

M I N U T E S

SPECIAL COMMITTEE ON WELFARE OVERVIEW

August 12, 1975

Members Present

Representative Richard L. Harper, Chairman
Senator John F. Vermillion, Vice-Chairman
Senator Jim Parrish
Representative James Holderman

Staff Present

Emalene Correll, Legislative Research Department
Norman Furse, Revisor of Statutes Office

Others

Charles Stevenson, Department of Social and Rehabilitation Services, Topeka, Kansas
Robert C. Harder, Department of Social and Rehabilitation Services, Topeka, Kansas
Paul M. Klotz, League of Kansas Municipalities, Topeka, Kansas
Richard Morrissey, Department of Health and Environment, Topeka, Kansas
Paul Brotsman, University of Kansas, Lawrence, Kansas
Representative Ruth Wilkin, Kansas House of Representatives, Topeka, Kansas
A. F. Bramble, Department of Social and Rehabilitation Services, Topeka, Kansas
Lauren Harrod, Department of Social and Rehabilitation Services, Topeka, Kansas
Fred Holloman, House of Representatives Staff, Topeka, Kansas
Richard Cunningham, League of Kansas Municipalities, Topeka, Kansas
Peteris Dajevskis, Division of State Planning and Research, Topeka, Kansas

The meeting was called to order by the Chairman, Representative Richard Harper.

A motion was made and seconded to approve the minutes of the July 1, 1975 meeting. Motion carried.

The Chairman asked Dr. Robert Harder, Secretary, Department of Social and Rehabilitation Services to review the July Assistance Expenditures. See Attachment A.

Dr. Harder then referred to the material (Attachment B) which pertained to issues raised by the Committee at the previous meeting.

Attachment B - Page 1: Dr. Harder noted that because of the heavy emphasis on family planning in Kansas, there has been an average drop of one person per ADC family since July 1, 1971. Average payments in Kansas fall about the mid-point nationally. General increases reflect the national trend.

Attachment B - Page 2: Dr. Harder pointed out that approximately 22½% of the ADC cases received \$124 or less; approximately 36% received \$174 or less; approximately 60% received \$224 or less; approximately 78.5% received \$274 or less; approximately 86% received \$299 or less. Some high payments were noted. Explanations for these are given on the following page of Attachment B.

Attachment B - Page 5: The Unemployed Father Program was initiated in the interest of maintaining the family as a unit. The father must have been employed before he can be on the program. Such fathers are likely candidates for employment and in cases where indicated would be put into the work incentive program. This category also reflects economic conditions. Dr. Harder did not know the average length of time a person stayed in this program but said he would get this information for the Committee.

Attachment B - Page 9: Dr. Harder noted that Kansas ranks 39th in terms of the number per thousand population receiving aid with an average of 35 per thousand or 3½% on public assistance. The national average is 5½%.

Attachment B - Pages 10 and 11: General Assistance to some extent reflects economic conditions Dr. Harder noted. In answer to the question, "What makes people 65 and up ineligible for SSI?" Dr. Harder stated that differences in allowable resources between SSI and GA could be one factor. He indicated he would check on this to get a more precise answer. In answer to other questions, Dr. Harder stated that if a person has a small disability and is under 65, they would not be eligible for SSI but could be eligible for GA. Recently in Southeast Kansas they have had applications from women 55 to 58 whose husbands have died and who have no marketable skills. They are too old for the WIN program and not old enough for SSI but are eligible for GA. The Department does have such people evaluated for vocational rehabilitation. He also noted there are cases where a father is working 40 hours per week but is not earning enough to support the family. The family may be eligible for assistance in this instance. He noted that GA is under what it was four years ago.

Attachment B - Page 12: Dr. Harder noted that the low expenditure for services in July, 1975, is due to the fact that salaries for July will not show until August. In answer to a question, he stated that administrative costs are spread across all services. If all employees are included in administrative costs, about 13% of the department's budget is for administration. If employees involved in providing direct services are deleted, it is about 10%.

Dr. Harder pointed out that direct services are those provided by a person on the staff. Purchased services are those purchased from a facility because SRS does not provide the service. An example of the latter is purchasing service in a day care center.

Dr. Harder stated they have not made a decision regarding the provider for chore and homemaker services because of differing opinions which have been expressed at hearings. They hope that a consensus among the groups wishing to provide services and raising objections can be reached. He stated that Upjohn Pharmaceutical Company had contacted the Department to discuss a statewide contract for these services. Upjohn was willing to assume the initial cost of setting up the program, was willing to work within the time lag for receiving payment, was willing to analyze the present caseload of SRS and use as many clients as possible, and was willing to provide a training program for those employed. Their services, currently being provided in some Kansas communities, would be available to the total population. Upjohn envisioned employing about 2,000. Objection was raised by some local services to SRS moving in this direction.

Some health departments believe that Title XX money can be used for health services and that they could provide the chore and homemaker services. People from the HEW Regional Office indicated that if health departments maintained a separate billing for these services, they might be eligible. However, there would still be the problem of supervision of services since Title XX funds cannot be used for services supervised by a nurse.

Dr. Harder noted that a few SRS district offices still have homemakers on their staff.

Dr. Harder stated he was surprised at the reluctance to use private enterprise and letting them take the risk.

Dr. Harder was asked if SRS could not provide these services using welfare recipients as employees at a lesser cost. He replied that he was quite sure they could not get into the direct provision of services at a lesser cost and explained the problems of setting up and supervising such services and the large initial costs involved. So the Committee could compare costs, Dr. Harder stated he felt they could build a model program and estimate the cost of operating it.

In answer to questions, Dr. Harder stated the Upjohn Company had quoted a figure of \$4.10 per unit of service and would provide the service 24 hours per day, seven days per week. A health department had submitted a figure of over \$8.00 per unit providing services only between 8:00 a.m. and 5:00 p.m. five days per week. After hearing the Upjohn Company figure, the health department lowered their figure to under \$4.00 on the basis of providing the services 24 hours per day, seven days per week. He pointed out that the estimated figure for these services given in the proposed expenditures was probably high. Homemaker services cannot be provided under Title XIX except in some few cases where medically needed.

Attachment B - Page 13: Dr. Harder stated the regional offices would be closed within a year. These offices served as a bridge in the move from a county to a state administered program. Management areas are being developed and each area manager will be totally responsible for all SRS programs in that area and will be directly responsible to the Secretary of SRS.

In answer to a question, Dr. Harder stated he was not sure what was covered under legal services but felt it was the same services as those provided by the Legal Aid Society. These societies indicated at the August hearing that they have enough money at the local level to match their budgets so we have not thought of using state funds in this area.

Attachment B - Page 14: It was pointed out that the 1975 Legislature passed a bill giving SRS certain authority in the drug abuse area. Dr. Harder stated that they have had one request to fund a halfway house for drug abusers but none have been funded. In answer to a question it was noted that the Commission on Drug Abuse did not license or certify these facilities or other drug programs. Staff felt that current statutes governing licensing of halfway houses would not cover these facilities or programs. Dr. Harder stated the methadone programs want to transfer to SRS and they will be meeting with representatives of these programs in September to work out the details.

Questions were raised regarding nursing homes specializing in services for the mentally retarded. Dr. Harder stated these homes provide medical services and are visited by a medical review team which determines if the person still needs medical attention. A person is placed in this type home because of his medical needs not because he is retarded although the latter may mean he needs a special type of service.

Questions were raised with Dr. Harder concerning the Food Stamp Program. He stated that eligibility requirements for the Food Stamp Program are now written into law and that it is a different eligibility system than the one used for welfare programs. At points the two systems are incompatible. The program is administered

by the USDA and the state SRS office must administer the program as specified by the USDA. Fifty percent of the administration costs are paid by the state. Dr. Harder stated they would like to have someone challenge the program. He will have his staff make an estimate of the number of people in Kansas who would be eligible for food stamps and will forward it to the Committee.

In answer to other questions, Dr. Harder stated he thought Kansas could refuse to participate in the Food Stamp Program which would mean simply we would not have food stamps.

Dr. Harder noted that the post audit of SRS has been completed and all expenditures were according to the law.

Dr. Bramble, Department of Social and Rehabilitation Services, distributed materials on the Older Americans Act which included information about the Act, programs and expenditures to data, and proposals for Fiscal Year 1976.

In his remarks and in answer to questions, Dr. Bramble noted the aim of Title III is to utilize local resources on a cooperative basis. Under Title III, ten area agencies on the Aging have been established and funded. Each agency is governed by a locally appointed board and has the responsibility of developing an annual plan which the state office approves and funds from Title III funds. Funding is on a year to year basis. State administrative costs for the program are on a 25 (state) - 75 (federal) match. No state funds are used at the local level. Dr. Bramble does not see the federal government moving to a requirement for state matching funds since the total emphasis of the program is on the local level. Approximately \$300,000 of a total budget of \$976,000 goes to area agencies. Since the strategy is to work through area agencies, there is constant pressure to provide them with more staff.

There are 385,000 possible clients for these programs. However, only a small percentage are participating: approximately 8,000 in transportation programs, 5,000 in meal programs, smaller numbers in other programs.

Dr. Bramble explained forward funding and the approach to determining priorities for funding the first year stating that from now on they will use only the federal criteria of number in population over 60, of low income and minorities. There is a procedure for auditing and for evaluating programs and area agencies.

To date twelve counties have passed a mill levy for programs for the aging.

In order to tie OAA programs and social service programs together without duplication, all divisions affected by submitted proposals get together to look for any possible overlapping. The Executive Committee then has a final look at the proposals.

The Committee recessed for lunch at 12:00 noon and reconvened at 1:40 p.m.

The Committee expressed the feeling that Kansas does have a handle on welfare assistance programs and commended Dr. Harder for this.

Dr. Harder asked to defer the report and discussion of Title IVD.

Fee Schedule (Attachment C). Under Title XX a state may receive federal funding to provide services for persons whose income is between 80% and 115% of the median income for families of comparable size in Kansas if a fee is charged. Fees established must bear a relationship to the family income as it compares to the Kansas average. The fee schedule (Attachment C) was distributed for the Committee's consideration. This includes families whose income is 115% of the Kansas median. If persons above the 80% figure are included then social services become available to low-middle income families. Dr. Harder was asked to what degree people above the 80% point might be prevented from becoming dependent on public assistance by this program. He stated they could probably do a study showing an impact is currently being made in the area of services for the mentally retarded. If limits are moved to less than 115% then people have to "get down and out" before the Department's programs can move in to help them.

Dr. Harder pointed out that eligibility under Title XX is based on income only and that all public assistance recipients are eligible for services.

Dr. Harder stated the question the Committee needs to answer in considering the fee schedule is whether or not social services should be provided to people at the 80% to 115% level with some state and federal assistance? He suggested they might think about leaving the fee schedule as presented for all adult categories with anything not fitting these categories to be set not to exceed 80% or 90%.

Dr. Harder presented a summary of the public hearings on Title XX and tentative decisions resulting therefrom. (Attachment D).

In answer to a question, Dr. Harder stated that the state plan must provide that social services will be provided in all parts of the state. A service can actually be provided by a subdivision such as a city, if the state will assume the responsibility for saying the service, if it is wanted, will be available in other parts of the state. For example, if three cities have a Legal Aid Society and the Kansas Bar Association submits a proposal to provide this same service for the rest of the state, SRS would be obligated to provide funding under Title XX.

Richard Cunningham, League of Kansas Municipalities, stated this is the point at which SRS and some cities are finding problems. A city wants to increase a service to meet a need which people in the community say is not being met. The city has the matching money for the service. They see some money at the state level not being used and do not see why they cannot have it.

Dr. Harder stated that in this instance all the city has to do is write SRS a letter stating what they want to do and the amount of money they have. For example, if the city submitted a request for day care services, SRS could purchase this service from them if they have funds. This is what the Department has been doing with counties.

Staff pointed out that two cities have called stating they would like to consider being the provider of services with the state paying for the services through them. These cities would like to appear before the Committee. If they do appear, the Committee should be aware that non-profit groups in these cities are already providing services under contract with SRS and they should also be heard from since the system proposed by these cities would make them go through a third party.

After discussion, it appeared that Topeka was the only one of the three cities actually wanting to act as the sole provider. Dr. Harder will file with the Committee a copy of the Mayor of Topeka's letter to him and his reply. (Attachment E)

The Kansas League of Municipalities will file with the Committee a copy of their letter to Dr. Harder expressing their concerns about the Comprehensive Services Plan. (Attachment F)

Dr. Harder presented a letter from the Regional Office commending them for their Comprehensive Annual Services Plan and pointing out a technical noncompliance. (Attachment G). Dr. Harder stated the ad has been published so he feels there is no problem now.

The Committee's staff will meet with Dr. Harder's staff prior to the next meeting to review necessary statutory changes and to separate those that are optional and those that are mandatory. Staff will review proposals for legislation including but not limited to those submitted by Dr. Harder's office at the next meeting.

After discussion of agenda items for the next meeting, it was decided Dr. Harder will try to arrange for people from the Regional Office to appear on Title IVD. Dr. Harder will discuss the staffing item deferred from today's agenda. Staff was asked to contact the two cities which had called asking them to submit their concerns and proposals in writing prior to the next meeting. This is to be forwarded to to Committee members.

The Chairman asked the Committee to think about recommending that emphasis be placed on homemaker and chore services for the

elderly; the utilization of recipients to provide services and ways to make the views of the state known at the federal level, especially in regard to the Food Stamp Program eligibility requirements for the non-public assistance category. He asked them to also think of recommendations which might not necessarily be proposals for legislation which they wish included in the Committee's report.

The next meeting will be September 9, 1975 at 9:00 a.m.

The meeting was adjourned at 3:30 p.m.

Furnished at Committee request:

Attachment H - Map showing regional and district boundaries
Attachment I - Comparison of states - ADC Programs

Prepared by Emalene Correll

Approved by Committee on:

9/17/75
(Date)

ADC Projected Expenditures
1976 Fiscal Year

	<u>*Estimated Persons</u>	<u>Actual Persons</u>	<u>Estimated Average Grant</u>	<u>Actual Average Grant</u>	<u>Estimated Total Expenditures</u>	<u>Actual Expenditures</u>	<u>Estimated Balance End of Month</u>	<u>Actual Balance End of Month</u>
July	70,781	71,203	\$73.98	74.45	\$5,236,207	5,301,302	\$59,384,744	59,319,649
August	71,552		74.16		5,306,296		54,078,448	
September	71,975		74.34		5,350,622		48,727,826	
October	71,827		74.52		5,352,548		43,375,278	
November	71,863		74.70		5,368,166		38,007,112	
December	72,107		74.88		5,399,372		32,607,740	
January	72,831		75.06		5,466,695		27,141,045	
February	73,333		75.24		5,517,575		21,623,470	
March	73,399		74.42		5,462,354		16,161,116	
April	73,052		75.60		5,522,731		10,638,385	
May	72,454		75.78		5,490,564		5,147,821	
June	72,425		75.96		5,501,403		-353,582	
Total	867,599		\$74.89		\$64,974,533			

1976 Appropriation \$64,620,951

Persons = July + $\frac{1}{2}$ % Trend + Seasonal Adjustment. Seasonal Adjustments established on a six year average.
Average grant = July + \$.18 per month (\$2.00 average per year, i.e., derived from FY 1976 Budget).

7/31/75

GA Projected Expenditures
1976 Fiscal Year

	<u>*Estimated Persons *</u>	<u>Actual Persons</u>	<u>Estimated Average Grant</u>	<u>Actual Average Grant</u>	<u>Estimated Total Expenditures</u>	<u>Actual Expenditures</u>	<u>Estimated Balance End of Month</u>	<u>Actual Balance End of Month</u>
July	10,315	10,412	\$104.18	104.19	\$ 1,074,592	1,084,806	10,925,349	10,915,135
August	11,289		104.64		1,181,281		9,744,068	
September	10,870		105.10		1,142,437		8,601,631	
October	10,406		105.56		1,098,457		7,503,174	
November	10,576		106.02		1,121,268		6,381,906	
December	10,327		106.48		1,099,619		5,282,287	
January	11,484		106.94		1,228,099		4,054,188	
February	11,774		107.40		1,264,528		2,789,660	
March	11,451		107.86		1,235,105		1,554,555	
April	10,928		108.32		1,183,721		370,834	
May	10,356		108.78		1,126,526		-755,692	
June	10,135		109.24		1,107,147		-1,862,839	
Total	129,911		\$106.71		\$13,862,780			

1976 Appropriation \$11,999,941

Persons = July + seasonal adjustment. Seasonal Adjustments established on a six-year average.
Average Grant = July + \$.46/mo. (2.77 average per year from FY 1976 Budget).

Medical Projected Expenditures
1976 Fiscal Year

	<u>Estimated Persons</u>	<u>Actual Persons</u>	<u>Estimated Average Payment</u>	<u>Actual Average Payment</u>	<u>Estimated Total Expenditures</u>	<u>Actual Expenditures</u>	<u>Estimated Balance End of Month</u>	<u>Actual, Balance End of Month</u>
July	106,000	107,532	53.30	50.83	5,649,684	5,465,527	101,502,989	101,687,146
August	111,000		80.44		8,929,389		92,573,600	
September	111,000		80.44		8,929,389		83,644,211	
October	111,000		80.44		8,929,389		74,714,822	
November	111,000		80.44		8,929,389		65,785,433	
December	111,000		80.44		8,929,389		56,856,044	
January	111,000		80.44		8,929,389		47,926,655	
February	111,000		80.44		8,929,389		38,997,266	
March	111,000		80.44		8,929,389		30,067,877	
April	111,000		80.44		8,929,389		21,138,488	
May	111,000		80.44		8,929,389		12,209,099	
June	116,000		105.25		12,209,099		---	
Total	1,332,000		80.44		107,152,673			

1976 Appropriation as Recommended by the Governor \$107,152,673

SUMMARY OF MEDICAL ASSISTANCE COSTS
Comparison of Costs - Category - Provider
July 1974 - July 1975

<u>CATEGORIES OF RECIPIENTS</u>				<u>VENDOR PAYMENTS</u>				<u>PERSONS RECEIVING MEDICAL SERVICES*</u>		
	<u>COST</u>		<u>%</u>	<u>PROVIDER</u>	<u>COST</u>		<u>%</u>	<u>MONTH</u>	<u>FY 75</u>	<u>FY 76</u>
<u>PUBLIC ASSISTANCE</u>	<u>FY 75</u>	<u>FY 76</u>	<u>Change</u>		<u>FY 75</u>	<u>FY 76</u>	<u>Change</u>			
OAA	\$ 46,377	\$ 114,835	+ 147.6	Drugs	\$ 143,424	\$ 372,263	+ 159.6	July	22,927	46,808
AB	3,388	6,821	+ 101.3	Optom.	12,910	50,078	+ 287.9			
AD	86,434	240,559	+ 178.3	Phys.	163,901	492,508	+ 200.5			
ADC	359,321	955,951	+ 166.0	Podiatr.	758	1,096	+ 44.6			
GA	<u>125,173</u>	<u>361,624</u>	+ <u>188.9</u>	Lab & Rad.	33,555	88,894	+ 164.9			
Total P.A.	\$ 620,693	\$1,679,790	+ 170.6	Com. Mntl.	25,372	31,516	+ 24.2			
<u>MEDICAL ONLY</u>				Hosp.-In	372,738	978,998	+ 162.6			
AABD-Related	104,223	248,843	+ 138.8	Hosp.-Out	44,214	125,770	+ 184.5			
ADC-Related	42,017	125,485	+ 198.6	E. Care	-	1,058	-			
Child Under 21	17,466	96,379	+ 451.8	Dental	36,349	161,912	+ 345.4			
Other Persons	<u>60,376</u>	<u>198,501</u>	+ <u>228.8</u>	H. Health	723	3,210	+ 344.0			
Total M.O.	\$ 224,082	\$ 669,208	+ 198.6	Chiro.	2,962	11,768	+ 297.3			
Total P.A. & M.O.	844,775	2,348,998	+ 178.1	Fam. Plan.	<u>7,869</u>	<u>29,927</u>	+ <u>280.3</u>			
Buy-In	138,628	138,023	- 0.4	Total	\$ 844,775	\$2,348,998	+ 178.1			
S.N.H.	373,131	266,982	- 28.4	Buy-In	138,628	138,023	- 0.4			
I.C.F.	2,074,584	2,613,680	+ 26.0	S.N.H.	373,131	266,982	- 28.4			
Co. Paid Medical	<u>43,526</u>	<u>97,844</u>	+ <u>124.8</u>	I.C.F.	2,074,584	2,613,680	+ 26.0			
Grand Total	\$3,474,644	\$5,465,527	+ 57.3	Co. Paid Medical	<u>43,526</u>	<u>97,844</u>	+ <u>124.8</u>			
				Grand Total	\$3,474,644	\$5,465,527	+ 57.3			

* For services paid through fiscal agent.

Cases, Persons, and Amounts for Cash and/or Nonmedical Vendor Payments

	Aid to Dependent Children				
	Cases	Persons	Expenditures	Average Amount	
				Per Case	Per Person
January 1970	14,367	53,892	\$2,703,395	\$188.17	50.16
July 1970	16,267	59,590	3,067,587	188.58	51.48
January 1971	20,232	73,371	4,045,527	199.96	55.14
July 1971	20,749	77,748	4,167,515	200.85	53.60
January 1972	20,957	72,793	3,531,184	168.50	48.51
July 1972	21,068	71,463	4,131,917	196.12	57.82
January 1973	21,890	71,891	4,237,830	193.60	58.95
July 1973	21,837	69,931	4,113,882	188.39	58.83
January 1974	21,473	67,231	4,050,952	188.65	60.25
July 1974	21,110	64,894	4,124,494	195.38	63.56
July 1974	21,110	64,894	4,124,494	195.38	63.56
August	21,329	65,399	4,195,494	196.70	64.15
September	21,623	66,083	4,419,436	204.39	66.88
October	21,698	65,992	4,386,859	202.18	66.48
November	21,641	65,501	4,346,205	200.83	66.35
December	21,714	65,525	4,372,297	201.36	66.73
January 1975	21,897	66,048	4,430,131	202.32	67.07
February	22,310	66,953	4,592,373	205.84	68.59
March	22,929	68,796	4,746,851	207.02	69.00
April	23,342	69,834	4,766,812	204.22	68.26
May	23,484	70,265	4,784,724	203.74	68.10
June 1975	23,594	70,429	4,809,122	203.83	68.28
July 1975	23,919	71,203	5,301,302	221.64	74.45
August					
September					
October					
November					
December					
January 1976					
February					
March					
April					
May					
June 1976					

ADC Persons in Grant by Amount of Grant
Includes ADC-Unemployed Father Cases; excludes ADC-Foster Care Cases

Amount of Grant	Total Cases	Number of Persons in Assistance Unit													
		1	2	3	4	5	6	7	8	9	10	11	12	13+	
\$ 0-\$24	167	23	77	46	15	4	2	-	-	-	-	-	-	-	
25- 49	465	49	218	112	52	21	5	4	3	1	-	-	-	-	
50- 74	682	62	335	161	78	32	12	1	1	-	-	-	-	-	
75- 99	1,481	771	306	232	109	37	18	3	3	1	1	-	-	-	
100-124	1,930	1,054	335	291	144	65	24	11	4	1	1	-	-	-	
125-149	1,516	140	885	218	151	79	24	16	3	-	-	-	-	-	
150-174	1,343	287	595	226	116	68	32	14	4	-	-	-	1	-	
175-199	1,908	10	1,193	450	115	85	33	12	6	2	1	1	-	-	
200-224	3,001	19	2,526	200	119	73	40	16	4	2	-	2	-	-	
225-249	879	-	19	506	227	70	37	17	3	-	-	-	-	-	
250-274	3,049	-	221	2,465	185	116	39	16	3	3	1	-	-	-	
275-299	1,608	-	3	28	1,431	72	46	17	7	1	2	-	1	-	
300-324	503	1	4	142	176	107	46	13	7	3	2	2	-	-	
325-349	398	1	1	2	15	316	37	15	7	2	1	1	-	-	
350-374	863	-	-	2	87	666	77	17	5	5	3	1	-	-	
375-399	368	-	1	1	-	40	290	19	9	5	3	-	-	-	
400-424	281	-	-	1	-	2	188	81	6	2	1	-	-	-	
425-449	241	1	-	-	1	1	13	203	13	7	2	-	-	-	
450-474	93	-	-	1	-	-	1	10	72	7	-	2	-	-	
475-499	81	1	-	1	-	-	2	-	38	36	1	2	-	-	
500-524	23	1	-	-	-	1	-	-	1	13*	7*	-	-	-	
525-549	20	-	-	-	-	-	-	-	-	-	18*	2*	-	-	
550-574	9	-	-	-	-	-	-	-	-	-	-	9*	-	-	
575-599	3	-	-	-	-	-	-	-	-	-	-	-	-	3*	
604	1	-	-	-	-	-	-	-	-	-	-	-	-	1*	
614	1	-	-	-	-	1	-	-	-	-	-	-	-	-	
745	1	1	-	-	-	-	-	-	-	-	-	-	-	-	
1,016	1	-	-	-	1	-	-	-	-	-	-	-	-	-	
1,041	1	-	-	-	1	-	-	-	-	-	-	-	-	-	
1,062	1	-	-	-	1	-	-	-	-	-	-	-	-	-	
TOTAL	20,918	2,421	6,719	5,085	3,024	1,856	966	485	199	91	44	22	6	-	

* The budget for these cases of 9 to 12 persons includes only the basic standard allowance and the maximum rent allowed in the county of residence. For items included in other grants of \$500 and over, see attached explanation.

e: Payroll for July 1, 1975

ADC Money Payments of \$500 or More
July 1975

In July 1975, 61 ADC families received a cash payment of more than \$500.

For 53 families, the ADC budget included only the basic allowance for the number of persons in the family and the maximum shelter allowed in the county of residence. For example, a family of 12 living in Sedgwick County received a \$604 cash grant consisting of \$498 basic allowance and \$106 shelter allowance.

In addition, there were 9 families receiving more than \$500 because special needs, such as foster care payments for one or more of the children, were included in the budget. These cases are listed below:

<u>County</u>	<u>Case Name</u>	<u>No. in Grant</u>	<u>Budget</u>
Bourbon	Marcia Herbing er	1	\$482 Board, room & services in Booth Mem. Hospital 25 Clothing & personal items <u>\$507</u> Total payment
Bourbon	Carolyn McCutchen (Mother did not want to lose custody of child so County decided not to take the child to court.)	1	\$745 Care of child in Methodist Youthville
Leavenworth	Bonnie Moritz	5	\$262 Basic allowance for 5 89 Shelter allowance 163 Foster Care for children while mother was in Hospital <u>\$514</u> Total grant
Sedgwick	Ruby Foster	8	\$374 Basic allowance for 8 106 Shelter allowance 24 Guardian's fee <u>\$504</u> Total Grant
Sedgwick	Marian Gray	4	\$196 Basic allowance for 3 67 Shelter allowance 753 Foster Care in Ozanam Home for 1 child <u>\$1,016</u> Total Grant
Seward	Paula Evans The father left home in June so family was entitled to June payment for 4 more members. (One child had already received a June payment.)	5	\$360 Regular July grant for 5 254 Payment for June included in July warrant <u>\$614</u> Total Grant

<u>County</u>	<u>Case Name</u>	<u>No. in Grant</u>	<u>Budget</u>
Wyandotte	Mary K. Reynolds	4	\$196 Basic allowance for 3 67 Shelter allowance 775 Tuition in Lake Mary's for 1 child <u>24</u> Transportation \$1,062 Total Grant
Wyandotte	Clara Sewell	4	\$196 Basic allowance for 3 67 Shelter allowance 775 Tuition in Lake Mary's for 1 child <u>3</u> Transportation \$1,041 Total Grant

<u>Month and Year</u>	<u>ADC-Unemployed Father</u>					
	<u>Cases</u>	<u>Persons</u>	<u>Children</u>	<u>Amount</u>	<u>Average Amount</u>	
					<u>Per Case</u>	<u>Per Person</u>
1975						
June	268	1,223	691	71,337	266.18	58.33
May	304	1,371	768	78,656	258.74	57.37
April	315	1,417	792	88,500	280.95	62.46
March	293	1,344	766	85,806	292.85	63.84
February	251	1,153	657	68,251	271.92	59.19
January	189	884	511	49,998	264.54	56.56
1974						
December	148	698	408	40,861	276.09	58.54
November	140	666	393	38,131	272.36	57.25
October	129	610	356	34,302	265.91	56.23
September	135	628	364	38,696	286.64	61.62
August	124	586	344	32,377	261.10	55.25
July	150	715	418	39,156	261.04	54.76

ADC Cases with natural or adoptive mother in the home: age of mother, Kansas, January 1973

<u>Age of Mother</u>	<u>Number of Cases</u>	<u>Distribution</u>
Total	18,697	1.000
Under 20	1,322	.071
20 but under 30	8,543	.457
30 but under 40	5,246	.280
40 but under 50	2,382	.127
50 but under 60	915	.049
Over 60	48*	.003
Unknown	241	.013

The majority of ADC mothers (52.8 percent) are under thirty years of age. The average ADC mother is 31.29 years old.

Length of time since most recent opening for assistance
Kansas, January 1973

<u>Time Since Most Recent Opening</u>	<u>Number of Cases</u>	<u>Distribution</u>
Total	20,189	1.000
Less than 6 months	3,393	.168
Six months, less than 1 yr.	3,032	.150
One year, less than 2	4,067	.201
Two years, less than 3	3,320	.164
Three years, less than 4	1,444	.072
Four years, less than 5	1,203	.060
Five years, less than 7	1,468	.073
Seven years, less than 10	1,035	.051
Ten years and over	1,227	.061

52 percent of Kansas ADC cases have been open for less than two years. 18 percent of the cases have been open for more than 5 years. The average ADC case in Kansas has been open for 3.23 years.

ADC recipient children: basis of eligibility for ADC, Kansas,
January 1973

<u>Deprivation status</u>	<u>Number of Children</u>	<u>Distribution</u>
Total	52,121	1.000
Unemployed father case	1,637	.031
Deprived of support or care of father who is:		
Deceased	694	.013
Incapacitated or disabled	4,587	.088
Absent from home:		
In armed forces	174	.003
Divorced	22,217	.426
Legally separated	1,264	.024
Separated without court decree or deserting	7,315	.141
Not married to mother	12,150	.234
Absent for another reason	1,265	.024
Deprived of support or care of mother, but not father	818	.016

The majority of ADC children (59.1 percent) in Kansas are eligible because their father is absent from the home due to divorce, separation or desertion.

ADC recipient cases by race of payee, Kansas, January 1973

<u>Race</u>	<u>Number of Cases</u>	<u>Distribution</u>
Total	20,189	1.000
White	12,681	.628
Black	6,979	.346
Am. Indian	144	.007
Other	385	.019

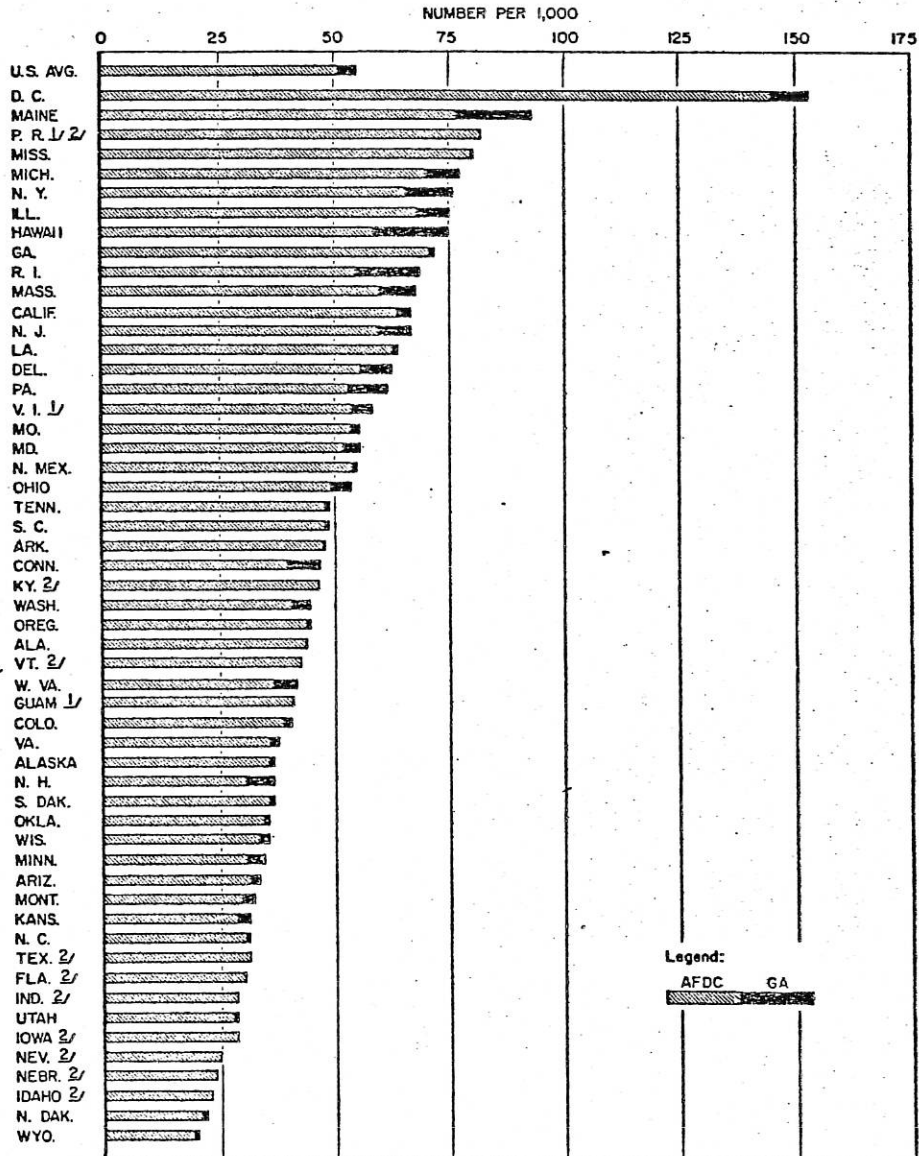
The majority of ADC recipients in Kansas are white. Non-white recipients account for 37 percent of the ADC population.

ADC recipient cases by payee's origin or descent, Kansas,
January 1973

<u>Payee's Origin Or Descent</u>	<u>Number of Cases</u>	<u>Distribution</u>
Total	20,189	1.000
Mexican	722	.036
Puerto Rican	-	-
Cuban	-	-
Other Spanish	96	.005
Other	19,299	.956
Not Reported	72*	.003

Only 4 percent of Kansas ADC recipients are of Mexican or other Spanish descent.

RECIPIENTS OF PUBLIC ASSISTANCE MONEY PAYMENTS
PER 1,000 POPULATION ^{1/} BY STATE,
DECEMBER 1974



^{1/} FIFTY STATES AND DISTRICT OF COLUMBIA BASED ON CIVILIAN POPULATION AS OF JANUARY 1, 1975, ESTIMATED BY THE BUREAU OF THE CENSUS; GUAM, PUERTO RICO, AND THE VIRGIN ISLANDS BASED ON POPULATION AS OF JULY 1, 1974. ^{2/} DATA FOR GENERAL ASSISTANCE NOT REPORTED.

HEW-SRS-15-NCSS No. 337

Cases, Persons, and Amounts for Cash and/or Nonmedical Vendor Payments

	General Assistance				
	<u>Cases</u>	<u>Persons</u>	<u>Expenditures</u>	<u>Average Amount</u>	
				<u>Per Case</u>	<u>Per Person</u>
January 1970	3,601	7,112	\$ 327,037	\$ 90.82	\$ 45.98
July 1970	4,175	8,534	387,414	92.79	45.40
January 1971	6,451	13,883	665,361	103.14	47.93
July 1971	5,695	11,665	566,172	99.42	48.54
January 1972	5,391	9,154	531,119	98.52	58.02
July 1972	5,282	8,329	560,574	106.13	67.30
January 1973	5,617	8,936	631,556	112.44	70.68
July 1973	5,170	7,610	562,913	108.88	73.97
January 1974	4,866	7,291	552,573	113.56	75.79
July 1974	4,777	6,878	609,280	127.54	88.58
July 1974	4,777	6,878	609,280	127.54	88.58
August	5,005	7,380	664,206	132.71	90.00
September	5,304	7,924	763,239	143.90	96.32
October	5,162	7,662	729,850	141.39	95.26
November	5,202	7,663	742,316	142.70	96.87
December	5,409	8,067	788,432	145.76	97.74
January 1975	5,551	8,315	814,272	146.69	97.93
February	6,204	9,705	950,629	153.23	97.95
March	6,736	10,830	1,061,040	157.52	97.97
April	6,827	10,837	1,063,011	155.71	98.09
May	6,750	10,536	996,377	147.61	94.57
June 1975	6,585	10,025	1,000,281	151.90	99.78
July 1975	6,766	10,412	1,084,806	160.33	104.19
August					
September					
October					
November					
December					
January 1976					
February					
March					
April					
May					
June 1976					

Distribution of Age of Oldest Adult in
General Assistance Households
by Adults and Families with Children

<u>Age</u>	<u>Total Households</u>	<u>Households with only Adults</u>	<u>Families with Children</u>
Total	100.00%	83.54%	16.46%
Under 21	10.17%	8.56%	1.61%
21 - 29	21.98%	17.41%	4.57%
30 - 39	14.46%	8.47%	5.99%
40 - 49	18.27%	15.80%	2.47%
50 - 59	23.03%	21.98%	1.05%
60 - 64	10.00%	9.23%	0.77%
65 and up	2.09%	2.09%	-

Composition of Households
Receiving General Assistance

<u>Composition of Household</u>	<u>Percent of Total</u>
Total	100.00%
1 Adult	74.26%
2 Adults	7.08%
Only Children	1.38%
1 Adult and Children	1.65%
2 Adults and Children	15.63%

Anticipated Expenditures by Major Service, FY 1976

<u>Service</u>	<u>Anticipated Expenditures</u> <u>July 1, 1975 to June 30, 1976</u>			<u>Actual Expenditures to Date</u> <u>July 1, 1975 to</u>		
	<u>Total</u>	<u>Purchased</u>	<u>Direct</u>	<u>Total</u>	<u>Purchased</u>	<u>Direct</u>
Chore	\$ 2,120,200	\$1,897,000	\$ 223,200	-	-	-
Homemaker	2,703,280	2,404,720	298,560	-	-	-
Supportive	5,389,880	403,000	4,986,880	-	-	-
Day Care	11,036,833	9,390,549	1,646,284	\$225,111	\$225,111	-
Employment-Habil- tation-Rehabilitation	6,752,076	5,715,041	1,037,035	-	-	-
Family Planning	514,360	1,000	513,360	-	-	-
Meal Services	52,160	41,000	11,160	-	-	-
Legal	117,800	63,100	54,700	-	-	-
Transportation	1,199,760	781,260	418,500	-	-	-
Residential	5,144,352	2,913,232	2,231,120	8,029	8,029	-
I and R	240,000	-	240,000	-	-	-
EPSDT	959,760	-	959,760	-	-	-
 Total	 \$36,230,461	 \$23,609,902	 \$12,620,559	 \$233,140	 \$233,140	 -

Caseload by District
July 1975

	<u>Aid to Dependent Children</u>	<u>General Assistance</u>	<u>Medical Assistance</u>	<u>Non-PA Food Stamps</u>	<u>Total Assistance Cases</u>	<u>Social Service Cases</u>
Kansas - State Totals	23,922	6,396	37,180	10,442	77,940	34,901
<u>NE Region</u>	10,458	3,198	12,335	3,230	29,221	13,144
Atchison District	269	83	629	185	1,166	458
Hiawatha District	272	104	753	241	1,370	328
Kansas City District	4,951	1,259	3,641	745	10,596	4,542
Lawrence District	444	177	572	168	1,361	520
Leavenworth District	527	247	719	197	1,690	667
Marysville District	180	44	752	229	1,205	428
Olathe District	1,112	285	974	221	2,592	2,178
Osawatomie District	307	85	925	276	1,593	576
Ottawa District	333	113	884	313	1,643	794
Topeka District	2,063	801	2,486	655	6,005	2,653
<u>SE Region</u>	2,243	755	6,176	2,193	11,367	4,511
Chanute District	290	85	1,039	306	1,720	592
Columbus District	347	136	926	451	1,860	554
Fort Scott District	297	48	1,018	310	1,673	667
Independence District	667	184	1,278	443	2,572	989
Parsons District	274	102	798	207	1,381	798
Pittsburg District	368	200	1,117	476	2,161	911
<u>NC Region</u>	2,267	651	4,281	1,244	8,443	4,640
Concordia District	223	89	1,006	277	1,595	604
Emporia District	390	119	1,048	231	1,788	1,131
Junction City District	505	192	380	73	1,150	606
Manhattan District	366	60	756	263	1,445	890
Salina District	783	191	1,091	400	2,465	1,409
<u>SC Region</u>	7,259	1,337	9,913	2,681	21,190	8,419
Eldorado District	444	94	1,096	359	1,993	813
Hutchinson District	548	111	961	271	1,891	816
Newton District	466	125	1,065	210	1,866	943
Wellington District	181	46	685	206	1,118	761
Wichita District	5,297	880	5,084	1,260	12,521	4,696
Winfield District	323	81	1,022	375	1,801	390
<u>NW Region</u>	488	153	1,882	501	3,024	1,566
Goodland District	133	34	401	129	697	341
Hays District	265	105	1,087	271	1,728	962
Norton District	90	14	394	101	599	263
<u>SW Region</u>	1,207	302	2,593	593	4,695	2,621
Dodge City District	275	66	658	156	1,155	674
Garden City District	215	59	515	87	876	490
Great Bend District	289	88	416	109	902	636
Liberal District	265	39	375	101	780	439
Pratt District	163	50	629	140	982	382

Certified Halfway Houses and Sheltered Workshops
in Kansas by Rate Charged and Region, July 1975

Client Rate Per Day	State	Region					
		South- west	South Central	South- east	North- west	North Central	North- east
Halfway Houses*	58	2	14	2	11	7	22
Under \$5.00	18	2	3	-	1	1	11
\$5.00- 9.99	28	-	5	2	10	6	5
10.00-14.99	7	-	3	-	-	-	4
15.00-19.99	4	-	2	-	-	-	2
\$22.00	1	-	1	-	-	-	-
Sheltered Workshops	20	3	6	-	1	2	8
Under \$5.00	2	-	-	-	-	-	2
\$5.00- 9.99	4	-	2	-	-	-	2
10.00-14.99	12	3	4	-	1	1	3
17.78	1	-	-	-	-	-	1
51.51	1	-	-	-	-	1	-

* Currently certified residential homes for persons 16 and over except the 4 homes in the \$15.00 - 19.99 class interval. These 4 homes are under the supervision of the Juvenile Courts of Sedgwick and Shawnee County. The two home in Shawnee County are for youth under 16 while the two homes in Sedgwick County take some youth under 16.

EXHIBIT B

FEE SCHEDULE

To be applied to services for Income Eligibles. Not to be used for current ADC recipients or current SSI recipients.

1 Person			2 Person			3 Person			4 Person			5 Person		
Gross Monthly Income		Monthly Fee	Gross Monthly Income		Monthly Fee	Gross Monthly Income		Monthly Fee	Gross Monthly Income		Monthly Fee	Gross Monthly Income		Monthly Fee
At Least	Less Than		At Least	Less Than		At Least	Less Than		At Least	Less Than		At Least	Less Than	
\$ 0	477	No Fee	\$ 0	624	No Fee	\$ 0	770	No Fee	\$ 0	917	No Fee	\$ 0	1,064	No Fee
477	483	\$ 1	624	632	\$ 1	770	780	\$ 1	917	929	\$ 1	1,064	1,077	\$ 1
483	489	1	632	639	1	780	790	1	929	940	1	1,077	1,091	1
489	495	1	639	647	1	790	799	1	940	952	1	1,091	1,104	1
495	501	1	647	655	1	799	809	2	952	963	2	1,104	1,117	2
501	507	2	655	663	2	809	819	2	963	975	3	1,117	1,130	3
507	513	2	663	671	3	819	828	3	975	986	4	1,130	1,144	5
513	519	3	671	678	4	828	838	5	986	997	6	1,144	1,157	7
519	525	4	678	686	5	838	847	6	997	1,009	7	1,157	1,170	9
525	531	5	686	694	6	847	857	8	1,009	1,020	9	1,170	1,184	11
531	537	6	694	702	8	857	867	10	1,020	1,032	11	1,184	1,197	13
537	543	7	702	709	9	867	876	12	1,032	1,043	14	1,197	1,210	16
543	548	9	709	717	11	876	886	14	1,043	1,055	17	1,210	1,224	19
548	554	10	717	725	13	886	896	16	1,055	1,066	19	1,224	1,237	22
554	560	12	725	733	15	896	905	19	1,066	1,078	22	1,237	1,250	26
560	566	13	733	741	18	905	915	22	1,078	1,089	26	1,250	1,263	30
566	572	15	741	748	20	915	925	25	1,089	1,101	29	1,263	1,277	34
572	578	17	748	756	23	925	934	28	1,101	1,112	33	1,277	1,290	38
578	584	19	756	764	25	934	944	31	1,112	1,124	37	1,290	1,303	43
584	590	22	764	772	28	944	953	35	1,124	1,135	41	1,303	1,317	48
590	596	24	772	780	31	953	963	39	1,135	1,146	46	1,317	1,330	53
596	602	26	780	787	34	963	973	42	1,146	1,158	51	1,330	1,343	59
602	608	29	787	795	38	973	982	47	1,158	1,169	55	1,343	1,356	64
608	614	32	795	803	41	982	992	51	1,169	1,181	61	1,356	1,370	70
614	620	34	803	811	45	992	1,002	55	1,181	1,192	66	1,370	1,383	77
620	626	37	811	819	49	1,002	1,011	60	1,192	1,204	72	1,383	1,396	83
626	632	40	819	826	53	1,011	1,021	65	1,204	1,215	78	1,396	1,410	90
632	638	43	826	834	57	1,021	1,030	70	1,215	1,227	84	1,410	1,423	97
638	644	47	834	842	61	1,030	1,040	76	1,227	1,238	90	1,423	1,436	104
644	650	50	842	850	66	1,040	1,050	81	1,238	1,250	96	1,436	1,450	112
650	656	54	850	858	70	1,050	1,059	87	1,250	1,261	103	1,450	1,463	120
656	662	57	858	865	75	1,059	1,070	93	1,261	1,273	110	1,463	1,476	128
662	668	61	865	873	80	1,070	1,079	99	1,273	1,284	117	1,476	1,490	136
668	674	65	873	881	85	1,079	1,088	105	1,284	1,296	125	1,490	1,503	145
674	680	69	881	889	90	1,088	1,098	111	1,296	1,307	133	1,503	1,516	154
680	686	73	889	897	96	1,098	1,108	118	1,307	1,318	140	1,516	1,529	163

F E E S C H E D U L E

To be applied to Services for Income Eligibles. Not to be used for current ADC recipients or current SSI recipients.

6 Persons			7 Persons			8 Persons			9 Persons		
Gross Monthly Income		Monthly	Gross Monthly Income		Monthly	Gross Monthly Income		Monthly	Gross Monthly Income		Monthly
At Least	Less Than	Fee	At Least	Less Than	Fee	At Least	Less Than	Fee	At Least	Less Than	Fee
\$ 0	1,211	No Fee	\$ 0	1,238	No Fee	\$ 0	1,266	No Fee	\$ 0	1,293	No Fee
1,211	1,226	\$ 1	1,238	1,254	\$ 1	1,266	1,282	\$ 1	1,293	1,309	\$ 1
1,226	1,241	1	1,254	1,269	1	1,282	1,297	1	1,309	1,326	1
1,241	1,256	1	1,269	1,285	1	1,297	1,313	1	1,326	1,342	1
1,256	1,271	2	1,285	1,300	2	1,313	1,329	3	1,342	1,358	3
1,271	1,286	4	1,300	1,316	4	1,329	1,345	4	1,358	1,374	4
1,286	1,302	5	1,316	1,331	6	1,345	1,361	6	1,374	1,390	6
1,302	1,317	7	1,331	1,347	8	1,361	1,376	8	1,390	1,406	8
1,317	1,332	10	1,347	1,362	10	1,376	1,392	10	1,406	1,423	10
1,332	1,347	12	1,362	1,378	13	1,392	1,408	13	1,423	1,439	13
1,347	1,362	15	1,378	1,393	15	1,408	1,424	16	1,439	1,455	16
1,362	1,377	18	1,393	1,408	19	1,424	1,440	19	1,455	1,471	20
1,377	1,392	22	1,408	1,424	22	1,440	1,456	23	1,471	1,487	23
1,392	1,407	26	1,424	1,439	26	1,456	1,471	27	1,487	1,503	27
1,407	1,423	30	1,439	1,455	30	1,471	1,487	31	1,503	1,520	32
1,423	1,438	34	1,455	1,470	35	1,487	1,503	36	1,520	1,536	36
1,438	1,453	39	1,470	1,486	40	1,503	1,519	41	1,536	1,552	41
1,453	1,468	44	1,486	1,501	45	1,519	1,535	46	1,552	1,568	47
1,468	1,483	49	1,501	1,517	50	1,535	1,551	51	1,568	1,584	52
1,483	1,498	55	1,517	1,532	56	1,551	1,566	57	1,584	1,600	58
1,498	1,513	61	1,532	1,548	62	1,566	1,582	63	1,600	1,617	65
1,513	1,529	66	1,548	1,563	68	1,582	1,598	70	1,617	1,633	71
1,529	1,544	73	1,563	1,579	75	1,598	1,614	77	1,633	1,649	78
1,544	1,559	80	1,579	1,594	82	1,614	1,630	84	1,649	1,665	86
1,559	1,574	87	1,594	1,610	89	1,630	1,645	91	1,665	1,681	93
1,574	1,589	95	1,610	1,625	97	1,645	1,661	99	1,681	1,697	101
1,589	1,604	102	1,625	1,641	105	1,661	1,677	107	1,697	1,714	109
1,604	1,619	110	1,641	1,656	113	1,677	1,693	115	1,714	1,730	118
1,619	1,634	119	1,656	1,672	121	1,693	1,709	124	1,730	1,746	127
1,634	1,650	127	1,672	1,687	130	1,709	1,725	133	1,746	1,762	136
1,650	1,665	136	1,687	1,703	139	1,725	1,740	142	1,762	1,778	145
1,665	1,680	145	1,703	1,718	149	1,740	1,756	152	1,778	1,794	155
1,680	1,695	154	1,718	1,734	158	1,756	1,772	162	1,794	1,811	166
1,695	1,710	165	1,734	1,749	169	1,772	1,788	172	1,811	1,827	176
1,710	1,725	175	1,749	1,764	179	1,788	1,804	183	1,827	1,843	187
1,725	1,740	185	1,764	1,780	190	1,804	1,820	194	1,843	1,859	198



ROBERT F. BENNETT, Governor

STATE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

State Office Building
 TOPEKA, KANSAS 66612
 ROBERT C. HARDER, Secretary

Division of
 Social Services

Division of
 Vocational Rehabilitation

Division of
 Mental Health and Retardation

Division of
 Children and Youth

August 22, 1975

Re: Title XX Proposed Plan

Social and Rehabilitation Services has had four (4) statewide and thirty-five (35) district public hearings related to Title XX, and has received both written and telephone comments regarding Title XX and the Proposed Title XX Comprehensive Social Service Plan. The Social and Rehabilitation Service Executive Committee has reviewed and discussed comments within the framework of the five national goals specified in PL 93-647. These Goals are:

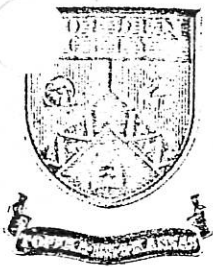
1. Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency.
2. Achieving or maintaining self-sufficiency, including reduction or prevention of dependency.
3. Preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating, or reuniting families.
4. Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care, or
5. Securing referral or admission for institutional care when other forms of care are not appropriate, or providing services to individuals in institutions.

The areas in which tentative decisions have been reached by the Executive Committee are:

1. The state will be designated as the geographic area.
2. Social and Rehabilitation Services will continue to receive data and comments from all district Social and Rehabilitation Service offices as well as public and private agencies, but the state planning function will be the responsibility of the Social and Rehabilitation Service central office personnel.
3. Social and Rehabilitation Services will endeavor to enter into partnership agreements with local units of government. Each proposal will be evaluated according to its merits. Local units of government will be given the opportunity to comment on every Title XX proposal initiated in their jurisdiction.

4. Social and Rehabilitation Service local offices are the focal point for all information and referral services under Title XX. Social and Rehabilitation Services will not purchase information and referral services.
5. Social and Rehabilitation Services local offices will do all eligibility determination.
6. Maximum income for eligibility for social services will be 115% of the Kansas median income as stated in the Proposed Title XX Comprehensive Social Service Plan. Social and Rehabilitation Services will continuously monitor income eligibility standards. Changing conditions may require alteration of the 115% standard.
7. Social and Rehabilitation Services will continue its policy established under Title IV-A and VI of making it the responsibility of the provider to collect the amount due from the client.
8. Social and Rehabilitation Services may purchase services with funds donated by non-profit providers, however, the non-profit donor may not specify geographic area or type of service.
9. Under Title XX, Social and Rehabilitation Services will not provide for case reimbursements directly to clients.
10. The Social and Rehabilitation Services at the state level has not used in-kind services for match from local public agencies. This practice will continue under Title XX.
11. Donated funds will be used to purchase service for income eligibles and current recipients.
12. Needs Assessment completed according to Social and Rehabilitation Service specification by local governmental units and/or Regional Planning Council, may be used in completing the Title XX Comprehensive Annual Service Plan.
13. The Social and Rehabilitation Services regards Title XIX as the primary source of funds for family planning. Support services provided by Social and Rehabilitation Services to facilitate family planning may be funded from Title XX.
14. All legal services will be prefaced by the term "Non SRS Related".
15. The program definition for supportive, social services, employment, habilitation and rehabilitation services will be more specifically delineated in the final plan.
16. Decisions regarding eligibility of the client are based solely on income eligibility status, SSI status or PA recipient status and not on special conditions of the client such as age, physical or mental, alcoholism, retardation, etc.

cc: Richards Kimbrell Hartenberg
Stevenson Hamm
Harrod Hoge
Anderson Haines
Keller Rogers, Wa
Maineri



STATE DEPT. OF
SOC. REHAB. SERV.

CITY OF TOPEKA

AUG 07 1975

RECEIVED
SECRETARY'S OFF.

BILL McCORMICK, MAYOR

August 6, 1975

Dr. Robert Harder
Department of Social & Rehabilitation Services
6th and Oakley
Topeka, Kansas 66606

Dear Dr. Harder:

This office has obtained a copy of the "Proposed Title XX Comprehensive Social Services Plan" published by the Department of Social & Rehabilitation Services on July 1, 1975. There are a number of concerns of the City of Topeka with regard to this program; most were communicated to you verbally at our meeting on June 18, 1975.

It is the position of the City of Topeka that Title XX programs could be planned and implemented more effectively if a partnership between state and local governments were established. Through utilization of such a process, the needs and desires of the citizens could be made known to officials through an already-established mechanism.

Therefore, we suggest that the state plan be revised as follows:

- - The plan should be developed on a geographical basis to allow for planning and implementation on a more manageable level and to allow for more rational approaches to the needs of each particular area.

- - Cities which have the capabilities should be called upon to develop the need assessments and plans for their areas.

- - Cities should be given the opportunity to contract with the state to become program delivery agents.

- - Cities should be permitted to retain their matching funds at the local level.

In addition to the above, there are a number of concerns about specific sections of the plan as proposed. These are as follows:

1. The stated purpose of the plan is "to let the public know how funds for social services for low income persons in Kansas are to be spent." Regrettably, the plan does not give any real indication of how the funds are to be spent. True, specific services like homemaker and legal aid are planned, but there are no indications of (a) how the services are to be distributed across the state, (b) what criteria will be used to determine how many people in a particular

area will receive the services, (c) who will deliver the services, (d) what criteria will be used to determine who should deliver the services.

2. The plan has been developed on a state-wide basis to insure that all Kansans have access to the same services. It would appear that Title XX program would be much more-manageable if the state were divided into geographic areas for the planning and delivery of services. Further, since people in different areas of the state have different needs, it would appear that a geographical approach would be more reasonable.

3. Input for the Title XX plan was obtained from a number of state agencies and public hearings held throughout Kansas. "Written comments" from state, regional and local planning organizations were also given consideration. While these are good sources for input, it would appear that they are somewhat limited. While state agencies have data available on the needs of Kansans, it would appear that the needs, assessments and social service plans which have been developed by many local governments could have provided invaluable assistance in development of a plan. Further, many citizens are unaware of the Title XX program and thus, had no opportunity to participate in any hearings. Those individuals who commented at the hearings may have represented only a vocal minority who do not represent the needs of the citizenry as a whole.

Thus, it would appear that the entire input process could have been broadened to allow for the maximum amount of citizen participation. A partnership between state and local government would have provided the means of drawing on local expertise to develop the plan. Unfortunately, this source was not utilized by the state in any meaningful way.

4. The income limits established by the plan appear to be reasonable.

5. It is anticipated that volunteers will be utilized for services and outreach. While the work performed by many dedicated volunteers throughout the state of Kansas is admirable, the city of Topeka is reluctant to support the use of volunteers in the program to a considerable extent. Too often, volunteers serve merely as a source of free labor and perform tasks which should be compensated monetarily. It is not the purpose of the Title XX program to exploit any class of worker. Also, since volunteers represent an unsure source of labor, it would be preferable to utilize paid staff.

6. According to the proposed plan, SRS will maintain the needs assessment process primarily through collection of data, "periodic" public hearings and "consultation" with public and private organizations. Further, "local needs will be identified by the state management by objectives system." Then, all of the needs assessment studies will be

circulated to the preparers of the plan.

This proposed process is objectionable in many respects: (a) there is no indication of the frequency or location of proposed hearings; (b) there is no indication of the amount or frequency of consultation with public and private organizations. These organizations are not identified in any way so there is no way of telling whether or not they are reputable or effective; (c) the development of a management by objectives system by the state is admirable, but perhaps a more effective method of identifying local needs would be to request the assistance of local governments and citizens. Further, it might be more appropriate to utilize a PBS method rather than a MBO method; (d) instead of assigning to SRS staff the task of collection of data for preparation of a state-wide plan, it would appear to be more reasonable for local areas to prepare plans and submit them to the state for coordination.

7. State Planning Coordinating Committee has been designated as the coordination vehicle for Title XX plan. It is our understanding that this committee meets irregularly and infrequently and that it is composed of middle management employees of a number of state agencies and state-wide groups. It would appear that such a vehicle would be ineffective as a coordination arm for the program. Further, the proposal states that priorities and objectives of Title XX will be set by the planning-budget-legislative process. It is questionable whether the proposed planning process would develop adequate and accurate information to provide the legislators to enable them to make rational decisions about needs and priorities.

8. Planning, evaluation and reporting will be funded through Title XX with match supplied by State appropriations. No funding for planning at a local level will be available. Again, it would seem reasonable that planning could be done on a local level with matching funds supplied either by the state or by the local government.

9. The proposed plan states that the decision makers who wrote or gave approval to the proposed services include the Kansas public. It is our position that many citizens of Kansas have not given approval and, in fact, have disapproved strongly of many of the provisions of the proposal's plan. Representatives of the cities of Topeka, Wichita, Kansas City, whose populations are approximately one-half that of the entire state, have disagreed with the proposed plan and have offered concrete alternatives which have not been taken into consideration.

10. The proposed plan states that Day Care, Social Services to Adults and the Aging, and Social Services to keep people in their own homes are the state's social service priorities. Again, there is no documentation as to how these priorities were determined. While such services may, in fact, reflect the needs of many Kansans, there is no way of telling from the plan whether they are the top three priorities for each area of the state, particularly when needs may differ so significantly from one area to another.

11. Finally, although the City of Topeka agrees wholeheartedly with the State's goal of minimum of administrative cost and a maximum of services to people, it would appear that a reasonable amount of administrative cost should be involved in implementing a \$36,000,000 program. Specifically, attempting to develop a plan by utilizing SRS staff, which already have full-time assignments, would appear to be somewhat unrealistic.

While the above points are not all encompassing, we do feel that they indicate the City of Topeka's basic objections to the proposed plan. We appreciate the opportunity to comment and hope that we may be able to work out some of these difficulties with you in the near future.

Please feel free to contact me if you have any questions.

Sincerely yours,



Bill McCormick
Mayor

BM:MP

State Office Building
 TOPEKA, KANSAS 66612
 ROBERT C. HARDER, *Secretary*



ROBERT F. BENNETT, *Governor*

Division of
 Social Services

Division of
 Vocational Rehabilitation

Division of
 Mental Health and Retardation

Division of
 Children and Youth

August 15, 1975

The Honorable Bill McCormick
 Mayor of the City of Topeka
 City Building
 Topeka, Kansas

Dear Mayor McCormick:

Thank you for your letter of August 6 concerning the Title XX program.

We are interested in the establishment of a partnership between state and local government. Over the last 2-3 years, we have worked with a number of county boards of commissioners in establishing social service contracts. This is evidence of our willingness to have a partnership relation with local units of government. We are certainly interested in expanding to the cities if there is an interest on the part of the cities. However, governmental reorganization has provided a clear mandate from the legislature to have a central focus point for social service from which the various kinds of services fan out. We don't see how there can be an integration of human services apart from a central source which has responsibility for the total state-wide view and then from that point putting the various programs together in cooperation with individuals either at the regional or local level.

There is less confusion and a greater opportunity for maximum coordination in developing a plan on a state-wide basis rather than separate geographical units. At the present time, Social and Rehabilitation Services operates from 35 districts. We are in the planning stage of changing to 15-20 management areas. The management areas will be closely related to the 12 sub-state planning regions. These planning regions generally coincide with the geographical boundaries of the regional planning commissions. From the standpoint of a planning capability, we think that our plans do envision a mechanism for close cooperation with the planning functions which may be taking place in any of the local areas over the state. We would be happy to review and, in fact, welcome any city-conducted studies related to community needs. This information would be used in the development of the total plan.

Your letter mentions the cities having the opportunity to contract with the state to become program delivery agents. As far as I know, we have had very little concrete information provided to us as to delivery programs. There has been a general discussion about what might be done. We have had one submission from a city-county unit in relation to home-

Mayor Bill McCormick
August 15, 1975
Page 2

health and homemaker services which we are presently working on. From the standpoint of the City of Topeka, there has not been any kind of proposal related to a specific proposal for the delivery of services. We would be happy to review any kind of proposal you have in mind.

You mention in your letter that the city should be able to retain their matching funds at the local level. We are presently conferring with the Federal Regional Office and will be conferring with the Department of Administration on this matter. We are certainly open to work something out in this area if at all possible. I am sure you understand that in any kind of money certification process, we must have the assurance that the type of program being utilized is fundable and that there is some mechanism for assurances related to eligibility determination.

You state in your letter there is no real indication of how the funds are to be spent. We do specify services, such as homemaker, day care, counseling, support services, and transportation, which we think are specific. The numbers of persons to be served and the dollars to be spent are estimated. If the figures are too low and the money is available, we are certainly prepared to amend the plan and provide additional services. The state plan was developed with the idea that the services in the plan be provided on a state-wide basis. The critical factor is the non-federal dollars to be made available to start the funding process. The number of people to be served in a given area will be directly related to a particular social service project being developed with the local people giving an estimate of the number of people to be served. Who delivers the services will be related to a plan worked out at the local level. We are not prepared to dictate from the state office that there is only one way to deliver the services at the local level. We are willing to look at any type of a delivery system as long as it is not a duplication or an overlap of an existing service. The matter of determining who should deliver the services will involve a judgment in some instances and in others we may be involved in some type of a bid process.

You mention concern related to input from over the state. The procedure followed by SRS has been that of first having a public meeting for various interest groups in March of 1975. This was a general information meeting in which SRS shared the current material related to Title XX. Then, public meetings were conducted in the 35 SRS districts. From that point, we moved to a comment session the first Tuesday of June, 1975. This was followed with a formal hearing July of 1975 at which time the plan itself was presented. During the first of July, we also ran a display ad in approximately 20 daily newspapers over the state. The display ad ran for a period of three days. Included in the display ad was a listing of an in-Wats telephone line so that persons could call the central office relative to their comments or ask for additional informa-

tion. Additionally, we have provided information to the League of Kansas Municipalities on a regular basis. We also mailed the summary of the plan to 165 legislators of the State of Kansas. As you know, we also had a special meeting with mayors and staff from the cities of Wichita, Kansas City, and Topeka. Additionally, we had a hearing related to the social service plan the first Tuesday in August, and this will be followed with a hearing August 22. During this entire period beginning in March, we have urged persons to make comments or write us letters concerning the social service plan. Through this process, we think there have been many opportunities for people to make comments concerning the direction the plan should take.

The Federal Regional Office made this statement concerning the Kansas Plan:

We have completed our review of your Title XX proposed Comprehensive Annual Services Plan in terms of the procedural requirements specified in 45 CFR 228.33 and would like to take this opportunity to recognize the high quality of the State's effort in this first program year. We have been impressed both by the content of the plan itself and the extensive nature of the public disclosure process undertaken by the State agency.

You express some concern about the use of volunteers. We point out that in recent years those of us in government have had a tendency to encourage the citizenry to rely upon government for all kinds of services from cradle to grave. Some of the problems our society faces cannot be solved simply by throwing money at them. We do not see using volunteers as exploitation, but rather as a genuine effort to involve an increasing number of people in the understanding of the various kinds of social problems in our society which need to be solved. We don't think the purpose of Title XX is simply to add staff for the sake of adding staff. Our whole orientation to Title XX or any program we administer is to insure the maximum dollars are obtained and used for services for eligible clients.

In relation to frequency of hearings in the future, we see developing over the next several years an extensive use of a citizens' advisory committee in each of the various districts or management areas. These citizens' committees will become focal points for looking at the various programs of SRS including the social services. Through this mechanism, there will be a constant feedback from the citizens to the department. Additionally, we have widely publicized the fact that the department operates with an open meeting the first Tuesday of every month so that anyone who feels aggrieved has this as an opportunity to come and to formally speak to the department. Also, I insist that our staff at the central office level as well as the district office level

Mayor Bill McCormick
August 15, 1975
Page 4

be available to respond to particular concerns as expressed by the people at the local level. We certainly would have no problem with cities collecting information to demonstrate what they see local needs to be and then to present requests for various kinds of projects in the local area. I don't see how we would be in conflict on that particular point.

You raised questions as to the state planning coordinating committee. We did not hire additional people to carry out the planning and action phases related to social services. Our thinking is that persons who are going to be responsible for implementing programs should also be the ones responsible for the planning process. Therefore, we see the involvement of Division Directors and their immediate staff as persons in the best possible position to plan and to implement social service programs.

We recognize that the proposed plan does not reflect all the particular wishes of the various interest groups over the state. We hope that as the interest groups look at the plan and note that even though their particular ideas are not necessarily incorporated, this does not mean that we haven't tried to listen and to understand what they are saying. If the rules and regulations and the law are such that several interpretations or several implementation plans are a possibility, then it is a matter of someone making a choice as to which one is to be followed. For example, on the matter of geographic areas in contrast to planning for the state as a whole, it is our position that it makes for better planning and better utilization of the money to view the state as a single unit. This isn't to say that we haven't heard the cities on their point. We are simply exercising an option which is not in conflict with the law or the rules and regulations.

You suggest that the priorities are priorities drawn together at the central office level. We call attention to the fact that the persons at the central office do not operate in a vacuum. For example, in the area of day care, there have been continuous studies conducted at the local level related to day care needs. I am sure that if you would contact the Topeka Day Care Association, they would be quite willing to verify our information that there is a need for day care expansion. A great deal of the information we have available to us has come to us from the Area Agencies on Aging. They are concerned about transportation programs, homemaker services, and meals for the homebound. These are not ideas that we have dreamed up at the central office level, but rather they do reflect the kinds of information that come to us from the public and our own local staff.

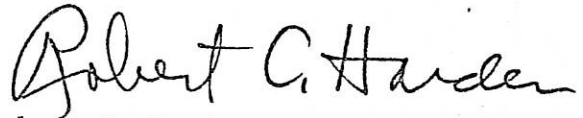
You express concern about wanting to hold administrative costs to a minimum. We make no apology for our position on that matter. The department policy is that of trying to minimize administrative costs in

Mayor Bill McCormick
August 15, 1975
Page 5

relation to our programs. We think the citizens of Kansas entrust tax payer money to us not to build the bureaucracy, but to provide services to the people within the state. We look at Title XX in the same vein. We do not see it as a mechanism for building administrative costs or for building staff but rather as money available to enhance and expand social services at the local level.

If you have further questions or comments, we would be interested in hearing from you.

Sincerely yours,

A handwritten signature in cursive script that reads "Robert C. Harder". The signature is written in dark ink and is positioned above the typed name and title.

Robert C. Harder
Secretary

RCH:pa

League of

Kansas Municipalities

August 8, 1975

STATE DEPT. OF
SOC. REHAB. SERV.

AUG 11 1975

RECEIVED
SECRETARY'S OFF.

E. A. Mosher
Executive Director

Dr. Robert C. Harder, Secretary
Department of Social & Rehabilitation Services
State Office Building
Topeka, Kansas 66612

Dear Bob:

This letter is written to you in relation to Title XX of the Social Security Act. It reflects a discussion at a recent meeting of the League Governing Body on city concerns and experiences with Title XX and related human service matters.

As a result of these discussion, the League Governing Body requested that I communicate formally to you the expanding concern of city officials about certain social service programs. This concern and interest is admittedly scattered, but where that interest is expressed, we strongly feel that local governments and their officials should have a hand in the local social service planning and decision-making process and in the coordination and delivery of social services within their community.

It was noted at our meeting that most cities do not want to directly deliver such services, but that such an option should be available for those that do. Further, when cities desire to support a level of certain social services within their communities higher than minimum state program levels, then this opportunity should be supported by the Title XX program for purposes eligible within this program. There should be choices as to community standards for social service levels.

As you know, elected officials in many cities are becoming quite sensitive to the needs and concerns of their people. They want to be able to respond, insofar as practicable, to these constituencies, by utilizing various financial resources made available by federal and state government as well as local resources.

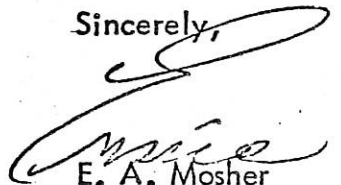
Those members of the League Governing Body who were present, or aware of, the meeting recently held by you and your staff with representatives of three cities, expressed their appreciation for this open-door approach and look forward to the continuation of this dialogue. They urge you to encourage all divisions of your department to

Robert C. Harder
August 8, 1975
Page Two

work closely with city governments. Further, they urge you to notify the League staff, on a timely basis, of opportunities for local input into state plans and service programs. The League Governing Body also discussed the need for flexible state administrative regulations that recognize the legitimate interests of local governments in the critical area of human service programs and policies. After all, "city hall" is a place most people know and hope will listen to their problems and concerns, and hopefully act on or influence others to act responsively to their needs.

I would hope, Bob, that SRS would go out of its way--take that one extra step--to be supportive of local governments who seek a positive role in social services. I think the people will thus be best served in the long run. I don't think the state can, or should try, to do it alone.

Sincerely,



E. A. Mosher
Executive Director

EAM/cjg



STATE DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SO - E-1-B. SERV.

REGION VII

FEDERAL BUILDING
601 EAST 12TH STREET
KANSAS CITY, MISSOURI 64106

SOCIAL AND REHABILITATION
SERVICES

AUG 1 1975
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SECRETARY'S OFF.

AUG 8 1975

Dr. Robert C. Harder
Secretary, State Department of Social
and Rehabilitation Services
State Office Building
Topeka, Kansas 66612

Dear Dr. Harder:

We have completed our review of your Title XX proposed Comprehensive Annual Services Plan in terms of the procedural requirements specified in 45 CFR 228.33 and would like to take this opportunity to recognize the high quality of the State's effort in this first program year. We have been impressed both by the content of the plan itself and the extensive nature of the public disclosure process undertaken by the State agency.

In the review of the proposed Comprehensive Annual Services Plan, we have identified certain defects of a minor nature. Although these defects are technical rather than substantive in nature, they do affect the compliance of the plan with the Title XX regulations. The areas in which the plan does not comply with the Title XX regulations are as follows:

45 CFR 228.33(d), detailed summary omitted information required under 228.27 and 228.28.

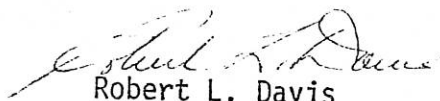
Publication of a proposed Comprehensive Annual Services Plan meeting the requirements of the regulations is a prerequisite to Title XX funding. The law requires that the public have 45 days in which to comment on the proposed plan. It will be necessary for your State to publish amendments to the plan that will correct the defects noted above so that the public will have the required opportunity for 45 days to comment on the entire required plan prior to the beginning of the program year.

Publication of the changes must meet the requirements described in 45 CFR 228.33(c). Publication of the changes must also describe the area in the display ad, the detailed summary or the Comprehensive Plan in which the correction is being made. Failure to publish the required changes in a timely manner will jeopardize Title XX funding for the entire year for your State.

Page 2 - Dr. Robert C. Harder

SRS Regional Office staff are available to assist you in any way in meeting the requirements of the program.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Robert L. Davis".

Robert L. Davis
Regional Commissioner

TABLE 4. -- AID TO FAMILIES WITH DEPENDENT CHILDREN: RECIPIENTS OF MONEY PAYMENTS AND AMOUNT OF PAYMENTS, BY STATE, FEBRUARY 1975
 [INCLUDES NON-MEDICAL VENDOR PAYMENTS, UNEMPLOYED FATHER SEGMENT AND AFDC-FOSTER CARE DATA]

STATE	NUMBER OF RECIPIENTS		PAYMENTS TO RECIPIENTS			PERCENTAGE		CHANGE FROM		
	NUMBER OF FAMILIES	TOTAL (#)	CHILDREN	TOTAL AMOUNT	AVERAGE PER FAMILY	AVERAGE PER RECIPIENT	JAN 1975 IN-- NO. OF RECIPI.	JAN 1975 IN-- AMOUNT	FEB 1974 IN-- NO. OF RECIPI.	FEB 1974 IN-- AMOUNT
TOTAL	3,400,549	11,239,611	8,036,586	\$736,220,963	\$216.50	\$65.50	0.8	0.9	** 3.4	** 15.6
ALABAMA	49,642	163,075	121,659	4,818,100	97.06	29.55	2.4	2.5	8.0	47.2
ALASKA	4,257	11,989	8,840	1,108,314	260.35	92.44	1.1	-3.0	-2.7	24.7
ARIZONA	20,593	71,332	53,902	2,618,298	127.15	36.71	0.7	1.3	-0.6	4.0
ARKANSAS	31,635	102,995	76,426	4,021,091	127.11	39.04	2.7	2.1	11.7	28.3
CALIFORNIA	440,493	1,385,601	957,269	105,028,499	238.43	75.00	1.2	0.6	3.6	18.1
COLORADO	30,842	98,477	69,778	6,206,569	201.24	63.03	0.8	0.8	1.5	0.2
CONNECTICUT	38,785	126,404	92,458	10,318,986	266.06	81.63	0.8	0.3	7.1	23.0
DELAWARE	10,182	32,534	23,665	1,686,050	165.59	51.82	1.1	1.0	11.3	75.4
DIST OF COLUMBIA	31,737	104,633	75,865	7,706,662	242.83	73.65	0.8	0.3	2.4	23.1
FLORIDA	80,967	264,349	199,306	9,592,363	118.47	36.29	0.3	2.0	-9.6	5.8
GEORGIA	114,174	358,182	263,705	11,615,710	101.74	32.43	1.2	1.6	3.8	4.5
GUAM	803	3,210	2,530	150,769	187.76	46.97	3.6	4.8	21.1	26.2
HAWAII	14,632	48,628	33,754	4,476,305	305.93	92.05	0.8	0.2	11.6	19.8
IDABO	6,361	19,601	13,724	1,337,584	210.28	68.24	1.0	1.2	3.0	18.5
ILLINOIS	219,000	782,927	566,917	70,298,091	320.88	89.79	1.2	14.1	0.9	30.0
INDIANA	51,810	163,151	120,124	7,759,835	149.77	47.56	1.0	*	-1.7	12.0
IOWA	26,747	86,002	59,683	7,518,574	281.10	87.42	2.3	3.7	7.6	54.4
KANSAS	22,310	66,953	50,086	4,592,373	205.84	68.59	1.4	3.7	-0.9	13.3
KENTUCKY	50,900	161,993	115,892	9,145,942	179.40	56.46	1.9	3.8	8.9	63.2
LOUISIANA	65,965	234,864	177,209	7,943,612	120.42	33.82	0.3	0.8	-4.5	22.2
MAINE	24,522	83,312	58,213	4,227,085	172.38	50.74	0.5	0.7	14.0	45.4
MARYLAND	67,890	218,564	158,321	11,470,030	168.95	52.48	-0.2	0.5	-1.0	3.8
MASSACHUSETTS	108,062	355,891	248,526	30,629,419	283.44	86.06	0.4	-11.3	14.2	38.6
MICHIGAN	198,623	655,138	462,944	53,543,850	269.58	81.73	0.6	0.8	6.2	16.8
MINNESOTA	43,550	127,478	90,704	10,820,452	248.46	84.88	1.6	4.2	2.1	4.3
MISSISSIPPI	53,811	186,683	144,508	2,676,474	49.74	14.34	0.4	0.6	1.3	1.3
MISSOURI	83,140	260,695	193,366	10,084,372	121.29	38.68	0.2	0.2	4.9	11.4
MONTANA	7,447	22,005	16,244	1,205,825	161.92	54.80	-1.3	-1.7	2.1	5.4
NEBRASKA	11,891	38,221	27,552	2,144,712	180.36	56.11	-0.1	0.5	-0.1	20.1
NEVADA	4,723	14,270	10,484	684,305	144.89	47.95	-1.3	-0.2	4.9	20.8
NEW HAMPSHIRE	8,515	26,635	18,676	2,009,008	235.94	75.43	1.3	2.8	13.4	19.3
NEW JERSEY	130,129	443,631	318,118	35,569,059	273.34	80.18	0.1	-0.1	5.6	17.5
NEW MEXICO	18,793	61,657	45,470	2,585,024	137.55	41.93	0.3	0.6	2.6	11.8
NEW YORK	349,689	1,202,637	850,218	113,663,613	325.04	94.51	-0.1	-3.1	1.3	-2.7
NORTH CAROLINA	58,041	176,792	129,987	9,490,653	161.29	53.68	3.0	3.3	16.1	50.8
NORTH DAKOTA	4,509	13,500	9,852	900,811	199.78	66.73	-0.6	0.8	-1.4	0.2
OHIO	171,870	552,165	382,559	30,035,571	174.76	54.40	2.5	2.4	11.8	17.5
OKLAHOMA	30,916	99,676	75,368	5,593,500	180.93	56.12	0.9	0.5	7.2	13.4
OREGON	35,704	106,354	71,124	7,243,410	202.87	68.11	1.6	1.6	14.8	28.6
PENNSYLVANIA	182,475	632,711	432,053	48,142,518	263.83	76.09	-0.6	-0.2	2.9	27.7
PUERTO RICO	47,561	232,028	169,841	2,180,894	45.85	9.40	-1.2	-0.9	-9.0	-7.6
RHODE ISLAND	16,009	52,938	37,317	3,913,154	244.43	73.92	1.0	1.6	6.4	6.7
SOUTH CAROLINA	42,254	137,612	101,835	3,746,697	88.67	27.23	1.6	1.6	11.5	25.0
SOUTH DAKOTA	7,889	24,682	18,200	1,597,322	202.47	64.72	0.4	1.2	8.6	17.4
TENNESSEE	63,878	207,433	154,676	6,779,042	106.12	32.68	1.9	1.7	8.9	10.7
TEXAS	113,536	391,319	289,528	12,235,560	107.77	31.27	-0.7	-1.1	-10.3	-8.9
UTAH (JANUARY)	11,865	33,782	22,772	2,606,035	219.64	77.14	-	-	-	-
VERMONT	6,530	22,257	14,928	1,670,772	255.86	75.07	4.4	4.3	10.6	12.9
VIRGIN ISLANDS.	1,175	4,163	3,399	153,053	130.26	36.77	-0.4	1.5	14.1	16.8
VIRGINIA	56,588	176,953	126,995	10,902,453	192.66	61.61	1.3	2.1	7.0	28.1
WASHINGTON	48,937	149,546	98,260	11,457,984	234.14	76.62	1.0	3.6	0.2	1.7
WEST VIRGINIA	21,210	73,635	50,455	3,696,001	174.26	50.19	3.1	0.8	9.6	32.8
WISCONSIN	53,702	161,417	116,179	14,263,415	265.60	88.36	1.0	1.6	11.3	15.4
WYOMING	2,320	6,931	5,122	355,153	153.08	51.24	2.9	2.2	-7.0	-11.2

* INCREASE OR DECREASE OF LESS THAN 0.05 PERCENT

(E) ESTIMATED DATA

INCLUDES AS RECIPIENTS THE CHILDREN AND ONE OR BOTH PARENTS OR ONE CARETAKER RELATIVE OTHER THAN A PARENT IN FAMILIES IN WHICH THE REQUIREMENTS OF SUCH ADULTS WERE CONSIDERED IN DETERMINING THE AMOUNT OF ASSISTANCE.

DOES NOT INCLUDE AFDC FOSTER CARE.

- COMPARABLE DATA NOT AVAILABLE

** SEE FOOTNOTE ** ON TABLE 1.

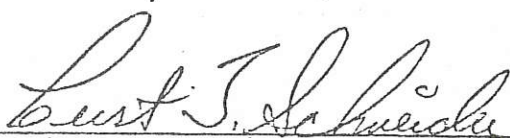
DETAILED SUMMARY
OF
PROPOSED
TITLE XX COMPREHENSIVE
SOCIAL SERVICES
PLAN

October 1, 1975 to
June 30, 1976

Prepared by:
Department of Social and
Rehabilitation Services

C E R T I F I C A T I O N

I, Curt T. Schneider, in the pursuance of my powers and duties as Attorney General of Kansas do certify that the State Department of Social and Rehabilitation Services of Kansas has the legal authority pursuant to K.S.A. 39-708c *et seq.* and K.S.A. 75-5301 *et seq.* to plan, implement, and administer programs under the Social Services amendments of Title XX of the Social Security Act. The Secretary of Social and Rehabilitation Services is the head of the State Department of Social and Rehabilitation Services of Kansas by the provisions of K.S.A. 75-5301 and has the authority under the provisions of K.S.A. 39-708c(b) to make rules and regulations governing the administration of programs under the Social Services amendments of Title XX of the Social Security Act.


Curt T. Schneider
Attorney General of Kansas

KANSAS STATE DEPARTMENT OF SOCIAL & REHABILITATION SERVICES

Detailed Summary of Proposed Title XX Comprehensive Social Services Plan

The detailed summary of the Proposed Social Services Plan for the State of Kansas offers a concise picture of the social services to be provided for or purchased. All services offered will be directed at the goals of:

- 1) Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency;
- 2) Achieving or maintaining self-sufficiency, including reduction or prevention of dependency;
- 3) Preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating, or reuniting families;
- 4) Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; or
- 5) Securing referral or admission for institutional care when other forms of care are not appropriate, or providing services to individuals in institutions.

There will be services directed at each of the five national goals and information and referral services will be available to any Kansan.

All social services provided under Title XX of the Social Security Act must relate to one of the above five federally mandated goals. All services listed below will be available on a statewide basis:

<u>Service</u>	<u>Annual Rates</u>	
	<u>Estimated No. of Recipients</u>	<u>Estimated Expenditures</u>
Chore	10,601	\$ 2,120,200
Day Care	5,140	11,036,833
Early and Periodic Screening, Diagnosis and Treatment	52,500	959,760
Family Planning	9,500	514,360
Information & Referral	32,300	240,000
Legal	1,500	117,800
Meals Service	160	52,160
Transportation	4,770	1,199,760
Employment, Habilitation & Rehabilitation	4,000	6,752,076
Supportive Social Services	46,050	5,389,880
Homemaker	21,000	2,703,280
Residential	6,740	5,144,352

Exhibit "A" shows by goal the program objective, the services, eligible categories, geographic area, the number of individuals to be served and the estimated total expenditures.

Comparison of Estimated Expenditures

Estimated 1975 FY Federal Expenditures: \$13,280,000
Estimated 1976 FY Federal Expenditures: \$27,250,000**

**Estimate for 1976 is based on the availability of Federal funds, state appropriations, and anticipated income from public and private donors.

All persons residing in the state who are (a) recipients of Aid to Families of Dependent Children, (b) recipients of Supplemental Security Income, (c) recipients of General Assistance, or (d) income eligibles* are eligible for services.

*Income Limitation

<u>Family Size</u>	<u>Total Gross Monthly Income</u>
Individual	\$ 686
Two	897
Three	1,108
Four	1,319
Five	1,530
Six	1,740

Exhibit "B" is the proposed fee schedule.

The social services program and program planning are coordinated with

Services for the Aging
State WIN Coordinator
State Vocational Rehabilitation Services Agency
Services for the Blind and Visually Handicapped
Children and Youth Division
Services for Adults
Division of Mental Health & Retardation Services
Developmental Disabilities
Commission on Alcoholism
Commission on Drug Abuse
Medical Services Section

In addition, written comments which have been received from individuals and representatives of other human services agencies in the State of Kansas have been given consideration in the preparation of the proposed plan.

The Department of Social and Rehabilitation Services will utilize volunteers wherever feasible to provide a comprehensive social service program in the state. Kansans have a long tradition of helping each other in times of need. The Department of Social and Rehabilitation Services will rely on this heritage to aid them in administering the program. Exhibit "C" graphically displays the organization through which the program and plan will be administered. Indicated is the position designated by the agency to coordinate the volunteer program. The volunteer service coordinator has developed a manual and procedures to be used in the recruitment and ongoing program planning for volunteer services.

Service needs for this plan were a result of the thirty-five district meetings, two state meetings, State Planning Division projections to the year 2000, the Department's Five Year Child Care Plan, and plans from Area Agencies on Aging and data from other State Departments and local units of government. As specified in 45 C.F.R. 228.31, the State Department of Social and Rehabilitation Services will maintain a needs assessment process. This needs assessment process will have the following characteristics:

- 1) Data will be derived from: U.S. Census, the Kansas Department of Agriculture Census; Population Research Laboratory at Kansas State University; Institute for Social and Environment Studies at the University of Kansas; Kansas Department of Health and Environment, Division of Vital Statistics; reporting systems developed by the Kansas Department of Social and Rehabilitation Services, and other Federal, state and local sources.
- 2) Through periodic public hearings in all districts and at the state level; public and private organizations will be consulted for their assessments of social service needs. Also, local needs will be identified through the Department's Management by Objective System. Finally, public and private organizations will be expressing needs through the legislative and budgetary process.
- 3) The data developed in Item 1 above will be used to analyze and illuminate the needs as defined by public and private organizations. These needs assessment studies will be circulated to Departmental planning staff who are preparing the Title XX plan. In addition, these needs assessment studies will be used by legislative committees and budget staff in the Planning-Budgeting-Legislative cycle. Examples of needs assessment studies considered in the present services plan include:
 - a) Input from hearings regarding Title XX.
 - b) Home Health Services prepared by Mid America Comprehensive Health Planning Agency, February 1971.
 - c) Needs Survey completed by Children and Youth Division, February 1975.
 - d) Five Year Child Care Plan.
 - e) KU-UAF Systems Needs Assessment Data Regarding Handicapped.

There will be continuing coordination of the planning process with state, regional, and local planning organizations. The vehicle for cooperation will be the State Planning Coordination Committee with representatives from various divisions and agencies. Plans for evaluation include the comparison of actual performance through the program year against the quantified objectives of Title XX. These evaluations will be conducted

by the Research and Statistics Section of the Department of Social and Rehabilitation Services. The Department of Social and Rehabilitation Services will meet all reporting requirements of the Department of Health, Education and Welfare. In addition, the Department will, from time to time, issue statistical reports, evaluations and needs assessment studies. Planning evaluations and reporting activities will be funded from Title XX. The matching share will be provided from state appropriations. It is anticipated that no planning grants or activities will be funded at the local level using Title XX funds.

STATE: KANSAS

SUMMARY

EXHIBIT "A"

STATE SERVICE AGENCY DESIGNATED
TO PREPARE PLAN
Dept. of Social & Rehabilitation Services
PLANNING UNIT IN AGENCY

COMPREHENSIVE ANNUAL SERVICES
PROGRAM PLAN

SERVICES
PROGRAM

PROGRAM SUMMARY

YEAR: October 1, 1975 to September 30, 1976

GOAL	OBJECTIVES 1975/1976 SERVICES PROGRAM YEAR	SPECIFIC SERVICES	ELIGIBLE CATE- GORIES & UPPER INCOME LIMITA- TIONS	GEOGRAPHIC AREAS		TOTAL INDIVIDUALS TO BE SERVED	ESTIMATED TOTAL EXPENDITURES
				STATE- WIDE	SPECIFIC AREAS		
I	To enable individuals to go to & from their place of work or training or to & from a doctor or other resource included in the service plan to help fit them for employment.	Transportation Services	A-B-C	X		980 individuals	\$ 42,408 (dir) 199,400 (pur) 83,700 (dir)
	To encourage & assist individuals achieve optimum functioning in family and community life.	Supportive Social Services	A-B-C	X		3,100 individuals	1,000 (pur) 646,520 (dir)
	To provide casework services	Supportive Social Services	A-B-C	X		6,000 individuals	132,246 (dir)
	To encourage & assist individuals to further their education.	Supportive Social Services	A-B-C	X		6,000 individuals	150 (pur) 853,740 (dir)
	To counsel & help expectant parents with problems related to an unplanned pregnancy.	Family Planning	A-B-C	X		600 parents	53,568 (dir)
	To help individuals limit family size by utilizing available services	Family Planning	A-B-C	X		1,000 individuals	400 (pur) 80,352 (dir)

Legend: A. Aid to families with dependent children - recipients
B. Supplemental Security Income - recipients
C. Income eligibles

STATE: KANSAS

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STATE SERVICE AGENCY DESIGNATED
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				STATE- WIDE	SPECIFIC AREAS		
I	To enable individuals to retain or regain capabilities for self-support by providing homemaker help or instruction on an emergency, on-going, short-term or intermittent basis.	Homemaker Service	A-B-C	X		3,000 individuals	\$ 700,000 (pur) 42,760 (dir)
	To encourage & assist parents to take advantage of the health screening, diagnostic & treatment services offered under Title XIX.	Early & Periodic Screening.	All children eligible for medical care services under Title XIX	X		2,500 children	47,988 (dir)
	Purchase day care services from licensed & certified facilities to enable parents to obtain education and/or training for employment or to secure employment.	Day Care Services	A-B-C	X		3,500 parents	6,021,819 (pur) 1,020,696 (dir)
	To provide information and/or referral service for adults & families with children.	Information & Referral	Anyone in State	X		12,000 adults & families with children	60,000 (Dir)

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				STATE- WIDE	SPECIFIC AREAS		
I	To help obtain services of a lawyer in regard to a civil matter.	Legal Services	A-B-C	X		80 adults	\$ 200 (pur 4,464 (dir
	To provide training and work activities.	Employment, Habilita- tion & Rehabilitation	A-B-C	X		1,000 individuals	900,000 (pur 552,208 (dir
	To place individuals and supervise service program.	Residential Care	A-B-C	X		1,800 individuals	108,548 (pur 98,208 (dir

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				STATE- WIDE	SPECIFIC AREAS		
II	To arrange for homebound adults to have one hot meal a day delivered to the home	Meals Services	A-B-C	X		160 adults	\$ 41,000(pur) 11,160(dir)
	To enable individuals to go to & from a community resource included in the service plan as needed.	Transportation Services	A-B-C	X		1,900 individuals	\$ 90,396(dir) 431,150(pur) 33,480(dir)
	To obtain transportation and/or needed escort services to a medical or other community resource	Transportation Services	A-B-C	X		200 persons	900(pur) 16,740(dir)
	To encourage & assist individuals to further their education	Supportive Social Services	A-B-C	X		2,000 individuals	\$ 284,580(dir)
	To provide casework services for individuals	Supportive Social Services	A-B-C	X		10,000 individuals	\$ 500(pur) 176,328(dir)
	To provide opportunities for instruction & training pertaining to money management, consumer education, etc.	Supportive Social Services	A-B-C	X		1,200 individuals	\$ 1,000(pur) 111,600(dir)

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				STATE- WIDE	SPECIFIC AREAS		
II	To help individuals limit family size by utilizing available services	Family Planning	A-B-C	X		2,000 individuals	\$ 151,776(dir) 300(pur)
	To counsel & help parents with problems related to an unplanned pregnancy	Family Planning	A-B-C	X		600 parents	\$ 53,568(dir)
	To enable individuals to retain or regain their capabilities for self-sufficiency by providing homemaker help or instruction on an emergency, on-going, short term, or intermittent basis.	Homemaker Service	A-B-C	X		10,000 individuals	\$ 127,900(dir) 956,220(pur)
	To encourage & assist parents to take advantage of the health screening, diagnostic & treatment services offered under Title XIX	Early & Periodic Screening	All children eligible for medical care services under Title XIX	X		2,500 children	\$ 47,988(dir)
	To arrange for and/or purchase chore services to make it possible to remain in their own homes	Chore Services	A-B-C	X		10,601 individuals	\$1,897,000(pur) 223,200(dir)

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				STATE- WIDE	SPECIFIC AREAS		
II	Purchase of day care services from licensed & certified facilities for individuals diagnosed as mentally retarded to provide skills & learning opportunities	Day Care	A-B-C	X		400 individuals	\$ 443,254 (pur 82,314 (dir
	To provide information/referral service.	Information and Referral	Anyone in State	X		4,000 individuals	96,000 (dir
	To help obtain services of a lawyer in regard to a civil matter.	Legal Services	A-B-C	X		250 adults	20,200 (pur 5,580 (dir
	Purchase personal adjustment services from licensed facilities to provide skills to develop maximum level of performance and/or in preparation for school or training.	Employment, Habilitation & Rehabilitation	A-B-C	X		1,500 individuals	1,906,085 (pur 161,609 (dir
	To place individuals and supervise service program.	Residential Care	A-B-C	X		2,000 individuals	355,645 (pur 420,732 (dir

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				STATE- WIDE	SPECIFIC AREAS		
III	To provide transportation for needed escort services for protection of individual	Transportation Services	A-B-C	X		720 individuals	\$ 51,336(dir) 50,000(pur) 16,740(dir)
	To provide casework services	Supportive Social Services	A-B-C	X		9,050 individuals	400,000(pur) 864,492(dir)
	To provide protective case-work services on behalf of individuals including investigating complaints, maintenance of registry, identifying high risk families.	Supportive Social Services	All individuals in need in State	X		15,000 individuals	2,008,800(dir)
	To help limit family size by utilizing available services. Assisting individuals to use	Family Planning	A-B-C	X		5,000 individuals	300(pur) 147,312(dir)
	To counsel & help expectant parents with problems related to an unplanned pregnancy.	Family Planning	A-B-C	X		300 parents	26,784(dir)

Legend: A. Aid to families with dependent children - recipients
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				STATE- WIDE	SPECIFIC AREAS		
III	To enable individuals to remain in or return to their own homes by providing homemaker help or instruction to remedy hazardous living situations & to strengthen family life functioning.	Homemaker Services	A-B-C	X		8,000 individuals	\$ 127,900 (dir) 748,500 (pur)
	To encourage & assist parents to take advantage of the health screening, diagnostic & treatment services offered under Title XIX	Early & Periodic Screening	All children eligible for medical care services under Title XIX	X		47,500 children	\$ 863,784 (dir)
	Purchase of day care for individuals who need protective care.	Day Care Service	A-B-C	X		1,240 individuals	\$2,925,476 (pur) 543,274 (dir)
	To provide information/referral to adults and families.	Information and Referral	Anyone in the State	X		11,500 adults & families	\$ 36,000 (dir)
	To help adults obtain services of a lawyer in regard to a civil matter	Legal Services	A-B-C	X		460 adults	36,300 (pur) 7,812 (dir)

Legend: A. Aid to families with dependent children - recipients
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YEAR: October 1, 1975 to September 30, 1976

GOAL	OBJECTIVES 1975/1976 SERVICES PROGRAM YEAR	SPECIFIC SERVICES	ELIGIBLE CATE- GORIES & UPPER INCOME LIMITA- TIONS	GEOGRAPHIC AREAS		TOTAL INDIVIDUALS TO BE SERVED	ESTIMATED TOTAL EXPENDITURES
				STATE- WIDE	SPECIFIC AREAS		
III	Help obtain a guardian for adults living alone or with relatives	Legal Services	A-B-C	X		450 adults	\$ 500 (pur) 23,436 (dir)
	To obtain, certify, & supervise service programs in behalf of individuals	Employment, Habilitation & Rehabilitation	A-B-C	X		900 individuals	\$ 161,609 (dir) 1,354,478 (pur)
	To place individuals & supervise service program	Residential Care	A-B-C	X		1,940 individuals	\$1,406,299 (pur) 835,562 (dir)

Legend: A. Aid to families with dependent children - recipients
B. Supplemental Security Income - recipients
C. Income eligibles

STATE: KANSAS

SUMMARY

STATE SERVICE AGENCY DESIGNATED
TO PREPARE PLANCOMPREHENSIVE ANNUAL SERVICES
PROGRAM PLANDept. of Social & Rehabilitation ServicesPLANNING UNIT IN AGENCYSERVICES
PROGRAM

PROGRAM SUMMARY

YEAR: October 1, 1975 to September 30, 1976

GOAL	OBJECTIVES 1975/1976 SERVICES PROGRAM YEAR	SPECIFIC SERVICES	ELIGIBLE CATEGORIES & UPPER INCOME LIMITATIONS	GEOGRAPHIC AREAS		TOTAL INDIVIDUALS TO BE SERVED	ESTIMATED TOTAL EXPENDITURES
				STATE- WIDE	SPECIFIC AREAS		
IV	To provide transportation and/or escort services needed to admit or maintain or discharge individuals in community based care.	Transportation Services	A-B-C	X		460 individuals	\$ 26,784(dir) 49,900(pur) 16,740(dir)
	To provide casework services for individuals	Supportive Social Services	A-B-C	X		9,000 individuals	\$ 200(pur) 220,410(dir)
	To provide information/referral service to adults & families	Information & Referral	Anyone in the State	X		3,300 adults & families	\$ 36,000(dir)
	To help adults obtain the services of a lawyer in regard to a civil matter including obtainment of a guardian for individuals in need or care in an institution.	Legal Services	A-B-C	X		160 adults	\$ 5,700(pur) 8,386(dir)
		Legal Services	A-B-C	X		100 individuals	\$ 200(pur) 5,022(dir)
	To supervise, evaluate & monitor progress	Residential Care	A-B-C	X		1,000 individuals	\$1,042,740(pur) 876,618(dir)
To obtain, certify & supervise service programs in behalf of individuals.	Employment, Habilitation & Rehabilitation	A-B-C	X		600 individuals	\$ 161,608(dir) 1,554,478(pur)	

Legend: A. Aid to families with dependent children - recipients
B. Supplemental Security Income - recipients
C. Income eligibles

STATE: KANSAS

SUMMARY

STATE SERVICE AGENCY DESIGNATED
 TO PREPARE PLAN
Dept. of Social & Rehabilitation Services
 PLANNING UNIT IN AGENCY

COMPREHENSIVE ANNUAL SERVICES
 PROGRAM PLAN

SERVICES
 PROGRAM
 YEAR: October 1, 1975 to September 30, 1976

PROGRAM SUMMARY

GOAL	OBJECTIVES 1975/1976 SERVICES PROGRAM YEAR	SPECIFIC SERVICES	ELIGIBLE CATE- GORIES & UPPER INCOME LIMITA- TIONS	GEOGRAPHIC AREAS		TOTAL INDIVIDUALS TO BE SERVED	ESTIMATED TOTAL EXPENDITURES
				STATE- WIDE	SPECIFIC AREAS		
V	To transport and/or escort individuals to and from institutions including interim visits.	Transportation Services	A-B-C	X		510 individuals	\$ 23,436 (dir) 49,900 (pur) 16,740 (dir)
	To provide casework services	Supportive Social Services	A-B-C	X		1,950 individuals	\$ 150 (pur) 88,164 (dir)
	To provide information/referral service to adults & families	Information & Referral	Anyone in State	X		1,500 adults & families	\$ 12,000 (dir)

Legend: A. Aid to families with dependent children - recipients
 B. Supplemental Security Income - recipients
 C. Income eligibles

Exhibit "B"

F E E S C H E D U L E

To be applied to services for Income Eligibles. Not to be used for current ADC recipients or current SSI recipients.

1 Person			2 Person			3 Person			4 Person			5 Person		
Gross Monthly Income		Monthly Fee	Gross Monthly Income		Monthly Fee	Gross Monthly Income		Monthly Fee	Gross Monthly Income		Monthly Fee	Gross Monthly Income		Monthly Fee
At Least	Less Than		At Least	Less Than		At Least	Less Than		At Least	Less Than		At Least	Less Than	
\$ 0	477	No Fee	\$ 0	624	No Fee	\$ 0	770	No Fee	\$ 0	917	No Fee	\$ 0	1,064	No Fee
477	483	\$ 1	624	632	\$ 1	770	780	\$ 1	917	929	\$ 1	1,064	1,077	\$ 1
483	489	1	632	639	1	780	790	1	929	940	1	1,077	1,091	1
489	495	1	639	647	1	790	799	1	940	952	1	1,091	1,104	1
495	501	1	647	655	1	799	809	2	952	963	2	1,104	1,117	2
501	507	1	655	663	2	809	819	2	963	975	3	1,117	1,130	3
507	513	2	663	671	3	819	828	3	975	986	4	1,130	1,144	5
513	519	3	671	678	4	828	838	5	986	997	6	1,144	1,157	7
519	525	4	678	686	5	838	847	6	997	1,009	7	1,157	1,170	9
525	531	5	686	694	6	847	857	8	1,009	1,020	9	1,170	1,184	11
531	537	6	694	702	8	857	867	10	1,020	1,032	11	1,184	1,197	13
537	543	7	702	709	9	867	876	12	1,032	1,043	14	1,197	1,210	16
543	548	9	709	717	11	876	886	14	1,043	1,055	17	1,210	1,224	19
548	554	10	717	725	13	886	896	16	1,055	1,066	19	1,224	1,237	22
554	560	12	725	733	15	896	905	19	1,066	1,078	22	1,237	1,250	26
560	566	13	733	741	18	905	915	22	1,078	1,089	26	1,250	1,263	30
566	572	15	741	748	20	915	925	25	1,089	1,101	29	1,263	1,277	34
572	578	17	748	756	23	925	934	28	1,101	1,112	33	1,277	1,290	38
578	584	19	756	764	25	934	944	31	1,112	1,124	37	1,290	1,303	43
584	590	22	764	772	28	944	953	35	1,124	1,135	41	1,303	1,317	48
590	596	24	772	780	31	953	963	39	1,135	1,146	46	1,317	1,330	53
596	602	26	780	787	34	963	973	42	1,146	1,158	51	1,330	1,343	59
602	608	29	787	795	38	973	982	47	1,158	1,169	55	1,343	1,356	64
608	614	32	795	803	41	982	992	51	1,169	1,181	61	1,356	1,370	70
614	620	34	803	811	45	992	1,002	55	1,181	1,192	66	1,370	1,383	77
620	626	37	811	819	49	1,002	1,011	60	1,192	1,204	72	1,383	1,396	83
626	632	40	819	826	53	1,011	1,021	65	1,204	1,215	78	1,396	1,410	90
632	638	43	826	834	57	1,021	1,030	70	1,215	1,227	84	1,410	1,423	97
638	644	47	834	842	61	1,031	1,040	76	1,227	1,238	90	1,423	1,436	104
644	650	50	842	850	66	1,040	1,050	81	1,238	1,250	96	1,436	1,450	112
650	656	54	850	858	70	1,050	1,059	87	1,250	1,261	103	1,450	1,463	120
656	662	57	858	865	75	1,059	1,070	93	1,261	1,273	110	1,463	1,476	128
662	668	61	865	873	80	1,070	1,079	99	1,273	1,284	117	1,476	1,490	136
668	674	65	873	881	85	1,079	1,088	105	1,284	1,296	125	1,490	1,503	145
674	680	69	881	889	90	1,088	1,098	111	1,296	1,307	133	1,503	1,516	154
680	686	73	889	897	96	1,098	1,108	118	1,307	1,318	140	1,516	1,529	163

EXHIBIT "B"

FEE SCHEDULE

To be applied to Services for Income Eligibles. Not to be used for current ADC recipients or current SSI recipients.

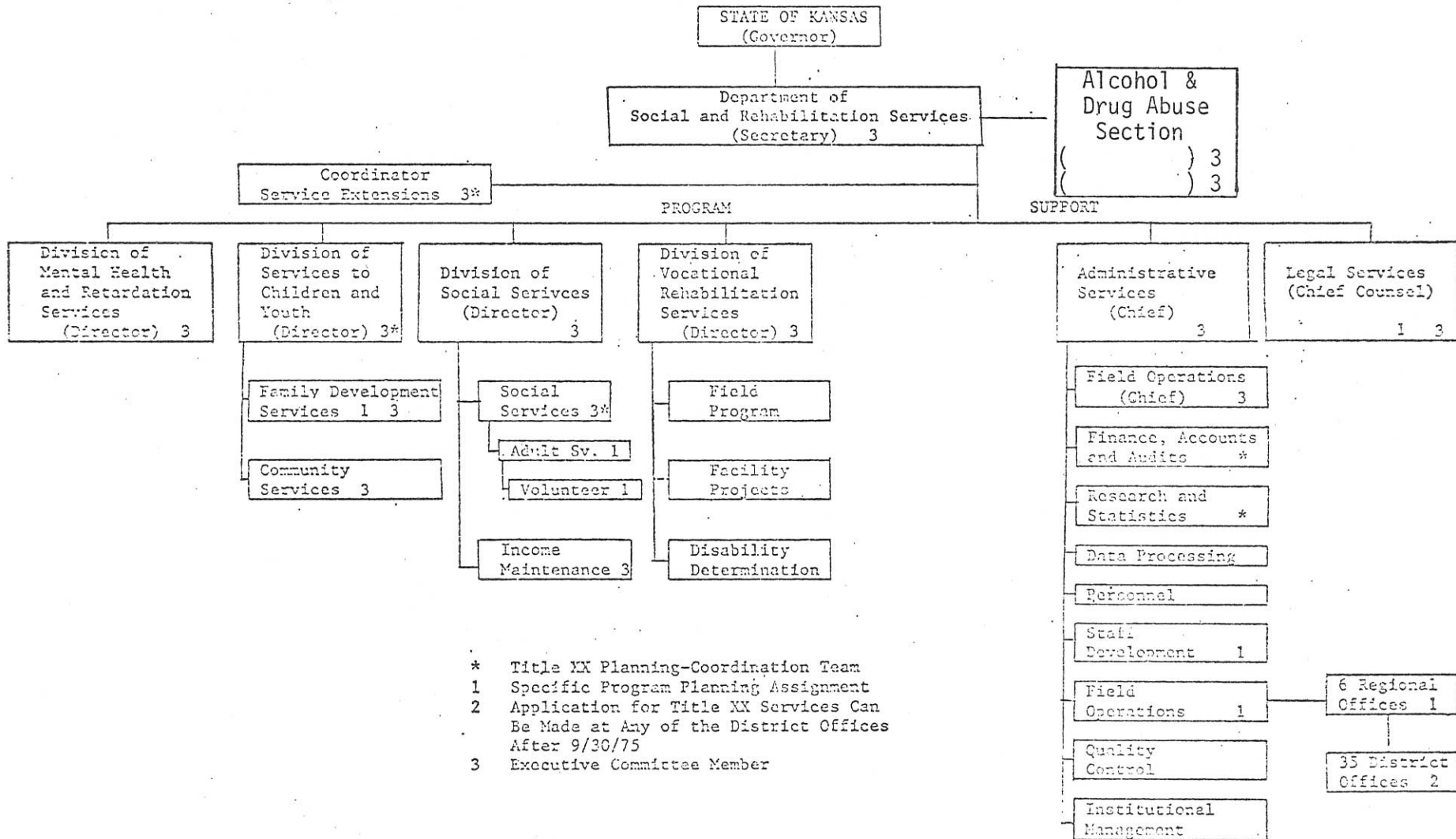
6 Persons			7 Persons			8 Persons			9 Persons		
Gross Monthly Income		Monthly Fee	Gross Monthly Income		Monthly Fee	Gross Monthly Income		Monthly Fee	Gross Monthly Income		Monthly Fee
At Least	Less Than		At Least	Less Than		At Least	Less Than		At Least	Less Than	
\$ 0	1,211	No Fee	\$ 0	1,238	No Fee	\$ 0	1,266	No Fee	\$ 0	1,293	No Fee
1,211	1,226	\$ 1	1,238	1,254	\$ 1	1,266	1,282	\$ 1	1,293	1,309	\$ 1
1,226	1,241	1	1,254	1,269	1	1,282	1,297	1	1,309	1,326	1
1,241	1,256	1	1,269	1,285	1	1,297	1,313	1	1,326	1,342	1
1,256	1,271	2	1,285	1,300	2	1,313	1,329	3	1,342	1,358	3
1,271	1,286	4	1,300	1,316	4	1,329	1,345	4	1,358	1,374	4
1,286	1,302	5	1,316	1,331	6	1,345	1,361	6	1,374	1,390	6
1,302	1,317	7	1,331	1,347	8	1,361	1,376	8	1,390	1,406	8
1,317	1,332	10	1,347	1,362	10	1,376	1,392	10	1,406	1,423	10
1,332	1,347	12	1,362	1,378	13	1,392	1,408	13	1,423	1,439	13
1,347	1,362	15	1,378	1,393	15	1,408	1,424	16	1,439	1,455	16
1,362	1,377	18	1,393	1,408	19	1,424	1,440	19	1,455	1,471	20
1,377	1,392	22	1,408	1,424	22	1,440	1,456	23	1,471	1,487	23
1,392	1,407	26	1,424	1,439	26	1,456	1,471	27	1,487	1,503	27
1,407	1,423	30	1,439	1,455	30	1,471	1,487	31	1,503	1,520	32
1,423	1,438	34	1,455	1,470	35	1,487	1,503	36	1,520	1,536	36
1,438	1,453	39	1,470	1,486	40	1,503	1,519	41	1,536	1,552	41
1,453	1,468	44	1,486	1,501	45	1,519	1,535	46	1,552	1,568	47
1,468	1,483	49	1,501	1,517	50	1,535	1,551	51	1,568	1,584	52
1,483	1,498	55	1,517	1,532	56	1,551	1,566	57	1,584	1,600	58
1,498	1,513	61	1,532	1,548	78	1,566	1,582	63	1,600	1,617	65
1,513	1,529	66	1,548	1,563	68	1,582	1,598	70	1,617	1,633	71
1,529	1,544	73	1,563	1,579	75	1,598	1,614	77	1,633	1,649	78
1,544	1,559	80	1,579	1,594	82	1,614	1,630	84	1,649	1,665	86
1,559	1,574	87	1,594	1,610	89	1,630	1,645	91	1,665	1,681	93
1,574	1,589	95	1,610	1,625	97	1,645	1,661	99	1,681	1,697	101
1,589	1,604	102	1,625	1,641	105	1,661	1,677	107	1,697	1,714	109
1,604	1,619	110	1,641	1,656	113	1,677	1,693	115	1,714	1,730	118
1,619	1,634	119	1,656	1,672	121	1,693	1,709	124	1,730	1,746	127
1,634	1,650	127	1,672	1,687	130	1,709	1,725	133	1,746	1,762	136
1,650	1,665	136	1,687	1,703	139	1,725	1,740	142	1,762	1,778	145
1,665	1,680	145	1,703	1,718	149	1,740	1,756	152	1,778	1,794	155
1,680	1,795	154	1,718	1,734	158	1,756	1,772	162	1,794	1,811	166
1,695	1,710	165	1,734	1,749	169	1,772	1,788	172	1,811	1,827	176
1,710	1,725	175	1,749	1,764	179	1,788	1,804	183	1,827	1,843	187
1,725	1,740	185	1,764	1,780	190	1,804	1,820	194	1,843	1,859	198

EXHIBIT "C"

KANSAS STATE DEPARTMENT OF SOCIAL & REHABILITATION SERVICES

TITLE XX ORGANIZATION AND SERVICE PLAN RESPONSIBILITIES

The organizational structure of the designated agency through which the Title XX plan will be administered is graphically displayed below. Those units with specific Title XX planning responsibilities are indicated. The state is the designated geographic area for the purpose of planning and service delivery under Title XX.



The review of all comments regarding Title XX and the Comprehensive Annual State Plan is the responsibility of the Title XX Planning-Coordination Team. The team and other designated staff members met with private agencies and other citizens in all Social and Rehabilitation Services' regions of the state via local meetings regarding Title XX. The present Title XX Planning-Coordination Team will continue with the preparation, alteration, and refinement of the plan based on public comment.

RULES AND REGULATIONS

COVERING ALCOHOLISM TREATMENT FACILITIES

Introduction: Kansas Statutes establishes the Department of Social and Rehabilitation Services as the licensing authority for all public and private alcoholism treatment facilities in the state. The following rules and regulations are deemed necessary to carry out the purposes of the statutes. The purpose of these regulations is to deliver quality care in safe and effective alcohol abuse and alcoholism programs for individuals in the interest of public health, safety, and welfare.

ARTICLE I. DEFINITIONS

- 42-1-1 Acute Care. Medical care and treatment rendered individuals manifesting signs or symptoms of serious illness or severe trauma.
- 42-1-2 Administrator. Means the person delegated the responsibility for carrying out the policies and programs of the licensee or governing authority of the treatment facility.
- 42-1-3 Alcoholism. Means an illness characterized by habitual lack of self control as to the consumption of alcoholic beverages or the consumption of alcoholic beverages to the extent that a person's health is substantially impaired or endangered or his social or economic function is substantially disrupted.
- 42-1-4 Alcoholism Counselor. A person who is knowledgeable about the nature and treatment of alcoholism, about community resources which provide services that alcoholics may need, knows and understands the principles and techniques of counseling and is skilled in the application of these principles and techniques.
- 42-1-5 Crisis Intervention. The provision of emergency services or referral service for an alcoholic person or persons adversely affected by alcoholism or alcohol abuse.
- 42-1-6 Department. Department of Social & Rehabilitation Services.
- 42-1-7 Emergency Care. Means care rendered individuals suffering from physical, mental, or social stress requiring immediate action.
- 42-1-8 Especially Trained Personnel (Crisis Intervention). A person who is knowledgeable about the nature and treatment of alcoholism and who is certified by the American Red Cross having completed a minimum of 15 hours of standard first aid training or possessing equivalent training.

- 42-1-9 Governing Authority. Means a board or other governing body in whom the ultimate authority and responsibility for management of a treatment facility is vested.
- 42-1-10 Licensee. Means and shall be construed to mean a treatment facility licensed by the Secretary of Social and Rehabilitation Services.
- 42-1-11 Medical Supervision. Means and shall be construed to mean program supervision and general direction of all disciplines rendering care and treatment within the program.
- 42-1-12 Medical Support Agreement. A contract or formal agreement with a physician or registered nurse to provide medical care or treatment.
- 42-1-13 Non-resident. Means and shall be construed as anyone receiving treatment who is not a resident of the treatment facility.
- 42-1-14 Physician. Means a person licensed to practice medicine as provided by the Kansas Healing Arts Act.
- 42-1-15 Resident. Means and shall be construed to include all individuals kept, cared for, treated, boarded or otherwise accommodated in any treatment facility.
- 42-1-16 Secondary Victims. Means and shall be construed to mean those individuals who are adversely affected by the individual with alcohol related problems
- 42-1-17 Senior Counselor or Program Director. Means the individual(s) designated by the administrator or governing body responsible for counseling and educational programs of a facility.
- 42-1-18 Treatment Facility. Shall be defined as a place providing for the reception, accommodation, board, care, treatment and counseling of individuals with alcohol related problems on an inpatient or outpatient basis and are required to be licensed by the Secretary of Social and Rehabilitation Services. The term "treatment facility" shall not include institutions operated by the federal government, boarding homes for children under the age of sixteen years, day nurseries, child care institutions, maternity homes, hotels or offices of physicians.

ARTICLE 2: CLASSIFICATION OF TREATMENT COMPONENTS OF SERVICES

42-2-1 A. Emergency Care & Treatment

Types of emergency care are as follows:

1. Acute Care. Medical care and treatment rendered on a twenty four hour basis to individuals manifesting signs or symptoms of serious illness or severe trauma which warrants acute care and treatment in a general medical hospital.
2. Crisis Intervention. Short term care and services available on a twenty four hour basis for intoxicated persons who are free from severe physical and/or psychiatric complications. Such services are required to be staffed by especially trained personnel. Medical support shall be provided where indicated. Referral for a continuum of treatment/rehabilitation shall be provided for each individual. Crisis intervention shall also include emergency protective and supportive services for secondary victims.

42-2-2 B. Inpatient Care & Treatment

Care and treatment available on a 24 hour basis under the direction of a physician in a facility designed to provide for the diagnosis and/or treatment of alcoholism and alcohol abuse and related problems. Facilities which are capable of offering such services but not limited to, are general hospitals, psychiatric hospitals, and inpatient components of comprehensive mental health centers. Pre-discharge planning shall be provided.

42-2-3 C. Intermediate Alcoholism Treatment

Alcoholism treatment services available on a twenty four basis in a residential setting for detoxicated alcoholics. Services provided shall include room and board and a program of individual and group counseling, education of clients concerning alcoholism, social and recreational activities, vocational rehabilitation services, and pre-discharge planning. A medical support agreement shall be provided.

42-2-4 D. Transitional Living

A community based service in operation twenty four hours a day that provides room and board in supportive environment for recovering alcoholics, and planning for social re-integration. A medical support agreement shall be provided.

42-2-5 E. Outpatient Care & Treatment

Treatment services consisting of individual and group counseling and other care modalities for persons who abuse alcohol, those who are alcoholics, and those persons affected by alcohol related problems and who are able to benefit from services provided on a non residential basis.

ARTICLE 3: LICENSE REQUIREMENTS

42-3-1 License Required. No persons shall establish, conduct, or maintain an alcoholism treatment facility without first having obtained a license from the Secretary of Social and Rehabilitation Services. Emergency medical services, for the acute symptoms of alcohol abuse, provided by a general medical hospital licensed by the Kansas State Department of Health and Environment need not be licensed under this act.

42-3-2 Types of Licenses. Two types of licenses may be issued:

1. A standard renewable license may be issued for one calendar year commencing January 1 or a portion thereof after the determination has been made that the applicant is in compliance with these rules and regulations.
2. A provisional license may be issued for six months to allow an applicant who is temporarily unable to comply with these rules and regulations to correct such conditions or when the Department of Social and Rehabilitation Services determines that additional time is needed to make proper determination of compliance with these rules and regulations. A provisional license may be extended six months at the discretion of the Department of Social and Rehabilitation Services.

42-3-3 Separate License. Separate licenses are required for facilities maintained on separate premises even though they are operated under the same management. Separate licenses are not required for separate buildings on the same grounds when operated by the same management.

42-3-4 Multiple Components of Service. An alcoholism treatment facility may provide more than one component of service provided the following requirements are met:

1. The owner shall request the department to license the alcoholism treatment facility as one offering several components of service.
2. For each category of service there shall be a staff sufficient in numbers and qualifications to provide the services rendered to clients and to comply with the regulations applicable to a facility which provides the particular component of alcoholism treatment service. Administrative, supervisory and other personnel may be shared by one or more components of a treatment facility provided consistency and continuity in the care and treatment of clients are assured and the sharing

of staff does not adversely affect the program of any single component of alcoholism treatment service.

3. Prior to the initiation of an additional service component of alcoholism treatment service which is not shown on the alcoholism treatment facility's license, the licensee of the facility shall obtain the department's approval of such program for the particular component of treatment service.
4. If the quality and operation of a particular component of service is not in compliance with applicable laws and regulations, the department may deny, suspend, or revoke authorization to provide the particular category of alcoholism treatment service without denying, suspending, or revoking the alcoholism treatment facility's license for other components of service provided that the maintenance and operations of the facility is otherwise in essential compliance with applicable laws and regulations.

42-3-5 Number of Residents. No facility shall admit more residents than the number of beds for which it is licensed.

ARTICLE 4. APPLICATION FOR LICENSE

42-4-1 Application. An applicant desiring to obtain a license to operate a treatment facility shall meet the following requirements:

1. Completion of the application form provided by the Department of Social and Rehabilitation Services.
2. Submit a copy of the Articles of Incorporation and By-Laws if the applicant is a corporation.
3. Provide names and addresses of the current Board of Directors and principal officers of the applicant if it is a corporation.
4. Provide an outline of collaboration with other existing facilities, agencies and/or community resources.
5. Submit copies of local permits as may be required.
6. Execution of permission agreement for members of the Department of Social and Rehabilitation Services to conduct reasonable inspections of the premises and records during the pendency of the application as well as during the term of the license.
7. An applicant must submit proof to the department that it meets applicable regulations and laws of the Kansas State Department of Health and Environment.
8. A certificate of need with review and comment is required from the Regional Health Planning Council.

42-4-2 Local laws, Ordinances or Regulations. Every applicant shall submit proof to the department that it meets local zoning, fire and safety standards for such a facility.

ARTICLE 5: TERM AND RENEWAL OF LICENSE

42-5-1 Fee. A check in the amount of \$25.00 made payable to the Department of Social and Rehabilitation Services shall accompany an application for license.

A check in the amount of \$15.00 made payable to the Department of Social & Rehabilitation Services shall accompany an application for renewal.

42-5-2 Term. All licenses issued hereunder shall be for one calendar year or that portion thereof unless otherwise terminated by the department or surrendered by the licensee. All licenses shall terminate December 31 of each year.

42-5-3 Renewal. Application for renewal must be submitted on forms provided by the department and shall be transmitted to the department no later than October 1st of each year.

42-5-4 Return of License. When a facility is sold, leased, sub-leased, discontinued, or the operation moved to a new location, the current license immediately thereafter becomes void and shall be surrendered to the department within ten days of the conditions herein before stated.

42-5-5 Obligation of Licensee. During the term of the license, the licensee shall conform to and meet all the rules and regulations as herein set out and shall conform to all other federal, state and local laws, regulations and ordinances. A licensee shall promptly report any changes within ten days of the change which would affect the current accuracy of information in the license application.

ARTICLE 6. INSPECTIONS

- 42-6-1 Facility. All facilities functioning within these regulations shall be open to inspection at all reasonable times to representatives of the department.
- 42-6-2 Records and Reports. The licensee shall keep such records and reports as may be required by the department, which shall be opened to inspection by representatives of the department.

ARTICLE 7. ADMINISTRATION

- 42-7-1 Legal Responsibility. The governing authority shall solely be legally responsible for the overall conduct of the facility.
- 42-7-2 Delegation to Administrator. The licensee, if not acting as the administrator, shall appoint a responsible and reputable individual as the administrator to be responsible for the licensee and the licensee shall furnish to the department, in writing, the following personal data on such appointee:
1. Full name and age, address and telephone number;
 2. Qualifications in training and experience;
 3. A written agreement signed by the administrator and the licensee setting forth specific duties and responsibilities of the administrator;
 4. Any other pertinent information as the department may deem necessary or may from time to time request.
- 42-7-3 Delegation to Senior Counselor or Program Director. The administrator, if not acting as Senior Counselor or Program Director, shall appoint a responsible individual as the Senior Counselor or Program Director to be responsible to the licensee, and the licensee shall furnish to the department, in writing, the following personal data on such appointee:
1. Full name and age, address and telephone number;
 2. Qualifications in training and experience;
 3. A written agreement signed by the Senior Counselor or Program Director and the licensee, setting forth specific duties and responsibilities of the Senior Counselor or Program Director.
- 42-7-4 Delegation to Alcoholism Counselor. The administrator, if

not acting as Alcoholism Counselor, shall appoint a responsible individual as the Alcoholism Counselor to be responsible to the licensee and immediate supervisor, and the licensee shall furnish to the department, in writing, the following personal data on such appointee:

1. Full name and age, address and telephone number;
2. Qualifications in training and experience;
3. Any other pertinent information as the department may deem necessary or from time to time request.

42-7-5 Changes in Position. In case of changes in the position of Administrator or Senior Counselor or Program Director, the licensee shall notify the department in writing and shall submit information as described above as to the replacements within ten (10) days of such changes and/or replacement.

42-7-6 Staffing. The administrator shall provide a sufficient number of alcoholism counselors to provide adequate coverage for individuals treated at the facility.

42-7-7 Personnel Records. (a) Adequate personnel records of all employees shall be maintained by the administrator. Records shall include, but not be limited to, past employment, references, health records, work assignments, evaluations of work performance, and job descriptions.

(b) Adequate records of all persons under contract with the treatment facility, licensee, or governing authority shall be maintained by the administrator. Records shall include but not be limited to verified credentials or references and health and contractual agreement.

42-7-8 Records. Adequate treatment records on each individual being treated shall be maintained by the licensee on an individual basis. Such records shall set forth a plan of care with desirable and reasonably attainable goals. The confidentiality of said records shall be preserved. The records shall be retained as prescribed by the department.

42-7-9 Records for the department. The licensee shall furnish such data, statistics, schedules and other information as the department may require.

ARTICLE 8. PHYSICIANS SERVICE

42-801 There must be a licensed physician available at all times.

Acceptable and prescribed medical procedures of the facility must be recorded.

ARTICLE 9. CARE SERVICES

42-9-1 The facility shall provide for treatment and care appropriate to the needs of the individual being treated.

ARTICLE 10. NON-DISCRIMINATION

42-11-1 No individual shall, because of race, color, creed, or national origin be excluded from participating in, be denied the benefits of, or be denied treatment at any facility licensed hereunder.

No individual shall, because of race, color, creed, or national origin be denied employment at any facility licensed hereunder.

No treatment facility shall refuse employment to any qualified applicant for a position solely on the basis of the fact that he or she had or has not had a problem of alcoholism.

ARTICLE 11. CHANGE OF TERMINOLOGY

42-12-1 The department may by regulation change the name of the different classes of treatment facilities when necessary to avoid confusion in terminology and the department may further define and identify the specific acts and services which shall fall within the respective categories of facilities; Provided, that the above categories for treatment facilities are used as guidelines to define and identify the specific acts.

SUMMARY

KANSAS DRUG ABUSE COMMISSION: Manual No. 2

Grants Administration Proposed Rules (June 1, 1975)

The matching requirements will require the applicant to supply 25% of the total project costs of implementation grants; 1/2 of the 25% must be "hard" (cash) match, effective July 1, 1975.

In cases of first year community planning grants, 10% of the total project costs may be any combination of hard and soft match.

Second year planning grant applicants are eligible for 2/3 of the first year funding; of the remaining 1/3, 1/2 is to be "hard" match.

Third year planning grant applicants are eligible for 1/3 of the first year funding; of the remaining 2/3, 1/2 is to be "hard" match.

Grants/contract review will follow the following sequence:

1. Review by the appropriate program coordinator and KDAC director.
2. " " " executive committee of SRS.
3. " " " Advisory Commission.
4. " " " Secretary.

Three audit and/or technical visits are basic to each grant:

- a. Initial Technical Assistance Visit (within 60 days of release of funds to the grantee).
- b. Yearly Audit and Evaluation Visits (for projects in excess of one year duration).
- c. Final Audit and Program Evaluation Visits (within 60 days of the termination of the grant).

Reports will be requested on a timely basis in order to monitor the progress of the grant.

Copyrights and patents will be available to the KDAC and that agency reserves the royalty-free rights to any such materials.

In accordance with the Civil Rights Act of 1964 and Executive Order No. 11246, discrimination will be prohibited; maintenance of records, utilization and payment of funds, etc. are in compliance with federal guidelines and regulations.

KANSAS DRUG ABUSE COMMISSION

Manual No. 2

Grants Administration

June 1, 1975
(proposed rules)

These proposed rules are those of the present Kansas Drug Abuse Commission. Effective July 1, 1975, the commission is abolished and the powers, duties and functions of the commission are transferred to and conferred upon the Secretary of Social and Rehabilitation Services. Please review these proposals and remember that as of July 1, 1975 wherever the words Kansas Drug Abuse Commission or the initials K.D.A.C. are used these will be changed to the Secretary of S.R.S.

1. Matching Requirements

The KDAC administers both planning and implementation grants. Percentage of applicants contribution to each is as follows:

A. twenty-five percent of the total project costs on all implementation grants (prior to July 1, 1975 all such contributions may be any combination of cash ("hard") and in-kind ("soft") match, including 100% in-kind match. After July 1, 1975, at least one-half of twenty-five percent of the project costs must be cash match);

B. ten percent of total project costs on all first year community planning grants (such contributions may be any combination of cash or in-kind contributions, including 100% in-kind contribution);

C. second and third year planning grants will be funded as follows:

- 1) councils receiving 1st year planning grants may be refunded for a second year at $\frac{2}{3}$ of the amount of first year funding, the remaining $\frac{1}{3}$ to consist of match from the community, half of which, ie, $\frac{1}{2}$ of $\frac{1}{3}$ shall be cash match, such funding to begin upon presentation of evidence of approval of the first year community plan by the unit of local government or presentation of evidence that the unit of local government has approved the council's progress toward the completion of the first year community plan, and submission of an approach 2nd year grant application to the KDAC;
- 2) councils receiving 2nd year planning grants may be refunded for a third year at $\frac{1}{3}$ of the amount of 1st year funding, the remaining $\frac{2}{3}$ funding to consist of match by the community, half of which, ie, $\frac{1}{2}$ of $\frac{2}{3}$ shall be cash match, such funding to begin upon presentation of evidence of approval of the second year community plan by the unit of local government or presentation of evidence that the unit of local government has

approved the council's progress toward the completion of the second year community plan, and submission of an approved 3rd year grant application to the KDAC.

2. Grants/Contracts Review

A four phase review will be utilized:

Phase 1: Initial request by subgrantee.

Appropriate Program Coordinator performs site visit if appropriate.

Staff review of application with recommendations.

Phase 2: Review by the executive committee of SRS

Phase 3: Review by the Advisory Commission.

Phase 4: Review by the Secretary.

Final approval/disapproval authority lies with the Secretary. Applicants of grants which have been disapproved will receive written notification as to the reasons for disapproval. Applications may be approved with conditions, deferred or approved with deferred funding.

3. Grants application and management forms

KDAC Form 1: Application for Sub grant (with instructions)

a) Planning Grant Application

b) General Grant Application

KDAC Form 2: Statement of Grant Award

KDAC Form 3: Subgrantee's Request for Funds

KDAC Form 4: Subgrant Fiscal Report

KDAC Form 4a Federal Funds Expended and Obligated

KDAC Form 4b Local Cash Expended or Obligated and In-kind Match Utilized

KDAC Form 5: Grant Acceptance Certification

The above system is designed to allow the KDAC to properly manage subgrants to local projects. Contracts are administered using the same basic system, but with necessary modifications to include the performance of specific contract provisions.

Form 3 is submitted monthly and cash dispersal is on a monthly basis except that the initial dispersal is for a two month period to allow necessary administrative lead time. Form 4 is also submitted monthly and accompanies Form 3. Forms 4a and 4b are quarterly reports. KDAC Form 3 must be submitted 45 days prior to the beginning date of the request period.

Requests for funds will not be processed until all required reports have been received.

4. Audit and technical assistance visits

Auditing and technical assistance visits to subgrantees will be of three types.

(a) INITIAL TECHNICAL ASSISTANCE VISITS will be accomplished by the appropriate program coordinator (SSA) and a fiscal officer of the State within 60 days after the release of first installment monies to the subgrantee. Actual and planned fiscal accountability and management and procurement procedures will be examined and technical assistance rendered as needed. The procedures which will be in accordance with Rule 54b.115 and in particular paragraph (d) of this rule.

(b) YEARLY AUDIT AND EVALUATION VISITS will be accomplished by a fiscal officer (as above) and the appropriate program coordinator servicing the project at least yearly for projects of two years or longer in duration.

Audits will include a complete examination of fiscal expenditures, receipts, fiscal procedures and compliance with KDAC and Federal rules and statutes. Evaluations will include a comprehensive review of program goals, treatment and/or service delivery effectiveness, degree of success in meeting specific goals and contract provisions, cost effectiveness and recommendations for

continued funding, changes in staff, management procedures, further technical assistance requirements, etc. When appropriate, representatives of Regional Health Planning Councils, the Regional HEW Office in Kansas City, the Comprehensive Health Planning Office (in the case of Methadone treatment facilities) and others will be invited to participate. Follow-up audits and evaluations will be accomplished when needed.

Sub-grantees will receive full written reports of all formal audits and evaluations. Copies of reports will be made available to sub-grantee governing bodies and other agencies sharing projects funding responsibility jointly with the SSA.

(c) FINAL AUDIT AND PROGRAM EVALUATION VISITS will commence within 60 days after termination or conclusion of a project by a fiscal officer and the appropriate program coordinator. The report will include a terminal financial statement, procedures for the disposition of unused monies and property acquired with KDAC grant/contract funds and a final project evaluation. Disposition of property will be in accordance with Rule 65b.115.

5. Reports.

The subgrantee shall submit, at such times and in such form as may be prescribed, such reports as the KDAC may reasonably require, including monthly and quarterly financial reports and progress reports and final financial and narrative reports within ninety (90) days of completion of the plan.

6. Copyrights

Where activities supported by a subgrant produce original books, manuals, films or other copyrightable material, the subgrantee may copyright such, but KDAC reserves a royalty-free, non-exclusive and irrevocable license to reproduce, publish and use such materials, and to authorize others to do so.

7. Patents.

If any discovery or invention arises or is developed in the course of or as a result of work performed under a subgrant, the subgrantee shall refer

the discovery or intention to KDAC which will determine whether or not patent protection will be sought, how any rights therein, including patent rights, will be disposed of and administered, and the necessity of other action required to protect the public interest in work supported with subgrant funds, all in accordance with the Presidential Memorandum of October 10, 1963, on Government Patent Policy.

8. Discrimination Prohibited.

No person shall, on the grounds of a prior history of drug involvement, race, creed, color, sex, or national origin, be excluded from participation in, be refused the benefits of, or be otherwise subjected to discrimination under subgrants awarded pursuant to PL 92-255 or under any project, program or activity supported by a subgrant. The subgrantee must comply with the provisions and requirements of Title VI of the Civil Rights Act of 1964, Executive Order No. 11246 (equal employment opportunity) as supplemented and other regulations issued by competent authorities as a condition of award of subgrant funds and continued subgrant support.

9. Inspection and Audit.

KDAC and appropriate state and federal agencies or any of their duly authorized representatives, shall have access for purpose of audit and examination to any books, documents, papers and records of the subgrantee or his contractor.

10. Maintenance of Records.

All required records shall be maintained until an audit is completed and all questions arising therefrom are resolved, or three (3) years after completion of a project, whichever is sooner.

11. Utilization and Payment of Funds.

Funds awarded are to be expended only for purposes and activities covered by subgrantee's approved plan and budget.

12. Allowable Costs

The allowability of costs incurred under any subgrant shall be determined in accordance with the general principles of allowability and standards for selected cost items set forth in Federal Bureau of Budget Circular No. A-87, Principles for Determining Costs Applicable to Grants and Contracts with State and Local Governments, as further defined and delimited in items 13 and 14 below, and in the HEW Grants Administration Manual.

13. Expenses Not Allowable.

Subgrant funds may not be expended for (a) items not part of the approved budget or separately approved by KDAC; (b) purchase of land; (c) dues to organizations or federations; (d) entertainment; (e) purchase of automobiles or other automotive vehicles unless provided for in the subgrant agreement; or (f) indirect (overhead) costs, where the subgrantee does not have an audited indirect expenses allocation system and rate acceptable to KDAC. Expenditure for any major budget category will be permitted only with KDAC approval. Such increases will be deemed, in effect, to constitute an amendment of the subgrant application and award requiring subgrantor concurrence.

14. Written Approval of Changes

Subgrantees must obtain prior written approval from KDAC for major grant changes. These include (a) changes of substance in activities, designs, or research plans set forth in the approved application; (b) changes in the program director or key professional personnel identified in the approved application; and (c) changes in the approved budget as specified in the preceding conditions.

15. Income

All interest or other income earned by the subgrantee with respect to subgrant funds or as a result of conduct of the subgrant (sale of publications, registration fees, service charges or fees, etc.) must be accounted for. Interest on subgrant funds must be returned to KDAC by check

payable to Kansas Drug Abuse Commission, and other income should be applied for planning purposes or in reduction of planning costs; provided, however, that if the subgrantee is a unit of government, the subgrantee shall not be accountable for interest earned on subgrant funds pending their disbursement or actual application for planning purposes.

16. Title of Property

Title to property acquired in whole or in part with subgrant funds in accordance with approved budgets shall vest in the subgrantee, subject to divestment of the option of KDAC (to the extent of KDAC contribution toward the purchase thereof) exercisable only upon notice with 120 days after the end of the subgrant period or termination of the subgrant. Subgrantees shall exercise due care in the use, maintenance, protection and preservation of such property during the period of use.

17. Publications

The subgrantee may publish the results of subgrant activity provided that any publication (written, visual, or sound) contains an acknowledgement of KDAC and HEW support. At least 5 copies of any such publication must be furnished to KDAC. Publication of documents or reports with subgrant funds beyond quantities required to meet standard report requirements must be provided for in approved project plans or budgets or otherwise approved by KDAC, and for large quantity publication, manuscripts must be submitted in advance to KDAC.

18. Third Party Participation

No contract or agreement may be entered into by the subgrantee for execution of planning activities or provision of services to a subgrantee (other than purchases of supplies or standard commercial or maintenance services) which is not incorporated in the approved proposal or approved in advance by KDAC. Any such arrangements shall provide that the subgrantee will retain ultimate control and responsibility for the subgrant effort and that

the contractor shall be bound by these subgrant conditions and any other requirements applicable to the subgrantee in the conduct of the project.

19. Fiscal Regulations

The fiscal administration of subgrants shall be subject to such further rules, regulations and policies concerning accounting and records, payment of funds, cost allowability, submission of financial reports, etc., as may be prescribed by KDAC.

20. Procurement Standards

All procurement transactions which involve the expenditure of funds granted through this application shall be conducted in a manner so as to provide maximum open and free competition. Standards and procedures will be in essential compliance with Rule 54b.117 of Part 54b of Title 42, Code of Federal Regulations.

21. Maintenance of Effort

Funds provided through this application will be used to supplement State, local and other Federal funds but will not supplant such funds.

22. Community Service

All facilities, programs and services supported in whole or in part with funds made available through this application will be:

- A. Made available without discrimination on the grounds of sex, creed, duration of residence, or ability or inability to pay for services;
- B. So publicized as to be generally known to the population to be served;
- C. Available to and responsive to the needs, of all members of the population to be served; and
- D. So located as to be readily accessible to the population to be served.

23. Non-discriminate Personnel Administration.

Discrimination in any aspect of personnel administration because of political or religious opinions or affiliations, or discrimination because of

age, sex, or physical disability will be prohibited except where age, sex, or physical requirements constitute a bona fide occupational qualification.

24. Timing of Contributions.

The full subgrantee matching share must be contributed no later than the date at which the subgrant funds have been expended.

25. Merit System Requirement

Methods of personnel administration have been established and will be maintained by local units of government administering this grant in conformity with the Standards for a Merit System of Personnel Administration, 45 CRF-Part 70. Statutes, rules and policies effectuating such methods of personnel administration will be included as a part of this application.

26. The grantee accepts full responsibility for providing workmen's compensation coverage, payments for unemployment insurance, deductions for social security, income tax withholding, and any and all other taxes, payroll deductions, or benefits that may be required by law, if any, for the ultimate recipients of funds provided under this agreement; and further agrees to hold the Kansas Drug Abuse Commission and the State of Kansas harmless from the same.

ARTICLE 18 - LICENSING OF SOCIAL WORK PERSONNEL

30-18-1 DEFINITIONS.

(1) CONTINUING EDUCATION - means short courses, credit courses in colleges and universities, institutes, staff development activities of agencies oriented towards the enhancement of social work practice, values, skills and knowledge. This definition does not preclude cross-disciplinary offerings if they are clearly related to the enhancement of social work practice, values, skills and knowledge.

(2) DEGREE IN A RELATED FIELD - A degree in a field related to social work shall be any baccalaureate degree which includes the completion of fifteen (15) semester hours of social work courses of which three (3) semester hours are to be of supervised field experience in direct social services and didactic courses in methods of practice, human behavior and the social environment. These courses may be supplemented in a cross-discipline manner with the fields of sociology, psychology, family life and early childhood development or guidance and counselling or a combination of thirty (30) semester hours of the above fields of study.

(3) PRIVATE, INDEPENDENT PRACTICE OF SOCIAL WORK - means the provision of social work services by a social work practitioner working as a self-employed person.

(4) BOARD - means the advisory board of social work examiners established by this act.

(5) SECRETARY - means secretary of social and rehabilitation services.

(6) TITLE AND ABBREVIATIONS

Licensed Associate Social Worker - L.A.S.W.

Licensed Bachelor Social Worker - L.B.S.W.

Licensed Master Social Worker - L.M.S.W.

Licensed Specialist (name of specialty)
Social Worker - L.S.-S.W.

(a) License Fees are:

Social Work Associate \$30.00

Bachelor of Social Work \$40.00

Master of Social Work \$45.00

Social Work Specialty \$50.00

(b) Registration Fee for Private Practitioners - \$5.00
per annum - payable in advance of license period.

(c) Renewal Fees are:

Social Work Associate \$20.00

Bachelor of Social Work \$20.00

Master of Social Work \$20.00

Social Work Specialty \$20.00

(7) UNPROFESSIONAL CONDUCT - in the practice of social work shall include, but shall not be limited to, the following acts or omissions by a licensed social worker:

- (a) Violation of K.S.A. 1974 Supp. 75-5360, paragraph 15, of the act on confidentiality and privileged communication.
- (b) In any manner or by any means paying or giving a valuable consideration or gratuity of any kind to another person, persons, or agency, in return for recommending a client.

- (c) In any manner or by any means, splitting any fee or any charge with any person or persons participating in fee splitting.
- (d) Rendering professional services while intoxicated or under the influence of narcotics, hallucinogenic or other drugs having similar effect not prescribed by a physician.
- (e) Lewd or immoral conduct in connection with a client, consenting or otherwise.
- (f) To use the authority in the job function to coerce the client or the public.
- (g) Using information secured from a client for one's personal gain.
- (h) Refusing to provide professional services to a person because of such person(s)' race, creed, color, or national origin.
- (i) Advertising:
 - 1. Preparing or consenting to preparation by action or inaction public announcements that fail to conform to such professional standards as are indicated in the subparagraphs following:
 - A. Cards or announcements concerning social work practice shall be limited to a statement of the name, highest relevant degree, licensure, address, telephone number, office hours, and field of specialization;

- B. Individual listing in directories shall be limited to name, highest relevant degree, licensure, address, and telephone number, and shall not use bold-face type or boxes;
- C. Brochures or catalogs which bear the name of the licensed social worker announcing any services being offered shall describe such services accurately, but shall not claim or imply superior professional competence. Such brochures or catalogs may be sent to professional persons, to schools, and to business organizations. They may be sent to individual potential clients only in response to inquiries. However, this shall not be interpreted to mean that such brochures or catalogs may not be distributed by incorporated nonprofit organizations to individuals as part of their general public information services.
2. Soliciting or advertising for personal patronage by means of handbills, posters, circulars, slides, motion pictures, radio, television, newspapers, magazines, or other articles or any other printed publications or mediums.
 3. Use of signs which are glaring, flickering, or larger than eight inches (8") by eighteen inches (18").

(8) FOR PURPOSES OF THIS ACT, an Associate of Arts Degree services will be defined as including fifteen (15) semester hours of social work courses of which three (3) semester hours are to be of supervised field experience in direct social services and didactic courses in methods of practice, human behavior and social environment.

30-18-3 POWERS OF THE SECRETARY

(1) THE NAMES OF THREE REFERENCES, two of which must be from social workers at applicant's level or above of social work licensure, and who will attest in writing that the applicant meets the requirements for professional conduct and competence as required under the licensing act. For purposes of licensure as a specialty, one reference must be from and individual licensed in that specialty after July 1, 1975. Professional conduct is defined in this act as meeting the standards as set forth in the Code of Ethics of the social work profession and as set forth in the application form.

(2) BEFORE A SPECIALTY CAN BE DEFINED, there must be an adequate showing to the secretary of an interest by the members of such group; to warrant that a specialty wishes to have their individual members licensed as a specialty, they shall:

(a) Submit their written request to the Secretary, which includes the precise definition of the specialty of current members to be included, and criteria for documenting the basis for request to be licensed as follows:

1. The process must begin with an identifiable group must speak legitimately for the group and their function. Possible examples which the group seeking specialization could consider to document their legitimatizing are as follows:
 - A. Legal incorporation;
 - B. Belong to a recognized branch of NASW;
 - C. Affiliated with a national group;
 - D. If necessary, poll social workers performing the function in question.

2. The group must demonstrate that the specialty licensure is necessary for on-going effective function. Possible examples which the group seeking specialization could consider to document their legitimatizing this special need are as follows:
 - A. If the specialty were defined, it would make employment easier;
 - B. The public would accept function in that capacity more readily if they were licensed as a specialist;
 - C. Ability to perform effectively in function in their requested specialty is seriously curtailed without specialty licensure (problems in obtaining public acceptance, third party payment for services, or recognition by other professions.)

- (b) Before the final action is taken, the Secretary may direct that representatives of the professional group appear before the board of examiners to present in person their request and supporting facts.
- (c) Upon approval of a specialty, guidelines establishing that specialty will be attached to the official copy of the rules and regulations.

(3) INITIAL STEPS IN IMPLEMENTATION, following the adoption of the rules and regulations:

- (a) Request for application forms shall be forwarded to the Director of Licensing. Type of licensing requested should be specified.
- (b) Application forms, supporting documents and instructions will be mailed by the office of the Director of Licensing to the applicant, with a record kept of the name, address and covering letter.
- (c) Application will be filled out by the applicant and returned to the Director of Licensing together with the following:
 1. The applicant is responsible to have transcripts of academic work sent to the Director of Licensing as proof of academic credentials. If this is impossible to obtain, a facsimile of the diploma or certificate will constitute acceptable proof.

If the applicant meets minimum academic requirements minimum academic requirements for the license desired, a temporary non-renewable permit will be granted to provide the applicant time to complete the application process and the Board time to review the application.

2. Application must be accompanied by the full amount of the fee. Fee is not refundable (Authorized by K.S.A. 1974 Supp. 75-5350, effective May 1, 1976.)

30-18-4. TYPES OF LICENSING - A master social worker, for purposes of licensing shall mean having a master's degree in social work from a graduate program accredited by the Council on Social Work Education. (Authorized by K.S.A. 1974 Supp. 75-5350, effective May 1, 1976.)

ARTICLE 10

NURSING HOME PROGRAM
OF THE
KANSAS MEDICAL ASSISTANCE PROGRAM (TITLE XIX)

30-10-1. PROCEDURES FOR APPLICATION, PROVIDER AGREEMENTS, TERMINATIONS, REIN-STATEMENTS, TRANSFER OF PROVIDER OWNERSHIP, AND CHANGE OF OWNERSHIP FOR SKILLED NURSING FACILITIES, INTERMEDIATE CARE FACILITIES, AND INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED TO PARTICIPATE IN THE KANSAS MEDICAL ASSISTANCE PROGRAM; TO PROVIDE FOR THE NURSING HOME CARE OF INDIGENT PERSONS IN KANSAS IN COMPLIANCE WITH TITLE XIX OF THE FEDERAL SOCIAL SECURITY ACT, FEDERAL REGULATIONS IMPLEMENTING THAT ACT, KANSAS STATUTES, KANSAS ADMINISTRATIVE REGULATIONS, KANSAS STATE PLAN FOR THE RECEIPT OF FEDERAL TITLE XIX; AS A NURSING HOME FACILITY.

- A. Provider of Service.--A Skilled Nursing Facility, Intermediate Care Facility, or Intermediate Care Facility for the Mentally Retarded which furnished (in single or multiple facilities) food and shelter to four or more persons unrelated to the proprietor, and in addition, provides some treatment or services which meet some need beyond the basic provision of food and shelter, and meets the applicable and below described conditions of participation or standards and is found to be in compliance with the provisions of Title VI of the Civil Rights Act of 1964 (78 stat. 252: P.L. 88-352) will be qualified to participate in the Kansas Medical Assistance Program (Title XIX).
1. A prospective provider or supplier of services which meets or potentially meets the applicable conditions of participation or standards must apply in writing to the Medical Services Section of the Agency to participate in the program.
 2. The Medical Services Section of the Agency will send an application form and provider agreement to the applying provider of services.

3. Upon receipt of the completed application form and provider agreement, the Medical Services Section will request a survey and certification from the Kansas State Department of Health and Environment, or in the case of an out-of-state facility from the State Title XIX agency in that state.
 4. Acceptance of a provider of service as a participant in the Kansas Medical Assistance Program (Title XIX) will be in accordance with Paragraph B below.
- B. Acceptance of Provider as a Participant.--
1. Where the Secretary, after reviewing the certification by the State Department of Health and Environment, or in the case of out-of-state facility the certification from that state and other evidence relating to the qualifications of the facility, determines that the requirements for participation are met by the facility, such facility will be furnished:
 - a. Written notice of the determination; and
 - b. A copy of the provider agreement.
 2. If the provider wishes to participate in the Program, the provider agreement shall be signed by an authorized official of the facility and filed with the Secretary and, upon acceptance for filing by the Secretary, a copy of such agreement shall be returned to the provider with the Secretary's written notice of acceptance. Such notice shall indicate the effective date of the agreement and the term of such agreement determined in accordance with provisions of Title 45 CFR, Chapter II, Section 249.33 effective February 19, 1974, and as amended, including all amendments through 39 FR 41611 as of November 29, 1974, which is herein adopted by reference. Any mention of Secretary in the federal regulations herein adopted by

reference shall refer to the federal Secretary of Health, Education and Welfare.

The participation of a Skilled Nursing Facility, Intermediate Care Facility, or Intermediate Care Facility for the Mentally Retarded which voluntarily files an agreement to participate in the Kansas Medical Assistance Program (Title XIX) contemplates that such Skilled Nursing Facility, Intermediate Care Facility, or Intermediate Care Facility for the Mentally Retarded will accept Program beneficiaries for care and treatment. If a participating Skilled Nursing Facility, Intermediate Care Facility, or Intermediate Care Facility for the Mentally Retarded has any restrictions on the types of services it will make available and/or the type of health conditions that it will accept, or has any other criteria relating to the acceptance of persons for care and treatment, it is expected that such restrictions or criteria, if made available to Program beneficiaries, will be applied in the same manner in which they apply to all other persons seeking care and treatment by such Skilled Nursing Facility, Intermediate Care Facility, or Intermediate Care Facility for the Mentally Retarded. A provider's admission policies and practices that are inconsistent with the provider agreement objectives set forth in this paragraph may be the basis for termination of participation by the Secretary pursuant to K.A.R. 30-10-10.

4. Supplementation of Payments.--Participation in the Program will be limited to providers of services who do accept as payment in full the amounts paid in accordance with the fee structure.
 - a. Patients, relatives, or conservators will not be charged for services and supplies except for the amount the State Department

of Social and Rehabilitation Services has determined to be the patient's obligation.

b. The patient's personal needs fund will not be charged for services and supplies except as authorized by K.A.R. 30-10-11.

C. Termination by Provider of Services.--A provider may terminate a provider agreement prior to the end of the specified term of such agreement by filing with the Secretary a written notice of its intention to terminate such agreement. The notice of intent to terminate shall state the date (the date must be the first day of the month). If the notice of termination does not specify the date for the termination of the agreement, the date shall be set by the Secretary.

D. Termination by the Secretary.--

1. The Secretary may terminate an agreement prior to the end of the specified term of such agreement if the Secretary determines that the facility:

a. Is not complying substantially with the provisions of the Kansas Medical Assistance Program (Title XIX) and conditions of participation or standards prescribed by the Secretary or the provisions of the agreement entered into pursuant to Paragraph A, 3.

b. No longer meets the appropriate conditions of participation or standards necessary to qualify as a Skilled Nursing Facility, Intermediate Care Facility, or Intermediate Care Facility for the Mentally Retarded, as the case may be; or

c. Fails to furnish information as the Secretary finds to be necessary for a determination as to whether payments are due or were due under K.A.R. 30-10-12 and the amounts thereof; or

- d. Refuses to permit examination of its fiscal, medical, or other records by, or on behalf of, the Secretary as may be necessary for verification of information furnished as a basis for payment under the Kansas Medical Assistance Program (Title XIX).
 - e. Refuses to permit examination of medical records of residents by, or on behalf of, the Secretary as may be necessary for verification of medical needs of each resident receiving benefits under the Kansas Medical Assistance Program (Title XIX).
2. The Secretary may continue payments to a facility whose provider agreement has expired or been terminated on behalf of eligible individuals for such services furnished by such facility during a period not to exceed 30 days starting with the date of expiration or other termination of its provider agreement, but such payments shall only be continued if each individuals were admitted to the facility before the date of expiration or other termination of its provider agreement, and if the facility has made reasonable efforts to facilitate the orderly transfer of such individuals to another facility.
- E. Reinstatement of Provider as Participant after Termination.--Where a provider agreement between a provider of services and the Secretary has been terminated under the conditions described in K.A.R. 30-10-1 B, C. or D, such provider may file another agreement with the Secretary. The provider must meet the applicable conditions of participation or standards prescribed by the Secretary.
- F. Transfer of Provider Ownership.--
1. A transfer of ownership of a provider of services participating in the Kansas Medical Assistance Program (Title XIX) under a provider

agreement with the Secretary ~~will~~ may render such agreement invalid. In order for the owner to continue participate participation in the Kansas Medical Assistance Program (Title XIX), it must be established that it meets the conditions for participation or standards appropriate to the Skilled Nursing Facility, Intermediate Care Facility, or Intermediate Care Facility for the Mentally Retarded as described in K.A.R. 30-10-1 A. The Secretary may assign an existing agreement to the new owner. The assigned agreement will be subject to the same expiration and conditions (i.e., plans of correcting, licensing, maintenance of standards) as existed with the previous owner. For the agreement to be assigned the new owner must file an application with the Secretary.

2. In order to minimize any delay of payments to a facility participating in the Kansas Medical Assistance Program (Title XIX), the transferor of the facility should notify the Secretary of the proposed or effected changed ownership as soon as possible.

G. Change of Ownership.--

1. Partnership. In a partnership which is a party to an agreement with the Secretary, the removal, addition, or the substitution of an individual for a partner in the association, in the absence of an express statement to the contrary, dissolves the old partnership and creates a new partnership which is not a party to the previously executed provider agreement. Thus, for the purpose of this regulation, a change of ownership has occurred and the agreement with the prior partnership is dissolved, the new entity must meet the applicable conditions of participation or standards as set forth in the rules and regulations prescribed by the Secretary; and an agreement must be executed and filed with the Secretary.

2. Sole Proprietorship. Where a participating provider of services consists of a sole proprietorship not incorporated under applicable state law, a transfer of title and property to another party constitutes a change of ownership for the purpose of these regulations. The successor must establish that the applicable conditions of participation or standards are met and an agreement must be filed with the Secretary by the successor owner.
3. Corporation. If the provider is a corporate body, a transfer of corporate stock would not, in itself, constitute a change of ownership for the purposes of these regulations. Similarly, a merger of one or more corporations with the participating provider corporation surviving would not generally require a new certification or the execution of a new provider agreement with the surviving entry. A consolidation of two or more corporations resulting in the creation of a new corporate entry would constitute a change of ownership, however, requiring a certification by the State Department of Health and the filing of a provider agreement with the Secretary by the new corporation.
4. Leasing.--
 - a. The change of or a creation of a new lessee acting as a provider constitutes a change of ownership for the purpose of these regulations. The new lessee must meet the applicable conditions of participation or standards as set forth and prescribed by the Secretary and an agreement must be executed and filed with the Secretary.
 - b. If the lessee of the facility requests approval as a provider of services for the purpose of participating in the Kansas

Medical Assistance Program (Title XIX), it must be established that the leased portion of the facility meets the conditions for participation or standards prescribed by the Secretary, and an agreement must be filed with the Secretary, by the lessee.

- c. If the lessee of the facility purchases the facility, for the purpose of these regulations, the purchase does not constitute a change in ownership.

30-10-2. STANDARDS FOR PARTICIPATION, SKILLED NURSING FACILITY.

- A. For the purpose of these regulations a Skilled Nursing Facility shall mean a facility or a distinct part of a facility which is certified for participation pursuant to Title 45 CFR, Chapter II, Section 249.33 effective February 19, 1974, and as amended, including all amendments through 39 FR 41611 as of November 29, 1974, which is herein adopted by reference. Any mention of Secretary in the federal regulations herein adopted by reference shall refer to the federal Secretary of Health, Education and Welfare.
- B. For a facility or distinct part of a facility to be certified as a participant in the Kansas Medical Assistance Program (Title XIX) as a Skilled Nursing Facility, it shall meet the conditions as expressed in Title 20 CFR, Chapter Part 405, Subpart K (Conditions of Participation; Skilled Nursing Facility) effective February 19, 1974, as amended including all amendments through 39 FR 41607-41608 as of November 29, 1974, which is herein adopted by reference. Any mention of Secretary in the federal regulations herein adopted by reference shall refer to the federal Secretary of Health, Education, and Welfare.
- C. For the purpose of these regulations a distinct part of an institution must be physically separated from the rest of the institution, i.e., it must represent an entire, physically identifiable unit consisting of all the beds within that unit such as a separate building, floor, wing, or ward. Although it is required that the distinct part be identifiable as a separate unit within the institution, it need not necessarily be confined to a single location within the institution's physical plant. Various beds scattered throughout the institution would not comprise a distinct part for purposes of being certified as a Skilled Nursing Facility.

30-10-3. STANDARDS FOR PARTICIPATION, INTERMEDIATE CARE FACILITY.

- A. For the purpose of these regulations an Intermediate Care Facility shall mean a facility which is certified for participation pursuant to Title 45 CFR, Chapter II, Section 249.33 ~~effective February 19, 1974,~~ and as amended, including all amendments through 39 FR 41611 as of November 29, 1974, which is herein adopted by reference. Any mention of Secretary in the federal regulations herein adopted by reference shall refer to the federal Secretary of Health, Education and Welfare.
- B. For a facility to be certified as a participant in the Kansas Medical Assistance Program (Title XIX) as an Intermediate Care Facility, it shall meet the conditions of Title 45 CFR, Chapter II, Section 249.12 (Standards for Intermediate Care Facilities) effective March 18, 1974, which is herein adopted by reference. Any mention of Secretary in the federal regulations herein adopted by reference shall refer to the federal Secretary of Health, Education and Welfare.
- C. In the case of a certified participating provider of hospital services or Skilled Nursing Facility services under Title XVIII or Title XIX of the federal Social Security Act, which has been determined by the Kansas State Department of Health, in accordance with Title 45 CFR, Chapter II, Section 249.33 ~~effective February 19, 1974,~~ and as amended, including all amendments through 39 FR 41611 as of November 29, 1974, which is herein above adopted by reference, to meet the standards of Title 45 CFR, Chapter II, Section 249.12 (a) (i) (iii), (3) (i), (4) (i) (c), (6) (iv) and (9); and (b) (2), (3), (4), (5), and (6) effective March 18, 1974, which are herein adopted by reference. Any mention of Secretary in the federal regulations herein adopted by reference shall refer to the federal

30-10-3-C

Secretary of Health, Education and Welfare.

(Authorized by K.S.A. 39-708c; effective, E-74-43, Aug. 16, 1974; effective
May 1, 1975; effective

30-10-4. STANDARDS FOR PARTICIPATION, INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED OR PERSONS WITH RELATED CONDITIONS.

- A. For the purpose of these regulations an Intermediate Care Facility for the Mentally Retarded shall mean a facility including services in a public institution (or a distinct part thereof) for the mentally retarded or persons with related conditions, which is certified for participation in the Kansas Medical Assistance Program (Title XIX) pursuant to Title 45 CFR, Chapter II, Section 249.33 ~~effective February 19, 1974~~; and as amended, including all amendments through 39 FR 41611 as of November 29, 1974, which is herein adopted by reference. Any mention of Secretary in the federal regulations herein adopted by reference shall refer to the federal Secretary of Health, Education and Welfare.
- B. For a facility (or distinct part thereof) to be certified as a participant in the Kansas Medical Assistance Program (Title XIX) as an Intermediate Care Facility for the Mentally Retarded, it shall meet the conditions of Title 45 CFR, Chapter II, Section 249.13 (Standards for Intermediate Care Facility services in institutions for the mentally retarded or persons with related conditions) effective March 18, 1974, which is herein adopted by reference. Any mention of Secretary in the federal regulations herein adopted by reference shall refer to the federal Secretary of Health, Education and Welfare.

- C. In the case of an institution for the mentally retarded or persons with related conditions (or distinct part thereof) participating as a certified provider of hospital services or Skilled Nursing Facility services under Title XVIII or Title XIX of the federal Social Security Act, which has been determined by the Kansas State Department of Health, in accordance with Title 45 CFR, Chapter II, Section 249.33 ~~effective February 19, 1974,~~ and as amended, including all amendments through 39 FR 41611 as of November 29, 1974, which is herein adopted by reference, to meet the standards of Title 45 CFR, Chapter II, Section 249.12(a) (1) (ii) (a) (2), and (iii), (3) (i), (4) (i) (c) and (f), and (9), and (c) (1), (3), (4), (5), and (6) for the provision of Intermediate Care Facilities for the Mentally Retarded or persons with related conditions effective March 18, 1974, which are herein adopted by reference. Any mention of Secretary in the federal regulations herein adopted by reference shall refer to the federal Secretary of Health, Education and Welfare.
- D. Persons with related conditions are those individuals who have epilepsy or cerebral palsy.
- E. Institution for the Mentally Retarded or persons with related conditions means an institution (or distinct part thereof) primarily for the diagnosis, treatment, or rehabilitation of the mentally retarded or persons with related conditions, which provides in a protected residential setting, individualized on-going evaluation, planning, 24-hour supervision, coordination, active

treatment, and integration of health or rehabilitative services to help each individual reach his maximum of functioning capabilities. A facility will be considered an institution for the mentally retarded or persons with related conditions if the intent and the primary function of the facility is to provide services for the mentally retarded or persons with related conditions, or if 50 per cent or more of its residents are found to be mentally retarded or persons with related conditions.

F. For the purpose of these regulations a distinct part must include the following:

1. The distinct part meets all requirements for an Intermediate Care Facility for the Mentally Retarded;
2. The distinct part is an identifiable unit such as an entire ward or contiguous wards, wing, floor or building. It consists of all beds and related facilities in the unit and houses all residents. It is clearly identified and is approved in writing by the Kansas State Department of Health; and
3. The distinct part may share such central services and facilities as management services, building maintenance and laundry, with other units;
4. Under the provision of these regulations a resident may not be transferred within or between facilities when in the opinion of the attending physician such transfers might be harmful to the physical or mental health of the resident.

G. For the purpose of these regulations active treatment means and includes:

1. Regular participation in accordance with an individual plan of care in professionally developed and supervised activities, experiences, or therapies.
2. An individual "plan of care" which is a written plan setting forth measurable goals or behaviorally stated objectives and prescribing an integrated program of individually designed activities, experiences, or therapy necessary to achieve such goals or objectives. The overall objective of the plan is to attain or maintain the optimal, physical, intellectual, social, or vocational functioning of which the individual is presently or potentially capable;
3. An interdisciplinary professional evaluation consisting of complete medical, social, and psychological diagnosis and evaluation, and an evaluation of the individual's need for institutional care, prior to but not to exceed three(3) months before admission to the institution or in the capacity of individuals who make application while in such institution before requesting payment under the plan; the evaluation is conducted by a physician, a social worker, or other professionals. At least one member of the team meets the requirements of 249.12(c)(3);

4. Re-evaluation medically, socially, and psychologically at least annually by the staff involved in carrying out the resident's individual plan of care including review of the individual's progress toward meeting the plan of objectives, the appropriateness of the individual plan of care, assessment of continuing need for institutional care, and consideration of alternative methods of care; and
5. An individual postinstitutionalization plan (as part of the individual plan of care) developed prior to a discharge by a Qualified Mental Retardation Professional (See 249.12 (c)(3)) and other appropriate professionals, including provisions for appropriate services, protective supervision and other follow-up services in the resident's new environment.

30-10-5. PUBLIC DISCLOSURE OF INFORMATION CONCERNING SURVEY REPORTS.

As required by Section 1902 (a) (37) of the Social Security Act, the Secretary will within 90 days following the completion of each survey of a Skilled Nursing Facility, Intermediate Care Facility, or Intermediate Care Facility for the Mentally Retarded by the State Department of Health, and Title 45 CFR 250.70 provide that the Secretary will make public in readily available form and place the pertinent findings of each such survey relating to the compliance of such contained in documents which result from surveys of any Skilled Nursing Facility, Intermediate Care Facility, or Intermediate Care Facility for the Mentally Retarded with providing health care services, performed by the State Department of Health and Environment of such providers to begin or continue participation in the Kansas Medical Assistance Program (Title XIX). The following is required:

- A. The statutory conditions of participation imposed under Title XIX of the Social Security Act, and
 - B. The major additional conditions which the Secretary of Health, Education and Welfare finds necessary in the interest of health and safety of individuals who are furnished care or services by such facility under Title XIX of the Social Security Act.
- A. Documents subject to disclosure include survey reports prepared after January 31, 1973, by the Department of Health and Environment, official notifications of finding prepared by the Department of Health and Environment based on such reports, any pertinent parts written statements relating to such reports and findings furnished to the provider to the Department of Health and Environment, and information regarding ownership (of a Skilled Nursing facility (as prescribed in Section 1861(j)(ii) of the Social Security Act and Title 20 CFR 405.1121(a))

and of an Intermediate Care Facility (as prescribed in Title 45 CFR 249.33(a)(3)).

- B. Statements listing all deficiencies in compliance with pertinent health and safety regulations, as found during survey, shall be made readily available for inspection and copying in the District Office of the Department of Social and Rehabilitation Services serving the area in which the provider is located.
- C. Reports, findings, and statements shall be made available immediately upon determination of eligibility but in no case later than 90 calendar days following the completion of the survey.
- D. The Secretary will not make public any report, prepared after January 31, 1973, until the provider of services whose performance is being evaluated by the state agency has had a reasonable opportunity (not exceeding 30 days) to review such report and offer comments, pertinent parts of which shall be incorporated in the public report. Reports made public under the provisions of this section shall contain no identification of individual patients, individual health care practitioners or other individuals.

30-10-6. ADMISSION INFORMATION. All eligible individuals under the Kansas Medical Assistance Program (Title XIX) who are admitted to a Skilled Nursing Facility, Intermediate Care Facility or Intermediate Care Facility for the Mentally Retarded, or who make application while in such a facility must have a review (covering physical, emotional, social and cognitive factors) of need for care in and of the services provided by such Skilled Nursing Facility, Intermediate Care Facility, or Intermediate Care Facility for the Mentally Retarded, and for a written individual plan of care. Under this requirement the following methods are to be followed in each case prior to admission or, in the case of individuals who make application while in a Skilled Nursing Facility, Intermediate Care Facility, or Intermediate Care Facility for the Mentally Retarded, prior to authorization of payments:

- A. Each individual shall receive a comprehensive medical, social and in the case of an institution for the mentally retarded or persons with related conditions, a psychological evaluation. Psychological evaluation for residents in Skilled Nursing-Facilities and Intermediate Care Facilities other than institutions for the mentally retarded or persons with related conditions are to be performed where appropriate. Such psychological evaluations are to be performed prior to but not to exceed three months before admission, or in the case of individuals who make application while in such Skilled Nursing Facility, Intermediate Care Facility, or Intermediate Care Facility for the Mentally Retarded, before requesting payment under the program.

B. The comprehensive evaluation should include but not be limited to the following:

1. Diagnosis or diagnoses.
2. -Summaries of present or current medical, social and where appropriate developmental-findings.
3. -Medical and social family history.
4. Mental and physical functional capacity. (Rehabilitation potential).
5. Prognoses.
6. Range of services needs.
7. Summary of prior treatment.
8. Amounts of care required.

C. The individual plan of care should include but not be limited to the following:

1. Written objectives.
2. Orders for medications.
3. Treatments.
4. Restorative and rehabilitative services.
5. Therapies.
6. Diets.
7. Activities.
8. Special procedures designed to meet the objectives.
9. Plans for continuing care (including provisions for review and necessary modifications of the plan).
10. -Discharge.

- A. For Skilled Nursing Facility services, each patient shall receive a complete medical evaluation which includes item listed in paragraph C. below, and an explicit recommendation by the physician with respect to admission to, or, in the case of persons who make application while in patients in a Skilled Nursing Facility continued care in such Skilled Nursing Facility.
- B. For Intermediate Care Facility services and Intermediate Care Facility for the Mentally Retarded services, each individual shall receive a comprehensive medical, social, and in the case of an institution for the mentally retarded or persons with related conditions, a psychological evaluation. Psychological evaluation for residents in Intermediate Care Facilities other than institutions for the mentally retarded or persons with related conditions are to be performed where appropriate. Such psychological evaluations are to be performed prior to but not to exceed three (3) months before admission, or in the case of individuals who make application while in such Intermediate Care Facility or Intermediate Care Facility for the Mentally Retarded, before requesting payment under the program.
- C. The comprehensive evaluation shall include but not be limited to the following:
1. Diagnosis or diagnoses.
 2. Summaries of present or current medical, social and where appropriate developmental findings.

3. Medical and social family history.
 4. Mental and physical functional capacity. (Rehabilitation potential).
 5. Prognoses.
 6. Range of services needs.
 7. Summary of prior treatment.
 8. Amounts of care required.
- D. The written individual plan of care should include but not be limited to the following:
1. Diagnosis.
 2. Symptoms, complaints, complications indicating the need for admissions.
 3. A description of the functional level of residents.
 4. Written objectives.
 5. Orders for medications.
 6. Treatments.
 7. Restorative and rehabilitative services.
 8. Therapies.
 9. Diets.
 10. Activites.
 11. Special procedures designed to meet the objectives.
 12. Plans for continuing care (including provisions for review and necessary modifications of the plan).
 13. Discharge.

- E. Written reports of the evaluation and the written individual plan of care are to be delivered to the facility and entered in the individual's record at the time of admission or, in the case of the individual already in the facility, immediately upon completion. (For Skilled Nursing Facilities, see CFR 405.1123 (a) and (b) and CFR 405.1132 (c).)
- F. For the purposes of these regulations Form Med-1 will be used to provide the above information. Another referral form may be used if written permission has been given prior to the use of the form. Approval of another form may only be given by the Secretary or by the Director of the Medical Services Section on behalf of the Secretary. Before approval can be given, the request must be made in writing to the Secretary. A copy of the form must be attached to the request.
- G. A Hospital Discharge Summary or other pertinent information attached to Form Med-1 is acceptable, provided the information required in Paragraphs B and C above are included.
- H. Form Med-1 must be signed and dated by a physician.

(Authorized by K.S.A. 39-708c; effective May 1, 1975; effective

30-10-7. CERTIFICATION AND RECERTIFICATION BY PHYSICIANS.

- A. Certification. --At the time of admission in all Skilled Nursing Facilities, Intermediate Care Facilities, or Intermediate Care Facilities for the Mentally Retarded, or at the time the individual applies for medical assistance under the Kansas Medical Assistance Program (Title XIX), prior to authorization of payment a physician must certify that such services are (or were) required to be given on an inpatient basis because the individual needs or needed such services and such services are (or were) furnished under a plan established by the physician. For the purposes of these regulations Form Med-1, or an approved referral form, can be used for the certification of need at time of admission or at the time the individual applies for medical assistance. Form Med-1, or an approved referral form, will become part of the individual's medical records. The date of certification will be the date the physician signs Form Med-1.
- B. Recertification. --The Skilled Nursing Facility, Intermediate Care Facility, or Intermediate Care Facility for the Mentally Retarded is responsible for obtaining a physician recertification that each individual under the Kansas Medical Assistance Program (Title XIX) needs such services on an inpatient basis and the physician has reviewed and evaluated the established plan of care at least every sixty (60) days after admission prior to authorization of payment. The recertification should be included in the individual's medical record. Recertification statements may be entered on or included in forms, notes, or other records a physician normally signs in caring for a patient or resident. The recertification statement must meet the following standards as to its content: It must contain an adequate

written record of the reasons for continued need for services, the estimated period of time the patient or resident will need to remain in the facility, and any plans, where appropriate, for home or other care. -The recertification statement made by the physician has to meet the content standards, unless for example, all of the required information is in fact included in progress notes, in which case the physician's statement could indicate that the individual's medical record contains the required information and that continued services are medically necessary is not, in and of itself, sufficient.

The following statement is required in either the progress notes or on the physician's order, "I certify that this patient continues to need these in-patient services."

- C. Failure to obtain the required certification or recertification can be cause to reduce, suspend, or terminate payment to a Skilled Nursing Facility, Intermediate Care Facility, or Intermediate Care Facility for the Mentally Retarded by the Secretary pursuant to K.A.R. 30-10-10.
- D. If the facility's failure to obtain a certification or recertification is not due to a question as to the necessity for services, but rather to the physician's refusal to certify based on other grounds (e.g., he objects in principle to the concept of certification and recertification), the facility may not charge the beneficiary of the Kansas Medical Assistance Program (Title XIX) or the family or agent for any covered items or services furnished him.
- E. If a physician refuses to certify because, in his opinion, the patient or resident does not require Skilled Nursing Care or Intermediate Care Facility services on a continuing basis for a condition for which he was admitted to the facility, the services are not covered and the

facility can bill the patient directly. The reason for the physician's refusal to make the certification must be documented in the facility's records.

30-10-8. MEDICAL REVIEW AND INSPECTION IN SKILLED NURSING FACILITIES AND INDEPENDENT PROFESSIONAL REVIEW IN INTERMEDIATE CARE FACILITIES AND INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED.

- A. The agency shall conduct a Medical Review or Independent Professional Review in each Skilled Nursing Facility, Intermediate Care Facility, or Intermediate Care Facility for the Mentally Retarded certified to participate in the Kansas Medical Assistance Program (Title XIX).
- B. Medical review in each Skilled Nursing Facility shall be in accordance with Title 45 CFR 250.23, effective May 5, 1970, and including the amendments to the above regulations as expressed in 39 Federal Regulations, page 41648 effective February 1, 1975.
- C. Independent Professional review in each Intermediate Care Facility or Intermediate Care Facility for the Mentally Retarded shall be in accordance with Title 45 CFR 250.24, effective March 18, 1974, and including the amendments to the above regulations as expressed in 39 Federal Regulations, page 41648 effective February 1, 1975.
- D. B. Each facility participating in the Kansas Medical Assistance Program (Title XIX) as a Skilled Nursing Facility, Intermediate Care Facility, or Intermediate Care Facility for the Mentally Retarded shall cooperate with authorized representatives of the State Department of Social and Rehabilitation Services in the discharge of their duties regarding all aspects of Medical Review and Independent Professional Review.
- ~~6.~~ The review team members shall be authorized representatives of and/or be employed by the Medical Services Section of the State Department of Social and Rehabilitation Services.
- ~~D.~~ The review of each Skilled Nursing Facility, Intermediate Care Facility, or Intermediate Care Facility for the Mentally Retarded will be conducted

at intervals to be determined by the team and the agency for each nursing home facility on the basis of consideration of the-quality of care being rendered in the facility and the conditions of the patients or residents in the facility, but not less often than annually.

Er The-primary objectives of Medical Reviews are to determine whether:

1r There is a-need for care and services for each patient or resident:

a. Upon admission to a facility or upon determination of eligibility for Title XIX benefits, and

b. Does the need still exist?

2r The need for care and services are documented in the patient's record;

3r The-patient is receiving the care and services needed and documented.

4r The review shall include but not be-limited to determining whether:

a. The medical, social, and where appropriate, psychological evaluation and individual plan of care for each patient or resident are complete-and current; the-individual plan of care (and where-applicable the plan of rehabilitation) is being followed; and all services ordered (including dietary orders) are being rendered-and properly recorded.

b. Prescribed medications have been reviewed-by the attending physician-at least every 30 days for Skilled Care patients and at least quarterly for Intermediate-Care residents; and tests or observations of-patients and residents indicated-by their medication regimen have been made at appropriate times and properly-recorded;

- e. Physician, nurse and other professional-progress notes are made-as required and appear to be consistent with the observed condition of the patient or resident;
- d. Adequate services are being rendered to each patient or resident evidenced by cleanliness, absence of decubiti, absence of signs malnutrition or dehydration and apparent activity and alertness;
- e. Adequate rehabilitative-services are-being rendered each patient or resident as evidenced-by a-planned program of activities to prevent regression, the progress toward meeting the plan of objectives and the apparent maintenance of optimal physical, mental, and psychosocial functions;
- f. The-patient or resident currently requires any service-not available in or being furnished by the facility or through arrangements with-other facilities;
- g. Each-patient or resident actually needs continued placement in the facility or there is a plan to transfer the patient to an alternate needed-of care;
- h. Full and complete reports will be made by the Periodic-Medical Review and Independent Interdisciplinary Review team members to the Medical Services office covering the observations, conclusions, -and-recommendations-of the team with respect to the adequacy and quality of services in the facility as well as specific-findings regarding each patient;
- 6. The Medical Services-Section will send a report-of the team's findings to the facility, the facility's Utilization Review committee, state licensing agency, and state agency responsible for certification or approval of nursing home facilities involved for the-purpose-of Title-XVIII and XIX.

1. The reports and recommendations are followed by appropriate action on the part of the state agency including but not limited to:

- a. Changing the patient's level of care, if indicated,
- b. Making financial changes with regard to changed level of care, and
- c. Making referrals to other appropriate agencies.

E. H. The Skilled Nursing Facility, Intermediate Care Facility, or Intermediate Care Facility for the Mentally Retarded will be required to submit a plan of correction within thirty (30) days of receipt of the report from the agency. The report shall contain the necessary steps to correct all deficiencies.

I. No facility will be notified more than 48 hours in advance of the visit and inspection by the Periodic Medical Review or Independent Professional Review team.

J. Periodic Medical Review or Independent Professional Review may be considered to satisfy the requirements for Utilization Review of long stay cases for the next regularly scheduled meeting of the Utilization Review Committee.

30-10-9. UTILIZATION REVIEW OF SKILLED NURSING FACILITIES, INTERMEDIATE CARE FACILITIES, AND INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED.

- A. Each nursing home facility participating in the Kansas Medical Assistance Program (Title XIX) as a Skilled Nursing Facility, Intermediate Care Facility, or Intermediate Care Facility for the Mentally Retarded shall adopt and implement a written plan for Utilization Review. Failure to do so will be cause for denial, reduction or suspension of payment, denial of participation or termination of participation in the Kansas Medical Assistance Program (Title XIX) subject to K.A.R. 30-2-3.
- B. The written Utilization Review plan shall be filed and approved by the Secretary prior to the first review. For new participation in the Kansas Medical Assistance Program (Title XIX), the written Utilization Review plan must be filed with the Secretary prior to payment.
- C. For Skilled Nursing Facilities, the written Utilization Review plan shall be in accordance with Title 20, CFR 405.1137, effective February 19, 1974, and include provision that such reviews are not conducted by medical or other-professional personnel who are directly responsible for the care of the patients whose-care is being reviewed or who are employed by or are financially interested-in any such Skilled Nursing Facility as amended including all amendments through 39 FR 41607-41608 as of November 29, 1974, and effective July 1, 1975.
- D. For Intermediate Care Facilities and-Intermediate Care Facilities for the-Mentally Retarded; the-written Utilization-Review-plan shall include the following:
1. Provisions that such reviews are not conducted by medical or other

professional personnel who are directly responsible for the care of the residents whose care is being reviewed-or who are employed by or are financially interest in-such Intermediate Care Facility or Intermediate Care Facility for the Mentally Retarded.

2. Organization---The committee or group responsible for Utilization-Review shall-be composed of two or more physicians and additionally other personnel. -All-medical determinations are made by the physician members of the committee. -No physician-reviews any case in which he was professionally involved.
3. Frequency - Utilization Review shall-be accomplished on-a regularly scheduled basis. -A review of the necessity of admission and the need for continued stay must occur; for each resident; within a period that does not exceed 21 days after admission and every 90- days thereafter.
4. Place of Meeting - Whenever feasible; review will be conducted in the facility in-which the resident-resides. When-one committee serves more than one facility; meetings may be-arranged for loca-tions convenient for all members of the committee.
5. Records - Written records of committee activities shall be maintained: Appropriate-reports signed by the committee chairman; are made regularly to medical staff; administrative staff; governing body and sponsors (if any).- Minutes-of-each committee meeting are maintained and include at least:
 - a. Name of Committee;
 - b. Date and-duration of-meeting;
 - c. Names of committee members present and absent;
 - d. Summary of cases reviewed including the number of cases; case

identification numbers; admission and review dates; and decisions reached; including-the basis for each determination-and action taken for each case.

6. Functions of Review - The-function of the review is to review-extended duration case which is concerned-with efficiency; appropriateness; and cost effectiveness of care.
7. Objectives-of Utilization Review---The objectives shall-be to:
 - a. Evaluate the resident's current and future health needs;
 - b. Determine the services requested to meet those needs; and
 - c. Identify the level of care needed by the resident.
8. If committee members determine from a review that further stay is not medically necessary; the attending physician is consulted or given the opportunity for consultation and notification is made in writing within 48 hours by the committee-to the-administrator; the attending physician; and the resident-or his representative.

D. For Intermediate Care Facilities and Intermediate Care Facilities for the Mentally Retarded, the written UR plan shall be in accordance with Title 45 CFR 250.18 and Title 45 CFR 250.19 effective July 1, 1975, which is herein adopted by reference. Any mention of Secretary in federal regulation wherein adopted by reference shall refer to the federal Secretary of Health, Education and Welfare.

- E. All reports to the Secretary shall be made on Form Med-3. Form Med-3 shall be completed and signed by the committee chairman.
- F. Disputed review decisions which occur when the attending physician can not accept the decision of the review committee may be referred to the State Review Committee composed of personnel from the Medical Services Section of the agency. The decision of the State Review Committee shall be final.

- G. Utilization Review within facilities is subject to review and decisions of a review committee composed of personnel from the Medical Services Section. The Secretary may request a review of care at any time for any beneficiary of the Kansas Medical Assistance Program (Title XIX). The decision of the State Review Committee shall be final.
- H. Medical Reviews and Independent Professional Reviews conducted in accordance with K.A.R. 30-10-8 will be considered as one Utilization Review for the purposes of these regulations.
- I. Failure to make timely Utilization Review -
1. If it is found that there is a substantial failure to make Utilization Review in Skilled Nursing Facilities, Intermediate Care Facilities, or Intermediate Care Facilities for the Mentally Retarded, the Secretary may determine that no payment or a reduction in payment shall be made for Skilled Nursing Facility services, Intermediate Care Facility services, or services in Intermediate Care Facilities for the Mentally Retarded furnished an individual after the 21st day of a continuing period of such services. The limitation shall remain in effect until such date as the Secretary finds that:
 - a. The reason for such limitations has been removed; and
 - b. There is reasonable assurance that it will not recur.
- J. The facility has the right of appeal regarding decisions made by the agency's review committee in accordance with K.A.R. 30-2-3.
- K. The Secretary and his agents of the Medical Services section will be responsible for monitoring the statewide utilization control program and take all necessary corrective action to insure the effectiveness of such program.

30-10-12. REIMBURSEMENT.

A. General.--

1. Facilities with a current written provider agreement will be paid reasonable costs related reimbursement for services furnished to eligible beneficiaries. Payment will be for the ~~level~~ type of medical or health care required by the beneficiary as determined by:
 - a. The attending physician's certification upon admission, or
 - b. The utilization review committee as provided for in K.A.R. 30-10-9, or
 - c. ~~Medical review~~ Independent professional review teams as provided for in K.A.R. 30-10-8. However, payment for services will not exceed the ~~level~~ type of care the facility is certified to provide under the Kansas Medical Assistance Program (Title XIX). The Secretary has the right to verify the ~~level~~ type of care required by the beneficiary prior to payment. No payment will be made for care or services determined to be the result of unnecessary utilization and no payment will be made in excess of reasonable cost or reasonable charges consistent with efficiency, economy, and quality of care.
2. Payment for routine services and supplies will be included in the per diem reimbursement and such services and supplies will not be otherwise billed or reimbursed.
3. Payment for ancillary services will be in accordance with K.A.R. 30-10-12-B-3.
4. Payment will be limited to facilities who have a current written provider agreement with the agency.

5. Payment will be limited to facilities with current written provider agreements who accept, as payment in full, the amount paid in accordance with the fee structure established by the Kansas Medical Assistance Program (Title XIX).

B. Definitions.--

1. Provider of Services - Providers of services are facilities certified as participants in accordance with K.A.R. 30-10-1.
2. Routine Services and Supplies - All services and supplies provided in nursing home facilities are considered routine services and supplies; except, those items or services specifically defined as ancillary services (See K.A.R. 30-10-12-B-3. The following are items considered as routine services and supplies:
 - a. All general nursing services, including administration of oxygen and related medications, handfeeding, incontinency care, tray service, enemas, etc.
 - b. Items which are furnished routinely and relatively uniformly to all patients, e.g., patient gowns, paper tissues, water pitchers, basins, bed pans, deodorants, mouthwashes, laundry (including personal laundry), etc.
 - c. Items stocked at nursing stations or on the floor in gross supply and distributed or utilized individually in small quantities, e.g., alcohol, applicators, cotton balls, bandaids, Maalox, aspirin (and other nonlegend drugs ordinarily kept on hand), suppositories, tongue depressors, etc.
 - d. Items which are utilized by individual patients but which are reuseable and expected to be available in an institution, e.g., ice bags, bed rails, canes, crutches, walkers, wheelchairs, traction equipment, other durable medical equipment, etc.

- e. Catheters and catheter accessories.
- f. Rental of equipment by a facility from an outside vendor
does not in itself constitute an ancillary service or supply.

The above listing of routine services and supplies is descriptive only and not limiting. Exceptions to the inclusion of a listed or presumed item as a routine service and supply shall only be made by authorization of the Medical Services Section on an individual basis for an exceptional need and for advance stated time periods.

- 3. Ancillary Services - Ancillary services are those special services for which charges are made in addition to routine services, and are billed as separate items when the service is rendered. Ancillary supplies and services which are payable through other providers of the Kansas Medical Assistance Program (Title XIX), provided the provider is a participant in the program, and subject to the limitation of the program are:
 - a. Physician's services.
 - b. Hospital services, inpatient and outpatient.
 - c. Dental services.
 - d. Chiropractic services.
 - e. Physical therapy and related services.
 - f. Prescribed drugs.
 - g. Diagnostic and preventive services.
 - h. Optical services.
 - i. Podiatric services.
 - j. Community Mental Health services.
 - k. Home Health Agency services.

- l. Ambulance as necessary for medical services.
 - m. Hearing aids, orthopedic and prosthetic devices.
 - n. Special duty nursing under the direction of a physician in a hospital that does not have intensive care services.
 - o. Transportation and related travel expenses necessary to securing medical services.
 - p. Oxygen - Oxygen (gas only) will be reimbursed to nursing home facilities as an ancillary service. It will be reimbursed on a basis of reasonable cost. The claim will be made to the District Office of responsibility. The claim must be on a liter per minute basis and documentation of reasonable cost must be attached to the claim.
4. Reasonable Cost-Related Reimbursement for Nursing Homes - The Secretary shall make reimbursement only after first obtaining a cost statement which upon audit by the Secretary is determined by the Secretary to justify reimbursement.
- a. Reasonable cost includes all necessary and proper costs incurred in rendering the care and services in accordance with generally accepted accounting principles, subject to specific limitations on items of revenue and cost under the provisions of K.A.R. 30-10-13.
 - (1) Cost Related to Patient Care - This includes all necessary and proper costs which are appropriate and helpful in developing and maintaining the operation of patient care facilities and activities. Necessary and proper costs related to patient care are usually costs which are common and accepted occurrences in the field of the

facility's activity. They include such costs as depreciation, interest expenses, nursing costs, maintenance costs, administrative costs, costs of employee pension plans, and normal standby costs, and others. Allowability of cost is subject to K.A.R. 30-10-13 prescribing the treatment of specific items under the Kansas Medical Assistance Program (Title XIX).

- (2) Cost Not Related to Patient Care - Costs not related to patient care are costs which are not appropriate or necessary and proper in developing and maintaining the operation of patient care facilities and activities. Such costs are not allowable in computing reimbursable costs. They include, for example, costs of meals to visitors or employees; cost of drugs sold to other than patients; cost of operation of a giftshop; and similar items.
- (3) Where a nursing home facility chooses to pay above the going price for a supply or services, in absence of clear justification for the premium, the Secretary will exclude excess costs in determining allowable cost under the Kansas Medical Assistance Program (Title XIX).
- (4) All cost or expenses from transactions between related persons or business entities will be examined for reasonableness and appropriateness. Limitation will be placed on those types of transactions since they will be construed not to have arisen through an arms-length

negotiation. Related persons or related entities will be defined as those entities or persons in which an association exists other than through the transaction in question. These associations are:

- (a) Family.
- (b) Ownership in both corporations or partnerships involved in the transactions.
- (c) Beneficiary under a trust.
- (d) Religious organizations.

- (5) Rate(s) for existing facilities - The Secretary or his agent shall, at least annually, on the basis of the cost information supplied by the nursing home facility and retained for the purpose of cost auditing, determine per diem rates. The Secretary or his agent will compare the cost information for each nursing home facility with facilities which are similar in size, scope of service and other relevant factors to determine the allowable cost per diem rate. To the allowable cost per diem rate the Secretary will add a factor for fluctuation cost and where funds are available a factor for profit and efficiency to establish a rate for each nursing home facility, after the rate is established for a nursing home facility, the Secretary will provide a detailed listing of the computation of that rate to the facility with the notice provided in accordance with K.A.R. 30-10-13A-5. The determination and payments of all reimbursements of nursing home facilities and intermediate care facilities shall be limited by

such maximums for expenditures as are set by Kansas payment or appropriation statutes. In order to comply with such limitations, the Secretary may establish payment rate structures to be limited by percentile maximums based on the cost information supplied by the nursing home facilities.

(a) Skilled Nursing Facilities -

1) The payment rate for Skilled Nursing Care can not exceed:

i. The rate(s) charged in the nursing home facility for comparable services for patients or residents not under the Kansas Medical Assistance Program (Title XIX), or

ii. The combined payments received by provider of services for furnishing comparable services under comparable circumstances from intermediaries or carriers under Title XVIII (Medicare) and beneficiaries under Title XVIII (Medicare) of the Social Security Act.

~~iii. \$14.50.~~

2) The payment rate for Intermediate Care Services can not exceed:

i. The upper limit as determined in Paragraph (b) below for Intermediate Care Facilities.

~~ii. \$12.50.~~

(b) Intermediate Care Facilities and Intermediate Care

Facilities for the Mentally Retarded and persons with related conditions - The payment rate can not exceed:

- 1) The rate(s) charged in the nursing home facility for comparable services for patients or residents not under the Kansas Medical Assistance Program (Title XIX), or
 - 2) The average-per-diem paid for Skilled Nursing Facility services in the state; or
 - 3) \$12.50.
- 2) The combined payments received by providers of services for furnishing comparable services under comparable circumstances from intermediaries or carriers under Title XVIII (Medicare) and beneficiaries under Title XVIII (Medicare of the Social Security Act), or
- 3) As required by Title 45 CFR 250.30(b)(3)(iii), an amount which reflects on a statewide basis between the average per diem amounts paid for Intermediate Care Facilities services and statewide average per diem amounts paid for Skilled Nursing Facility services. Such reasonable differential shall reflect a lower rate of reimbursement for intermediate care. In no case shall the statewide differential be less than 10 per cent. Intermediate Care Facilities

for the Mentally Retarded or persons with related conditions are exempted from the requirement.

(c) Intermediate Care Facilities for the Mentally

Retarded and persons with related conditions -

The payment rate can not exceed rate(s) changed in the nursing home facility for comparable services

for residents not under the Kansas Medical

Assistance Program (Title XIX), or the combined

payments received by providers of services for

furnishing comparable services under comparable

circumstances from intermediaries or carriers under

Title XVIII (Medicare) and beneficiaries under

Title XVIII (Medicare) of the Social Security Act.

(6) Rate(s) for New Facilities - Rate(s) for the new nursing home facilities (new construction) will be based on a proposed budget with cost projected on a line item basis as if submitting a cost statement. The projected cost will be reviewed for reasonableness and appropriatness by the Secretary. Limitations established for existing facilities (see paragraph (5) above) will apply to the new facility.

(7) Rate(s) for existing facilities which have received certification for a different level of care.

(a) Rate(s) for nursing home facilities which were participants in the program as an Intermediate Care Facility and are now certified as a Skilled

Nursing Facility will have their rate(s) determined by submitting a projected cost of providing that level of care. The projected cost will be reviewed for reasonableness and appropriateness by the Secretary. Limitations established for existing facilities (see paragraph (5) above) of the new level of care will be applied to the facility.

(b) Rate(s) for nursing home facilities which were participants in the program as a Skilled Nursing Facility and are now certified as an Intermediate Care Facility will have their rate(s) determined by using the existing cost report for the facility and apply the limitation applied to the Intermediate Care Facilities.

(8) Change of Ownerships - When a change in ownership occurs (see K.A.R. 30-10-1 F) the rate(s) will be based on a proposed budget with cost projected on a line item basis as if submitting a cost statement. The projected cost will be reviewed for reasonableness and appropriateness by the Secretary. Limitations established for existing facilities (see paragraph (5) above) will apply to the facility with a change in ownership. The projected cost must be submitted to the Secretary prior to payment to the facility. Failure to submit the projected cost can be cause to deny or terminate participation in the program or suspend payment under the program.

(9) Where per diem rates are based upon cost data and found

to contain errors, when audited, a direct cash settlement will be required between the Secretary and the nursing home facility for the amount of money overpaid or underpaid.

(10) Out-of-State Facilities - Out-of-state nursing home facilities certified to participate in the Kansas Medical Assistance Program (Title XIX) rate(s) will be determined as follows:

(a) As defined in paragraph (5) of this section, or

(b) The rate(s) reimbursed by the state of location,

subject to the limitation of the Kansas Medical Assistance Program (Title XIX), or

C. Payment to Participating Providers - A participating provider will be paid, at least monthly, for routine services and supplies rendered as eligible beneficiaries provided that:

1. The agency is billed on Form 119-3084 (Adult Care Home Service Claim). The original copy shall be used.

2. The agency is billed before the 5th day of each month, or

a. If the 5th day of the month falls on a weekend, the next working day will be considered the 5th of the month, or

b. If the 5th day of the month falls on a holiday, the next working day will be considered the 5th day of the month.

3. Form DPA-399A is signed by the administrator of the facility.

4. Form DPA-399A is complete.

5. No claim for services rendered shall be allowed or paid in accordance

with the provisions of this section.

6. This section shall be construed to read as if it were the

D. Reserve Days---

1. The state agency may pay for a bed being held for a patient or resident during his absence-due to hospitalization.

a. Payment is made only for those days during-which there is a likelihood that the reserved bed would otherwise be required for occupancy by some other patient-- Determinations-as to whether there is a likelihood that a bed is otherwise required for occupancy shall be based on occupancy patterns and level of the facility and-other pertinent data.

b. The following conditions will be met when a bed is reserved in a nursing home facility because of the patient's or resident's hospitalization for an acute condition:

(1) The local Social and Rehabilitation Services office has approved the patient's or resident's-hospitalization during which the bed in a nursing home-facility has been reserved. In case of emergency admissions, such authorization will be obtained as soon as possible after admission, but not later than 5 days following admission.

(2) The patient or resident intends to return to the same nursing home facility after hospitalization.

(3)- The hospital provided a discharge plan for the patient or resident.

(4) The bed-is being reserved for the patient or resident.

a. The period of approval can not exceed 15 days per hospitalization.

2. The state agency may pay for a bed being held for a non-skilled resident during-his absence for reasons other than-hospitalization.

- B-1(a)
- a. When a bed is reserved because the resident is out of the nursing home facility for home visits which are therapeutically for de-institutionalization of the resident of which such visits are a part.
 - b. A physician approves the absence.
 - c. The number of days shall not exceed three-(3) days.
 - d. The local Social and Rehabilitation Services office of responsibility has approved payments for the days absent.

D. Reserve Days.--As provided for in Title 45 CFR 250.30(d) payment is available for days in which the patient or resident is absent from a nursing home facility and it is necessary to reserve a bed in a Skilled Nursing Facility, Intermediate Care Facility, or Intermediate Care Facility for the Mentally Retarded during a temporary absence in a hospital for acute conditions or for therapeutically indicated home visits (defined to include visits with relatives and friends and leaves to participate in state-approved therapeutic or rehabilitative programs). The following conditions will be met in any instance in which a bed is reserved:

1. Payment is available only for the days during which there is a likelihood that the reserved bed would otherwise be required for occupancy by some other patient. Determinations as to whether there is a likelihood that a bed is otherwise required for occupancy shall be based on analysis of current facility occupancy patients in the locality and other pertinent data; and
 - a. The following conditions will be met when a bed is reserved in a nursing home facility because of the patient's or resident's hospitalization for an acute condition:

- (1) The district office has approved the patient's or resident's hospitalization for an acute condition prior to each period of hospitalization. In case of an emergency admission such authorization will be obtained as soon as possible after admission.
 - (2) The periods of hospitalization for acute conditions do not exceed 15 days per any single hospital stay.
 - (3) The patient or resident intends to return to the same facility after hospitalization.
 - (4) The hospital provides a discharge plan for the patient or resident.
- b. In the case of therapeutic home visits, the patient's or resident's plan of care provides for such visits. Therapeutically indicated home visits are not to exceed three (3) days per visit nor six (6) such visits per patient during any 12-month period, limited to two visits in any calendar quarter. The limitations do not apply in the case of residents in Intermediate Care Facilities for the Mentally Retarded or persons with related conditions. (See 249.13(a)(1)(xi)(E).
2. 3- These regulations do not prohibit any resident from leaving a facility if he so desires.
 3. 4- Payments made for unauthorized reserve days will be reclaimed by the state agency.
 4. 5- The nursing home facility is obligated to notify the local Social and Rehabilitation Services office of any absence from the facility for beneficiaries of the Kansas Medical Assistance Program (Title XIX) prior to the period of hospitalization or home visit. In

(1) The district office has approved the patient's or resident's hospitalization for an acute condition prior to each period of hospitalization. In case of an emergency admission such authorization will be obtained as soon as possible after admission.

(2) The periods of hospitalization for acute conditions do not exceed 15 days per any single hospital stay.

(3) The patient or resident intends to return to the same facility after hospitalization.

(4) The hospital provides a discharge plan for the patient or resident.

b. In the case of therapeutic home visits, the patient's or resident's plan of care provides for such visits. Therapeutically indicated home visits are not to exceed three (3) days per visit nor six (6) such visits per patient during any 12-month period, limited to two visits in any calendar quarter. The limitations do not apply in the case of residents in Intermediate Care Facilities for the Mentally Retarded or persons with related conditions. (See 249.13(a)(1)(xi)(E).

2. 3- These regulations do not prohibit any resident from leaving a facility if he so desires.

3. 4- Payments made for unauthorized reserve days will be reclaimed by the state agency.

4. 5- The nursing home facility is obligated to notify the local Social and Rehabilitation Services office of any absence from the facility for beneficiaries of the Kansas Medical Assistance Program (Title XIX) prior to the period of hospitalization or home visit. In

case of emergency admission to a hospital, notification must be submitted to the local Social and Rehabilitation Services office no later than 5 days following admission.

5. ~~6.~~ No payment for reserve days can be made until authorization has been given by the local Social and Rehabilitation Services office in writing to the nursing home facility. A copy of the authorization must be attached to Form DFA-389A.

6. ~~7.~~ Payments for reserve days are not automatic.

E. Patient's Liability - The patient's liability is the amount determined by the District Office which a welfare recipient or his agent shall apply to his own care. This amount shall be determined under the guidelines of the Kansas Public Assistance Manual.

1. The month the recipient receives his income will be the month of which it is applied for his care.

2. The recipient's share shall begin on the first day of month until it is used up.

F. Payment for Utilization Review Services - The agency will reimburse a nursing home facility for reasonable cost of utilization review providing the following conditions are met:

1. The utilization review is conducted in compliance with K.A.R. 30-10-9 under a plan approved by the Secretary.

~~2. The personnel on the committee are not employees of the nursing home facility.~~

2. ~~3.~~ Services of the physician(s) are for Utilization Review will be reimbursed at cost to the nursing home facility not to exceed \$35.00 per hour. \$4.00 per patient or resident reviewed.

- ~~3.~~ ~~4.~~ Services of the licensed registered nurses are reimbursed-at cost not to exceed \$5.00 per hour.
3. ~~5.~~ Billing for the services will be on Form DFA-389C and submitted to the Medical Services Section, State Department of Social and Rehabilitation Services, as soon after the review as possible.
4. ~~6.~~ Adequate records for reasonable cost are maintained.
5. ~~7.~~ Where the utilization review committee activities apply to more than the Kansas Medical Assistance Program (Title XIX), the agency will be paying only the portion applicable to the program.
6. Where Utilization Review Services are performed by a Medical Society, hospital, Professional Standards Review Organizations, or by a group for more than one facility the limitation of subparagraph 2 will not apply. Before such a group can be reimbursed for Utilization Review Services, an approved plan and agreement with the Secretary must be in effect.
- G. All charges and payments for services and supplies are subject to audit by the Kansas Department of Social and Rehabilitation Services, United States Department of Health, Education and Welfare, and the United States General Accounting Office.

30-10-13. REASONABLE COST-RELATED REIMBURSEMENT.

A. General. --

1. Rate(s) for nursing home facilities participating in the Kansas Medical Assistance Program (Title XIX) are based on an individual audit of the per diem cost to provide patient care in each home. The basic data for conducting such audits is based on the completion of Form Med-4 (Financial and Statistical Report for Nursing Homes).
2. Nursing home facilities must provide adequate cost data that is based on their financial and statistical records which can be verified by qualified auditors. Financial data and reports.

(a) General. The principles of cost reimbursement will require that nursing home facilities maintain sufficient financial records and statistical data for proper determination of costs payable under the program. Standardized definitions, accounting, statistics, and reporting practices which are widely accepted in the nursing home and related fields will be followed. Changes in these practices and systems will not be required in order to determine costs payable under the principles of reimbursement.

(b) Costs reports will be required from nursing home facilities on an annual basis which coincides with their report-accounting year.

(c) Recordkeeping requirements.

(1) The nursing home facility shall furnish such information to the Secretary as may be necessary (i) to assure proper payment by the program, including the extent to which there is any common ownership or control between nursing home facilities or other organizations, and as may be needed to identify the parties responsible for submitting program cost reports, (ii) to receive

program payments, and (iii) to satisfy program overpayment determinations.

(2) The nursing home facility shall permit the Secretary to examine such records and documents as are necessary to ascertain information pertinent to the determination of the proper amount of program payments due. These records shall include, but not be limited to, matters of the nursing home facility ownership, organization, and operation; fiscal, medical, and other record-keeping systems; Federal income tax status; asset acquisition, lease, sale or other action; franchise or management arrangements; patient service charge schedules; matters pertaining to costs of operation; amounts of income received by source and purpose; and flow of funds and working capital.

(3) The nursing home facility, when requested, shall furnish the Secretary copies of patient service charge schedules and changes thereto as they are put into effect. The Secretary shall evaluate such charge schedules to determine the extent to which they may be used for determining program payment.

(d) Suspension of program payments to a nursing home facility.

When the Secretary determines that a nursing home facility does not maintain or no longer maintains adequate records for the determination of reasonable cost under the program, payments to such nursing home facility may be suspended until the Secretary is assured that adequate records are maintained. Before suspending payment to the nursing home facility, the Secretary shall, in accordance with the provisions of K.A.R. 30-10-10, send written notice to

In order to provide the required cost data, financial and statistical records should be maintained in a manner consistent from one period to another. This requirement shall not preclude a desirable change in accounting procedures when there is a compelling reason to effect a change of procedures.

(c) Cost reports. For cost reporting purposes, the program requires each nursing home facility to submit periodic reports of its operations which generally cover a consecutive 12-month period of it's operations. The 12-month period must conform with the fiscal year used for the purposes of the Federal Internal Revenue Service. Amended cost reports to revise cost report information which has been previously submitted by a nursing home facility may be permitted or required as determined by the Secretary.

(1) Due dates for cost reports.

(i) Cost reports are due on or before the last day of the third month following the close of the period covered by the report.

(ii) A 30-day extension of the due date of a cost report may, for good cause, be granted by the Secretary.

4. For the purposes of these regulations each nursing home facility participating in the Kansas Medical Assistance Program (Title XIX) shall establish a 12-month period which is to be designed as the nursing home-facility's fiscal year. The fiscal year must be the same as that used for the purposes of the Federal Internal Revenue Service. Cost data is then submitted in accordance with the established fiscal year.

5. When the data discussed above has been processed, the Secretary will notify each nursing home facility of the rate.

6. Each participating nursing home facility shall file a cost report on the forms made available by the Secretary-within 90 days of the-end of the fiscal year-as determined in K.A.R. 30-10-13; Paragraph-A-4.

(2)7. Failure of a nursing home facility to submit their cost data within the-three(3)-month-period before the last day of the third month, following the close of the period covered by the cost data report, unless on extension has previously been granted by the Secretary, will cause its payment rate(s) to be adjusted to the lowest rate(s) paid for the level(s) of care in which the facility participates in the Kansas Medical Assistance Program (Title XIX). The adjusted rate(s) will be in effect until such time as the new audit rate is established. Facilities may present a request to the Director of Medical Services for an extension in submitting this report if they properly document reasons for failure to comply. The request must be made prior to the date the report is due. Failure to submit cost information within one year after the end of the facility's fiscal year will be cause for termination in the program.

- B. Non-Reimbursable Expenses and Expense Limitations - Costs not related to patient care are costs which are not appropriate or necessary and proper in developing and maintaining the operation of patient care facilities and activities. Such costs are not allowable in computing reimbursable cost. Following are expenses or costs which are not allowed or are allowed with limitations:
1. Fees paid directors and non-working officer's salaries - Fees paid directors and non-working officer's salaries are not allowed as reimbursable costs.
 2. Loan acquisition fees and standby fees - Loan acquisition fees and standby fees are not considered part of the current expense of patient

care, but should be amortized over the life of the related loan.

3. Compensation of Owners - A reasonable allowance of compensation for services of owners is an allowable cost provided the services are actually performed in a necessary function.

(a) Further definitions -

(1) Compensation. Compensation means the total benefit received by the owner for the services he renders to the institution.

It includes:

- (i) Salary amounts paid for managerial, administrative, professional, and other services.
- (ii) Amounts paid by the institution for the personal benefit of the proprietor.
- (iii) The cost of assets and services which the proprietor receives from the institution.
- (iv) Deferred compensation.

(2) Necessary. Necessary requires that the function:

- (i) Be such that had the owner not rendered the services, the nursing home facility would have had to employ another person to perform the services.
- (ii) Be pertinent to the operation and sound conduct of the nursing home facility.

(b) Application.

- (1) Owners of nursing home facility organizations often render services as managers, administrators, or in other capacities.
- (2) Ordinarily, compensation paid to proprietors is a distribution of profits. However, where a proprietor renders necessary services for the nursing home facility, the institution is in

effect employing his services, and a reasonable compensation for these services is an allowable cost. In corporate providers, the salaries of owners who are also employees are subject to the same requirements of reasonableness. Where the services are rendered on less than a full-time basis, the allowable compensation should reflect an amount proportionate to a full-time basis. Reasonableness of compensation may be determined by reference to, or in comparison with, compensation paid for comparable services and responsibilities in comparable institutions; or it may be determined by other appropriate means.

(c) Payment requirements --

- (1) Sole proprietorships and partnerships. The allowance of compensation for services of sole proprietors and partners is the amount determined to be the reasonable value of the services rendered (not to exceed the amount claimed for these services on the annual cost report submitted by the provider). Such allowance is an allowable cost regardless of whether there is any actual distribution of profits or other payments to the owner. The operating profit (or loss) of the provider does not affect the allowance of compensation for the owner's services.
- (2) Corporations. To be includable in allowable costs, compensation for services rendered as an employee, officer, or director by a person owning stock in a corporate provider, must be paid (by cash, negotiable instrument, or in kind) during the cost reporting period in which the compensation is earned or within

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75 days thereafter. If payment is not made during this time period, the unpaid compensation is not included in allowable costs, either in the period earned or in the period when actually paid. For this purpose, an instrument to be negotiable must be in writing and signed, must contain an unconditional promise or order to pay a certain sum of money on demand or at a fixed and determinable future time and must be payable to order or to bearer.

Compensation may be included in allowable cost only to the extent that it represents reasonable remuneration for managerial, administrative, professional, and other services related to the operator of the nursing home facility and rendered in connection with patient care.

- a. Payments found to represent a return of equity capital are not compensation and are in no event allowable as an item of allowable cost. Nor are such payments considered as compensation for purposes of determining the reasonable level reimbursement of the owner.
- b. All payments by a nursing home facility to an owner which are claimed as an allowable cost are included in the owner's total compensation for purposes of determining the reasonableness of the cost claimed. This includes fees received by an owner, regardless of the label placed on them, such as consultant's or director's fees.
- c. Types of Compensation
 - (1) Salary amounts for managerial, administrative, professional and other services.
 - (2) Amounts paid by the nursing-home facility for the personal benefits of the owner.
 - (3) The cost of assets and services which the owner receives for the nursing home facility.

(4) Deferred compensation - Any payments to an owner in excess of a reasonable level do not constitute compensation or any other allowable cost.

4. Depreciation - An appropriate allowance for depreciation on buildings and equipment is an allowable cost. The depreciation must be:

- a. Identifiable and recorded in the nursing home facility's accounting records;
- b. Based on the historical cost of the asset or fair market value at the time of donation in the case of donations; and
- c. Prorated over the estimated useful life of the asset. The estimated useful life may not be less than the life used for Federal Income Tax purposes. The straight-line method of depreciation must be used. If the facility uses another method to determine depreciation, it must be adjusted to the straight-line method for the purposes of these regulations.

Allowance for depreciation based on asset costs. An appropriate allowance for depreciation on buildings and equipment is an allowable cost. The depreciation must be:

- (1) Identifiable and recorded in the nursing home facility's accounting records;
- (2) Based on the historical cost of the asset or fair market value at the time of donation in the case of donated assets; and
- (3) Prorated over the estimated useful life of the asset using the straight-line method.

a. Further definitions.

- (1) Historical costs. Historical cost is the cost incurred by the present owner in acquiring the asset.

- (2) The straight-line method. Under the straight-line method of depreciation, the cost or other basis (e.g., fair market value in the case of donated assets) of the asset, less its estimated salvage value, if any, is determined first. Then this amount is distributed in equal amounts over the period of the estimated useful life of the asset.
- b. Recording of depreciation. Appropriate recording of depreciation encompasses the identification of the depreciable assets in use, the assets' historical costs, the method of depreciation, estimated useful life, and the assets' accumulated depreciation. The Chart of Accounts published by the American Hospital Association and publications of the Internal Revenue Service are to be used as guides for the estimation of the useful life of assets.
- c. Gains and losses on disposal of assets. Gains and losses realized from the disposal of depreciable assets while a nursing home facility is participating in the program, or within 1 year after the provider terminates participation in the program, are to be included in the determination of allowable cost. The extent to which such gains and losses are includable is calculated on a proration basis recognizing the amount of depreciation charged under the program in relation to the amount of depreciation, if any, charged or assumed in a period prior to the nursing home facility's participation in the program, and in the period after the nursing home facility's participation in the program when the sale takes place within 1 year after termination.
- d. Establishment of cost basis on purchase of facility as an ongoing operation. In establishing the cost basis for a facility purchased

as an ongoing operation after September 1, 1974, the price paid by the purchaser shall be the cost basis where the purchaser can demonstrate that the sale was a bona fide sale and the price did not exceed the fair market value of the facility at the time of the sale. The cost basis for depreciable assets shall not exceed the fair market value of those assets at the time of sale. If the purchaser cannot demonstrate that the sale was bona fide, the purchaser's cost basis shall not exceed the seller's cost basis, less accumulated depreciation. Further, for depreciable assets acquired on or after September 1, 1974, the cost basis of the depreciable assets shall not exceed the current reproduction cost depreciated on a straight-line basis over the life of the assets to the time of the sale. Also, where a facility is purchased as an ongoing operation on or after September 1, 1974, the cost basis shall not exceed the fair market value of the tangible assets purchased, subject to the above limitations applicable to the depreciable assets.

5. Interest - Interest is the cost incurred for the use of borrowed funds. Interest on current indebtedness is the cost incurred for funds borrowed for a relatively short term. This is usually for such purposes as working capital for normal operation expense. Interest on capital indebtedness is the cost incurred for funds borrowed for capital purposes; such as acquisition of facilities and equipment, and capital improvements. Generally, loans for capital purposes are long-term loans. For interest to be allowable it must be:
- a. Necessary - Necessary means that the interest be incurred on a loan made to satisfy a financial need of the nursing home facility and for a purpose reasonably related to patient care. - loans which

result in excess funds or investments would not be considered necessary. Necessary also requires that interest be reduced by investment income except where such income is from investments of profits from operations.

b. Proper - Proper means that interest be incurred at a rate not in excess of what a prudent borrower would have had to pay in an arms-length transaction in the money market when the loan was made.

c. To be allowable interest must:

- (1) Be supported by evidence of an agreement that funds were borrowed and that payment of interest and repayment of funds are required and the nursing home facility identify this;
- (2) Lender.
- (3) Security pledged for the loan.
- (4) Date of the loan.
- (5) Term of the loan (duration).
- (6) Rate.
- (7) Original amount of loan.
- (8) Unpaid balance.
- (9) Total Annual Payment, including interest and principal; and be
- (10) Identifiable in nursing home facility's accounting records.

5. Interest expense. Necessary and proper interest on both current and capital indebtedness is an allowable cost.

(a) Further definitions --

- (1) Interest. Interest is the cost incurred for the use of borrowed funds. Interest on current indebtedness is the cost incurred for funds borrowed for a relatively short term. This is usually for such purposes as working capital for

normal operating expenses. Interest on capital indebtedness is the cost incurred for funds borrowed for capital purposes, such as acquisition of facilities and equipment, and capital improvements. Generally, loans for capital purposes are long-term loans.

(2) Necessary. Necessary requires that the interest:

- (i) Be incurred on a loan made to satisfy a financial need of the nursing home facility. Loans which result in excess funds or investments would not be considered necessary.
- (ii) Be incurred on a loan made for a purpose reasonably related to patient care.
- (iii) Be reduced by investment income except where such income is from gifts and grants, whether restricted or unrestricted, and which are held separate and not commingled with other funds. Income from funded depreciation or nursing home facility's qualified pension fund is not used to reduce interest expense.

(3) Proper. Proper requires that interest:

- (i) Be incurred at a rate not in excess of what a prudent borrower would have had to pay in the money market existing at the time the loan was made.
- (ii) Be paid to a lender not related through control or ownership, or personal relationship to the borrowing organization. However, interest is allowable if paid on loans from the nursing home facility's donor-restricted funds, the funded depreciation account, or its qualified pension fund.

(b) Borrower-lender relationship.

(1) To be allowable, interest expense must be incurred on indebtedness established with lenders or lending organizations not related through control, ownership, or personal relationship to the borrower. Loans should resemble terms and conditions such as a prudent borrower would make in arms-length transactions with lending institutions. The intent of this provision is to assure that loan expenses are legitimate and needed, and that the interest rate is reasonable.

(2) Exceptions to the general rule regarding interest on loans from controlled sources of funds are made in the following circumstances. Interest on loans to nursing home facilities by partners, stockholders, or related organizations made prior to September 1, 1974, is allowable as cost, provided that the terms and conditions of payment of such loans have been maintained in effect without modification subsequent to September 1, 1974. Where the general fund of a nursing home facility "borrows" from a donor-restricted fund, this interest expense is an allowable cost. In addition, if a nursing home facility operated by members of a religious order borrows from the order, interest paid to the order is an allowable cost.

(c) Loans not reasonably related to patient care. Loans made to finance that portion of the cost of acquisition of a facility that exceeds historical cost (See K.A.R. 30-10-13 B 4 (a)) or the cost basis as determined under K.A.R. 30-10-13 B 4 (e) are not considered to be for a purpose reasonably related to patient care.

6. Bad debts - For the purposes of these regulations, bad debts are not recognized as an allowable cost related to patient care.
7. Donations and Contributions - For the purposes of these regulations,

donations and contributions are not recognized as an allowable cost related to patient care.

- 8. Fund-Raising Expenses - For the purposes of these regulations, fund-raising expenses are not recognized as an allowable cost related to patient care.
- 9. Taxes not allowable as cost - Certain taxes which are levied on nursing home facilities are not allowable costs. These taxes are:
 - a. Federal Income and Excess Profit Taxes (including any interest or penalties paid thereon).
 - b. State or Local Income and Excess Profits Taxes.
 - c. Taxes in connection with financing, re-financing, or refunding operations; such as taxes on the issuance of bonds, property transfers, issuance or transfer of stocks, etc. Generally, these costs are either amortized over the life of the securities or depreciated over the life of the asset. They are however recognized as tax expense.
 - d. Taxes from which exemptions are available to the nursing home facility.
 - e. Special assessments on land which represent capital improvement such as sewers, water, and pavements should be capitalized and depreciated over their estimated useful lives.
 - f. Taxes on property which is not used in the rendition of covered services.
 - g. Taxes, such as sales taxes, levied against the patient or resident and collected and remitted by the provider.
 - h. Self-employment (FICA) taxes applicable to individual proprietors, partners, members of a joint venture, etc.
- 10. Insurance premiums on lives of officers and owners - For the purposes of these regulations, insurance premiums on lives of officers and owners are not recognized as an allowable cost related to patient care.
- 11. Purchase discounts; allowances; refunds of expenses - Purchase discounts, allowances and refunds are reductions of cost whatever the purchases. Similarly, refunds of previous expense payments are reductions of related expense.

12. Non-paid workers and volunteers - Services of non-paid workers and volunteers are not reimbursable.
13. Home Office Cost - Allocation of Home Office Cost is allowable only to the extent that the home office is providing service normally available in the nursing home facility (legal and accounting service, advertising, public relations, etc.). Home Office Costs are not recognized or allowed to the extent they are found unreasonably in excess of similar nursing home facilities in the program. The burden of furnishing sufficient evidence to establish the allowable level lies with the nursing home facility.
14. Start-up Cost - A new nursing home facility incurs certain cost in developing its ability to care for patients prior to the admission of such patients. These preparation costs may be considered to relate to services provided to patients who come into the nursing home facility subsequent to the time of preparation when patient care operation begins. Such costs are recognized; however, to be considered they must be:
 - a. Amortized over a period as reported for the Federal Tax Return purpose for not less than a 60-months period.
 - b. Identify what is included in the start-up cost.
 - c. Costs can include administrative and nursing salaries; heat, gas and electricity; taxes; insurance; mortgage interest; employee training cost; any other allowable costs incident to the operation of the facility. In determining start-up cost, any costs that are properly identifiable as organization expenses or capitalizable as construction costs must be appropriately classified and excluded from start-up cost.
15. Utilization Review - For the purposes of these regulations, the cost of utilization review will not be an allowable cost for reimbursement in the per diem rate.

16. Oxygen - Oxygen is classified as an ancillary service under the Kansas Medical Assistance Program (Title XIX) and reimbursed as a separate item. Therefore, the cost of oxygen is not an allowable item for reimbursement in the per diem rate.
17. Organization and other corporate costs - Organization costs are those costs directly incident to the creation of the corporation or other form of business. These costs are an intangible asset in that they represent expenditures for rights and privileges which have value to the enterprise. The services inherent in organization costs extend over more than one accounting period and thus effect costs of future periods of operations. Where a provider is newly organized upon entering the program and has properly capitalized organization costs, these costs must be amortized over a period not less than 60 months beginning with the date of organization.
18. Member Dues and Costs - Costs incurred as a result of membership in professional, technical, civic, or business related organizations will be allowable. However, costs of social, fraternal, and other organizations which concern themselves with activities unrelated to their members' professional or business activities can not be considered reasonable related to patient care and will not be allowed.
19. Cost to related organizations. Costs applicable to services, facilities, and supplies furnished to the nursing home facility by organizations related to the facility by common ownership or control are includable in the allowable cost of the facility at the cost to the related organization. However, such cost must not exceed the price of comparable services, facilities, or supplies that could be purchased elsewhere.

(a) Further definitions --

- (1) Related to nursing home facility. Related to the nursing home facility means that the facility to a significant extent is associated or affiliated with or has control of or is controlled by the organization furnishing the services, facilities, or supplies.
- (2) Common ownership. Common ownership exists when an individual or individuals possess significant ownership or equity in the nursing home facility and the facility or organization serving the facility.
- (3) Control. Control exists where an individual or an organization has the power, directly or indirectly, significantly to influence or direct the actions or policies of an organization or facility.

(b) Application. Where the nursing home facility obtains items of services, facilities, or supplies from an organization, even though the organization is a separate legal entity from the nursing home facility, and the organization is owned or controlled by the owner(s) of the nursing home facility, such items will be considered as having been obtained from itself. Reasonable cost will include the costs for these items at the cost to the supplying organization. However, if the price in the open market for comparable services, facilities, or supplies is lower than the cost to the supplier, the allowable cost to the nursing home facility shall not exceed the market price.

(c) Exception. An exception is provided to this general principle if the nursing home facility demonstrates by convincing evidence to the satisfaction of the Secretary or his agent that the supplying organization is a bona fide separate organization; that a substantial part of its business activity of the type carried on with the nursing home facility is transacted with others than the facility and

organizations related to the supplier by common ownership or control and there is an open, competitive market for the type of services, facilities, or supplies are those which commonly are obtained by nursing home facilities such as the facility from other organizations and are not a basic element of patient care ordinarily furnished directly to patients by such facilities; and that the charge to the nursing home facility is in line with the charge for such services, facilities, or supplies in the open market and no more than the charge made under comparable circumstances to others by the organization for such services, facilities, or supplies. In such cases, the charge by the supplier to the nursing home facility for such services, facilities, or supplies shall be allowable as cost.

20. Cost of educational activities. General. An appropriate part of the net cost of approved educational activities is an allowable cost.

(a) Further definitions --

(1) Approved educational activities. Approved educational activities means formally organized or planned programs of study usually engaged in by nursing home facilities in order to enhance the quality of patient care in an institution. These activities must be licensed where required by State law.

(2) Net cost. The net cost means the cost of approved educational activities less any reimbursements from grants, tuition, and specific donations.

(b) "Orientation" and "on-the-job training". The costs of "orientation" and "on-the-job training" are not within the scope of this principle but are recognized as normal operating costs in accordance with principles relating thereto.

C. Calculation of Patient Days - For the purposes of these regulations, a patient day

is that period of service rendered a patient or resident between the census-taking hours on two (2) successive days, the day of discharge being counted only when the patient or resident was admitted that same day. Approval reserve days will be considered as inpatient days.

1. The total inpatient days for the period must be accurate; an estimate of the days of care provided will not be acceptable.
2. In order to facilitate accurate and uniform reporting of in-patient days, the accumulated method format set forth in suggested Form NH-1 (Monthly Census Summary - Nursing Home Patients) is required. Such monthly records must be kept concerning all patients or residents (both welfare recipients and non-recipients) by the nursing home facilities. A sample copy of the required form (with instructions printed on the reverse side) is inserted in the regulations.
3. For the purposes of these regulations, facilities which have been in operation for 12-months or more and have an occupancy rate of less than 75% will have their in-patient days calculated at a minimum occupancy of 75%.

D. Revenue - A statement of revenue will be required as part of Form SRS Med-4.

1. Revenues are to be reported as recorded in the accounting records of the facility.
- 2.1 The cost of non-covered services provided to patients or residents must be removed from the related expense. The expense, after adjustment, shall not be a negative figure.
- 3.2 Revenues not related to patient care are to be applied in reduction of the related expense. This shall include, but not limited to:
 - a. Meals sold to guests and employees.
 - b. Pay telephone commissions.
 - c. Supplies sold.
 - d. Personal purchases for patients or residents.

e. Receipts and tax credits for employees covered under the WIN Program.

4. Expense recoveries credited to expense accounts should not be reclassified
a revenues for the purposes of these regulations.

E. Balance Sheet - A balance sheet will be required as part of Form SRS Med-4.

PUBLIC ASSISTANCE PROGRAM

ARTICLE 4 - - - - ELIGIBILITY FACTORS FOR ASSISTANCE

30-4-1 (Authorized by K.S.A. 1970 Supp. 39-708; effective Jan. 1, 1967; amended Jan. 1, 1968; amended Jan. 1, 1970; amended Jan. 1, 1971; revoked Jan. 1, 1974.)

30-4-2 ELIGIBILITY FACTORS FOR AID TO DEPENDENT CHILDREN. (Authorized by K.S.A. 39-708c; effective Jan. 1, 1967; amended Jan. 1, 1968; amended Jan. 1, 1970; amended Jan. 1, 1971; amended Jan. 1, 1973; amended Jan. 1, 1974; revoked May 1, 1976.)

30-4-3 ELIGIBILITY FACTORS FOR GENERAL ASSISTANCE. (Authorized by K.S.A. 39-708c; effective Jan. 1, 1967; amended Jan. 1, 1970; amended Jan. 1, 1971; amended Jan. 1, 1974; revoked May 1, 1976.)

30-4-4 DETERMINATION OF ELIGIBILITY. (Authorized by K.S.A. 1973 Supp. 75-3304, K.S.A. 39-708c; 39-709; effective Jan. 1, 1967; amended Jan. 1, 1971; amended Jan. 1, 1974; revoked May 1, 1976.)

30-4-5 GROUPS COVERED: ELIGIBILITY FOR MEDICAL ASSISTANCE. (Authorized by K.S.A. 39-708c; effective Jan. 1, 1967; amended Jan. 1, 1968; amended E-70-9, Dec. 4, 1969; amended Jan. 1, 1971; amended Jan. 1, 1974; revoked May 1, 1976.)

30-4-6 ELIGIBILITY FOR EMERGENCY ASSISTANCE TO NEEDY FAMILIES WITH CHILDREN. (Authorized by K.S.A. 39-708c, 39-709; effective Jan. 1, 1969; amended E-71-34, Aug. 11, 1971; amended Jan. 1, 1972; revoked May 1, 1976.)

30-4-7 PROGRAM. The public assistance program includes: aid to dependent children (ADC), aid to dependent children foster care (ADC-FC), emergency and crisis assistance to needy families with children (EA), general assistance (GA), general assistance foster care (GA-FC), and

transient assistance (TA). (Authorized by K.S.A. 39-708c; effective May 1, 1976.)

30-4-8 APPLICATION PROCESS.

- A. Attention given to requests. All applications, inquiries and requests for assistance shall be given prompt attention.
- B. Who may file. An application for public assistance shall be made by the applicant in person, or by another person authorized to act in his behalf.
- C. Applications. An application for assistance is an application for any type of public assistance. An application for public assistance shall be made upon the application form prescribed by the secretary. The applicant or person authorized to act upon his behalf shall sign the application. If the applicant or his representative signs by mark, the names and addresses of 2 witnesses are required.
- D. Time in which application is to be processed. Applications for assistance shall be approved or denied within 30 days of the agency's receipt of a signed application for assistance unless:
 - 1. The application for assistance has been withdrawn.
 - 2. The applicant requests a postponement of investigation which shall not exceed 30 days from date of application.
 - 3. The required determination of eligibility cannot be made within 30 days. (Authorized by K.S.A. 39-708c; effective May 1, 1976.)

30-4-9 REDETERMINATION OF ELIGIBILITY PROCESS.

- A. Purpose of redetermination. The purpose of the redetermination

is to give the recipient an opportunity to bring to the attention of the agency his needs and requirements and to give the agency an opportunity to review the factors of eligibility in order to determine the recipient's continuing eligibility for assistance.

- B. Frequency of redetermination. A recipient's eligibility for assistance is to be redetermined as often as a need for review is indicated; provided that all ADC cases shall be reviewed at least once each 6 months except that all ADC cases open because of the unemployment of a parent shall be reviewed at least once each 3 months. All GA cases shall be reviewed at least once each 12 months. (Authorized by K.S.A. 39-708c; effective May 1, 1976.)

30-4-10 RIGHTS OF APPLICANTS AND RECIPIENTS.

- A. Right to information. A client (applicant/recipient) has the right to be provided with information concerning the types of assistance which are provided by the agency. Upon request, the agency shall furnish the applicant with informational pamphlets and will explain to him the categories of assistance for which he may be eligible and the eligibility factors of same.
- B. Right to make application. An applicant shall have the right to make application regardless of any question of eligibility or agency responsibility. The right of an individual to make application may not be abridged.
- C. Right to private interview. A client has a right to a private

interview whenever he is discussing his individual case situation with the agency.

- D. Right to an individual determination of eligibility for assistance. A client shall be given an opportunity to present his request and to explain his situation.
- E. Right to withdraw from program. An applicant has the right to withdraw his application at any time between the date the application is signed and the date the notice of the agency's decision is mailed. A recipient may withdraw from a program at any time.
- F. Right to prompt decision. An applicant has the right to have a decision rendered on his application within 30 days of its receipt by the agency. A recipient has the right to have a decision rendered on any formal request within 30 days of its receipt by the agency.
- G. Right to correct amount of assistance. The client, if eligible, shall be entitled to the correct amount of assistance based upon budgetary standards established by the secretary.
- H. Right to written notification of action. A client has the right to a written notification of agency action concerning his eligibility for assistance.
- I. Right to equal treatment. A client has the right to be treated the same as other clients are treated in similar circumstances.
- J. Right to a fair hearing. The client has the right to a fair hearing if he is dissatisfied with any agency decision or lack of action in regards to his application for or receipt of assistance. (Authorized by K.S.A. 39-708c; effective May 1, 1976.)

30-4-11 RESPONSIBILITIES OF APPLICANTS AND RECIPIENTS.

- A. Responsibility to supply information. A client has the responsibility to supply, insofar as he is able, information essential to the establishment of eligibility.
- B. Responsibility to authorize release of information. A client has the responsibility to give written permission on forms prescribed by the secretary for release of information regarding resources when needed.
- C. Responsibility to report changes. A client has the responsibility to report within 5 days changes in circumstances which affect eligibility.
- D. Responsibility to cooperate. A client has the responsibility to cooperate with the agency in establishing the paternity of a child born out-of-wedlock with respect to whom aid is claimed, and in obtaining support payments for such client and for a child with respect to whom such aid is claimed, or in obtaining any other payments or property due such client or such child.
- E. Responsibility to meet needs. A client has the responsibility to meet his own needs insofar as he is capable. (Authorized by K.S.A. 39-708c; effective May 1, 1976.)

30-4-12 AGENCY RESPONSIBILITY TO APPLICANTS AND RECIPIENTS.

- A. The agency, on the request of a client, has the responsibility to explain the rights and responsibilities of applicants and/or recipients.
- B. The agency has the responsibility to inform clients of the following requirements placed upon the agency.

1. Periodic redeterminations. The agency is required to make periodic redeterminations of eligibility if the application is approved.
2. Fraud. The agency is required to advise the prosecuting attorney of any fraudulent application for or receipt of assistance.
3. Public file. The agency is required to prepare and maintain a public file which is limited to name and amount of assistance received and does not include amounts of medical assistance granted recipients of subsistence assistance.
4. Release of confidential information. The agency is required to release confidential information when the purpose of such release is directly related to the administration of the public assistance program. Further, the agency is required to release confidential information concerning ADC applicants or recipients to public officials who require such information in connection with their official duties. (Authorized by K.S.A. 39-708c; effective May 1, 1976.)

30-4-13 ASSISTANCE ELIGIBILITY.

- A. Eligibility process. The determination of eligibility will be based upon information provided by the applicant or recipient. If such information is unclear, incomplete, conflicting or questionable, a further review, including collateral contacts, will be necessary.
- B. Eligible for assistance. Applicants or recipients are eligible for assistance only when all applicable eligibility factors have

been met.

C. General eligibility factors. The following eligibility factors are applicable to ADC, ADC-FC, GA and GA-FC programs except as noted.

1. Act in own behalf. The applicant or recipient must be legally capable of acting in his own behalf. Incapacitated persons or unemancipated minors are not eligible to receive assistance unless such assistance is applied for by a conservator or a responsible adult respectively. An emancipated minor is eligible to receive assistance in his own behalf. An emancipated minor is one who is under the age of 18 and who has been given or acquired the right to manage his own affairs in one of the following ways:
 - a. By court action which conferred the rights of majority on him.
 - b. By oral or written agreement or by actions which terminated the parents' right to claim his earnings and their legal obligation to support him. When an emancipated minor becomes dependent on a parent for support and/or comes under parental control, he is no longer emancipated.
2. Need. The applicant or recipient must be in need. Need shall be determined through the application of the budgetary standards set forth below. Total budgetary requirements shall be compared with total applicable income. If there is a deficit, the applicant or recipient shall be determined to be in need if he owns property with a resource value not in excess of allowable limits.

3. Cooperation.

- a. Establishment of eligibility. The applicant, recipient or nonneedy caretaker relative shall cooperate with the agency in the establishment of eligibility. Failure to provide information necessary to determine eligibility shall render the assistance family ineligible for assistance. The applicant, recipient or nonneedy caretaker relative shall supply, insofar as he is able, information essential to the establishment of eligibility; give written permission on forms prescribed by the secretary for release of information regarding resources when needed; and report within 5 days changes in his circumstances which affect eligibility.
- b. Social security number. The applicant or recipient shall provide the agency with his social security number. Failure to provide the number shall render the applicant or recipient ineligible for assistance.
- c. Paternity, child support. The caretaker relative who is applying for or receiving assistance shall cooperate with the agency in establishing the paternity of a child born out-of-wedlock with respect to whom assistance is claimed and in obtaining support payments for such caretaker relative, and for a child with respect to whom said assistance is claimed. Failure to cooperate shall render the caretaker relative ineligible for assistance. In ADC, if the relative with whom a child is living is found to

be ineligible under this provision, any aid for which such child is eligible will be provided in the form of protective payments.

d. Potential resources. An applicant or recipient shall cooperate with the agency in obtaining any resources due such applicant, recipient or child with respect to whom assistance is claimed. Failure to avail himself of such resources shall render the applicant or recipient ineligible for assistance. In ADC, if the relative with whom a child is living is found to be ineligible under this provision, any aid for which such child is eligible will be provided in the form of protective payments.

4. Assignment or transfer of property - any act, contract, lease or share whereby the use, control and/or ownership of property of an applicant or recipient passes to another person or corporation.

a. An applicant and the members of the assistance family for whom he is legally responsible shall be ineligible for assistance if he has assigned or transferred any property without adequate consideration or for the purpose of rendering himself eligible for assistance within a 5 year period immediately preceding the filing of the application for assistance; and an applicant, recipient or caretaker relative and the members of the assistance family for whom such applicant, recipient or caretaker relative is legally responsible for shall be ineligible

for assistance if he, without the consent of the agency, assigns or transfers any real or personal property without adequate consideration after making application or while receiving assistance.

Exceptions: (1) This factor of eligibility does not apply to self-supporting relatives. (2) The transfer of property with an accumulative value of less than \$500.00 for one person or within an accumulative value of less than \$1,000.00 for two or more persons in the assistance family in any calendar year shall not be considered under this policy.

b. Process. The procedure set forth below shall be used in determining a client's (applicant/recipient) ineligibility for assistance under the above provisions.

(1) The agency will assemble the record in chronological order for each transfer of property. The record shall include information concerning date of transfer; description and value (approximate, if actual value was not known) of the property assigned or transferred; the interest conveyed and the type of conveyance, i.e., life interest by deed, contract, sale, etc.; the parties involved in the transfer; the consideration, if any, received by the client; the reasons for the transaction as presented by the client; and such other information as is available regarding the transaction.

- (2) The agency, after securing the information listed above, shall examine the reason for the transfer. In examining the reason for the transfer, the agency will determine first if adequate consideration was received. If adequate consideration was received, the client will be considered to meet the transfer of property eligibility factor, as it may be assumed that if the client received adequate consideration the intent of the transfer was not to make himself eligible for assistance. If the agency determines that adequate consideration was not received, the agency shall make a decision as to the client's intent in making the transfer.
- (3) The decision of the agency with respect to eligibility will be governed by the following principles and criteria:
- (a) Any transfer of property shall be considered in the light of the circumstances existing at the time the transfer was made and a presumption exists in favor of the client or that the transfer was made in good faith.
 - (b) The longer the interval between the transfer and the application, the more weight should usually be given to an applicant's statement that the transfer was in no way connected with his application for assistance.

- (c) Property sold to a person who is not a relative or close personal friend should, in the absence of any evidence indicating otherwise, be assumed to be a bona fide transaction and not for the purpose of becoming eligible for assistance. A bona fide transaction is defined as a transaction by which a client transfers property for one of the reasons set out below and not for the purpose of becoming eligible for assistance: The property transfer was necessary in relation to a change in location or maintenance of a satisfactory standard in living; the transfer was related to debt payment; the salvaging of investment prior to foreclosure or failure of business; a business investment to assist the person to be partially or wholly self-supporting; or the transfer was for the purpose of liquidating a resource to provide for living expenses.
- (d) It is not expected that persons will be above the usual errors in judgment. If there has been considerable fluctuation in property values, the applicant may not have been aware of the full value of the property transferred.
- (e) In arriving at intent, the difference in the equity transferred and the consideration received must be such that it would be evident to the

ordinary individual that full value had not been received and all the circumstances will be considered in each case.

- (f) In those instances in which the agency believes there is reason to question the intent of the transfer, the agency will compare the amount of the equity transferred or assigned and the consideration received by the client. A reasonable guide as to intent would be that if the consideration received is equivalent to cash (or personal or real property which may be readily converted to cash) of an amount equivalent to at least 75% of the value of the equity transferred, the transfer would not make the individual ineligible.
- (g) If there is substantial agreement by the client and agency on the actual value of the property transferred, no further verification of value is required. If there is not agreement, the agency shall secure an appraisal by two or more persons competent by their special knowledge to make a judgment, one of whom shall be selected by the client and one of whom shall be selected by the agency. If the third appraiser is required, he shall be selected by the other two. Any cost incidental to the appraisal shall be paid by the agency.

- (h) If there is evidence that a transfer was either made for the purpose of making the individual eligible for assistance or without adequate consideration and later the property is reconveyed to the client, or if there is an adjustment in the transfer through which the client receives adequate consideration, the loss of the resource no longer exists and the client may, if otherwise eligible, receive assistance.
 - (i) In arriving at the equity transferred in instances in which a life estate is retained in the property, the agency shall consider the market value of the interest retained and shall consider the differences between this and the equity that would have been transferred had all the equity been transferred.
- c. Prior consent. An applicant or recipient shall not be ineligible for assistance if the agency granted prior consent to the transfer of property in question. The application for transfer shall be made upon forms provided by the secretary. The agency shall grant consent if the proposed transfer of property is for adequate consideration, or if the proposed transfer of property is a bona fide transaction, or if the proposed transfer of property is for any other valid purpose.
- d. Period of ineligibility. If the agency determines that

the applicant or recipient has transferred real or personal property without the consent of the agency and without adequate consideration or for the purpose of making himself eligible for assistance, the agency shall determine the period of ineligibility for the applicant or recipient. The equity of the property transferred, if more than \$500.00 for one adult person or more than \$1,000.00 for two or more adult persons in the assistance plan, will be divided by the monthly deficit to determine the number of months of ineligibility. The period of ineligibility due to the transfer of property for the purpose of making an applicant eligible for assistance shall in no event exceed 5 years from the date of the transfer of the property in question. The period of ineligibility may not be increased; but in the event of additional expenses, decreased income, or emergency expense, shall be shortened accordingly. The period of ineligibility shall also be subject to later reevaluation on the basis of additional information or other justification for authorization of assistance. Eligibility of the person at the time of reapplication would be subject to the same regulations with respect to income and resources as for any other applicant or recipient.

5. Potential employment.

- a. When the agency has evidence that a client (applicant/recipient) has had an offer of a job which was not

accepted or terminated a job, provided the reasons for refusal or termination are not acceptable, the client and the members of the assistance family for whom he is legally responsible shall be ineligible for assistance unless the recipient is a WIN participant. If a client is a WIN participant, the policy concerning WIN eligibility established by the secretary and set forth in the WIN Social Service Manual is to be used by the agency in making the determination of ineligibility under this section.

Exceptions: The following persons are exempt from the provisions of this section: An ADC mother or other caretaker relative who is caring for a child under 6 years of age, a child under 16 years of age, or a child exempted because of education or training from ADC-WIN registration or GA employment registration.

- b. Refusal of employment does not permanently disqualify the client and the members of the assistance family for whom he is legally responsible for assistance. The period of ineligibility for refusal without good cause shall continue as long as bona fide employment which the person is able and qualified to do continues to be available, or if the work is no longer available, for a period of not more than one month. The period of ineligibility may be shortened if after review of the facts such action is necessary to avoid undue hardship

or if some emergency exists which makes shortening of the period of ineligibility advisable.

c. In determining that there was refusal without good cause the agency must verify:

- (1) There was a bona fide offer of employment.
- (2) That it was work the person was physically able to do.
- (3) That it was work the person was capable of performing.
- (4) That the work was not so dangerous or hazardous as to make the refusal a reasonable one.
- (5) That payment offered was the prevailing wage in the community for the type of work offered and was not less than the minimum wage.
- (6) That the distance from the person's home to the job was not excessive. For purposes of this regulation, excessive travel time is defined as more than two hours per working day. If the client can move to a location that will not require excessive travel time, his refusal to accept potential employment shall not be deemed for good cause under this provision.
- (7) That transportation was available.
- (8) That work is not inconsistent with home responsibilities (not applicable to the ADC-UF category). When a client who has responsibility for care and supervision of children states that she cannot accept work because of her home responsibilities, the agency shall consider with her the effect of possible employment on necessary

care and supervision of the children. In instances where the father of the children is required to assume homemaker responsibilities and housekeeper service is not available, the agency shall consider his home responsibilities as identical with those of a mother. The agency shall consider potential employment available to a parent whose children are under 18 years of age only if it is established that adequate and satisfactory plans can be developed for providing care and supervision of the children during periods of the parent's absence from the home.

6. Supplemental security income benefits. Applicants or recipients receiving supplemental security income benefits are ineligible for assistance.
7. Unborn children. The needs of unborn children shall not be included in the assistance plan.
8. Citizenship and alienage (not applicable to GA or GA-FC). An applicant or recipient must be a citizen of the United States or an alien lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law.
9. Residence. An applicant or recipient must be a resident of the state of Kansas. A resident of the state is one who is living in the state voluntarily and not for a temporary purpose, that is, with no intention of presently removing therefrom. A child is residing in the state if he is making his home in the

state. Temporary absence from the state, with subsequent returns to the state, or intent to return when the purposes of the absence have been accomplished, shall not interrupt continuity of residence.

Exception: In GA, nonresidents may be granted assistance not to exceed 60 days in any 12 month period. This includes persons who, though residents of other states, are living in Kansas while working at temporary employment.

10. Physical presence. An applicant or recipient must be living in the state of Kansas. Temporary absence from the state, with subsequent returns to the state, or intent to return when the purposes of the absence have been accomplished, shall not render an applicant or recipient ineligible under this provision. The temporary absence may not exceed a continuous period of 12 months.

D. Eligibility factors specific to the ADC program.

1. Cooperation. The caretaker relative who is applying for or receiving assistance shall assign the agency any accrued present or future rights to support from any other person such caretaker relative may have in his own behalf or in behalf of any other family member for whom the caretaker relative is applying or receiving assistance. Failure to assign the above mentioned rights to support shall render the caretaker relative ineligible for assistance. If the caretaker relative with whom a child is living is found to be ineligible under this provision, any aid for which such child is eligible will be provided in the form

of protective payments.

2. Unborn child. Eligibility for assistance may not be denied for the reason that a child is unborn. The needs of an unborn child shall not be included in the assistance plan.
3. Child. A child to be eligible for ADC must be:
 - a. Under the age of eighteen (18), or under the age of twenty-one (21) and a student regularly attending a school, college, or university, or regularly attending a course of vocational or technical training designed to fit him for gainful employment. A child shall be considered to be in regular attendance if he is:
 - (1) Enrolled in and physically attending a full-time (as certified by the school or institute attended) program of study or training leading to a certificate, diploma or degree; or
 - (2) Enrolled in and physically attending at least half-time (as certified by the school or institute attended) a program of study or training leading to a certificate, diploma or degree and is regularly employed in or available for and actively seeking part-time employment; or
 - (3) Enrolled in and physically attending at least half-time (as certified by the school or institute attended) a program of study or training leading to a certificate, diploma or degree and is precluded from full-time attendance or part-time employment because of a

verified physical handicap; or

- (4) Not attending because of official school or training program vacation, illness, convalescence, or family emergency, and for the month in which he completes or discontinues his school or training program.

Full time and half-time attendance are defined as:

- (a) In a trade or technical school, in a program involving shop practice, full-time is 30 clock hours per week and half-time is 15 clock hours; in a program without shop practice, full-time is 25 clock hours and half-time is 12 clock hours;
- (b) In a college or university, full-time is 12 semester or quarter hours and half-time is 8 semester or quarter hours;
- (c) In a secondary school, full-time is 25 clock hours per week or 4 Carnegie units per year and half-time is 12 clock hours or 2 Carnegie units;
- (d) In a secondary education program of cooperative training or in apprenticeship training, full-time attendance is as defined by state regulation policy.
- b. Living in a place of residence (home) maintained by any blood relative, including those of the half-blood, and including (1) First cousins, nephews, nieces and persons of preceding generations as denoted by prefixes of grand, great, or great-great; (2) stepfather, stepmother, stepbrother,

and stepsister; (3) legally adoptive parents and other relatives of adoptive parents; (4) the spouses or former spouses (after marriage is terminated by death or divorce) of any persons named in the above groups.

A child is not ineligible if he is out of the home temporarily because of education or training, the illness of a caretaker relative, visits with friends or relatives, or attendance at a scout or similar camp. Absence of the child from the home to attend school or a training facility on any level is not considered separation of the child from the home. This refers to schools or training facilities where living in the facilities is incidental to receiving public instruction. The determining factor shall be the maintenance of control and custody by the relative with whom the child would be living were he not in the school or training facility.

c. Deprived of parental support or care by reasons of the death, continued absence from the home, physical or mental incapacity of a parent or unemployment of the father.

(1) Continued absence from the home. Continued absence from the home of either or both natural or adoptive parents is established as a basis for this factor of eligibility for aid to dependent children when (1) The parent is physically absent from the home; and (2) the absence interrupts or terminates the parent's functioning as a provider of maintenance, physical care or guidance

for the child and the absence is expected to continue for at least 30 days. Aid to dependent children is to provide for the needs of the dependent child in the absence of either or both natural or adoptive parents; and to provide for the needs of the dependent child during a period not to exceed 90 days following the return of either or both parents. This extension of eligibility allows for a satisfactory reconstruction of normal family life and/or the obtaining of employment by the returning parent. The necessity of such an extension must be documented.

- (2) Physical or mental incapacity of a parent. Physical or mental incapacity of a parent is established as a basis for this factor of eligibility for aid to dependent children when either parent is physically or mentally incapacitated and such incapacity is expected to last at least 30 days and is of such a nature as to reduce substantially or eliminate the parent's ability to support or care for the child. Aid to dependent children is to provide for the needs of the dependent child during the period of the parent's incapacity, and if necessary, to provide for the needs of the dependent child for a period not to exceed 90 days following the termination of the condition on which the parent's incapacity has been based. This extension of eligibility allows for personal readjustment

and/or the obtaining of employment. The necessity of such an extension must be documented.

A parent must meet the following criteria to be considered physically or mentally incapacitated under the above provision:

- (a) Eligible for OASDI or SSI benefits based on disability or incapacity; or
 - (b) The incapacity must be supported by a written or oral statement of a medical practitioner, psychologist, optometrist or a written team diagnostic evaluation from an agency such as Veterans Administration, Vocational Rehabilitation or a mental health clinic.
- (3) Unemployment. The unemployment of the father is established as a basis for this factor of eligibility for aid to dependent children when the father has been unemployed for at least 30 days prior to receipt of assistance and the child is not otherwise deprived of support because of the death, absence or incapacity of a parent. Aid to dependent children is to provide for the needs of the dependent child during the period of the father's unemployment; and to provide for the needs of the dependent child for a period not to exceed 30 days following the father's return to work. This period is to be extended until the father receives his first paycheck. This extension of eligibility allows

for a satisfactory reconstruction of normal family life. The necessity of both extensions must be documented.

A father must meet the following criteria to be considered unemployed under the above provision:

- (a) The father has not been fully employed for at least 30 days prior to receipt of aid to dependent children. A fully employed person is one who works 100 hours or more a month. If his work is intermittent and is in excess of 100 hours for only a temporary period, he is not considered fully employed if he worked less than 100 hours for 2 prior months and is expected to be under the 100 hour standard during the next month.
- (b) Such father has not without good cause, within such period (of not less than 30 days) refused a bona fide offer of employment or training for employment.
- (c) Such father has 6 or more quarters of work in any 13 calendar quarter period ending within one year prior to the application for such aid, or he received unemployment compensation under the state's unemployment compensation law or under the United States law, or he was qualified for unemployment compensation under the unemployment compensation of the state within one year prior

to the application of such aid. An individual is deemed "qualified" under the state's unemployment compensation law, if he would have been eligible to receive such benefits upon filing application, or he performed work not covered by such law which, if it had been covered, would (together with any covered work he performed) have made him eligible to receive such benefits upon filing application. A quarter of work means a period of 3 consecutive calendar months ending March 31, June 30, September 30, or December 31 in which he earned not less than \$50.00 or in which he participated in a work and training program.

- (d) Such father is not receiving unemployment compensation benefits under a state or the United States unemployment compensation law in the same week.
- (e) Such father is not unemployed because of a stoppage of work which exists because of a labor dispute at the factory, establishment, or other premises at which he was last employed.

- 4. Persons whose needs are to be considered with the needs of the child.
 - a. Caretaker relative. The caretaker relative is the relative who is assigned the primary responsibility for the care, custody and control of the child either singly, or as in

the case of a married couple, jointly. A needy and otherwise eligible caretaker relative cannot be excluded from the payment on the basis that such individual is not incapacitated, or solely because the individual has a spouse.

- b. Essential persons. An essential person is (1) A spouse who is living in the household and in need, or (2) a person other than a spouse who meets the following requirements: His presence in the ADC household must be required for the maintenance of the home or for caring for another member of the family; he must be within the degree of relationship listed in 30-4-13D-3(b); and he must be in need.

The caretaker relative must have the choice as to whether the needs of such person, excluding spouse or minor child, may be included in his assistance plan as an essential person.

- (1) A potential essential person is in need if his applicable income is less than the first person basic budgetary standard of the table entitled "Basic Standards for Persons in Own or Other Family Home" as set forth in the Kansas Public Assistance Manual. For the purposes of computation under this paragraph, the income of the potential essential person is to be treated the same as an applicant's income.
- (2) An essential person is not in need if his applicable income is more than the first person basic budgetary

standard of the table entitled "Basic Standards for Persons in Own or Other Family Home" as set forth in the Kansas Public Assistance Manual. For the purposes of computation under this paragraph, the income of the essential person is to be treated the same as an ADC recipient's income.

- (3) When a stepparent is no longer eligible as an essential person and because the stepparent is not legally responsible for the children of a spouse by a former marriage, the eligible relative has the option of retaining the needs of the stepparent with his income being treated the same as a GA recipient's income and being applied to meet the needs of the entire assistance family unit or having the needs of both spouses removed from the assistance plan. In the event the stepparent's needs are included in the assistance plan, his needs are met through the GA assistance program.
5. Employment opportunity registration requirements. An applicant or recipient, unless exempted, shall register for Manpower services, training and employment as provided for by regulations of the Secretary of Labor.
 - a. Exemptions. The persons listed below are exempt from registration. All may volunteer for registration if they wish. Persons exempted under (7) must be advised of their option to register and of the availability of child care services.

- (1) A child who is under age 16 or attending school full-time. The definition of full-time is the same as for ADC eligibility.
- (2) A person who is ill or injured. That an illness or injury temporarily prevents entry into employment or training shall be documented by a physician's statement or medical examination. After 90 days of illness the exemption shall be reviewed for possible determination of incapacity.
- (3) A person who is incapacitated. Incapacity shall be documented by a physician's statement, VR report, or a report of a medical examination that a medically determinable physical or mental impairment exists which either by itself or in conjunction with age prevents a person from engaging in employment or training and is expected to exist for a continuous period of at least 3 months. In the case of an obvious incapacity, a doctor's statement is not required.
- (4) A person who is age 65 or over.
- (5) A person so remote from a work incentive project that his effective participation is precluded. Remoteness applies to a person who lives so far from any WIN project that he cannot effectively participate. This includes persons who would have to travel more than two hours per day to participate in a WIN project. This also includes persons living in non-WIN counties,

except for unemployed fathers.

- (6) A person whose presence is required at home because of a medically determinable condition of another member of the household which condition does not permit self-care. The duration of the exemption will coincide with need for care of the other family member.
- (7) A mother or other relative of a child under the age of 6 who is caring for the child.
- (8) The mother or other female caretaker of a child if the father or other adult male relative is in the home and not excluded by (1)-(6). This exemption applies only if the adult male member of the household must be registered and available for participation. The exemption ceases to be valid if the male fails to register or is found to have refused without good cause to participate in training or accept employment.
- (9) An essential person.

Decisions regarding who is exempt must be documented. Registrants must be given full information about requirements and their rights. When an individual claims exempt status, but further verification is needed to establish this, he is to be regarded as temporarily exempt while his status is being verified. Verification must be completed as rapidly as possible, but in no event may it take longer than 60 days. Exempt persons are to be informed that they are required to inform the agency of any changes

affecting their exempt status within 5 days of the change. The status of all exempt persons shall be reviewed at each redetermination of eligibility, or earlier as required for exemptions on the basis of illness or incapacity, or when circumstances indicate change.

All applicants and recipients who are determined to be exempt from registration because of disability must be referred to Vocational Rehabilitation. Acceptance of this referral for VR services is optional with the client. These individuals must be referred to VR even though they may volunteer to register for WIN.

- b. Registration procedures. Registration is accomplished by completing the Department of Labor's WIN registration form and having it signed by the registrant. A personal interview with each registrant is desirable but not mandatory, but each registrant must sign the form personally. In non-WIN areas which are defined as too remote at this time, only ADC-UP's must register by this method. In both non-WIN and WIN areas, all unemployed fathers must register by this method at the time of application. Following that registration they must register each 30 days with the regular employment service.
- c. Failure to register. Mandatory registrants who refuse to register are to be advised of their right to a fair hearing and of the consequences of their refusal to meet this condition of eligibility. The needs of any individual who is

required to register and who fails to register shall not be included in determining the needs of the assistance family and the amount of assistance to be granted.

Assistance will be furnished to the eligible members of the family.

d. Failure to participate. Mandatory registrants who are deregistered from WIN because of failure to participate shall be ineligible for assistance.

(1) If the person is a caretaker relative, his needs shall be removed from the assistance plan and assistance in the form of protective, vendor or foster care payments shall be provided the remaining members of the assistance family.

(2) If the person is the only dependent child in the assistance family, all members of the family are ineligible for assistance.

(3) If the person is one of several dependent children in the assistance family, his needs are to be removed from the assistance plan.

E. Eligibility factors specific to the ADC-FC program.

1. Child. A child is eligible for ADC-FC if:

a. The child was removed from the home of a relative after April 30, 1961, as a result of a judicial determination, or he lived with such relative within 6 months prior to the month in which such proceedings were initiated and had been placed in a foster home or child care facility

as a result of such a determination; and

- b. The child received aid under ADC in or for the month in which court proceedings leading to the determination to remove the child from the relative's home were initiated or would have received such aid if application had been made and if he had been living with the relative in such month; and
- c. A written order of commitment has been issued giving the secretary care, custody and control of the child; and
- d. The child is living in an approved foster family home or a private nonprofit child care facility. The home to be approved must be licensed by the secretary of the department of health and environment or approved for licensing; and
- e. The child meets all other eligibility factors of the ADC program.

F. Eligibility factors specific to the EA program.

- 1. Circumstance. A bona fide emergency and crisis situation must exist. Emergency and crisis situations are limited to a natural disaster such as flood, fire or tornado; to potential eviction; to utility turn-on, or the prevention of utility discontinuances; and energy conserving repairs for a client owned home.
- 2. Act in own behalf. Same requirements as ADC program.
- 3. Cooperate in determination of eligibility. Same requirements as ADC program.

4. Citizenship and alienage. Same requirements as ADC program.
5. Physical presence. An applicant or recipient must be physically living within the state of Kansas.
6. Prior assistance. An applicant or recipient may not have received assistance under the EA program during the 12 months immediately preceding the application for such assistance.
7. Family composition. A family must be composed of at least one child who is:
 - a. Under the age of 21 years of age; and
 - b. Is (or, within 6 months prior to the month in which assistance is requested, has been) living with any of the relatives specified in 30-4-13D-3b in a place of residence maintained by one or more of such relatives as his or their own home, and physically residing in the state; and
 - c. Is without resources immediately accessible to meet his needs; and
 - d. Assistance is necessary to avoid destitution of such child or to provide living arrangements for him in a home; and
 - e. Not in destitution or need because he or the caretaker relative refused without good cause to accept employment or training for employment.
8. Nonsubstitution. The emergency assistance program may not be used as a substitute for normal assistance grants of an ongoing program and is not to be used in lieu of existing programs for which the client is eligible. Current assistance recipients

may receive emergency assistance, providing they meet the qualifications and requirements for such assistance.

9. Authorization limit. Authorization for emergency assistance is limited to one period of 30 consecutive days in any 12 consecutive months and all payments must be made within the authorization period.
 10. Assistance provided. The assistance provided is to include needs covering the 3 months' period which may be incurred prior or subsequent to the authorization period, provided that prior and subsequent needs are directly related to the immediate crisis and must be met in order to resolve the current emergency. The assistance provided shall be given promptly and shall be adequate to meet the emergency, but within the guidelines established by the secretary for the EA program.
- G. Eligibility factors specific to the GA program.
1. Not eligible for ADC. The applicant or recipient must not be eligible for ADC or ADC-FC.
 2. Standards, public and private facilities. Assistance may be provided to applicants or recipients in public or private facilities only if the facility is licensed, or if not subject to licensing, meets the standards established by the standard-setting authority. If the applicant or recipient is living in a facility outside the state, the agency shall determine that the facility is licensed, or if not subject to licensing, has otherwise demonstrated that it meets standards established by the standard-setting authority in the other state.

3. Inmate of public institution. An applicant or recipient may not be an inmate of a public institution, except as a patient in a medical institution. A person who is living in a public institution shall be considered an inmate except in the following instances:
 - a. A person, who plans to enter or has entered a public medical care institution (except an institution for tuberculosis or mental illness) or a nursing or convalescent ward of a public domiciliary institution and who, according to the definition can be classified as a patient, shall not be considered an inmate of a public institution.
 - b. A person who is attending a public school or vocational training institution, where living in the institution is incidental to receiving instructions, shall not be considered an inmate of a public institution.
 - c. A person on parole from a public institution shall not by reason of his parole be considered an inmate of a public institution unless the terms of the parole interfere with his right to receive a payment or to control or direct the expenditure of his payment. Professional services made available to him by the institution shall not be considered control.
4. Patient of tuberculosis or mental illness facility. An applicant or recipient may not be a patient in a public or private facility for tuberculosis or mental illness, or be a patient in a public or private medical care facility as a result of a diagnosis of

tuberculosis or psychosis.

5. Employment opportunity registration requirements. An applicant or recipient, unless exempted, shall register with the Kansas State Employment Service (including any person included in an ADC case whose needs are being provided for under the GA program).

a. Exemptions. The persons listed below are exempt from registration.

(1) A child who is under age 16 or attending high school or vocational training full-time. The definition of full-time is the same as for ADC eligibility.

(2) A person who is ill or injured. That an illness or injury temporarily prevents entry into employment shall be documented by a physician's statement or medical examination.

(3) A person who is incapacitated. Incapacity shall be documented by a medical practitioner's statement, report from a mental health center, or VR report. The information must substantiate that an identified mental or physical incapacity exists which either by itself or in conjunction with age prevents a person from engaging in employment or training and is expected to exist for a continuous period of at least 30 days. In the case of an obvious incapacity, a doctor's statement is not required.

(4) A person who is age 65 or over.

(5) A person who is too remote from the employment office

to register. Remoteness applies to persons who live so far from the employment office that they cannot register. The criteria of remoteness is met when the employment office is located two miles or more from the person's home and there is no transportation available. If the person has transportation available, the travel time of more than two hours per day is defined as being remote.

- (6) A person whose presence is required at home because of an identified condition of another member of the household which condition does not permit self-care, or because there is a child or children under 6 years of age in the home. The duration of the exemption will coincide with need for care of the other family member.
- (7) A person who is employed 100 hours per month, or if not, at least employed to his potential.
- (8) A mother who is at least 6 months pregnant as verified by a medical statement.
- (9) An adult involved in an educational or training program, if such adult has an approved service plan on file authorizing such a program.

Decisions regarding who is exempt and who must register must be documented. Registrants must be given full information about requirements and their rights. When an individual claims exempt status but further verification is needed to establish this, he is to be regarded as

temporarily exempt while his status is being verified. Verification must be completed as rapidly as possible, but in no event may it take longer than 60 days. Exempt persons are to be informed that they are required to inform the agency of any changes affecting their exempt status within 5 days of the change. The status of all exempt persons shall be reviewed at each redetermination of eligibility, or earlier as required for exemptions on the basis of illness or incapacity, or when circumstances indicate change.

All applicants and recipients who are determined to be exempt from registration because of disability must be referred to VR. Acceptance of this referral for VR services is optional with the client.

- b. Registration procedures. Registration for work shall be accomplished with the employment service. The person must register within 30 days of the approval of the application and must re-register at 30 day intervals. Some flexibility may be used where employment service office is not full-time.
- c. Failure to register. Registration requirements must be explained to all applicants and recipients at the time of application and at other times when circumstances require an explanation. Mandatory registrants who fail to register for employment at the required times are to be advised of their right to a fair hearing and of the consequence of

their refusal to meet this condition of eligibility. The needs of any individual who is required to register for employment and who fails to register shall not be included in determining the needs of the assistance family and the amount of assistance. Assistance will be furnished to the eligible members of the family.

6. Work project and work and training program requirements.

Persons who are required to register for employment or are exempt because of remoteness are required to work out assistance paid by participating in assigned GA work projects and/or GA work and training programs. Only one person in an assistance family shall be required to work out assistance provided the assistance family. The order of the priority will be father (husband), other (wife), other adult, or child 16 or older.

a. Exemptions. The persons listed below are exempt from the requirements of this provision.

(1) The remaining members of the assistance family if one member is working out the assistance provided the assistance family.

(2) A person too remote to effectively participate in a work project and/or a work and training program. Same requirements as remoteness for GA employment registration exemption.

b. Participant information. Persons working on projects are to be informed at the time of assignment the number of days to be worked, when they will begin, where the work project

is located, when they will be expected to complete the assignment, what will happen if they don't complete the assignment and their right to have time to seek other employment.

- c. Work required to be performed. The work to be performed must be useful and not base or degrading. The work must be of such a type that it is within the ability of the person to perform. The working conditions must not impose an undue hardship.
- d. Rate of pay. The rate of pay credited to the recipient's assistance account cannot be less than the minimum wage.
- e. Hours to be worked. The recipient is to be assigned his work orders rounded down into full days not to exceed the amount of assistance received. In no event is he to be required to work so many days that he has no time to seek employment. He must be assured the equivalent of one working day each week to seek employment within the calendar month.
- f. Compensation provision. The agency shall provide medical and subsistence assistance for all project or program participants who are injured on the project or program or if they become ill or incapacitated as the result of such work. Such participant shall be referred to VR and shall continue to receive financial and medical assistance as needed.
- g. Payment adjustment. Recipients who will be working out

assistance are to receive assistance in the amount of the deficit (100%). This is to be accomplished in conjunction with the advance notice of the first assignment and continue until the client fails to complete an assignment on a work project.

- h. Failure to participate. Project and program participation requirements must be explained to all applicants and recipients at the time of application and at other times when circumstances require an explanation. In the event a nonexempt person fails to work out assistance received for the assistance family without good cause, the client has the option to (1) Make up within the subsequent month the days not worked, (2) have the subsequent month's grant reduced for days not worked, or (3) have assistance discontinued to the family for failure to work out assistance received.

H. Eligibility factors specific to the GA-FC program.

- 1. Child. A child to be eligible for GA-FC must:
 - a. Be in need of foster care.
 - b. Be ineligible for ADC.
 - c. Be deprived of parental support. The criteria is the same as for ADC except for children who have been removed from the home by the court and committed to social and rehabilitation services with parental rights not severed. In such cases, the court order meets the requirement of deprivation of parental support.

- d. Be under the age of 18 years, except he may be under the age of 21 years if he is in the custody of the social and rehabilitation services, with parental rights not severed.
- e. The child is living in an approved foster family home or a private nonprofit child care facility. The home to be approved must be licensed by the secretary of the department of health and environment or approved for licensing.
- f. Meet all the other eligibility factors of the GA program, except that a child is exempt from employment registration if he is in school or training full-time.

I. Eligibility factors specific to the TA program.

- 1. Act in own behalf. Same requirements as GA program.
- 2. Cooperate in determination of eligibility. Same requirements as ADC program.
- 3. Physical presence. An applicant or recipient must be physically traveling through Kansas.
- 4. Need. The transient is without resources immediately accessible to meet his needs, and assistance is necessary to avoid destitution and to provide transportation for the return of the transient to his legal residence.
- 5. Prior assistance. A transient may not have received assistance under the TA program during the 12 months immediately preceding the application for such assistance.
- 6. Authorization limit. Authorization for transient assistance is limited to a period of 30 days in any 12 consecutive months.
- 7. Assistance provided. Assistance provided must be prompt and

within the guidelines established by the secretary. (Authorized by K.S.A. 39-708c, K.S.A. 39-709, K.S.A. 39-719b; effective May 1, 1976.)

30-4-14 RESERVED FOR FUTURE USE.

30-4-15 RESERVED FOR FUTURE USE.

30-4-16 RESERVED FOR FUTURE USE.

30-4-17 RESERVED FOR FUTURE USE.

30-4-18 RESERVED FOR FUTURE USE.

30-4-19 RESERVED FOR FUTURE USE.

30-4-20 RESERVED FOR FUTURE USE.

30-4-21 RESERVED FOR FUTURE USE.

30-4-22 RESERVED FOR FUTURE USE.

30-4-23 RESERVED FOR FUTURE USE.

30-4-24 STANDARDS FOR BUDGETARY REQUIREMENTS IN THE ADC, ADC-FC, GA AND GA-FC PROGRAMS.

A. Standards for budgetary computations. The following standards are to be used in determining total budgetary requirements. An applicant or recipient is not eligible to have a standard included in the computation of his budgetary requirements if the items of need included in the standard are being met in full.

B. Standards for persons in own or other family home.

1. Basic standard. A monetary standard has been developed to cover the costs of food, clothing, personal and household needs, utilities, school supplies, and the usual costs of laundry, telephone, transportation, and for these special requirements--household furnishings and equipment, unusual

laundry, unusual transportation, special diets, special clothing needs, and for children laboratory fees, activity expenses, and tuition. These standards are set up according to the number of persons in the assistance plan; that is, one, two, three or more persons. Data concerning the formula for determining the basic standards is available from the secretary upon request.

- a. The table entitled "Basic Standards for Persons in Own or Other Family Home" as set forth in the Kansas Public Assistance Manual is to be used for all persons in the assistance plan who are maintaining their own household or are sharing a family home with other persons.

For assistance purposes, it is intended that family units be budgeted together whenever possible. For one person living with a nonassistance family, the basic standard for one person in the plan is to be used. For households consisting of two or more adults (other than spouses) the appropriate basic standard for the number of persons in each case is to be used.

In situations in which a nonneedy relative is receiving ADC for a child or children, the standard for the number of children in the assistance plan is to be used; if the needs of the caretaker relative are to be included, the standard for the total number of persons whose needs are included in the assistance plan is to be used.

- b. Exceptions.

- (1) If a child is temporarily absent from the home due to the illness of a caretaker relative and the appropriate foster care standard established by the secretary is being used, needs of the child are to be removed from the computation of the budgetary standard provided for by this section.
- (2) If a child is temporarily absent from the home due to education or training and the resident cost standard established by the secretary is being used, needs of the child are to be removed from the computation of the budgetary standard provided for by this section.
- (3) In lieu of the standards set forth above, a standard equal to the appropriate foster care standard established by the secretary shall be used if a nonneedy caretaker relative (excluding a parent) so requests and if an approved service plan is on file which documents that the nonneedy caretaker relative (excluding a parent) quit work in order to provide care for the child(ren) included in the assistance plan; the nonneedy caretaker relative (excluding a parent) is subsisting on the borderline of assistance standards; or a child who is included in the assistance plan is unusually difficult to care for.

2. Shelter standard. A shelter standard has been established for shelter based on location in the state and number of persons in the assistance plan.

- a. The table entitled "Shelter Standards" as set forth in the Kansas Public Assistance Manual is to be used in determining the amount budgeted for shelter in the assistance plan.

The shelter standard for children in cases where the caretaker relative is nonneedy shall be determined by dividing the proper shelter standard for the total number of persons in the household (not just in the assistance group) and multiplying by the number of the eligible children.

- b. Exceptions.

- (1) When several individuals who are one person GA cases (including emancipated minors) share the same living quarters, the maximum shelter standard for the entire group may not exceed twice the amount of the shelter standard for the 1-4 person plan in the county.
- (2) In GA, when a spouse or parent who is receiving supplemental security income benefits is living in a GA household, no shelter standard is to be included in the computation of budgetary requirements.
- (3) When a standard for room, board or care is used, no shelter standard is to be included in the computation of budgetary requirements for the person receiving such care.

- c. Standards for persons in room, board or care. The standards established by the secretary are to be used for all persons

in the assistance plan who are living in board and room situations, renting a room and eating out, residing in a nonmedical adult care home, foster care home, or child care facility. If a room rental standard has not been established by the secretary, the standard is to be established by determining the reasonable rate for room rental in the community.

- (1) The standards for foster care may be used in ADC and GA only if an approved service plan is on file which documents that (a) See the third exception under the previous section entitled "Basic standards for persons in own or other family home", or (2) The child is temporarily absent from the home because of the illness of the caretaker relative.
- (2) The resident cost standard may be used only if an approved service plan is on file which documents that the child is temporarily absent from the home because of basic education or training if such training results in gainful employment. (Authorized by K.S.A. 39-708c, K.S.A. 39-709; effective May 1, 1976.)

30-4-25 RESOURCES.

- A. General principles. The following principles are to be applied to the consideration of resources in determining need in ADC, ADC-FC, GA and GA-FC programs except as noted.
- B. General rules for consideration of resources. The rules set forth below are applicable to the consideration of all resources.

1. Ownership for assistance purposes is to be determined by legal title.
2. Resources must be real. Resources to be real must be such that their value can be defined and measured.
3. Value of resources must be established by objective measurement.
 - a. Real property. The market value of real property is to be initially determined by the use of the latest uniform state-wide appraisal value for the property. If the property has not been appraised, an estimate of its value shall be obtained from two real estate dealers. The lower estimate is to be used as the market value. If the market value of the property as established by either of these processes is not satisfactory to the client (applicant/recipient) or the agency, the following procedure is to be followed. If there is a difference of opinion regarding the value of the property, the client or the agency has the right to request an appraisal by two or more competent disinterested persons, one of whom shall be selected by the client and the other by the agency. If these two are unable to reach agreement, the lower appraisal shall be used as the market value. The cost of the appraisal shall be borne by the agency.
 - b. Personal property. The market value of personal property is to be determined by the use of a reputable trade publication, or if such publication is not available, by the lesser of two estimates from reputable dealers. The average trade-in

value in the NADA car guide is to be used to determine the market value of a vehicle.

4. Resources must be available. Resources are considered available both when actually available and when applicant or recipient has a legal interest therein and has the legal ability to make them available but does not do so.
5. The resource value of property shall be that of the client's equity in the property.
6. Resources of all members in the household whose needs are considered in the assistance plan must be considered.
7. The combined resources of husband and wife shall be considered in determining the eligibility of either or both for assistance if they are living together. A husband and wife shall be considered to be living together if they are regularly residing in the same housing unit or homestead. Temporary absences of one of the couple for purposes of education or training, working, securing medical treatment, visiting, etc., shall not be considered to interrupt "living together." If one or both of the couple are under care in a boarding or nursing home, the intent of the couple with respect to "living together" shall be the basis for agency decision.
8. The resources of a nonneedy parent shall be considered in determining the eligibility of a minor child for assistance if the parent and child are living together.
9. Notwithstanding the provisions of 7 and 8 above, the resources of an SSI beneficiary shall not be considered in the determination

of eligibility for assistance of any other person.

C. Resource exemption. An assistance family may own otherwise non-exempt real or personal property with an aggregate resource value not in excess of \$500.00 for a single individual and not in excess of \$1,000.00 for two or more persons. Ownership of property with a resource value in excess of these amounts shall render the applicant or recipient ineligible for assistance.

D. Real property.

1. Kinds of real property.

a. Home. The house in which the applicant or recipient is living or from which he is temporarily absent, the tract of land upon which the house and other improvements essential to the use or enjoyment of the home are located, and contiguous real property. Tracts of land are contiguous if lying side by side, except for streets, alleys, or other easements. This does not include pieces of property that touch only at the corners. The total acreage comprising a home shall not exceed 40 acres.

b. Other real property. Real property other than a home and including a home from which an applicant or recipient has been absent for 12 months; or a home to which applicant or recipient will be unable to return.

2. Treatment of real property. The treatment of real property as a resource shall be as follows.

a. Home. The resource value of a home shall be exempt up to an amount equal to the moderate home value established by

the secretary as set forth in the Kansas Public Assistance Manual plus \$750.00.

- b. Property used as a home and for income purposes. The resource value of a home above the amount previously exempted shall be exempt if the resource value is less than 50% above the moderate home value, and the annual income (net if unearned or adjusted gross if earned) is not less than 10% of the portion of the market value which is above the moderate home value.
- c. Other real property. Other real property, if marketable, shall be considered as a resource.
- d. Liquidation of real property. The applicant or recipient shall be granted temporary assistance pending liquidation. If the applicant or recipient is otherwise eligible and cannot immediately sell his property, he shall receive assistance for a period not to exceed 6 months during which time he shall dispose of his property.

E. Personal property.

- 1. Kinds of personal property. Personal property consists of cash assets and other chattels. Cash assets are defined to include money, investments, cash surrender or loan value of life insurance policies, trust funds, and similar items on which a determinate amount of money can be realized. Other chattels as used in the definition include personal effects, household equipment and furnishings, home produce, livestock, equipment, vehicles and so forth.

2. Treatment of personal property. Personal property shall be considered as a resource unless exempted below.

a. Exempted personal property. The resource value of the following classifications of personal property shall be exempt.

- (1) For recipients, money in a checking account or on hand which does not exceed one month's budgetary need.
- (2) Life insurance with a face value of \$1,000.00 or less for each adult in the assistance plan and with a face value of \$500.00 or less for each child in the assistance plan. In considering the value of life insurance, the face value for all policies for the family (in the assistance plan) is to be determined. If the face value exceeds the amount to be disregarded, the following ratio is to be used:
$$\frac{\text{Excess face value}}{\text{total face value}} \times \text{cash surrender value} = \text{exempted portion.}$$
- (3) Personal effects and keepsakes. Personal effects are items such as a watch, clothing, books, comb and brush. Personal keepsakes are items such as gifts kept for the sake of the giver, items with sentimental value and the like.
- (4) Household equipment and furnishings in use or only temporarily in use. Household equipment consists of such items as dishes, tableware, cooking utensils, canning equipment, bedding and household linens.

Household furnishings are items such as beds, mattresses, stoves and other furniture necessary for housekeeping.

- (5) Tools in use. Tools consist of hammer, saw, wrenches, plane, pliers, hoe, rake and similar articles necessary for the maintenance of house or garden.
 - (6) Equipment. Equipment consists of power tools or similar devices other than "tools" as defined above, and machinery. Equipment shall be exempt if the annual adjusted gross income from the use of the equipment is at least 40% of the gross market value of equipment. Adjusted gross income is determined by deducting from the gross income such expenses as cost of maintenance and cost of rental or purchase.
 - (7) Items for home consumption. These items consist of produce from a small garden including vegetables used from day to day as well as any excess which may be canned or stored, a small flock of chickens or other fowl, a cow, a pig or other animals used to meet the food requirements of the family.
 - (8) OASDI death benefits, Veterans' Administration death benefits or railroad retirement death benefits.
 - (9) One vehicle for each assistance family.
 - (10) Cash assets which may be traced to income exempted under 30-4-25F-2d.
- b. Liquidation of personal property. The applicant or recipient shall be granted temporary assistance pending liquidation.

If the applicant or recipient is otherwise eligible and cannot immediately sell his property, he shall receive assistance for a period not to exceed one month during which time he shall dispose of his property.

F. Income - a recurrent benefit which accrues from such sources as wages, business, property rentals, pensions, benefits and contributions.

1. Kinds of income.

a. Earned income - income in cash or kind that is currently earned by the recipient through the receipt of wages, salary or profit from activities the individual engages in as an employer or as an employee with responsibilities that necessitate continuing activity on his part. Such earned income may be derived from his own employment, such as business enterprise, sale of produce, operation of a boarding home, rental of rooms (this would apply only in those instances in which activities are required of the recipient such as cleaning, making beds, etc.); or derived from wages or salary received as an employee.

b. Unearned income - all income not earned.

2. Treatment of income.

a. Classification as income.

Income, except lump sum payments, shall be classified as income in the month in which it is received; thereafter as cash assets. Lump sum payments shall be classified as income for one month; thereafter as cash assets. If

the required advance notice of adverse action renders it impossible to consider the lump sum payment in the month following the month of receipt, it shall be classified as income in the second month following the month of receipt; thereafter as a cash asset.

b. Earned income.

(1) Regular earned income. This income results from earnings which are reasonably assured to be available in the same monthly amount in the future. For applicants or recipients, the grant amount shall be based on need for the calendar month, and the earned income received or reasonably assured to be received in the same calendar month shall be considered.

Once the full monthly amount is determined, that same amount of earnings may continue to be used to determine the applicable income throughout the six month review period providing the individual anticipates continued regular earnings. A new budget is required prior to redetermination of eligibility only if regular earnings become irregular; there is no longer any earned income (not applicable to job change if earnings remain regular); there is a significant change in the monthly amount of regular income. For such changes, a new budget shall be processed at the earliest possible date. This may result in the grant continuing in the same amount during the month following the month

in which the change occurred. When appropriate, supplementation may be provided after taking into account income to be received during the calendar month for which need is being determined.

- (2) Irregular earned income. This income results from earnings which vary in amount from month to month and are expected to continue. Intermittent irregular earnings must be considered and averaged if received over a period of several months. For applicants, irregular earned income received or reasonably assured to be received in the month of application must be considered in determining eligibility and the amount of the grant.

For newly employed recipients with irregular earnings, an average must be established and used in redetermining the applicable income when the second calendar month's earnings are known. Until such time as actual earnings received in two calendar months are known, irregular earned income received in a calendar month shall be considered on an actual basis at the earliest possible time considering the CenPay deadline and adequate notice. A reasonable estimate may be made with the recipient for irregular earnings expected to be received in a calendar month. Such estimates are appropriate for persons with new earned income when

- (a) Information about actual earnings for a calendar

month will not be known at the time a budget must be prepared for a subsequent month's grant, or (b) irregular earnings actually received represent only a part of a calendar month's earnings.

Income averaging must be based on no less than two calendar months nor more than six calendar months in which there were earnings. All income must be counted by calendar month received; the average is then determined by dividing the total of the monthly amounts received by the number of calendar months in which they were received. If work expenses are allowed in excess of \$30.00, an average for the expenses must be established related to the same calendar months' earnings which are averaged. All months in which there were earnings in any amount would be counted, except as indicated in the next paragraph.

If a client reports undue hardship in a calendar month as being caused by a previously established income average and there is gross reduction of earnings in the current calendar month, consideration shall be given to providing supplementation for that calendar month. If such supplementation is provided because of reduction in earnings, that same month's earnings may not be considered in a subsequent income averaging process. Once an average is established, it may continue throughout the six month review period, providing the

individual anticipates continued irregular earnings. When irregular earnings terminate, a new budget must be processed to change the grant at the earliest date possible. This may result in the grant continuing in the same amount for the month following the month in which the earnings end. Supplementation may be considered after taking into account income to be received during the calendar month for which need is being determined. When irregular earnings become regular, the grant must be changed as soon as possible.

(3) Applicable earned income - the amount of earned income which is subtracted from budgetary requirements in determining budgetary deficit.

(a) Applicable earned income determination for all applicants, nonneedy parents, and for recipients of GA and GA-FC.

(i) Wages. Gross income - ADC or ADC-FC disregards if applicable - work expenses (including cost of child care at the rate established by the secretary) = applicable earned income.

(ii) Self-employment. Adjusted gross income - ADC or ADC-FC disregards if applicable - personal work expenses (including cost of child care at the rate established by the secretary) = applicable earned income. Adjusted gross income = gross income - total cost of the

production of the income, excluding personal work expenses.

- (b) Applicable earned income determination for recipients of ADC and ADC-FC.
 - (i) Wages. Gross income - income disregards - work expenses (excluding child care) = applicable earned income.
 - (ii) Self-employment. Adjusted gross income - income disregards - personal work expenses (excluding child care) = applicable earned income.
- (4) Earned income disregards for applicants and recipients of ADC and ADC-FC. The first \$30.00 of a recipient's monthly earned income plus 1/3 of the remainder shall be disregarded in determining budgetary deficit. This policy is applicable to applicants whose needs are considered in the assistance plan if any portion of the family's needs were met through an ADC payment for any one of the four preceding months, providing employment was not refused or terminated without good cause within 30 days preceding the month eligibility is being determined.

When settlement is made at a given time for earnings from services rendered for more than one month, the disregard is to be considered on the earnings for each month of employment.

The disregarded income of the ADC recipient shall

not be taken into consideration in determining the need of any other individual for assistance under this or any other category of assistance.

c. Unearned income.

- (1) Applicable unearned income - The net amount of unearned income which is subtracted from budgetary requirements in determining budgetary deficit. All net unearned income is applicable unless exempted.
- (2) Conversion. Unearned income received on less than a monthly basis shall be converted into a monthly amount. The weekly amount is to be multiplied by 4.3 to determine monthly income, income received every two weeks is to be multiplied by 2.15 to determine the monthly income and income received twice per month is to be multiplied by 2 to determine the monthly income.
- (3) Consideration as income. Unearned income, except lump sum payments, shall be counted as income in the month in which it is to be received or reasonably expected to be received. Lump sum payments are to be counted as income for one month if the required advance notice of adverse action renders it impossible to consider the lump sum payment in the month following the month of receipt, it shall be counted as income in the second month following the month of receipt.
- (4) OASDI and VA benefits for children. The needs and resources of a child receiving OASDI or VA benefits

shall not be included in the assistance plan unless the caretaker relative so requests.

d. Income exempt from consideration as a resource.

- (1) The income of a recipient child which is conserved for future identifiable needs of the child if such conservation will make possible the accomplishment of specified plans for his future education, special training and employment. An approved service plan must be on file.
- (2) Any grant or loan to any under-graduate student for educational purposes made or insured under any programs administered by the Commissioner of Education.
- (3) Loans and grants, such as scholarships, obtained and used under conditions that preclude their use for current living costs.
- (4) The value of the coupon allotment under the Food Stamp Act of 1964 in excess of the amount paid for the coupons.
- (5) The value of the U.S. Department of Agriculture donated foods.
- (6) The value of supplemental food assistance received under the Child Nutrition Act of 1966 as amended, and the special food service program for children under the National School Lunch Act, as amended.
- (7) Any benefits received under Title VII, Nutrition Program for the Elderly, of the Older Americans Act of 1965, as

amended.

- (8) Payments distributed or held in trust pursuant to any judgment of the Indian Claims Commission of the Court of Claims.
- (9) Payments to natives pursuant to the Alaska Native Claims Settlement Act, to the extent such payments are exempt from taxation under section 21(a) of that Act.
- (10) Any payment provided to individual volunteers serving as foster grandparents, senior health aides, or senior companions and to persons serving in Service Corps of Retired Executives and Active Corps of Executives under Titles II and III of Domestic Service Act of 1973.
- (11) Payments to individual volunteers under Title I, Sec. 404(g) of Public Law 93-113.
- (12) Any payments received under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970. The applicant's or recipient's equity in a moderate home is to be disregarded to the extent that such equity was purchased with payments received under the Uniform Relocation Assistance Act of 1970.
- (13) The portion of the income received from the sale of a home which does not exceed the moderate home value plus \$750.00, if such income is conserved for the purchase of a new home and if the funds so conserved are expended or committed to be expended within 12

months of the sale.

e. Income exempt from the determination of budgetary requirements.

- (1) In ADC, earned income of a child, if he is under the age of 14 years, if he is between the age of 14 and 21, and is attending school full-time, or if he is between the ages of 14 and 21 and is a part-time student who is not a full-time employee.
- (2) Irregular, occasional or unpredictable gifts.
- (3) Work incentive payments in CETA and WIN. (Authorized by K.S.A. 39-708c, K.S.A. 39-709; effective May 1, 1976.)

30-4-26 RESERVED FOR FUTURE USE.

30-4-27 RESERVED FOR FUTURE USE.

30-4-28 RESERVED FOR FUTURE USE.

30-4-29 SPECIAL ALLOWANCES.

- A. The following special allowances are to be issued to otherwise eligible recipients under the conditions as specified and except as noted are applicable to the ADC, ADC-FC, GA and GA-FC programs.
- B. Educational and training allowance. An allowance for the cost of post high school education and training is to be issued if (1) The recipient is not eligible to receive funds from any other program to pay such costs; and (2) the educational curriculum or training program prepares the recipient for gainful employment and such curriculum or program may be completed in 24 months; and (3) an approved service plan is on file.

Allowances for educational expenses may include, but are not limited to, the necessary cost of textbooks, supplies,

laboratory fees, tuition, transportation, meals and activity expenses.

- C. Moving allowance. An allowance for the cost of moving to a new location to take employment in an amount not to exceed the maximum amount established by the secretary as set forth in the Kansas Public Assistance Manual is to be issued if (1) No other funds are available to pay such costs; and (2) the recipient has employment at wages which will meet at least 75% of his and his dependents' needs; and (3) the recipient will move to the new location if the cost of moving is provided.

Costs of moving include transportation of the employee to a public site, costs of moving household goods to the job site and costs of moving family (dependents) to the job location.

- D. Lost or stolen money. An allowance is to be issued when a recipient suffers a financial loss as a result of having money lost or stolen if (1) A police report is on file; and (2) the recipient signs a statement agreeing to reimburse the agency in the event that any of the lost or stolen money is recovered; and (3) the recipient has not previously received an allowance under this paragraph within the calendar year.

Assistance will be provided for only those unmet needs during the month in which the loss occurred.

- E. Replacement of lost, stolen or forged warrants. Lost, stolen or forged warrants may only be replaced pursuant to the procedures established by the secretary as set forth in the SRS Central Payments Manual.

F. GA work project and/or work and training program. An allowance for items such as work clothing, transportation to central site and lunches is to be issued in an amount established by the secretary as set forth in the Kansas Public Assistance Manual for the month in which the recipient is scheduled to work.

G. Temporary out of home care for children. An allowance for the cost of temporary out of home care may be issued if (1) The child is temporarily absent from the home due to the illness of a caretaker relative; and (2) the temporary absence is only for a portion of a calendar month; and (3) an approved service plan is on file.

The allowance is to be in the amount of the foster care rate established by the secretary.

H. Clothing for persons entering care facilities (not applicable to ADC-FC or GA-FC foster family care). An allowance for the cost of an initial clothing supply in an amount not to exceed the maximum amount established by the secretary as set forth in the Kansas Public Assistance Manual is to be issued if (1) The recipient is entering a care facility; and (2) the placement is not temporary; and (3) the recipient is in need of an initial clothing supply.

I. Travel and subsistence to and from care facilities. An allowance for the costs of travel and subsistence for the recipient and the person providing the transportation for a preplacement visit, admission or home visit, or for the relatives who are required to visit a person, is to be issued if (1) The transportation

is not related to discharge from a state institution (except the Kansas Children's Receiving Home); and (2) an approved service plan is on file.

- J. Home visits from a care facility. An allowance for the costs of a visit to a relative's home or foster family home on a planned basis is to be issued if an approved service plan is on file. The amount and duration of the allowance shall not exceed the maximums established by the secretary as set forth in the Kansas Public Assistance Manual.
- K. Special allowances related to ADC-FC and GA-FC foster family care. Certain special allowances for various costs for children in ADC-FC and GA-FC foster family care have been established by the secretary. Allowances for such costs shall be issued if an approved service plan is on file delineating the need for and the amount of the allowance to be issued.
- L. Conservator or personal representative expense. An allowance to pay the legally appointed conservator a fee for conservatorship or the personal representative a fee for service in an amount not to exceed the maximum amount established by the secretary as set forth in the Kansas Public Assistance Manual shall be issued if (1) The conservator or personal representative charges for his services; and (2) the conservator or personal representative is not the spouse, parent or child of the incapacitated recipient.
- M. Home repair. A one-time only allowance for the costs of repairing a recipient owned home in an amount not to exceed the maximum amount established by the secretary shall be issued if (1) The

home is in such condition that continued occupancy is unwarranted; and (2) unless repairs are made, the recipient would need to move to rental quarters, and the rental cost of quarters for the recipient would exceed over a period of two years the repair costs needed to make such home habitable together with costs attributable to continued occupancy of such home; and (3) alternative avenues for funding such repairs have been explored with the recipient; and (4) no previous allowance has been issued under this paragraph to repair the home in question.

N. Funeral and cemetery expenses. Funeral and cemetery expenses for recipients shall be paid as set forth below.

1. Included services. Funeral expenses shall include all expense connected with preparation of the body, purchase of a casket, purchase of the necessary clothing, transportation of the body and the employment of personnel for the burial ceremony. Transportation cost may be allowed in addition as long as the total for the funeral expense including transportation does not exceed \$600.00.

Cemetery expenses shall include all expenses connected with the interment of the body in a cemetery, such as opening and closing the grave, purchase of a cemetery lot, and providing a vault.

2. Payments. The payment for funeral and cemetery expenses shall be determined by subtracting burial contributions from the standard established by the secretary as set forth in the

Kansas Public Assistance Manual.

3. Nonparticipation. The agency shall not participate in the payment of funeral and cemetery expenses if such costs exceed the standards established by the secretary.
4. Burial contributions.
 - a. Cash contributions. Cash contributions or partial payment of funeral and cemetery expenses by relatives or friends, if available, shall be used to reduce the agency's participation in funeral expenses and shall not be used to supplement the regularly established cost.
 - b. Cemetery lot. Whenever a cemetery lot has been purchased or acquired for a recipient of assistance, either before or after his death, and such cemetery lot was purchased or acquired with public funds, the cemetery expense shall not include the portion of the expense allocated to a cemetery lot.
 - c. Resource value in property. The resource value of any property owned by the decedent shall be considered as a resource, except as provided by the secretary as set forth in the Kansas Public Assistance Manual.
 - (1) Estate a resource for burial. In all cases where a recipient of assistance dies without surviving dependents, his estate will be assumed to provide for the burial. The following exceptions to the basic assumption shall be made: (1) Where there are no assets in the estate, the agency will provide funeral and cemetery expenses

pursuant to the standard established by the secretary; and (2) where the estate's assets are presumably less than the standard established by the secretary. Where the estate's assets are presumably less than the standard established by the secretary, the agency shall guarantee the difference between the estate's assets and the standard to the attending mortician, the total payment for funeral and cemetery expenses from both sources not to exceed the standard.

5. Application after death. Funeral and cemetery expenses shall be allowed under the provisions of this section for persons who at the time of death were not recipients but met the eligibility requirements for assistance. An application for assistance pursuant to this paragraph shall be signed by the district director.
0. Emergency assistance. Recipients of EA shall be issued the following allowances as necessary.
 1. Energy conserving house repairs - Such repairs are limited to those which would result in energy conservation due to weatherizing the home in which the individual resides and which he owns; these repairs are intended to cover such items as window panes, storm windows, plastic coverings for windows or doors, caulking. Such repairs may be authorized as needed up to the maximum amount established by the secretary as set forth in the Kansas Public Assistance Manual.
 2. Emergency shelter - May include rent or house payments to obtain housing or prevent eviction on an as-paid basis up to

the maximum amount established by the secretary and not to exceed three months' obligation.

3. Emergency utilities - May include an amount necessary to turn on (or prevent discontinuance of) utilities (excluding telephone) and up to a maximum of three months' utility bills.
4. Emergency medical care - Any individual entitled to emergency assistance is also entitled to medical care limited to a three months' period.
5. The following additional items may be provided only in cases of natural disaster and only if otherwise not available from community resources.
 - a. Emergency hours repairs - Repairs needed to resolve the crisis may be authorized up to the maximum amount established by the secretary as set forth in the Kansas Public Assistance Manual for a client owned home.
 - b. Household furniture, appliances, and supplies - May include repair and/or purchase of used furniture, appliances and other household supplies up to the maximum amount established by the secretary as set forth in the Kansas Public Assistance Manual.
 - c. Emergency clothing - Only an initial clothing supply may be included and it must be limited to the maximum amount established by the secretary as set forth in the Kansas Public Assistance Manual per person.

P. Transient assistance. Recipients of TA shall be issued the following allowances as necessary.

1. Emergency subsistence needs.
2. Emergency medical care.
3. Necessary transportation costs to return the recipient to his legal residence.
4. Funeral and cemetery expenses. Same requirements as for GA. (Authorized by K.S.A. 19-1015, K.S.A. 39-708c, K.S.A. 39-709, K.S.A. 39-713d; effective May 1, 1976.)

30-4-30 RESERVED FOR FUTURE USE.

30-4-31 RESERVED FOR FUTURE USE.

30-4-32 PAYMENTS. Public assistance payments shall be issued in compliance with the provisions set forth below.

A. Money payment. Money payments are interpreted to mean that payments must be in cash, check, or warrant immediately redeemable at par, and that payments must be made to the caretaker relative or his legal guardian with no restriction on the use of the funds. All payments shall be money payments except payments pursuant to (1) EA, (2) TA, (3) ADC-FC, (4) GA-FC, (5) certain special allowances denoted by the secretary as set forth in the Kansas Public Assistance Manual, and (6) protective payments.

B. Who may receive money payments. The following persons are eligible to receive money payments: caretaker relative, recipient, conservator, personal representative, or substitute payee.

Exception. An unemancipated minor may not receive a money payment; but an emancipated minor who qualified under one of the above categories may receive a money payment.

C. Death or absence of caretaker relative. If the caretaker relative

dies or is adjudicated or is sent on a 90 day referral to a state hospital, the money payment may be made to a new caretaker relative for a period of three months under the old application. The warrant issued to but unendorsed by a deceased or incompetent caretaker relative in such cases is to be recalled, voided, and a new warrant issued to the new caretaker relative; or endorsed by the surviving spouse or other competent member of the family. Such endorsement shall be phrased to indicate the special situation.

- D. Protective payments in the ADC program. A protective payment in lieu of a money payment to a caretaker relative shall be issued to a substitute payee if (1) The caretaker relative persistently mismanages the money payment to the detriment of the child, or pursuant to WIN policy established by the secretary as set forth in the Kansas Public Assistance Manual, or pursuant to 30-4-13C-c,d, or pursuant to 30-4-13D-1; and (2) an approved service plan is on file if the reason for the protective payment is mismanagement of money payments; and (3) the protective payment has been approved by the Public Assistance Section.
1. Approval of Public Assistance Section. The approval of the Public Assistance Section for the issuance of a protective payment shall only be granted if the need for such a payment is clearly established.
 2. Services. Appropriate services shall be provided the caretaker relative.
 3. Substitute payee.
 - a. Appointment and dismissal. The agency has the responsibility

for appointing and assisting the payee, for terminating the payee's services when no longer needed, and for removal of a payee who is not giving satisfactory service after a careful evaluation of the performance has been made.

- b. Who may be substitute payee. Individuals selected to serve in this capacity may be a relative, a friend, a neighbor, a member of the clergy or of a church or of a community service group. Persons who may not serve as a substitute payee include: The district director or worker supervisor, the worker determining financial eligibility, special investigative or resource staff, staff handling fiscal process for this client; or landlord, grocers or vendors of goods or services dealing directly with this client.
- c. Criteria for selection. The substitute payee must demonstrate:
 - (1) An interest and concern for the welfare of the family.
 - (2) The ability to help the family with ordinary budgeting, experience in purchasing food, clothing and household equipment within a limited income, and knowledge of effective household practices.
 - (3) The ability to establish and maintain a positive relationship.
 - (4) That he either lives near the caretaker relative or has transportation so that close contacts with the caretaker relative and child may be maintained.
 - (5) That he is a responsible and dependable person.

- d. The payee-recipient relationship. The payee has authority to make decisions about the expenditures of the assistance payment.

The payee may spend the money for the family or may supervise the recipient's use of it, or the payee may give a portion of the funds to the recipient to spend for certain needs and may pay for other items of need for the recipient.

- e. Payee-agency relationship. The payee has responsibility for assuring the agency that the money is spent for the children's benefit. The payee's responsibility to the agency shall be set forth in writing with a copy for the payee and one for the agency. This shall cover the plan for accounting for use of the assistance funds and for reporting on the general progress made. This written agreement should be supplemented by discussions of the payee's responsibility, the purpose of the plan, the nature and frequency of reports, the rights of the recipient, and the confidential nature of the relationship.

4. Periodic review of cases. The Public Assistance Section shall review quarterly all money payment mismanagement protective payment cases to determine whether (1) To restore the recipient to regular money payment status; (2) to continue the recipient on protective payment status; (3) another plan for the care of the child or children is necessary, such as placement with other relatives, seeking appointment of a guardian or placement in a foster home.

The district office shall file a quarterly report setting forth their recommendations, the basis of the recommendation, the progress made and the plan for continued work by both payee and agency with the client. The report should contain information about needs, resources, special problems and service plans.

5. Discontinuance of protective payments. Protective payments, except money payment mismanagement protective payments, shall be discontinued only when the caretaker relative and/or recipient has complied with the appropriate provisions of the secretary's policy which established the basis for the protective payment.

Money payment mismanagement protective payments shall be discontinued when the caretaker relative has demonstrated an ability to manage the money payment after a period of one year has lapsed, whichever comes first; except that with the approval of the Public Assistance Section, payment may continue for such additional time as is reasonably necessary to complete a substitute plan for the care of the child, but in no event shall the payment continue for more than a total of 15 months.

6. Fair hearing. Written notice of the right to appeal a decision to use a protective payment must be provided to the recipient at the time that decision is made and, if appropriate, at the time each decision on the status of the case is made following the periodic review.

E. Special personal representative. The agency shall file a petition

for the appointment of a personal representative only if (1) The need for such an appointment is clearly established, and (2) the agency has counseled with the applicant or recipient concerning his money management problems.

1. Investigative report. The agency shall file confidential reports with the appropriate court as requested.
2. Personal representative.
 - a. Appointment. The agency shall recommend to the court a person (1) Who is not an employee of the agency, or who would benefit directly from the assistance payment; and (2) who meets the criteria for selection of a substitute payee.
 - b. Dismissal. The agency shall recommend to the court that a personal representative be dismissed if (1) The client demonstrates that he no longer requires a personal representative; or (2) the personal representative is failing to execute his responsibilities as set forth in this section, in which instance the agency shall recommend a substitute personal representative.
 - c. Responsibility of personal representative.
 - (1) The personal representative is responsible to the court, agency and to the client.
 - (2) An annual accounting shall be made by the personal representative to both the court and the agency; and the agency or the court may require a more frequent accounting. Such accounting shall be made.

in the form and at the times prescribed by the agency and/or the court.

- (3) The personal representative shall maintain a confidential relationship with the applicant or recipient.
- (4) The personal representative shall consult with the applicant or recipient concerning his needs, resources, and the use of the money payment.
- (5) Periodic review. The agency shall review semiannually the necessity of continuing the appointment of a personal representative. The agency shall consider whether the recipient's ability to manage his own affairs has improved or if other changes in his circumstances or living arrangements make it possible for him to manage without the help of a personal representative.

F. Payment amounts.

1. Money payments shall be rounded to the nearest dollar.
2. ADC. Money payments shall equal the sum of the budgetary deficit plus appropriate special allowances.
3. GA. Money payments other than the exceptions listed below shall equal the sum of 80% of the budgetary deficit plus appropriate special allowances.

Exceptions. The percentage reduction shall not apply to persons receiving care and/or supervision, or to families in which a person has been assigned to a work project or work and training program.

4. GA-SSI. Pending a determination of eligibility for SSI, GA shall not be authorized for an individual in an amount more than \$1.00 less than the SSI benefit for an individual. For a couple, when both are potentially eligible for SSI, GA shall not be authorized in an amount more than \$1.00 less than the SSI benefit for a couple. For a couple, when only one spouse is potentially eligible for SSI, GA shall not be authorized in an amount more than \$1.00 less than the SSI benefit for an individual plus 80% (100% if appropriate) of the one person basic allowance for the spouse who is not potentially eligible for SSI.
- G. Delivery of warrants. All money payments issued must be delivered by mail to the address of the payee unless the payee requests otherwise. If the payee requests a different mode of delivery, the agency shall consider the appropriateness of the request, and in appropriate instances such as emergencies, repeated theft from mailbox, deliver the warrant in person to the payee. No materials may be included in the envelope containing the warrant except those directly related to the administration of the welfare program.
- H. Suspension, reinstatement, and discontinuance of payments.
 1. Suspension. When, for a temporary period, a recipient has resources available in sufficient amount that he does not require assistance, his assistance payment shall be suspended. The case shall be closed, not suspended, if it appears that the assistance payment need not be reinstated within a three

month period. A suspended case is subject to review as is any open case. If the assistance payment has not been reinstated within a three month period, the case shall be reviewed and if assistance is still not required the case shall be closed. An exception may be made if it appears that assistance will need to be reinstated within the immediate future. In this event, approval of continued suspension shall be requested from the Public Assistance Section.

If the agency is unable to locate a recipient, the agency shall send one payment to the last known address with a notice that assistance will be suspended pending a review with the recipient. This notice should advise the recipient to inform the agency as to his whereabouts. If a review cannot be made, the agency will suspend the assistance payment on the basis that it is impossible to complete the review and verify continued eligibility. When the recipient is located after suspension, and if continued eligibility is verified, the payment shall be reinstated and the needs shall be met retroactively to the first day of the month in which the recipient notified the agency of his whereabouts.

2. Reinstatement of assistance payments. An assistance payment may be reinstated following suspension, providing all eligibility requirements continue to be met and the period of suspension has not exceeded three months, except with approval of the Public Assistance Section.
3. Discontinuance of assistance payments. Assistance payments shall

be discontinued when the recipient no longer meets at least one of the appropriate factors of eligibility. (Authorized by K.S.A. 39-708c, K.S.A. 39-709, K.S.A. 59-2801 et seq.; effective May 1, 1976.)

30-4-33 OVERPAYMENTS, UNDERPAYMENTS, ILLEGAL RECEIPT OF ASSISTANCE,
WELFARE FRAUD.

A. Overpayments. Overpayments may be administratively recovered pursuant to the provisions set forth below.

1. Assistance payments reduction. Recovery shall be limited to an overpayment made during the 12 months preceding the month in which the overpayment was discovered, except where there is evidence which clearly establishes that a recipient willfully withheld information about his income or resources. The assistance payment may not be reduced below an amount equal to budgetary requirements plus appropriate special allowances, except where there is evidence which clearly establishes that a recipient willfully withheld information about his income and resources. If payment is reduced below the above amount, the proportion deducted which is below such amount shall be in an amount not to cause undue hardship on a recipient.

Willful withholding of information includes (1) Willful misstatement (oral or written) made in response to oral or written questions from the agency; or (2) willful failure by the recipient to report within 5 days changes in income and resources; or (3) willful failure by the recipient to report receipt of a payment which he knows or should know

represents an erroneous payment.

2. Voluntary repayment. In lieu of an assistance payment reduction, the recipient may voluntarily repay the agency the overpayment. The terms of repayment must guarantee the recipient the same protections as provided for under assistance payment reductions.
 3. Erroneous assistance payment. If a client reports receiving a grant which exceeds the previous grant by \$10.00 or more for no valid reason, the agency within 24 hours of the report, must plan with the client for use of the amount of the overpayment.
 4. No recovery pending welfare fraud referral. The agency shall not initiate administrative recovery procedures pending the disposition of a welfare fraud referral unless the prosecuting attorney fails to file charges within 30 days of such referral.
- B. Correction of underpayments. Underpayments must be promptly corrected. Retroactive corrective payments shall be made for only the 12 months preceding the month in which the underpayment was discovered. Such retroactive payments shall not be considered income or as a resource in the month paid nor in the next following month.
- C. Illegal receipt of assistance. Suspected cases of illegal receipt of assistance, including welfare fraud, shall be referred to the legal division of the agency.
- D. Welfare fraud. Suspected cases of welfare fraud as defined in K.S.A. 39-720 shall be referred to the prosecuting attorney.
(Authorized by K.S.A. 39-708c, K.S.A. 39-709, K.S.A. 39-719b, K.S.A. 39-720; effective May 1, 1976.)

PROPOSED REVISIONS OF THE
PUBLIC ASSISTANCE PROGRAM

1. The deletion of the definitions section (K.A.R. 30-1-1) from the Secretary's regulations. The deletion of all current references to the Public Assistance Program in the Secretary's regulations and the insertion of the proposed regulations in lieu thereof. The deletions include all of articles three ("Processing of Application and Continuing Responsibilities"), four ("Eligibility Factors for Assistance") and six ("Review"); and a portion of article five ("Establishment of Need"). Article seven ("Complaints, Appeals and Fair Hearings") remains unchanged under these proposed revisions. The proposed regulations generally codify current Public Assistance Program policies. Proposed policy revisions are set forth in the following paragraphs.
2. Confidentiality of records in the ADC and ADC-FC programs. Confidential information concerning ADC and ADC-FC applicants or recipients will be released to public officials who require such information in connection with their official duties (42 U.S.C.A. 602(a)(9)).
3. Need (not applicable to Emergency Assistance and Transient Assistance programs). Need is redefined as herein set forth. Total budgetary requirements shall be compared with total applicable income. If there is a deficit, the applicant or recipient shall be determined to be in need if he owns property with a resource value not in excess of allowable limits.
4. Social security number (not applicable to the EA and TA programs). The providing of a social security number to the agency becomes an eligibility factor. Failure to provide the number will render the applicant or recipient ineligible for assistance.

5. Reporting of changes (not applicable to the EA and TA programs). The requirements of reporting changes in circumstances are amended to require an applicant or recipient to report changes in circumstances within 5 days of their occurrence.
6. Potential resources (not applicable to the EA and TA programs). The cooperation of an applicant or recipient with the agency in obtaining any resources due such applicant, recipient or child with respect to whom assistance is claimed becomes an eligibility factor. If the caretaker relative with whom a child is living is found to be ineligible for failure to cooperate, any aid for which such child is eligible will be provided in the form of protective payments.
7. Paternity and child support. The cooperation of a caretaker relative with the agency in establishing paternity and in obtaining child support becomes an eligibility factor in the GA program. If the caretaker relative with whom a child is living is found to be ineligible for failure to cooperate, any aid for which such child is eligible will be provided in the form of protective payments.
8. Assignment of support rights in the ADC program. The assignment to the agency by the caretaker relative of any accrued, present or future rights to support from any other person such caretaker relative may have in his own behalf or in behalf of any other family member for whom the caretaker relative is applying or receiving assistance becomes an eligibility factor. If the caretaker relative with whom a child is living is found to be ineligible for failure to execute the above mentioned assignment, any aid for which such child is eligible will be provided in the form of protective payments.
9. Continued absence from the home in the ADC program. Continued absence from the home is redefined as herein set forth. Continued absence from the home of either or both natural or adoptive parents is established as a basis for this factor of

eligibility for aid to dependent children when (1) the parent is physically absent from the home; and (2) the absence interrupts or terminates the parent's functioning as a provider of maintenance, physical care or guidance for the child; and (3) the absence is expected to continue for at least 30 days.

10. Eligibility of nonresidents for GA. The eligibility requirement of residence in the GA program is being amended to allow an otherwise eligible nonresident to receive assistance for a period not to exceed 60 days in any 12 month period.

11. Standards for budgetary requirements (not applicable to EA and TA programs). The method of determining budgetary requirements has been amended as set forth below.

- A. Use of "foster care" cost standard in the ADC program. The use of the "foster care" cost standard in the ADC program has been amended and is now only available if an approved service plan is on file which documents that the child is temporarily absent from the home because of the illness of the caretaker relative or other member of the household.
- B. Use of "room only" cost standard. The use of the "room only" cost standard has been amended and is now only available if the applicant or recipient is living in a facility offering rooms to the public.
- C. Use of "residential" cost standard. A new cost standard entitled "residential" has been developed to be utilized when an approved service plan is on file which documents that the child is temporarily absent from the home because of basic education or training if such training will result in gainful employment.
- D. Prorata shelter allowance. The concept of the prorata shelter allowance is extended to all cases in which the caretaker relative is ineligible.
- E. Family budgeting. The concept of family budgeting is articulated in the

proposed regulations. For assistance purposes, it is intended that family units be budgeted together whenever possible. This is not really a policy revision but only a concise statement of current policy.

12. Special allowances (not applicable to the EA and TA programs). The eligibility requirements for certain special allowances have been amended as set forth below.

A. Educational and training allowance. Certain eligibility requirements concerning educational curricula and training programs have been amended to provide that the educational curriculum or training program must prepare the recipient for gainful employment and such curriculum or program must be no longer than 24 months in duration.

B. Clothing for persons entering care facilities. The provisions concerning the clothing allowance have been extended to adults. The necessity of an approved service plan being on file has been deleted. But the allowance is no longer available for use in ADC-FC or GA foster family care situations, or where the placement is only temporary. The initial clothing allowance for ADC-FC or GA-FC foster family care situations has been shifted to "Special allowances related to ADC-FC and GA-FC foster family care."

C. Temporary out-of-home care for children. This is a new special allowance and may be issued if (1) the child is temporarily absent from the home due to the illness of a caretaker relative or other member of the household; and (2) the temporary absence is only for a portion of a calendar month; and (3) an approved service plan is on file.

13. Resources. Resources are redefined to include real property, personal property, and income.

14. Valuation of real and personal property. The valuation process of real and

personal property has been amended as set forth below.

- A. Real property. The market value of real property is to be initially determined by the use of the latest uniform statewide appraisal value for the property. If the property has not been appraised, an estimate of its value shall be obtained from two real estate dealers. The lower estimate is to be used as a market value. If the market value of the property as established by either of these processes is not satisfactory to the client (applicant/recipient) or the agency, the following procedure is to be followed. If there is a difference of opinion regarding the value of the property, the client or the agency has the right to request an appraisal by two competent disinterested persons, one of whom shall be selected by the client and the other by the agency. If these two are unable to reach agreement, the lower appraisal shall be used as the market value. The cost of the appraisal shall be borne by the agency.
 - B. Personal property. The market value of personal property is to be determined by the use of a reputable trade publication, or if such publication is not available, by the lesser of two estimates from reputable dealers. The average trade-in value in the NADA car guide is to be used to determine the market value of a vehicle.
15. Moderate home value. The policy concerning the moderate home value has been amended to allow the resource value of an applicant's or recipient's home in excess of allowable limits to be related to the resource exemption for otherwise nonexempt property.
 16. Temporary assistance pending liquidation of real and personal property. The time periods concerning the granting of temporary assistance pending the liquidation of real and personal property have been amended to 6 months and 1 month

respectively.

17. Personal property exempt from consideration as a resource. The provisions concerning personal property exempt from consideration as a resource are amended as set forth below.
 - A. Equipment. The definition of equipment has been amended to include machinery. Equipment will now only be exempt from consideration as a resource if the annual adjusted gross income from the use of the equipment is at least 40% of the gross market value of the equipment. Adjusted gross income is determined by deducting from the gross income such expenses as cost of maintenance and cost of purchase.
 - B. Items for home consumption. This is a new exemption. The item includes the deleted exemption of subsistence livestock. This exemption consists of produce from a small garden including vegetables used from day to day as well as any excess which may be canned or stored, a small flock of chickens or other fowl, a cow, a pig or other animals used to meet the food requirements of the family.
 - C. Cash assets which may be traced to income exempted from consideration as a resource. This is a new exemption.
18. Income exempt from consideration as a resource. The policy related to the forced liquidation of a home with a resource value in excess of allowable limits is amended to apply to all home sales.
19. Income exempt from the determination of budgetary deficit. The provisions concerning income exempt from the determination of budgetary deficit are amended to include the items set forth below.
 - A. Income in kind. This is a new exemption.
 - B. Child support incentive payments. This is a new exemption.

- C. Rental payments in shared living arrangements. In shared living arrangements in which two families contribute toward the shelter obligations, any cash paid toward the shared shelter obligation by one family to the second family in the shared arrangement is not to be considered as income to the second family. (This is not applicable when a room is subrented or in a room and board arrangement.) This is not really a policy revision but only a concise statement of current policy.
20. Formula for determination of applicable earned income. The formula for the determination of earned income has been amended so that income is divided into two categories: (1) Income earned as an employee; and (2) income earned as a self-employed person. For the purpose of calculating applicable earned income, the gross income of a self-employed person shall be an adjusted gross income figure. Adjusted gross income equals gross income minus total cost of the production of the income, excluding personal work expenses.
21. Lump sum payments of nonearned income. The provisions concerning lump sum payments have been amended so that such payments may only be counted as income in the month received or in the month following the month of receipt. In all other situations, such lump sum payments are to be considered under the policies relating to overpayments.
22. Administrative recovery of overpayments. The provisions concerning administrative recovery have been amended to allow for voluntary repayments. Secondly, the agency will not initiate recovery procedures pending the disposition of a welfare fraud referral unless the prosecuting attorney fails to indicate within 30 days of such referral that charges will be filed.
23. Income report form. An income report form reflecting income earned in the previous month to be completed by the applicant or recipient and returned to the agency by

the 5th of each month will be a new requirement pursuant to the regulations concerning cooperation in the establishment of eligibility.

PROPOSED REGULATIONS FOR THE DEVELOPMENT OF "SPECIALIZED INSTRUCTION"
AS CALLED FOR IN HB 2040

- 30-27-1 Each resident of the institutions designated in Sec. 1(f) KSA 1975 Supp. 72-962 who are of school age shall be provided either "special education services" as defined in Sec. 1(h) of KSA 1975 Supp. 72-962 which meet standards as designated in Sec. 2(a) KSA 1975 Supp. 72-962, or "specialized instruction" as defined in Sec. 1(i) KSA 1975 Supp. 72-962 which meet standards set forth by the Secretary pursuant to Sec. 2(b) KSA 1975 Supp. 72-962 (authorized by Sec. 2(b) KSA 1975 Supp. 72-962).
- 30-27-2 The program goals and objectives for "specialized instruction" within the institutions shall be the same as for all other special education programs, whether they are in the local school district, cooperatives, community day schools, private residential facilities, or institutions.
- 30-27-3 Such goals and objectives shall include programs of life and social adjustment. The term "adjustment" in this context shall include, but not be limited to, connotations of "learning", "adaptation", "training", "behavioral change", "improvement in ability", "gains in knowledge", and "increased understanding". The term "adjustment" refers to increased ability of a person to cope satisfactorily and effectively with life and social needs. The term "adjustment" further refers to progressive accumulation of increases in capacity and ability for greater independence, influence, control, and contribution within the natural and social environment, and additionally refers to an individual's ability to gain access to and function within increasingly complex or broadened environments.
- 30-27-4 Programs of specialized instruction shall mean systems of instruction and other efforts to arrange materials and opportunities for learning which are designed to induce the student recipient of such instructional programs toward progressively greater adjustment to life and social functioning. Programs of specialized instruction shall have as their primary objective developmentally progressive changes in the student recipient of the instructional program as indicated by approved assessment instruments and procedures.
- 30-27-5 There shall be support services available from personnel such as psychologists, counselors, speech clinicians, nurses, physical and occupational therapists and physicians who play a vital role in the total programming.
- 30-27-6 The curriculum for specialized instruction shall emphasize experiences that are arranged in a clear logical sequence of tasks or activities associated with life and social adjustment. The sequence of instruction shall be sufficiently task analyzed to allow effective presentation to the most dependent student. Each instructional unit of the curriculum will involve establishing instructional objectives, prerequisites, and procedures to facilitate mastery of the objective. In addition there shall be a task evaluation of progress toward the objective, recycling through the task and materials and equipment needed to teach the task. Units of instruction included in a curriculum for specialized instruction should comprise a total developmental educational sequence to meet life adjustment needs, including the areas of self care, speech and language development, gross motor and ambulation development, imitation and stimulation training, sensory development, social and play skills, concept development, pre-vocational and home living skills, self control of behavior, effective

skill development and physical development. The actual experiences provided in any instructional unit are basically the responsibility of the instructor but shall be determined by the needs of the individual student.

- 30-27-7 Student evaluations shall be an ongoing continuous process based upon clearly defined educational objectives for each student. Such evaluation procedures may include standardized scales or instruments appropriate to the defined educational objectives, but shall also include systematic measurement of individual components (or steps) of a formal and written training sequence. The particular method of instruction or approach selected should be based upon the specific needs and developmental level of the student as appropriate to the areas of cognitive, emotional, motor, and sensory development. However, the method used must be clearly identified as a formal program of instruction which allows the instructor to systematically evaluate the effectiveness of the program for each individual student. Evaluation of the individualized programs and method shall be considered an integral component of the educational process, and shall be conducted in an ongoing and continuous manner.
- 30-27-8 Current residential activities of: (a) providing care, (b) agency administration and management of living arrangements, (c) provision of food, clothing, shelter, (d) provision of health services, shall not be included in the designation of accounting or measurement of programs of specialized instruction.
- 30-27-9 State residential facilities providing educational services will meet state board rules and regulations with respect to school year, school week, school day, school age, and certification requirements for instructional and administrative personnel (professional and paraprofessional). They will also be required to submit an annual comprehensive written "Specialized Instruction Program Plan" to the Secretary. This plan will set forth definitions of the student population which will include functional level, age, types and severity of handicaps, descriptions or method for evaluating students, as well as methods, procedures or processes for establishing goals and objectives designed for meeting the training or educational needs of the students. The plan must include the method for demonstrating progress and measurable outcomes of the students enrolled in the specialized instruction training program. The plan must also include the administrative arrangements, staffing patterns and support services for the programs. In addition, the plan will contain a description of the inservice training program of all professionals and paraprofessionals who do not meet existing special education personnel certification requirements.
- 30-27-10 There shall be established an advisory committee to review and make recommendations concerning the "Specialized Instruction Plans" for specialized instruction programs at each of the residential facilities under the jurisdiction of the Secretary. The advisory committees will determine whether the implementation of the "Specialized Instruction Plan" can reasonably be expected to meet the instructional needs of residents not included in special education programs.
- 30-27-11 Each advisory committee will be selected as follows:
- One member selected by the superintendent who is a parent of a resident within the institution.
 - One member selected by Special Education Division of the State Department of Education.
 - One member selected by the Kansas Association for Retarded Citizens.

One member selected by the Kansas United Cerebral Palsy Association.

Three members selected by the Secretary to represent one member at large, one member of a college or university faculty, and a director of special education of a public school.

- 30-27-12 The Educational Program Specialist of the Department of SRS and the Educational Program Director of each institution shall meet with each advisory committee in a non-voting, ex-officio capacity. The Educational Program Specialist shall act as chairman of each committee.
- 30-27-13 The advisory committee for each institution shall hold one meeting a year for the express purpose of conducting a hearing on the "Specialized Instruction Plan" at which time members of the committee will hear oral description and justification of the plan and may ask questions of the director and personnel of the educational staff of the institution. The minutes of their meetings shall be sent to the superintendent and a copy filed with the Secretary. This committee shall meet a minimum of three times during the fiscal year to review the plan and the progress of the implementation of the plan.
- 30-27-14 A quorum of the advisory committee shall consist of five of the seven voting members. Four members voting affirmatively are required to pass motions of approval of the "Specialized Instruction Plan". Reimbursement for mileage and per diem will be provided for parents and consumer representatives.

ARTICLE 25 - YOUTH CENTER AT ATCHISON, BELOIT, TOPEKA
LARNED YOUTH REHABILITATION CENTER, AND
OSAWATOMIE YOUTH REHABILITATION CENTER

30-25-1. Management. The youth center at Atchison, the youth center at Beloit, the youth center at Topeka, the Larned youth rehabilitation center, and the Osawatomie youth rehabilitation center shall be under the supervision and control of the division of mental health and retardation services of the state department of social and rehabilitation services. (Authorized by K.S.A. 1974 Supp. 76-12a01, 76-2101, 76-2201, 76-12a07, effective May 1, 1976.)

30-25-2. Persons eligible for admission to the youth center at Atchison and the youth center at Topeka. Boys thirteen (13) years of age or older, who have been committed by a judge of a juvenile court in this state under the provisions of K.S.A. 38-826, may be admitted to the youth center at Atchison or the youth center at Topeka. (Authorized by K.S.A. 1974 Supp. 76-12a07, effective May 1, 1976.)

30-25-3. Persons eligible for admission to the youth center at Beloit. Girls thirteen (13) years of age or older, who have been committed by a judge of a juvenile court in this state under the provisions of K.S.A. 38-826, may be admitted to the youth center at Beloit. (Authorized by K.S.A. 1974 Supp. 76-12a07, effective May 1, 1976.)

30-25-4. Persons eligible for admission to the Larned youth rehabilitation center or the Osawatomie youth rehabilitation center. Boys sixteen (16) years of age or older, who have been committed by a judge of a juvenile court in this state under the provisions of K.S.A. 38-826, may be admitted to the Larned youth rehabilitation center or Osawatomie youth rehabilitation center. (Authorized by K.S.A. 1974 Supp. 76-12a07 and 75-3335a, effective May 1, 1976.)

30-25-5. Admissions. Upon receipt of a commitment order submitted on a form prescribed by the division of mental health and retardation services, accompanied by a social history, school records, and other pertinent information concerning the child that may be available to the juvenile court, the superintendent of the receiving facility shall promptly notify the court of the date and time the child so committed may be admitted. (Authorized by K.S.A. 1974 Supp. 76-12a07, effective May 1, 1976.)

30-25-6. Specialized Services. For the purpose of giving specialized services due to the age of the child or other treatment factors, the division of mental health and retardation services may designate the juvenile facility to which the child may be admitted. Information concerning such specialized services shall be transmitted by the division of mental health and retardation services to each juvenile court judge in the state. (Authorized by K.S.A. 1974 Supp. 76-12a07, effective May 1, 1976.)

30-25-7. Individual program for each child. Immediately following the admission of a child to the youth center at Atchison, the youth center at Beloit, the youth center at Topeka, the Larned youth rehabilitation center, or the Osawatomie youth rehabilitation center, or as soon as practical thereafter, the superintendent shall devise an individual program for the treatment, education, care, and housing of said child. (Authorized by K.S.A. 1974 Supp. 75-3303, 76-12a06, 76-12a07, 76-2112, 76-2211, effective May 1, 1976.)

30-25-8. Aftercare. Whenever a child is released from the youth center at Atchison, the youth center at Beloit, the youth center at Topeka, the Larned youth rehabilitation center, or the Osawatomie youth rehabilitation for a trial period, such child shall be under the supervision of a service worker in the district office of the state department of social and

rehabilitation services serving the community to which said child is being released. Such service worker shall make monthly reports to the superintendent of the releasing institution giving current pertinent information regarding the adjustment of said child and shall make recommendations regarding said child's discharge or return to the institution when such action appears appropriate to said worker. The final decision regarding discharge or return to the institution shall be made by the superintendent of the releasing institution. (Authorized by K.S.A. 1974 Supp. 75-3304, 76-12a07, 76-2109, 76-2114, 76-2209, 76-2212, effective May 1, 1976.)

30-25-9. Discharge. Whenever the superintendent of the institution to which the child has been committed shall find a child fully reformed, or said child reaches the age of twenty-one (21), said child shall be discharged. Reports submitted by service workers of the district office of the department of social and rehabilitation services supervising said child while away from the institution for a trial period shall be considered in arriving at the decision to discharge said child. (Authorized by K.S.A. 1974 Supp. 76-12a07, 76-2109, 76-2209, effective May 1, 1976.)

Article 7.--COMPLAINTS, APPEALS AND FAIR HEARINGS

30-7-1. WHO MAY APPEAL. Anyone may appeal to a state appeals committee appointed by the secretary from an agency action with which they are dissatisfied the decision or final action of any agency agent or employee. (Authorized by K.S.A. 39-708c and K.S.A. 1973 Supp. 75-3306; effective Jan. 1, 1967; amended Jan. 1, 1974; effective, E-74-45, August 28, 1974; effective May 1, 1975.)

30-7-2. AGENCY METHOD OF HANDLING COMPLAINTS. The agency shall establish regular methods of handling complaints which shall include the following:

- (A) The ~~district director~~ agency shall examine the nature of the complaint, review facts available in the case record, and decide upon suitable action.
 - (1) Suitable action except as specified below shall include one or more of the following: Oral interpretations, explanation by letter, contact by agency staff member, adjustment in assistance or other agency action when supported by facts, referral of claimant to fair hearing provisions.
 - (2) Recurring complaints which are established to be the result of confusion or emotional disturbance which cannot be mitigated shall be filed or recorded in the case record and no further action need be taken.

(3) Perplexing or difficult situations should be

brought to the attention of the regional director.

(Authorized by K.S.A. 39-708c and K.S.A. 1973 Supp. 75-3306; effective Jan. 1, 1967; amended Jan. 1, 1974; amended May 1, 1976.)

30-7-3. AGENCY METHOD OF HANDLING COMPLAINTS. The agency shall handle complaints received by it as follows:

- (A) A representative of the agency shall interview all complainants who appear in person in the state office.
- (B) A report of the interview shall be made to the district office.
- (C) A written complaint shall be evaluated by a representative of the agency, and a report submitted to the district office.

(Authorized by K.S.A. 39-708c and K.S.A. 1973 Supp. 75-3306; effective Jan. 1, 1967; amended Jan. 1, 1974.)

30-7-4. INFORMING APPLICANT OR RESCIPT OF RIGHTS. Whenever an individual makes a complaint regarding any action he shall be informed of his right to a fair hearing and of the fair hearing procedure.

(Authorized by K.S.A. 39-708c and K.S.A. 1973 Supp. 75-3306; effective Jan. 1, 1967.)

30-7-5. AGENTS BE FAIR HEARINGS FOR APPLICANTS AND RESCIPTS. An individual is entitled to a fair hearing under the following circumstances:

(a) if the opportunity to write application or rescission

for assistance or service has been denied.

ARTICLE 13 - - - - LICENSING OF VENDING STANDS

30-13-1. SCOPE OF RULES AND REGULATIONS. Rules and Regulations applicable to vending stands shall apply to all vending stands established and operated under the state program of the division of services for the blind and visually handicapped, state department of social and rehabilitation services of Kansas. (Authorized by K.S.A. 39-708c; effective Jan. 1, 1967; amended Jan. 1, 1974.)

30-13-2. ISSUANCE AND CONDITION OF LICENSE. Licenses shall be issued only to persons who are determined to be:

- (a) Blind according to the following definition of blindness which in medical terms is: "20/200 in the better eye with correction or limitation in the field of vision so that the widest diameter of the visual field subtends an angle no greater than 20 degrees."
- (b) ~~Twenty-one~~ Eighteen years of age or over.
- (c) Certified by the division's section of vocational rehabilitation as qualified to operate a vending stand.
- (d) In need of such employment, and who ~~has~~ resideds in the State of Kansas for at least one (1) year. (Authorized by K.S.A. 39-708c; effective Jan. 1, 1967; amended Jan. 1, 1974; amended May 1, 1976.)

30-13-3. EXPIRATION OF LICENSES. Licenses shall be issued for an indefinite period of time, but shall be subject to termination for failure to operate in accordance with rules and regulations, the terms and conditions governing the permit, or the agreement with the operator. (Authorized by K.S.A. 39-708c; effective Jan. 1, 1967.)

30-13-4. INCOME FROM VENDING MACHINES. All income from vending machines operated or controlled by the division within reasonable proximity to, and in direct competition with the vending stand, shall be assigned to the operator. (Authorized by K.S.A. 39-708c; effective Jan. 1, 1967.)