilities are state-funded programs housed on the grounds of Larned State Hospital (LSH), Osawatomie State Hospital (MiCo House), and Parsons State Hospital & Training Center (Maple House). Each facility is limited to sixteen beds per any one county in the State of Kansas. The reintegration facilities serve residents that are on Tier Three of the Sexual Predator Treatment Program and on Court-Ordered Transitional Release. To be evaluated as ready for Tier Three of the program, a resident must have successfully progressed through the residential portion of SPTP at LSH and have a motivation to re-enter open society and conduct their lives in a responsible manner. These residents are reviewed and interviewed by the Progress Review Panel and are determined to be appropriate candidates for a reintegration program based on clinical recommendation from the Progress Review Panel.

Duration of the program depends primarily on the resident's compliance with treatment, therapy, and program rules. Residents move to one of the Reintegration Facilities at Larned, Osawatomie, or Parsons to offer residents a safe, step-by-step way of moving into an outpatient mode of functioning. The reintegration facilities provide shelter, monetary assistance, and transportation to aid the residents while they are establishing themselves financially.

SPTP has seen significant changes in participation since implementing enhancements to the program in the past several years. This increase in participation has resulted in more residents being reviewed by the Progress Review Panel for advancement to the reintegration facilities.

Reintegration Facility staff are required to be aware of the residents' whereabouts through visual contact, phone checks, and electronic monitoring software while on the grounds of the facility(s) and throughout the early steps of transition. Reintegration Facility staff assist with transports, surveillance, conducting searches (room, computer, logbook, vehicle, and person), maintaining accountability of residents, enforcing program policies and rules, and ensuring the safety of the community and facility. OSH provides Human Resources services, Financial Services, Transportation Services, Information Technology, Grounds Maintenance and Environmental

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Services to SPTP MiCo House via a Memorandum of Understanding.

**Current and Budget Year Operations:**

The treatment program used by MiCo House is positive, supportive, motivational, and encourages the Resident to work towards active treatment participation, problem-solving, employment and community housing. Treatment is individualized, solution focused and refined with detailed objectives and expected outcomes directed at the Resident's presenting problems. Overall, MiCo House has adopted a therapeutic community model to help facilitate resident's healthy, safe, and pro-social transition into the community.

**Long-Term Trends:**

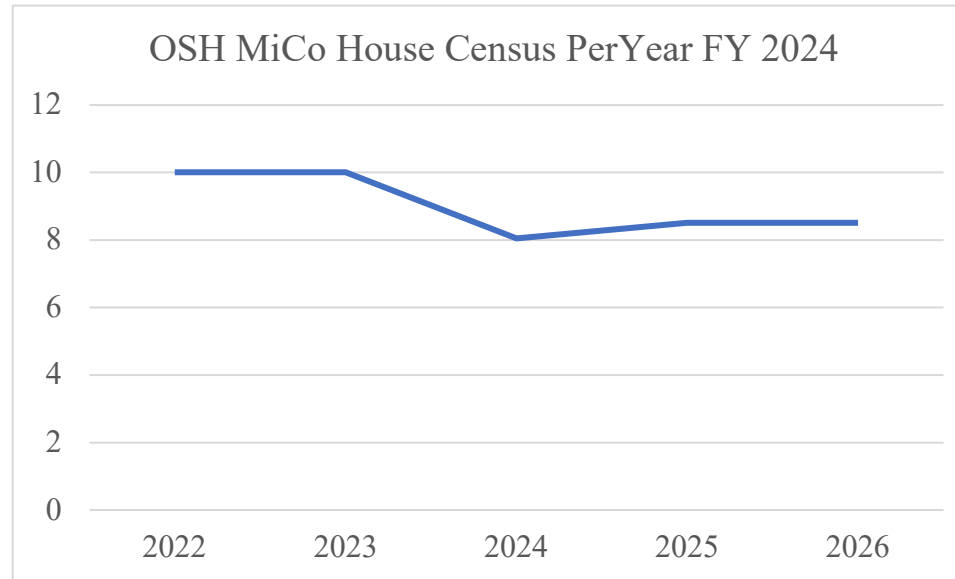
The first long-term trend is the substantial growth of the Sexual Predator Treatment Program, resulting in increasing numbers of Tier Three Residents (Reintegration). With the increased numbers comes additional expenditures for staffing, transportation, and supervision.

The second long-term trend which continues are Residents who are elderly and may never reach a level of independent living in the community. MiCo House is currently experiencing the impact of the second trend with Residents who will need geriatric care, prior to being approved by the Court to earn Conditional Release, with no long-term care facilities willing to care for a Sex Offender.

The third long-term trend is a large percent of MiCo House residents have both a severe and persistent mental disorder, longstanding personality disorder and chemical dependency disorders and this number is expected to increase. Thus, it is necessary to treat all problems at the same time. MiCo House residents currently receives therapy and medication services from Clinical Associates, PA, in Lenexa, KS. Clinical Associates can also provide treatment for alcohol and chemical dependency. MiCo House also uses community-based support programs which include Alcoholics Anonymous, Narcotics Anonymous and Sex Abusers Anonymous.

OSH MiCo House Census Per Year FY 2024				
2022 Actuals	2023 Actuals	2024 Actuals	2025 Estimates	2026 Estimates
10	10	8.04	8.5	8.5

FY2025 – FY2026



**Expenditures MICO House:**

MICO House	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Salaries and Wages	\$659,877	\$1,546,175	\$1,533,905	\$2,483,242	\$2,502,567
Shrinkage	\$0	\$0	\$0	(\$668,481)	(\$513,170)
Contractual Services	\$177,478	\$416,897	\$322,916	\$433,460	\$433,460
Commodities	\$15,941	\$49,354	\$46,156	\$59,047	\$59,047
Capital Outlay	\$23,128	\$7,606	\$3,022	\$25,800	\$25,800
Capital Improvements	\$0	\$5,940	\$0	\$0	\$0
Other Assistance	\$6,820	\$7,229	\$660	\$0	\$0
<b>Total</b>	<b>\$883,244</b>	<b>\$2,033,201</b>	<b>\$1,906,659</b>	<b>\$2,333,068</b>	<b>\$ 2,507,704</b>

FY2025 – FY2026

**Account Code 51000: Salaries and Wages**

Funds requested will provide salary and wages 32.48 FTEs for 26 pay periods, fringe benefits, health insurance and longevity. The FTE increase is due to increased allocation of expenses for employees that assist with MICO house operations administratively.

**FY 2025:** \$2,483,242 is requested. The shrinkage rate is 26.9%

**FY 2026:** \$2,502,567 is requested. The shrinkage rate is 20.5%

**Account Codes 52000 – 52900: Contractual Services**

This category includes all fee and service type expenses including travel projected for this program.

**FY 2025:** \$433,460 is requested.

**FY 2026:** \$433,460 is requested.

**Account Codes 53000 – 53900: Commodities**

This category includes professional and scientific supplies for medical equipment and testing.

**FY 2025:** \$59,047 is requested.

**FY 2026:** \$59,047 is requested.

**Account Codes 54000 – 54900: Capital Outlay**

These funds will be used to service the MICO House building with any assets as required.

**FY 2025:** \$25,800 is requested.

**FY 2026:** \$25,800 is requested.

FY2025 – FY2026

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Osawatomie State Hospital**  
**Program Title: MiCo House Reintegration Facility**

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**Account Codes 59000-59900: Other Assistance**

No expenditures projected.

**FY 2025:** \$0 is requested.

**FY 2026:** \$0 is requested.

FY2025 – FY2026

**Narrative Information - DA 400**  
**Division of the Budget**  
**State of Kansas**

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**Agency Name: Parsons State Hospital & Training Center**

September 15, 2024

Mr. Adam Proffitt, Director  
Division of the Budget  
Landon State Office Building  
900 SW Jackson - Room 504 North  
Topeka , KS 66612

Dear Mr. Proffitt:

I am herewith submitting the FY 2025-2026 annual budget request for Parsons State Hospital and Training Center (PSH&TC).

Budget instructions issued by the Division of the Budget and Kansas Department for Aging and Disability Services (KDADS) were followed in preparing this document. The amounts requested in this budget at each level are based on allocations provided to PSH&TC by KDADS and PSH&TC's anticipated revenue collections for services provided.

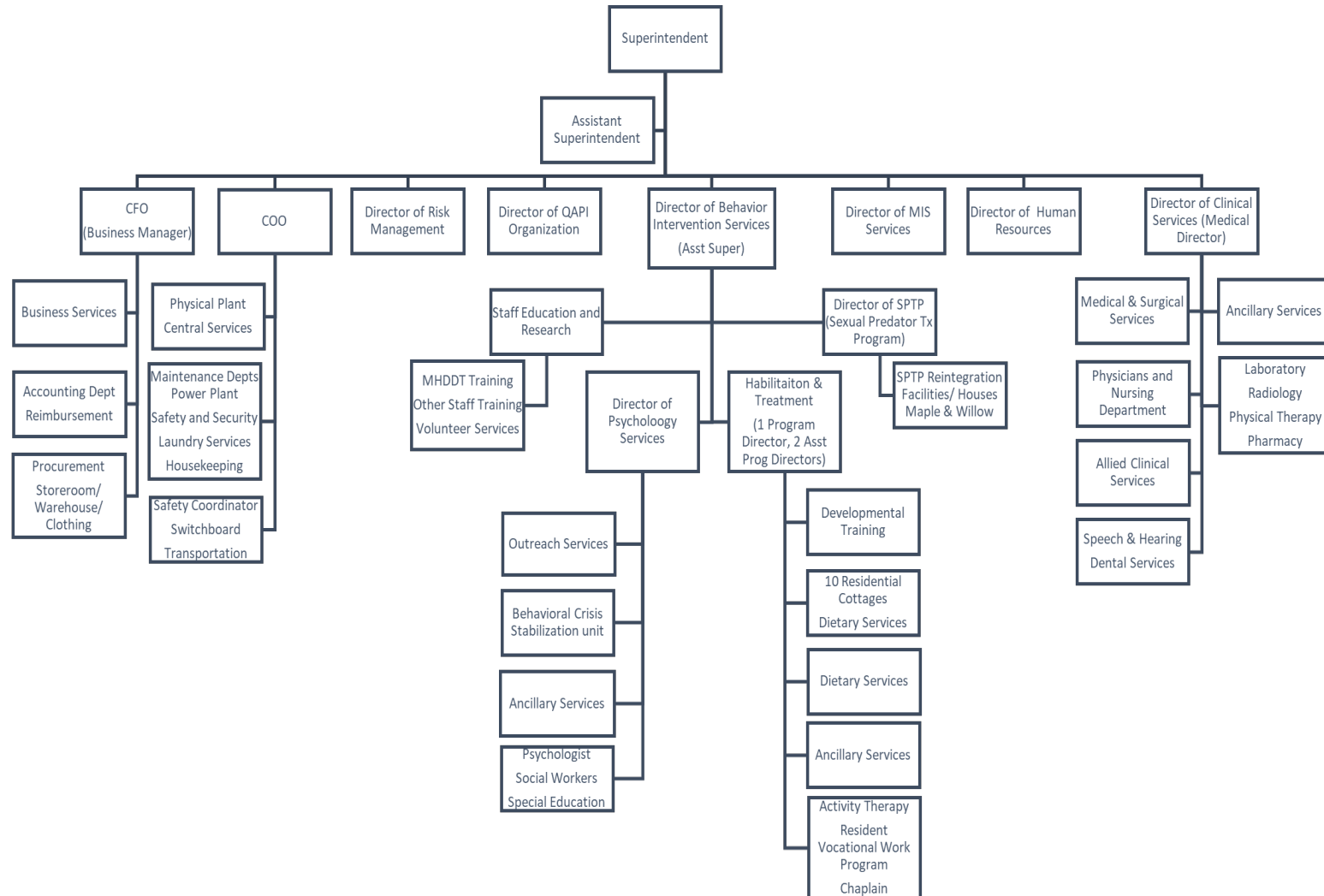
All statements and explanations contained in the requests submitted herewith are true and correct to the best of my knowledge and belief.

**S O**

MikeDixon, Ph.D.  
Superintendent  
Parsons State Hospital and Training Center

FY2025 - FY2026

**Outline of Organization – FY 2025 and FY 2026**



FY2025 – FY2026

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**GENERAL AGENCY INFORMATION**

PSH&TC is one of two residential treatment, training, and care facilities operated by the State of Kansas to serve people with intellectual and developmental disabilities whose circumstances require specialized residential service provisions. This facility is a component of the Kansas Department for Aging and Disability Services (KDADS).

**AGENCY MISSION:**

To improve lives by connecting people with supports and services.

**AGENCY VISION:**

People experiencing the highest quality of life regardless of the challenges.

**AGENCY PHILOSOPHY:**

Full inclusion of citizens with intellectual and developmental disabilities. Services exist to enhance the quality of life of individuals while supporting diversity among people with developmental disabilities. Personal preferences for all aspects of life are the benchmark for all services.

**STATUTORY HISTORY:**

The State's first hospital for the mentally retarded was established in Lawrence in 1881 (L. 1881, Ch. 35, Par. 7). In 1899, the establishment of a state hospital in the southern part of the State to care for and treat the epileptic and insane epileptics of Kansas was authorized. The Parsons State Hospital was opened in 1903 (L. 1903, Ch. 484, Par. 1 & 2) and in 1909 (L. 1909, Ch. 234, Par. 2) the name was changed to the State Hospital for Epileptics. In 1953 (L. 1953, Ch. 391, Par. 11), the program was changed to provide residential services for intellectually disabled children and youth, and the name changed to the Parsons State Training School. In 1957 (L. 1957, Ch. 465, Par. 1 and Ch. 408, Par. 1) to more accurately represent the active treatment programs that had been developed at Parsons, the name was changed to Parsons State Hospital and Training Center (PSH&TC). Current statutes governing the existence and operation of PSH&TC are K.S.A. 76-1401 to 76-1415.

PSH&TC is also governed by federal Title XIX Medicaid regulations, with which it must comply to receive federal reimbursements. The special education program is mandated and governed by K.S.A. 72-901 et seq. and federal PL 94-142, the Right to Education for All Handicapped Children Act of 1975.



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**ACCREDITATION AND CERTIFICATION:**

An inspection team from the Kansas Department of Health and Environment (KDHE) conducts annual surveys to assess the agency's adherence to federal regulations. PSH&TC is certified as an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) under Title XIX of the Social Security Act. Any deficiencies noted during surveys are documented and corrected according to a Plan of Correction, which is submitted to KDHE. A follow-up survey is conducted to assure required corrections have been completed and to determine if PSH&TC may continue to be certified. Failure to comply could result in decertification and/or elimination of Title XIX funds.

**OVERVIEW OF CURRENT AND BUDGET YEAR INFORMATION:**

PSH&TC is currently home to 148 individuals who function within the borderline to profound range of intellectual abilities. Approximately 90% are dually diagnosed, meaning that in addition to having an intellectual disability they also have accompanying psychiatric impairments such as Borderline Personality Disorder, Paraphilias (e.g., pedophilia, bestiality, and necrophilia), Psychotic Disorders and Mood Disorders. The average length of stay per individual at PSH&TC is 19.2 years. PSH&TC also provides housing and support for up to 16 additional individuals receiving services in the Sexual Predator Treatment Program (SPTP) Reintegration Facility.

PSH&TC staff continuously evaluates the continuum of services and supports provided to the people who live at PSH&TC. This continuous evaluation allows PSH&TC to improve its ability to build individual and organization capacity, as well as provide consultation, education and other learning tools to its people and community. PSH&TC participates in the CMS required Quality Assurance and Performance Improvement (QAPI) initiative, a program to assess, evaluate and improve care and services in ICF/IID facilities.

Many of the individuals served by PSH&TC come into the facility with a substantial number of prescribed medications from their community healthcare providers. Often within the community setting, a variety of psychotropic medications are prescribed to control outbursts to help calm the individual. Sometimes, these medications mask the root of the individual's behaviors and often, the overlapping medications unintentionally interact with each other and cause other medical concerns for the individual. PSH&TC's Medical Director and staff closely evaluate all medications for each resident and have been very successful in reducing or eliminating the number of psychotropic medications prescribed for individuals residing at PSH&TC. An Osawatomie State Hospital Psychiatrist provides consultation services to PSH&TC's Medical Director regarding the appropriateness and management of psychotropic medications prescribed for PSH&TC individuals.

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Parsons State Hospital & Training Center**  
**Program Title: Agency Overview**

PSH&TC provides research-based treatment programs for individuals with intellectual and developmental disabilities having a history of sexual offenses. During FY 2024, PSH&TC assessed and treated 37 individuals to reduce the probability of new sexual offenses. Additionally, PSH&TC psychologists provided sex offender training either in the form of in-servicing prior to discharge, or follow-up for those previously discharged, to more than 300 community agency staff throughout the State of Kansas.

PSH&TC operates two reintegration facilities (Maple House and Willow House) designed to serve and support up to sixteen Sexual Predator Treatment Program (SPTP) individuals/clients. The reintegration program offers clients in the SPTP a chance to re-enter society outside of a structured, secure environment. Treatment costs at the reintegration facilities can vary tremendously from year to year depending on the mental and physical health needs of each client. The SPTP is obligated to pay for the medical treatment expenses for participating clients until they secure their own medical insurance. Depending on the ailment and the length of time it takes clients to successfully reintegrate, these unknown medical costs could become significant. Travel, vehicle maintenance, and fuel costs also increase significantly in this program as clients meet their program requirement of finding employment.

PSH&TC's Outreach Services Program provides treatment and consultation for persons with IID and behavioral disorders. With staff stationed throughout the state, Outreach Service teams provide on-site delivery of psychological and behavioral analytic services to individuals, as well as direct training to parents, families, schools, and community service providers. Since FY 2019, only 1.5% of the individuals receiving outreach services have required admission to PSH&TC for treatment. In FY 2024, the Outreach Service Program served 167 individuals through new consultations and follow-ups to the previous year's consultations. There are currently 89 individuals on the wait list to receive services. During the past five years, PSH&TC Outreach Services teams provided services to hundreds of at-risk individuals throughout the state, diverting people from being admitted to state hospitals and saving the state of Kansas millions of dollars by working with community providers to keep those individuals within their own communities, near their families and within the least restrictive environment.

<b>PSH&amp;TC Outreach Services results since FY 2019</b>	
Number of at-risk individuals referred to PSH&TC Outreach Services since FY 2019	853
Estimated # of at-risk individuals diverted from admission to state hospitals by PSH&TC Outreach Teams in the last five years (estimated 27.54% of those referred who would have been eligible for admission who were deferred instead)	234
Total Cost of services provided by PSH&TC Outreach Teams since FY 2019	\$4.06 million
Estimated net savings to the state because of diversions since FY 2019 (\$56,228/individual * 234)	\$13.2 million
Estimated average annual savings to Kansas since FY 2019 by keeping at-risk individuals in community settings, the least restrictive environment (13.2 million / 5 years)	\$2.64 million/yr.

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Parsons State Hospital & Training Center**  
**Program Title: Agency Overview**

The Parsons Research Center and the Kansas University Center on Developmental Disabilities (KUCDD), which was located on the PSH&TC campus for the past 66 years, closed at the end of FY 2024. PSH&TC assumed 5 FTE positions and the responsibilities of the Respite Services and Representative Payee programs, previously provided by KUCDD. These programs provide hours of in-home training and support to approximately 250 families and children with intellectual and development disabilities.

KEY MEASURES	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
<b>Respite and Coordinate d Resource Support Services</b>					
Respite Services - number of families served	66	65	62	65	65
Hours of in-home training and support provided to individuals with intellectual developmental disabilities through respite services	47,520	43,002	43,383	43,000	43,000
Additional services provided by Southeast Kansas Respite Services (SEKRS) Representative Payee	168	160	152	155	155

PSH&TC has contracts for a variety of necessary services that support its programs and the individuals who live on its campus. Most of these contracts are independent contractor agreements that secure professional consultant services in the following specialized fields: dental services, dental anesthesiology, physical therapy, psychiatry, psychology, chaplaincy, radiology, podiatry, optometry, neurology, medical records, and active treatment services. A Special Education contract for PSH&TC's school-age individuals is the highest cost contract in this category at \$440,000 per year.

In FY 2024 PSH&TC received \$2,211,582 SGF funds transferred from KDADS to cover the cost of the FY 2024 State of Kansas Governor's 24/7 Facility Staff Pay Plan, which provided base pay increases for nursing staff, and temporary pay-differentials for nursing and other hourly staff. These funds helped PSH&TC retain employees throughout the pandemic and improved the attendance of front-line staff. Funding will again be transferred from KDADS to PSH&TC to cover these costs in FY 2025. Beginning in FY 2026, the funds will be permanently added to PSH&TC's beginning SGF appropriation, eliminating the need for a transfer.

Spruce Cottage, one of PSH&TC's living units closed for renovation in FY 2021, will reopen in FY 2025. The renovation, originally scheduled to begin in FY 2021, was postponed due to COVID-19 and inflated material costs. Individuals and staff assigned to Spruce Cottage were relocated to other living units and will be transferred back to the completed cottage in FY 2025. Funding for the remodel was included in the KDADS Five Year Capital Improvement Plan and was not reflected within PSH&TC's submitted budget.

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Parsons State Hospital & Training Center**  
**Program Title: Agency Overview**

Overtime costs are shown as a lump sum amount within the budget request. For FY 2025 and FY 2026, most of shrinkage is shown in the Habilitation and Treatment Program, PSH&TC's largest program. Most vacancies and personnel turnover occur within this program. No shrinkage is shown in programs that traditionally have a near-zero vacancy rate. The overall shrinkage rate for PSH&TC is predicted to be 17.9% in FY 2025 and 16.0% in FY 2026 to meet the allocation for salary and wages.

A multi-faceted bonus program, approved by the Department of Administration and the Governor's office, was implemented for all four state hospitals (Kansas Neurological Institute, Larned State Hospital, Osawatomie State Hospital, including Adair Acute Care Center, and Parsons State Hospital) for FY 2025, only. The goal of the trial bonus program is to improve recruitment and retention of FTE staff at all state hospitals and reduce state hospital reliance on high-cost contract services for licensed and direct support staffing needs. The bonus program includes sign-on bonuses, referral bonuses, retention bonuses, longevity bonuses and pick-up shift bonuses. Each category has very specific qualifying parameters, including supervisor approval, no formal disciplinary actions, and a requirement that the employee must work their full regular schedule to qualify to work a "pick up shift". PSH&TC will fund the bonus program with Title XIX collections and shrinkage savings.

PSH Bonus Program Estimates FY 2025 Only					
	Sign-On	Referral	Retention	Pick-Up	
PSH Number Expected to Qualify	150	150	500	3120	
Amount of Bonus	\$ 1,000	\$ 500	\$ 2,000	\$ 100	
Total Amount	\$ 150,000	\$ 75,000	\$ 1,000,000	\$ 312,000	\$ 1,537,000
	Longevity				
	10-15 years	16-20 years	21-24 years	25+ years	
PSH Number Expected to Qualify	38	27	20	31	
Amount of Bonus	\$ 600	\$ 800	\$ 960	\$ 1,000	
Total Amount	\$ 22,800	\$ 21,600	\$ 19,200	\$ 31,000	\$ 94,600
			Total Cost for All Bonuses		\$ 1,631,600

PSH&TC requests base budget expenditures totaling \$40,984,250 of which \$24,664,421 is from SGF, for FY 2025 (This figure includes the KDADS transfer mentioned above.) PSH&TC requests base budget expenditures totaling \$41,203,101, of which \$24,484,860 is from SGF, for FY 2026.

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Parsons State Hospital & Training Center**  
**Program Title: Agency Overview**

Capital outlay expenditures planned for FY 2025 include: household furniture and equipment replacements, Information Technology equipment upgrades (Cisco Servers, additional computer equipment needed for the electronic health record system), replacement vehicles, temperature control upgrades, campus signage upgrades, and several building remodel/renovation projects. Capital outlay projects planned for FY 2026 include additional fire alarm replacements (switching from Simplex/Johnson Controls to Notifier), additional outside campus-lighting for safety, and generator and sewage treatment equipment replacements.

The chart below illustrates the base budget request shrinkage rates by Program for FY 2025 and FY 2026.

<b>Parsons State Hospital Shrinkage Rates by Program</b>						
<b>Program</b>	<b>FY 2025 Salary Base Budget Request</b>	<b>FY 2025 (Shrinkage)</b>	<b>FY2025 (Shrinkage Percent)</b>	<b>FY 2026 Salary Base Budget Request</b>	<b>FY 2026 (Shrinkage)</b>	<b>FY2026 (Shrinkage Percent)</b>
Administration	\$2,202,255	\$0	0.00%	\$2,217,025	\$0	0.00%
Staff Education and Research	\$466,381	\$0	0.00%	\$470,655	\$0	0.00%
Sexual Predator Treatment Program	\$2,039,394	\$0	0.00%	\$2,056,608	\$0	0.00%
Habilitation and Treatment	\$25,810,517	-\$7,200,000	-27.90%	\$26,026,153	-\$6,000,000	-23.05%
Ancillary Services	\$2,395,218	-\$50,000	-2.09%	\$2,416,194	-\$100,000	-4.14%
Medical and Surgical Services	\$3,799,811	-\$50,000	-1.32%	\$3,813,488	-\$400,000	-10.49%
Physical Plant/Central Services	\$5,084,225	-\$166,499	-3.27%	\$5,138,930	-\$225,000	-4.38%
<b>Totals</b>	<b>\$41,797,801</b>	<b>-\$7,466,499</b>	<b>-17.86%</b>	<b>\$42,139,053</b>	<b>-\$6,725,000</b>	<b>-15.96%</b>

**PSH&TC's Major Concerns:**

- Resident population at PSH&TC is aging. The average length of stay is 19.0 years. 30.4% are over the age of 50.
- Most new admissions to PSH&TC are younger males with serious aggressive and sexual acting-out behaviors.
- Many residents require 1:1 supervision, 91.2% require increased supervision, 54.7% require their own bedrooms.
- Currently, 86.3% of the Workers Compensation claims at PSH&TC can be attributed to severe physical outbursts by residents.
- Approximately 29% of PSH&TC's workforce is over 55 years of age and nearing retirement eligibility.

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

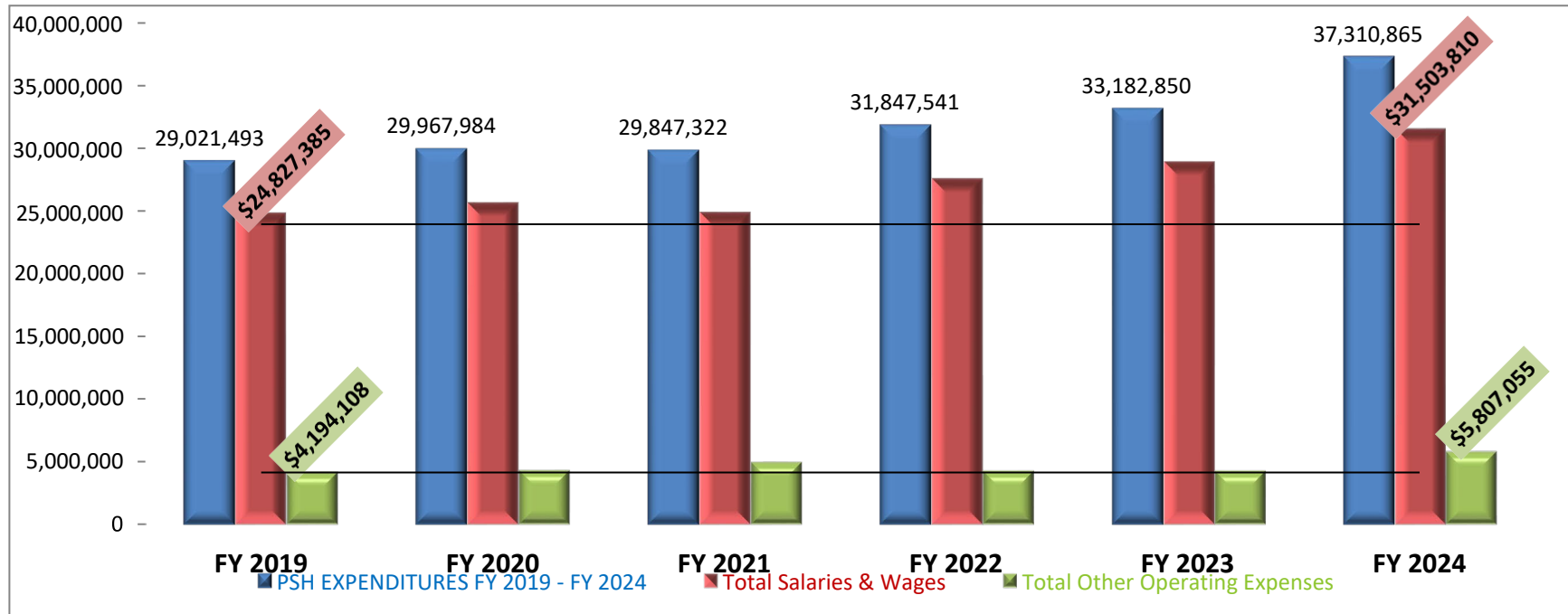
**Agency Name: Parsons State Hospital & Training Center**  
**Program Title: Agency Overview**

In July 2025, the Governor authorized 5% salary increases for all state employees. This increase has uplifted employee morale and promoted retention of quality employees, thereby helping to stabilize PSH&TC's work force. A stable well-trained workforce improves continuity of care for the people living at PSH&TC. It also provides the ability to maintain compliance with state and federal regulations, helping to ensure continued federal funding and reduce the risk of legal actions against the state. The resulting reduction in vacancy rate also improves PSH&TC's ability to maintain appropriate staffing ratios, ensuring compliance with ICF/IID staffing requirements.

<b>PSH&amp;TC individuals served requiring increased staffing</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Actuals</b>	<b>FY 2025 Estimate</b>	<b>FY 2026 Estimate</b>
PSH&TC individuals receiving services for intellectual disabilities	148	148	148	148	148
Average number of PSH&TC individuals requiring 1:1 Supervision	5	12	15	15	15
Approximate number of FTE's required to provide proper 24x7 coverage for those individuals requiring 1:1 Supervision	19	40	51	51	51
Estimated annual costs for one Direct Support staff including fringe benefits	\$44,032	\$48,435	\$50,856	\$50,856	\$50,856
Estimated annual staffing costs for providing 1:1 Supervision	\$836,608	\$1,937,400	\$2,593,656	\$2,593,656	\$2,593,656
Number of PSH&TC individuals served who require increased supervision for protection from harm	141	135	140	140	140
% of residents requiring increased supervision for protection from harm	95.27%	91.22%	94.59%	94.59%	94.59%
Individuals requiring their own bedroom for protection from harm	82	81	81	81	81
% of residents requiring their own bedroom for protection from harm	55.40%	54.70%	54.73%	54.73%	54.73%

FY2025 – FY2026

**Parsons State Hospital and Training Center Expenditures**  
**FY 2019 - FY 2024**  
**Controlling Other Operating Expenditures (OOE)**



Salaries & Wages have risen primarily due to implementation of Executive Directive 23-571 state-wide wage increases legislatively authorized, effective June 2024 and another 5% salary increase implemented in FY 2025.

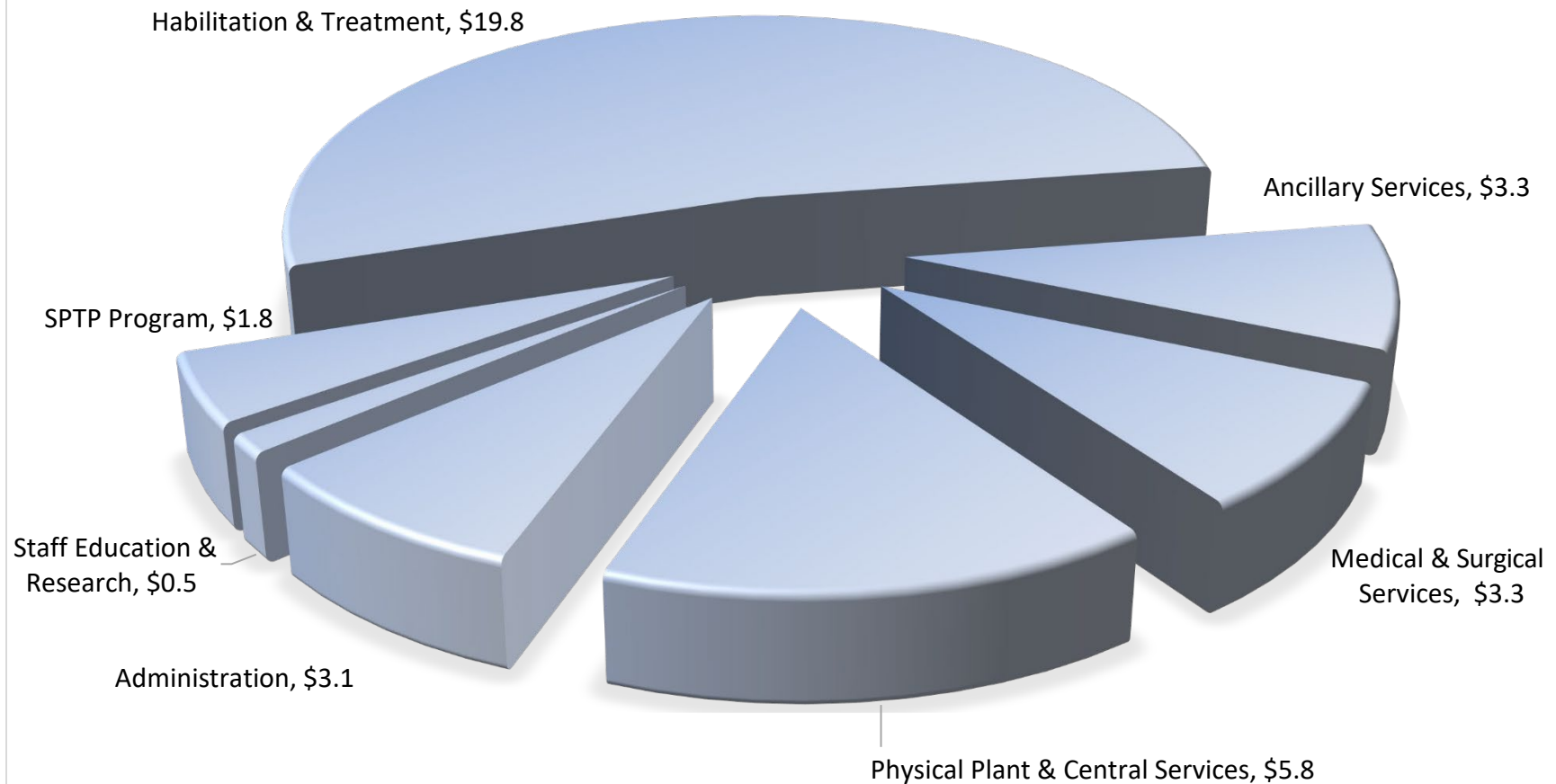
In FY 2024, PSH&TC increased its FTE positions to 523.2 including a COO, a HR Professional, an IT position, 4 positions from KU-Respite Care, and 2 Security Officers. Additionally, PSH&TC transferred (\$95,515) to KDADS to cover the salary and travel costs of a new HR Investigator position, and (\$25,000) to fund part of the new Commissioner's Special Assistant position.

**NOTE:**

Although the U.S. Consumer Price Index continues to rise, PSH&TC has kept its Other Operating Expenditures (OOE) relatively flat during the past 5 years by sensibly and rationally executing its spending plan in the services and commodities areas. However, nation-wide economic pressure continues to push commodity prices higher and higher. PSH&TC expects to see prices increase significantly going forward.

FY2025 – FY2026

FY 2024 ACTUAL EXPENDITURES BY PROGRAM (IN MILLIONS)  
TOTAL FY 2024 EXPENDITURES \$37.6M



FY2025 – FY2026



**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Parsons State Hospital & Training Center**  
**Program Title: Agency Overview**

Approved Classified & Unclassified FTE Positions	FY 2022 Actuals		FY 2023 Actuals		FY 2024 Actuals		FY 2025 Estimate		FY 2026 Estimate	
Program	Approved FTE	Uncl. FTE	Approved FTE	Uncl. FTE	Approved FTE	Uncl. FTE	Approved FTE	Uncl. FTE	Approved FTE	Uncl. FTE
Administration	18.60	18.60	19.72	19.72	22.00	22.00	23.70	23.70	23.70	23.70
Staff Education and Research	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00
Sexual Predator Treatment	28.50	20.85	27.24	20.04	27.20	20.30	27.70	21.80	27.70	21.80
Habilitation and Treatment	283.00	189.00	300.50	204.50	314.50	209.50	328.50	220.50	328.50	220.50
Ancillary Services	41.70	27.20	40.70	28.20	29.70	22.20	29.70	22.20	29.70	22.20
Medical and Surgical Services	26.50	16.50	25.00	15.00	25.00	15.00	25.00	16.00	25.00	16.00
Physical Plant/Central Services	72.90	51.55	71.04	51.24	80.80	66.70	82.60	7.50	82.60	7.50
<b>TOTAL APPROVED POSITIONS</b>	<b>477.20</b>	<b>329.70</b>	<b>490.20</b>	<b>344.70</b>	<b>505.20</b>	<b>361.70</b>	<b>523.20</b>	<b>317.70</b>	<b>523.20</b>	<b>317.70</b>

*Note: The above chart shows the prorated FTE position shifting that occurs for prorated labor expenses that are provided by PSH&TC programs (Administration and the Physical Plant/Central Services) in support of the Sexual Predator Treatment Program (SPTP). These support services include assistance in areas such as administration, accounting, human resources and payroll supports, information technology support and service; safety and security support; camera monitoring, power plant monitoring and support, operator assistance and telephone communications support; general maintenance services, repair, maintenance and support for electrical, plumbing, carpentry, heating and air conditioning issues; grounds maintenance, transportation coordination and scheduling, vehicle maintenance, services and repairs, mail pickup and delivery services, and storeroom services.*

Budgeted Bed Capacity by Program at the End of the Fiscal Year					
Program	FY2022 Actuals	FY2023 Actuals	FY2024 Actuals	FY2025 Estimate	FY2026 Estimate
Habilitation and Treatment (IID Population)	172	172	172	172	172
Sexual Predator Treatment Program (SPTP)	16	16	16	16	16
<b>Total</b>	<b>188</b>	<b>188</b>	<b>188</b>	<b>188</b>	<b>188</b>

FY2025 – FY2026

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Parsons State Hospital & Training Center**  
**Program Title: Agency Overview**

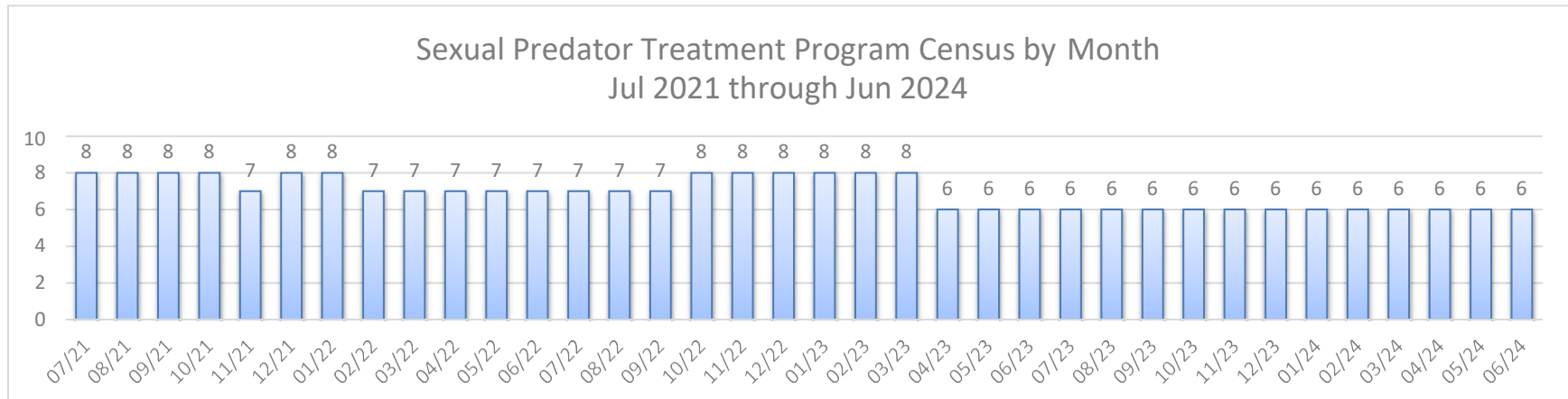
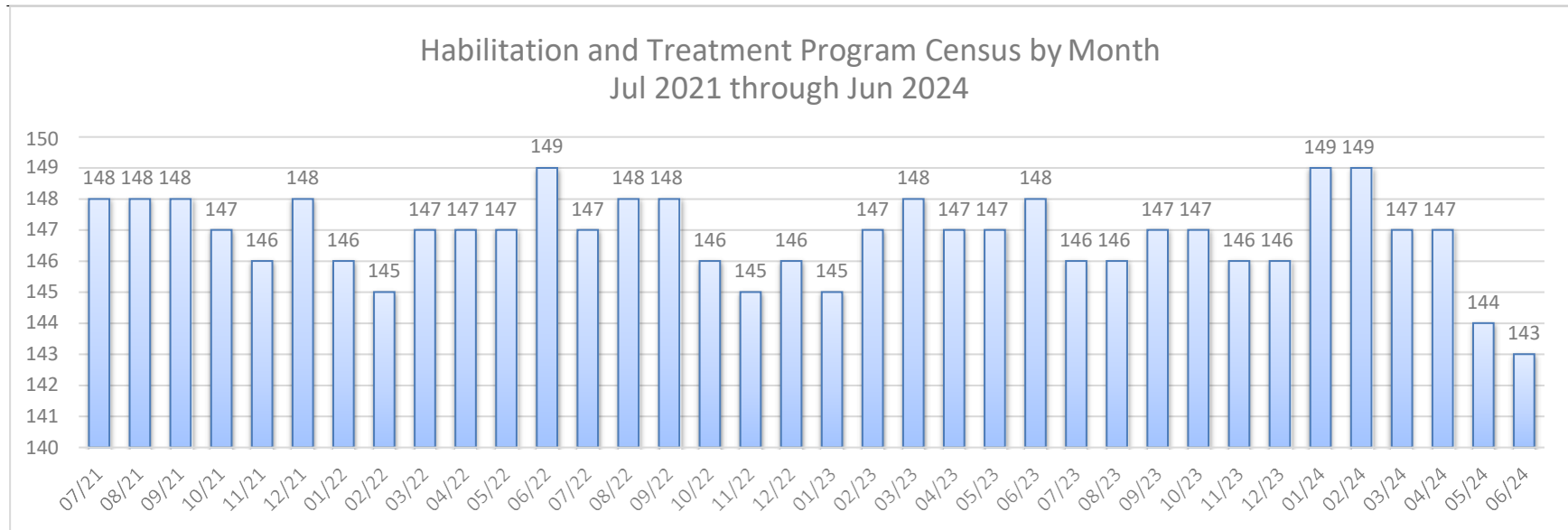
<b>Resident Movement - Individuals with Intellectual Disabilities (IID) only</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Actuals</b>	<b>FY 2025 Estimate</b>	<b>FY 2026 Estimate</b>
Beginning Census	148	147	148	145	148
<b>Additions</b>					
Admissions	9	10	8	12	10
<b>TOTAL</b>	<b>9</b>	<b>10</b>	<b>8</b>	<b>12</b>	<b>10</b>
<b>Separations</b>					
Direct Discharges	5	5	6	6	10
Discharges/Transfers to Community Care during FY	3	0	3	2	0
Deaths in Institution	2	4	1	1	0
Deaths in Community Care	2	0	1	0	0
<b>TOTAL</b>	<b>12</b>	<b>9</b>	<b>11</b>	<b>9</b>	<b>10</b>
<b>Ending Census</b>	<b>145</b>	<b>148</b>	<b>145</b>	<b>148</b>	<b>148</b>
<b>Other resident movement/activity occurring during FY (memo)</b>					
Number of Resident Temporary Home Visits Days during FY	535	710	703	700	700
Number of Resident Hospital Visits Days during FY	69	64	51	60	60

<b>Average Daily Census by Fiscal Year</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Actuals</b>	<b>FY 2025 Estimate</b>	<b>FY 2026 Estimate</b>
Habilitation and Treatment Program (ICF/IID)	147	148	146	148	148
Sexual Predator Treatment Program (SPTP)	8	8	6	6	8
<b>Total</b>	<b>155</b>	<b>156</b>	<b>152</b>	<b>154</b>	<b>156</b>

FY2025 – FY2026

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Parsons State Hospital & Training Center**  
**Program Title: Agency Overview**



FY2025 – FY2026

**Third Party Leases**

PSH&TC had no third-party leases in FY 2024. There are no planned third-party leases for FY 2025 or FY 2026. No revenue is received from agriculture or mineral development.

**Land Holdings and Leases**

All of the NW¼ of Section 13, Twp. 31 S., Range 19 E, except that portion platted and contained in Blocks 231, 232, 233, 234, 239 and 240 also all of Block 240 and that portion of Blocks 231, and 239, lying in said NW¼ Section in the City of Parsons as shown on the plat thereof recorded in the office of the Register of Deeds in said County.

Lots 15 to 25 Incl. and the north 42 ft. of Lot 26, Block 1, Stevens and Barrows First Addition to the City of Parsons, Kansas. Said tracts of land contain 163.86 acres.

The main campus area is bordered roughly by 26th Street on the east, North Boulevard on the north, Thirty-Second Street on the west and Gabriel Street on the south.

In addition, PSH&TC owns a small portion of land west of Thirty-Second Street and north of North Boulevard. A small cemetery occupies a section of this land.

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**PSH&TC GOALS and OBJECTIVES**

**GOAL #1**

Provide effective habilitation, rehabilitation, active treatment, and care to residents of the facility in a safe, healthy, homelike living environment with consideration for the informed personal lifestyle choices of each resident. Goal #1 and its objectives are relative to measurements with outcomes that will be described and demonstrated within each PSH&TC program.

**Objective #1:** Enrich each resident's lifestyle by offering a wide assortment of choices for educational, recreational and leisure experiences in community settings based on the individual's personal preferences and active treatment needs.

**Objective #2:** Meet ICF/IID certification requirements.

**Objective #3:** Provide residents a variety of programs which may include adjunctive therapies, education and/or special training to develop skills that would help them succeed in a community placement setting.

**GOAL #2**

Provide for the optimal mental and physical health of each resident with consideration for the informed personal lifestyle choices. Goal #2 and its objectives are relative to the Habilitation and Treatment's Developmental Training sub-program, Ancillary Services and Medical & Surgical Services programs.

**Objective 1:** Assist in making accurate diagnosis to help maintain and monitor the mental and physical health of each resident by providing necessary medical laboratory work and additional medical supports and services such as: nursing care, pharmacy, psychology, dental, speech and audiology services.

**Objective 2:** Develop knowledge, techniques, program innovations, and verification data required in the development of more effective habilitation and rehabilitation services through research.

**Objective 3:** Perform other diagnostic tests and nursing services including: EKGs, x-rays, tuberculosis tests, urine analysis, electrolyte tests, lipid panel tests, blood sugar tests, tube feedings, flu shots, insulin injections, allergy injections, tetanus shots and hepatitis B injections.

**GOAL #3**

Supplement and extend development of community service provisions for intellectually and developmentally disabled individuals, through Outreach Services, a statewide program for persons with intellectual and developmental disabilities. Goal #3 and its measurements are demonstrated in the Habilitation and Treatment's Outreach Services sub-program.

**Objective #1:** Provide short-term residential treatment for children and adults from communities throughout the State of Kansas who have been diagnosed with both a developmental disability and a mental illness (dual diagnosis) and prepare a person-centered treatment plan that will indicate services/supports necessary for the successful maintenance of the individual in the community.

**Objective #2:** Provide Outreach Services to train staff of community service providers to effectively serve those Kansans who have a dual diagnosis. Individuals will be provided services while remaining in their local communities. The Outreach Team responds to requests for services made by qualified individuals, parents, guardians, schools, Community Mental Health Centers/ Providers and Community Developmental Disability Organizations (CDDO). Outreach Teams provide early diagnostic and training services to families that promote access to community resources and reduce the incidence of restrictive placements.

**Objective #3:** Provide community service programs within the catchment area of PSH&TC, including Respite Care and Assistive Technology programs.

**GOAL #4**

Provide basic and advanced training for all new direct support staff that eliminates the gap between the existing skills of experienced employees (employees who have been on the job for more than one year) and refresher training that enables all employees to meet job performance expectations. Goal #4, measures are directly related to the Staff Training and Research Program.

**Objective:** Offer a full range of staff developmental services to all direct support personnel, promoting research and skills that contribute to higher quality service and living environments for persons with intellectual and/or developmental disabilities.

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**Supplemental/Enhancement Requests:**

Currently, PSH&TC has no supplemental requests identified for FY 2025 and no enhancement requests identified for FY 2026.

Narrative Information – DA 400  
Division of the Budget  
State of Kansas

Agency Name: Parsons State Hospital & Training Center  
Program Title: Revenue Worksheet

EXPLANATION OF RECEIPT ESTIMATES - DA 405											
FY 2025 State General Fund Limitations											
Agency	Name	Fund Name	Fund	BU	FY 2025 Approved Expenditures	FY 2025 Re-appropriation	Transfers	Supplemental/Reduction Package	SGF Transfers	FY 24 Cash Forward	FY25 Adjusted Expenditure Request
410	Larned State Hospital	SGF Operating	1000	0103	\$45,329,251	\$695,526	\$5,120,526	\$35,299,775	-	-	\$86,445,078
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF-SPTP New Crime	1000	0110	\$5,000	\$9,540	(\$14,540)	-	-	-	\$0
		SGF - SPTP	1000	0200	\$25,135,888	\$827,628	\$1,721,382	-	-	-	\$27,684,898
494	Osawatomie State Hospital	SGF Operating	1000	0100	\$37,352,139	-	\$2,418,026	\$3,250,000	-	-	\$43,020,165
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF SPTP-MiCo	1000	0200	\$1,661,535	-	\$663,772	-	-	-	\$2,325,307
	Adair Acute Care	SGF Certified Care	1000	0101	\$6,537,396	-	\$1,659,430	\$7,750,000	-	-	\$15,946,826
507	Parsons State Hospital	SGF Operating	1000	0100	\$19,977,997	-	\$2,091,067	-	-	-	\$22,069,064
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF- SPTP	1000	0200	\$2,188,438	\$406,769	-	-	-	-	\$2,595,207
363	Kansas Neurological	SGF Operating	1000	0303	\$16,262,805	-	\$1,712,315	-	-	-	\$17,975,120
		SGF Hospitality	1000	0304	\$150	-	-	-	-	-	\$150
	<b>Total SGF</b>				\$154,451,049	\$1,939,463	\$15,371,978	\$46,299,775	\$0	\$0	\$218,062,265
FY 2026 State General Fund Limitations											
Agency	Name	Fund Name	Fund	BU	FY 2026 Estimated Expenditures	FY 2026 Re-appropriation	Transfer	Enhancement/Reduction Package	SGF Transfers	KDADS Transfer IN	FY26 Adjusted Expenditure Request
410	Larned State Hospital	SGF Operating	1000	0103	\$51,074,082	-	-	\$37,472,029	-	-	\$88,546,111
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF-SPTP New Crime	1000	0110	\$0	-	-	-	-	-	\$0
		SGF - SPTP	1000	0200	\$26,847,730	-	-	-	-	-	\$26,847,730
494	Osawatomie State Hospital	SGF Operating	1000	0100	\$39,500,000	-	-	\$3,503,723	-	-	\$43,003,723
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF SPTP-MiCo	1000	0200	\$2,500,000	-	-	-	-	-	\$2,500,000
	Adair Acute Care	SGF Certified Care	1000	0101	\$8,798,795	-	-	\$7,750,003	-	-	\$16,548,798
507	Parsons State Hospital	SGF Operating	1000	0100	\$21,889,503	-	-	-	-	-	\$21,889,503
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF- SPTP	1000	0200	\$2,595,207	-	-	-	-	-	\$2,595,207
363	Kansas Neurological	SGF Operating	1000	0303	\$18,110,375	-	-	-	-	-	\$18,110,375
		SGF Hospitality	1000	0304	\$150	-	-	-	-	-	\$150
	<b>Total SGF</b>				\$171,316,292	\$0	\$0	\$48,725,755	\$0	\$0	\$220,042,047

FY2025 – FY2026



**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Parsons State Hospital & Training Center**  
**Program Title: Revenue Worksheet**

EXPLANATION OF RECEIPT ESTIMATES - DA 405												
FY 2025 Fee Funds												
Agency	Name	Fund Name	Fund	BU	FY 2025 Estimated C&H Receipts	FY 2025 Estimate Adj	Cash Forward	Add'l Misc Revenue	Other Transfer	FY 2025 Cash Forward	FY 2025 Adjusted Expenditure	Supplemental Request
410	Larned State Hospital	LSH Fee Fund	2073	2100	\$4,316,987	-	\$1,620,122		-	\$0	\$5,937,109	\$2,177,742
		Title XIX No limit	2074	2200	\$7,085,354	-	\$819,342		-	\$0	\$7,904,696	
494	Osawatomie State Hospital	OSH Fee Fund	2079	4200	\$730,000	-	\$2,732,503		-	(\$1,745,205)	\$1,717,298	\$0
		OSH TXIX No limit	2080	4300	\$0	-	\$164,895		-		\$164,895	
	Adair Acute Care	OSH Certified Care	2079	4201	\$4,752,700	-	(\$409,432)		-	(\$134)	\$4,343,134	\$0
		OSH TXIX Cert Care No Limit	2080	4301	\$6,679,751	-	\$858,466		-		\$7,538,217	
507	Parsons State Hospital	PSH Fee Fund	2082	2200	\$859,747	-	\$190,253		-	\$0	\$1,050,000	\$0
		Title XIX No limit	2083	2300	\$15,500,000	-	\$4,589,868		-	(\$4,820,039)	\$15,269,829	
363	Kansas Neurological Institute	KNI Fee Fund	2059	2000	\$1,423,264	-	\$901,802		-	(\$629,119)	\$1,695,947	\$0
		Title XIX No limit	2060	2200	\$17,000,000	-	\$951,966		-	(\$738,651)	\$17,213,315	
	<b>Total Fee Fund</b>				\$58,347,803	\$0	\$12,419,785	\$0	\$0	(\$7,933,148)	\$62,834,440	
FY 2026 Fee Funds												
Agency	Name	Fund Name	Fund	BU	FY 2026 Estimated C&H Receipts	FY 2025 Estimate Adj	Cash Forward	Add'l Misc Revenue	Other Transfer	FY 2026 Cash Forward	FY 2026 Adjusted Expenditure	Supplemental Request
410	Larned State Hospital	LSH Fee Fund	2073	2100	\$4,337,354	-	\$0		-		\$4,337,354	\$0
		Title XIX No limit	2074	2200	\$7,085,354	-	\$0		-		\$7,085,354	
494	Osawatomie State Hospital	OSH Fee Fund	2079	4200	\$755,000	-	\$1,745,205		-	\$0	\$2,500,205	
		OSH TXIX No limit	2080	4300	\$0	-	\$0		-		\$0	
	Adair Acute Care	OSH Certified Care	2079	4201	\$4,260,969	-	\$134		-	\$0	\$4,261,103	
		OSH TXIX Cert Care No Limit	2080	4301	\$7,678,671	-	\$0		-	\$0	\$7,678,671	
507	Parsons State Hospital	PSH Fee Fund	2082	2200	\$1,150,000	-	\$0		-		\$1,150,000	
		Title XIX No limit	2083	2300	\$15,500,000	-	\$4,820,039		-	(\$4,751,798)	\$15,568,241	
363	Kansas Neurological Institute	KNI Fee Fund	2059	2000	\$1,423,264	-	\$629,119		-	(\$337,113)	\$1,715,270	
		Title XIX No limit	2060	2200	\$17,000,000	-	\$738,651		-	(\$548,994)	\$17,189,657	
	<b>Total Fee Fund</b>				\$59,190,612	\$0	\$7,933,148	\$0	\$0	(\$5,637,905)	\$61,485,855	\$0

FY2025 – FY2026

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**PSH&TC FEE FUND REVENUE ESTIMATES:**

K.S.A. 76-1409a authorizes the PSH&TC Fee Fund (2082-2200). For FY 2025, PSH&TC's appropriation by the Kansas Legislature for its Fee Fund is \$1,050,000. In FY 2026, the amount requested is \$1,150,000.

Most of PSH&TC's Fee Fund revenue is received from Care and Hospitalization of People (C&H), Account Code 420610. State Commissioner's Letter 930 dated 3/10/95 establishes parental obligation rates. Kansas Economic & Employment Manual 8160 determines obligations based on resident resources. Actual collections for the Fee Fund each year are based primarily on census, individual resident income resources, parental resources (based on ability-to-pay), and Board and Care obligations. PSH&TC individuals and their families have limited resources, primarily Social Security benefits, SSI, SSDI, and low wage jobs. KanCare assigns the individual's "patient liability amount" (the portion of an individual's personal income that PSH&TC is allowed to collect for Board and Care before Medicaid will pay the remainder) based on the individual's available income resources. The resulting low obligation amount set for most PSH&TC residents minimizes the ability to generate revenue for the Fee Fund from Board and Care.

PSH&TC's fees collected for Board and Care have been on a downward trend the past few years. The Fee Fund is limited by legislative approval/appropriation but controlled by cash available in the fund. This means that purchases can only be made with these funds if there is cash in the bank (money that has been collected from resident income resources). If more money is collected than legislators approved, it cannot be spent; it carries-forward to the next fiscal year.

In FY 2024, PSH&TC budgeted Fee Fund receipts and expenditure limit was \$1,050,004, with a carryforward of \$71,434. The total amount collected in FY 2024 was \$1,240,257. Going into FY 2025 carryforward is \$190,253. Legislative appropriations for FY 2025 is requested at \$1,050,000 and for FY 2026 \$1,150,000 is requested.

Revenue Account Code 431300 reflects rent amounts paid to PSH&TC by SPTP clients who have secured jobs in the community as required by their transition plan and fluctuates considerably depending on the number of current clients, their employment, and earnings. Sometimes it takes several months for SPTP residents to find employment. SPTP census increases/decreases will affect collections within this account code.

Average Daily Census (ADC) is currently budgeted at 148 for FY 2025 and FY 2026. The following chart shows the revenue estimates for the PSH&TC Fee Fund in FY 2025 and FY 2026.

FY2025 – FY2026

Narrative Information – DA 400  
Division of the Budget  
State of Kansas

Agency Name: Parsons State Hospital & Training Center  
Program Title: Revenue Worksheet

**PSH&TC FEE FUND ESTIMATES:**

Explanation of Receipts - DA 404						
Revenue Source	Revenue Sub-Object	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Carry Forward	40007	\$25,410	(\$14,500)	\$71,434	\$190,253	\$0
Total Care and Hospitalization	420610	\$1,043,547	\$1,089,248	\$1,114,540	\$814,747	\$1,105,000
Clerical Services	420400	-	-	-	-	-
Care and Hospitalization - Other	420690	-	-	-	-	-
Other Service Charges	420990	-	-	-	-	-
Salvaged Materials	422500	-	-	-	-	-
Usable Condemned Equipment	422600	-	-	-	-	-
Rent Halls and Rooms St Buildings	431300	\$27,472	\$30,763	\$27,893	\$30,000	\$30,000
Other Miscellaneous Revenue	459090	-	\$11,727	-	-	-
Sale of Fixed Assets	461100	\$27,175	-	\$21,825	\$10,000	\$10,000
Recovery of Current FY Expenditures	462110	-	-	-	-	-
Reimbursement from Other State Agency	462400	-	-	-	-	-
Restitution	462720	\$400	-	-	-	-
Refunds	462740	\$6,450	-	\$4,565	\$5,000	\$5,000
Other Reimbursements and Refunds	462900	\$5,045	\$4,196	-	-	-
Recovery of Prior FY Expenditures	469010	-	-	-	-	-
<b>Total Available</b>		<b>\$1,135,499</b>	<b>\$1,121,434</b>	<b>\$1,240,257</b>	<b>\$1,050,000</b>	<b>\$1,150,000</b>
<b>Total Re portable Expenditure s</b>		<b>\$1,149,999</b>	<b>\$1,050,000</b>	<b>\$1,050,004</b>	<b>\$1,050,000</b>	<b>\$1,150,000</b>
<b>Total Available</b>		<b>\$1,149,999</b>	<b>\$1,050,000</b>	<b>\$1,050,004</b>	<b>\$1,050,000</b>	<b>\$1,150,000</b>
<b>Balance Forward</b>		<b>-\$14,500</b>	<b>\$71,434</b>	<b>\$190,253</b>	<b>\$0</b>	<b>\$0</b>

FY2025 – FY2026

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Parsons State Hospital & Training Center**  
**Program Title: Revenue Worksheet**

**PSH&TC TITLE XIX FUND ESTIMATES:**

Title XIX is a no limit fund. Revenue collections are based a variety of continuously changing factors and situations encountered by each Medicaid eligible agency throughout any given fiscal year. Title XIX estimates take the following factors into consideration for each month of billing:

- Number of eligible Medicaid eligible residents served in any given month.
- Individual eligibility changes within any given month
- Delays in processing beneficiary eligibility status at the state and federal level
- Number of days in the month
- Per diem rates
- Patient Liability Amount set by KanCare.
- Parental/Guardian obligations collections
- Federal fiscal year Medicaid Assistance Program (FMAP) rates

The chart below reflects PSH&TC's Title XIX Fund actual collections for FY 2024 and projections for FY 2025 and FY 2026 as calculated in IBARS. The FMAP rate is currently 60.97%. PSH&TC per diem rates increased from \$648/day in FY 2024 to \$694/day in FY 2025.

**PSH&TC TITLE XIX FUND ESTIMATES**

<b>Explanation of Receipts - DA 404</b>	<b>Revenue</b>			
<b>Revenue Source</b>	<b>Sub-Object</b>	<b>FY 2024 Actuals</b>	<b>FY 2025 Estimate</b>	<b>FY 2026 Estimate</b>
Cash Forward	40007	\$2,600,769	\$4,589,868	\$4,820,039
Operating Transfers In	766010	\$15,500,000	\$15,500,000	\$15,500,000
Total Title XIX Available		\$18,100,769	\$20,089,868	\$20,320,039
Title XIX (Medicaid) Expenditures		\$13,510,901	\$15,269,829	\$15,568,241
<b>Balance Forward</b>		<b>\$4,589,868</b>	<b>\$4,820,039</b>	<b>\$4,751,798</b>

FY2025 – FY2026

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**EXPENDITURE JUSTIFICATION**

**PROGRAM:** Administration - 01030

**Program Overview:**

The purpose of this program is to provide an administrative structure for the people residing at PSH&TC that enables the Superintendent and other administrators to organize maximum effectiveness and efficiency in PSH&TC's operation. PSH&TC's operation is focused on implementing supports and services for people with intellectual and developmental disabilities and meeting the requirements of rules, regulations, policies, and standards of relevant state and federal agencies which apply to PSH&TC. There are currently 148 individuals receiving supports and services within PSH&TC's Habilitation and Treatment Program. The Sexual Predator Treatment Program has the capacity to serve 16 individuals; currently there are 6 individuals receiving services within the Sexual Predator Treatment Program.

Some of the major Administration Program functions include:

- Determining personnel and fiscal needs in consultation with representatives from each department
- Budgeting and managing resources to assure that program needs are met during the fiscal year
- Expending monies within the budgetary authority and accounting for all expenditures for supplies, equipment, and personnel
- Collection of all money due for supports and other services
- Recruiting personnel and managing fringe benefit programs
- Providing information technology services and communication services within and outside the facility.

Travel and expenses for fuel, vehicle maintenance and per diem costs have increased. Nation-wide economic stress contributes increased costs in FY 2025 and FY 2026. PSH&TC has an adequate supply of personal protective equipment (gloves, gowns, N95 masks, etc.) and disinfecting solutions and products in stock and does not foresee a breakdown in services due to supply shortages.

Overtime and compensatory overtime costs are higher than in previous years due to high vacancy and turn-over rates.

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Parsons State Hospital & Training Center**  
**Program Title: Administration**

KEY MEASURES	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY2025 Estimate	FY2026 Estimate
Number of ICF/IID standards pertaining to Administration met for Certification Survey	Meet 9/9	Meet 9/9	Meet 9/9	Meet 9/9	Meet 9/9
% compliance to ICF/IID Certification Survey	100.00%	100.00%	100.00%	100.00%	100.00%
Final % of compliance with Kansas State Fire Marshal annual survey	100.00%	100.00%	100.00%	100.00%	100.00%
Percent of new employees trained in Fire and Tornado Safety Procedures within 2 days of employment	100.00%	100.00%	100.00%	100.00%	100.00%
% OOE (Contractual, Commodity, Capital Outlay) Costs of Total Costs	15.4%	13.8%	13.0%	16.2%	16.2%
Avg Length of Service in years for all PSHTC FTE employees at FYE	10.78	10.78	11.00	12.00	12.00
% of all filled PSHTC FTE's with less than one year of service at FYE	20.0%	16.9%	20.0%	15.0%	15.0%
Direct Support Staff annual turnover %	25.0%	24.0%	23.0%	21.0%	21.0%
Total number of new Direct Support staff hired in FY	82	53	55	60	60
% of all Direct Support FTE's vacant at end of FY	24.9%	20.5%	15.0%	12.0%	12.0%
Total Number of Workers Compensation claims	279	265	216	215	210
Number of Workers Comp. claims involving adverse resident behaviors	235	227	179	175	170
% of Workers Comp. claims involving adverse resident behaviors	84.0%	85.7%	82.9%	80.0%	78.0%
Number of residents admitted to PSHTC (excluding SPTP residents)	11	10	10	10	10
# of residents discharged to community settings (non-death related)	12	5	8	8	8
% of residents successfully remaining in community placement after discharge	100.00%	100.00%	100.00%	100.00%	100.00%

**Current and Budget Year Operations:**

The program is expected to continue operating as in previous fiscal years. PSH&TC will continue to look for ways to improve efficiency through better utilization of technology, best practices, and innovations.

**Account Code 5100: Salaries and Wages**

Summary: 23.7 FTE positions in this program provide overall direct and indirect administrative support services to every area of PSH&TC. Funding requested is for all current positions for 26 pay periods in FY 2025 and FY 2026, including fringe benefit and KPERS increases. In addition to the salaries of the superintendent, assistant superintendent, and polygrapher, wages for employees in the risk management, business services, reimbursements, information technology and human resource departments are funded in this program. No shrinkage is recorded in this program.

FY2025 – FY2026

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Parsons State Hospital & Training Center**  
**Program Title: Administration**

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**FY 2025:** \$2,202,255 is requested. Shrinkage is 0.0%

**FY 2026:** \$2,217,025 is requested. Shrinkage is 0.0%

**Account Codes 5200-5290: Contractual Services**

Summary: This category includes all fee and service type expenses projected for this program. Communications consist of local telephone and KANS-A-N long distance services; “off-net” long distance, such as in-bound 800 area code service, telephone repair and postage. Other costs include services contracted through the Department of Administration such as computer services (OITS, SHARP, SMART, networks, etc.), video conferencing, pager rental, pager airtime, cellular phones and costs for drug screenings required as a prerequisite to employment. Account Code 526300 reflects annual costs associated with computer license renewal. Costs associated with required annual fire alarm inspections fall within Account Code 52600. Requests are based on a review of FY 2024 expenses and have been adjusted where necessary to meet the needs of FY 2025 and FY 2026.

**FY 2025:** \$789,275 is requested.

**FY 2026:** \$814,600 is requested.

**Account Codes 5300 - 5390: Commodities**

Summary: This category includes all supply type expenses for this program. Included are the annual legislative annotated updates and, as applicable, computer software upgrades for all computers on the campus network. Also included are costs for replacement of inoperable printers, fax machines, calculators, scanners, monitors, and cabling. Requests are based on a review of FY 2024 expenses and have been adjusted where necessary to meet the needs of FY 2025 and FY 2026.

**FY 2025:** \$31,000 is requested.

**FY 2026:** \$32,650 is requested.

**Account Code 5400 - 5490: Capital Outlay**

Summary: This category includes the replacement of computer equipment, network switches, and security camera equipment, in support of the new electronic health record system and security camera system. Replacement of servers and network switches will help prevent loss of required medical and financial records. Requests are based on a review of FY 2024 expenses and have been adjusted where necessary to meet the needs of FY 2025 and FY 2026.

**FY 2025:** \$283,550 is requested.

**FY 2026:** \$130,775 is requested.

FY2025 – FY2026

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**PROGRAM:** Staff Education and Research – 01070

**Program Overview:**

This program provides basic and advanced training for PSH&TC staff. This is done with a full range of staff development services provided to all personnel, promoting outcomes that will contribute to higher quality service and living environments for people with intellectual and developmental disabilities. The current training format requires staff to receive training prior to reporting to their assigned work areas and consists of a 3-week New Employee Orientation (NEO). NEO is made up of a series of classes focusing on specialized training designed to educate and train staff in detail regarding the delivery of supports and service, as well as the rights and safety for individuals with intellectual and/or developmental disabilities. NEO includes training in the following areas:

**New Employee Orientation (3-week training).**

- CPR/First Aid
- Trauma Informed Care (TIC)
- Non-Violent Crisis Intervention (NCI) with Advanced Physical Skills
- Holding Skills/Restraint Policy and Procedure/Safety Board
- Accreditation
- Behavior Supports
- Health and Wellness
- Language Development
- Social Skills
- Personal Care
- Leadership Q & A

New direct support staff begin their training with a two-day orientation which covers general topics such as: policies and procedures, infection control issues, risk management, communications protocols, emergency procedures, information security, sexual harassment, and on-line training requirements. Once they have completed the initial two-day orientations, new direct support staff proceed to the remainder of a three-week orientation program, classes listed above. CPR/First Aid class is a requirement for all new employees to receive within their first week of hire. Upon completion of NEO, new MHDDT(s) will report to their assigned area to begin working with the individuals who live at PSH&TC. Emphasis is placed on learning procedures that ensure the safety and protection, confidentiality and rights for people living at PSH&TC including training for Fire and Tornado Safety Procedures, Abuse/Neglect Prevention and Reporting Procedures, Documenting/Communicating, Infection Control, Providing Medical Assistance, etc. Training is also provided regarding any federal and state policies that are applicable at the time of hire. The Psychology Department provides



**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Parsons State Hospital & Training Center**  
**Program Title: Staff Education and Research**

annual follow-up Client-based Behavioral Program trainings and/or in-services to all cottage-based Direct Support staff as policies and procedures are updated or change over time.

In addition to providing employee training opportunities, program staff in this department provide guidance, direction, and support to STAND, an adult Self-Advocacy Group, comprised primarily of adult individuals living at PSH&TC, that works to promote change that will improve quality of life for people with disabilities.

KEY MEASURES	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Number of new employees hired	83	65	70	90	70
% of all new employees trained in "Fire and Tornado Safety Procedures", "Abuse/Neglect Prevention and Reporting", "Documentation/Communicating", and "Providing Medical Assistance" by Day Two of NEO (Emergency Procedures)	100%	100%	100%	100%	100%
# of Abuse/Neglect reports received for FY	49	41	24	40	41
% of Abuse/Neglect Reports substantiated for FY	38.7%	46.3%	79.0%	48.0%	50.0%
% of Abuse/Neglect Reports involving employees in their 1st year of employment	18.4%	9.8%	25.0%	20.0%	20.0%
# of annual follow-up Client-based Behavior Program trainings and/or in-services provided to all existing cottage-based Direct Support staff	209	201	250	251	252
% of existing cottage-based Direct Support staff receiving annual follow-up trainings and/or in-services	100%	100%	100%	100%	100%

All new employees who will have daily interactions with the people who live at PSH&TC receive additional training in “Protective Techniques.” This training is scheduled during the first one-to-two months of employment. All staff is required to complete these trainings, in both job classifications.

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Parsons State Hospital & Training Center**  
**Program Title: Staff Education and Research**

KEY MEASURES	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
% completing "Protective Techniques" training within one month	83%	94%	97%	98%	98%
% completing "First Aid Procedures" within one month	87%	97%	95%	98%	98%
% "CPR" training within one month	87%	97%	95%	98%	98%
% of new employees completing above trainings within three months	84%	97%	97%	98%	98%

PSH&TC continues to see high turnover rates for direct support staff. During FY 2024, approximately 26% of new MHDDT direct support staff terminated employment within the same year.

KEY MEASURES	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Direct Support Staff annual turnover % (for all Direct Support staff)	22.0%	24.0%	26.0%	25.0%	24.0%
% of all Direct Support staff with less than one year of service	17.1%	23.9%	20.0%	19.0%	18.0%
Number of new MHDDT Direct Support staff hired	40	53	59	60	60
% of new MHDDT Direct Support staff who terminated within one year of employment	25.3%	29.2%	25.0%	20.0%	18.0%

**Current and Budget Year Operations:**

PSH&TC's Staff Training Program employees provide all training classes that are required for new and existing staff at PSH&TC. This program is expected to continue operating as in previous fiscal years.

**Account Code 5100: Salaries and Wages**

Summary: 6.0 FTE positions in this program provide overall direct and indirect training services to every area of PSH&TC. Funding requested is for all current positions for 26 pay periods in FY 2025 and FY 2026, including fringe benefit and KPERS increases. No shrinkage is recorded in this program.

**FY 2025:** \$466,381 Shrinkage is 0.0%

**FY 2026:** \$470,655 Shrinkage is 0.0%

FY2025 – FY2026

**Narrative Information – DA 400  
Division of the Budget  
State of Kansas**

**Agency Name: Parsons State Hospital & Training Center  
Program Title: Staff Education and Research**

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**Account Codes 5200-5290: Contractual Services**

Summary: Along with supporting a variety of trainings for many departments associated with PSH&TC's intellectual disability population, the Staff Education Department provides training and education materials to support the Sexual Predator Treatment program, CPI Recertification Program, and training for Polygraph services.

**FY 2025:** \$19,200 is requested.

**FY 2026:** \$19,725 is requested.

**Account Codes 5300 - 5390: Commodities**

Summary: This request is for supplies used during training for new PSH&TC employees, example: facemasks, isolation gowns, etc. A new training program for employees utilizing the Ukeru Employee Protection Equipment was initiated in July 2024. Additionally, supplies for continuation of Trauma Informed Care training and the CPI course is reflected in this category.

**FY 2025:** \$7,200 is requested.

**FY 2026:** \$7,325 is requested.

**Account Codes 5400 - 5490: Capital Outlay**

Summary: This request is for equipment used during training for new PSH&TC employees, additional equipment to support the Ukeru Employee Protection program. The Staff Education Department is relocating their offices in FY 2025 and will require desks, office chairs, and file cabinets for the new area. Additionally, a media center/conference area (previously occupied by KU) is being remodeled for use as a training center. Some of the costs of the required remodel are recorded in the Buildings/Grounds Maintenance department under Contractual Services.

**FY 2025:** \$14,500 is requested.

**FY 2026:** \$14,500 is requested.

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**PROGRAM:** COVID-19 – 21662

**Program Overview**

COVID-19 and its variants continue, intermittently, to impact life at PSH&TC. When outbreaks occur, containment measures are implemented restricting face-to-face interactions for both residents and employees. During outbreaks, residents are often restricted from visiting other cottages on campus. TEAMS meetings and/or conference calls often replace face-to-face meetings. Daily temperature checks and screenings are required for staff and residents. In quarantined areas personal protective equipment (gowns, gloves, N95 masks) are required. Movement restrictions and screening procedures are implemented to limit COVID-19 transmission risks, protect the individuals who live at PSH&TC and provide the safest possible work environment for PSH&TC's essential staff.

PSH&TC established its COVID policies and procedures, according to Centers for Disease Control (CDC), KDHE, Centers for Medicare and Medicaid (CMS) and Labette County Health Department guidelines and recommendations. Education and training are on-going for PSH&TC staff and individuals regarding COVID-19, in accordance with KDHE (ICF/IID) regulations and requirements. PSH&TC's COVID policies include detailed instructions regarding essential healthcare practices such as frequent, thorough cleaning, proper use of disinfectant and sanitizing wipes, personal hygiene, hand washing, use of alcohol gel, use of appropriate masks, gloves and a variety of other PPE, social distancing, temperature checks, visitor screening, travel restrictions, etc. PSH&TC's leadership team continues to work diligently to ensure that recommendations and policies are updated and followed to minimize the risk of COVID-19 exposure and/or infection.

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Parsons State Hospital & Training Center**  
**Program Title: Sexual Predator Treatment Program**

**PROGRAM:** PSH Sexual Predator Treatment Program – 32900

**Program Overview:**

The Sexual Predator Treatment Program (SPTP) serves individuals who have successfully progressed through the residential treatment portion of the Kansas Sexual Predator Treatment Program at Larned State Hospital and have received approval to move to the PSH&TC reintegration facility. At the reintegration facility, residents undergo further treatment and training to help prepare them for successful transition into the community. Only after all objectives have been met will an individual be evaluated for the opportunity to re-enter a public setting. Clients of this program spend on average 4.7 years at the PSH&TC reintegration facility, depending on their compliance with treatment, therapy, and program rules. The program provides a variety of supports to each client such as a monthly stipend, travel accommodations to and from job searches and work settings, and professional counseling. All medical needs, including physician visits, hospital treatment services and prescription medications are also supported by this program, utilizing community providers. Maple and Willow, the PSH&TC living units designated for SPTP use are designed to optimally support and serve up to sixteen individuals.

KEY MEASURES	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Total Number of individuals served in Sexual Predator Treatment Program during FY	10	8	8	6	8
Average Daily Census of individuals served in Sexual Predator Treatment Program (SPTP)	8	8	8	6	8
% of SPTP residents successfully meeting transitional release program requirements	100%	100%	100%	100%	100%
Number of SPTP residents employed in community settings	10	7	8	6	8
% of all SPTP residents employed in community settings while at PSH&TC	100%	87.5%	100%	100%	100%
Number of SPTP residents returned to Larned State Hospital due to program violations	2	2	0	0	0
Total number of SPTP residents meeting court-ordered transitional release requirements (final step before completing program)	4	1	2	1	1
Total number of SPTP residents granted court-ordered conditional release	2	0	1	1	1

FY2025 – FY2026

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**Current and Budget Year Operations:**

The program began in early FY 2014 with the opening of Maple Cottage, which rapidly filled to maximum capacity. During FY 2014 and FY 2015, K.S.A. 59-29a stipulated that no more than eight SPTP reintegration individuals could reside in one county. Effective July 1, 2015, legislation was passed increasing the number of SPTP reintegration individuals allowed to reside in one county from eight to sixteen. In July 2016, PSH&TC opened a second reintegration facility (Willow Cottage) to support additional residents entering the program. Current census is 6, therefore Willow Cottage is currently closed, all current clients reside in Maple Cottage.

The program provides for all health-related needs for its clients until they can obtain their own insurance coverage through employment or other means. Unfortunately, not all employment results in insurance coverage. Thus, when residents become ill, require surgery, expensive prescription medications, treatments for debilitating diseases (such as cancer), hospital admission, ambulance services, psychology services, or other professional services, the costs are supported with SPTP funds. It is difficult to accurately estimate costs for the obligatory medical and professional care that must be provided in these circumstances. If even one uninsured resident has a serious health issue, costs for professional medical care and services could increase dramatically within this program.

**Account Code 5100: Salaries and Wages**

Summary: 27.7 FTE positions will provide overall direct and indirect support services to the Reintegration Facilities in the SPTP. This request includes the estimated salary costs for the FTE positions providing direct services for the reintegration units for FY 2025 and FY 2026. This salary request also includes prorated labor expenses for support services provided by other PSH&TC programs (Administration, Staff Education and Research and Physical Plant/Central Services) in support of the reintegration facilities. These support services include administration, accounting, human resources, information technology, staff training, polygraph, safety and security, camera monitoring, power plant, switchboard operator, general maintenance, electrical, plumbing, carpentry, heating and air conditioning, grounds maintenance, transportation, vehicle maintenance, mail pickup and delivery, and storeroom services. Funding requested is for all current positions for 26 pay periods in FY 2025 and FY 2026, including fringe benefit and KPERS increases. No shrinkage is recorded in this program.

**FY 2025:** \$2,039,394 is requested. Shrinkage is 0.0%

**FY 2026:** \$2,056,608 is requested. Shrinkage is 0.0%

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Parsons State Hospital & Training Center**  
**Program Title: Sexual Predator Treatment Program**

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**Account Codes 5200-5290: Contractual Services**

Summary: This category includes all fees and service type expenses for this program. Major expenses include costs for professional counseling, medical services, treatment, and hospitalization. Also included in this category are utilities, communications, travel, and other contractual services. This request includes estimated expenditures for FY 2025 and FY 2026.

**FY 2025:** \$460,075 is requested.

**FY 2026:** \$492,530 is requested.

**Account Codes 5300 - 5390: Commodities**

Summary: This category includes all supply type expenses for this program, including fuel used in transporting residents to and from job searches and work settings, materials for routine building repairs, prescription medications for residents and other household and office supplies/materials necessary to support the program. This request includes estimated expenditures for FY 2025 and FY 2026.

**FY 2025:** \$1,820 is requested.

**FY 2026:** \$2,150 is requested.

**Account Code 5400 - 5490: Capital Outlay**

Summary: This category is utilized for purchasing vehicles that transport program clients to and from work each day. Three vehicles assigned to this program are currently scheduled for replacement. Replacing these higher mileage vehicles will ensure clients traveling to distant locations have access to reliable and safe transportation.

**FY 2025:** \$93,918 is requested.

**FY 2026:** \$43,919 is requested.

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**PROGRAM:** Habilitation and Treatment – 37900

**Program Overview:**

The Habilitation and Treatment Program is comprised of two sub-programs, Developmental Training and Outreach Services. People receiving services through the Developmental Training sub-program at PSH&TC live in nine different residential cottages located among the 40 buildings on PSH&TC's campus. Most residential units house 13-20 individuals. The cottages serve as the base from which all services to the individuals who live at PSH&TC are rendered. Most of the outcomes achieved for residents of PSH&TC occur through the supports provided by staff in the Developmental Training sub-program. Data regarding activities for people living at PSH&TC are shown within the Activity Therapy sub-program.

The Outreach Services Program's primary goal is to work with community agencies and providers throughout the state to help them keep at-risk individuals with intellectual disabilities and dual diagnosis from becoming institutionalized. The expertise, and subsequent success, of PSH&TC's Outreach Teams has kept over 97% of the at-risk individuals served living within their own communities and out of state hospitals, saving the state of Kansas millions of dollars.

**SUB-PROGRAM:** Developmental Training – 37950

Developmental Training is PSH&TC's largest overall system of service, currently providing support and care to 148 individuals with intellectual and developmental disabilities and/or dual diagnosis. Services are provided 24 hours a day, 7 days per week. The sub-program consists of 313.5 FTE (59.9% of all PSH&TC's FTE's). Approximately one-half (43.5%) of all PSH&TC expenditures fall within this sub-program. This sub-program experiences the highest rate of turnover at PSH&TC. Therefore, most of shrinkage is also shown within the Developmental Training sub-program.

The goal of this sub-program is to enable the people who live at PSH&TC to make choices based on their own personal preferences for all aspects of their lives. This program helps each person meet his/her informed personal lifestyle choices and needs for physical, psychological, social, religious, cultural, and personal developmental resources by maintaining an individualized, person-centered developmental program for each resident. All programs are certified by the Kansas Department of Health and Environment or the Kansas Department of Education. Programs provide both generic and specialized religious, social, nursing, medical, psychological, educational, therapeutic, and developmental activities, vocational, speech, audiology, developmental care, supervision and training, lodging, boarding and other services. Residents are supported in individualized training programs which may include adjunctive therapies, education, or special training programs, and all are offered additional leisure-time and recreational activities during evenings and weekends. Additionally, PSH&TC individuals are afforded the opportunity to attend religious services and events of



**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Parsons State Hospital & Training Center**  
**Program Title: Habilitation and Treatment**

their choice both on campus and in the community. PSH&TC will continue the person directed planning process for all individuals and guardians who request consideration for placement in a community setting.

Most of PSH&TC's recent admissions are younger males who exhibit extremely dangerous, aggressive behaviors. These individuals often require increased supervision or 1:1 supervision to keep them, other residents, and staff safe from harm. Many of these individuals display inappropriate, sexually deviant conduct and require their own bedroom for safety.

Spruce Cottage was closed in FY 2021 for remodeling. Individuals living at Spruce Cottage and staff were reassigned to other cottages. Spruce cottage will re-open in FY 2025 housing 17 Individuals.

**DEVELOPMENTAL TRAINING SUB-PROGRAM KEY MEASURES:**

KEY MEASURES	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Number of ICF/IID standards pertaining to Habilitation and Treatment Program met for Certification Survey	Meet 28/28	Meet 28/28	Meet 28/28	Meet 28/28	Meet 28/28
% compliance to ICF/IID standards pertaining to Habilitation and Treatment Program regarding standards	100%	100%	100%	100%	100%
# of Client-Based Behavioral Program Trainings provided to PSHTC Direct Care Staff by PSHTC Psychology Department	209	201	250	251	252
% of Direct Support Staff participating in Behavioral Program Training	100%	100%	100%	100%	100%

FY2025 – FY2026

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<b>KEY MEASURES (cont.)</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Actuals</b>	<b>FY 2025 Estimate</b>	<b>FY 2026 Estimate</b>
Number of PSHTC Residents that require increased supervision due to their self-injurious or aggressive behaviors	141	135	140	139	138
% of residents requiring increased supervision (148 Census)	95.3%	91.2%	94.6%	95.8%	95.5%
Number of PSHTC Residents that require their own bedroom due to their self-injurious or aggressive behaviors	82	81	81	80	79
% of residents requiring their own bedroom (148 Census)	55.4%	54.7%	54.7%	55.0%	54.5%
Estimated # of staff needed annual to provide services to residents requiring 1:1 Supervision	5	12	15	14	13
Estimated annual costs for staffing to provide 1:1 supervision for those residents (# of 1:1(s) * 43,851.00)	\$219,255	\$526,212	\$657,765	\$613,914	\$570,063
% of FTE staff providing direct services and supports to residents	57.1%	54.6%	55.0%	55.0%	55.0%
Total number of new Direct Support staff hired in FY	82	53	55	60	60
Direct Support Staff annual turnover %	25.0%	27.0%	26.0%	25.0%	24.0%
% of all PSHTC Direct Support FTE's with less than one year of service at end of FY (Direct Support staff are those FTE's directly providing supports to people living at PSH&TC including MHDDT's, Nurses and Safety & Security Officers)	17.2%	18.8%	19.9%	15.0%	15.0%
# of Abuse/Neglect reports received for FY	49	41	24	23	22
% of Abuse/Neglect Reports substantiated for FY	38.8%	46.3%	79.0%	50.0%	49.0%
% of Abuse/Neglect Reports involving employees in their 1st year of employment	18.4%	9.8%	25.0%	20.0%	19.0%

**SUB-PROGRAM:** Outreach Services – 37952

The second sub-program of the Habilitation and Treatment Program is the Dual Diagnosis Treatment & Training Service (DDT&TS) program (Outreach Services). Outreach Services currently has 15 FTE(s), who make up the Outreach Services Teams. These teams travel extensively throughout the state to train parents and community service providers to effectively serve Kansans with intellectual and developmental disabilities and/or dual diagnosis within their own communities. During the past five years, PSH&TC's Outreach Service Teams provided services to 711 at-risk individuals throughout the state, diverting people from being admitted and saving the

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state of Kansas millions of dollars by working with community service providers to keep those individuals within their own communities, near their families, and within the least restrictive environment.

In FY 2024, Outreach Services teams served a total of 167 individuals, ranging from 5 years old to 70 years old, completed referrals for 160 individuals, and currently has a wait list of 89 individuals, with a wait time of 4-6 months from the time of referral for behavioral consultation. Additionally, in FY 2024, 98.1% of the individuals who completed consultation with PSH&TC's Outreach Services teams were able to remain in their own communities rather than undergo admission to an institutional setting for treatment.

**Cost Savings:**

<b>PSH&amp;TC Outreach Services Teams Cost Savings over last 5 years</b>	
Number of at-risk individuals referred to PSH&TC Outreach Services Teams since FY 2020	711
Estimated # of at-risk individuals diverted from admission to state hospitals by PSH&TC Outreach Services Teams since FY 2020 <i>(estimated 27.54% of those referred who would be eligible for admission who were deferred instead)</i>	241
Cost of providing Outreach Services since FY 2020	\$ 4.04 million
Estimated net savings to the state because of diversions since FY 2020 <i>(\$56,228/individual * 241)</i>	\$ 13.5 million
Estimated average annual savings to Kansas since FY 2020 by keeping at-risk individuals in community settings, the least restrictive environment <i>(13.5 million / 5 years)</i>	\$ 2.7 million/yr

**Current and Budget Year Operations:**

In FY-2024, PSH&TC expanded the Outreach Services program, adding 2 Program Consultants and 1 Client Training Supervisor for the latter half of the fiscal year, funded with Title XIX funds and shrinkage savings. The final approved FY 2025 budget included an additional \$208,830 SGF to add another Program Consultant and 3 Client Training Supervisors to the Outreach Services program, effectively doubling the size of the Outreach Services program. This expansion allows the program to better accommodate the growing demand for consultative services and will reduce the wait time for at risk individuals in community settings across Kansas.

Outreach Service Program Consultants (PCs) and Client Training Supervisors (CTS) provide initial observations, consultations, functional behavior assessment and intervention plans. The fidelity of the behavior intervention plans developed during the initial consultation decreases with the lack of follow-up training for community and family providers. CTS(s) provide follow-up training for community providers and supporting families. This helps assure the success and fidelity of new protocols and behavior intervention plans and increases the likelihood of successful behavior interventions allowing providers to see desired behavior changes.

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<b>KEY MEASURES</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Actuals</b>	<b>FY 2025 Estimate</b>	<b>FY 2026 Estimate</b>
Number of Kansas Communities and Kansas State Hospitals served by DD&TS Outreach Teams	33	46	39	43	45
Number of individuals served by Outreach Services Teams through new consultations and follow-up to previous year's consultations	138	148	167	188	190
Number of completed referrals for individuals at risk of institutional placement	113	138	160	164	165
Number of individuals admitted to PSH&TC after receiving referral services	2	3	3	4	5
% of community support teams that received follow-up services from DD&TS	100%	100%	100%	100%	100%
% of individuals remaining in community placement after receiving referral services from DD&TS	98.2%	97.8%	97.8%	98.1%	97.6%
Average consumer satisfaction rating for Outreach Services provided by DD&TS on a 5-point scale. 5= excellent; 1= poor	4.85	4.71	4.99	4.99	4.99

**Account Code 5100: Salaries and Wages**

Summary: 328.5 FTE positions are in this program. 313.5 of these positions are assigned to the Developmental Training sub-program and provide direct care, support services, individualized program direction and active training to people living at PSH&TC. Fifteen (15.0) FTE positions are assigned to the Outreach Services sub-program. The Developmental Training sub-program experiences the majority of staff turnover at PSH&TC. About 96.4% of PSH&TC's shrinkage requirement to meet salary allocations is shown in this sub-program. Funding requested is for all current positions for 26 pay periods in FY 2025 and FY 2026, including fringe benefit and KPERS increases.

**FY 2025:** \$25,810,517 is requested. The shrinkage rate is 27.9%.

**FY 2026:** \$26,026,153 is requested. The shrinkage rate is 23.1%.

FY2025 – FY2026

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**Account Codes 5200-5290: Contractual Services**

Summary: This category includes all fee and service type expenses projected for this program. Examples of fees and service types include repairs of cottage equipment, furniture and appliances not charged to storeroom or general maintenance; travel for staff to attend necessary training and administrative meetings; and funds to escort residents on home visits, doctor appointments, and trial placements in the community. Expenditures for resident training programs and money for indigent resident activities are also included in this category. Resident activities include attending religious services of their choice and outings in the community for social training such as trips to the mall, grocery stores, restaurants, movies, bowling, attending ball games and other recreational activities within the structure of their behavioral programs.

Additionally, the Outreach Services, sub-program, teams travel an estimated 100,000 miles per year serving communities throughout the state. Communication expenses in this category are for cellular access charges and long-distance phone charges for equipment assigned to Outreach Services teams as they remain in contact with home-based staff, community organization professionals, and parents. Mileage costs and per diem expenses for the Outreach Services teams are included in this category. Requests are based on a review of FY 2024 expenses and have been adjusted where necessary to meet the needs of FY 2025 and FY 2026.

**FY 2025:** \$318,625 is requested.

**FY 2026:** \$320,920 is requested.

**Account Codes 5300 - 5390: Commodities**

Summary: This category includes all supply type expenses for this program. The largest expense in this category is food. These food costs reflect purchases made by all cottages that participate in family-style dining. Residents choose their meals, and shop for their food, which is supplemented by larger Dietary Department food purchases. Other expenses in this category include cottage purchases such as household items, cleaning supplies, cooking utensils, small appliances, and other home furnishings. Professional supplies are also provided for specific program needs of PSH&TC residents. Requests are based on a review of FY 2024 expenses and have been adjusted where necessary to meet the needs of FY 2025 and FY 2026.

**FY 2025:** \$419,100 is requested.

**FY 2026:** \$421,035 is requested.

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**Account Code 5400 - 5490: Capital Outlay**

Summary: Replacement of furniture and equipment that wears down or is destroyed by residents is included in this program. Spruce Cottage scheduled to reopen in FY 2025 will require new household furniture and appliances, office furniture, telephones and other communication equipment and some new computer equipment, including a couple of Cisco servers. Some of those costs are recorded here; the remaining costs are included in the Information Technology Department budget.

**FY 2025:** \$30,500 is requested.

**FY 2026:** \$19,145 is requested.

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**PROGRAM:** Ancillary Services – 80000

**Program Overview:**

Ancillary Services is comprised of three sub-programs including Activity Therapy, Special Education and Allied Clinical Services. This program includes vocational work programs, entertainment, education, and religious services. While the program focuses primarily on individual resident needs, it also provides opportunities for a wide variety of social experiences where residents can interact with co-workers, friends, relatives, and staff in group settings.

**SUB-PROGRAM:** Activity Therapy – 80110

The purpose of this sub-program is to provide leisure time, social activities, religious services, and work programs for the individuals who live at PSH&TC. Recreation, music, art, and therapy based on personal preferences are included. Leisure activities are coordinated by Activity Specialists and include both individualized, personal outings as well as group outings. Vocational programs on campus help residents develop their work skills. Every 30 days, programs are reviewed and adjusted to ensure each person's personal preference and lifestyle choices are met.

STAND, an interesting component of the Activity Therapy sub-program, is an adult Self-Advocacy Group, comprised primarily of adult individuals living at PSH&TC, that works to promote change that will improve quality of life for people with disabilities. STAND was established in 2005. Members meet monthly to discuss issues of importance for individuals who reside at PSHTC and in the local area. STAND is self-governed by their elected officers: President, Vice President, Treasurer and Secretary, who serve 4-year terms. STAND currently has 5 different committees that meet once a month: Newsletter, Social, Rodeo Hall of Fame, Membership, and Officer/Committee Chair/Advisor. PSH&TC staff provides guidance, direction, and support to this group. STAND sponsors various fund-raising events throughout the year to raise funds to donate to worthy causes they select themselves and to raise awareness of the capabilities of people with intellectual and developmental disabilities. Examples of sponsored events include dances, barbecues, dental clinics, and durable medical equipment drives.

In June of 2022, PSH&TC's Vocational Department began contract work for Ruskin/Johnson Controls. Individuals who live at PSH&TC work to produce parts for this national manufacturing company. This work project employs 23 individuals and provides them with relevant, marketable work skills. Ruskin/JC reimburses PSH&TC for the wages paid to the individuals who work on this project. In February 2024 PSH&TC partnered with Tank Connection, developing a work site where individuals put washers on bolts for the company. In May 2024 a work site was designed where individuals folded pamphlets for the City of Altamont. Also developed and implemented in May 2024 was a Farmer/Vendors Market, open one-day-a-month from May to October. Individuals who live at PSH&TC grow vegetables, produce handmade crafts, and package other locally grown produce and crafts for sale at the market.

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**Agency Name: Parsons State Hospital & Training Center**  
**Program Title: Ancillary Services**

<b>KEY MEASURES</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Actuals</b>	<b>FY 2025 Estimate</b>	<b>FY 2026 Estimate</b>
Approximate number of community-based and recreational/leisure outings participated in by PSHTC residents	22,250	22,250	23,000	23,000	23,000
Approximate average number of annual community-based and recreational/leisure outings per resident	150	150	155	155	155
% of residents exercising their choice in participating in community-based and recreational/leisure activities	100%	100%	100%	100%	100%
Number of residents exercising their choice in participation of religious services in the community or on campus	148	148	148	145	145
% of residents exercising their choice in participation of religious services in the community or on campus	100%	100%	100%	100%	100%
Total number of age-eligible residents developing vocational skills through PSH&TC work programs or in the community	103	98	97	97	97
% of age-eligible residents employed through PSHTC work programs or in the community	70.1%	82.0%	87.0%	85.0%	85.0%
Number of different vocational work programs for individuals to choose from on the PSHTC campus	20	21	22	22	22
Approximate number of age-eligible residents working in assistive employment less than 2 hours each day	38	28	40	35	35
% of age-eligible residents working in assistive employment less than 2 hours of work each day	25.9%	24.0%	36%	30%	30%
Approximate number of age-eligible residents working in assistive employment 2-4 hours each day	35	30	25	30	30
% of age-eligible residents working in assistive employment averaging 2-4 hours of work each day	23.8%	25.0%	23%	25%	25%
Approximate number of age-eligible residents working in assistive employment more than 4 hours each day	30	40	32	32	32
% of age-eligible residents working in assistive employment averaging more than 4 hours of work each day	20.4%	34.0%	29%	30%	30%

FY2025 – FY2026



**SUB-PROGRAM:** Special Education – 80120

School-age residents of PSH&TC receive an education through the Special Purpose School (SPS). Services are contracted with the Southeast Kansas Education Service Center (Interlocal #609). Fourteen (14) PSH&TC individuals are enrolled to start FY 2025. This number fluctuates throughout the year based on placements and admissions and residents becoming adults and graduating. In any given year, costs for this contracted service could vary due to changes such as staff turnover, unexpected increases or decreases in enrollment, or other unforeseen expenses. Currently, PSH&TC admissions are mostly school-age individuals, many with extreme behavior issues. This will impact costs going forward, as the number of individuals requiring 1:1 direct support is expected to increase.

KEY MEASURES	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
# of PSH&TC residents enrolled in the Special Education program	20	19	20	14	18
# of student/residents requiring 1:1 direct support while attending school	8	7	9	10	12

**SUB-PROGRAM:** Allied Clinical Services – 80830

This sub-program provides both physical and mental health services for each resident with consideration for their informed personal lifestyle choices and assists in making accurate diagnosis to help maintain and monitor the mental and physical health of each resident.

The following services are provided to every resident through this sub-program:

- Necessary medical laboratory work and evaluation of test results including radiology, complete blood counts, x-rays, EKGs, chemistry profiles, etc.
- Medical support services such as pharmacy, dental, rehabilitation, speech and hearing, physical therapy, etc.
- Psychology services.

**Narrative Information – DA 400**  
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**Agency Name: Parsons State Hospital & Training Center**  
**Program Title: Ancillary Services**

KEY MEASURES	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Average # of psychotropic medications prescribed by outside service providers per resident at admission to PSHTC	3.2	3.7	4.6	4.0	3.7
Average # of psychotropic medications prescribed by PSHTC medical staff per resident at discharge from PSHTC	3	3	2	2	2
Average annual medication cost per resident	\$527	\$553	\$850	\$861	\$864
Total # of tests conducted annually by PSHTC Laboratory Services	25,384	20,484	19,500	20,000	21,000
Total annual cost per resident for all Lab Services performed by PSHTC	\$1,338	\$1,459	\$1,344	\$1,362	\$1,376
Total cost per test for all Laboratory Services performed by PSHTC	\$7.80	\$10.54	\$10.19	\$10.08	\$9.69
# of x-rays performed by the PSHTC Radiology Department	666	655	624	630	625
# of EKG's performed by the PSHTC Radiology Department	192	176	184	150	150
Total cost of Radiology Services performed at PSHTC	\$96,240	\$94,988	\$109,004	\$114,801	\$116,215
Average cost per procedure performed by the PSHTC Radiology Dept	\$112.17	\$114.31	\$134.91	\$147.18	\$149.95
# of dental procedures for residents performed by PSH dentist annually	313	360	373	300	300
# of teeth-cleanings performed for residents by PSH contracted dental hygienist annually	350	302	276	300	300
Average cost per resident for all Dental Services performed at PSH&TC	\$703	\$517	\$1,272	\$1,342	\$1,373
Average cost per procedure performed by the PSHTC Dental Services	\$157	\$212	\$290	\$331	\$339
Number of Medications issued (Medication Passes) by medical staff to PSH&TC residents	1,060,052	1,019,035	1,020,000	1,020,000	1,020,000
% of medication errors	0.0109%	0.0242%	0.0196%	1.9600%	1.9600%
# of on-grounds doctor appointments for PSHTC residents	10,370	9,129	10,000	10,000	10,000
Average number of on-grounds PSHTC doctor appointments per resident	70	62	68	68	68

FY2025 – FY2026

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**Current and Budget Year Operations:**

Most program services will continue to operate as in previous fiscal years. PSH&TC purchased a new digital x-ray machine in FY 2020 utilizing the Master Lease Program. The last payment on this lease is scheduled for FY 2025. The new x-ray machine replaced an outdated one that had been in service since the 1980's. The Dental Clinic was remodeled in FY 2024 to better accommodate the needs of the Dentist and the addition of procedures performed under anesthesia. Many of PSH&TC individuals cannot tolerate dental procedures without sedation. Special Anesthesia Services was contracted to provide on-site anesthesiology services for these individuals. Serving their needs on-site, rather than sending them to off-site providers, has proven both beneficial to the individuals as well as being cost effective.

**Account Code 5100: Salaries and Wages**

Summary: The 29.7 FTE positions in this program provide overall direct and indirect support to all residents of PSH&TC. Funding requested is for all current positions for 26 pay periods in FY 2025 and FY 2026, including fringe benefit and KPERS increases.

**FY 2025:** \$2,395,218 is requested. Shrinkage is 2.0%

**FY 2026:** \$2,416,914 is requested. Shrinkage is 4.1%

**Account Codes 5200-5290: Contractual Services**

Summary: Other Operating Expenditures (OOE) within this program are for leisure activities provided to residents by PSH&TC. Account code 52900 includes requests for funding to support various leisure activities such as dances, live entertainment, bowling, golfing, skating, etc., for residents.

The largest expense in this category is the cost for education services for PSH&TC's school-age residents. Services for the Special Purpose School are contracted with the Southeast Kansas Education Service Center, Interlocal #609. The \$440,000 contract for the Special Education sub-program is shown in account code 52700.

Funds are also requested to provide for professional consultant services in the following specialized fields: dental, psychiatry, radiology, pathology, podiatry, gynecology, optometry, neurology, medical records, and others. Maintenance and service agreements on medical laboratory, x-ray, pharmacy, and other equipment as needed are funded in this category. Outside laboratory services include tests for hepatitis screening, x-ray, film badges, and pathology reports. Requests are based on a review of FY 2024 expenses and have been adjusted where necessary to meet the needs of FY 2025 and FY 2026.

**Narrative Information – DA 400**  
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**Agency Name: Parsons State Hospital & Training Center**  
**Program Title: Ancillary Services**

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**FY 2025:** \$614,200 is requested.

**FY 2026:** \$621,130 is requested.

**Account Codes 5300 - 5390: Commodities**

Summary: This request for funding is to continue purchasing supplies in support of the many vocational activities offered to PSH&TC residents. Professional supplies, account code 53600, include resident medication which is the largest expense in this account code. Other supplies include tools for the wood shop, greenhouse, screen printing and other vocational programs at PSH&TC. Supplies are also purchased for Volunteer Services and providing community outreach and community publications. Supplies are primarily utilized in the following areas: X-ray, physical therapy, pharmacy, medical laboratory, psychological testing, and dental services.

**FY 2025:** \$240,825 is requested.

**FY 2026:** \$245,850 is requested.

**Account Code 5400 - 5490: Capital Outlay**

Summary: This category includes expenditures for specialized wheelchairs, one in FY 2025 and one in FY 2026. The Vocational Services sub-program also oversees the petting zoo at PSH&TC which provides therapeutic sensory stimulation for many individuals living at PSH&TC. Capital Outlay funding is requested to purchase additional livestock, as it becomes available and is deemed appropriate for this program.

**FY 2025:** \$10,500 is requested.

**FY 2026:** \$10,500 is requested.

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Parsons State Hospital & Training Center**  
**Program Title: Medical and Surgical Services**

**PROGRAM:** Medical and Surgical Services – 83000

**Program Overview:**

This program provides medical and nursing care and ensures optimal physical health for the individuals that live at PSH&TC. One Physician and two Advanced Registered Nurse Practitioners monitor the physical condition of each individual and provide appropriate treatment in compliance with the individual's support plan. Most doctor appointments, lab tests and x-rays for people living at PSH&TC take place on the PSH&TC campus. Outside consultations, coordination of any necessary major medical needs and/or treatments, or specialists are requested, as needed. Outside provider costs are normally covered by Medicaid under the Title XIX program and are billed to Medicaid by the providing entity.

**COVID-19 impacts:**

PSH&TC's Medical Director and department staff continue to provide critical, professional input into the development, implementation and enforcement of the COVID-19 related policies and procedures. PSH&TC leadership continues to work with federal, state, county, and city officials to ensure the latest information and best practices regarding COVID-19 are available to staff, individuals and their families.

KEY MEASURES	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
# of times PSH residents were referred to outside medical providers for services (specialists, severe illnesses, surgeries, etc.)	343	344	409	400	410
# of on-grounds doctor appointments for people living at PSH&TC	10,370	9,129	10,632	10,500	10,500
Average # of on-grounds doctor appts per individual (148 census)	70	62	72	71	71
% of residents receiving annual physical check-ups	100%	100%	100%	100%	100%
Number of prescribed medication doses issued (Medication Passes) to PSH&TC residents by qualified PSH&TC health care providers	1,060,052	1,019,035	1,158,828	1,100,000	1,100,000
Number of medication errors	116	247	90	75	75
% of medication pass errors	0.0109%	0.0242%	0.0078%	0.0068%	0.0068%

FY2025 – FY2026

**Current and Budget Year Operations:**

The program is expected to continue operating as in prior fiscal years, with an emphasis on providing quality medical services, on-campus, for the individuals who live at PSH&TC.

**Account Code 5100: Salaries and Wages**

Summary: The 25 FTE positions in this program provide overall direct and indirect medical support services for residents of PSH&TC. Funding requested is for all current positions for 26 pay periods in FY 2025 and FY 2026, including fringe benefit and KPERS increases.

**FY 2025:** \$3,799,811 is requested. Shrinkage is 1.3%

**FY 2026:** \$3,813,488 is requested. Shrinkage is 10.5%

**Account Codes 5200-5290: Contractual Services**

Summary: This request is for ongoing expenses for contractual services in support of this program. Major expenditures in this category are for contract services to meet ICF/IID requirements for medical records and specialized consulting services not covered by Medicaid. Requests are based on a review of FY 2024 expenses and have been adjusted where necessary to meet the needs of FY 2025 and FY 2024.

**FY 2025:** \$73,775 is requested.

**FY 2026:** \$77,325 is requested.

**Account Codes 5300 - 5390: Commodities**

Summary: This request includes all supply expenses projected for medical and surgical services. The major expense (account code 53600/Pro Science Supply Material) includes surgical tools, gauze, syringes, medical gases, exam gloves, etc. Requests are based on a review of FY 2024 expenses and have been adjusted where necessary to meet the needs of FY 2025 and FY 2026.

**FY 2025:** \$131,900 is requested.

**FY 2026:** \$133,700 is requested.

**Narrative Information – DA 400**  
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**Agency Name: Parsons State Hospital & Training Center**  
**Program Title: Medical and Surgical Services**

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**Account Code 5400 - 5490: Capital Outlay**

Summary: This request includes funding for medical equipment used for nurse training and recertification, and medical equipment necessary to meet ICF standards of care guidelines. The Nursing Department requires several equipment purchases in FY 2025 to support the medical needs of individuals across campus. Included are: 3-ZOLL AEDs, a bladder scanner, 3-portable vital machines, several training models, and some furniture requirements due to office relocations.

**FY 2025:** \$65,000 is requested.

**FY 2026:** \$5,000 is requested.

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Parsons State Hospital & Training Center**  
**Program Title: Trust and Benefit**

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**PROGRAM:** Trust and Benefit – Special Benefit Fund/Canteen Fund – 85000

**Program Overview:**

The Trust and Benefit Program is made up of the following three sub-programs:

- Resident Benefit                 - SMART 85001
- Resident Trust                   - SMART 85002
- Canteen                           - SMART 85003

The Special Benefit Fund/Canteen Fund is utilized for depositing funds donated by community organizations, funds from vending commissions, program activities and interest earned on Resident Trust Fund accounts. The latter income became effective during FY 1977 as authorized by SB 1007, Session of 1976. PSH&TC maintains the Resident Trust Fund (RTF), Special Benefit Fund (SBF) and Canteen Fund, in local bank accounts, held outside the State Treasury.

**FY 2025 and FY 2026 Operations:**

The program is expected to continue operating as in previous fiscal years.

**Expenditure Justification**

Expenditures from this fund provide items and services that are not included in the operating budget. The 1974 Legislative Session required that an account be established for a Special Benefit Fund account (Section 7, HB 1059). PSH&TC's Resident Trust Fund (RTF), Special Benefit Fund (SBF) and Canteen Fund, are held in local banks, outside the State Treasury. Daily transactions are recorded in PSH&TC's Electronic Health Record system (WellSky) and Quicken checkbooks. Residents request funds from the RTF in writing; supervisors and cottage staff authorize these transactions, as appropriate and in accordance with Social Security Administration Representative Payee guidelines. Bank statements and reconciliations for each of these funds are submitted to the Office of Accounts and Reports ([OAR-FIT@ks.gov](mailto:OAR-FIT@ks.gov)), quarterly.



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**PROGRAM:** Physical Plant/Central Services – 96000

**Program Overview:**

The Physical Plant/Central Services Program is made up of the following four sub-programs:

- Engineering and Protection - SMART 96001
- Supply Services - SMART 96002
- Dietary Services - SMART 96003
- Laundry Services - SMART 96005

**SUB-PROGRAM:** Engineering and Protection – 96001

Engineering and Protection is responsible for the overall maintenance, safety, and security of PSH&TC. Costs for utilities such as natural gas, electricity, water, and sanitation services fall within this sub-program. Other services included in this sub-program are:

- Power Plant personnel operate and maintain PSH&TC's high-pressure steam energy system on a 24 x 7 basis.
- Maintenance provides services in the areas of plumbing, welding, electrical, air conditioning, carpentry, painting, and overall upkeep of PSH&TC's grounds (approximately 366,000 square feet of buildings and 163.86 acres).
- Custodial Services provides clean living and working environments for the people who live and work at PSH&TC (12 living units and approximately 30 other buildings).
- Transportation personnel schedule use and maintenance of 68 vehicles for individual's outings and staff usage.
- Security personnel provide 24 x 7 coverage to ensure overall safety for the people who live and work at PSH&TC, conduct fire drills, and provide protection of property.
- Switchboard operators provide 24 x 7 coverage and in addition to transferring telephone calls, work very closely with security personnel and hospital personnel to provide emergency communications regarding dangerous or life-threatening safety and health situations for people living at PSH&TC and staff, severe weather conditions, etc. The switchboard is also responsible for 24 x 7 monitoring of the fire alarm system.

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KEY MEASURES	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Number of ICF/IID standards pertaining to Engineering and Protection such as "Physical Environment" met for Certification Survey	Meet 10/10	Meet 10/10	Meet 10/10	Meet 10/10	Meet 10/10
% Compliance to ICF/IID Certification Survey for standards pertaining to "Physical Environment"	100%	100%	100%	100%	100%
Number of requests for specialized services/repairs issued through the electronic Maintenance Work Order Program by PSH&TC staff	2,569	2,661	2,743	2,700	2,700
% of issued work orders completed by end of fiscal year	94.6%	82.8%	92.5%	95.0%	95.0%
Total number of passenger vehicles utilized by PSH&TC Maintenance Department (excludes tractors and trailers)	17	17	15	15	15
Average age of PSH&TC Maintenance Department passenger vehicles (excludes tractors and trailers)	23.76 years	22.5 years	22.5 years	20 years	20 years
Total number of passenger vehicles (excluding maintenance passenger vehicles) used by PSH&TC staff	50	51	51	54	54
Average age of passenger vehicles (excluding maintenance passenger vehicles) used by PSH&TC staff	11.5 years	11.4 years	11 years	10 years	10 years
Total number of support services rendered to PSHTC staff and residents by PSHTC Safety and Security Officers	54,999	38,688	38,167	38,000	38,000
Average Cost per person for all support services rendered by PSHTC Safety and Security Officers	\$3,084	\$3,297	\$3,489	\$3,925	\$3,969
Number of incidents when PSH&TC Safety and Security Officers were needed to assist with combative residents	1143	959	1105	1000	950
Number of Fire Drills conducted annually by PSHTC Safety and Security	270	167	147	150	150

FY2025 – FY2026

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**SUB-PROGRAM:** Supply Services – 96002

This sub-program includes the Procurement Office and a central warehouse/storeroom facility that orders, stocks, and distributes supplies and equipment daily for each building and program on campus. A computerized inventory control system is utilized to establish reorder points for each expendable inventory item so that only the minimum inventory necessary to operate is kept on hand. Additional responsibilities include accurately tracking location and movement of fixed inventory and all other significant equipment and purchases at PSH&TC. Capital Outlay costs for appliance and furniture replacement items appear in this sub-program. A Procurement Officer II oversees the operation and ensures PSH&TC's compliance with state contract and purchasing regulations.

KEY MEASURES	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Total number of ALL Expendable Inventory items dispensed by PSHTC Storeroom (i.e. personal care items, office, household, cleaning, leisure, and automotive supplies, etc.)	577,981	308,391	671,135	675,000	675,000
Average Annual Cost per person living at PSH&TC for ALL Expendable Inventory items dispensed by PSH&TC Storeroom	\$2,982	\$2,083	\$2,334	\$2,350	\$2,350
Average Annual Cost per person living at PSH&TC for Household and Office Expendable inventory items (Account Code 539200 + Account Code 537100)/148	\$2,110	\$2,850	\$2,955	\$3,000	\$3,000

**SUB-PROGRAM:** Dietary Services – 96003

Dietary staff prepare three meals a day within each cottage. Residents enjoy family-style dining. Cottage cooks have the responsibility for purchasing food for their individual cottages and often invite the individuals who live at PSH&TC to accompany them to the grocery store. This allows the individuals living at PSH&TC to gain experience in shopping and food preparation, so they are better prepared to make informed choices when they are placed in a community setting. Food Service Supervisors have developed more than a thousand different menus for the cooks to use. A contracted dietician works closely with the Dietary Services Manager and Food Service Supervisor to provide guidance and ensures each person living at PSH&TC is receiving the proper nutrition. The Dietary Services manager is responsible for the everyday operation of the department and ensures that regulations regarding food preparation and sanitation are followed.

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**High Vacancy Rate impacts:**

PSH&TC experienced a 65% vacancy rate for cook positions throughout most of FY 2024. In March 2024, PSH&TC received permission from the Department of Administration to raise the starting salary of cooks to \$15.03/hour. As a result of this salary increase, by the end of FY 2024 the vacancy rate had dropped to 45%, and by the end of July 2024, the vacancy rate had dropped still further to 40%. PSH&TC anticipates the continued decrease in vacancy rates for cook positions, as word of mouth spreads the news that the higher pay rate is now available.

KEY MEASURES	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
% of residents participating in food purchasing for cottages	88.5%	89.0%	90.0%	97.0%	97.0%
% of residents participating in food preparation on cottages	72.0%	68.2%	71.0%	75.0%	75.0%
% of Cottages participating in family-style meal programs	100%	100%	100%	100%	100%
Approximate number of home-cooked meals served to people who live at PSH&TC annually	162,060	162,060	162,060	162,060	162,060
Average cost of food per meal served to people living at PSH&TC	\$2.06	\$2.52	\$3.18	\$3.60	\$3.63
Number of ICF/IID standards met pertaining to "Dietary Services"	Met 4/4	Met 4/4	4/4	4/4	4/4
% ICF/IID compliance to ICF/IID standards pertaining to "Dietary Services"	100%	100%	100%	100%	100%

**SUB-PROGRAM:** Laundry Services – 96005

This sub-program provides clean, infection-free laundry, clothing, towels, bed linens, etc., for all PSH&TC residents and areas requiring laundry service. Soiled linen and clothing items are picked up from residence cottages and then sorted, washed, dried, and folded. The clean linens and clothing items are then returned to the cottages.

KEY MEASURES	FY2022 Actuals	FY2023 Actuals	FY2024 Actuals	FY2025 Estimate	FY2026 Estimate
Average daily pounds of laundry items processed for the individuals who live at PSH&TC (total lbs. / 365)	1,400	1,270	2,164	2,200	2,200
Total annual cost per person complete laundry services	\$1,685	\$1,878	\$1,589	\$2,266	\$2,276

FY2025 – FY2026

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**Current and Budget Year Operations:**

The program is expected to continue operating as in previous years, providing operational services for the individuals who live at PSH&TC in the areas of Engineering and Protection, Supply Services, Dietary Services, and Laundry Services.

**Account Code 5100: Salaries and Wages**

Summary: 82.6 FTE positions provide overall direct and indirect support services to all residents and staff of PSH&TC. Funding requested is for all current positions for 26 pay periods in FY 2025 and FY 2026, including fringe benefit and KPERS increases.

**FY 2025:** \$5,084,225 is requested. The shrinkage rate is 3.3%.

**FY 2026:** \$5,138,930 is requested. The shrinkage rate is 4.4%.

**Account Codes 5200-5290: Contractual Services**

Summary: This category includes all fee and service-type expenses projected for this program. This includes: specialized work on the stand-by electrical generating system, compressor and electrical motor rebuilding, repair work on state-owned motor vehicles, and other operational machinery and equipment, fire alarm system maintenance, boiler maintenance, kitchen hood maintenance, elevator maintenance, pest control service, termite treatment services, radios used by the Security Department, vehicles repaired at local shops or dealers, hazardous chemical removal (i.e., paint, solvents), and hydrostatic testing of fire extinguishers to comply with National Fire Protection Association (NFPA) Life Safety Code Standards. Plans are underway for several building maintenance and repair projects scheduled for FY 2025, including: replacement of sewage grinder, repair of the main generator, playground equipment installation, several office remodels, mold remediation and drainage issues in three buildings.

Utilities reflected in this program include natural gas, electricity, water, and sewer service. The following table shows the costs for electricity, natural gas, and water over the last five years. Blue Mark Energy, PSH&TC's current contractor for natural gas, allows PSH&TC's Procurement Officer to adjust its nominations each month for the following month's expected usage to reduce costs and better address market fluctuations through-out the cold-weather months. In FY 2025, PSH&TC elected to lock in ½ of its natural gas costs at a fixed rate to take advantage of lower gas rates. Some of the utility costs are pro-rated and charged to the SPTP program. Those pro-rated costs are shown within the SPTP program.

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UTILITIES	Electricity Usage			Natural Gas Usage			Water and Sewage Usage		
Fiscal Year	KWH Used	Avg Cost/ KWH	Total Cost	MCF Used	Avg Cost/ MCF	Total Cost	Cu Ft Used	Avg Cost/ Cu Ft	Total Cost
2020	5,142,945	\$0.08006	\$411,760	47,680	\$2.42719	\$115,728	1,402,302	\$0.13416	\$188,130
2021	4,820,938	\$0.08233	\$396,919	50,036	\$6.38781	\$319,621	1,402,212	\$0.14137	\$198,224
2022	5,020,772	\$0.08641	\$433,822	48,074	\$6.77778	\$325,835	1,595,173	\$0.16105	\$225,832
2023	4,870,528	\$0.10119	\$492,824	42,679	\$6.22326	\$265,603	1,557,687	\$0.14569	\$226,940
2024	4,927,150	\$0.09071	\$446,963	41,209	\$4.28468	\$176,567	1,722,267	\$0.15352	\$264,398
5-yr Average	4,956,467	\$0.08814	\$436,458	45,936	\$5.22015	\$240,671	1,535,928	\$0.14716	\$220,705

Requests are based on a review of FY 2024 expenses and have been adjusted where necessary to meet the needs of FY 2025 and FY 2026.

**FY 2025:** \$1,601,850 is requested.

**FY 2026:** \$1,238,500 is requested.

**Account Codes 5300 - 5390: Commodities**

Summary: This category includes supply expenses projected for this program. Funds are requested for the purchase of supplies, parts and materials used by the Maintenance Department to repair and maintain state building infrastructure and equipment. The cost of such items continues to increase due to the age of many of PSH&TC's buildings. Included are replacements of air conditioners, light fixtures, paint, lavatory equipment and machinery repair parts. Motor vehicle related costs include gasoline, motor oils, parts, etc. PSH&TC also owns and maintains several lawn mowers and tractors. Funds are also requested for miscellaneous supplies used in repair and maintenance of power plant operations.

Also included in this request is funding to continue purchasing supplies specific to the operation of Supply Services. Clothing, general professional supplies, office supplies, and general household supplies are the largest expenditures for this program. Some generic items such as briefs, socks, bras, and tee shirts are acquired through state contracts. Clothing costs fluctuate depending on resident

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movement from admissions, placements, and transfers. Purchases charged to Other Supplies include all laundry, kitchen, housekeeping, and power plant supplies stocked by the supply warehouse for hospital-wide use.

Food for human consumption (account code 532010) is included in this category. These expenditures directly support the people living at PSH&TC. Overall expenditures for food products have increased, primarily due to increasing food prices at local retail food markets, but in part, to limited state contracts for food commodities. Some household supplies (account code 539200) are purchased in this category, utilizing state contracts, for both Dietary Services and Laundry. Requests are based on a review of FY 2024 expenses and have been adjusted where necessary to meet the needs of FY 2025 and FY 2026.

**FY 2025:** \$1,162,735 is requested.

**FY 2026:** \$964,159 is requested.

**Account Code 5400 - 5490: Capital Outlay**

Summary: This request includes purchase costs to replace small equipment and building materials necessary to maintain PSH&TC's buildings and grounds. Additional funds to replace worn-out or damaged furniture and appliances used in the living units are also included in this category. Other high-cost items that frequently require repair and/or replacement annually include older industrial air conditioning compressors and heat-exchange units. This a new sewer grinder, one truck for plumbing to replace a retiring maintenance vehicle, two 7-passenger vans for resident travel use, appliances, office chairs, tables, and file cabinets to replace outdated and broken furniture for those areas scheduled for remodel during FY 2025. FY 2026 funding request includes additional vehicle replacement and equipment upgrades.

**FY 2025:** \$283,400 is requested.

**FY 2026:** \$173,450 is requested.