

Approved _____ Date 1-19-84 sh

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Marvin L. Littlejohn at
Chairperson

1:30 a/m./p.m. on January 18, 1984 in room 423-S of the Capitol.

All members were present except:

Committee staff present:

Emalene Correll, Research
Bill Wolff, Research
Norm Furse, Revisor
Sue Hill, Secy. to Committee

Conferees appearing before the committee:

Barbara Sabol, Secy. to Ks. Dept. of Health and Environment
Rebecca Kupper, Kansas Hospital Association
Bob Stocking, President of Board of Directors on Health Systems Agcy. N.E. Ks.
Richard L. Friedeman, Attorney from Great Bend, Kansas
Jerry Slaughter, Kansas Medical Society
Stu Entz, Kansas Association of Homes for the Aged
Nadene Griffin, Health Planning Review Commission, Abilene, Ks.

(See Attachment No. 1.), for visitor's register.

Chairman called the meeting to order.

SB 457

Called to attention of committee that SB 457 was passed out of committee yesterday had been determined to have a small technical error, and must be re-opened for action again this date. Revisor Norm Furse advised committee to the technical work needed on amendatory section of the bill. It was then made into a motion by Rep. Green that we go with the necessary changes. Rep. Walker seconded, and motion carried.

HB 2648 and HB 2649

Rep. Joan Wagon as a member of the Health Planning Review Commission, spoke to the requests of this Commission in regard to HB 2648 and HB 2649. She made several references to the Commission report during her remarks. (This report is already on file.) The only changes in these short bills is the expiration date and further commented that basically, HB 2648, concerns Certificate of Need and amending it to extend it for 3 years until July 1, 1987. HB 2649 is concerning the Kansas Health planning and development act, amending it to extend it for 3 years until July 1, 1987. She stated the Planning Review report gives a lot of background information on the Commission's charge on the study of, and evaluation of the role of Health Planning. The result of this study is the recommendation of these two bills. Said it was the general agreement of the Commission that we should continue the Certificate of Need program. There is a strong need for a strong health planning functioning at the State level. Rep. Wagon then answered questions from committee.

Chairman introduced Secy. Sabol from Health and Environment. Ms. Sabol presented handout to committee. (See Attachment No. 2.), for details. She gave background and cited 4 aims as outlined in her text on page 1. Simply put, she said, before a sponsor can build, expand, or renovate a hospital, nursing home, or other health facility, it must show that such construction, expansion, or renovation is in fact necessary. Given all the changes taking place in the Health Systems that are occurring, the Department of Health and Environment feels this in itself stands to support the need for the continuation of Health Planning and the Certificate of Need program. They support and requests your favorable action on HB 2648 and HB 2649. She then answered questions.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 423S Statehouse, at 1:30 /~~a.m.~~/p.m. on January 18, 1984

Rebecca Kupper from Kansas Hospital Association spoke briefly in favor of HB 2648 and HB 2649. (See Attachment No. 3.)

Bob Stocking, of Health Systems Agencies of North East Kansas, see (Attachment No. 4.), for details, spoke that keeping the Certificate of Need in the Health Systems Agency is valuable because it forces us all to make plans to respond to reality and to what really goes on. In general tho, he and his association are in favor of these two bills before committee. He announced the open-public hearing on the Certificate of Need will be on January 19, 1984, at 6:00 p.m., Veteran's Hospital.

Richard Friedeman, an attorney from Great Bend, Ks., spoke to committee his opposition to the Certificate of Need. Feels the three year extension is too long because there are changes taking place in health systems, and three years is too long in that work needs to be done during that interim period. Some changes should be made now. He personally is in favor of eliminating the Certificate of Need. Feels that presently, existing providers are favored over those who are not in existance.

Jerry Slaughter, Ks. Medical Society spoke to HB 2648 and HB 2649, in that today's environment these laws are rather superfluous, and perhaps do not do not accomplish what they were set up to do. Said they did participate in the hearings this summer of the Health Planning Review Commission and do support the recommendations of the committee, in that these bills be moved forward for another 3 years. We believe that Congress will act soon to loosen the law to apply more flexibility to the states, and does believe that is appropriate.

Stu Entz, Kansas Association Homes for Aged expressed that he feels the bills should pass as they now stand, however, he feels there is still a great deal of information that needs to be digested in the area of Health Planning and has concern that there will be no work done in the 3 year interim.

Nadene Griffin, spoke as a consumer member of the Health Planning Review Commission, strongly supporting these 2 bills be passed as recommended.

Representative Green stated that a conferee from his district was unable to present his statement in person, but will be sending a letter to the committee.

Ms. Lynelle King, Kansas State Nurses Association spoke briefly of support of these 2 bills.

Chairman adjourned the meeting at 2:35 p.m.

Date: 1-18-4

GUEST REGISTER

HOUSE

PUBLIC HEALTH AND WELFARE

PLEASE PRINT NAME

NAME	ORGANIZATION	ADDRESS
Marilyn Bradt	KINHI	Lawrence
Nadine Griffin	Health Plan Review Comm.	Abilene
ROBERT STOCKING	HSANEK	MOUND CITY
Mary Corrigan	KDH&E	Topeka
Scott Buckley	K D H E	
Steve Ashley	HSASEK	Wichita
Shary Baker	Youth Service	Topeka
PAT SCHAFFER	BUDGET	TOPEKA
Lynelle King	Ks. State Nurses' Assn	Topeka
Robert Harden	SRS	Topeka
Barbara Jacob	KDHE	"
Jerry SAUGHTER	KS MEDICAL SOCIETY	TOPEKA, USA
Rebecca Kupper	Ks. Hospital Assoc.	"
M. Hawco	Capital-Journal	"
Dick Friedman	Central Ks. Med. Soc.	Great Bend, KS.

Attn: #1.
1-18-1984

42

HEARING OF THE HOUSE
PUBLIC HEALTH AND WELFARE COMMITTEE
ON
HOUSE BILLS 2648 AND 2649

January 18, 1984

Presented by Barbara J. Sabol, Secretary
Kansas Department of Health and Environment

INTRODUCTION:

The health planning program we now operate was created under Federal Public Law 93-641, the Health Planning and Resources Development Act. There are four basic aims or goals which were generally considered for the program:

- Restrain unnecessary increase in health care costs.
- Prevent duplication of services.
- Increase the population's access to services and improve the acceptability and quality of services.
- Improve the population's health status.

Critics of the planning program cite increasing health care costs, marginal health status improvements, a continued lack of access to services for some populations, and other factors as evidence that the program has failed. Proponents of the program admit that there continue to be serious health care issues to address, but believe that the initial federal charges were so broad and idealistic that no program could have met them. I believe in the value of planning and that there are a number of examples of accomplishments and benefits of the Kansas program.

- Open, public forum of the Statewide Health Coordinating Council.
- Broad perspective analysis covering the role of the individual in health problems; basic biology; environment; and health care system.
- Adequate time for planning analyses.
- Publication of the Plan for the Health of Kansans.
- Special legislative studies on public health, credentialing, and underserved areas.
- Development of health promotion programs (PLUS and VOTE).

*Attn. # 2
1-18-1984*

- Development of area health education centers.
- Development of home health services.
- Data collection for hospitals and nursing homes.
- Health Care Expenditures report.
- Certificate of Need program.

The Certificate of Need program deserves special mention. The Certificate of Need law was enacted to restrain unnecessary increase in health care costs by preventing the unnecessary development of health care resources and services. Certificate of Need accomplishes this objective by requiring the sponsors of proposed projects to demonstrate a need for such a service or facility in their community. Simply put, before the sponsor can build, expand, or renovate a hospital, nursing home, or other health facility, it must show that such construction, expansion or renovation is, in fact necessary. The need for such a project is clearly delineated in the State Health Plan; a sponsor must, therefore, document that its project is consistent with the State Health Plan.

Throughout the seven years of the program's existence, Certificate of Need has been successful in preventing the development of projects that were not consistent with the State Health Plan; of nearly \$350,000,000 proposed to be spent for health related projects, more than \$40 million were denied by the Kansas Department of Health and Environment. Although Certificate of Need has not stopped health care cost inflation, it has eliminated some unnecessary expenditures.

One of the main reasons that Certificate of Need was introduced is the system by which Medicare and Blue Cross/Blue Shield reimbursed health facilities; under this method virtually any expenditure made by a health facility would be covered by either Medicare or Blue Cross/Blue Shield. Under this system, there is little or no incentive for cost consciousness. Thus, planning and Certificate of Need were introduced to assure that only those projects that were needed would be developed.

In 1983, some radical changes in the way that Medicare and Blue Cross/Blue Shield reimbursed were introduced; instead of the old cost-based system, these payors now use a prospective system call Diagnosis related Groupings (DRG's). Under this system, the hospital receives a single flat rate for each diagnosis upon discharge; in other words, a hospital is reimbursed a single payment for a kidney transplant, heart operation or tonsillectomy, etc., regardless of the expenses involved in treating the patient. This method is expected to make health care providers act more cost-efficiently.

However, there is a serious drawback to this new system; it does not cover all health care providers, nor does it cover all services. For instance, the system does not cover nursing homes, ambulatory surgical facilities, or

psychiatric or rehabilitation hospitals. Also, the DRG payment does not include any expenditures made by hospitals for building or equipment; thus, until 1986, should a hospital be built, expanded or renovated, or should it acquire new equipment, these expenditures will be reimbursed by Medicare. By 1986, Medicare should have determined how to include these costs in the DRG system. Thus, Certificate of Need is needed at least through that time.

SUMMARY OF H.B. 2648 AND H.B. 2649

The two pieces of legislation would extend the sunset dates of the Kansas Health Planning and Development Act (K.S.A. 65-4701 et seq.) and the Kansas Certificate of Need Act (K.S.A. 65-4801 et seq.) by three years, to July 1, 1987. If the sunset dates of both statutes are not extended during the 1984 Legislative Session, the acts will expire July 1, 1984.

The legislation was proposed by the 1983 Health Planning Review Commission.

ISSUES:

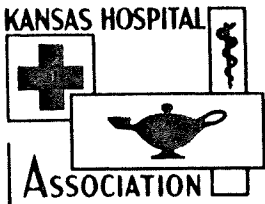
If K.S.A. 65-4701 et seq. and K.S.A. 65-4801 et seq. are allowed to expire on July 1, 1984, Kansas will not have a planning program which complies with the requirements of Public Law 93-641, the National Health Planning and Resources Development Act, and all amendments thereto. Should Kansas no longer comply with the federal mandate, the state will be at-risk for losing 25 percent of all federal Public Health Service funds coming into the state during the first year of noncompliance; the percentage reduction increases by 25 percent in each subsequent year of noncompliance.

For the last two years, the Kansas Legislature has extended the sunset date of K.S.A. 65-4701 et seq. and K.S.A. 65-4801 et seq. by one year during each session. The reason for the limited time extension had to do with anticipated changes in the federal health planning law which never materialized; had the federal law been modified, the Kansas legislation would have required some additional changes. At the present time, it appears that the federal program will be extended by Congress for several more years in a form similar to the present. Extending the expiration dates at the federal and state level would provide a level of backing and support for the programs which has been absent in recent years.

RECOMMENDATION:

H.B. 2648 and H.B. 2649 should be enacted.

3



Donald A. Wilson
President

STATEMENT OF THE KANSAS HOSPITAL ASSOCIATION
House Bills 2648 and 2649

House Public Health and Welfare Committee
January 18, 1984

House Bills 2648 and 2649 extend the certificate of need and health planning laws to July 1, 1987. We support the extension of these laws. However, we would like to express some of our concerns with these laws at an appropriate time.

*Attn #3
1-18-1984*

HEALTH SYSTEMS AGENCY
OF NORTHEAST KANSAS
TESTIMONY ON
HOUSE BILL 2648 CERTIFICATE OF NEED AND
HOUSE BILL 2649 KANSAS HEALTH PLANNING & DEVELOPMENT ACT
HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE
STATE CAPITOL, ROOM 423 S
TOPEKA, KANSAS
JANUARY 18, 1984

*Attn #4
1-18-1984*

Good Afternoon, Mister Chairman Littlejohn and members of the House Public Health and Welfare Committee. My name is Robert Stocking, Linn County businessman and President of the Board of Directors of the Health Systems Agency of Northeast Kansas (HSANEK). I am testifying today as the President of the Board of Directors of the HSANEK, which is a non-profit organization with a 50 member volunteer Board of Directors that serves the health plan development and CON needs of a twenty-five county area in Northeast Kansas. The volunteer Board of Directors has 25 representatives appointed by the County Commissions and the remaining Board members come from a wide range of rural and urban community groups and organizations.

One of the health planning functions of the HSANEK is to guide the development of the health care delivery system, through the Certificate of Need (CON) program, in such a manner that appropriate facilities, affordable health care and quality health care services are available to the residents of Northeast Kansas.

In view of the primary concerns of the HSANEK, I appreciate this opportunity to present the following testimony on H.B. 2648 concerning Certificate of Need for health care facilities and H.B. 2649 the Kansas Health Planning and Development Act:

H.B. 2648 - The CON program will benefit Kansans by ensuring that the appropriate needed facilities, affordable health care and quality health care services are available to both rural and urban communities. Therefore, the HSANEK strongly supports the passage of H.B. 2648.

H.B. 2649 -The extension of the Kansas Health Planning and Development Act will enable the proposed recommendations of the Kansas Health Planning Review Commission to be implemented by the Governor and the Kansas Legislature.

For the above reasons, the HSANEK supports the passage of H.B. 2649.

Enclosed as part of this testimony is a report of activities of the HSANEK during 1983. This information is provided for your leisure reading.

I would like to thank you for the opportunity to provide this testimony. I will be happy to respond to any questions that you may have.

SECTION IV
Report of Activities

SECTION IV

Baseline Report on Activities To Date

INTRODUCTION

This section is in response to the "Application Requirements For Application for Full Designation" in the "Health Systems Agency Application Guidelines for Designation and Grant". This report is divided into functional areas, as outlined in the agency's work program.

AGENCY ORGANIZATION AND MANAGEMENT

The Board of Directors and existing Committees met regularly, generally monthly, to conduct agency business. The Board and each Committee contain consumer majorities with the required representation levels for minorities. Further, half the Board members are appointed by County Commissioners ensuring additional broad based representation. In response to our own internal environmental assessment and work program, several accomplishments were made.

The Agency's working documents on the future of health planning were presented both to the SHCC, the Health Planning Review Commission, and to the Kansas legislature Public Health and Welfare Committees. During the 1983 summer interim legislative session the Agency staff and volunteers, continuously monitored and testified at the Public Health and Welfare Committee. In addition, an Agency representative sat on the Health Planning Review Commission which discussed the future of health planning in Kansas.

To cut meeting costs, the Board and Executive Committee now meet on alternate months thereby saving mileage and food expenses. Board membership totaling 50, and Executive Committee membership totals 15 members. In addition, meetings are now held at the local Veteran's Administration Hospital and/or at the Agency's Conference Room at no cost, with sandwiches and soft drinks now provided instead of hotel meals. This cut the cost of food expenses by 50%.

Agency manuals and procedures were updated as needed. Further office economies were also implemented including some modifications to employee benefit packages, relocation of Agency offices to other less expensive quarters, and other material overhead expenses.

These economies were instituted due to FY 83 funding cuts and the adopted policy to redirect expenditures toward activities that would yield specific planning products of long term benefit to the community.

Based on our environmental assessment, the Agency management function priority activity has been to prepare contingency plans for different eventualities. Plans have been developed for the following:

- Agency support of new organizations
- Agency conversion to state funded operation
- Agency conversion to private funded operation
- Ultimate termination of federal grant support

Continuing grants management will center on cutting costs, managing essential operations and retaining essential staff.

PLAN DEVELOPMENT

The public hearings for the Third HSP and AIP were held in December, 1982. Committee revisions were made in February, 1983, and the final drafts were approved by the Board in March, 1983.

Plans were made to develop a new Mental Health component and a new High Technology Diagnostic Procedures component for the upcoming HSP, in conjunction with implementation activities to be conducted with local communities in Kansas as they sought to respond to federal budget cuts and/or change the health system.

All previous components of the HSP have been updated with most recent data. In several cases, data is as recent as November of 1983, cooperatively provided by area providers.

The Plan Development Committee approved the Fourth HSP in November of 1983 as did the Executive Committee, so that the draft document is now ready for public hearing. The fourth generation HSP and AIP Public Hearing will be held in December of 1983 with full action anticipated by the Board of Directors in the winter of 1984.

The Plan Development Committee also spent considerable time developing the following documents and reports:

- o Health Profiles of Northeast Kansas, 1983
- o Health Care Personnel Directory for Northeast Kansas, 1983
- o Shawnee County Aging Plan, 1983
- o Hospital Charges Task Force Report, 1983

The areas under consideration for a new HSP Component for year 05 are the development of a Facilities Plan and a Minorities Health Plan. Finally, the Agency during year 05 will gear up to enter a 3 year cycle health planning mode.

PLAN IMPLEMENTATION/REVIEW ACTIVITIES

At this point the agency is a full participant in the Kansas CON process. The Committee met every other month in 1983 to conduct all public hearings and arrive at findings and recommendations for the Board.

Attached is a summary of CON activity involving this agency since the program began. In the period November 1982 to November 1983 the Agency reviewed CON projects totalling \$7,850,338. Of those \$4,568,850 or 58% were denied; another \$2,191,488 or 28% were approved; and \$1,090,000 or 14% were withdrawn.

The Committee and Board, following passage of the Reconciliation Act which defined new CON thresholds, also adopted an Accelerated Review Policy. The criteria are based on the state guidelines. However, the Kansas legislature passed into law the new federal thresholds so the Accelerated Review Policy is no longer required.

PLAN IMPLEMENTATION/HEALTH SYSTEMS DEVELOPMENT

During the year, the agency was involved in several major activities. These included:

- o Working with the Emergency Medical Services (EMS) Region IV Council to provide technical assistance to their reorganization efforts. The Agency staff has provided management, and secretarial support to the EMS Region IV. The HSA technical assistance will enable the EMS Region IV Council to conduct a fund raising campaign to match with local funds, \$20,000 granted by the Kansas Legislature to initiate its operations. Should this fund raising campaign prove successful, the EMS Region IV Council will be able to provide:
 - 1) Training to EMS and health care personnel on the latest emergency medical techniques.
 - 2) Development and funding of a local communications plan that makes sense to rural counties in northeast Kansas HSA II.
 - 3) Monitoring of legislative activities and dissemination of EMS data to pertinent legislative committees.
 - 4) Development of cooperative agreements within the 29 area counties for Mutual Aid and Disaster Planning.
 - 5) Publishing of a newsletter to inform Northeast Kansas about EMS activities.

- o Agency staff provided health planning technical assistance to Gridley Medical Services, Inc. a grass roots organization in Coffey County. This organization's mission is to develop a rural health system in communities within a 30 mile radius from Gridley, Kansas by recruiting needed health care personnel and developing the appropriate medical facilities. Gridley Medical Services, Inc. with the assistance of the Agency staff, has applied for HMSA designation and has developed an MUA application. In addition, with the assistance of Region VII officials a NCHS site application has been prepared and submitted.
- o Washington County requested the Agency's technical assistance in the designation of the Clifton, Kansas area as a dental HMSA. This designation will enable the Horizons Clinic to secure a dentist and make his/her services available to resident of Washington County.
- o Access Center for the Elderly, (ACE) a project sponsored by a group of social and health services agencies in Manhattan City and Riley County requested the Agency's staff to provide LTC planning and data analysis assistance. The Agency staff participated in various meetings and provided a demographic analysis, with emphasis on the elderly population of Riley County. This technical assistance enabled the group of social and health agencies, government leaders, elderly residents and interested persons to develop and initiate a case management project for elderly residents in Riley County. This project will assist frail elderly persons to obtain access to social and health care services at the appropriate level of care.

Currently, community leaders are attempting to gather support for the development of a Riley County Aging Plan. Agency staff have been requested to provide technical assistance to this group.

- o The Shawnee County Aging Plan Ad Hoc Committee completed its work on the Shawnee County Aging Plan in February, 1983. The Aging Plan was well received by provider and consumer groups and the public at large. A Case Management Task Force has been assembled by the Jayhawk Area Agency on Aging to implement the Aging Plan recommendations to coordinate LTC services to the elderly. Agency staff has participated in the work of the Task Force. The Jayhawk AAA has submitted a grant proposal in the amount of \$35,000 to the KDOA. These funds will be matched with \$15,000 from the Topeka/Shawnee County Local Health Department in order to establish a case management program for the elderly.

- o Data Analysis and interpretation were provided to various community organizations such as Douglas County LIVELY Project, Dickinson County Home Health project, St. Mary's Hospital--Lyon County--Home Health project, Topeka Physicians and Osage County Medical Facilities Planning Committee.
- o Agency staff participated and provided technical assistance to Shawnee County Advocacy Council on Aging annual on-site assessment of grantees. This activity included visiting and assessing various health and social service projects in Shawnee County. The Executive Director has been appointed by the Shawnee County Commission to membership on the Board of Directors of the SCACA.
- o The Agency staff provided developmental technical assistance to three grass roots groups, with the non-profit incorporation process. These corporations were established to aid handicapped persons gain access to health services; to access health care services to Hispanic Citizens; and finally to encourage businesses and industry to form a coalition, to address the escalating increases in health care costs in Kansas, especially in Northeast Kansas.
- o Agency staff participated in and provided technical assistance to the Shawnee County Ambulance Task Force in identifying the criteria and standards for the proper management and functioning of a countywide ambulance service.

In addition to these activities, the agency continues to act on requests for data from area hospitals, assist in physician recruitment for local communities and other situations as they arise.

DATA MANAGEMENT AND ANALYSIS

Data sets are continually being updated including those from the State, particularly the Department of Health and Environment, from the Census data, and from providers including the hospital association.

The agency developed the 1983 County Health Profiles, which contain demographics, socio-economic and health data, for the health service Area II. This document will be disseminated to county governments, providers and consumers in our area.

A survey of Mental Health Services in the 25-county area was conducted by Agency staff as part of the Mental Health Plan. This data will be included in the final draft of the Mental Health Plan.

In addition, a 1983 inventory of primary care physicians in the Health Manpower Shortage Areas (HMSA) has been taken and a HMSA final report will be issued by the end of our fiscal year. This inventory is conducted with the assistance of the Agency Board of Directors.

COORDINATION

The agency has continued to coordinate its activities with other HSAs, particularly the one in Wichita where CON staff reports have been exchanged for similar projects.

Agreements were finalized with the local PSRO, EMS Councils, Mental Health Planning Agencies, Area Agencies on Aging, the A-95 Agency and other community based organizations. All these Memoranda of Agreements will be renewed this year.

Nationally, the agency remains involved with the American Health Planning Association. Statewide, many of our Board members are involved with public health departments, CAP agencies and mental health groups as well as providers plus the university community. These contacts provide us with access to their activities and vice versa. In addition, staff has begun to participate in health related community organization's Board of Directors, such as Hospice, Shawnee County Advocacy Council on Aging, EMS Region IV Council and the Kansas Public Health Association, and the National Hispanic Council on Aging.

PUBLIC INVOLVEMENT AND EDUCATION

Our extensive mailing list of over 1400 groups and individuals receives our bi-monthly newsletter which includes review activities information, plus the future of health planning both in the state and nationally.

We also maintain a list of 200 individuals and organizations who are affected persons for CON purposes. These regularly receive public notice of all CON projects plus the agency's review schedule.

All of our meetings receive coverage from the official state newspaper, the Topeka Capital Journal and rural county newspapers. Television coverage is also provided periodically. Staff and Board members have made TV appearances explaining what the agency does and some of its projects. At the Agency's initiative, Channel 11, PBS aired a series of health care talk shows to debate relevant issues such as: cost containment, physician advertisement, alternatives to hospital births, etc.

Also in 1983, through Board initiative Governor John Carlin proclaimed the week of April 4-11 as "Local Health Planning Volunteer Week" in which one of the Agency Board members was honored.

Our board also supplies us with strong public involvement since half the members are appointed by local county commissions. The latter are public elected bodies who serve as effective communicators of what is affecting their constituents in the health field.

Support for other organizations that might provide planning services is also being planned, as reflected earlier in the section on agency management and as described in more detail in the current and previous agency work programs.

HEALTH SYSTEMS AGENCY OF NORTHEAST KANSAS
 CERTIFICATE OF NEED PROGRAM SUMMARY
 November 30, 1983

<u>Project #</u>	<u>Description</u>	<u>Sponsor</u>	<u>Project Cost</u>	<u>Current Status</u>
2-DK-061	60 Bed ICF	Solomon Manor Estates, Inc.	\$800,000	Withdrawn
2-SN-063	Full Body CT Scanner	Memorial Hospital	\$683,550	Approved
2-SN-064	60 Bed ICF-MR	The Lodge, Inc.	\$ 40,000	Approved
2-SN-065	Expansion of Hemodialysis	St. Francis Medical Center	\$ -0-	Withdrawn
2-BR-066	11 Bed Addition	Oak Ridge Acres, Inc.	\$143,000	Withdrawn
2-BR-067	60 Bed ICF	Westwood Development Co.	\$775,000	Withdrawn
2-FR-068	12 Bed ICF	Ransom Memorial Hospital	\$ -0-	Approved
2-BR-070	Addition to ICF & Renovation	Maple Heights, Inc.	\$140,000	Withdrawn
2-OS-071	24 Bed Alcoholism	Osage Treatment Center, Inc.	\$142,000	Withdrawn
2-SN-072	Addition of 35 ICF Beds	Rossville Valley Manor	\$400,000	Denied
2-SN-073	Nuclear Medicine Service	Community Memorial Hospital	\$115,000	Withdrawn
2-JA-074	Bed Conversion To Different Levels of Care	Holton	\$ 5,000	Withdrawn
2-AN-075	Mobile Nuclear	Anderson County Hospital	\$ -0-	Approved

Program Summary - Page 2
 November 30, 1983

<u>Project #</u>	<u>Description</u>	<u>Sponsor</u>	<u>Project Cost</u>	<u>Current Status</u>
2-JF-076	34 ICF Beds	Jefferson City Hospital	\$200,000	Withdrawn
2-AT-077	Renov./Expan. of Alcoh./Drug Abuse Treatment Facility	Valley Hope Association	\$278,100	Approved
2-SN-078	Education Building	Stormont-Vail	\$4.7 Million	Approved
2-LY-079	CT Scanner	Newman Memorial (Emporia)	\$840,400	Withdrawn
2-SN-080	Conversion of 34 of 100 ICF to SNF	United Methodist Homes for Aged	\$ -0-	Not Required
2-SN-081	Conversion 50 ICF to 58 SNF	Aldersgate Village	\$ 3,875	Approved
2-GE-082	Expansion of Med. Arts Building	Geary Community Hospital	\$660,000	Approved
2-LY-083	CT Scanner	St. Mary's Hospital (Emporia)	\$959,000	Approved
2-MS-084	Mobile Nuclear Medicine	Marysville Hospital	\$ -0-	Approved
2-SN-086	Expansion/Renovation	Slagle Sch. Topeka State Hospital	\$2,991,010	Not Required
2-BR-087	Const. of Medical Office Building	Hodon Foundation	\$491,500	Approved
2-FR-088	Replacement of ICF Facility + New Beds	Cedar House (Ottawa)	\$1,700,000	Withdrawn
2-SN-089	Purchase Digital Radiograph Equip.	Stormont-Vail Hospital	\$335,000	Withdrawn
2-SN-090	Add 35 SNF Beds	Rossville Valley Manor	\$500,000	Denied
2-PT-091	Renovation/Expansion	Onaga Community Hospital	\$378,000	Approved

<u>Project #</u>	<u>Description</u>	<u>Sponsor</u>	<u>Project Cost</u>	<u>Current Status</u>
2-SN-092	Purchase of Digital Subtraction Angiography Equip.	St. Francis Hospital	\$ 350,000	Withdrawn
2-SN-093	Add 10 ICF Beds	Briarcliff Care Center, Inc.	\$ 92,000	Letter of Int.
2-RL-094	Establish Mobile CT Scanner Services	Mobilscan, Inc.	\$ 1.1 Million	Approved
2-DG-095	Purchase Full Body CT Scanner	Lawrence Memorial Hospital	\$ 968,000	Approved
2-SN-096	Purchase Full Body CT Scanner	Stormont-Vail Hospital	\$ 1.3 Million	Approved
2-FR-097	Replace 113 ICF Add 7 ICF Beds	Ottawa Care Center	\$1,223,488	Approved
2-JE-098	Add 60-80 Beds	Kaw Valley Care Home	\$ 1. Million	Letter of Int.
2-MS-099	Build 50-60 ICF	Summerfield Care Center	\$1,227,386	Denied
2-SN-100	60 Bed ICF	Aldersgate Village	\$1.2 Million	Denied Pending State Decision
2-NM-101	New 31 Bed Hospital	Nemaha Valley Comm. Hosp.	\$3.7 Million	Application Received
2-LY-102	60 Bed ICF/SNF	Retirement Living, Inc.	\$2,141,464	Denied
2-SN-103	ICF Facility For Mentally Ill	Project Charlee	\$ 90,000	Withdrawn
2-SN-104	NMR	Cooperative Planning Group	\$ 3.9 Million	Letter of Intent
2-CY-105	Renovate/Expand Residence by 6 Beds	Clay County Hospital	\$ 2.4 Million	Public Hearing 12/15/83
2-DG-106	Lease 100 Bed Nursing Home	Autumn Care Manor	\$ 135,617	Letter of Intent