15 September 2026

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 FY2027 and FY2028 for the Agency. The budget has been prepared in accordance with the instructions transmitted in your memo of July 2026. 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.

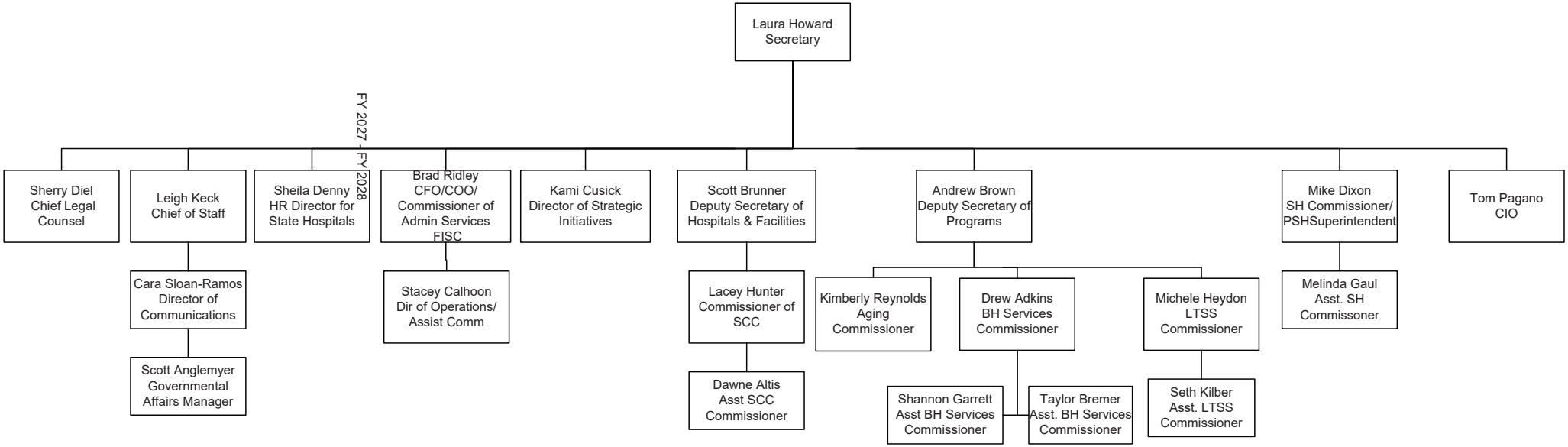
Sincerely,

Laura Howard

Laura Howard
Secretary

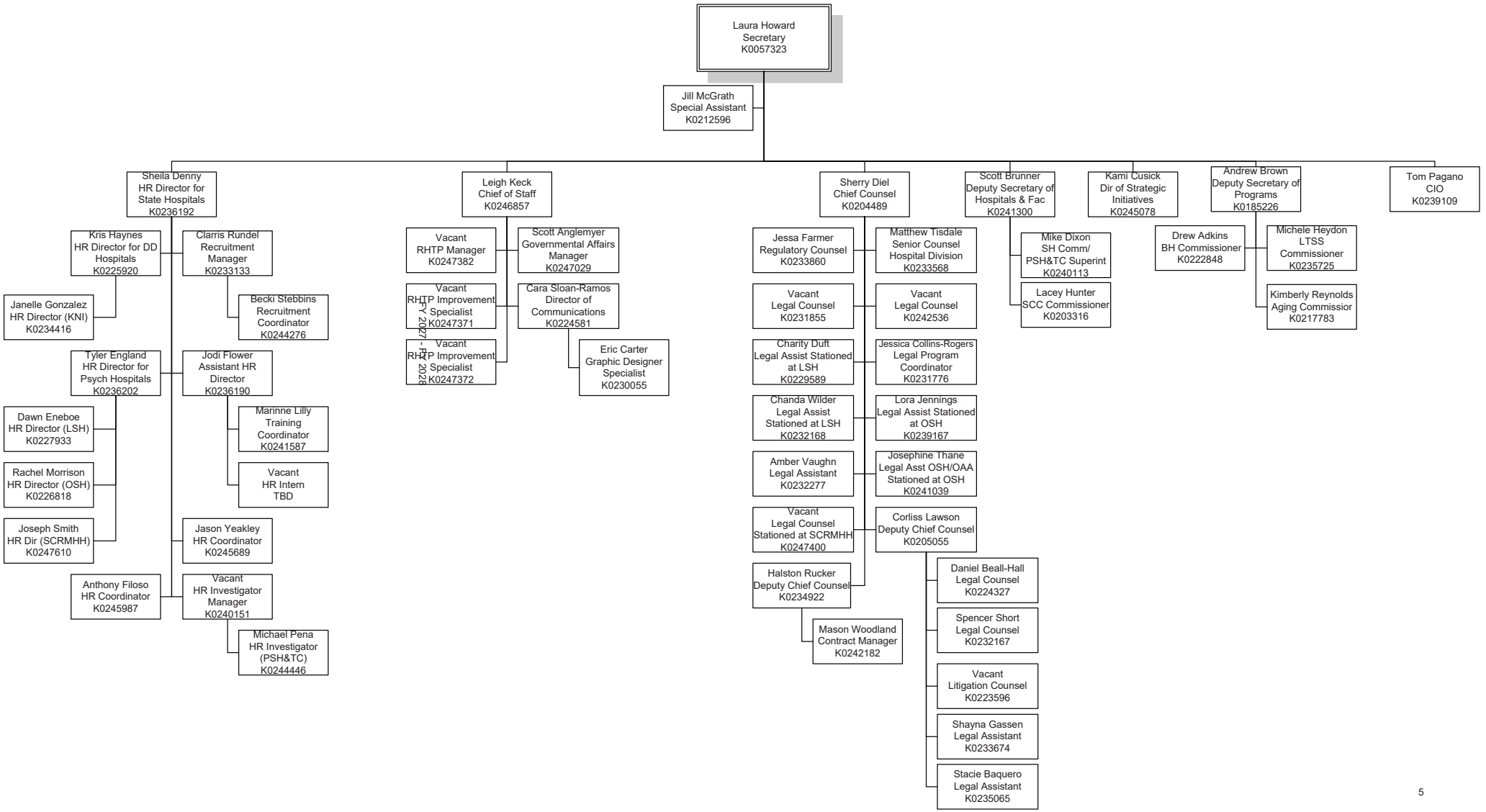
Kansas Department for Aging & Disability Services
Senior Leadership Staff

August 03, 2026



Kansas Department for Aging & Disability Services

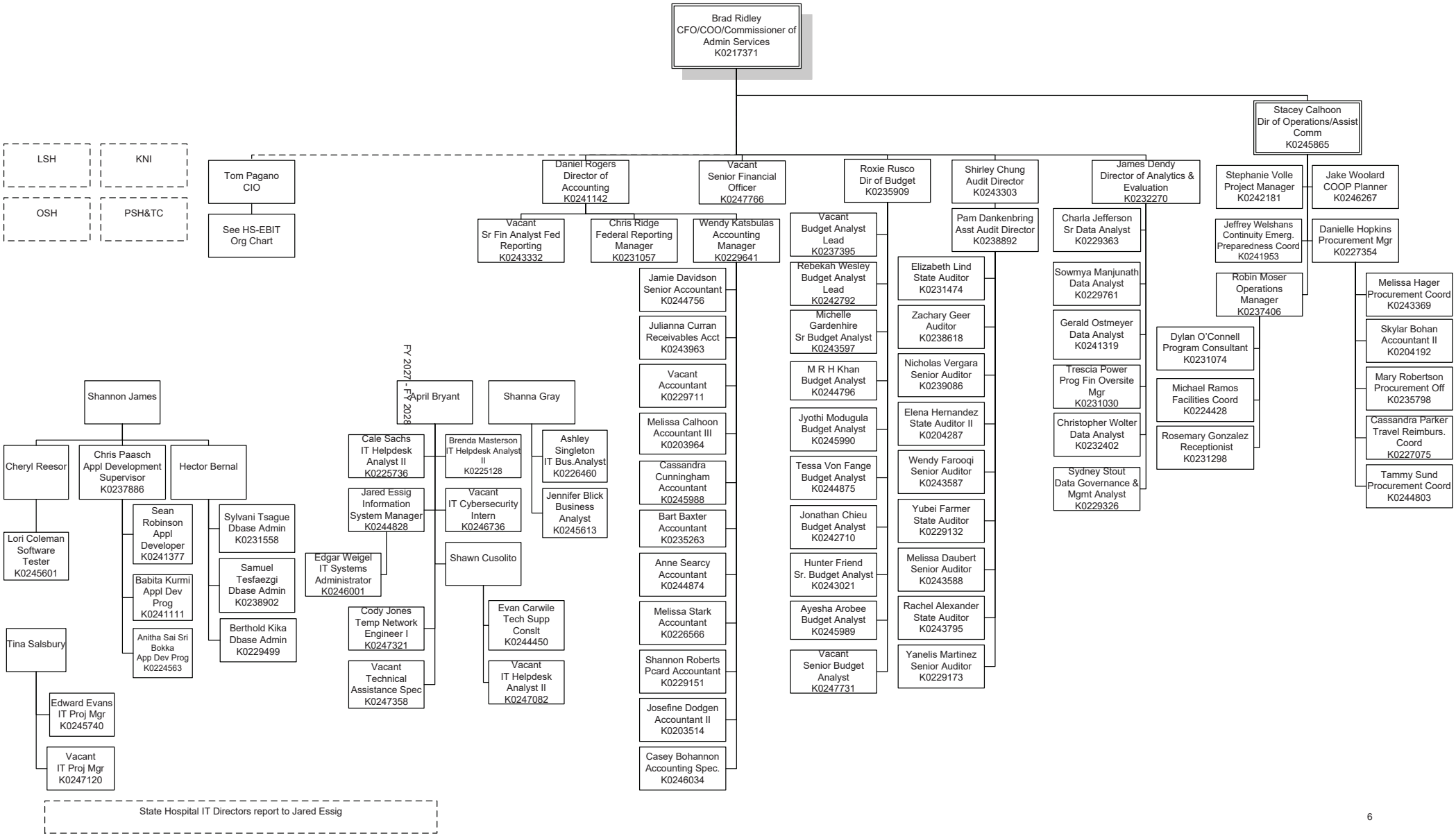
Office of the Secretary
August 3, 2026



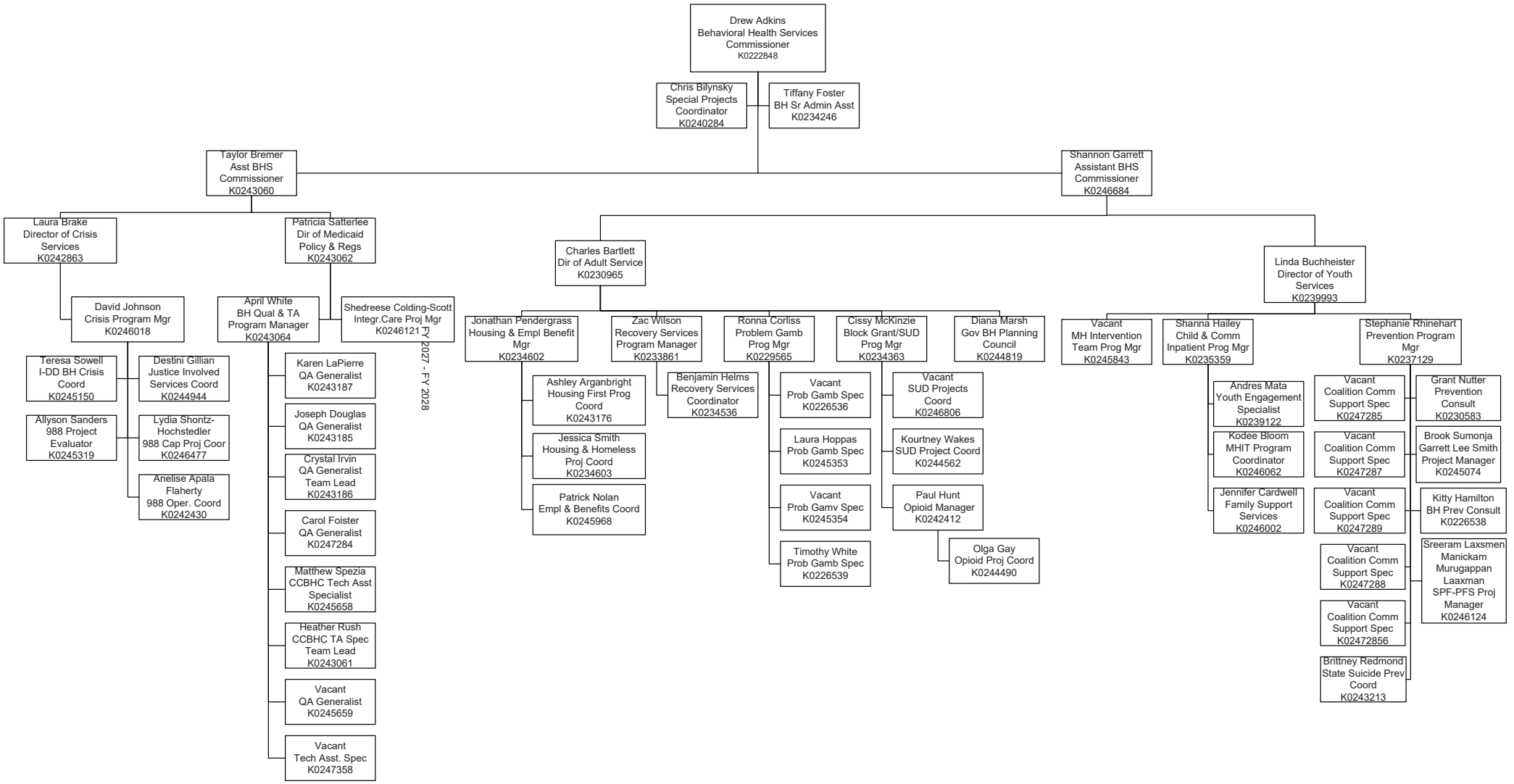
Kansas Department for Aging & Disability Services

Financial & Information Services Commission

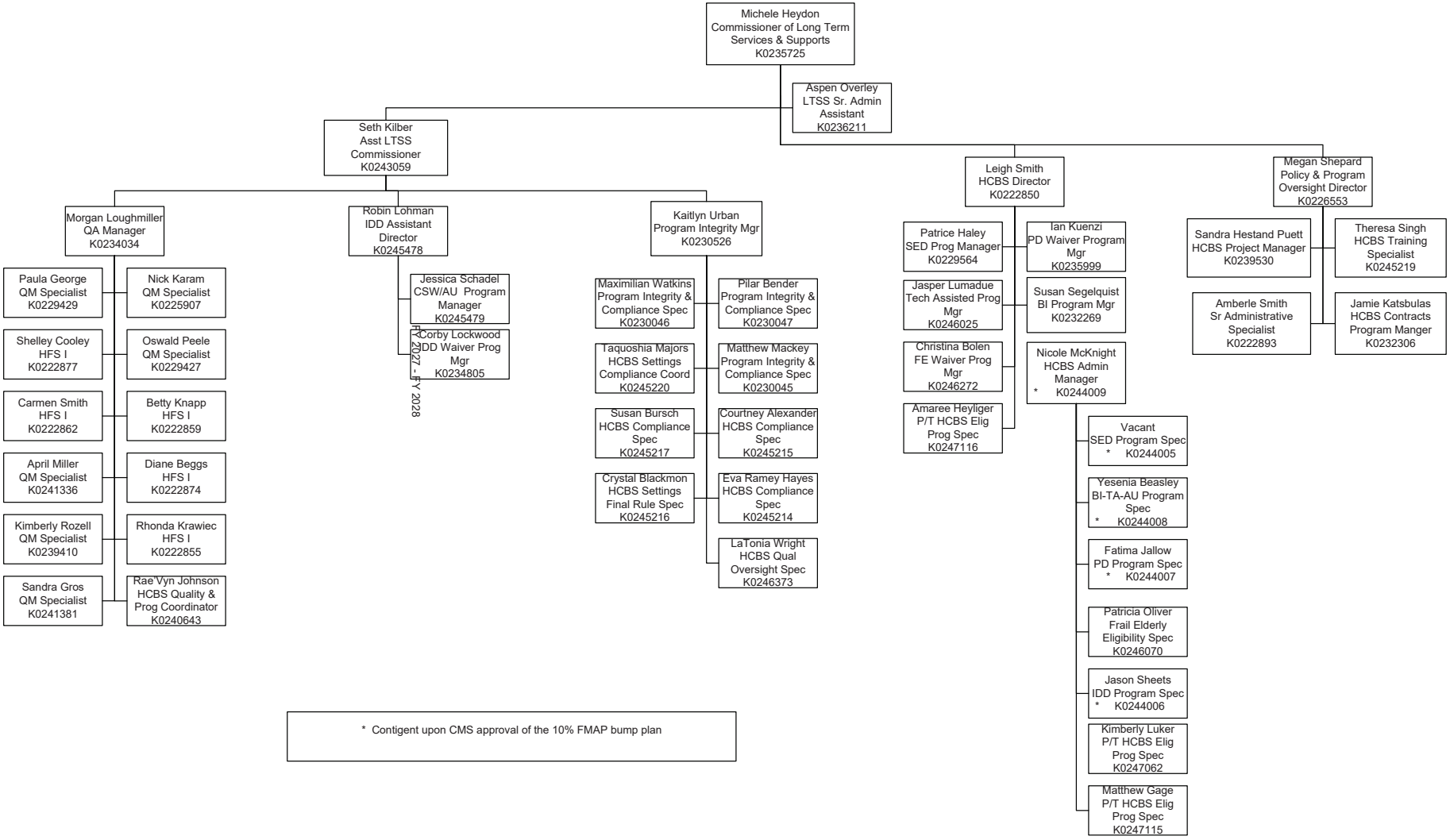
August 3, 2026



Kansas Department for Aging and Disability Services
Behavioral Health Services
August 3, 2026

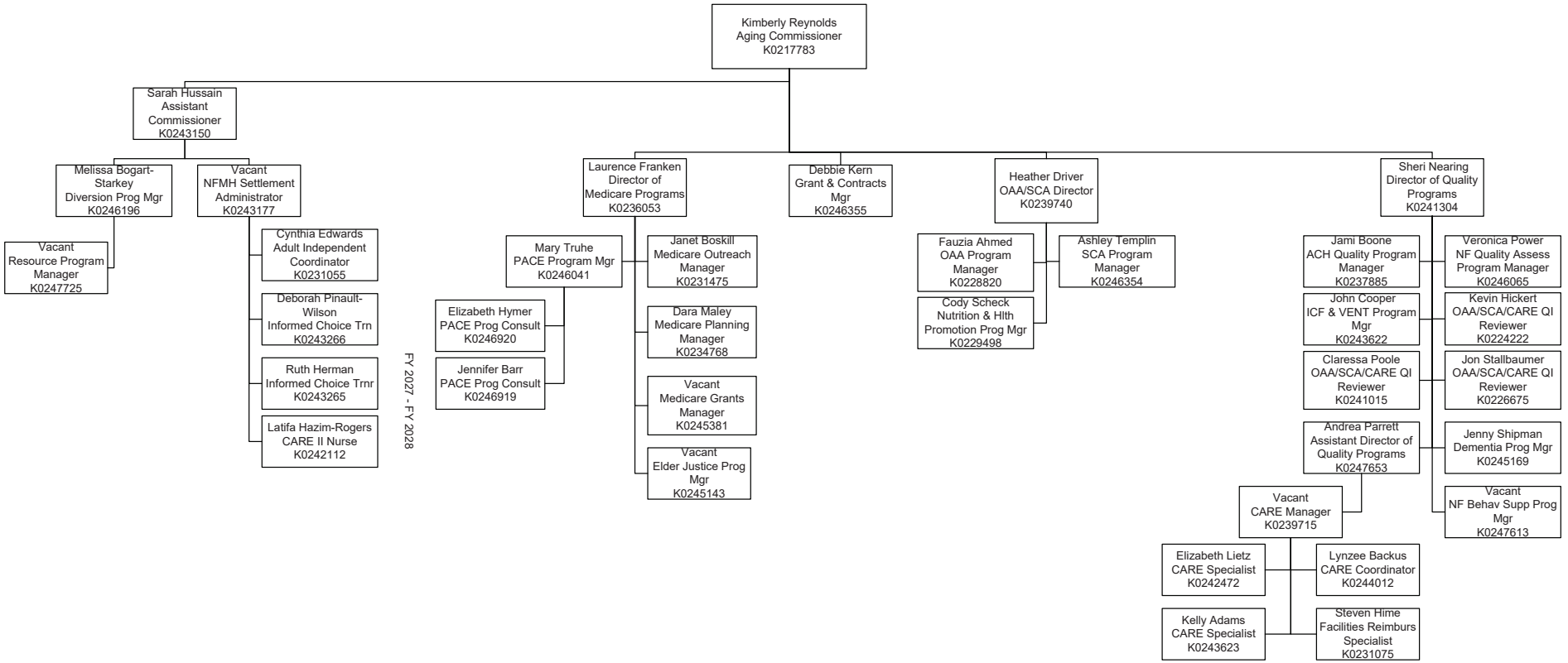


Kansas Department for Aging and Disability Services
Long Term Services & Supports
August 3, 2026



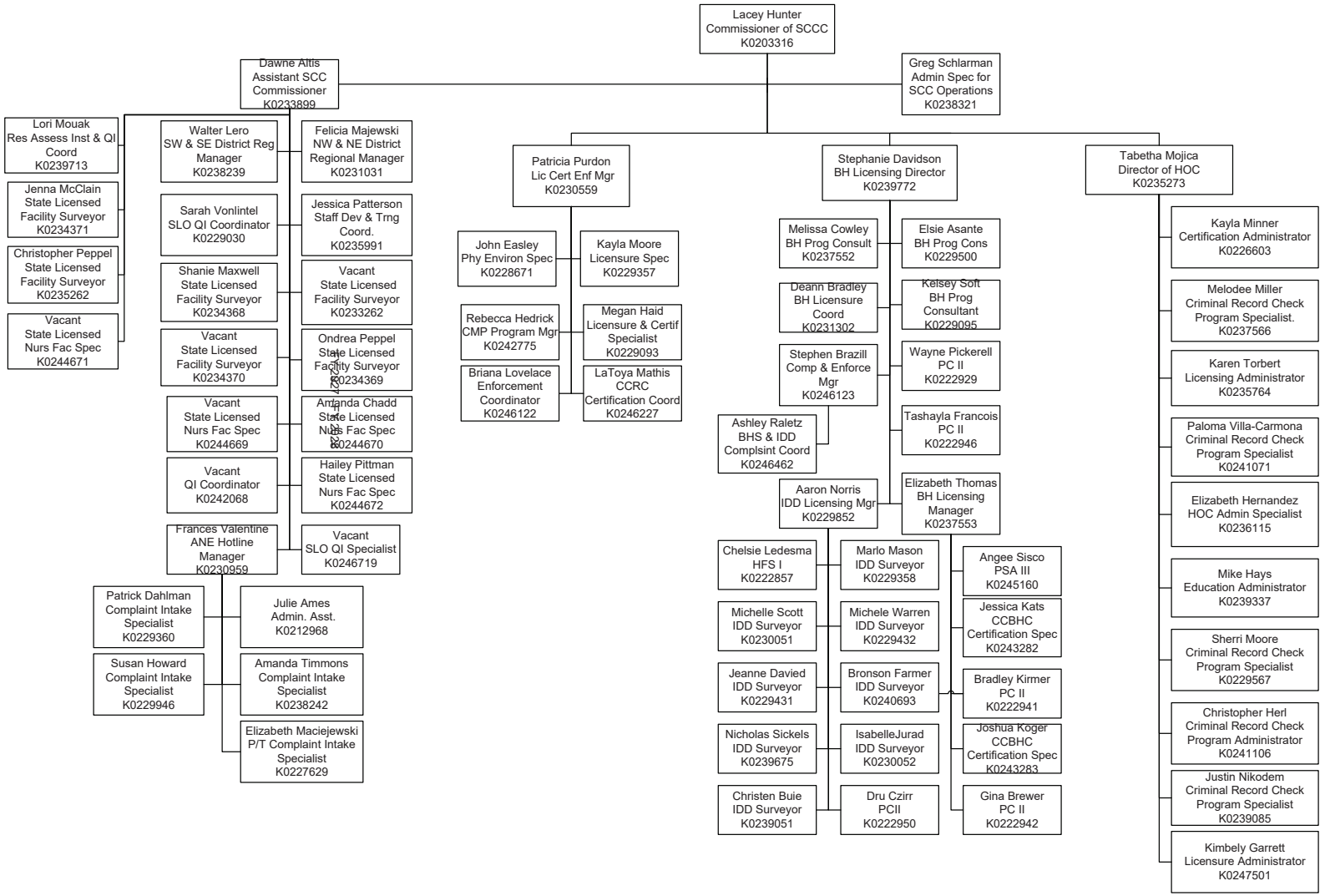
* Contigent upon CMS approval of the 10% FMAP bump plan

Kansas Department for Aging and Disability Services
Commission on Aging
August 3, 2026

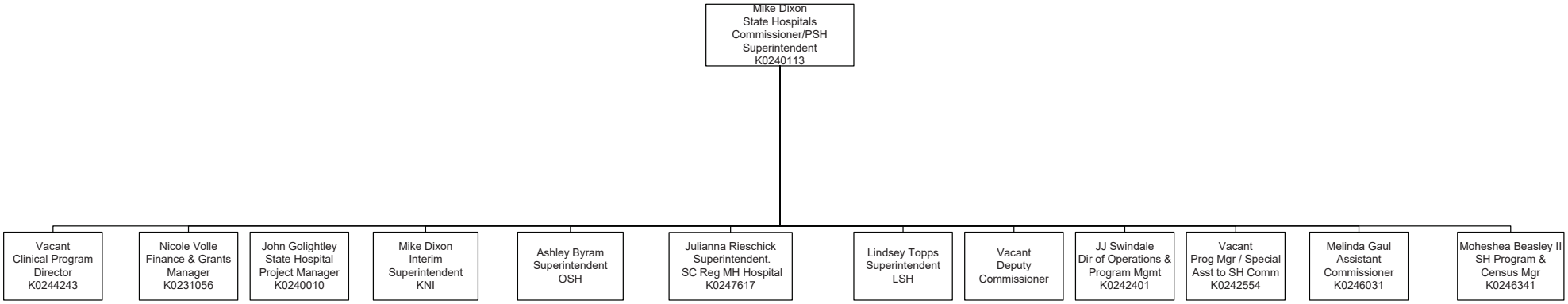


Kansas Department for Aging and Disability Services
Survey Certification and Credentialing Commission

August 3, 2026



Kansas Department for Aging and Disability Services
State Hospitals
August 3, 2026

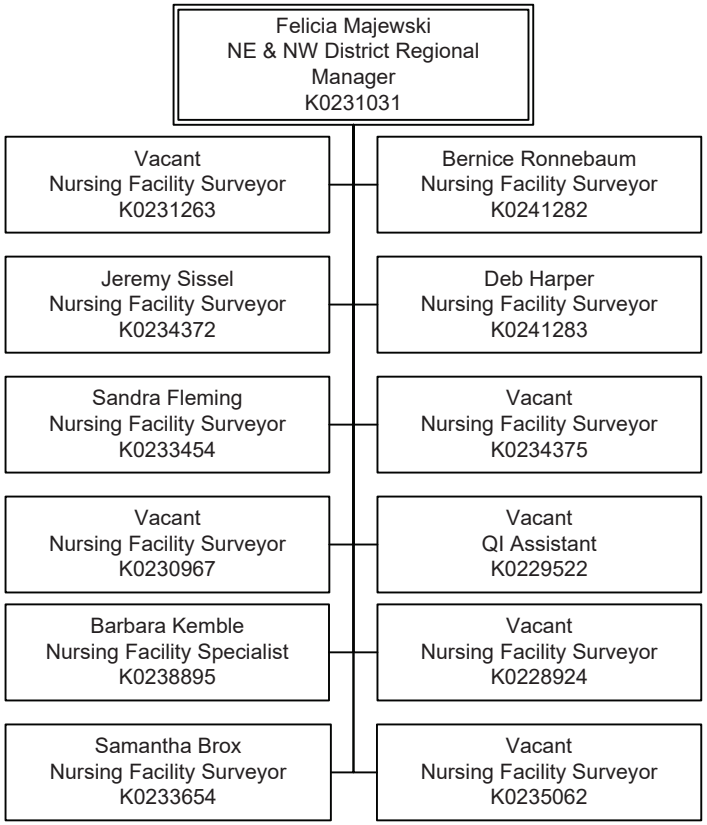


FY 2027 - FY 2028

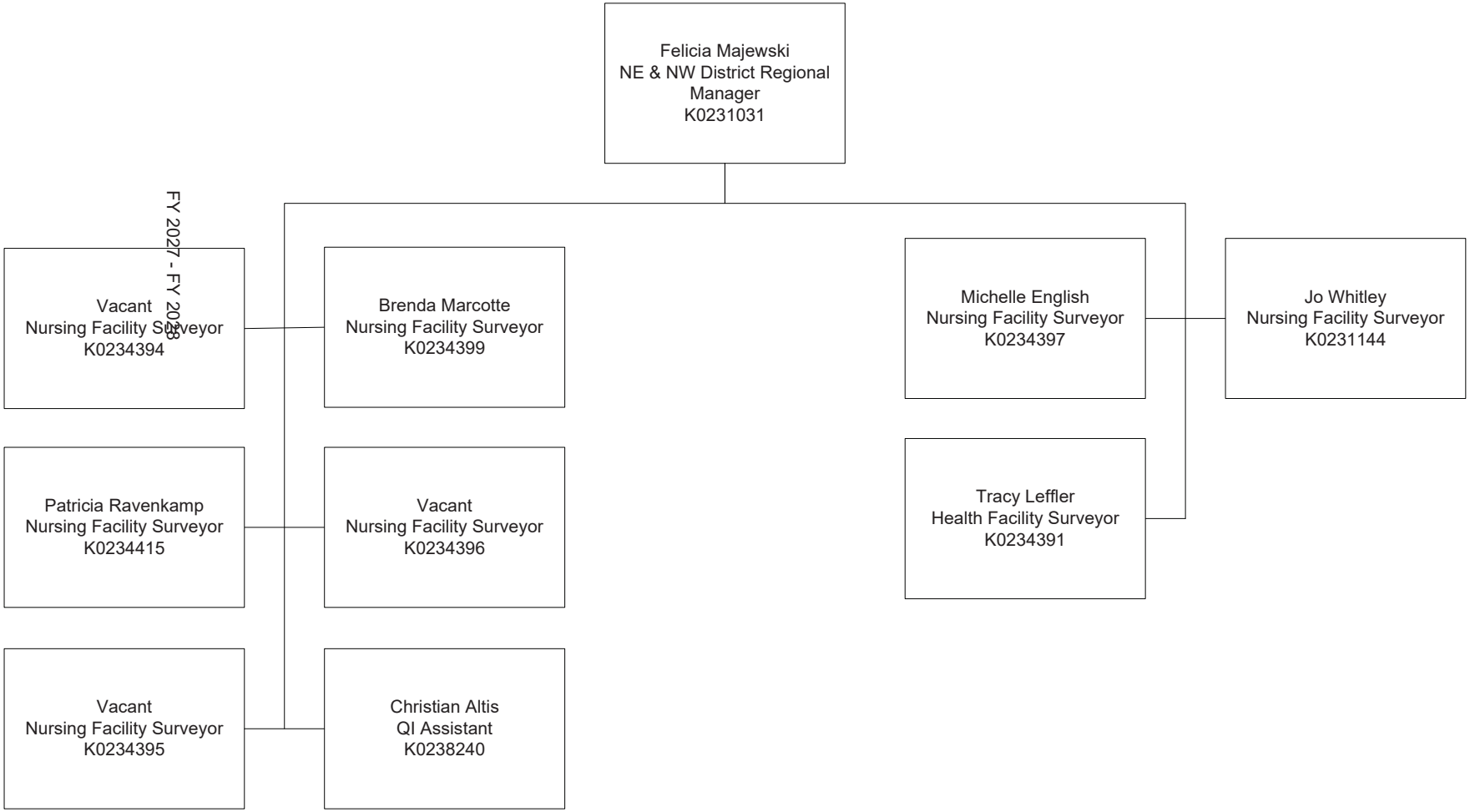
Kansas Department for Aging and Disability Services
Northeast District Office (Topeka)

August 3 2026

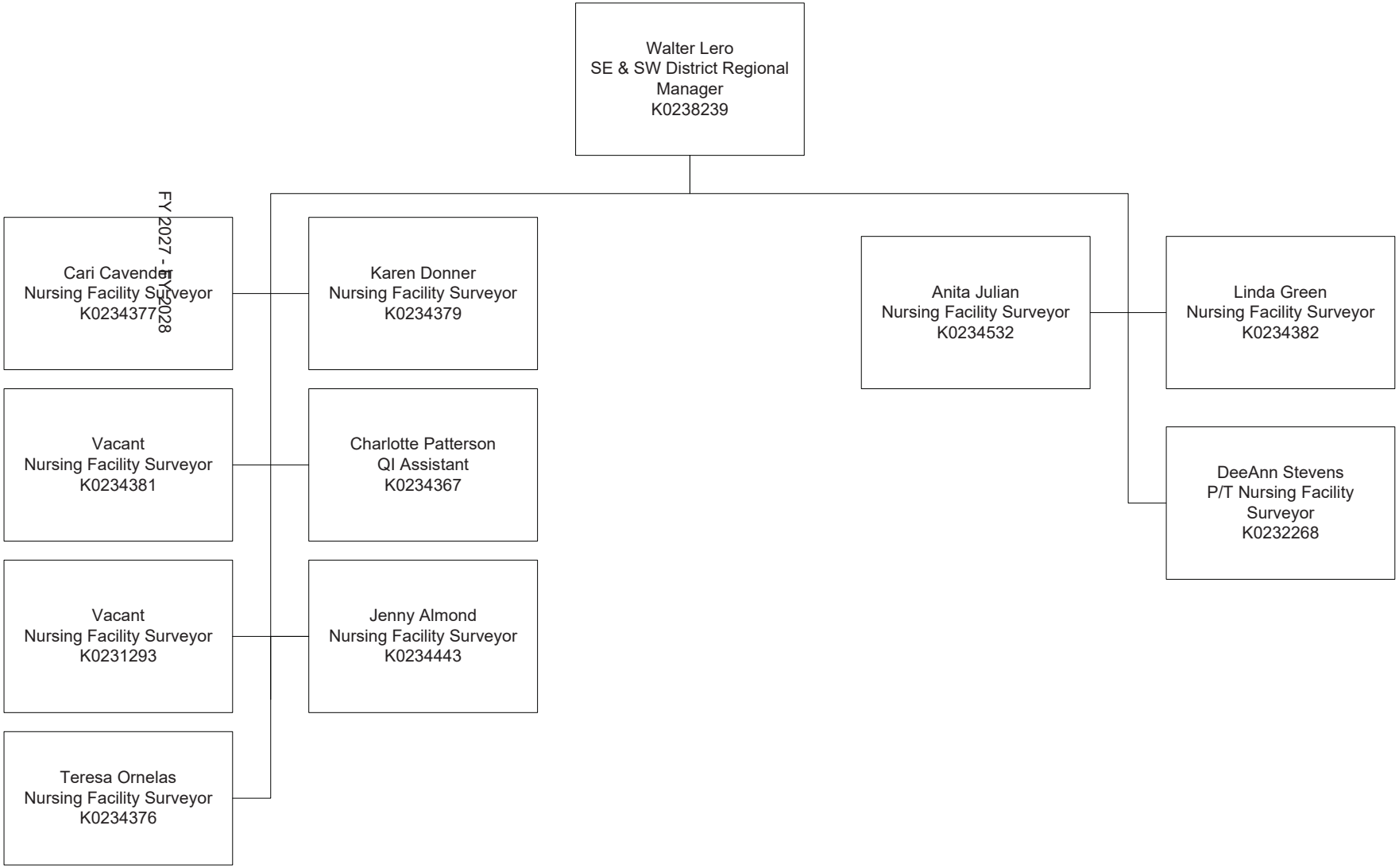
FY 2027 - FY 2028



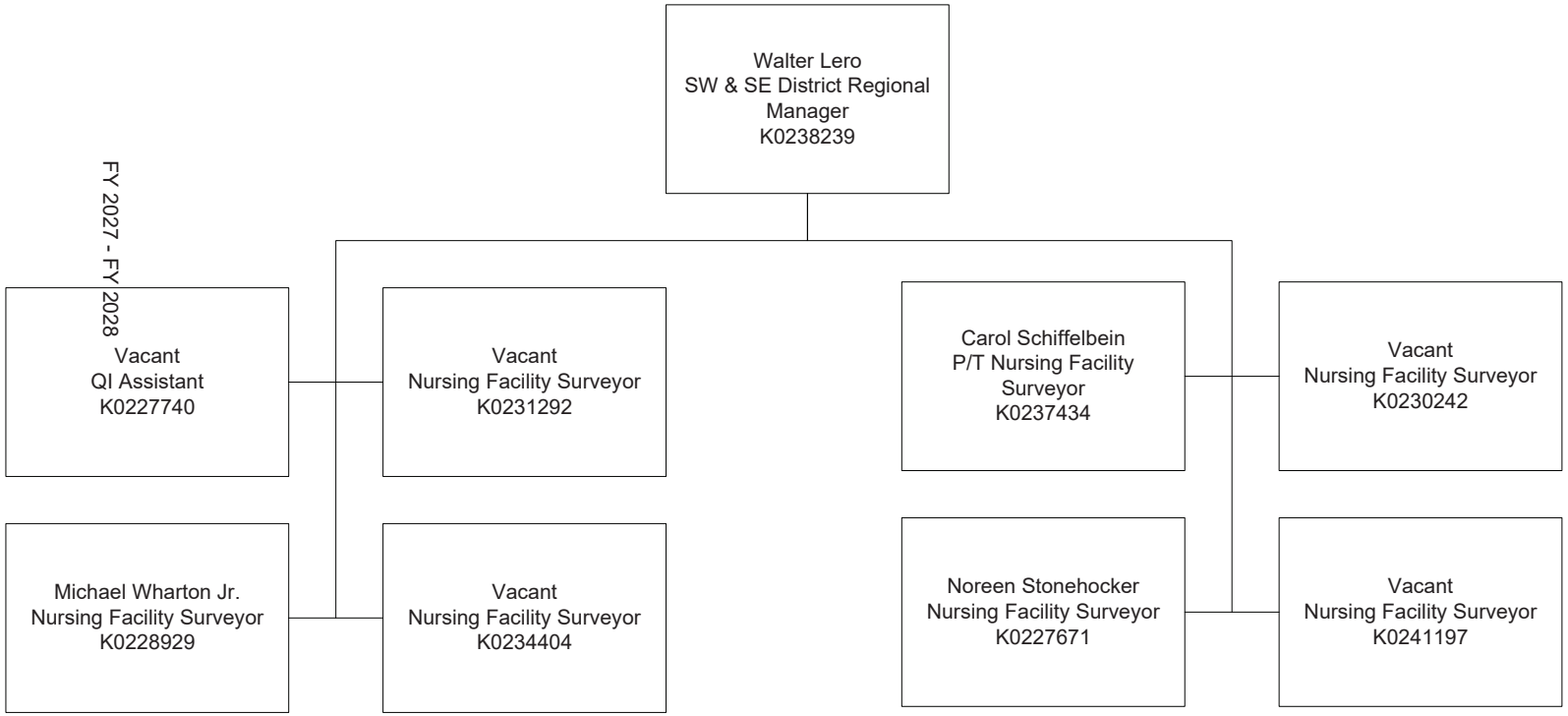
Kansas Department for Aging and Disability Services
Northwest District Office (Salina)
August 3, 2026



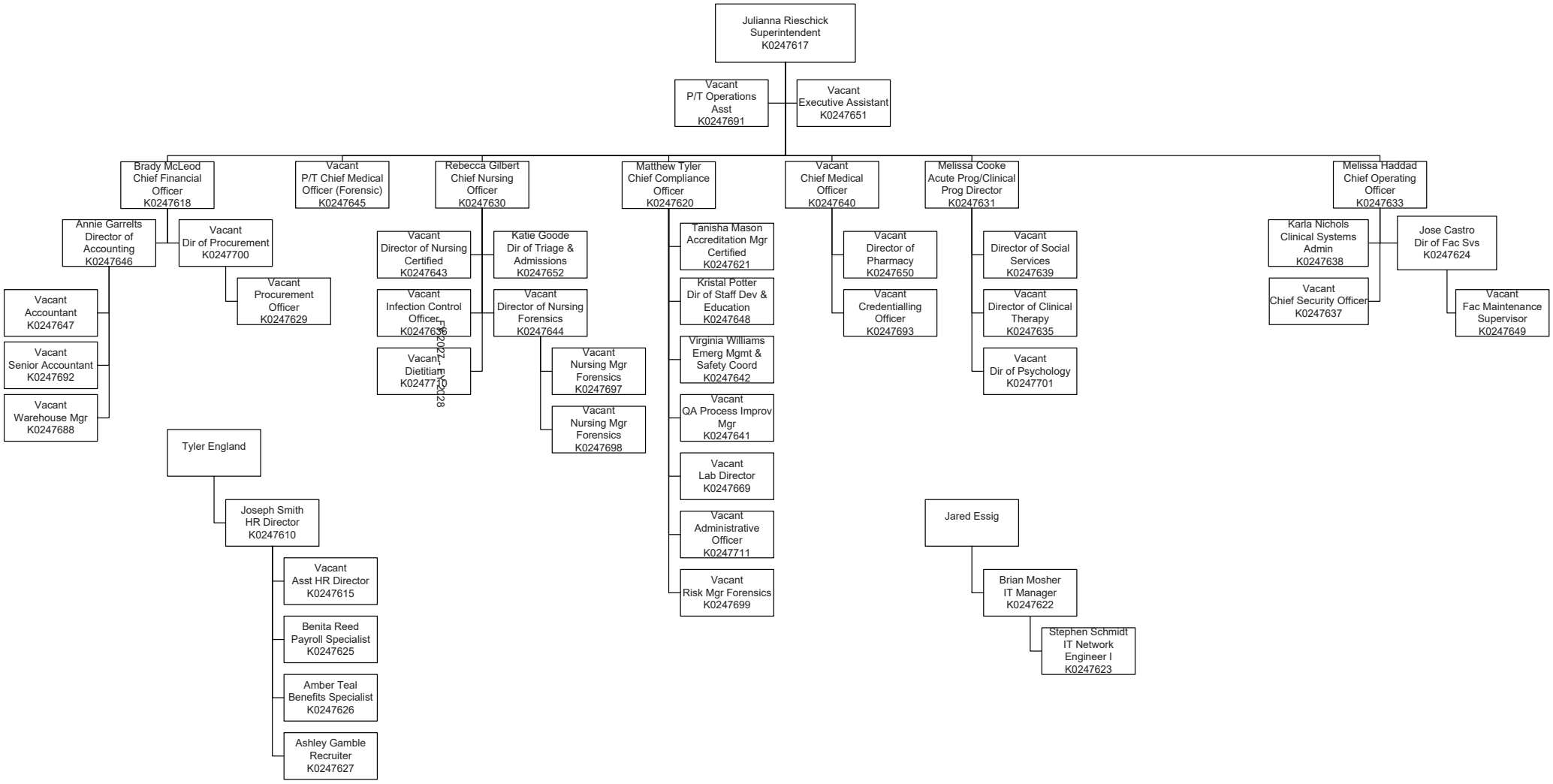
Kansas Department for Aging and Disability Services
Southeast District Office (Chanute)
August 3, 2026



Kansas Department for Aging and Disability Services
Southwest District Office (Wichita)
August 3, 2026



Kansas Department for Aging and Disability Services
South Central Regional Mental Health Hospital
July 20, 2026



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 agency for substance abuse and the state mental health authority.

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.

FY 2026, FY 2027, FY 2028

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 Crime Fund. Despite the additional revenue and requirements, KDADS did not receive increased spending authority from PGAF.

FY2027 FY2028

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.
- 2025 CCR HB 2249 established the South Central Regional Mental Health Hospital in statute, updated catchment areas for the state hospitals, and changed the name of Parsons State Hospital and Training Center to Parsons State Hospital.

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 mental health and disability service providers is governed by K.S.A. 39-2001, et seq.
- Licensure of dieticians governed by K.S.A.65-5901, et seq. and in 2025 the Legislature passed the dietitian compact to provide interstate practice privileges.
- Licensure of speech language pathologist and audiologist governed by K.S.A.65-6501, et seq. and in 2021 the Legislature passed the Interstate Licensure Compact for Speech Language Pathologists and Audiologists.
- Licensure of alcohol or other drug treatment facilities governed by K.S.A. 65-4001, 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.
- In 2026, HB 2671 created the speech-language pathology assistant license and gave licensing authority to the Secretary for Aging and Disability Services.

FY 2027 FY 2028

2026 Legislative Session Statutory Changes (SFY 2026 Revised and SFY 2027)

- SB 30 provides for annual occupational licensing reports by agencies to the Legislature and requires that adoption of new occupational licenses and material changes to existing occupational licenses by a state agency be approved by the Legislature by ratification.
- SB 374 permits municipal judges to initiate psychiatric or psychological examinations to determine competence, sets forth relevant procedures and requires further consideration of evaluation and treatment during the course of competency proceedings for defendants charged with the most serious offenses.
- HB 2237 increases the limitation on recruitment and retention bonuses in state agencies' employee award and recognition program to $10,000.
- HB 2536 requires proposed guardians for certain adults who have a cognitive impairment or are diagnosed with a neurological condition to complete training approved by the Secretary for Aging and Disability Services prior to appointment as a guardian.
- HB 2731 requires the Department of Health and Environment, in cooperation with the Department for Aging and Disability Services to seek federal approval to establish continuous Medicaid eligibility for individuals with intellectual or developmental disabilities who are receiving services through a Home and Community Based Services waiver.
- HB 2761 created the speech-language pathology assistant license and gave licensing authority to the Secretary for Aging and Disability Services.

- HB 2513, the budget, contained several provisions impacting KDADS operations including:
  - Requiring applicants for state-appropriated funds to identify clearly defined, measurable outcome metrics for their use of those funds requiring that recipients are to receive 50% of the funds at the time of award, with the remaining 50% withheld until the Director of Accounts and Reports certifies that the program has demonstrated measurable progress toward the declared outcome metrics.
  - Creating the Certified Community Behavioral Health Center (CCBHC) Sustainability Advisory Group, requiring the group to review and discuss the codes that trigger billing under the prospective payment system and to identify cost offsets and outcomes of CCBHCs, reporting to the Legislature on items reviewed, identified, and discussed.
  - Requiring the agency to inform Medicaid recipients and their family members, when those recipients are considering moving into a long-term care facility of the programs and services available to allow them to remain in their homes.
  - Requiring all state-licensed-only adult care homes to submit monthly reports on involuntary transfers or discharges of residents.
  - Cap the waiting list for the Home and Community Based Services (HCBS) Physical Disabilities (PD) Waiver at1,800, the HCBS (Intellectual and Developmental Disabilities) IDD Waiver at 4,000 and provide an estimate of additional monies needed to the budget committees.
  - Continuation of the Mental Health Intervention Team (MHIT) program that had previously been transferred from the Kansas State Department of Education to KDADS.
  - A 1.5% across the board cut
  - Lapse of state general funds associated with vacant positions

FY 2025 Budget

NARRATIVE INFORMATION – DA 400	AGENCY NAME:	Kansas Department for Aging & Disability Services
Division of the Budget	PROGRAM TITLE:	Agency Overview
State of Kansas	SUBPROGRAM TITLE:	Legislative Adjustments

2026 Legislative Session Budget Adjustments		SFY 2027		
Commission	**Description**	**SGF**	**All Funds**	**One-Time**
Aging	Nursing Home Without Walls	600,000	600,000	Yes
Aging	Senior Nutrition Funding	3,000,000	3,000,000	
Aging	Behavioral Health Add-On for Nursing Facilities	1,500,000	3,900,000	
Behavioral Health Services	Kids State Hospital at KNI	-	2,000,000	Yes
Behavioral Health Services	CCBHC Planning Grants	(4,000,000)	(4,000,000)	Yes
Behavioral Health Services	CMHC Grant Increase	4,000,000	4,000,000	Yes
Behavioral Health Services	Emberhope	250,000	250,000	Yes
Behavioral Health Services	Inclusion Connections/Belong KC (ARPA)	-	2,000,000	Yes
Behavioral Health Services	MHIT	(6,000,000)	(6,000,000)	
Behavioral Health Services	SUD Uninsured Funding	5,000,000	5,000,000	Yes
Behavioral Health Services	SUD Workforce Development-Mirror INC	1,800,000	1,800,000	Yes
Behavioral Health Services	MHIT-Telehealth	(2,000,000)	(2,000,000)	
Long Term Services and Supports	HCBS/TA Waiver Caseload Increase	2,500,000	7,000,000	
Long Term Services and Supports	HCBS/Community Support Waiver	1,800,000	4,742,146	
Long Term Services and Supports	HCBS/BI Waiver Caseload	4,000,000	10,538,102	
Long Term Services and Supports	HCBS/FE Waiver Caseload	15,000,000	39,517,882	
Long Term Services and Supports	Heartspring	400,000	400,000	Yes
Long Term Services and Supports	Kansas Employment First Training/Tech Assistance	500,000	500,000	Yes
Long Term Services and Supports	Nursing Facility Medicaid Add-On	18,902,835	49,800,000	Yes
Long Term Services and Supports	PD/FE Reimbursement Rate Adjustment	5,300,000	13,300,000	
Long Term Services and Supports	Reimbursement Rate Increase 6% IDD Waiver	15,828,278	41,700,000	
Long Term Services and Supports	CDDO Increase	-	-	Yes
Long Term Services and Supports	Envision	-	-	Yes
Caseloads	KanCare	33,809,554	168,392,517	
Caseloads	Non-KanCare	6,132,970	18,772,150	
State Hospital Commission	Counties and Hospitals Reimbursement	(1,000,000)	(1,000,000)	
State Hospital Commission	OSH - Adair Building and Commons (SIBF)	-	3,458,053	Yes
Agencywide	State Employee Pay Plan Increase	122,131	264,730	Yes
Agencywide	1.5% SGF Reduction	(578,726)	(578,726)	Yes
	Total	**106,867,042**	**367,356,854**	

AGENCY BUDGET OVERVIEW

Fund	SFY 2026 Actuals	SFY 2027 Approved	SFY 2027 Base	SFY 2027 Supplementals	SFY 2027 Adjusted	SFY 2028 Base	SFY 2028 Enhancements	SFY 2028 Adjusted
State General Fund	1,522,877,159	1,528,466,024	1,567,694,620	7,000,000	1,574,694,620	1,513,010,327	70,855,317	1,583,865,644
Federal Fund	2,111,176,004	2,425,366,835	2,453,764,101	-	2,453,764,101	2,500,128,856	46,853,923	2,546,982,779
All Other Funds	91,737,874	92,289,222	110,706,797	-	110,706,797	94,363,603	16,873,200	111,236,803
Agency Total	**3,725,791,037**	**4,046,122,081**	**4,132,165,518**	**7,000,000**	**4,139,165,518**	**4,107,502,786**	**134,582,440**	**4,242,085,226**
FTE	*364.6*	*354.5*	*350.5*	-	*350.5*	*350.5*	*20.0*	*370.5*

Actual Year

The FY 2026 actual expenditures are $320.33 million, including $6.59 million from the State General Fund (SGF), below the amount approved by the 2026 Legislature for FY 2027. The primary reason for the increase in the FY 2027 approved compared to FY 2026 actual expenditures are legislative additions, detailed on the previous page, which total $367.36 million, including $108.87 million SGF.

The overall SGF increase is partially offset by decreased expenditures on South Central Regional Mental Health Hospital ($63.9 million in FY 2026 to $0 in FY 2027) as the hospital is established as its own agency beginning in FY 2027. Additionally, FY 2026 included $39.6 million SGF in one-time expenditures for HCBS projects that were required by the federal government as part of the 10.0 percent FMAP increase granted during the Public Health Emergency. There are no 10.0 percent HCBS FMAP projects budgeted in FY 2027.

Current Year

In FY 2027, KDADS requests revised expenditures totaling $4.14 billion, including $1.57 billion SGF and $14.18 million from the State Institution Building Fund (SIBF). The revised request is an increase of $93.0 million, including $46.2 million SGF, above the FY 2027 approved budget.

The SGF increase is primarily driven by reappropriations totaling $68.7 million, detailed in the "Reappropriations" section below. The revised request includes one supplemental request for $7.0 million SGF to fund State Institutional Alternative caseload. The SGF increase is partially offset by the transfer of $21.2 million from KDADS to South Central Regional Mental Health Hospital and the agency-initiated lapse of $8.3 million in reappropriated HCBS waiver funding from FY 2025.

Other, non-SGF increases include:

- Reappropriations of $5.3 million SIBF for ongoing capital improvement projects at the state hospitals.
- Transfers from the State Finance Council (authorized by 2026 HB 2513, Sec. 65(t)) totaling $10,818,694 in additional, one-time funding to the Crisis Stabilization Centers and Clubhouse Model Program.
- Increased federal funds driven by an increase in the federal share of FMAP from 60.97% in FY 2026 to 62.04% in FY 2027.

Budget Year

For FY 2028, KDADS requests expenditures totaling $4.24 billion, including $1.58 billion SGF and $21.37 million SIBF. The request is an increase of $196.01 million, including $55.40 million SGF, above the FY 2027 approved budget.

The increase is primarily attributable to the enhancement requests totaling $134.58 million, including $70.86 million SGF, including (12) total enhancements for KDADS and (5) for capital improvement projects at the state hospitals. The enhancements are described in greater detail in the Supplemental & Enhancement section of the budget narrative.

FY 2027 - FY 2028

The SGF increase over the FY 2027 approved amount is also attributable to $10.66 million for I/DD reimbursement rate increase of 4.0 percent which was approved as an out-year appropriation for FY 2028 by the 2026 Legislature.

The overall SGF increase is primarily offset by base budget adjustments to remove items designated as one-time. These are indicated on the 2026 Legislative Budget Session Adjustments table and include deletions for:

- CMHC Grants ($4.0 million)
- EmberHope ($250,000)
- Heartspring Construction ($400,000)
- Kansas Employment First Training / TA Assistance ($500,000)
- Medicaid Capacity ($18.9 million)
- Nursing Homes Without Walls ($600,000)
- SUD Block Grant increase ($5.0 million)
- SUD Workforce Development (Mirror) ($1.8 million)

The FY 2028 budget request also includes a reduction of $17.4 million for KanCare Caseloads compared to the FY 2027 approved amount. This will be reevaluated by the fall consensus caseload group.

Other, non-SGF increases include:

- Increased salaries and wages expenditures due to the 27th paycheck (this also has an SGF impact of $471,175)
- Increased Problem Gambling and Addictions Grant Fund expenditures of $2.5 million
- Increased Mental Health Block Grant expenditures of $2.3 million
- Increased federal funds driven by an increase in the federal share of FMAP from 60.97% in FY 2026 to 62.9% (preliminary) in FY 2028.

KDADS Supplemental and Enhancement Requests

There is 1 supplemental request for FY 2027. The FY 2028 budget request contains (17) total enhancement proposals, of which (5) are capital improvement projects at the state hospitals. These requests 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:

Supplemental:

1. SIA Funding

FY 2027

Enhancements:

FY 2028

1. Electronic Health Record Implementation
2. SIA Funding
3. State PRTF Operations
4. HCBS/FE Waiver Caseload
5. HCBS/BI Waiver Caseload
6. Crisis Intervention Center / Crisis Stabilization Center Operations
7. KDADS Specific IT Staff
8. Program Integrity Staff
9. PACE Program Monitoring
10. HCBS Rate Study
11. Employment First Training and TA
12. Nursing Home Without Walls

State Hospital Commission Supplemental / Enhancement Requests

Enhancements:

1. 2nd Priority Rehab and Repairs
2. KNI Sunflower Lodge State PRTF Renovation
3. OSH Cottonwood Center Remodel
4. OSH Special Services and MICO House Office Remodel
5. LSH Isaac Ray Facility Reroof

Reappropriations - The following table details SGF reappropriations from FY 2027:

Fund	Reappropriation	Transfer/Lapses	Budgeted	Explanation / Purpose
1000-3002	1,298	(1,298)	-	Carryover funds from the 10.0 percent HCBS FMAP savings from the Public Health Emergency. Remainder was transferred back to 0612.
1000-0160	4,443,145	(66)	4,443,079	Primarily unspent funds reappropriating from FY 2025 following the lapse by the Legislature and subsequent line-item veto by the Governor during FY 2026.
1000-0204	593	(9)	584	Miscellaneous unspent funding
1000-0610	24,840,269	-	24,840,269	Caseloads funding will be reevaluated through the fall consensus caseloads meeting.
1000-0611	1,908,579	-	1,908,579	Caseloads funding will be reevaluated through the fall consensus caseloads meeting.
1000-0612	16,281,098	(8,279,800)	8,001,298	Unspent funds on the HCBS waiver programs, primarily for ICF/IID, I/DD waiver and delay of the new CSW Waiver not starting in SFY26. The adjusted budget request lapses $8.3 million.
1000-0801	35,317	(530)	34,787	Miscellaneous unspent funding
1000-3003	21,172,514	(21,172,514)	-	Funding for South Central Regional Mental Health Hospital completion and operations. This was transferred from KDADS to SCR during the current fiscal year
Total	**68,682,813**	**(29,454,217)**	**39,228,596**	

FY 2027 - FY 2028

NARRATIVE INFORMATION – DA 400	AGENCY NAME:	Kansas Department for Aging & Disability Services
Division of the Budget	PROGRAM TITLE:	Agency Overview
State of Kansas	SUBPROGRAM TITLE:	Supplementals and Enhancements

KDADS Supplemental Requests							
Commission	**Priority**	**Request Title**	**FY**	**Total**	**Federal**	**SGF**	**SIBF**
BHS	1	SIA Funding	27	**$ 7,000,000**	$ -	$ 7,000,000	$ -
				$ 7,000,000	**$ -**	**$ 7,000,000**	**$ -**

KDADS Enhancement Requests							
Commission	**Priority**	**Request Title**	**FY**	**Total**	**Federal**	**SGF**	**SIBF**
SHC	1	Electronic Health Records	28	**$ 18,750,000**	$ -	$ 18,750,000	$ -
BHS	2	SIA Funding	28	**7,000,000**	-	7,000,000	-
BHS	3	State PRTF Operations	28	**1,500,000**	-	1,500,000	-
Medicaid	4	HCBS/FE	28	**56,314,754**	35,421,980	20,892,774	-
Medicaid	5	HCBS/BI	28	**9,300,000**	5,849,700	3,450,300	-
BHS	6	CIC/CSU Operations	28	**15,000,000**		15,000,000	-
Operations	7	KDADS Specific - IT Staffing	28	**896,000**	448,000	448,000	-
LTSS	8	Program Integrity/FWA	28	**286,012**	143,006	143,006	-
Aging	9	PACE Program Monitoring	28	**278,750**	139,375	139,375	-
LTSS	10	HCBS Rate Study	28	**2,000,000**	1,000,000	1,000,000	-
LTSS	11	Employment First Training TA	28	**1,000,000**	500,000	500,000	-
Medicaid	12	Nursing Home W/O Walls Add-on	28	**5,280,000**	3,300,000	1,980,000	-
				$ 117,605,516	**$ 46,802,061**	**$ 70,803,455**	**$ -**

State Hospital Capital Improvement Supplemental Requests							
Commission	**Priority**	**Request Title**	**FY**	**Total**	**Federal**	**SGF**	**SIBF**
Capital Improvements	1	Priority 2 Rehabilitation and Repair	28	**$ 5,134,300**	$ -	$ -	$ 5,134,300
Capital Improvements	2	KNI Sunflower Lodge State PRTF Renovation	28	**4,941,700**	-	-	4,941,700
Capital Improvements	3	OSH Cottonwood Resource Center Remodel	28	**2,021,200**		-	2,021,200
Capital Improvements	4	OSH Special Services and MICO House Office Expansion	28	**926,000**	-	-	926,000
Capital Improvements	5	LSH Isaac Ray Facility Complete Reroof	28	**3,850,000**	-	-	3,850,000
				$ 16,873,200	**$ -**	**$ -**	**$ 16,873,200**

	FY	**Total**	**Federal**	**SGF**	**SIBF**
Agencywide Supplemental Totals	**27**	**$ 7,000,000**	**$ -**	**$ 7,000,000**	**$ -**
Agency Enhancement Totals	**28**	**$ 134,478,716**	**$ 46,802,061**	**$ 70,803,455**	**$ 16,873,200**

Supplemental Requests – FY 2027

Supplemental Request # 1/1

Priority: **1**
Title: **State Institutional Alternative Expansion**
Program: **32200 – Mental Health Grants**

Justification: The Kansas Department for Aging & Disability Services requests a supplemental of $7.0 million SGF in FY 2027 to fund regional hospital bed alternatives to state psychiatric hospital care at Larned State Hospital (LSH) and Osawatomie State Hospital (OSH.) These private psychiatric or community hospitals agree to accept patients with mental illness who have been screened as needing a state hospital level of care. The SIAs have been in place since FY 2021 and have reduced demand and waiting times for beds at State Hospitals, reduced emergency department boarding, and have provided quicker access to stabilizing services for Kansans with serious mental health needs.

The SIA program is financed through Federal and State funds. SGF covers state hospital level services when patients are not Medicaid eligible, many due to age. The Institution for Mental Disease (IMD) exclusion is a Medicaid policy preventing Medicaid funds from being used to cover services for beneficiaries aged 21 to 64 in inpatient psychiatric facilities with more than 16 beds.

In FY 2026, the SIA program's actual SGF costs were $16,171,108.10, an increase of about $7.0 million over FY 2025 costs, due to higher utilization of adult beds. The SIA program costs also include administration expenses for the Crisis Hotline, Census/Hospital Bed Management, and the Statewide Coordination of Statewide Screens for SIA Beds. The table below shows the number of screens completed and admissions by voluntary and involuntary status.

State Fiscal Year (SFY)	Screens	Divert	Admits	Voluntary Admissions	Involuntary Admissions
SFY 2023	5,225	2,524	2,702	1,300	1,401
SFY 2024	8,801	4,221	4,580	2,313	2,267
SFY 2025	8,504	4,111	4,393	2,094	2,299
SFY 2026	10,012	5,063	2,993	409	2,470

Without additional SGF funding in the current year, wait times to receive critical services will increase. The State Hospitals only take involuntarily committed patients. Reduced access to the SIA beds, which take a combination of both involuntary and voluntary admissions, will strain the coordinated system of care for mentally ill Kansans. Without the SIA option adults meeting the state hospital level of care will wait longer in emergency departments or other community settings, waiting for a bed to become available in a state hospital, straining those local resources.

The need for state-funded SIA placements is expected to decline over time as KDADS' investment in the mental health system continue. Expansion of Certified Community Behavioral Health Clinics, Crisis Intervention Centers, and other community-based services should reduce demand for inpatient care. Additionally, approval of a federal 1115 waiver addressing the IMD exclusion could allow Medicaid reimbursement for services currently funded through state funds. Until those changes occur, however, the SIA program remains an essential tool for maintaining access to inpatient behavioral health treatment and preventing further strain on state hospital resources.

Performance Metric	FY26 Actual	FY27 Projection (If funded)	Supplemental
SIA Patient Bed Days	10,896	11,000	State Institutional Alternative Expansion

Enhancement Requests – FY 2028

Enhancement Request #1/12

Priority: **1**
Title: **Electronic Health Record Implementation**
Program: **39600 - Hospital Commission**

FY 2028

Justification: KDADS requests $18,750,000 SGF in FY 2028 to fund the implementation of a new electronic health record system for the state hospitals. The new system will be the product of a request for proposal issued during FY 2027 with a targeted implementation date in January 2027 and concluding January 2028.

KDADS and the Hospitals are seeking an enterprise solution that better meets the clinical, operational, regulatory, and strategic needs of Kansas' inpatient psychiatric and forensic treatment facilities and intermediate care facilities for individuals with developmental disability. The current EHR was implemented starting in FY 2022. Due to start up delays related to internet speed, network infrastructure, and wireless readiness on each campus, the production system was only fully implemented on all 5 campuses in 2025. KDADS and the hospitals worked to resolve issues with the current system functionality, including purchasing additional management services, development services from the vendor, and spending for outside vendors to build and maintain interfaces with the system. r

The current system is being replaced to fully achieve the goals set with a single EHR system for all state hospitals. Use of the system, in addition to formal operational assessments, stakeholder interviews, and feasibility studies within the information technology project process identified significant limitations within the current system. Operational assessments identified several significant deficiencies that support implementing a replacement EHR system. Laboratory interfaces experience recurring outages that disrupt patient care workflows. Revenue cycle interfaces remain unstable, delaying billing activities and reimbursement. Required State reporting capabilities have not been fully implemented. Enterprise scheduling capabilities cannot be utilized because of security limitations. Planned admissions and referral management functionality was never deployed, preventing the State from achieving its objective of enterprise-wide coordination of available psychiatric resources. The solution can not support an automated means to verify patient location and wellness checks, which is a step back from the functionality that was in place on the Larned State Hospital campus. These limitations continue to require hospitals to maintain parallel business processes and legacy applications that increase operational costs while reducing efficiency. These deficiencies affect all State hospitals and limit KDADS' ability to provide standardized, integrated, and data-driven patient care.

The contract with the current vendor expires in May 2027 based on the original contract term. The hospitals and KDADS pursued development of an RFP to acquire a new system to overcome operational inefficiencies, compliance challenges, security vulnerabilities, and risks that may adversely affect patient care and the State's ability to maintain regulatory compliance and federal funding.

The need for replacement is further driven by the planned opening of the South Central Regional Mental Health Hospital in Wichita, the expiration of the current WellSky contract in May 2027, and the State's strategic objective to establish a single enterprise EHR supporting all six State-operated hospitals. The replacement platform will provide integrated clinical documentation, medication management, laboratory services, revenue cycle management, interoperability, reporting, patient engagement, and enterprise care coordination while creating a scalable foundation for future analytics, artificial intelligence, and statewide behavioral health initiatives.

The proposed project will follow a phased implementation approach beginning in January 2027 and concluding in January 2028. The implementation strategy includes strong governance, structured project management, organizational change management, comprehensive testing, workforce training, phased deployment, and post-production stabilization to minimize disruption to hospital operations while ensuring continuity of patient care.

FY 2027 FY 2028

Implementation of a new EHR, after the experience with the first project, updating the campus infrastructure, and work on each campus to understand common processes and workflows will:

- Improve patient safety and continuity of care.
- Implement enterprise level Standardization of safe and secure clinical and operational workflows across all State hospitals.
- Eliminate dependence on legacy applications and manual workarounds.
- Improve interoperability with healthcare partners and State agencies.
- Provide accurate accounting and reporting for revenue cycle management and financial reporting.
- Ensure regulatory compliance and enterprise reporting.
- Establish a scalable technology platform supporting future analytics, artificial intelligence, and telehealth initiatives, and statewide psychiatric, forensic, and intermediate care for individuals with developmental disabilities.
- Reduce enterprise operational risk while improving long-term sustainability.

Failure to replace the current EHR will result in continued reliance on unsupported legacy applications, manual processes, fragmented workflows, unstable interfaces, and increasing operational complexity. Over time, these conditions will continue to affect patient safety and care coordination, workforce productivity, regulatory compliance, revenue cycle performance, and the State's ability to implement future healthcare initiatives. Addressing compliance issues with a new system will also avoid penalties associated with patient care, risk of patient harm from errors, and unnecessary costs to mitigate problems created from inaccurate care.

To bridge between the systems, KDADS is working with the current EHR vendor to extend the contract term beyond May 2027. This will provide time for the EHR vendor selected in the RFP process to complete the design and development process, system build for each campus, acceptance testing, and user training. The targeted transition date from the existing EHR to the new system is January 2028.

Estimates collected during the feasibility study set the implementation costs for EHR systems for the six state hospitals, including the number of users in the system and the number of interfaces required, total between $22.5 and $42.5 million. That range came from interviews with potential

vendors and reviewing other state EHR procurements. The cost will be determined through the RFP process comparing bids with the contract specifications included in the RFP. For the enhancement, KDADS estimates implementation costs of $25.0 million including the cost of an additional Independent Verification and Validation vendor for project oversight as required by state information technology policy. With a contract award date in January 2027, the FY 2027 implementation costs should total approximately $6.25 million based on the project phases that would happen before the end of that fiscal year. In FY 2028, the remainder of the implementation costs total $18.7 million. KDADS will fund the FY 2027 costs using funds from the South Central Regional Mental Health Hospital implementation budget, higher than expected cost settlement from Medicaid payments. The enhancement requests the full funding for the remaining implementation stages before the project closes out in January 2028.

FY 2027 - FY 2028

Performance Metric	FY26 Actual	FY27 Projection	FY28 Projection (if funded)	Enhancement
Completion implementation of the new system by campus	0	2	4	Electronic Health Record Implementation

Enhancement Request #2/12

Priority: **2**
Title: **State Institutional Alternative Expansion**
Program: **32200 – Mental Health Grants**

Justification: The Kansas Department for Aging & Disability Services requests an enhancement of $7.0 million SGF in FY 2028 to fund regional hospital bed alternatives to state psychiatric hospital care at Larned State Hospital (LSH) and Osawatomie State Hospital (OSH.) These private psychiatric or community hospitals agree to accept patients with mental illness who have been screened as needing a state hospital level of care. The SIAs have been in place since FY 2021 and have reduced demand and waiting times for beds at State Hospitals, reduced emergency department boarding, and have provided quicker access to stabilizing services for Kansans with serious mental health needs.

The SIA program is financed through Federal and State funds. SGF covers state hospital level services when patients are not Medicaid eligible, many due to age. The Institution for Mental Disease (IMD) exclusion is a Medicaid policy preventing Medicaid funds from being used to cover services for beneficiaries aged 21 to 64 in inpatient psychiatric facilities with more than 16 beds.

In FY 2026, the SIA program's actual SGF costs were $16,171,108.10, an increase of about $7.0 million over FY 2025 costs, due to higher utilization of adult beds. The SIA program costs also include administration expenses for the Crisis Hotline, Census/Hospital Bed Management, and the Statewide Coordination of Statewide Screens for SIA Beds. The table below shows the number of screens completed and admissions by voluntary and involuntary status.

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SFY 2026	10,012	5,063	2,993	409	2,470

Without additional SGF funding in SFY 2028, wait times to receive critical services will increase. The State Hospitals only take involuntarily committed patients. Reduced access to the SIA beds, which take a combination of both involuntary and voluntary admissions, will strain the coordinated system of care for mentally ill Kansans. Without the SIA option adults meeting the state hospital level of care will wait longer in emergency departments or other community settings, waiting for a bed to become available in a state hospital, straining those local resources.

The need for state-funded SIA placements is expected to decline over time as KDADS' investment in the mental health system continue. Expansion of Certified Community Behavioral Health Clinics, Crisis Intervention Centers, and other community-based services should reduce demand for inpatient care. Additionally, approval of a federal 1115 waiver addressing the IMD exclusion could allow Medicaid reimbursement for services currently funded through state funds. Until those changes occur, however, the SIA program remains an essential tool for maintaining access to inpatient behavioral health treatment and preventing further strain on state hospital resources.

Performance Metric	FY27 Projection (If Funded)	FY28 Projection (If funded)	Enhancement
SIA Patient Bed Days	11,000	11,000	State Institutional Alternative Expansion

Enhancement Request #3/12

Priority: **3**
Title: **State-operated PRTF Administration and Operations**
Program: **32100 – Mental Health Admin**

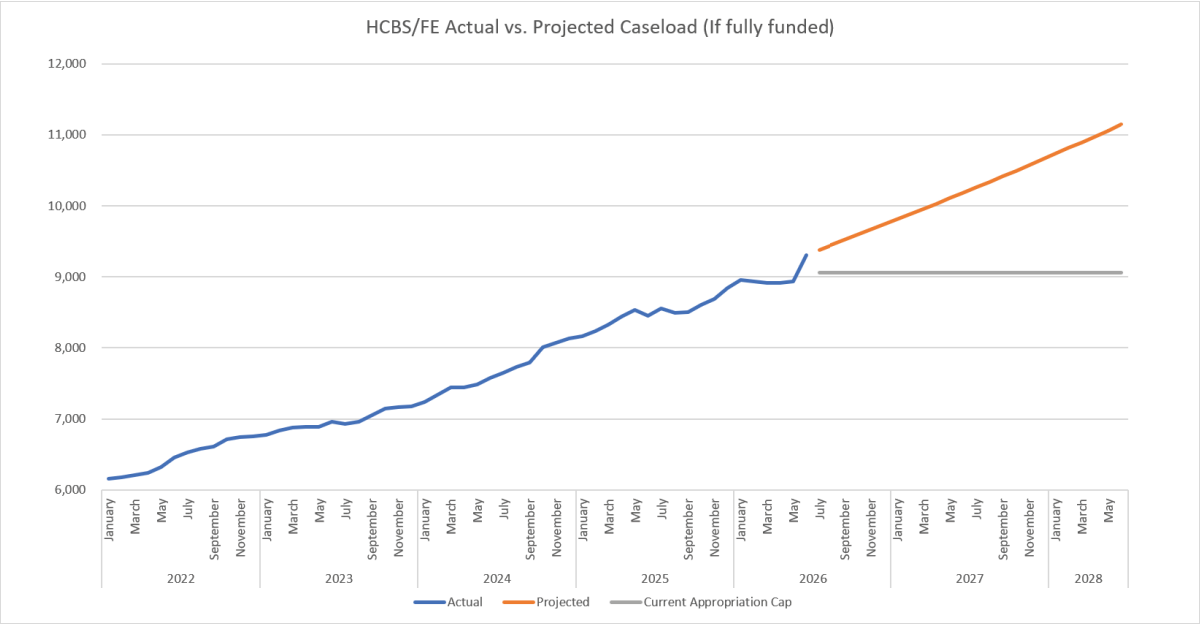
Justification: In the 2026 Kansas Legislative Session, the Kansas Legislature appropriated $2.0 million from the State General Funds to remediate mold and fix roof problems at the KNI Sunflower building in anticipation of creating 15-30 children's psychiatric beds. In response, KDADS is working quickly to establish a project plan, which includes creation of a new agency to house the facility, pulling together statutes for passage and approval, regulations as required, and policies to implement this facility as a state-operated Psychiatric Residential Treatment Facility. As such, KDADS is requesting $1.5 million from the State General Fund to begin hiring essential personnel for administrative and operational necessity, and for project management costs associated with creating and remodeling this new facility. Looking at SFY 29, KDADS will request additional funding for state operations and administrative costs associated with full implementation of this facility. This facility will be housed within the Behavioral Health Services Commission, with oversight by KDADS, with licensure and survey being done outside of the agency. The full-time employees requested for this work will transition to a newly created agency that will operate the state run facility and will not be KDADS central office FTE's.

Performance Metric	FY26 Actual	FY27 Projection	FY28 Projection (if funded)	Enhancement
Staffing and hiring	0	2-4	20-30	State PRTF Operations and Administration

Enhancement Request #4/12

Priority: **4**
Title: **HCBS/FE Caseload**
Program: **36200 – Waiver Services – Frail Elderly**

Justification: The Kansas Department for Aging & Disability Services requests $56,314,754 of which $20,892,774 is from the State General Fund, to eliminate the waitlist implemented on the Frail and Elderly (FE) HCBS waiver in FY28 due to insufficient appropriations. The FE waiver allows individuals who meet nursing facility level-of-care criteria to remain in their homes and communities rather than requiring institutional placement. The current waitlist places these individuals at elevated risk of unnecessary institutionalization, which carries a substantially higher cost to the state than home and community-based care. This request restores full access to services for all eligible individuals and prevents the downstream fiscal impact of nursing facility placements that could otherwise be avoided.

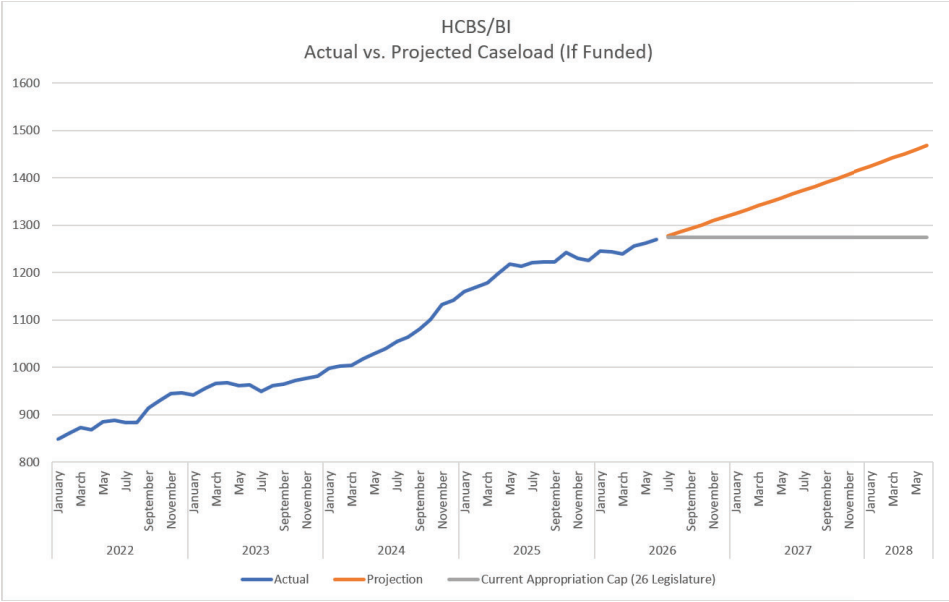


Performance Metric	FY26 Actual	FY27 Projection	FY28 Projection (if funded)	Enhancement
HCBS/FE Funded Slots	9,050	9,050	9,934	HCBS/FE Caseload
HCBS/FE Wait List	0	884	0	HCBS/FE Caseload

Enhancement Request #5/12

Priority: **5**
Title: **HCBS/BI Caseload**
Program: **38400 – Services Waiver – BI**

Justification: The Kansas Department for Aging & Disability Services requests $9,300,000 of which $3,450,300 is from the State General Fund, to fund continued growth on the Brain Injury (BI) HCBS waiver and avoid the creation of a waitlist. The BI waiver serves individuals who have sustained a traumatic or acquired brain injury, providing rehabilitation therapies, personal care, and assistive services that support recovery and community integration. Because BI is a rehabilitation waiver, timely access to services following injury is directly tied to recovery outcomes — delays caused by a waitlist would not simply postpone services but could measurably reduce the degree of recovery achievable. Continued funding at pace with eligible population growth avoids this outcome and the higher long-term costs associated with delayed or foregone rehabilitation.



Performance Metric	FY26 Actual	FY27 Projection	FY28 Projection (if funded)	Enhancement
HCBS/BI Funded Slots	1,240	1,275	1468	HCBS/BI Caseload

Enhancement Request #6/12

Priority: **6**
Title: **CIC/CSU Operations**
Program: **32200 – Mental Health Grants**

Justification: The State of Kansas has invested funds into Crisis Stabilization Units and Crisis Intervention Centers over the past 10 years. As these facilities become more prominent statewide to create more diversion from higher levels of care including emergency departments, state psychiatric hospitals, private psychiatric hospitals and more, KDADS sees the need to invest further for sustainability of these facilities. As such, KDADS is requesting an ongoing enhancement of $15M from the state general fund to ensure these levels of care have proper investment for solvency.

Performance Metric	FY26 Actual	FY27 Projection	FY28 Projection (if funded)	Enhancement
# of individuals served (unduplicated)	3828	3750	4000	CIC/CSU Operations and Services

Enhancement Request #7/12

Priority: **7**
Title: **Critical IT Resources**
Program: **0103 - Administration**

Justification: The Department for Aging and Disability Services appeals for an increase of $896,000, including $448,000 SGF, to add 8 positions which will support critical Information Technology (IT) functions including moderation and security work efforts for the agency and its related programs. Gaps in IT support have limited the agency's ability to advance and modernize critical agency systems and security processes.

KDADS has been under-resourced in many critical areas of IT since the agency re-organization in 2012. At that time, the agency did not receive adequate staffing in several key areas that have continued to limit KDADS IT support since that time. The staffing inadequacies has led to bottlenecks in key areas that have prevented many support and modernization efforts.

The addition of these staff will ensure KDADS is better supported when it comes to ensuring staff have the technology needed for maximum IT security processes and job performance in a timely and effective manner. The enhancement of the agency's internal applications has been limited for years due to insufficient resources related to project development process. Addressing this gap in resources will assist in ensuring the agency's systems and applications are secure and efficient for all users, both internal and external.

Additional staff will also support IT coordination, support, and oversight of each of the four-state hospital systems.

The agency maintains antiquated applications that support thousands of service participants in various programs including but not limited to Aging, Nutrition, Home and Community Based Services, and Adult Care Home licensing services. Furthermore, additional staff will also help to ensure that the agency has the technology foundation to become more data driven in many program areas including but not limited to aging and community-based services. It should be noted that the reliance on antiquated systems and process has been raised as a concern recently by both the Office of Medicaid Inspector General and the KDADS has had Legislative Post Audits (LPA) in 2026 that have identified concerns regarding IT security. Additional staff will help to ensure similar areas are properly monitored to ensure the agency's IT systems and information are protected appropriately.

Enhancement Request #8/12

Priority: **8**
Title: **Program Integrity Staffing**
Program: **37100 – CSS Admin**

Justification: The Kansas Department for Aging & Disability Services requests $286,012, including $143,006 SGF, to add three program integrity staffing capacity dedicated to fraud, waste, and abuse detection and prevention across all agency programs, including but not limited to HCBS and Behavioral Health. CMS has increased its focus on state program integrity performance, including provider qualification verification, Electronic Visit Verification (EVV) compliance, and Managed Care Organization oversight of provider audit obligations. Kansas's current program integrity function is responsible for overseeing MCO-conducted provider qualification audits across seven waivers, EVV compliance monitoring, and fraud referral coordination with the Kansas Medicaid Fraud Control Unit, with staffing capacity that has not scaled alongside these expanding federal expectations. Additional staff capacity is necessary to sustain the level of oversight CMS requires, including the state's current 100% provider qualification audit requirement, and to avoid the compliance and financial exposure associated with inadequate program integrity oversight.

Performance Metric	FY26 Actual	FY27 Projection	FY28 Projection (if funded)	Enhancement
Number of KDADS-initiated program integrity audits	0	0	10	HCBS Program Integrity Staff

Enhancement Request #9/12

Priority: **9**
Title: **PACE Program Oversight**
Program: **31030 - Commission on Aging**

Justification: The Kansas Department for Aging & Disability Services requests the addition of $278,750 to make critical enhancements to the Program of All-Inclusive Care for the Elderly (PACE) Program necessary to maintain adequate staffing and oversight of the Program as it more than doubles in the area served as part of the Rural Health Transformation Program (RHTP) PACE Expansion Project. To ensure that participants are receiving adequate care and that federal requirements are being met, KDADS must develop and implement a robust monitoring plan. KDADS would use these funds to engage a contractor to work with them and KS PACE organizations over the course of one year to develop monitoring policies and procedures that existing staff could implement. In addition, to process the significant increase in applications that will result from the RHTP PACE Expansion, KDADS needs to hire a full-time licensed MSW to complement our nurse Program Manager. Hiring someone with a license will enable KDADS to secure 75% of the position's funding from the Federal Medicaid program. Without this position, there is a risk in not meeting deadlines for processing PACE applications and other required tasks, as well as not being able to support the implementation of robust monitoring measures at a time when the program is greatly expanding and into rural areas in which participants may be more at risk for inadequate care.

Performance Metric	FY26 Actual	FY27 Projection	FY28 Projection (if funded)	Enhancement
Number of PACE participants enrolled within the first 30 days of application and whose program exceeds CMS' monitoring expectations.	1,200	1,560	2,760	PACE Program Monitoring Policy Development Project & LMSW Staff

Enhancement Request #10/12

Priority: **10**
Title: **HCBS Rate Study**
Program: **37100 – CSS Admin**

Justification: The Kansas Department for Aging & Disability Services requests $2,000,000, including $1,000,000 SGF, to conduct a comprehensive HCBS cost study, establishing the state's first data-driven rate-setting methodology across HCBS waiver services. Kansas currently sets HCBS rates through legislative appropriation without an underlying cost or acuity-based methodology, which limits the state's ability to target funding effectively, respond to workforce cost pressures, or defend rate adequacy to CMS. A related and equally pressing problem is that functionally identical services are currently reimbursed at different rates depending on which waiver a participant is enrolled under, despite comparable service definitions, delivery models, and provider qualification requirements. This cross-waiver rate disparity is not grounded in any documented cost or acuity difference and creates both an equity concern for participants and a defensibility gap for the state, since Kansas cannot currently demonstrate a rational basis for the variation if questioned by CMS or providers serving multiple waivers.

This request funds a cost study with a participation design intended to correct the shortcomings of the state's prior cost study effort, which achieved only approximately 4% provider participation and produced non-implementable results. The study is foundational infrastructure for several active initiatives: it supports IDD service unbundling and an acuity-based reimbursement methodology built on InterRAI assessment data already deployed across HCBS populations; it establishes a defensible basis to resolve cross-waiver rate parity issues; and it is a necessary precursor to responsibly scaling programs like Nursing Home Without Walls, where cost-effectiveness claims cannot currently be validated against an actual rate methodology. Absent this study, the state cannot determine whether current rate variation across waivers is justified, nor whether new or expanded HCBS service models are cost-effective relative to institutional alternatives.

Performance Metric	FY26 Actual	FY27 Projection	FY28 Projection (if funded)	Enhancement
Provider participation rate achieved vs. the prior study	4%	0%	25%	HCBS Rate Study

Enhancement Request #11/12

Priority: **11**
Title: **Employment First Training and TA**
Program: **37100 – CSS Admin**

Justification: The Kansas Department for Aging & Disability Services requests $1.0 million, including $500,000 SGF, to continue the Employment First training and technical assistance initiative, delivered in partnership with the University of Kansas, which provides milestone incentive payments to providers who support individuals with disabilities in obtaining competitive integrated employment. While this initiative does not produce direct Medicaid service cost savings, it generates measurable downstream fiscal benefit to the state: individuals who obtain and sustain competitive integrated employment reduce reliance on other public support systems, increase state tax revenue, and reduce dependence on higher-cost day and residential HCBS services over time. Discontinuing this initiative would not reduce state costs but would shift costs elsewhere in the system, while eliminating a training infrastructure that has taken years to build within the provider network.

Performance Metric	FY26 Actual	FY27 Projection	FY28 Projection (if funded)	Enhancement
Number of individuals achieving competitive integrated employment through provider milestone payments	56	70	70+	Employment First Training and TA

Enhancement Request #12/12

Priority: **12**
Title: **Nursing Home Without Walls**
Program: **36200 – Waiver Services – Frail Elderly**

Justification: Nursing Homes Without Walls (NHWW) add-on to the FE waiver helps older Kansans safely remain in their homes by combining remote patient monitoring with telehealth nursing to provide ongoing oversight of chronic conditions and identify changes in health status that may require intervention. The model supports independence, addresses gaps created by the direct care workforce shortage, and is intended to reduce avoidable emergency department use, hospitalization, and premature nursing facility placement. NHWW has been piloted in Kansas for more than five years, and KDADS is seeking to add the service model to the Frail and Elderly (FE) HCBS waiver to expand access statewide and leverage federal Medicaid matching funds.

For SFY 2028, KDADS estimates approximately **800 FE waiver participants** will utilize NHWW at an estimated maximum cost of **$550 per member per month (PMPM)**. This results in an estimated annual cost of **$5,280,000 All Funds**, including **$1,980,000 SGF and $3,300,000 in federal Medicaid funds**. The Year 1 estimate represents approximately 9 percent of the current FE waiver population and assumes participation will be targeted to individuals who can benefit from remote monitoring and telehealth nursing rather than assuming utilization by all waiver participants. Adding NHWW as a waiver service will allow Kansas to build on the existing pilot and provide a cost-effective option for supporting older adults especially in rural communities while maximizing the state's investment through federal Medicaid matching funds. Growth in the FE waiver itself is expected to continue at least until 2035 as the Kansas population demographics continue to shift towards a larger number of older Kansans. As such both the number of FE waiver participants and the percentage of them seeking NHWW services is likely to increase over the next decade.

At the estimated Year 1 cost of $5.28 million, NHWW would need to prevent or delay approximately 48 full-year nursing facility placements, or approximately 22 nursing facility days per participant, to offset the program's total cost based solely on the current Kansas Medicaid nursing facility payment rate of approximately $304 per day.

Performance Metric	FY26 Actual	FY27 Projection	FY28 Projection (if funded)	Enhancement
# of individuals served by NHWW model services in Kansas	84	100	800	Nursing Home W/O Walls

State Hospital Supplemental and Enhancement Requests

Enhancement Request #1/5

Priority: **1**
Title: **State Hospital Priority 2 Rehabilitation and Repair projects**
Program: **99000 – Capital Improvements**

Justification: KDADS requests an increase of $5,134,300 from the State Institutions Building Fund (SIBF) in FY 2027 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 2025.

A significant portion of the second priority request is to replace fire alarm sensors and monitoring systems on the campuses. After completing an assessment of occupied campus buildings, our consultant identified the fire alarm monitoring systems as needing updates to meet current standards. The systems at PSH, KNI, and OSH are not supported by the manufacturers, making it difficult to find replacement parts and electronic components. The priority 2 projects also include parking lot and asphalt repairs at Larned State Hospitals and replacing windows on 3 cottages at Parsons State Hospital.

Enhancement Request #2/5

Priority: **2**
Title: **KNI Sunflower Lodge State PRTF Renovation**
Program: **99000 – Capital Improvements**

Justification: KDADS requests for $4,941,700 million from the SIBF to remodel the Sunflower Lodge building at KNI. Sunflower Lodge was originally constructed in 1957 and has received no major renovation or comprehensive modernization in nearly 70 years. Due to the age or the facility and years of deferred maintenance, significant building deterioration has occurred, limiting the building's functionality and suitability for patient programming. Prior to renovation, roof replacement and stabilization efforts, funded in FY 2027, will protect the structure from further water intrusion and deterioration. The funded project includes mold remediation, replacement of damaged ceilings, interior walls, and doors; and mechanical system repairs. The proposed remodel for FY 2028 includes Americans with Disabilities Act (ADA) compliance modifications, restroom renovations, replacement of the fire alarm system, updated interior signage, and other life-safety and accessibility improvements required to meet current building standards for a facility providing mental health treatment for up to 30 patients at full capacity. These renovations are essential to preserve a valuable state-owned asset while repurposing the building to serve a population of children that have unmet needs from other community services or inpatient treatment facilities. Upon completion, the Sunflower Lodge will provide a safe, secure, and modern environment to support children's and adolescent treatment programming and behavioral support.

Enhancement Request #3/5

Priority: **3**
Title: **OSH Cottonwood Resource Center Remodel**
Program: **99000 – Capital Improvements**

Justification: KDADS requests $2,021,200 from SIBF in FY 2028 for a significant remodeling project at OSH in the Cottonwood Resource Center building.

The Cottonwood Resource Center was originally constructed in 1956 and has had no significant renovations in nearly 70 years. The heating and ventilation system was replaced as part of a larger campus update. However, the structure needs sealed & tuckpointed, new windows, ADA compliance modifications, a roof replacement, restroom upgrades, and moisture damaged walls need repaired & painted. The Cottonwood Resource Building is used for patient activities and activity therapy. OSH has identified needs for patient spaces off the remodeled and existing living units for activities, therapy, and programming. As the patient population moved to the remodeled Biddle Building, 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. The Cottonwood Building is in a central location that can serve OSH patients and with functional updates can support activities for all patient units.

Enhancement Request #4/5

Priority: **4**
Title: **OSH Special Services and MICO House Office Expansion**
Program: **99000 – Capital Improvements**

Justification: KDADS requests $926,000 from SIBF in FY 2028 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.

Enhancement Request #5/5

Priority: **5**
Title: **LSH Isaac Ray Facility Complete Reroof**
Program: **99000 – Capital Improvements**

Justification: KDADS requests $3,850,000 million from the SIBF in FY 2028 to replace the Isaac Ray Building roof at LSH as a single project. The roof was installed as part of the original construction in 2005 and is now more than 20 years old. Assessment from consulting architects rated the roof as a fair condition but that it needs significant maintenance to keep the roof functioning. There are leaks, areas of failure in the roofing membrane and moisture intrusion in the roof substrate. A reliable roof is also essential to maintaining compliance with expectations established by the Kansas Department of Health and Environment (KDHE) and the Kansas State Fire Marshal (KSFM). The Isaac Ray roof represents an extraordinary capital need that cannot be addressed within current funding levels without negatively affecting other critical projects. While funding for this project is in the 5-year capital improvement plan over multiple fiscal years, a single appropriation would allow the project to be designed, bid, and completed as a single effort. This approach would reduce administrative costs, minimize disruption to hospital operations, provide more competitive pricing, and reduce exposure to inflation and construction cost escalation. It would also allow the State to address the problem before additional deterioration increases the overall cost of the project. The project cost of $3.9 million is the accumulated cost of dividing the project into sections to fit within the rehabilitation and repair project budget.

New Funds

1000 - 3008 CCBHC Planning

The 2024 Legislature 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 2027, and add language that not more than 50.0 percent of the grants should go to FQHCs or FQHC look-a-likes.

3939 - 3055 Rural Health Transformation Program

KDADS received a subaward from KDHE for approximately $20M in federal RHTP grant dollars for Rural Health programs related to Aging and Behavioral Health. These funds will mostly pass through the agency in the form of subawards and contracts. The funds also include 4 FTEs for KDADS to assist with managing the programs and monitoring for compliance.

American Rescue Plan Act (ARPA)

The 2026 Legislature added language to the appropriations bill to transfer at least $2.0 million ARPA to KDADS to provide funding for inclusion connections of BelongKC to support construction expenses to build a home for young adults with intellectual/developmental disabilities. The Legislature added language to clarify that this is one-time funding. The total transferred amount was $2,516,266 in FY 2027.

KDADS Position Summary

Commission	FY 2026 Actuals	FY 2027 Request	FY 2028 Request
Administration	103.0	105.0	105.0
Behavioral Health Commission	66.7	56.3	76.3
Long Term Services and Supports	46.2	46.3	46.3
Aging	20.2	29.3	29.3
Survey, Certification and Credentialing	106.5	107.0	107.0
State Hospital	11.0	6.5	6.5
Medicaid	11.0	-	-
Agency Total	**364.5**	**350.5**	**370.5**

* State Hospital reflects KDADS Central Office supporting the state hospitals

** Totals may not match due to rounding

KDADS had 364.5 FTE positions in FY 2026, with an estimate of 350.5 FTE positions for FY 2027 and 370.5 FTE in FY 2028.

- **Administration:** In FY 2027 and FY 2028, the commission includes additional positions that are designated to the Federal RHTP grant, which are offset by a shortfall in Legal and IT due to difficulties in filling positions.
- **Behavioral Health:** In FY 2027, the commission has a reduction in positions due to shifting CARE program positions to the Aging Commission and Federal Grant position ending. In FY 2028, the commission has an increase due to the enhancement request for 20.0 FTE positions to operate the State PRTF.
- **State Hospital Commission:** In FY 2027 and 2028, the commission includes a reduction in positions that have shifted to the South Central Regional Mental Health Hospital as an independent agency.
- **Medicaid**: Due to the ending of the 10% FMAP funding in FY 2026, 11.0 temporary positions have ended and reflect as such for FY 2027 and FY2028.

MATCH REQUIREMENTS BY FEDERAL FUNDING SOURCE

Authority	Program	State Match	Local Match	Notes
Federal	Older Americans Act Titles III-B and C	5%	10%	Providers publish a suggested contribution rate for customers
	Older Americans Act Titles III-E	-	25%	SCA case management is match
	Older Americans Act Title VII and III-D	-	-	
	Older Americans Act Ombudsman	15%	-	Subgrant to DoA - Ombudsman
	OAA - Nutritional Saving Incentive Program (NSIP)	-	-	
	PASARR Medicaid Title XIX (CARE Program)	25%	-	
	Medicaid Title XIX (services only)	38%	-	SFY 2027 blended rate
		37%	-	SFY 2028 blended rate (preliminary)
	Medicaid XIX (administration only)	50%	-	
	Medicaid XIX Survey & Certification (administration only)	25%	n/a	
	Medicare XVIII Survey & Certification (administration only)	-	-	Effective 7-1-03. Formula funding capped by annual award
	Hospital Discharge Planning Model (CMS Demo. Grant)	-	5%	
	Community Transition Option	-	-	
	Senior Health Insurance Program (SHIP aka SHICK)	-	-	
	Senior Medicare Patrol - AoA Demonstration Grant	-	-	
	Lifespan Respite	-	-	
	Outreach & Assistance	-	-	
State	Senior Care Act	-	33%	Maintenance of Effort Allocation only
				Fee for Service - on sliding scale

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's 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.

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.
- During the 2025 Legislative Session, the agency sponsored legislation that ended up passing in the Conference Committee Report on HB 2249 to establish the South Central Regional Mental Health Hospital in statute, update statutory catchment districts for the State Hospitals, and change the name of Parsons State Hospital and Training Center to Parsons State Hospital.
- 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 to increase 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.

4. Strategic Initiatives Division

The Strategic Initiatives Division oversees a diverse range of projects 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 assignments include project management and support of multiple high-impact initiatives:

- Aging Commission enhancements
- Behavioral Health Services youth residential capacity
- Rural Health Transformation Project activity
- Establishing administrative structure for South Central Regional Mental Health Hospital.

5. 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.

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 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 costs, 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 annual cost report desk reviews for Medicaid reimbursement programs, and 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; 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.

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 they 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 to include monitoring expenditures, completing federal reporting, and drawing funds from the Federal Payment System. In addition to federal funds monitoring, staff oversees the allocation of 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).

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, Older Adult and Senior Care, 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 programs. This includes Nursing Facilities (NF/SNF), Nursing Facilities for Mental Health (NFMH), Intermediate Care Facilities for the Developmentally Disabled (ICF/DD), Psychiatric Residential Treatment Facilities (PRTFs), and Certified Community Behavioral Health Clinics (CCBHCs). 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. Additional details about these Medicaid programs is provided in the Medicaid section of this budget.

This Division ensures agency data is accurate, secure, and compliant by establishing clear governance policies, defining data ownership, and running data quality monitoring protocols. Staff members partner with stakeholders to maintain reliable data assets that support trusted reporting and decision-making across the agency.

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.

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), emergency operations and operational continuity are met. The safety and security of agency staff and assets are protected via security guard vendor and physical access control systems. Manage 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.

EXPENDITURE JUSTIFICATION – ADMINISTRATION

Fund	SFY 2026 Actuals	SFY 2027 Approved	SFY 2027 Base	SFY 2027 Supplementals	SFY 2027 Adjusted	SFY 2028 Base	SFY 2028 Enhancements	SFY 2028 Adjusted
State General Fund	11,165,325	10,924,243	12,089,456	-	12,089,456	12,316,113	499,862	12,815,975
Federal Fund	2,833,541	2,122,783	2,166,264	-	2,166,264	2,248,796	499,862	2,748,658
All Other Funds	3,260,732	5,304,934	4,254,053	-	4,254,053	4,430,601	-	4,430,601
Administration Total	**17,259,598**	**18,351,960**	**18,509,773**	**-**	**18,509,773**	**18,995,510**	**999,724**	**19,995,234**
FTE	*103.0*	*103.0*	*105.0*	-	*105.0*	*105.0*	-	*105.0*

FY 2026 Actual expenditures totaled $17.3 million, including $11.2 million SGF.

FY 2027 Adjusted budget request totals $18.5 million, including $12.1 million SGF. The FY 2027 adjusted budget request is $299,333 all funds, including $1.2 million SGF, greater than the amount approved for FY 2027. The SGF shift is primarily due to a shift in funding sources for salaries and wages, increasing SGF and reducing from the indirect cost fund.

FY 2028 Adjusted budget request totals $20.0 million, including $12.8 million SGF. The FY 2028 adjusted budget request is $1.8 million all funds, including $1.9 million SGF, greater than the amount approved for FY 2027. The increase is primarily attributable to the enhancement request for IT staffing ($999,724, including $499,862 SGF) and the 27th pay period.

Object Code 5100: Salaries and Wages

Summary: Staff is responsible for carrying out the administrative and oversight activities. Increase due to the SFY2028 Enhancement request for 8 IT positions and because SFY2028 will have 27 pay periods instead of the typical 26 pay periods.

FY 2027: $10,218,845 is requested (105 FTE).

FY 2028: $10,801,569 is requested (105 FTE).

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 2027: $7,840,581 is requested.

FY 2028: $7,797,526 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 2027: $84,052 is requested.

FY 2028: $83,468 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 2027: $83,240 is requested.

FY 2028: $83,240 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 2027: $283,055 is requested.

FY 2028: $280,491 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 public/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 1st, 2022. CCBHCs provide specific evidence-based services and greater access to care. All 26 Community Mental Health Centers in the state of Kansas are fully certified as of 07/30/2025.

The CCBHC model uses a prospective payment system (PPS) to reimburse certified clinics with a fixed daily rate for delivering a comprehensive set of behavioral health services. This differs from the traditional fee-for-service model by covering the full range of required services under a bundled payment. These services include integration of substance use disorder (SUD) treatment, coordination of patient care, 24/7 crisis services, peer and family support, assertive community treatment (ACT), and individual placement and support (IPS) for supported employment. CCBHCs are required to provide services to individuals, regardless of their ability to pay.

For Kansas, the PPS structure offers more predictable Medicaid budgeting and simplifies administrative processes by standardizing payments across participating clinics. It also supports the state's efforts to reduce reliance on high-cost care settings like emergency rooms and inpatient psychiatric facilities by strengthening access to community-based services. Kansas began its CCBHC implementation through federal planning grants and participation in the demonstration program, which included enhanced federal matching rates—providing initial fiscal support to help offset the cost of startup and service expansion.

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 into a 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 (NFMHs) provide nursing home levels of care for persons requiring skilled nursing facility services, as well as specialized services to treat their serious mental illnesses. Persons seeking placement in NFMHs are screened to determine whether their needs can be met with community-based services before their admission to an NFMH is approved. NFMHs are classified by 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. Per state statute, NFMH reimbursement rates are reviewed each year.

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, 2026, there were 289 nursing homes operating in the state of Kansas as Medicaid providers and when combined with the 10 nursing homes for mental health, they serve 94 of 105 counties in the state. These homes provide care for a monthly average of 9,455 residents (as of Q1SFY26) 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, 2026, the average daily reimbursement rate is $309.96

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 2026, the agency collected approximately $30 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.

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.

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.

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 Aging 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 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 provided through this program is personal services, which assist 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 Brain Injury (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 0 and 64 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.

Administrative Costs: KanCare (38500)

This program code accounts for administrative costs of the MCO's to operate KanCare.

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.

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 October 1, 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. The legislature has appropriated funding for 250 CSW participants for FY 27.

Program Waiver Services-Other (38900) - SGF Reappropriations:

Reappropriations will be budgeted in this program code for the following budget units so services programs will not be over the approved budget (610,611,612)**.**

EXPENDITURE JUSTIFICATION – MEDICAID PROGRAMS

Fund	SFY 2026 Actuals	SFY 2027 Approved	SFY 2027 Base	SFY 2027 Supplementals	SFY 2027 Adjusted	SFY 2028 Base	SFY 2028 Enhancements	SFY 2028 Adjusted
State General Fund	1,242,048,226	1,313,517,637	1,349,454,217	-	1,349,454,217	1,306,292,516	26,323,074	1,332,615,590
Federal Fund	2,015,771,171	2,343,391,332	2,358,669,316	-	2,358,669,316	2,409,109,866	44,571,680	2,453,681,546
All Other Funds	31,724,218	31,754,900	27,754,900	-	27,754,900	27,754,900	-	27,754,900
Medicaid Total	**3,289,543,615**	**3,688,663,869**	**3,735,878,433**	**-**	**3,735,878,433**	**3,743,157,282**	**70,894,754**	**3,814,052,036**
FTE	*11.0*	-	-	-	-	-	-	-

FY 2026 Actual expenditures totaled $3.3 billion, including $1.2 billion SGF.

FY 2027 Adjusted budget request totals $3.7 billion, including $1.3 billion SGF. This is an increase of $47.2 million, including $35.9 million above the amount approved for FY 2027.

The increase is primarily attributable to SGF reappropriations totaling $34,750,146 SGF. These are detailed in the "Reappropriations" section of the Agency Overview and include Caseloads reappropriations (0610 and 0611) and HCBS waiver reappropriations (0612). The reappropriations total includes a lapse of $8.3 million SGF for HCBS waiver funding that has been carried forward from FY 2025. The remainder of the all funds increase (approximately $11.3 million) is attributable to an increase in the federal share based on the current FMAP for SFY 2027.

FY 2028 Adjusted budget request totals $3.8 billion, including $1.3 billion SGF. This is an increase of $125.4 million, including $19.1 million SGF, above the amount approved for FY 2027.

The increase is primarily due to enhancement requests totaling $70.9 million, including $26.3 million SGF, detailed in the "Enhancements" section of the Agency Overview. The overall SGF increase is partially offset by the removal of one-time items, primarily the Medicaid capacity payment ($18.9 million SGF). The all funds increase is also attributable to an increase in the federal share based on the current FMAP for SFY 2027.

Object Code 5100: Salaries and Wages

Summary: Staff is responsible for carrying out the administrative and oversight activities. Due to the ending of the 10% FMAP funding in SFY2026, eleven (11) temporary positions have been eliminated starting SFY 2027.

FY 2027: $0 is requested (0 FTE)

FY 2028: $0 is requested (0 FTE).

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 2027: $17,790,969 is requested

FY 2028: $17,621,345 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 2027: $0 is requested.

FY 2028: $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 2027: $3,718,087,464 is requested.

FY 2028: $3,796,430,691 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 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 4 Divisions: Adult Services, Crisis Services, Quality & Innovation, and Youth and Prevention 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 the implementation and success of the Certified Community Behavioral Health Clinic model to improve and enhance community-based services for the behavioral health safety net.

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 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 Recovery)
  - 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.
  - Work through providers to increase awareness of individuals needing treatment for opioid use disorders through distribution of Naloxone, Fentanyl Test Strips, and 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-based 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 development of 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. Crisis Services Division

Crisis Services Division includes 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 ensure 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, law enforcement involvement, and has 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.

- 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 policies, 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, allocates and disburses funding for state-wide build-up and strengthening of new and existing mobile crisis response teams.

3. 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 is divided into two dedicated teams that work on implementing oversight, accountability, and support to entities providing behavioral health and substance use treatment. This division also oversees the two Integrated Behavioral Health Care grants. These grants provide funding to Federally Qualified Health Clinics (FQHC), Rural Health Clinics (RHC), and Community Mental Health Centers to develop an integrated care and referral system.

- Technical Assistance Program
  - Collaborates with other divisions within KDADS to synthesize data and information to help strengthen expectations of the community mental health centers and their work as CCBHCs.
  - 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).
    - 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 by 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/CCHBCs when problems are brought to KDADS' attention regarding how services are provided (or not provided) in a particular program/site.

- Integrated Behavioral Health Care Grants
  - These federal grants support states and health centers in developing collaborative care models that integrate behavioral health into primary care settings—funding efforts like universal screening, workforce training, and advanced care coordination to improve whole-person health outcomes.

- Policy and Regulatory Work
  - Develops, updates, and implements Medicaid behavioral health policies that align with both agency priorities and federal regulations—ensuring compliance while advancing strategic initiatives such as behavioral health integration and value-based care.
  - Collaborates with internal teams and external stakeholders to evaluate the impact of Medicaid programs, promote behavioral health integration, and ensure that policies are responsive to community needs and consistent with evolving federal guidelines and best practices.
  - Refine policies and procedures with SME to support compliance with federal grant requirements, ensuring accurate reporting, appropriate use of funds, and alignment with the goals and conditions of federally funded behavioral health initiatives.

4. Youth and Prevention Services Division

The Youth Services Division is comprised of Children's behavioral health services, Prevention Services and MHIT (Mental Health Intervention Team) 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 includes primary prevention and expanding efforts to meet the growing concerns of all Kansans related to Substance Use, Mental Health, and Suicide Prevention. The MHIT team is 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 450 licensed beds with a total of 327 beds being staffed and 300 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
  - Youth Leaders in Kansas (YLINK) is a statewide youth group that provides prevention activities within their schools and communities addressing suicide, drug and alcohol and mental health prevention, awareness, and stigma reduction. Currently, Kansas has 105 YLINK groups across 32 counties and in 58 cities.

- Prevention Program
  - Provides numerous programs, resources, and grants to support suicide prevention efforts in Kansas. Programs 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 Framework for Prescription Drugs (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 serves over 82 school districts and has now successfully served qualified schools throughout Kansas.

EXPENDITURE JUSTIFICATION – BEHAVIORAL HEALTH COMMISSION

Fund	SFY 2026 Actuals	SFY 2027 Approved	SFY 2027 Base	SFY 2027 Supplementals	SFY 2027 Adjusted	SFY 2028 Base	SFY 2028 Enhancements	SFY 2028 Adjusted
State General Fund	153,925,523	146,776,243	146,000,492	7,000,000	153,000,492	135,093,699	23,500,000	158,593,699
Federal Fund	44,635,335	36,132,117	36,706,945	-	36,706,945	34,709,828	-	34,709,828
All Other Funds	41,941,138	38,896,679	55,717,876	-	55,717,876	48,746,587	-	48,746,587
Behavioral Health Total	**240,501,996**	**221,805,039**	**238,425,313**	**7,000,000**	**245,425,313**	**218,550,114**	**23,500,000**	**242,050,114**
FTE	*66.7*	*66.7*	*56.3*	-	*56.3*	*56.3*	*20.0*	*76.3*

FY 2026 Actual expenditures totaled $240.5 million, including $153.9 million SGF.

FY 2027 Adjusted budget request totals $245.4 million, including $153.0 million SGF. This is an increase of $23.6 million, including $6.2 million SGF, above the amount approved for FY 2027. The SGF increase is primarily due to the supplemental request for SIA funding of $7.0 million SGF. The all funds increase is primarily attributable to transfers from the State Finance Council (authorized by 2026 HB 2513, Sec. 65(t)) totaling $10,818,694 in additional, one-time funding to the Crisis Stabilization Centers and Clubhouse Model Program.

FY 2028 Adjusted budget request totals $242.1 million including $158.6 million SGF. This is an increase of $20.3 million, including $11.8 million SGF, above the amount approved for FY 2027. The SGF increase is primarily due to the enhancement requests of SIA funding ($7.0 million SGF), CIC/CSU funding ($15.0 million SGF) and State PRTF Operations ($1.5 million SGF). The overall SGF increase is partially offset by the removal of one-time items, including CMHC Grants ($4.0 million SGF), EmberHope ($250,000 SGF), SUD Block Grant ($5.0 million SGF), and SUD workforce development ($1.8 million SGF).

Object Code 5100: Salaries and Wages

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

FY 2027: $4,913,603 is requested. (56 FTE).

FY 2028: $5,182,315 is requested. (76 FTE). This increase is primarily due to the enhancement request of State PRTF Operations of 20 FTEs and the 27th paycheck.

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 2027: $14,762,253 is requested.

FY 2028: $17,641,885 is requested. The request for additional funds in FY 2028 is due to increased expenditures from the Problem Gambling and Addictions Grant Fund and the Mental Health Block Grant, as well as the enhancement request for State PRTF Operations.

Object Code 5300: Commodities

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

FY 2027: $131,926 is requested.

FY 2028: $131,615 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 2027: $670 is requested.

FY 2028: $670 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 2027: $225,497,141 is requested. The request includes the supplemental request for SIA Funding.

FY 2028: $218,011,840 is requested. The request for FY 2028 is due to the enhancement request for CIC/CISU Operations and SIA funding, partially offset by elimination of one-time SGF expenditures and termination of federal awards.

BEHAVIORAL HEALTH SERVICES (BHS) COMMISSION – PROGRAM CHARTS

Behavioral Health Non-Medicaid Services

Fund	FY 2026 Actuals	FY 2027 Request	FY 2028 Request
Mental Health Services	178,619,339	182,044,431	181,299,361
SUD & Other addiction Services	46,014,565	46,399,363	39,587,864
Program Total	**224,633,904**	**228,443,794**	**220,887,225**

Fund	FY 2026 Actuals	FY 2027 Request	FY 2028 Request
State General Fund	148,204,557	148,538,683	152,516,026
Fee Fund	37,439,994	46,871,622	37,416,725
Mental Health Block Grant	7,450,201	5,870,660	5,869,638
Substance Abuse Block Grant	12,839,072	12,839,090	12,839,090
Other Federal Grants	18,700,080	14,323,739	12,245,746
Financing Total	**224,633,904**	**228,443,794**	**220,887,225**

The decrease in federal grant funding is primarily due to the expiration of several federal grants, including FR CARA, SPF Rx, 988, and MHAT.

Problem Gambling and Addictions Grant Fund

Fund	FY 2026 Actuals	FY 2027 Request	FY 2028 Request
Problem Gambling Treatment / Services	1,626,960	3,399,357	5,861,211
KDADS Problem Gambling Administration	487,230	746,826	746,826
KanCare / Medicaid Behavioral Health	4,000,000	-	-
Uninsured SUD Treatment / Services	2,250,000	4,283,660	4,283,660
PGAF Total	**8,364,190**	**8,429,843**	**10,891,697**

The $4.0 million reduction beginning in FY 2027 is primarily due to the removal of caseload-related funding from the budget. Funding is budgeted to shift available resources toward uninsured SUD treatment and service capacity. FY 2028 includes additional funding for one-time activities, such as marketing, preventing, studies, and surveys.

PERFORMANCE MEASURES – BEHAVIORAL HEALTH COMMISSION

Subprogram Name	Performance Measure	SFY2026 Act.	SFY2027 Est.	SFY2028 Est.
Mental Health Treatment	Number of Persons with Severe and Persistent Mental Illness Receiving Outpatient Services	9,995	9,205	8,427
	Medicaid Beneficiaries Served through CCBHCs.	46,945	48,635	50,385
Substance Use Disorder (SUD) Treatment	Number of Uninsured Individuals Receiving SUD treatment	13,344	13,467	13,591
	Number of Medicaid Individuals Receiving Community-Based SUD treatment	6,420	6,455	6,444
Problem Gambling	Number of Individuals Receiving Problem Gambling Treatment	297	405	525
Crisis Centers	Number of Individuals Receiving Social Detox Through a Crisis Program	1,711	1,951	2,003
	Number of Individuals Referred to MH and/or SUD Treatment From a Crisis Program	9,924	10,226	10,899
Psychiatric Rehabilitation Treatment Facilities (PRTF)	Number of KanCare Children Receiving PRTF Services (Monthly Average)	300	310	315
	Number of KanCare Children on the PRTF Waitlist	300	310	315

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
- South Central Regional Mental Health Hospital

Intellectual & Developmental Disability Hospitals
- Parsons State Hospital and Training Center
- Kansas Neurological Institute

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.

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 set up over the years into one fund titled Institutional Rehabilitation and Repair Fund. The 2025 Legislature passed SB 35 that changed the funding source after 2025 for the SIBF from a dedicated statewide property tax to a demand transfer from the State General Fund. One July 1, 2026, $25.0 million will be transferred from the State General Fund to the SIBF for the same purpose and that amount will grow by 2.0 percent in each subsequent fiscal year.

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.

The four current State Hospitals house and treat about 850 Kansans daily, some of whom are our citizens with the most severe disabilities. The four campuses include nearly 80 buildings containing approximately 1.9 million gross square feet of floor area. Many of the buildings and equipment are 50 years old or older. Over years of daily use, buildings deteriorate, equipment wears out and must be replaced.

In FY 2026, KDADS and the hospitals completed several roofing replacements at Kansas Neurological Institute (KNI), Osawatomie State Hospital (OSH) and Parsons State Hospital (PSH) and updated water and electrical systems. OSH completed replacement of water valves, improving control of domestic water on campus in preparation for replacing water mains in future years. Razing projects for the Rush and Carmichael Buildings at OSH and three buildings at Larned State Hospital (LSH) were completed.

In FY 2027, KDADS was appropriated $3.4 million from the State Institutions Building Fund for rehabilitation and repair projects. This will allow KDADS and the hospitals to work through the first priority rehabilitation and repair projects. Based on a facility assessment completed of all the campuses and fire inspections, KDADS is prioritizing replacing fire alarm sensors and monitoring equipment at LSH, OSH, PSH and KNI to improve the reliability of the systems.

In addition to the rehabilitation and repair funding, KDADS received $2.0 million to begin renovating Sunflower Lodge at KNI for use as a children's behavioral health unit. The Sunflower Building has been vacant and needs a new roof to make it weather tight. Assessing the function of the mechanical systems including heating, air conditioning, and plumbing is in the approved funding to help plan future renovations. The building has mold through significant portions of the building that must be remediated before the building could be safe for patient or staff occupancy. The intended purpose to provide residential treatment for children with mental illness and developmental disabilities will require more substantial renovation to the building, but the initial investment of $2.0 million makes the building safe. KDADS is requesting an enhancement in FY 2028 to fund the renovation of the interior spaces for patient bedrooms, kitchen and dining, treatment rooms, nursing stations, recreational areas, and security improvements.

KDADS also received $3.5 million to remodel the Adair A Building at OSH to increase capacity by 30 patients. During FY 2025, AAC patients, staff and treatment teams were moved from A Building into East and West Biddle after it was remodeled. This project will 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 the 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 rooms available to increase the OSH capacity from 159 to 189 by the end of FY 2028.

For FY 2028, the allocated resource budget includes the projects listed under KDADS priority S-1 include $4.5 million of the most urgent of these projects. These projects have been identified as the highest priority for funding after reviewing projects lists from FY 2026 and FY 2027, assessing emergency repairs completed during FY 2026, and aligning the scheduled projects with operational needs on each campus. Project S-1 includes the highest priority projects and are needed to help maintain the facilities in safe and operational condition. This list includes beginning the replacement of the Isaac Ray Building roof at Larned State Hospital. The complete roofing replacement also is included in the plan as an enhancement request for FY 2028.

Since FY 2025 and concluding this year, KDADS is using SPARK funding and State General Fund dollars to construct a new, regional state psychiatric hospital in South Central Kansas. KDADS entered a memorandum of understanding with Sedgwick County that outlines the process to build and operate a state psychiatric hospital in Sedgwick County to serve both civilly committed mentally ill patients and criminal defendants needing forensic competency services. KDADS awarded $25.0 million in SPARK funding to Sedgwick County for the costs of land acquisition and construction of the hospital facility. Once the building is complete, Sedgwick County will transfer the building and property to the state to operate the hospital. As the project progresses, KDADS is including the new state hospital in the 5-year Capital Improvement plan for the maintenance costs of the building along with the other state hospitals. This project is shown in the project list as Priority S-2 but does not require additional funding or appropriation through the capital improvement budget.

The second priority projects for the hospitals, listed under KDADS priority S-3, total $5.1 million that will be requested as an enhancement in the FY 2028 KDADS budget request.

KDADS priority S-4 is an enhancement request for $4.9 million to remodel the Sunflower Lodge building at KNI. Sunflower Lodge was originally constructed in 1957 and has received no major renovation or comprehensive modernization in nearly 70 years. Due to the age or the facility and years of deferred maintenance, significant building deterioration has occurred, limiting the building's functionality and suitability for patient programming. Prior to renovation, roof replacement and stabilization efforts, funded in FY 2027, will protect the structure from further water intrusion and deterioration. The funded project includes mold remediation, replacement of damaged ceilings, interior walls, and doors; and mechanical system repairs. The proposed remodel for FY 2028 includes Americans with Disabilities Act (ADA) compliance modifications, restroom renovations, replacement of the fire alarm system, updated interior signage, and other life-safety and accessibility improvements required to meet current building standards for a facility providing mental health treatment for up to 30 patients at full capacity. These renovations are essential to preserve a valuable state-owned asset while repurposing the building to serve a population of children that have unmet needs from other community services or inpatient

treatment facilities. Upon completion, the Sunflower Lodge will provide a safe, secure, and modern environment to support children's and adolescent treatment programming and behavioral support.

KDADS priority S-5 is a request to significantly remodel the Cottonwood Resource Center on the OSH campus at a cost of $2.0 million. This building has not had significant remodeling since it was built in 1956. The building has patient recreation areas including a library, activity therapy 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 outside of the living area buildings to provide a complete treatment approach for the mentally ill patients served by OSH.

Priority S-6 is a request to remodel the OSH Special Services Building to repair damage from water infiltration on the 3rd floor and to use the building for expanded training and record storage. This project also would expand office space at the MICO Sexual Predator Treatment Program reintegration facility. The estimate budget for this project is $926,000.

Priority S-10 is a request for $3.9 million in FY 2028 to replace the Isaac Ray Building roof at LSH as a single project. The roof was installed as part of the original construction in 2005 and is now more than 20 years old. Assessment from consulting architects rated the roof as a fair condition but that it needs significant maintenance to keep the roof functioning. There are leaks, areas of failure in the roofing membrane and moisture intrusion in the roof substrate. A reliable roof is also essential to maintaining compliance with expectations established by the Kansas Department of Health and Environment (KDHE) and the Kansas State Fire Marshal (KSFM). The Isaac Ray roof represents an extraordinary capital need that cannot be addressed within current funding levels without negatively affecting other critical projects. While funding for this project is in the 5 year capital improvement plan over multiple fiscal years, a single appropriation would allow the project to be designed, bid, and completed as a single effort. This approach would reduce administrative costs, minimize disruption to hospital operations, provide more competitive pricing, and reduce exposure to inflation and construction cost escalation. It would also allow the State to address the problem before additional deterioration increases the overall cost of the project. The project cost of $3.9 million is the accumulated cost of dividing the project into sections to fit within the rehabilitation and repair project budget.

Object Code 5400: Capital Improvements

Summary: Capital Improvements includes rehabilitation and repair expenditures for the four state hospitals.

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 such 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 2027: A total of $8.7 million is approved for capital improvements. This includes $4.5 million from the SIBF for the priority rehabilitation and repair projects 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 2027 Five-Year Capital Improvement Plan. The total approved budget also includes $12,115,116 from the State General Fund to complete the construction of the South Central Regional Mental Health Hospital.

SFY 2028: A total of $4,500,000 is requested for capital improvements from the SIBF. That amount was identified in the KDADS agency budget allocation. 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 2028 Five-Year Capital Improvement Plan.

CAPITAL IMPROVEMENTS – PROGRAM CHART

State Institutional Building Fund Base Financing (Excluding Enhancement Requests)

Fund	BU	Purpose	Source	FY 2026 Actuals	FY 2028 Request	FY 2028 Request
8100	8240	Rehabilitation & Repair	Appropriation	3,452,500	6,847,253	4,500,000
			Reappropriation	8,038,447	4,513,000	-
			R&R Subtotal	***11,490,947***	***11,360,253***	***4,500,000***
8100	8250	SIBF Razing	Appropriation	-	-	-
			Reappropriation	1,175,780	802,171	-
			Razing Subtotal	***1,175,780***	***802,171***	**-**
8100	8330	SIBF Remodeling	Appropriation	-	2,000,000	-
			Reappropriation	1,037,807	12,707	-
			Remodeling Subtotal	***1,037,807***	***2,012,707***	**-**
		Capital Improvements Total		**13,704,534**	**14,175,131**	**4,500,000**

EXPENDITURE JUSTIFICATION – CAPITAL IMPROVEMENTS

Fund	SFY 2026 Actuals	SFY 2027 Approved	SFY 2027 Base	SFY 2027 Supplementals	SFY 2027 Adjusted	SFY 2028 Base	SFY 2028 Enhancements	SFY 2028 Adjusted
State General Fund	(58)	-	-	-	-	-	-	-
Federal Fund	-	-	-	-	-	-	-	-
All Other Funds	8,303,774	14,175,131	14,175,131	-	14,175,131	4,500,000	16,873,200	21,373,200
Capital Improvements Total	**8,303,716**	**14,175,131**	**14,175,131**	**-**	**14,175,131**	**4,500,000**	**16,873,200**	**21,373,200**
FTE	-	-	-	-	-	-	-	-

FY 2026 Actual expenditures totaled $8.3 million from State Institutional Building Funds (SIBF).

FY 2027 Adjusted budget request totals $14.1 million SIBF. This is an increase of $5.1 million SIBF for reappropriations for ongoing capital improvement projects at the state hospitals. This includes $4.5 million from the SIBF for the priority rehabilitation and repair projects 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 Five-Year Capital Improvement Plan.

FY 2028 Adjusted budget request totals $21.3 million SIBF. This includes $4.5 million SIBF in base funding identified in the agency allocation for Priority 1 routine rehabilitation and repair projects at the state hospitals, described in the Five-Year Capital Improvement Plan. The remainder of the request is $16.8 million SIBF for the enhancement requests detailed in the “Supplementals and Enhancements” section of the Agency Overview.

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 2027: $13,137,691 is requested. Most of the expenditures have been budgeted as contractual services in the current year.

FY 2028: $3,703,090 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 2027: $129,820 is requested.

FY 2028: $129,820 is requested.

Object Code 5400: Capital Improvements

Summary: Capital Improvements includes rehabilitation and repair expenditures for the four state hospitals.

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 such 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.

FY 2027: $907,620 is requested. Most of the expenditures have been budgeted as contractual services in the current year.

FY 2028: $17,540,290 is requested. The increase is primarily due to the enhancement requests.

LONG TERM SERVICES & SUPPORTS (LTSS) COMMISSION OVERVIEW

The LTSS Commission primarily oversees the state's eight Home and Community-Based Services (HCBS) Medicaid Waivers. HCBS empowers around 31,000 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: HCBS Waiver Program Management, IDD Program Management, Policy & Program Oversight, Program Integrity, and Quality Assurance.

1. **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 principles 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 homes and communities.
   - 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
  - 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 care decisions and help with navigating care systems, applications 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 reminders, 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.

- 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, and 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, and medical respite.
  - Applicants contact the Children's Resource Connection by phone or email.

- 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, and rehabilitation therapies (behavior, cognitive, physical, speech-language, occupational). Applicants contact the ADRC to apply.

- HCBS Eligibility
  - Manages eligibility determination functions across the HCBS waiver portfolio, including SED, BI, TA, AU, PD, FE, CSW, and IDD eligibility specialists. This unit ensures timely and accurate eligibility determinations that serve as the entry point to waiver services.

2. IDD Division

- The IDD Division manages the state's Intellectual or Developmental Disability (IDD) waiver, Autism (AU) waiver, and the Community Support Waiver (CSW).
    - IDD Waiver: 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.
    - Autism (AU) Waiver: 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.
    - Community Support Waiver (CSW): for individuals with intellectual or developmental disabilities impacting at least two adaptive skill areas who may not need the comprehensive level of care provided under the IDD waiver. Services will include respite, personal care services, individual budget authority, supported employment, and more. Applicants will contact the local CDDO to apply.

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 the 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 implement policy.
    - Develop new and updates policies in accordance with waiver amendments and renewals.

- Program Oversight
    - Provides oversight of contacts that provide support to HCBS waivers and programs.
    - Coordinates the 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 tools 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 the HCBS Commission.

4. Program Integrity and Compliance Division

The program integrity and compliance division is 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; ensure 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.

EXPENDITURE JUSTIFICATION – LONG TERM SUPPORT AND SERVICES (LTSS)

Fund	SFY 2026 Actuals	SFY 2027 Approved	SFY 2027 Base	SFY 2027 Supplementals	SFY 2027 Adjusted	SFY 2028 Base	SFY 2028 Enhancements	SFY 2028 Adjusted
State General Fund	13,954,475	16,942,752	14,698,356	-	14,698,356	14,703,283	1,643,006	16,346,289
Federal Fund	8,870,323	14,573,968	8,985,470	-	8,985,470	9,095,260	1,643,006	10,738,266
All Other Funds	-	-	-	-	-	-	-	-
LTSS Total	**22,824,798**	**31,516,720**	**23,683,826**	**-**	**23,683,826**	**23,798,543**	**3,286,012**	**27,084,555**
FTE	*46.2*	*48.2*	*46.3*	-	*46.3*	*46.3*	-	*46.3*

FY 2026 Actual expenditures totaled $22.8 million, including $14.0 million SGF.

FY 2027 Adjusted budget request totals $23.7 million, including $14.7 million SGF. The request is a decrease of $7.8 million, including $2.2 million SGF, below the amount approved for FY 2027 by the 2026 Legislature. The SGF decrease includes a transfer of $1.5 million from the LTSS budget unit to the KanCare Caseloads budget unit to correct an error in the previous year's change package.

FY 2028 Adjusted budget request has expenditures totaling $27.1 million, including $16.4 million SGF. The request is an increase of $4.4 million, including $596,463 SGF, below the amount approved for FY 2027 by the 2026 Legislature. The increase is primarily due to the enhancement requests for Employment First Training, an HCBS Rate Study, and Program Integrity staffing totaling $3.3 million, including $1.6 million SGF, detailed in the "Supplementals and Enhancements" section of the Agency Overview. The overall increase is partially offset by the removal of one-time items Heartspring ($400,000 SGF) and Employment First ($500,000 SGF).

Object Code 5100: Salaries and Wages

Summary: Staff carry out the administrative, program management, oversight, compliance, and quality assurance activities needed to administer the LTSS programs.

FY 2027: $3,897,563 is requested. (46 FTE).

FY 2028: $4,115,764 is requested. (46 FTE). This increase is primarily due to the Program Integrity enhancement request.

Object Code 5200: Contractual Services

Summary: Contractual Services include communications, freight and express, printing and advertising, rentals, repairing and servicing, staff travel expenses for training and program services, utilities, and professional or other services.

FY 2027: $14,775,384 is requested.

FY 2028: $17,703,914 is requested. This increase is primarily due to the enhancement request for Program Integrity, HCBS Rate Study, and Employment First Training & TA

Object Code 5300: Commodities

Summary: Commodities include office supplies, data processing supplies, professional supplies, and vehicle-related items such as gasoline and maintenance supplies.

FY 2027: $2,220 is requested.

FY 2028: $2,220 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, 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 assets can be found in Policy Manual filing 13,001. With the exception of software, KDADS will utilize items in this category that meet or exceed $5,000.

FY 2027: $3,900 is requested.

FY 2028: $3,900 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 2027: $4,988,979 is requested.

FY 2028: $4,988,979 is requested.

PERFORMANCE MEASURES – LONG TERM SERVICES AND SUPPORTS COMMISSION

Subprogram Name	Performance Measure	CY2025 Act.	CY2026 Est.	CY2027 Est.	CY2028 Est.
HCBS Management	Number of Participants Eligible to Receive HCBS I/DD Services (Monthly Average)	9,666	9,867	9,811	9,811
	Number of Participants Eligible to Receive HCBS PD Services (Monthly Average)	6,049	6,363	6,647	6,647
	Number of Participants Eligible to Receive HCBS Autism Services (Monthly Average)	60	64	65	65
	Number of Participants Eligible to Receive HCBS SED Services (Monthly Average)	4,011	4,197	4,200	4,200
	Number of Participants Eligible to Receive HCBS FE Services (Monthly Average)	8,503	9,155	9,200	9,200
	Number of Participants Eligible to Receive HCBS TA Services (Monthly Average)	849	833	859	859
	Number of Participants Eligible to Receive HCBS BI Services (Monthly Average)	1,209	1,269	1,275	1,275
	Number of Participants Enrolled In PACE Program (Monthly Average)	1,117	1,194	1,244	1,344
	Number of Individuals on Waitlist to Receive HCBS I/DD Services*	4,828	5,348	5,411	5,761
	Number of Individuals on Waitlist to Receive HCBS PD Services*	376	0	699	555
	Number of Individuals on Waitlist to Receive HCBS FE Services*	0	0	844	1688
	Number of Individuals on Waitlist to Receive HCBS BI Services*	0	0	0	185
	Number of Individuals on Autism Proposed Recipient List*	825	935	925	1001
HCBS FE, PD, BI Functional Assessments	Number of Assessments	22,023	23,177	25,000	25,200
Aging and Disability Resource Centers (ADRC)	Average Number of ADRC Call Center Contacts per Week	700	721	750	800

*Waiting/proposed recipient list numbers are as of June during the reporting year
*CY2026 estimated with data as of June 2026.

AGING SERVICES COMMISSION OVERVIEW

The Aging Services Commission administers a variety of programs for the aging and related populations. There are programs that help older adults living in their homes and communities, including the Older Americans Act, Senior Care Act, the Program of All-Inclusive Care for the Elderly (PACE), There are those that assist older adults in accessing public benefits or reporting Medicare fraud, waste and abuse, such as Senior Health Insurance Counseling for Kansas (SHICK), Senior Medicare Patrol (SMP), Medicare Improvements for Patients and Providers Act (MIPPA). There are programs related to nursing facilities and other settings (Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IIDs), Psychiatric Residential Treatment Facilities (PRTFs), Adult Care Homes (ACHs), etc. that involve rate setting, quality care assessment, Medicaid enrollment, CMS enforcement actions, Medicaid-pay-for-performance incentives and related activities; those include the PEAK and VENT nursing facility programs. It oversees assessments and evaluations for admission to long-term care facilities known as the CARE (Client Assessment Referral & Evaluation) Program. It also performs gatekeeping activities for the Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IIDs). The Aging Services Commission oversees the Nursing Facilities for Mental Health Pre-litigation Settlement Agreement administration and connected services of informed choice training and diversion activities. It also performs quality monitoring activities related to its services-related programs.

The Aging Commission is comprised of 4 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. 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.

- 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 (SHIP), 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.

2. Quality Programs Division

The Quality Programs Division oversees a number of programs and activities related to Commission program and service quality.

- Settings-related programs and activities include:
  - NF/ACH rate setting, quality care assessment, Medicaid enrollment, CMS enforcement actions, etc. for nursing facilities and other settings (Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IIDs), Psychiatric Residential Treatment Facilities (PRTFs), Adult Care Homes (ACHs);CARE Program meets a federal requirement for assessing individuals considering nursing facility placement (Pre-Assessment and Resident Review, "PASRR") that States help ensure that individuals are not inappropriately placed in nursing homes instead of other institutionally or community-based settings;
  - Promoting Excellent Alternatives in KS (PEAK) – Medicaid pay-for-performance incentive program to support NF system changes that support person-centered care;
  - Ventilator Program for NFs (VENT) – Medicaid pay-for-performance incentive program for those 24/7 ventilator dependent and NF meets higher safety, documentation & staffing requirements; and
  - Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID) gatekeeping.

- Quality improvement activities include:
  - Monitoring of other Commission programs through data collection gathered via site visits, file/report reviews, and participant interviews;
  - Currently, the Older Americans Act, Senior Care Act, and PACE programs' monitoring policies and procedures are undergoing significant revision to improve staffs' abilities to monitor – these revisions are being undertaken in partnership with the services providers of these programs.

- Dementia Program
  - Administers the Kansas Respite for Alzheimer's & Dementia Program (K-RAD), which provides relief to unpaid caregivers of individuals with a diagnosis or probable diagnosis of Alzheimer's disease or related Dementia. The program may subsidize the cost of services not to exceed an amount up to $1,000 per year per care receiver.
    - Produces the *Kansas Dementia Roadmap – A Guide for People Impacted by Dementia* is a navigation tool for families and individuals impacted by dementia.
    - Partnering with KDHE and other stakeholders in the creation of the 2026-2029 State Plan

3. Older Americans Act/Senior Care Act 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 Act has a number of Titles, with each describing unique services funded under that section:

  - 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.
    - Evidence-based programs that have been proven to improve 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)
    - Provides funding that supports social services and funding to prevent the abuse, neglect, and exploitation of older Kansans.

- 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.

- State General Funds for Nutrition Services
    - SGF supports the continued purchase and provision of nutritious meals to eligible clients.
    - The funding is also intended to reduce the number of older adults on nutrition service waitlists.

- Senior Care Act (SCA) Program

    - 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).
    - 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.

- Core Funding Program

    - The CORE program was allocated to the AAAs by the Legislature in SFY 2025.
    - It provides funding to:
        - Develop infrastructure capacity and provide competitive compensation packages,
        - Increase oversight/efficiency and modernize data systems,
        - Pilot, scale-up and replicate sustainable programs,
        - Response to emerging needs of aging population, and
        - Recruit and hire fundraisers and grants managers.

4. NFMH Settlement and Diversion Division

The NFMH Settlement and Diversion Division are responsible for activities related to the 2021 settlement agreement between the State of KS and the Disability Rights Center of KS and others regarding the Nursing Facilities for Mental Health (NFMHs). The 8-year agreement is aimed at significantly expanding community-based services for individuals with mental illnesses so that they are able to be diverted from residing in NFs or transitioning from them if they are in them. Staff and contractors ensure that residents and prospective residents know their options and can make informed choices about community alternatives and they have been appropriately assessed.

- Nursing Facilities for Mental Health (NFMH) Pre-Litigation Settlement Agreement activities include:
    - Providing training and tools to assist KDADS staff and community partners to provide reports (data and narrative) regarding progress related to the NFMH Settlement Agreement Practice Improvements.
    - Gathering information from KDADS 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.
    - Providing training regarding informed choice, WRAP (Wellness Recovery Action Plan), and Person- Centered Thinking to CMHC NFMH Liaisons, Olmstead Navigators, NFMH staff, Managed Care Organizations (MCOs), and other stakeholders.

- Specialized Services and Diversion activities include:
    - Administer the Specialized Services agreement with the seven Community Mental Health Centers (CMHCs) whose catchment areas include the ten NFMHs.
    - Oversee quality review of Specialized Services for nursing facility residents with Serious Mental Illnesses (SMIs).
    - Monitor to ensure diversion from potential long-term care when appropriate for individuals with possible SMIs and/or intellectual/developmental disabilities (I/DDs).
    - Monitor to ensure connection to community-based services occurs for those who have been discharged from NFMHs for at least a year after discharge.

EXPENDITURE JUSTIFICATION – Aging Services Commission

Fund	SFY 2026 Actuals	SFY 2027 Approved	SFY 2027 Base	SFY 2027 Supplementals	SFY 2027 Adjusted	SFY 2028 Base	SFY 2028 Enhancements	SFY 2028 Adjusted
State General Fund	23,948,251	26,728,908	32,362,271	-	32,362,271	31,279,480	139,375	31,418,855
Federal Fund	31,205,449	21,364,106	39,689,444	-	39,689,444	39,769,776	139,375	39,909,151
All Other Funds	81,749	120,767	151,518	-	151,518	154,288	-	154,288
Aging Total	**55,235,449**	**48,213,781**	**72,203,233**	**-**	**72,203,233**	**71,203,544**	**278,750**	**71,482,294**
FTE	*20.2*	*22.2*	*29.3*	-	*29.3*	*29.3*	-	*29.3*

FY 2026 Actual expenditures totaled $55.2 million, including $24.0 million SGF.

FY 2027 Adjusted budget request totals $72.2 million, including $32.3 million SGF. This is an increase of $24.0 million, including $5.6 million SGF, above the amount approved for FY 2027. The SGF increase is primarily attributable to the transfer of $3.5 million SGF to move funding for NFMH specialized services and the Olmstead settlement navigator from Behavioral Health to Aging to better align with programs. The all funds increase is primarily due to the transfer of $17.5 million in Rural Health Transformation Program (RHTP) funds. KDADS is a subawardee of the larger CMS grant held by KDHE and will administer eight programs focused on transforming care delivery for aging and behavioral health services.

FY 2028 Adjusted budget request has expenditures totaling $71.5 million, including $31.4 million SGF. This is an increase of $23.3 million, including $4.7 million SGF, above the amount approved for FY 2027. The SGF increase continues the transfer of $3.5 million SGF to move funding for NFMH specialized services and the Olmstead settlement navigator from Behavioral Health to Aging to better align with programs. The all funds increase is primarily due to a second transfer of $17.5 million RHTP from KDHE.

Object Code 5100: Salaries and Wages

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

FY 2027: $2,502,832 is requested. (29 FTE)

FY 2028: $2,638,530 is requested. (29 FTE). The increase is primarily due to the 27th pay period occurring in FY 2028.

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 2027: $5,498,820 is requested.

FY 2028: $5,132,085 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 2027: $16,740 is requested.

FY 2028: $16,740 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 exceed $5,000.

FY 2027: $560 is requested.

FY 2028: $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 2027: $64,184,281 is requested.

FY 2028: $63,584,697 is requested.

AGING SERVICES COMMISSION – NUTRITION PROGRAM CHART

Funding Source	Purpose	FY 2026 Actuals	FY 2027 Request	FY 2028 Request
SGF	OAA State Match	$ 9,045,725	$ 12,045,725	$ 12,045,725
Fee Funds	MOW Check Off	$ 81,749	$ 92,500	$ 92,500
Federal Funds	Nutrition Services Incentive Program	$ 1,412,149	$ 1,718,920	$ 1,718,920
	OAA Title III C(1) Congregate Meals	$ 5,682,419	$ 4,199,520	$ 4,199,520
	OAA Title III C(2) Home Delivery Meals	$ 5,930,322	$ 2,924,740	$ 2,924,740
	PGAF Total	**22,152,364**	**20,981,405**	**20,981,405**

* Federal funds in SFY2026 are overstated by $1,170,959 due to not releasing encumbrances by the end of the year.

PERFORMANCE MEASURES – AGING COMMISSION

Subprogram Name	Performance Measure	FFY2025 Act.	FFY2026 Est.	FFY2027 Est.	FFY2028 Est.
Older Americans Act (OAA)	Number Served for OAA Registered Services	27,751	30,455	30,901	30,901
	Percentage of Customers that have Contacted their Provider in the Last 2-3 Months	68%	59%	70%	70%
	Percentage of Customers That Would Recommend the OAA Program to a Friend or Relative	99%	100%	96%	96%
	Percentage of Attendants that Work the Amount of Time Authorized on the Plan of Care	97%	91%	90%	90%
Senior Care Act (SCA)	Number Served Annually	3,382	3,469	3,571	3,571
	Percentage of Customers that have Contacted their Provider in the Last 2-3 Months	53%	58%	65%	65%
	Percentage of Customers that Would Recommend the SCA Program to a Friend or Relative	98%	100%	95%	95%
	Percentage of Attendants that Work the Amount of Time Authorized on the Plan of Care	95%	95%	95%	95%

NARRATIVE INFORMATION – DA 400	AGENCY NAME:	Kansas Department for Aging & Disability Services
Division of the Budget	PROGRAM TITLE:	Aging Commission
State of Kansas	SUBPROGRAM TITLE:	Performance Measures

Subprogram Name	Performance Measure	FFY2025 Act.	FFY2026 Est.	FFY2027 Est.	FFY2028 Est.
OAA- Nutrition Program	Number of Congregate Meals Served	785,137	815,250	830,310	845,350
	Number of Home Delivered Meals	1,915,576	2,029,170	2,035,250	2,040,275
	Number of Customers Receiving Support Services	34,000	35,000	35,000	35,000
Aging Services Customer Quality Reviews	Number of Older Americans Act customers reviewed	270	279	265	265
	Number of Senior Care Act customers reviewed	387	386	380	380
SHIP (SHICK)	Number Served	26,926	27,232	28,014	28,658
	Number of Contacts	26,926	27,232	28,014	28,658
	Number of Events	331	322	332	343
	Number of beneficiaries reached (group outreach)	27,537	28,423	28,650	29,309
	Number of beneficiaries reached (media outreach)	851,769	5,480,407	886,180	906,562
MIPPA	Number Served	13,744	12,661	14,298	14,700
	Number of Contacts	13,744	12,661	14,298	14,700
	Number of Events	247	219	224	230
	Number of beneficiaries reached (group outreach)	23,251	24,477	25,000	25,500
	Number of beneficiaries reached (media outreach)	429,569	651,329	446,924	457,203
Client Assessment, Referral, and Evaluation	Number of CARE Level I Assessments	10,429	10,568	10,429	10,700
	Number of CARE Level II Assessments	762	1127	1200	1500

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 and KSA 65-4001. 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 Occupational 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. HOC is responsible for the licensure of speech language pathologists and audiologists under KSA 65-6501 and dieticians under KSA 65-5901.

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) Licensing 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 settings rule requirements and provider licensing requirements for the Community Supports Waiver are in place as services begin at implementation of the waiver.

- CMHC, PPH, PRTF, 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.
  - Worked with Behavioral Health Commission (BHS) to certify CMHCs as Certified Community Behavioral Health Center (CCBHC), all centers were certified as of July 2025.

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. Kansas House Bill 2761authorizes the certification of Speech and Language Pathology Assistants to work under the supervision of a Speech and Language Pathologist. This new certification is available as of 7/1/2026 and after January 1, 2027, it shall be unlawful to work in such capacity without certification.

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 Kansas Bureau of Investigation through a telecommunications system which provide initial criminal record data on each person for whom there is a record check requested. HOC then notifies the operators when a potential employee has a criminal record that would prohibit them from being employed in a facility licensed by KDADS.

- Certification Program
  - Maintains the Kansas Nurse Aid Registry in partnership with KDADS legal department.
  - HOC issues licenses to dieticians, 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 works in KDADS licensed settings who had a criminal history of a prescribed list crime(s).
  - Implemented the health care staffing agency registration and reporting as outlined in 2024 SB 28 and HB 2771.

3. Licensure & Certification Division

This division is responsible for the administering of the continuing care retirement community certification program as directed HB 2784 enacted during the 2024 Legislative Session. 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 rules.
  - 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 nursing facilities for compliance 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.
  - 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 and subsequent legislative sessions through budget provisos.

- Complaints Program
  - Performs complaint intake activities through the abuse, neglect, and exploitation hotline.
  - Triages 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.

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

Fund	SFY 2026 Actuals	SFY 2027 Approved	SFY 2027 Base	SFY 2027 Supplementals	SFY 2027 Adjusted	SFY 2028 Base	SFY 2028 Enhancements	SFY 2028 Adjusted
State General Fund	5,617,261	5,551,962	5,053,331	-	5,053,331	5,292,014	-	5,292,014
Federal Fund	4,898,628	5,676,497	5,020,106	-	5,020,106	5,185,040	-	5,185,040
All Other Funds	1,215,770	2,192,743	3,501,319	-	3,501,319	3,625,227	-	3,625,227
SCCC Total	**11,731,659**	**13,421,202**	**13,574,756**	**-**	**13,574,756**	**14,102,281**	**-**	**14,102,281**
FTE	*106.5*	*106.5*	*107.0*	-	*107.0*	*107.0*	-	*107.0*

FY 2026 Actual expenditures totaled $11.7 million, including $5.6 million SGF. Actuals were lower than the approved due to unfilled surveyor positions.

FY 2027 Adjusted budget request totals $13.6 million, including $5.1 million SGF.

FY 2028 Adjusted budget request totals $14.2 million, including $5.3 million SGF. The increase is primarily due to the 27th pay period.

Object Code 5100: Salaries and Wages

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

FY 2027: $9,024,806 is requested. (107 FTE).

FY 2028: $9,552,331 is requested. (107 FTE). The increase is primarily due to the 27th pay period occurring in FY 2028.

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 2027: $3,404,050 is requested.

FY 2028: $3,404,050 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 2027: $83,360 is requested.

FY 2028: $83,360 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 2027: $569,950 is requested.

FY 2028: $569,950 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 2027: $492,590 is requested.

FY 2028: $492,590 is requested.

PERFORMANCE MEASURES – SURVEY, CERTIFICATION & CREDENTIALING COMMISSION

Program Name	Subprogram Name	Performance Measure	FFY2025 Act.	FFY2026 Est.	FFY2027 Est.	FFY2028 Est.
Survey and Certification	Skilled Nursing Facility/NF	Average Number of months between surveys	19.9	19.9	19.0	20.0
Health Occupations Credentialing (HOC)	Background Checks	Number of Background Checks Processed	89,836	95,000	100,000	105,000
State Licensed Adult Care Home Division	ACH State Licensed & Survey	Number of Surveys Exited	308	363	400	425

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 Hospitals: Kansas Neurological Institute (KNI), Parsons State Hospital (PSH), Larned State Hospital (LSH), Osawatomie State Hospital (OSH) and Adair Acute Care (AAC) on Osawatomie State Hospital's campus, and South Central Regional Mental Health Hospital. 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.
- Operational oversight of capital improvement programs to complete rehabilitation and restoration projects, remodeling, and new construction.

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 awarded a contract with Wellsky to deploy its electronic medical records software on each state hospital campus.
     - The Wellsky platform is operating on all 4 campuses as of July 2025
     - 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 replaced existing electronic health record and billing systems, integrated with other electronic systems including the pharmacy dispensing and ordering systems, and expanded 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.
     - The Wellsky contract expires in April 2026 and is not renewable. The State Hospital Commission and KDADS information technology partners are issuing a Request for Proposals to have another electronic health record system ready to implement before the current contract term expires.

   - Digital Fingerprint Scanners
     - The Hospital Commission 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 has 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 seven providers and nine SIA locations across the state serving adults and adolescents.
    - Since starting services through SIA providers in August 2021 through June 2026, 4,412 adults and 1,674 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.
    - Since 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 processes 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 Mental Health Hospital
  - The SHC coordinated 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 2025 Legislature approved HB 2249 creating the South Central Regional Mental Health Hospital. The bill also established the catchment area associated with the new hospital as Sedgwick, Butler, Cowley, Harvey, and Sumner counties. Sedgwick County purchased a construction site in south Wichita in July 2024 and awarded a construction contract in November 2024. Construction began in January 2025 and is projected to be completed in January 2027.
  - SHC has the key leadership positions filled and transitioned to funding the payroll of positions as its own agency on July 1, 2026. SCRMHH submitted its own budget for FY 2027 during the last budget cycle. The 2026 Legislature added $20 million to the $15 million base appropriation for the operational costs of opening SCRMHH during FY 2027. The FY 2028 budget submitted by SCRMHH will reflect a full year of clinical operations.

- Special Projects

  - SHC Special Projects Manger 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. These projects are largely complete with all funds expended.

  - 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. Since FY 2023, KDADS reimbursed counties approximately $15.2 million from the State General Fund. In FY 2025, 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 approximately $6.7 million to hospitals and health care providers through June 30, 2026. Both programs continue in FY 2027 and FY 2028.

EXPENDITURE JUSTIFICATION – State Hospital Commission

Fund	SFY 2026 Actuals	SFY 2027 Approved	SFY 2027 Base	SFY 2027 Supplementals	SFY 2027 Adjusted	SFY 2028 Base	SFY 2028 Enhancements	SFY 2028 Adjusted
State General Fund	72,218,156	8,024,279	8,036,497	-	8,036,497	8,033,222	18,750,000	26,783,222
Federal Fund	23,852	106,032	10,290	-	10,290	10,290	-	10,290
All Other Funds	5,210,493	5,171,946	5,152,000	-	5,152,000	5,152,000	-	5,152,000
SHC Total	**77,452,501**	**13,302,257**	**13,198,787**	**-**	**13,198,787**	**13,195,512**	**18,750,000**	**31,945,512**
FTE	*11.0*	*8.0*	*6.5*	-	*6.5*	*6.5*	-	*6.5*

SFY 2026 Actual expenditures totaled $77.5 million, including $72.2 million SGF.

SFY 2027 Adjusted budget request totals $13.2 million, including $8.0 million SGF.

SFY 2028 Adjusted budget request totals $32.0 million, including $26.8 million SGF. This is an increase of $18.6 million, including $18.8 million SGF, above the amount approved for FY 2027. The increase is due to the enhancement request for an Electronic Health Records system for the state hospitals ($18.8 million SGF).

Object Code 5100: Salaries and Wages

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

SFY 2027: $929,775 is requested. (7 FTE).

SFY 2028: $977,713 is requested. (7 FTE). The increase is primarily due to the 27th pay period occurring in FY 2028.

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 2027: $12,141,772 is requested.

SFY 2028: $30,840,559 is requested. This includes an Enhancement request of $18,750,000 for the State Hospital Electronic Health Record.

Object Code 5300: Commodities

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

SFY 2027: $3,670 is requested.

SFY 2028: $3,670 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 2027: $123,570 is requested.

FY 2028: $123,570 is requested.

2141-2195 Social Welfare Fund

Description	Revenue Account	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ 2,940,254	$ 3,278,957	$ 3,523,817
OTHER NONREVENUE RECEIPTS	469090	$ 75,000	$ 75,000	$ 75,000
OTHER REIMB AND REFUNDS	462900	$ 24,928	$ 24,000	$ 24,000
RECOVERY OF PRIOR FY EXP	469010	$ 553,507	$ 500,000	$ 500,000
		$ 3,593,689	$ 3,877,957	$ 4,122,817

2193-2193 Indirect Cost Fund

Purpose: Fee fund for tracking overhead for Title XVII Survey and Certification grants (Fund 3064). Beginning in FY 2016, a formal indirect cost agreement was established to capture reimbursements of indirect costs.

Description	Revenue Account	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ 1,907,903	$ 1,753,007	$ (21,009)
FED INDIRECT COST TRANSF IN	469290	$ 2,882,518	$ 1,699,272	$ 4,057,932
		$ 4,790,421	$ 3,452,279	$ 4,036,923

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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
AUDITS AND INSPECTIONS	420100	$ 894,665	$ 715,000	$ 715,000
CASH FORWARD	40007	$ 2,462,199	$ 3,385,210	$ 3,189,149
CONVENIENCE FEE CREDIT CARDS	459120	$ 3	$ -	$ -
FEDERAL GRANT OPERATING	440100	$ 3,780	$ -	$ -
LICENSE BUSINESS	421110	$ 13,683	$ 15,000	$ 15,000
LICENSE PERSONAL SERVICES	421100	$ 748,819	$ 700,000	$ 700,000
		$ 4,123,149	$ 4,815,210	$ 4,619,149

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 source of revenue for 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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ 67,631	$ 67,631	$ 67,631
OPERATING TRANSFERS IN	766010	$ 5,000,000	$ 5,000,000	$ 5,000,000
		$ 5,067,631	$ 5,067,631	$ 5,067,631

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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ 6,460,373	$ 1,912,962	$ -
OPERATING TRANSFERS IN	766010	$ 7,500,000	$ 15,614,021	$ 9,750,000
		$ 13,960,373	$ 17,526,983	$ 9,750,000

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.

Description	Revenue Account	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ 173,768	$ (286,236)	$ -
OPERATING TRANSFERS IN	766010	$ 2,499,996	$ 5,204,670	$ 3,249,996
		$ 2,673,764	$ 4,918,434	$ 3,249,996

2363-2110 Provisional Overpayment Recovery & Collection

Description	Revenue Account	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ 103,413	$ 114,875	$ 124,875
FEDERAL RECOVERIES	469040	$ 11,462	$ 10,000	$ 10,000
		$ 114,875	$ 124,875	$ 134,875

2363-2120 Civil Monetary Penalties

Description	Revenue Account	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ 7,839,576	$ 10,519,399	$ 11,625,270
OTHER FINES PENALTIES FORFEIT	454090	$ 3,097,106	$ 1,685,700	$ 1,685,700
		$ -	$ -	$ -
		$ 10,936,682	$ 12,205,099	$ 13,310,970

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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ 1,116,528	$ 1,895,540	$ 2,165,697
OPERATING TRANSFERS IN	766010	$ 9,067,186	$ 8,660,000	$ 8,686,000
OTHER FINES PENALTIES FORFEIT	454090	$ 40,903	$ 40,000	$ 40,000
RECOVERY OF PRIOR FY EXP	469010	$ 35,113	$ -	$ -
		$ 10,259,730	$ 10,595,540	$ 10,891,697

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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ 5,680,146	$ 6,806,213	$ 6,929,643
LICENSE BUSINESS	421110	$ 1,298,213	$ 1,300,000	$ 1,300,000
LICENSE OTHER BUSINESS	421190	$ 540	$ -	$ -
RECOVERY OF PRIOR FY EXP	469010	$ 3	$ -	$ -
		$ 6,978,902	$ 8,106,213	$ 8,229,643

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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ 1,679,297	$ 1,917,842	$ 2,096,642
CONVENIENCE FEE CREDIT CARDS	459120	$ 20,225	$ 18,000	$ 18,000
LICENSE BUSINESS	421110	$ 1,054	$ 800	$ 800
LICENSE OTHER BUSINESS	421190	$ 110,090	$ 100,000	$ 100,000
OTHER SERVICE CHARGES	420990	$ 57,299	$ 55,000	$ 55,000
RECOVERY OF CURRENT FY EXP	462110	$ 8,999	$ 8,000	$ 8,000
SALE OF ASSET GAIN OR LOSS	461190	$ 58,050	$ 15,000	$ 15,000
		$ -	$ -	$ -
		$ 1,935,014	$ 2,114,642	$ 2,293,442

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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ 245,901	$ 245,901	$ 245,901
		$ -	$ -	$ -
		$ 245,901	$ 245,901	$ 245,901

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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CARE AND HOSPITALIZATION	420610	$ 57,462,571	$ 52,989,287	$ 53,989,287
CASH FORWARD	40007	$ 5,426,626	$ 2,740,054	$ 477,341
OPERATING TRANSFERS OUT	766020	$ (60,000,000)	$ (55,100,000)	$ (53,100,000)
		$ -	$ -	$ -
		$ 2,889,197	$ 629,341	$ 1,366,628

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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
ALL OTHER OPERATING GRANTS	441010	$ 81,750	$ 90,000	$ 90,000
CASH FORWARD	40007	$ 37,340	$ 37,341	$ 34,841
		$ 119,090	$ 127,341	$ 124,841

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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
AVERAGE DAILY BALANCE INTEREST	430150	$ 420,556	$ 412,000	$ 412,000
CASH FORWARD	40007	$ 10,914,489	$ 13,699,992	$ 13,377,631
LICENSE MOTOR VEHICLE OPERATOR	421210	$ 788,520	$ 780,000	$ 780,000
LIQUOR - CATER OR DRINKING EST	412423	$ 3,085,747	$ 3,062,000	$ 3,062,000
		$ 15,209,312	$ 17,953,992	$ 17,631,631

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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
AVERAGE DAILY BALANCE INTEREST	430150	$ 399,547	$ 400,000	$ 400,000
CASH FORWARD	40007	$ 9,786,432	$ 10,421,289	$ 10,832,549
LICENSE BUSINESS	421110	$ 1,765,395	$ 1,600,000	$ 1,600,000
LIQUOR GALLONAGE TAX	412422	$ 1,513,870	$ 1,485,000	$ 1,485,000
OTHER FINES PENALTIES FORFEIT	454090	$ 649,788	$ 620,000	$ 620,000
		$ 14,115,032	$ 14,526,289	$ 14,937,549

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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
AVERAGE DAILY BALANCE INTEREST	430150	$ 70,835	$ 70,000	$ 70,000
CASH FORWARD	40007	$ 1,622,652	$ 1,000,155	$ 320,155
FINES PENALTY FORFEIT DIST CT	454010	$ 1,163,232	$ 1,150,000	$ 1,150,000
OTHER FINES PENALTIES FORFEIT	454090	$ 177,023	$ 200,000	$ 200,000
RECOVERY OF PRIOR FY EXP	469010	$ 64,523	$ -	$ -
		$ 3,098,265	$ 2,420,155	$ 1,740,155

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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
AVERAGE DAILY BALANCE INTEREST	430150	$ 6,431	$ 6,400	$ 6,400
CASH FORWARD	40007	$ 173,738	$ 198,716	$ 222,616
LICENSE BUSINESS	421110	$ 18,547	$ 17,500	$ 17,500
		$ 198,716	$ 222,616	$ 246,516

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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ 83,000	$ 246,900	$ 246,900
OPERATING TRANSFERS IN	766010	$ 5,224,900	$ 5,000,000	$ 5,000,000
		$ 5,307,900	$ 5,246,900	$ 5,246,900

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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ 1,714,577	$ (1,567,301)	$ 1
OPERATING TRANSFERS IN	766010	$ 6,659,396	$ 11,567,301	$ 10,000,000
RECOVERY OF PRIOR FY EXP	469010	$ 145	$ -	$ -
		$ 8,374,118	$ 10,000,000	$ 10,000,001

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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
AVERAGE DAILY BALANCE INTEREST	430150	$ 453,242	$ 450,000	$ 450,000
CASH FORWARD	40007	$ 1,815,011	$ 3,958,250	$ 5,144,332
LICENSE BUSINESS	421110	$ 29,901,139	$ 29,000,000	$ 29,000,000
OP TRSF OUT-INTEREST ALLOCATIO	766080	$ (453,242)	$ (450,000)	$ (450,000)
		$ 31,716,150	$ 32,958,250	$ 34,144,332

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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
AVERAGE DAILY BALANCE INTEREST	430150	$ 81,875	$ 75,000	$ 75,000
CASH FORWARD	40007	$ 2,163,919	$ 2,699,036	$ 3,224,036
OPERATING TRANSFERS IN, INTERE	766070	$ 453,242	$ 450,000	$ 450,000
		$ 2,699,036	$ 3,224,036	$ 3,749,036

3XXX FEDERAL

FUNDING – COMPETITIVE GRANTS, FORMULA AND BLOCK GRANTS, PASS-THROUGH GRANTS

3023-3031 Opioid Abuse Treatment & Prevention Fund - State Opioid Response (S0R) 4

Purpose: this program is to address the overdose crisis, driven primarily by illicitly manufactured fentanyl, by providing resources to states and territories for increasing access to U.S. Food and Drug Administration (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, 2024, Division D, Title II, [Public Law 118-47] and section 1003 of the 21st Century Cures Act [Public Law 114-255]

Description	Revenue Account	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ (1,186,042)	$ (3,549,078)	$ -
FEDERAL GRANT OPERATING	440100	$ 6,125,133	$ 9,703,807	$ 6,163,324
		$ 4,939,091	$ 6,154,729	$ 6,163,324

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.
This grant expires 9/30/2026

CFDA Number: 93.791

Authorization: Section 6071 of the DRA of 2005

Description	Revenue Account	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ (863)	$ (38,027)	$ -
FED INDIRECT COST TRANSF IN	469290	$ (15,447)	$ -	$ -
FEDERAL GRANT OPERATING	440100	$ 231,713	$ 38,027	$ -
		$ 215,403	$ -	$ -

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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ (129,841)	$ 586,385	$ -
FEDERAL GRANT OPERATING	440100	$ 3,777,334	$ 2,150,661	$ 2,831,294
OTHER MISCELLANEOUS REVENUE	459090	$ 1,379	$ -	$ -
RECOVERY OF PRIOR FY EXP	469010	$ 100	$ -	$ -
		$ 3,648,972	$ 2,737,046	$ 2,831,294

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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ (105,237)	$ (206,455)	$ -
FEDERAL GRANT OPERATING	440100	$ 2,281,300	$ 2,183,666	$ 2,047,896
OTHER MISCELLANEOUS REVENUE	459090	$ 1,120	$ -	$ -
RECOVERY OF PRIOR FY EXP	469010	$ 80	$ -	$ -
		$ 2,177,263	$ 1,977,211	$ 2,047,896

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. This grant expires 9/30/2026

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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ (58,395)	$ (57,493)	$ -
FEDERAL GRANT OPERATING	440100	$ 407,268	$ 57,493	$ -
		$ 348,873	$ -	$ -

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. This grant expires 9/30/2026

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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ (392,015)	$ (113,460)	$ -
FEDERAL GRANT OPERATING	440100	$ 956,592	$ 113,460	$ -
		$ 564,577	$ -	$ -

3284-1330 Expanding CIT in Kansas (MHAT)

Purpose: To expand crisis intervention treatment and mental health awareness training. This grant expires 9/30/2026

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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ (13,546)	$ (63,766)	$ -
FEDERAL GRANT OPERATING	440100	$ 94,590	$ 63,766	$ -
		$ 81,044	$ -	$ -

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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ (192,965)	$ (229,817)	$ -
FEDERAL GRANT OPERATING	440100	$ 1,010,585	$ 1,033,056	$ 805,953
RECOVERY OF PRIOR FY EXP	469010	$ 217	$ -	$ -
		$ 817,837	$ 803,239	$ 805,953

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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ (105,237)	$ (206,455)	$ -
FEDERAL GRANT OPERATING	440100	$ 2,281,300	$ 2,183,666	$ 2,047,896
OTHER MISCELLANEOUS REVENUE	459090	$ 1,120	$ -	$ -
RECOVERY OF PRIOR FY EXP	469010	$ 80	$ -	$ -
		$ 2,177,263	$ 1,977,211	$ 2,047,896

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	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	$ (420)	$ (819,488)	$ -
FEDERAL GRANT OPERATING	440100	$ 67,591	$ 3,012,199	$ 794,828
		$ 67,171	$ 2,192,711	$ 794,828

3284-1334: Primary Care Integration Grant

Purpose: this program is to (a) promote full integration and collaboration in clinical practices between physical and behavioral health care; (b) support the improvement of integrated care models for physical and behavioral health care to improve overall wellness and physical health status; and (c) promote the implementation and improvement of bidirectional integrated care services, including evidence-based or evidence-informed screening, assessment, diagnosis, prevention, treatment, and recovery services for mental and substance use disorders, and co-occurring physical health conditions and chronic diseases through integrated care.

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

Authorization: 520K of the Public Health Service Act, as amended

Description	Revenue Account	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ (105,237)	$ (206,455)	$ -
FEDERAL GRANT OPERATING	440100	$ 2,281,300	$ 2,183,666	$ 2,047,896
OTHER MISCELLANEOUS REVENUE	459090	$ 1,120	$ -	$ -
		$ 2,177,183	$ 1,977,211	$ 2,047,896

3284-1335: SPF-PFS

Purpose: this program is to help reduce the onset and progression of substance misuse and its related problems by supporting the development and delivery of state and community substance misuse prevention and mental health promotion services. This program is intended to promote substance use prevention throughout a state jurisdiction for individuals and families by building and expanding the capacity of local community prevention providers to implement evidence-based programs.

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

Authorization: Section 516 of the PHS Act, as amended (42 U.S.C. 290bb- 22)

Description	Revenue Account	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ (32,707)	$ (415,762)	$ -
FEDERAL GRANT OPERATING	440100	$ 602,578	$ 1,675,485	$ 1,262,147
		$ 569,871	$ 1,259,723	$ 1,262,147

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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ (393,690)	$ (594,485)	$ -
FEDERAL GRANT OPERATING	440100	$ 396,088	$ 794,495	$ 200,010
		$ 2,398	$ 200,010	$ 200,010

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.

Description	Revenue Account	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ (952,817)	$ (3,244,196)	$ -
FEDERAL GRANT OPERATING	440100	$ 4,065,314	$ 6,744,196	$ 3,500,000
RECOVERY OF PRIOR FY EXP	469010	$ 581	$ -	$ -
		$ 3,113,078	$ 3,500,000	$ 3,500,000

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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ (118,303)	$ (8,498)	$ -
FEDERAL GRANT OPERATING	440100	$ 482,950	$ 468,111	$ 469,036
		$ 364,647	$ 459,613	$ 469,036

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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ (911,939)	$ (2,274,873)	$ -
FEDERAL GRANT OPERATING	440100	$ 1,813,251	$ 3,874,873	$ 1,600,000
		$ 901,312	$ 1,600,000	$ 1,600,000

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:

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%
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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ (1,735,898)	$ (2,085,811)	$ -
FEDERAL GRANT OPERATING	440100	$ 1,369,008	$ 3,804,731	$ 1,718,920
		$ (366,890)	$ 1,718,920	$ 1,718,920

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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ (640,787)	$ (33,556)	$ -
FEDERAL GRANT OPERATING	440100	$ 1,329,969	$ 756,296	$ 722,740
		$ 689,182	$ 722,740	$ 722,740

3301-0315 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: Subparts II & III, B, Title XIX, Public Health Service Act/45 CFR Part 96

Description	Revenue Account	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ -	$ (755,471)	$ -
FEDERAL GRANT OPERATING	440100	$ 11,595,330	$ 13,023,481	$ 12,276,148
		$ 11,595,330	$ 12,268,010	$ 12,276,148

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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ 41,339	$ 41,388	$ -
FED SUBGRANT TRANSFER IN	766050	$ 4,500,000	$ 4,458,612	$ 4,500,000
RECOVERY OF PRIOR FY EXP	469010	$ 49	$ -	$ -
		$ 4,541,388	$ 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.

Description	Revenue Account	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ (952,817)	$ (3,244,196)	$ -
FEDERAL GRANT OPERATING	440100	$ 4,065,314	$ 6,744,196	$ 3,500,000
RECOVERY OF PRIOR FY EXP	469010	$ 581	$ -	$ -
		$ 3,113,078	$ 3,500,000	$ 3,500,000

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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ (50,732)	$ (188,885)	$ -
FEDERAL GRANT OPERATING	440100	$ 171,379	$ 694,118	$ 505,520
		$ 120,647	$ 505,233	$ 505,520

3310-0470 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: Subparts I & III, B, Title XIX, Public Health Service Act/45 CFR Part 96

Description	Revenue Account	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ -	$ (2,234,378)	$ -
FEDERAL GRANT OPERATING	440100	$ 4,191,673	$ 9,405,015	$ 7,179,762
		$ 4,191,673	$ 7,170,637	$ 7,179,762

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 21st Century Cures Act (P.L. 114-255).

Description	Revenue Account	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ (350,142)	$ (194,788)	$ -
FEDERAL GRANT OPERATING	440100	$ 606,067	$ 622,179	$ 427,806
		$ 255,925	$ 427,391	$ 427,806

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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ -	$ (56,272)	$ -
FEDERAL GRANT OPERATING	440100	$ 143,335	$ 56,272	$ -
		$ 143,335	$ -	$ -

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
- 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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ (63,997)	$ (73,549)	$ -
FEDERAL GRANT OPERATING	440100	$ 206,404	$ 299,304	$ 227,137
		$ 142,407	$ 225,755	$ 227,137

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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ (45,685)	$ 6,340	$ -
FEDERAL GRANT OPERATING	440100	$ 76,830	$ 45,620	$ 52,344
		$ 31,145	$ 51,960	$ 52,344

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 are 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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ (130,219)	$ (135,713)	$ -
FEDERAL GRANT OPERATING	440100	$ 588,843	$ 685,604	$ 556,593
		$ 458,624	$ 549,891	$ 556,593

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.

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

	Blended FMAP	State Rate
FY 2021	75.00%	25.00%
FY 2022	75.00%	25.00%
FY 2023	75.00%	25.00%
FY 2024	75.00%	25.00%
FY 2025	75.00%	25.00%
FY 2026	75.00%	25.00%
FY 2027	75.00%	25.00%
FY 2028	75.00%	25.00%

Description	Revenue Account	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ (61,544)	$ (746,074)	$ -
FED SUBGRANT TRANSFER IN	766050	$ 2,451,230	$ 3,609,838	$ 2,879,516
		$ 2,389,686	$ 2,863,764	$ 2,879,516

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

	Blended FMAP	State Rate
FY 2021	75.00%	25.00%
FY 2022	75.00%	25.00%
FY 2023	75.00%	25.00%
FY 2024	75.00%	25.00%
FY 2025	75.00%	25.00%
FY 2026	75.00%	25.00%
FY 2027	75.00%	25.00%
FY 2028	75.00%	25.00%

Description	Revenue Account	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ (2,371,331)	$ (2,197,181)	$ -
FED SUBGRANT TRANSFER IN	766050	$ 183,150	$ 2,197,181	$ -
		$ (2,188,181)	$ -	$ -

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

	Blended FMAP	State Rate
FY 2021	75.00%	25.00%
FY 2022	75.00%	25.00%
FY 2023	75.00%	25.00%
FY 2024	75.00%	25.00%
FY 2025	75.00%	25.00%
FY 2026	75.00%	25.00%
FY 2027	75.00%	25.00%
FY 2028	75.00%	25.00%

Description	Revenue Account	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ (664,037)	$ (595,202)	$ -
FED SUBGRANT TRANSFER IN	766050	$ 576,318	$ 1,095,202	$ 500,000
		$ (87,719)	$ 500,000	$ 500,000

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.

	Blended FMAP	State Rate
FY 2021	50.00%	50.00%
FY 2022	50.00%	50.00%
FY 2023	50.00%	50.00%
FY 2024	50.00%	50.00%
FY 2025	50.00%	50.00%
FY 2026	50.00%	50.00%
FY 2027	50.00%	50.00%
FY 2028	50.00%	50.00%

Description	Revenue Account	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ (5,920,633)	$ (7,249,382)	$ -
FED SUBGRANT TRANSFER IN	766050	$ 18,636,615	$ 27,256,333	$ 20,247,190
RECOVERY OF PRIOR FY EXP	469010	$ 193,012	$ -	$ -
		$ 12,908,994	$ 20,006,951	$ 20,247,190

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.

	Blended FMAP	State Rate
FY 2021	31.75%	38.26%
FY 2022	65.75%	34.25%
FY 2023	66.24%	33.76%
FY 2024	65.76%	34.24%
FY 2025	67.61%	38.33%
FY 2026	61.65%	38.36%
FY 2027	60.94%	39.03%
FY 2028	60.12%	39.89%

3414 3458

Description	Revenue Account	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ 735,038	$ 6,882,386	$ -
FED SUBGRANT TRANSFER IN	766050	$ 2,010,943,084	$ 2,341,856,220	$ 2,399,179,156
OTHER REIMB AND REFUNDS	462900	$ 8,780	$ -	$ -
RECOVERY OF PRIOR FY EXP	469010	$ 877,343	$ -	$ -
		$ 2,012,564,245	$ 2,348,738,606	$ 2,399,179,156

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:

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

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 114-14

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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ (1,382,837)	$ (3,640,028)	$ -
FEDERAL GRANT OPERATING	440100	$ 3,215,385	$ 7,839,548	$ 4,199,520
RECOVERY OF PRIOR FY EXP	469010	$ 209,843	$ -	$ -
		$ 2,042,391	$ 4,199,520	$ 4,199,520

3425-3434 Older Americans Act-Nutrition Program-III C

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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ (25,815)	$ 3,237	$ -
FEDERAL GRANT OPERATING	440100	$ 605,589	$ 528,559	$ 556,858
		$ 579,774	$ 531,796	$ 556,858

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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ (2,117,285)	$ (4,975,115)	$ -
FEDERAL GRANT OPERATING	440100	$ 2,851,190	$ 7,899,855	$ 2,924,740
RECOVERY OF PRIOR FY EXP	469010	$ 221,302	$ -	$ -
		$ 955,207	$ 2,924,740	$ 2,924,740

3468-3306 AOA Medicare Enrollment - MIPPA-AAA

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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ (113,761)	$ (153,258)	$ -
FEDERAL GRANT OPERATING	440100	$ 385,846	$ 533,619	$ 385,146
		$ 272,085	$ 380,361	$ 385,146

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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ 71,064	$ 108,852	$ 108,852
FEDERAL GRANT OPERATING	440100	$ 37,788	$ -	$ -
		$ 108,852	$ 108,852	$ 108,852

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, an 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	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ 1,580,049	$ 1,677,021	$ 1,677,021
FEDERAL GRANT OPERATING	440100	$ 103,022	$ -	$ -
		$ 1,683,071	$ 1,677,021	$ 1,677,021

3939-3055 Kansas Rural Health Transformation Plan (RHTP)

Purpose: The Rural Health Transformation Program (RHTP) serves to improve the health of rural Kansans by expanding primary and secondary prevention programs, securing local access to primary care, building a sustainable rural health workforce, enabling value-base care and harnessing data and technology. KDADS is a subawardee of the larger CMS grant held by KDHE and will administer eight programs focused on transforming care delivery for aging and behavioral health services.

CFDA Number: 93.798

Authorization: Big Beautiful Bill Act of 2025, Section 71401

Description	Revenue Account	SFY 2026 Actuals	SFY 2027 Estimate	SFY 2028 Estimate
CASH FORWARD	40007	$ -	$ -	$ -
FEDERAL GRANT OPERATING	440100	$ -	$ 17,866,230	$ 17,887,329
		$ -	$ 17,866,230	$ 17,887,329