

MINUTES OF THE SENATE WAYS AND MEANS COMMITTEE

The meeting was called to order by Chairman Dwayne Umbarger at 10:30 A.M. on January 19, 2007, in Room 123-S of the Capitol.

All members were present except:

Senator Jim Barone- excused
Senator Carolyn McGinn- excused
Senator Vicki Schmidt- excused
Senator David Wysong- excused

Committee staff present:

Jill Wolters, Senior Assistant, Revisor of Statutes
Alan Conroy, Director, Kansas Legislative Research Department
J. G. Scott, Kansas Legislative Research Department
Amy Deckard, Kansas Legislative Research Department
Susan Kannarr, Kansas Legislative Research Department
Michael Steiner, Kansas Legislative Research Department
Melinda Gaul, Chief of Staff, Senate Ways & Means
Mary Shaw, Committee Assistant

Conferees appearing before the committee:

Kathy Greenlee, Acting Secretary, Kansas Department on Aging
Donald Jordan, Acting Secretary, Kansas Department of Social and Rehabilitation Services
Janis DeBoer, Deputy Secretary, Kansas Department on Aging
Scott Brunner, Chief Financial Officer, Kansas Health Policy Authority

Others attending:

See attached list.

Bill Introductions

Senator Schodorf moved, with a second by Senator Emler, introduction of a bill concerning creating the autism task force (7rs0567). Motion carried on a voice vote.

Senator Teichman moved, with a second by Senator Emler, introduction of a conceptual bill requiring the department of wildlife and parks to purchase vessel liability insurance. Motion carried on a voice vote.

Chairman Umbarger opened the confirmation hearing for:

Kathy Greenlee, Appointment as Secretary, Kansas Department on Aging (Attachment 1)

Ms. Greenlee gave a brief biography of experience over her years in state government in a wide variety of positions. There was committee discussion including questions. Ms. Greenlee has served as Acting Secretary of Aging since January of 2006.

The Chairman closed the confirmation hearing.

Senator Teichman moved, with a second by Senator Kelly, to recommend the confirmation of the appointment of Kathy Greenlee as Secretary, Kansas Department on Aging. Motion carried on a roll call vote.

Chairman Umbarger opened the confirmation hearing for:

Donald Jordan, Appointment as Secretary, Kansas Department of Social and Rehabilitation Services (Attachment 2)

CONTINUATION SHEET

MINUTES OF THE Senate Ways and Means Committee at 10:30 A.M. on January 19, 2007, in Room 123-S of the Capitol.

Mr. Jordan gave a brief biography of experience over his years in state government in a wide variety of positions. There was committee discussion including questions. Mr. Jordan most recently served as Commissioner of the Juvenile Justice Authority.

Senator Kelly moved, with a second by Senator Betts, to recommend the confirmation of the appointment of Donald Jordan as Secretary, Kansas Department of Social and Rehabilitation Services. Motion carried on a roll call vote.

Chairman Umbarger welcomed the following conferees who presented updates on caseload estimates:

Don Jordan, Acting Secretary, Kansas Department of Social and Rehabilitation Services (Attachment 3). Mr. Jordan provided information regarding Temporary Assistance for Families, General Assistance, Reintegration/Foster Care Contracts, Nursing Facilities for Mental Health and Regular Medical.

Janis DeBoer, Deputy Secretary, Commissioner of Program and Policy, Kansas Department on Aging (Attachment 4). Ms. DeBoer explained Medicaid average caseload, expenditures and average monthly payments for the Nursing Facility program and Home and community Based Services/Frail Elderly waiver. She noted that they continue to experience a downward trend in nursing facility caseload and an increase in demand for community-based services.

Scott Brunner, Chief Financial Officer, Kansas Health Policy Authority (Attachment 5). Mr. Brunner explained the consensus caseload process and detailed the Kansas Health Policy Authority caseload estimates. He noted that the population and cost increases contribute to the State General Fund increase, but there is also an anticipated drop in the federal Medicaid matching rate from 60.25 percent to 59.43 percent. The combined impact of the projected caseload increases and the decrease in the Federal Match rate is approximately \$30 million net increase in State General Fund needed.

Copies of the 2007 Senate Ways and Means Subcommittee Assignments were distributed to the Committee (Attachment 6).

The meeting adjourned at 11:40 a.m. The next meeting is scheduled for January 22, 2007.

**SENATE WAYS AND MEANS COMMITTEE
GUEST LIST**

Date January 19, 2007

| Name | Representing |
|---------------------------|-------------------|
| Daci Ward | KDOA |
| Kathy Siemeyer | KDOA |
| Barb Corant | KDOA |
| Don Joda | SAS |
| Kyle Kessler | SRS |
| Scott Brunner | KHPA |
| Luke Thompson | KHPA |
| CRAIG KABERLINE | K4A |
| Jennifer Schwartz | KACIL |
| Jessie Torres | SILCK |
| Nancy Pierce | KHCA |
| Lana Howard | SRS |
| Lois Weeks | SRS |
| Janis DeBoer | KDOA City |
| Gil Crue | Ombudsmans Office |
| Bryan Behgam | Governor's Office |
| Jaleyn Copp | Governor's Office |
| Hally Pollock | Governor's Office |
| Blake Huff | Governor's Office |
| Kevin Siek | TILRC |
| William D. Stierberg, Sr. | TOPEKA NAACP |
| Mary Ann | KAHSA |
| Ron Seiber | Hein Law Firm |

Senate Confirmation Information Summary
Prepared and Submitted by the Office of Governor Kathleen Sebelius

Appointee: Kathy Greenlee

Position: Secretary, Department on Aging

Appointment Date: December 8, 2006 **Expiration Date:** N/A

Term Length: Pleasure of the Governor

Statutory Authority: K.S.A. 75-5903

Party Affiliation: Democrat

⇒ Statutory geographic representation
Requirements (*insert any that apply*)

Congressional District:

County:

Size requirement (*if any*):

Other, specify:

⇒ Statutory party affiliation requirement:

⇒ Statutory industry or occupation requirements:

Salary: \$96,331.85

Predecessor: Pamela Johnson-Betts

Board Composition Prior to Confirmation of New Appointee:

N/A

*Senate ways and means
1-19-07
Attachment 1*

KATHY GREENLEE

1521 Alvamar Drive
Lawrence, KS 66047
785/218-4461 (cell); 785/296-5222 (work)
kgreenlee@sunflower.com

EDUCATION

University of Kansas School of Law
Juris Doctor, May 1988
Admitted to the Kansas bar, September 1988

University of Kansas
B.S. Business Administration, January 1985

EMPLOYMENT

Kansas Department on Aging, Topeka, Kansas

Acting Secretary of Aging

Serve as head of cabinet-level agency dedicated to improving the security, dignity and independence of Kansas seniors. Manage an agency consisting of 210 staff with a total budget of \$450 million. Responsible for administration of Older American's Act programs, distribution of Medicaid long-term care payments and regulation of nursing home licensure and survey process. Participate on a number of interagency boards and committees including the Health & Human Services cabinet team, the Kansas Health Policy Authority Board of Director and the Workforce Network of Kansas Board.

Office of the State Long-Term Care Ombudsman, Topeka, Kansas

State Long-Term Care Ombudsman

August 2004 to January 2006

Served as director of a program dedicated to advocating for residents of long-term care facilities. Prepared agency budget. Established and maintained relationships with consumer advocates, nursing home professionals, Kansas legislature, Kansas Silver Haired Legislature, other state agencies and Governor's office.

Kansas Department on Aging, Topeka, Kansas

Assistant Secretary

November 2003 to July 2004

Served as legislative liaison and chief budget officer. Tracked legislation and prepared testimony. Supervised Human Resources unit and three other staff.

Office of the Governor, Topeka, Kansas

Chief of Staff, Chief of Operations

November 2002 to October 2003

Served as Chief of Staff during gubernatorial transition and first legislative session. In July 2003, become chief operating officer for the Governor's office.
Chair, Criminal Justice Coordinating Council
Chair, Governor's Council on Homeland Security

Kansas Insurance Department, Topeka, Kansas

General Counsel

January 1999 to November 2002

Supervised fifteen legal division staff, including six attorneys. Advised Commissioner of Insurance on broad range of regulatory and policy issues. Worked closely with other divisions, including financial surveillance. Coordinated with outside special deputy liquidator regarding insolvency proceedings. Drafted legislation, communicated with interested parties and testified before legislative committees.

Major projects: Lead team of regulators who evaluated proposed sale of Blue Cross/Blue Shield of Kansas. Chaired National Association of Insurance Commissioners, Managed Care Organizations working group.

Director, Consumer Assistance Division

April 1995 to January 1999

Supervised twenty-five consumer assistance staff, including Wichita branch office and market conduct unit. Provided assistance to consumer representatives regarding consumer complaints. Responded to inquiries from consumers and legislators. Gave speeches to consumer and industry groups. Handled complex consumer complaints involving all lines of insurance.

Office of the Attorney General, Topeka, Kansas

Assistant Attorney General

Consumer Protection Division

August 1992 to January 1995

Enforced Kansas Consumer Protection Act. Represented State of Kansas in district court. Developed expertise in areas of telemarketing fraud, puzzle contests and junk mail. Prosecuted and closed illegal pyramid scheme. Communicated with other state and federal agencies. Made public presentations.

Assistant Attorney General

Division of Alcoholic Beverage Control, Kansas Department of Revenue

April 1991 to August 1992

Administratively prosecuted violations of the Kansas Liquor Control Act. Served as counsel to the agency. Supervised staff of four non-attorneys. Represented agency in state district court and court of appeals. Worked closely with chief investigator and liquor control agents. Conducted in-service training.

Legal Aid Society of Topeka, Topeka, Kansas

Staff Attorney

July 1989 to April 1991

Half-time elder law; half-time general civil law. Handled divorce, paternity, child custody and social security disability cases. Prepared simple wills and living wills. Made numerous presentations to senior citizen organizations.

Kansas Coalition Against Sexual and Domestic Violence, Lawrence, Kansas

Executive Director

January 1987 to July 1989

Served as first paid staff member for statewide association. Worked with local programs. Provided technical assistance and training. Member, Kansas Attorney General's Victims' Rights Task Force.

PUBLICATIONS AND PRESENTATIONS

National Association of Insurance Commissioners

Regulating the Marketplace workshop, June 2001 and 2002

Kansas Women Attorneys Association, Annual Conference

Health Insurance Law, July 2001

Kansas Insurance Department, Insurance Institute

Overview of Blue Cross/Anthem transaction, February 2001

Presentation on current issues, February 2000

American Health Lawyers Association, Managed Care Law Conference

Presentation on regulating HMO's, December 1999

Kansas Long-Term Care Handbook, First Edition, 1999

Kansas Bar Association publication

Chapter 1: Planning in Advance. Authored section on long-term care insurance.

Chapter 2: Medicare. Authored section on Medicare supplement insurance.

Kansas Bar Association, Continuing Legal Education workshop

Presentation on Long-Term Care and Medicare supplement insurance

February 1999

Ellis County Bar Association, Continuing Legal Education workshop

Presentation on Kansas Consumer Protection Act, 1994

COMMUNITY INVOLVEMENT

Douglas County Democrats Central Committee

Chair, November 2004 to November 2006

Secretary, November 2002 to November 2004

Housing and Credit Counseling Inc. of Topeka
President, 2000 to 2002
Board of Directors, 1997 to 2002

United States' Attorney's Hate Crimes Task Force
District of Kansas, 1999 to 2000

Freedom Coalition, Inc, Lawrence, Kansas
Member, Coordinating Council, 1993 to 2000
Co-Chair, Political Committee, 1994 to 2000

Women Attorneys Association of Topeka
President, 1995-96
Statewide Conference Chair, 1994
Board of Directors, 1992 to 1997

REFERENCES AVAILABLE UPON REQUEST



KANSAS GOVERNMENTAL ETHICS COMMISSION

STATEMENT OF SUBSTANTIAL INTERESTS FORM

INSTRUCTIONS. This statement (pages 1 through 4) must be completed by individuals who are required to do so by law. Any individual who intentionally fails to file as required by law, or intentionally files a false statement, is subject to prosecution for a class B misdemeanor.

Please read the "Guide" and "Definition" section provided with this form for additional assistance in completing sections "C" through "G". If you have questions or wish assistance, please contact the Commission office at 109 West 9th, Topeka, KS or call 785-296-4219.

A. IDENTIFICATION:

PLEASE TYPE OR PRINT

Greenlee

Kathy

Jo

Last Name

First Name

MI

Spouse's Name

1521 Alvarado Drive

Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number

Lawrence KS 66547

City, State, Zip Code

785-218-4461 (cell)

785-296-5222

Home Phone Number (include area code)

Business Phone Number (include area code)

B. THIS FORM IS REQUIRED TO BE FILED BECAUSE YOU ARE:

(check one or more of the following)

- 1. State Elected Official (Governor; Lt. Governor, Attorney General, Commissioner of Insurance, State Treasurer, Secretary of State, State Senator, State Representative, Member of State Board of Education or District Attorney);
2. Appointed Member of a State Board, Council, Commission or Authority;
3. Appointed State Position is Subject to Senate Confirmation;
4. Employee of a State Agency or University;
5. General Counsel for a State Agency;
6. Candidate for State Office.

nominated to be Secretary Kansas Dept on Aging

List Name of Agency, Board, University or Elected Position (You may use abbreviations but not acronyms)

Division if applicable (May use acronyms)

Position

The last four digits of your social security number will aid in identifying you from others with the same name on the computer list. This information is optional.

C. OWNERSHIP INTERESTS: List any corporation, partnership, proprietorship, trust, joint venture and every other business interest, including land used for income, and specific stocks, mutual funds or retirement accounts in which either you or your spouse has owned within the preceding 12 months a legal or equitable interest exceeding \$5,000 or 5%, whichever is less. If you or your spouse own more than 5% of a business, you must disclose the percentage held. Please insert additional page if necessary to complete this section.

If you have nothing to report in Section "C", check here _____

| BUSINESS NAME AND ADDRESS | TYPE OF BUSINESS | DESCRIPTION OF INTERESTS HELD | PERCENT OF OWNERSHIP INTERESTS | HELD BY WHOM |
|--|-----------------------|-------------------------------|--------------------------------|--------------|
| 1. Additions through ING Deferred Comp program | Cash | | | Self |
| 2. | | | | |
| 3. ING Fixed Account | Cash | \$4,318.59 | | |
| 4. ING VP Intermediate Bond Port-I | bonds | \$4,380.26 | | |
| 5. ING VP Growth + Income Port I | large cap value | \$8963.06 | | |
| 6. TIA Growth Fund of America | large cap growth | \$8819.85 | | |
| 7. Allianz NFJ Small Cap Value fund | small/med/ specialty | \$4373.00 | | |
| 8. Lord Abbett Mid-Cap Value fund | small/med/ specialty | \$4526.70 | | |
| 9. ING Oppenheimer Global Portfolio | global/ international | \$9039.45 | | |
| 10. | | | | |

D. GIFTS OR HONORARIA: List any person or business from whom you or your spouse either individually or collectively, have received gifts or honoraria having an aggregate value of \$500 or more in the preceding 12 months.

If you have nothing to report in Section "D", check here X

| NAME OF PERSON OR BUSINESS FROM WHOM GIFT RECEIVED | ADDRESS | RECEIVED BY: |
|--|---------|--------------|
| 1. | | |
| 2. | | |
| 3. | | |

H. RECEIPT OF COMPENSATION: List all places of employment in the last calendar year, and any other businesses from which you or your spouse received \$2,000 or more in compensation (salary, thing of value, or economic benefit conferred on in return for services rendered, or to be rendered), which was reportable as taxable income on your federal income tax returns.

1. YOUR PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING CALENDAR YEAR. IF SAME AS SECTION "B", CHECK HERE .
If you have nothing to report in Section "E"1, check here ____.

| | NAME OF BUSINESS | ADDRESS | TYPE OF BUSINESS |
|----|------------------|---------|------------------|
| 1. | | | |
| 2. | | | |

2. SPOUSE'S PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING CALENDAR YEAR.
If you have nothing to report in Section "E"2, check here .

| | NAME OF BUSINESS | ADDRESS | TYPE OF BUSINESS |
|----|------------------|---------|------------------|
| 1. | | | |
| 2. | | | |

F. OFFICER OR DIRECTOR OF AN ORGANIZATION OR BUSINESS: List any organization or business in which you or your spouse hold a position of officer, director, associate, partner or proprietor at the time of filing, irrespective of the amount of compensation received for holding such position. Please insert additional page if necessary to complete this section.
If you have nothing to report in Section "F", check here .

| | BUSINESS NAME AND ADDRESS | POSITION HELD | HELD BY WHOM |
|----|---------------------------|---------------|--------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |

G. RECEIPT OF FEES AND COMMISSIONS: List each client or customer who pays fees or commissions to a business or combination of businesses from which fees or commissions you or your spouse received an aggregate of \$2,000 or more in the preceding calendar year. The phrase "client or customer" relates only to businesses or combination of businesses. In the case of a partnership, it is the partner's proportionate share of the business, and hence of the fee, which is significant, without regard to expenses of the partnership. An individual who receives a salary as opposed to portions of fees or commissions is generally not required to report under this provision. Please insert additional page if necessary to complete this section.

If you have nothing to report in Section "G", check here .

| | NAME OF CLIENT / CUSTOMER | ADDRESS | RECEIVED BY |
|-----|---------------------------|---------|-------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |
| 13. | | | |

H. DECLARATION:

I, Kathy Greenlee, declare that this statement of substantial interests (including any accompanying pages and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement of all of my substantial interests and other matters required by law. I understand that the intentional failure to file this statement as required by law or intentionally filing a false statement is a class B misdemeanor.

12/7/06
Date

Kathy Greenlee
Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES 0

Return your completed statement to the Secretary of State, Memorial Hall, First Floor, 120 SW 10th Ave., Topeka, Kansas 66612-1594.

(for Appointments Office use only)

KBI Check: NA In Process Complete

KANSAS GOVERNOR SEBELIUS APPOINTMENT QUESTIONNAIRE

Position for which you are applying: Secretary of Aging

Full Name (please include title and middle name): Kathy Jo Greenlee

Home Address: 1521 Alvarado Drive, Lawrence KS 66047, Douglas
(City, State, Zip) (County)

Business Address: 503 S. Kansas Avenue, Topeka KS 66603, Shawnee
(City, State, Zip) (County)

Business Name: Kansas Dept on Aging

Position Title: Acting Secretary

Home Phone: _____ Business Phone: 296-5222 Cell Phone: 218-4461

Facsimile No: 296-0256 E-Mail Address: KathyGreenlee@aging.state.ks.us

Driver's License No:  Social Security No: 

Date of Birth: 3-10-65 Place of Birth: Wichita Kansas resident? yes

Registered Voter? yes Party Affiliation: Democrat

Congressional District: 2nd Kansas Senate District: 2nd Kansas Representative District: 44th

Do you have the legal right to live and work in the United States? yes

Education: B.S. Business Administration, Univ of KS, 1985
J.D. Univ of Kansas School of Law, 1988

Employment Experience: See Resume, attached

Do you hold any professional licenses? If so, please provide numbers: Kansas Bart 13759

What special skills could you bring to this position? fifteen years of state
government experience with a wide variety of positions

Previous government appointments: See Resume
(Please provide dates)

EXPERIENCE AND AFFILIATIONS (Note: All yes answers require a detailed response. Attach a separate sheet if necessary.)

1. **Military Service:** List rank, date, and type of discharge from active service: *None*
2. **Government Experience:** List on a separate sheet any experience or association with local, state or federal government (exclusive of elective public office but including advisory, consulting, honorary, or other part-time service or positions), with dates of service: *See Resume*
3. **Elective Public Office:** List on a separate sheet all elective public offices sought and/or held with dates of service: *Democratic Precinct Committeewoman*
4. **Honors and Awards.** List on a separate sheet all scholarships, fellowships, honorary degrees, honorary society memberships, and any other special recognitions for outstanding service or achievements:
5. **Organization Affiliations.** List on a separate sheet all local, state, and national civic, cultural, educational, charitable, or work-related organizations you have been associated with in the past ten years. Include any position held in the organization and the dates of service.
See ~~attached~~ resume.
6. **Organization Restrictions:** To your knowledge, is any organization listed above restricted on the basis of race, color, religion, sex, national origin, disability, marital status, or veteran status? If yes, please describe: No Yes _____
7. **Issues.** Have you ever been publicly identified, in person or by organizational membership, with a particularly controversial national or local issue? If so, please describe. No Yes _____
8. **Submission of views.** Have you ever submitted oral or written views to any governmental authority, whether executive or legislative, or to the news media on any particular controversial issue other than in an official governmental capacity? If yes, please describe. No _____ Yes
I have been a member of several active gay/lesbian organizations.
9. **Associations.** Have you ever had any association with any person, group, or business venture that could be used, even unfairly, to impugn or attack your character and qualifications for the position to which you seek to be appointed? If yes, please describe. No Yes _____
10. **Opposition.** Do you know of any person or group who might take overt or covert steps to attack, even unfairly, your appointment? If yes, please identify and explain the basis for the potential attack on a separate sheet. No Yes _____
11. **Miscellaneous.** List on a separate sheet any factors, other than the information provided above, which particularly qualify you or are relevant to the position to which you are seeking appointment? Include any special skills. *I have served as Active Secretary of Agize since January 2000. I believe I am considered competent, fair + balanced in my performance of this position.*

CONFLICTS OF INTEREST: (Yes answers require a detailed response. If necessary, use a separate sheet.)

12. **Relationship to governmental employees.** Are you or your spouse or other close family members related to any state governmental official or employee? If yes, please provide details. No ___ Yes X - self only
13. **Compensation.** During the past five years have you or your spouse or other close family members received any compensation or been involved in any financial transaction with the State of Kansas? If yes, please explain. No ___ Yes X employee
14. **Business relationships.** Describe on a separate sheet any business relationship, dealing, or financial transaction which you have had during the last five years, whether for yourself, on behalf of a client, or acting as an agent, which you believe may constitute an appearance of impropriety or result in a potential conflict of interest in the position to which you want to be appointed. If none, please so state. None
15. **Transactions with officials.** During the past five years, have you or your spouse or other close family members received any compensation or been involved in any financial transaction with any state government official? If, yes, please explain on a separate sheet. No X Yes ___
16. **Spouse or other family members.** If the nature of employment for your spouse or other close family member is related in any way to the position to which you want to be appointed, please indicate the employer, the position, and the length of time it has been held. If it is not, please so state. No
17. **Lobbying activities.** Describe briefly on a separate sheet any lobbying activity during the past ten years in which you have engaged for the purpose of influencing the passage, defeat, or modification of any legislative or administrative action. Describe briefly any lobbying activity during the last ten years in which your spouse has engaged for the purpose of influencing the passage, defeat, or modification of any legislative or administrative action that is related in any way to the position to which you are seeking appointment. (Lobbying activity includes any activity performed as an individual or agent of another individual, or of any organization that involves direct communication with an official in the executive branch of state government, or any official of the legislative branch.) If none, please so state. As a citizen I have spoken to legislators about gay + lesbian concerns.
18. **Regulated activities.** Describe on a separate sheet any interest that you, your spouse, or other close family member may have (whether as an officer, owner, director, trustee, or partner) in any corporation, firm, partnership, or other business enterprise and any non-profit organization or other institution that is regulated by or receives direct financial benefits from any department or agency of the State of Kansas. If none, please so state. None
19. **Other.** Please describe on a separate sheet any other matter in which you are involved that is or may be incompatible or in conflict with the discharge of the duties of the position to which you seek to be appointed or which may impair or tend to impair your independence of judgment or action in the performance of the duties of that position. If none, please so state. None

ETHICAL MATTERS: (Yes answers require a detailed response. If necessary, use a separate sheet.)

20. **Citations.** Have you ever been cited for a breach of ethics for unprofessional conduct by, or been named in a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group? If yes, please provide details.
No Yes _____
21. **Convictions.** Have you ever been convicted of or entered a plea of guilty or nolo contendere or forfeited collateral for any criminal violation other than a minor traffic offense? (Minor traffic offenses do not include the Kansas offenses of driving under the influence, operating while impaired, reckless driving, or the equivalent offenses in other states.) If yes, please explain.
No Yes _____
22. **U.S. Military convictions.** Have you ever been convicted by any military court? If yes, please provide details. No Yes _____
23. **Imprisonment.** Have you ever been imprisoned, been on probation, or been on parole? If yes, please provide details. No Yes _____
24. **Agency proceedings: Civil Litigation.** Are you presently, or have you ever been, a party in interest in any administrative agency proceeding or civil litigation that is related in any way to the position to which you are seeking appointment? If yes, please provide details.
No Yes _____
25. **Agency proceedings and civil litigation of affiliates and family.** Has any business in which you, your spouse, close family member or business associate are or were an officer, director or partner been a party to any administrative agency proceeding or civil litigation relevant to the position to which you are seeking appointment? If yes, please provide details. (With respect to this question, you need only consider proceedings and litigation that occurred while you, your spouse, close family member, or business associate were an officer of that business.)
No Yes _____
26. **Other litigation.** Other than the litigation described above, have you or any business in which you are or were an officer, director, or partner been a plaintiff or a defendant in a civil lawsuit? If yes, please describe. Is anyone currently threatening to sue you or any business in which you are an officer, director, or partner? If yes, please describe. No Yes _____
27. **Drivers license.** Has your drivers license ever been suspended or revoked? If yes, please describe. No Yes _____
28. **Parking tickets.** Do you have outstanding parking tickets from any jurisdiction in Kansas that have remained unpaid for more than 60 days? If yes, please explain. No Yes _____
29. **Security clearance denial.** Have you ever been denied a military or other governmental clearance? If yes, please explain. No Yes _____

30. **Firings.** During the past ten years, have you been fired from a job for any reason? Did you quit after being told that you would be fired, or did you leave by mutual agreement because of specific problems? If yes, please provide details. No Yes
However, I lost an unclassified job due to change in office holder.
31. **Alimony and child support.** Are you now, or have you ever been delinquent in the payment of alimony or child support? If yes, please provide details. No Yes
32. **Consumption of alcohol.** Are you currently abusing alcohol? No Yes
33. **Controlled substances.** Are you currently engaged in the illegal use of a controlled substance or abusing the use of a prescribed controlled substance? If yes, please describe. No Yes
34. **Physical examination.** If you receive a conditional offer of appointment or employment, would you be willing to take a physical examination, which may include a drug test? No Yes
35. **Other.** Please provide any additional information, favorable or unfavorable, which you feel should be considered in connection with your appointment.

FINANCIAL MATTERS: (Yes answers require a detailed response. If necessary, use a separate sheet.)

36. **Delinquencies.** Are you delinquent on any federal, state, or local debt? (Include delinquencies for income, property, or other taxes; governmental loans; overpayment of benefits; required payments into or under governmental programs; and other debts or required payments to the government; plus any defaults on or under loans which are or were guaranteed, insured, or subsidized by any unit of government.) If yes, please provide details on a separate sheet of paper. No Yes

REFERENCES/SIGNIFICANT SUPPORTERS (elected officials, community leaders, friends, etc.)

- Name: Dan Watkins Relationship to you: professional colleague + friend
- Telephone: 843-0181 (w) 842-8794 (h)
- Name: Alice Lieberman Relationship to you: friend + local Democratic party activist
- Telephone: 864-8957 (w) 218-5347
- Name: Charlene Brubaker Relationship to you: friend + low school classmate
- Telephone: 785-628-9405 (w) 785-628-8021 (h)
- Name: Paul Davis Relationship to you: State Representative, Democratic colleague
- Telephone: 785-843-7674 (w)
550-1334 (cell)

AUTHORIZATION AND CERTIFICATION:

The facts set forth in my application are true and complete. False statements, answers, or omissions on this application shall be sufficient cause for nonconsideration or for dismissal after appointment or employment. I also recognize that my selection is based on receipt of satisfactory information from former employers and references, and upon my ability to perform the essential elements, with or without reasonable accommodations, for the position for which I am applying. I herein authorize investigation, without liability, of the information supplied by me in this application for employment or appointment including academic, occupational, health, law enforcement, and government records. I also authorize listed employers and references, without liability, to make full response to any inquiries in connection with this application for appointment or employment. I understand and agree that the terms, conditions, compensation, benefits, hours, schedule, and duration of my appointment or employment may be determined, changed, or modified from time to time at the will of the appointing authority or designee without limitation or condition. I FURTHER CERTIFY THAT I HAVE READ THE FOREGOING PARAGRAPH AND KNOWINGLY MAKE THIS AUTHORIZATION BY SETTING FORTH MY SIGNATURE.

I understand that if I am required to be registered, licensed, or certified by federal or state law or regulation for the position I seek, I will notify the appointing authority immediately if any investigation, limitation, or cancellation of my registration, licensure, or certification occurs. If any investigation, probation, limitation, or cancellation occurs, I understand that my failure to notify my appointing authority as described above will result in the termination of my appointment or employment.

Signature Kathy Seesley Date 12/7/06

Please attach a copy of your resume if you have not previously provided one to the Appointments office.

Senate Confirmation Information Summary
Prepared and Submitted by the Office of Governor Kathleen Sebelius

Appointee: Don Jordan

Position: Secretary, Department of Social and Rehabilitation Services

Appointment Date: December 8, 2006 **Expiration Date:** N/A

Term Length: Pleasure of the Governor

Statutory Authority: K.S.A. 75-5301 **Party Affiliation:** Democrat

⇒ Statutory geographic representation
Requirements (*insert any that apply*)

Congressional District:

County:

Size requirement (*if any*):

Other, specify:

⇒ Statutory party affiliation requirement:

⇒ Statutory industry or occupation requirements:

Salary: \$102,700.73

Predecessor: Gary Daniels

Board Composition Prior to Confirmation of New Appointee:

N/A

Senate Ways and Means
1-19-07
Attachment 2

DONALD A. JORDAN

208 SW Courtland
Topeka, Ks. 66606
785-296-0042 (Work)
913-244-9699 (Home)

EMPLOYMENT HISTORY:

2005 - Present Juvenile Justice Authority Commissioner

- ◆ Agency head and member of Governor's cabinet. Responsible for overseeing all operations of state agency responsible for juvenile justice system including prevention, early intervention, community supervision, and four juvenile correctional facilities.

2003 - 2005 Osawatomie State Hospital Superintendent

- ◆ Responsible for all operations for a 176 bed state psychiatric hospital. Oversee the management of Rainbow Mental Health Facility, a 50 bed psychiatric hospital located in Kansas City, Ks.
- ◆ Directed reorganization of service delivery model to handle a 25% increase in patients in 10% fewer beds.
- ◆ Successfully completed one regular and one unannounced JCAHO survey. Oversaw implementation of Periodic Performance Review system to measure hospital's compliance with JCAHO.

2002 - 2003 Kansas Department of Social and Rehabilitation Services, Health Care Policy Division. Coordinator of State Institution Services.

- ◆ Direct the planning, coordination and execution of activities of three state mental health and two state mental retardation/developmental disability hospitals.
- ◆ Served as Interim Superintendent of Osawatomie State Hospital.

1999 - 2002 Kansas Department of Social and Rehabilitation Services, Children and Family Policy (CFP), Director of Administration.

- ◆ Directed business operations for personnel, information systems, resource development, accounting, and budgeting.
- ◆ Oversaw the development and execution of overall division business plan.
- ◆ Managed division legislative activities including development and management of legislative strategy, development of testimony, responses to legislative inquiries and progress of budget through the approval process.
- ◆ Negotiated contracts for foster care, adoption and family preservation with annual value of \$130 million.
- ◆ Developed and implemented policies, procedures and financial arrangements which brought financial and programmatic stability to the largest system redesign ever undertaken by a state child welfare system.

Resume - Donald A. Jordan

- ◆ Implemented reforms to correct a historical pattern of over expending budget.
- ◆ Developed and implemented plan to increase revenue from Title XIX (Medicaid) and Title IV-E (Foster Care) to correct problem with extremely low federal reimbursement.

1992-1999 Kansas Department of Social and Rehabilitation Services, Mental Health & Developmental Disabilities (MH&DD), Topeka, Ks. Director of Management Operations.

- ◆ Directed and managed fiscal and support operations including hospital reimbursement, personnel, information systems and budget for the state hospitals and state MH and DD authority. Participated in development of overall commission planning and resource allocation for state institutions and community based service delivery systems.
- ◆ Managed budget of over \$300 million. Maintained expenditures with in appropriations every year.
- ◆ Coordinated legislative activities including development and management of legislative strategy, development of testimony, responses to legislative inquiries and progress of budget through the approval process.
- ◆ Negotiated statewide community mental health services contracts.
- ◆ Provided expertise to program managers on federal reimbursement.
- ◆ Oversaw the closure of a mental health hospital and a state operated ICF/MR facility.

1988-1992 Kansas Department of Social and Rehabilitation Services, Wichita Area Office (SRS-WAO). Administrative Services Chief.

- ◆ Directed and managed accounting department, facilities, information systems, inventory control, purchasing and other activities necessary to assure the efficient and effective operation of state's largest social service office.

1987-1988 SRS-WAO. Personnel Director.

- ◆ Managed Personnel system for 600+ employee office with \$10 million budget. Responsibilities included development of budget for salary and wages, classification, position management, EEO/Affirmative Action, development of local policies, monitored benefits and salaries, and provided consultation and training.

1982-1987 SRS-WAO. Supervisor (Income Maintenance Worker III)

- ◆ Supervised nine person Initial Eligibility unit which was responsible for the timely and accurate determination of eligibility for various federal and state assistance programs.

Resume - Donald A. Jordan

1976-1982 SRS-WAO. Income Maintenance Worker I

- ◆ Performed a multitude of duties including determining Initial and Continuing Eligibility for Food Stamps, Aid to Dependent Children, and Medicaid.

1975-1976 Unified School District 259. Substitute teacher.

- ◆ Taught in numerous schools and settings.

EDUCATION:

Master of Arts - Wichita State University, May, 1989. Political Science (Public Administration emphasis).

Bachelor of Arts - Wichita State University, December, 1974. Major: History. Minors: Political Science and Education.

AWARDS:

Phi Kappa Phi (1974, 1988)
Phi Alpha Theta (History, 1973)
Henry Onsgard Award (History, 1974)
Pi Delta Kappa (Education, 1974)
Pi Sigma Alpha (Political Science, 1988)
Children's Alliance Friend of the Year Award (2001)

(for Appointments Office use only)

KBI Check: NA In Process Complete

KANSAS GOVERNOR SEBELIUS APPOINTMENT QUESTIONNAIRE

Position for which you are applying: SECRETARY OF SOC& RELATD. SERVICES

Full Name (please include title and middle name): DONALD A TITEN JORDAN

Home Address:

208 SW COURTLAND TOPEKA KS 66608 SHAWNEE
(City, State, Zip) TOPEKA, KS (County)



Business Address: 714 SW JACKSON SUITE 300 66603 SHAWNEE
(City, State, Zip) (County)

Business Name: JUVENILE JUSTICE AUTHORITY

Position Title: COMMISSIONER

Home Phone: 913-244-9699 Business Phone: 785-296-0042 Cell Phone: 913-244-9699

Facsimile No: 785-296-1412 E-Mail Address: DJORDAN@KSJJA.ORG

Driver's License:  Social Security No: 

Date of Birth: 11-06-52 Place of Birth: WICHITA, KS Kansas resident? YES

Registered Voter? YES Party Affiliation: DEMOCRATIC

Congressional District: 2 Kansas Senate District: 18 Kansas Representative District: 56

Do you have the legal right to live and work in the United States? YES

Education: BA/MA WICHITA STATE UNIVERSITY

Employment Experience: RESUME INCLUDED

Do you hold any professional licenses? If so, please provide numbers: NO

What special skills could you bring to this position? MANAGEMENT/LEADERSHIP

Previous government appointments: CURRENT POSITION
(Please provide dates)

EXPERIENCE AND AFFILIATIONS (Note: All yes answers require a detailed response. Attach a separate sheet if necessary.)

1. **Military Service:** List rank, date, and type of discharge from active service:
2. **Government Experience:** List on a separate sheet any experience or association with local, state or federal government (exclusive of elective public office but including advisory, consulting, honorary, or other part-time service or positions), with dates of service:
3. **Elective Public Office:** List on a separate sheet all elective public offices sought and/or held with dates of service:
4. **Honors and Awards.** List on a separate sheet all scholarships, fellowships, honorary degrees, honorary society memberships, and any other special recognitions for outstanding service or achievements:
5. **Organization Affiliations.** List on a separate sheet all local, state, and national civic, cultural, educational, charitable, or work-related organizations you have been associated with in the past ten years. Include any position held in the organization and the dates of service.
6. **Organization Restrictions:** To your knowledge, is any organization listed above restricted on the basis of race, color, religion, sex, national origin, disability, marital status, or veteran status? If yes, please describe: No Yes _____
7. **Issues.** Have you ever been publicly identified, in person or by organizational membership, with a particularly controversial national or local issue? If so, please describe. No Yes _____
8. **Submission of views.** Have you ever submitted oral or written views to any governmental authority, whether executive or legislative, or to the news media on any particular controversial issue other than in an official governmental capacity? If yes, please describe. No Yes _____
9. **Associations.** Have you ever had any association with any person, group, or business venture that could be used, even unfairly, to impugn or attack your character and qualifications for the position to which you seek to be appointed? If yes, please describe. No Yes _____
10. **Opposition.** Do you know of any person or group who might take overt or covert steps to attack, even unfairly, your appointment? If yes, please identify and explain the basis for the potential attack on a separate sheet. No Yes _____
11. **Miscellaneous.** List on a separate sheet any factors, other than the information provided above, which particularly qualify you or are relevant to the position to which you are seeking appointment? Include any special skills.

CONFLICTS OF INTEREST: (Yes answers require a detailed response. If necessary, use a separate sheet.)

12. **Relationship to governmental employees.** Are you or your spouse or other close family members related to any state governmental official or employee? If yes, please provide details. No Yes _____
13. **Compensation.** During the past five years have you or your spouse or other close family members received any compensation or been involved in any financial transaction with the State of Kansas? If yes, please explain. No _____ Yes
14. **Business relationships.** Describe on a separate sheet any business relationship, dealing, or financial transaction which you have had during the last five years, whether for yourself, on behalf of a client, or acting as an agent, which you believe may constitute an appearance of impropriety or result in a potential conflict of interest in the position to which you want to be appointed. If none, please so state. NONE
15. **Transactions with officials.** During the past five years, have you or your spouse or other close family members received any compensation or been involved in any financial transaction with any state government official? If, yes, please explain on a separate sheet. No _____ Yes
16. **Spouse or other family members.** If the nature of employment for your spouse or other close family member is related in any way to the position to which you want to be appointed, please indicate the employer, the position, and the length of time it has been held. If it is not, please so state. _____
17. **Lobbying activities.** Describe briefly on a separate sheet any lobbying activity during the past ten years in which you have engaged for the purpose of influencing the passage, defeat, or modification of any legislative or administrative action. Describe briefly any lobbying activity during the last ten years in which your spouse has engaged for the purpose of influencing the passage, defeat, or modification of any legislative or administrative action that is related in any way to the position to which you are seeking appointment. (Lobbying activity includes any activity performed as an individual or agent of another individual, or of any organization that involves direct communication with an official in the executive branch of state government, or any official of the legislative branch.) If none, please so state. NONE
18. **Regulated activities.** Describe on a separate sheet any interest that you, your spouse, or other close family member may have (whether as an officer, owner, director, trustee, or partner) in any corporation, firm, partnership, or other business enterprise and any non-profit organization or other institution that is regulated by or receives direct financial benefits from any department or agency of the State of Kansas. If none, please so state. NONE
19. **Other.** Please describe on a separate sheet any other matter in which you are involved that is or may be incompatible or in conflict with the discharge of the duties of the position to which you seek to be appointed or which may impair or tend to impair your independence of judgment or action in the performance of the duties of that position. If none, please so state. NONE

ETHICAL MATTERS: (Yes answers require a detailed response. If necessary, use a separate sheet.)

20. **Citations.** Have you ever been cited for a breach of ethics for unprofessional conduct by, or been named in a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group? If yes, please provide details.
No Yes _____
21. **Convictions.** Have you ever been convicted of or entered a plea of guilty or nolo contendere or forfeited collateral for any criminal violation other than a minor traffic offense? (Minor traffic offenses do not include the Kansas offenses of driving under the influence, operating while impaired, reckless driving, or the equivalent offenses in other states.) If yes, please explain.
No Yes _____
22. **U.S. Military convictions.** Have you ever been convicted by any military court? If yes, please provide details. No Yes _____
23. **Imprisonment.** Have you ever been imprisoned, been on probation, or been on parole? If yes, please provide details. No Yes _____
24. **Agency proceedings: Civil Litigation.** Are you presently, or have you ever been, a party in interest in any administrative agency proceeding or civil litigation that is related in any way to the position to which you are seeking appointment? If yes, please provide details.
No Yes _____
25. **Agency proceedings and civil litigation of affiliates and family.** Has any business in which you, your spouse, close family member or business associate are or were an officer, director or partner been a party to any administrative agency proceeding or civil litigation relevant to the position to which you are seeking appointment? If yes, please provide details. (With respect to this question, you need only consider proceedings and litigation that occurred while you, your spouse, close family member, or business associate were an officer of that business.)
No Yes _____
26. **Other litigation.** Other than the litigation described above, have you or any business in which you are or were an officer, director, or partner been a plaintiff or a defendant in a civil lawsuit? If yes, please describe. Is anyone currently threatening to sue you or any business in which you are an officer, director, or partner? If yes, please describe. No Yes _____
27. **Drivers license.** Has your drivers license ever been suspended or revoked? If yes, please describe. No Yes _____
28. **Parking tickets.** Do you have outstanding parking tickets from any jurisdiction in Kansas that have remained unpaid for more than 60 days? If yes, please explain. No Yes _____
29. **Security clearance denial.** Have you ever been denied a military or other governmental clearance? If yes, please explain. No Yes _____

30. **Firings.** During the past ten years, have you been fired from a job for any reason? Did you quit after being told that you would be fired, or did you leave by mutual agreement because of specific problems? If yes, please provide details. No Yes _____
31. **Alimony and child support.** Are you now, or have you ever been delinquent in the payment of alimony or child support? If yes, please provide details. No Yes _____
32. **Consumption of alcohol.** Are you currently abusing alcohol? No Yes _____
33. **Controlled substances.** Are you currently engaged in the illegal use of a controlled substance or abusing the use of a prescribed controlled substance? If yes, please describe. No Yes _____
34. **Physical examination.** If you receive a conditional offer of appointment or employment, would you be willing to take a physical examination, which may include a drug test? No _____ Yes
35. **Other.** Please provide any additional information, favorable or unfavorable, which you feel should be considered in connection with your appointment.

FINANCIAL MATTERS: (Yes answers require a detailed response. If necessary, use a separate sheet.)

36. **Delinquencies.** Are you delinquent on any federal, state, or local debt? (Include delinquencies for income, property, or other taxes; governmental loans; overpayment of benefits; required payments into or under governmental programs; and other debts or required payments to the government; plus any defaults on or under loans which are or were guaranteed, insured, or subsidized by any unit of government.) If yes, please provide details on a separate sheet of paper. No Yes _____

REFERENCES/SIGNIFICANT SUPPORTERS (elected officials, community leaders, friends, etc.)

Name: WES COLE Relationship to you: FRIEND

Telephone: 913-755-3655

Name: JOYCE ALLEGRUCCI Relationship to you: FORMER BOSS, FRIEND

Telephone: 785-266-4061

Name: MELISSA NESS Relationship to you: FRIEND

Telephone: 785-554-8864

Name: BRUCE LINHOS Relationship to you: FRIEND

Telephone: 785-235-5437

AUTHORIZATION AND CERTIFICATION:

The facts set forth in my application are true and complete. False statements, answers, or omissions on this application shall be sufficient cause for nonconsideration or for dismissal after appointment or employment. I also recognize that my selection is based on receipt of satisfactory information from former employers and references, and upon my ability to perform the essential elements, with or without reasonable accommodations, for the position for which I am applying. I herein authorize investigation, without liability, of the information supplied by me in this application for employment or appointment including academic, occupational, health, law enforcement, and government records. I also authorize listed employers and references, without liability, to make full response to any inquiries in connection with this application for appointment or employment. I understand and agree that the terms, conditions, compensation, benefits, hours, schedule, and duration of my appointment or employment may be determined, changed, or modified from time to time at the will of the appointing authority or designee without limitation or condition. I FURTHER CERTIFY THAT I HAVE READ THE FOREGOING PARAGRAPH AND KNOWINGLY MAKE THIS AUTHORIZATION BY SETTING FORTH MY SIGNATURE.

I understand that if I am required to be registered, licensed, or certified by federal or state law or regulation for the position I seek, I will notify the appointing authority immediately if any investigation, limitation, or cancellation of my registration, licensure, or certification occurs. If any investigation, probation, limitation, or cancellation occurs, I understand that my failure to notify my appointing authority as described above will result in the termination of my appointment or employment.

Signature  Date 12-06-06

Please attach a copy of your resume if you have not previously provided one to the Appointments office.

KANSAS GOVERNOR SEBELIUS APPOINTMENT QUESTIONNAIRE

1. None
2. Resume attached
3. None
4. Phi Kappa Phi (1974, 1988)
Phi Alpha Theta (History, 1973)
Henry Onsgard Award (History, 1974)
Pi Delta Kappa (Education, 1974)
Pi Sigma Alpha (Political Science, 1988)
Children's Alliance Friend of the Year Award (2001)
5. Benevolent Order of the Elks – Osawatomie, Ks.
Rotary International – Osawatomie, Ks.
11. Experience as a high level manager creating change and dealing with difficult situations.
13. Donald – State employee since June 21, 1976. Judith – Employed by Osawatomie State Hospital as a Registered Nurse from 1979 until her retirement in June, 2006. In August, 2006 she returned to employment at Osawatomie State Hospital as a PRN Registered Nurse. She will be resigning this position in the next few weeks. Judith also receives KPERS retirement benefits.
15. John Moore, Lt. Governor and I had an arrangement from June, 2003 to June, 2005 where he lived in my Topeka home during the week in exchange for taking care of house, lawn and utilities.
16. See #13 above



KANSAS GOVERNMENTAL ETHICS COMMISSION

STATEMENT OF SUBSTANTIAL INTERESTS FORM

INSTRUCTIONS. This statement (pages 1 through 4) must be completed by individuals who are required to do so by law. Any individual who intentionally fails to file as required by law, or intentionally files a false statement, is subject to prosecution for a class B misdemeanor.

Please read the "Guide" and "Definition" section provided with this form for additional assistance in completing sections "C" through "G". If you have questions or wish assistance, please contact the Commission office at 109 West 9th, Topeka, KS or call 785-296-4219.

A. IDENTIFICATION: PLEASE TYPE OR PRINT

JORDAN DONALD A,
Last Name First Name MI

JORDAN JUDITH K
Spouse's Name

208 SW COURTLAND TOPEKA, KS. 66606
Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number

TOPEKA, KS. 66606
City, State, Zip Code

913-244-9699
Home Phone Number (include area code)

785-296-0042
Business Phone Number (include area code)

B. THIS FORM IS REQUIRED TO BE FILED BECAUSE YOU ARE:

(check one or more of the following)

- 1. State Elected Official (Governor, Lt. Governor, Attorney General, Commissioner of Insurance, State Treasurer, Secretary of State, State Senator, State Representative, Member of State Board of Education or District Attorney);
2. Appointed Member of a State Board, Council, Commission or Authority;
3. Appointed State Position is Subject to Senate Confirmation;
4. Employee of a State Agency or University;
5. General Counsel for a State Agency;
6. Candidate for State Office.

DEPT. OF SOC. & REHAB SERVICES

List Name of Agency, Board, University or Elected Position (You may use abbreviations but not acronyms)

N/A

SECRETARY

Division if applicable (May use acronyms)

Position

* The last four digits of your social security number will aid in identifying you from others with the same name on the computer list. This information is optional.

AMENDED Donald A Jordan 2

12-11-

C. OWNERSHIP INTERESTS: List any corporation, partnership, proprietorship, trust, joint venture and every other business interest, including land used for income, and specific stocks, mutual funds or retirement accounts in which either you or your spouse has owned within the preceding 12 months a legal or equitable interest exceeding \$5,000 or 5%, whichever is less. If you or your spouse own more than 5% of a business, you must disclose the percentage held. Please insert additional page if necessary to complete this section.

If you have nothing to report in Section "C", check here _____

| BUSINESS NAME AND ADDRESS | TYPE OF BUSINESS | DESCRIPTION OF INTERESTS HELD | PERCENT OF OWNERSHIP INTERESTS | HELD BY WHOM |
|--|------------------|-------------------------------|--------------------------------|--------------|
| MUTUAL 1. ACTNA MUTUAL FUNDS | DEFERRED COMP. | SHARES | N/A | DON |
| 2. ACTNA MUTUAL FUNDS | DEFERRED COMP. | SHARES | N/A | JUDY |
| 3. RENTAL HOUSE OSAWATOMIE, KS | RENTAL | OWN HOUSE | 100% | JUDY |
| 4. AMERICAN FUNDS | MUTUAL FUND | SHARES | N/A | DON |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

D. GIFTS OR HONORARIA: List any person or business from whom you or your spouse either individually or collectively, have received gifts or honoraria having an aggregate value of \$500 or more in the preceding 12 months.

If you have nothing to report in Section "D", check here

| NAME OF PERSON OR BUSINESS FROM WHOM GIFT RECEIVED | ADDRESS | RECEIVED BY: |
|--|---------|--------------|
| 1. | | |
| 2. | | |
| 3. | | |

E. RECEIPT OF COMPENSATION: List all places of employment in the last calendar year, and any other businesses from which you or your spouse received \$2,000 or more in compensation (salary, thing of value, or economic benefit conferred on in return for services rendered, or to be rendered), which was reportable as taxable income on your federal income tax returns.

- 1. YOUR PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING CALENDAR YEAR. IF SAME AS SECTION "B", CHECK HERE ____
If you have nothing to report in Section "E"1, check here ____.

| | NAME OF BUSINESS | ADDRESS | TYPE OF BUSINESS |
|----|------------------------------------|----------------------------|---------------------------|
| 1. | KS JUVENILE JUSTICE AUTH. | TOPEKA, KS. | STATE AGENCY |
| 2. | OSAWATOMIE ST. HOSPITAL | OSAWATOMIE, KS. | STATE HOSPITAL |

- 2. SPOUSE'S PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING CALENDAR YEAR.
If you have nothing to report in Section "E"2, check here ____.

| | NAME OF BUSINESS | ADDRESS | TYPE OF BUSINESS |
|----|-------------------------|-----------------|------------------|
| 1. | OSAWATOMIE ST. HOSPITAL | OSAWATOMIE, KS. | ST. HOSPITAL |
| 2. | | | |

F. OFFICER OR DIRECTOR OF AN ORGANIZATION OR BUSINESS: List any organization or business in which you or your spouse hold a position of officer, director, associate, partner or proprietor at the time of filing, irrespective of the amount of compensation received for holding such position. Please insert additional page if necessary to complete this section.
If you have nothing to report in Section "F", check here .

| | BUSINESS NAME AND ADDRESS | POSITION HELD | HELD BY WHOM |
|----|---------------------------|---------------|--------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |

G. RECEIPT OF FEES AND COMMISSIONS: List each client or customer who pays fees or commissions to a business or combination of businesses from which fees or commissions you or your spouse received an aggregate of \$2,000 or more in the preceding calendar year. The phrase "client or customer" relates only to businesses or combination of businesses. In the case of a partnership, it is the partner's proportionate share of the business, and hence of the fee, which is significant, without regard to expenses of the partnership. An individual who receives a salary as opposed to portions of fees or commissions is generally not required to report under this provision. Please insert additional page if necessary to complete this section.

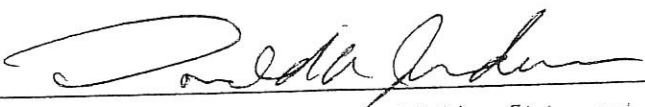
If you have nothing to report in Section "G", check here

| | NAME OF CLIENT / CUSTOMER | ADDRESS | RECEIVED BY |
|-----|---------------------------|---------|-------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |
| 13. | | | |

H. DECLARATION:

I, DONALD A. JORDAN, declare that this statement of substantial interests (including any accompanying pages and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement of all of my substantial interests and other matters required by law. I understand that the intentional failure to file this statement as required by law or intentionally filing a false statement is a class B misdemeanor.

12-6-06
Date


Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES 0

Return your completed statement to the Secretary of State, Memorial Hall, First Floor, 120 SW 10th Ave., Topeka, Kansas 66612-1594.

Kansas Department of

Social and Rehabilitation Services

Don Jordan, Acting Secretary

Senate Ways and Means Committee
January 19, 2007

Caseload Estimates

Office of Financial Management
Don Jordan, Acting Secretary
785-296-3271

For additional information contact:
Public and Governmental Services Division
Kyle Kessler, Deputy Secretary

Docking State Office Building
915 SW Harrison, 6th Floor North
Topeka, Kansas 66612-1570
phone: 785.296.0141
fax: 785.296.4685
www.srskansas.org

*Senate Ways and Means
1-19-07
Attachment 3*

**Kansas Department of Social and Rehabilitation Services
Don Jordan, Acting Secretary**

Senate Ways and Means Committee
January 19, 2007

Caseload Estimates

Chairman Umbarger, and Committee Members, I am Don Jordan, Acting Secretary, Kansas Department of Social and Rehabilitation Services (SRS). Thank you for the opportunity to update you on our current Consensus Caseload projections and other caseload issues.

The Consensus Caseload estimating group consisting of staff from SRS, Kansas Department on Aging, Kansas Health Policy Authority (KHPA), Division of Budget, and Legislative Research met on November 8, 2006 to revise the FY 2007 estimates and make the first FY 2008 estimates for the Consensus Caseloads. The SRS caseloads included in this process are Temporary Assistance for Families (TAF), General Assistance (GA), Reintegration/Foster Care Contracts, Nursing Facilities for Mental Health (NF/MH), and Regular Medical which consists of some Developmental Disability services, some Mental Health Medicaid services, and Substance Abuse Medicaid services. The details of these caseloads are included in Attachment A.

The amounts added in the Governor's Budget (GBR) for Consensus adjustments reflect the numbers agreed upon in the November meeting and are included in the chart below.

| Program | FY 2007 Change from Approved | | FY 2008 Change from FY 2007 | |
|----------------------------|---------------------------------|-------------|--------------------------------|--------------|
| | SGF | All Funds | SGF | All Funds |
| TAF | 0 | (3,000,000) | 0 | (1,000,000) |
| GA | 500,000 | 500,000 | (500,000) | (500,000) |
| Reintegration/FC Contracts | (6,719,915) | 1,000,000 | 14,000,000 | 3,000,000 |
| NF/MH | 70,000 | (198,000) | 200,000 | 300,000 |
| Regular Medical | 8,547,547 | 7,131,483 | 869,181 | (10,338,385) |
| Total FY 2007 | 2,397,632 | 5,433,483 | 14,569,181 | (8,538,385) |

1. TAF - The number of persons receiving services is declining as a result of the improved economy. The largest decline is in the Wichita Region.

2. GA - An adjustment was made in FY 07 to reflect the delayed implementation of Presumptive Disability. A full year of implementation was assumed in FY 2008.
3. Reintegration/Foster Care Contracts - An increase in the number of referrals resulted in an increase in number of children in out of home placement. A funding shift between SGF and Social Service Block Grant (SSBG) funds was made in FY 2007 to allow more match dollars in the Developmental Disability system. The FY 2008 increase in SGF reflects the need to replace federal funding due to shortfalls in the Temporary Assistance for Needy Families (TANF) and a decreasing ability to claim Title IV-E foster care funds.
4. Nursing Facilities for Mental Health - The number of persons served has remained constant with a slight fluctuation in costs and number of Medicaid eligible people.
5. Regular Medical - The largest increases in the FY 2007 estimates are due to a 17% increase in the number of children in Behavior Management plus increases in extended stays and an increase in the number of people receiving Mental Health services. The decrease in FY 2008 is because the Medicaid Management Information System (MMIS) has not yet been changed to reflect the FY 2006 reorganization. A manual reconciliation is done monthly to transfer expenditures from the Kansas Health Policy Authority (KHPA) to SRS. This results in thirteen months of expenditures in FY 2007 and only twelve in FY 2008.

This concludes my testimony and I will be glad to stand for questions.

Consensus Caseloads

Attachment A

| Program | FY 2007 | | | | FY 2008 | | | |
|--------------------------------------|---------------|-------------|--------------------|--------------------|---------------|-------------|--------------------|--------------------|
| | Avg People | Avg mo Cost | AF | SGF | Avg People | Avg mo Cost | AF | SGF |
| Temporary Assist for Families | | | | | | | | |
| Consensus Budget | 41,942 | 121.20 | 61,000,000 | 29,821,028 | 41,254 | 121.20 | 60,000,000 | 29,821,028 |
| General Assistance | | | | | | | | |
| Consensus Budget | 4,441 | 159.50 | 8,500,000 | 8,500,000 | 4,180 | 159.50 | 8,000,000 | 8,000,000 |
| Reintegration/OOH | | | | | | | | |
| Consensus Budget | 5,367 | 2,065 | 133,000,000 | 81,000,000 | 5,512 | 2,056 | 136,000,000 | 95,000,000 |
| NFMH | | | | | | | | |
| Consensus Budget | 556 | 1,844 | 12,300,000 | 10,600,000 | 556 | 1,888 | 12,600,000 | 10,800,000 |
| Regular Medical | | | | | | | | |
| Developmental Disability Services | 8,881 | 542 | 57,785,817 | 12,234,804 | 8,881 | 492 | 52,467,432 | 11,003,985 |
| Mental Health Services | 23,790 | 550 | 157,000,000 | 46,000,000 | 24,139 | 525 | 152,000,000 | 48,000,000 |
| Substance Abuse Medicaid Services | <u>1,585</u> | <u>874</u> | <u>16,620,000</u> | <u>6,600,000</u> | <u>1,645</u> | <u>841</u> | <u>16,600,000</u> | <u>6,700,000</u> |
| Consensus Budget | 34,256 | 563 | 231,405,817 | 64,834,804 | 34,665 | 531 | 221,067,432 | 65,703,985 |
| Total Consensus Budget | | | | | | | | |
| | 86,562 | 430 | 446,205,817 | 194,755,832 | 86,167 | 423 | 437,667,432 | 209,325,013 |

KANSAS

DEPARTMENT ON AGING
KATHY GREENLEE, ACTING SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

**Caseload Update
to
The Senate Committee on Ways and Means**

**by Janis DeBoer
Deputy Secretary
Commissioner of Program and Policy**

Kansas Department on Aging

Jan. 19, 2007

Good morning, Chairman Umbarger, and members of the Committee. I am Janis DeBoer, Deputy Secretary of the Kansas Department on Aging.

Attached are three charts reflecting Medicaid average caseload, expenditures, and average monthly payments for the Nursing Facility program and Home and Community Based Services/Frail Elderly waiver. Since the KDOA has administered these Medicaid programs for the Single Medicaid State Agency for 10 years, I have included ten years of data.

Chart #1 provides information in three sections. The first section includes annual average caseload, annual expenditures, and average monthly payment for both programs from FY1998 through FY2006. The middle section of the report captures the first six months of FY2007 data from the Kansas Health Policy Authority Medical Assistance Report. The third section reflects the Governor's Budget Recommendations for FY2007 and FY2008.

Charts #2 and #3 provide graphs of the caseloads and monthly payments. As you can see from Chart #2, we continue to experience a downward trend in nursing facility caseload and an increase in demand for community-based services. The average monthly payments as reflected in Chart #3 show increases for both programs.

I will be glad to answer any questions.

(Attachments)

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*Senate Ways and Means
1-19-07
Attachment 4*

Attachment to Testimony to Senate Ways & Means Committee

19-Jan-07

Department on Aging

Program and Policy Commission

Nursing Facility and CARE Division

Analysis of Average Monthly Medicaid Payment

State Fiscal Years (SFY): Actual 1998 through December 2006 & Governor's Recommendation for SFY 2007 & 2008

Chart #1

| State Fiscal Year | Nursing Facilities | | | | | HCBS/FE | | | | |
|-------------------|--------------------|----------------|-------------------|-------------------------|----------------|------------------|----------------|------------------|-------------------------|----------------|
| | Average Caseload | Percent Change | Expenditures | Average Monthly Payment | Percent Change | Average Caseload | Percent Change | Expenditures | Average Monthly Payment | Percent Change |
| 1998 | 11,788 | | \$239,672,873 | \$1,694 | | 3,332 | | \$26,884,055 | \$672 | |
| 1999 | 11,340 | -3.8% | 250,548,241 | 1,841 | 8.7% | 4,284 | 28.6% | 35,898,475 | 698 | 3.86% |
| 2000 | 11,394 | 0.5% | 273,874,014 | 2,003 | 8.8% | 4,877 | 13.8% | 43,707,935 | 747 | 6.95% |
| 2001 | 11,162 | -2.0% | 292,510,306 | 2,184 | 9.0% | 5,237 | 7.4% | 49,585,203 | 789 | 5.65% |
| 2002 | 10,979 | -1.6% | 299,032,025 | 2,270 | 3.9% | 5,697 | 8.8% | 57,459,600 | 840 | 6.52% |
| 2003 | 10,774 | -1.9% | 306,121,773 | 2,368 | 4.3% | 5,139 | -9.8% | 53,474,142 | 867 | 3.17% |
| 2004 | 10,788 | 0.1% | 311,088,473 | 2,403 | 1.5% | 4,548 | -11.5% | 45,076,565 | 826 | -4.75% |
| 2005 | 11,125 | 3.1% | 327,814,229 | 2,456 | 2.2% | 5,544 | 21.9% | 53,877,188 | 810 | -1.95% |
| 2006 | 10,890 | -2.1% | 318,884,833 | 2,440 | -0.7% | 5,820 | 5.0% | 57,562,192 | 824 | 1.77% |
| 07/01/06 Payment* | | | 4,264,263 | | | | | 1,014,321 | | |
| Jul-06 | 11,986 | | 25,083,278 | 2,093 | | 5,776 | | 4,577,374 | 792 | |
| Aug-06 | 11,358 | | 31,466,388 | 2,770 | | 5,908 | | 5,412,615 | 916 | |
| Sep-06 | 10,139 | | 28,179,643 | 2,779 | | 5,855 | | 5,188,418 | 886 | |
| Oct-06 | 10,368 | | 27,891,791 | 2,690 | | 5,886 | | 5,191,866 | 882 | |
| Nov-06 | 10,436 | | 30,869,032 | 2,958 | | 5,848 | | 5,663,696 | 968 | |
| Dec-06 | <u>10,293</u> | | <u>27,693,766</u> | <u>2,691</u> | | <u>5,822</u> | | <u>5,075,482</u> | <u>872</u> | |
| Average/Subtotal | 10,763 | | 175,448,161 | 2,664 | | 5,849 | | 32,123,771 | 886 | |
| 2007 Gov. Rec. | 10,729 | -1.5% | 349,700,000 | 2,683 | 10.0% | 5,921 | 1.7% | 63,541,152 | 894 | 8.50% |
| 2008 Gov. Rec. | 10,605 | -1.2% | 352,500,000 | 2,770 | 3.2% | 6,013 | 1.6% | 65,447,389 | 906 | 1.31% |
| 2008 Gov. Rec. | | | | | | HCBS-Oral Health | | 3,318,500 | | |

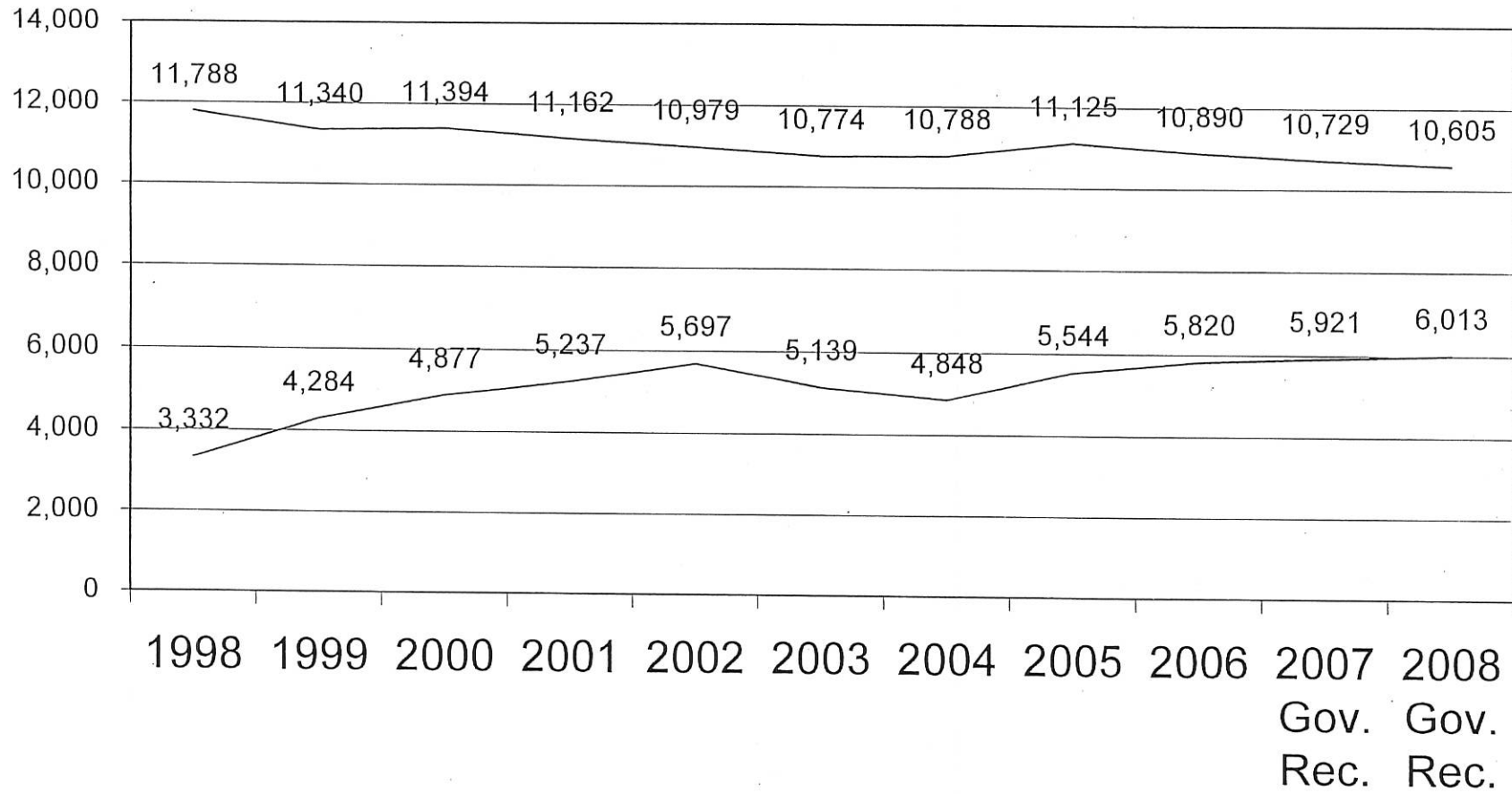
* The July 1, 2006 payment was reported in the Medical Assistant Report in SFY 2006 but paid in SFY 2007

Source: SRS and KDOA Medical Assistant Reports and KDOA 2007-2008 Budget/July 1, 2006 Payment-STARs

Excel:Nf Exp Trends:FY 1998-2008 NF Trends

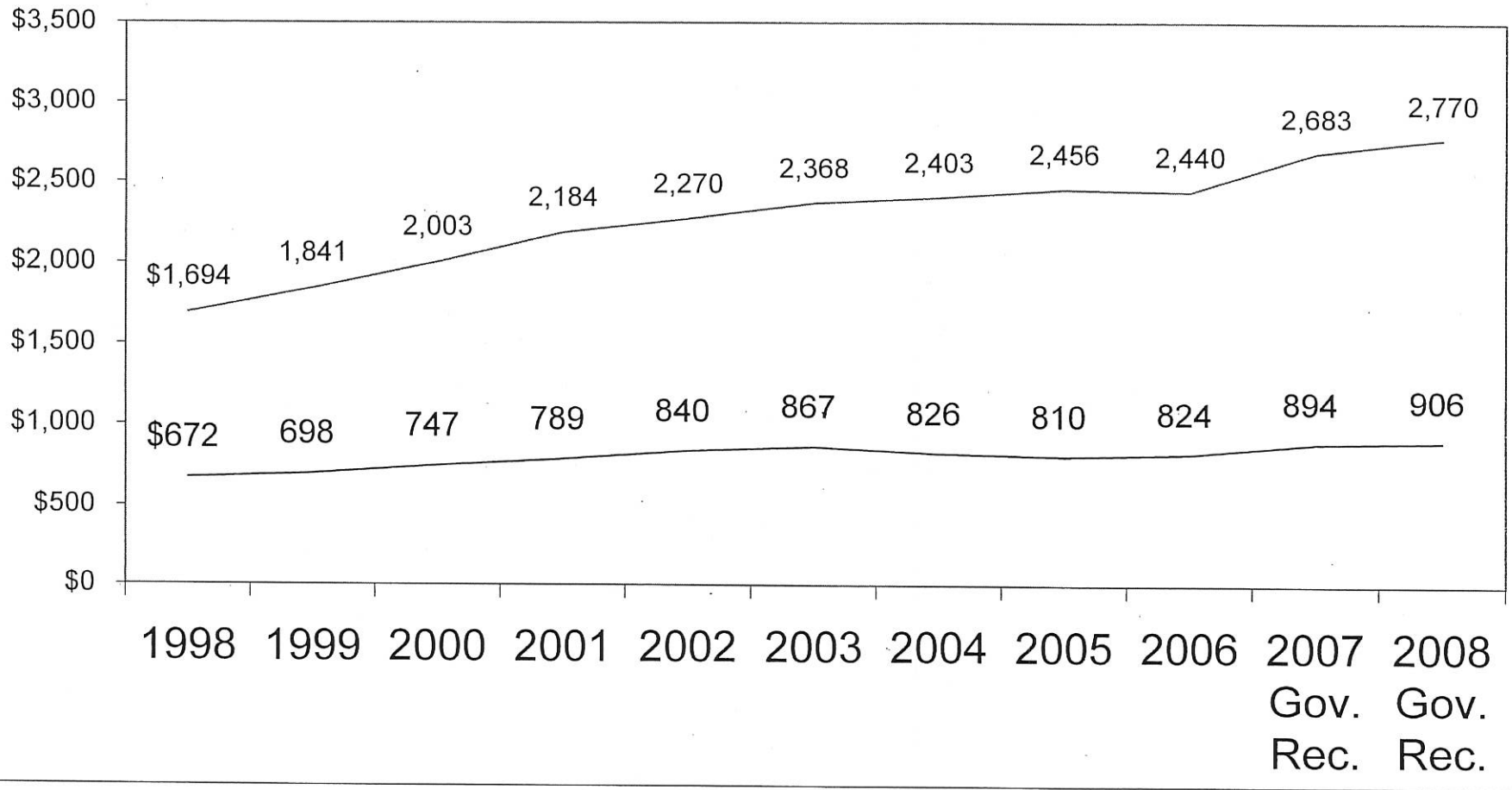
Kansas LTC Medicaid Customers

— HCBS/FE — Nursing Facility



Kansas LTC Medicaid Customers Average Monthly Payment

— HCBS/FE — Nursing Facilities





Kansas Health Policy Authority
Coordinating health & health' care for a thriving Kansas

MARCIA J. NIELSEN, PhD, MPH
Executive Director

ANDREW ALLISON, PhD
Deputy Director

SCOTT BRUNNER
Chief Financial Officer

Testimony on:
Caseload Estimate Update

presented to:
Senate Committee on Ways and Means

by:
Scott Brunner
Chief Financial Officer

January 19, 2007

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Fax: 785-368-7180

State Self Insurance Fund:
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Fax: 785-296-6995

Senate ways and means
1-19-07
Attachment 5

Senate Committee on Ways and Means
January 19, 2007

Caseload Estimate Update

Good morning, Mr. Chairman, and members of the Committee. My name is Scott Brunner, and I am the Chief Financial Officer for the Kansas Health Policy Authority (KHPA). Thank you for this opportunity to provide you updated information on the Medicaid caseload estimate.

Consensus Caseload Process. Consensus Caseload Estimating occurs twice each year in March and November. At those times, representatives from agencies that have entitlement programs and assistance payments meet with staff from the Division of Budget and Legislative Research. The group reviews agency estimates to develop a consensus estimate for the specific programs included in the process. That consensus estimate becomes the official budget amount for the Governor's Budget Recommendation and for the final Legislative approved budget.

Many pieces of information go into making these estimates, including utilization of services by each population, expenditures for services provided to each population, the estimated impact of changes in covered services, revenues received by agencies, and the federal Medicaid matching rate. The Medicaid matching rate changes slightly from year to year and it varies for some Medicaid populations and services.

- ✓ All Medicaid service expenditures are included in the consensus process. The responsibility for the estimates and the location of the Medicaid expenditures in the state budget vary depending on the agency. KHPA's
- ✓ consensus estimate includes those Medicaid funded services that would be part of a traditional health insurance program. The largest amounts are for inpatient and outpatient hospital payments, prescription drugs, and
- ✓ physician services. Also included are the payments we make for Medicaid beneficiaries that are covered by private managed care organizations and for Medicare buy in beneficiaries.

KHPA Consensus Caseload Estimates. The table attached to my testimony shows the amounts of the Spring estimate for Medicaid services provided through KHPA during FY 2007, the revised estimate for FY 2007 made in November 2006, and the initial estimate for FY 2008. For FY 2007, the current consensus estimate of is \$1,182.0 million from all funding sources. This amount is \$41.7 million less than the Spring estimate. However, between the Spring and Fall Consensus Caseload meetings, the State General Fund (SGF) portion of the FY 2007 Medicaid caseload increased by \$28.6 million, or 7.6 percent. This increase was due primarily to an updated federal match rate and a shortfall in revenue from prescription drug rebates.

The agreed upon federal match rate for all Medicaid programs used for the Spring 2006 estimate was 38.9 percent. After a more detailed analysis of populations and categories of service within KHPA, an updated rate of 40.5 percent was calculated, resulting in an increased need for state matching funds of approximately \$22.0 million. Each population and category of service has a different effective matching rate due to the mix of services at varying match rates. For example, the State Share for FY 2007 is 39.75 percent but the Pharmacy rate is 41.3 percent because of state only funded programs like MediKan. KHPA has refined our estimates to calculate the effective matching rate based on the population mix and types of services provided.

The other factor affecting the FY 2007 estimate is a revenue shortfall of \$45.0 million in the Medicaid Services Fee Fund. This fee fund receives proceeds from several sources, primarily drug rebates paid by pharmaceutical manufacturers as part of the Federal drug rebate and supplement drug rebate agreements. After Medicare Part D

Caseload Estimate Update

was implemented in January 2006 Kansas collections from drug rebates dropped by 43.0 percent. This impact lagged several months behind implementation of Part D in January 2006. The original rebate revenue projection for FY 2007 was \$88.0 million. After reviewing the actual collections for the last quarter of FY 2006 and the first few months of FY 2007 the revenue estimate was revised to \$43.4 million. Average monthly rebates were \$9 million prior to implementation of Medicare Part D, and are currently only \$5 million per month.

✓ For FY 2008, the consensus estimate was \$63.0 million (5.3 percent) over FY 2007. This increase is due to a 2.4 percent increase in population estimates and a 4.8 percent increase in average costs. The growth in population is primarily in the disabled and children categories. The SGF portion for FY 2008 versus 2007 is projected to increase by \$35 million (8.6 percent). The population and cost increases contribute to the SGF increase, but there is also an anticipated drop in the federal Medicaid matching rate from 60.25 percent to 59.43 percent. ✓ The combined impact of the projected caseload increases and the decrease in the Federal Match rate is approximately \$30 million net increase in SGF needed. Drug rebate revenue is expected to continue dropping as additional drug utilization and market shift reduces drug rebate collections. The anticipated decrease in drug rebate revenue was \$4.9 million between FY 2007 and FY 2008.

✓ The level of SGF is influenced by many factors. In this latest estimate, the delayed impact of Medicare Part D on rebate revenues is the driving force causing an increase in projected SGF spending. Thank you for the opportunity to provide this information. I am happy to answer any questions.

Caseload Estimate Update

Kansas Health Policy Authority ♦ Presented on: 1/19/07

Medicaid Caseload Estimate

| | FY 2007 Spring Consensus | | FY 2007 Fall Consensus | | | | FY 2008 Fall Consensus | | | | | |
|---------------------|--------------------------|---------------|------------------------|---------------|----------------|--------|------------------------|---------------|----------------|--------|----------------|--------|
| | All Funds | General Funds | All Funds | General Funds | Diff Gen Funds | % Diff | All Funds | General Funds | Diff Fed Funds | % Diff | Diff Gen Funds | % Diff |
| Below the line | 233,048,946 | 113,697,852 | 173,637,196 | 78,356,876 | (35,340,976) | -31.1% | 162,721,230 | 77,254,717 | (10,915,966) | -6.3% | (1,102,159) | -1.4% |
| Populations | 990,651,054 | 385,580,855 | 1,008,362,804 | 408,343,124 | 22,762,269 | 5.9% | 1,082,278,770 | 439,545,283 | 73,915,966 | 7.3% | 31,202,159 | 7.6% |
| ADAP | | 2,000,000 | | 2,000,000 | | | | 2,000,000 | | | | |
| Total Caseload | 1,223,700,000 | 501,278,707 | 1,182,000,000 | 488,700,000 | (12,578,707) | -2.5% | 1,245,000,000 | 518,800,000 | 63,000,000 | 5.3% | 30,100,000 | 6.2% |
| Revenue | | 124,879,636 | | 83,700,000 | (41,179,636) | -33.0% | | 78,800,000 | | | (4,900,000) | -5.9% |
| CIF | | 3,000,000 | | 3,000,000 | - | 0.0% | | 3,000,000 | | | | |
| Fee Fund | | 88,489,636 | | 43,400,000 | (45,089,636) | -51.0% | | 38,500,000 | | | (4,900,000) | -11.3% |
| Provider Assessment | | 33,390,000 | | 37,300,000 | 3,910,000 | 11.7% | | 37,300,000 | | | | |
| GBR | 1,223,700,000 | 376,399,071 | 1,182,000,000 | 405,000,000 | 28,600,929 | 7.6% | 1,245,000,000 | 440,000,000 | 63,000,000 | 5.3% | 35,000,000 | 8.6% |

**2007 SENATE WAYS AND MEANS
SUBCOMMITTEE ASSIGNMENTS**

| | <u>Subcommittee</u> | <u>Analyst</u> | <u>Final Committee Action</u> |
|---|---|----------------|---------------------------------------|
| <u>Legislative and Elected Officials</u> | | | |
| Legislative Agencies | <u>Emler</u> | Scott | February 15 |
| Governor | Betts | Robinson | March 13 |
| Lt. Governor | | Robinson | March 13 |
| Attorney General | | Robinson | March 13 |
| Secretary of State | | Robinson | March 13 |
| Insurance Commissioner | | O'Hara | March 13 |
| State Treasurer | | Klaassen | March 13 |
| Health Care Stabilization Fund Board of Governors | | O'Hara | March 13 |
| | | | |
| <u>Aging</u> | | | |
| Department on Aging | <u>Schodorf</u> Schmidt Betts | Deckard | March 12 |
| | | | |
| <u>SRS—Hospitals</u> | | | |
| Larned State Hospital | <u>Umbarger</u> | Kannarr | March 8 |
| Osawatomie State Hospital | Wysong | | March 8 |
| Rainbow Mental Health Facility | McGinn | | March 8 |
| Parsons State Hospital | Schodorf | | March 8 |
| Kansas Neurological Institute | Betts | | March 8 |
| | | | |
| <u>Department of Administration/KCC</u> | | | |
| Department of Administration (Including Public Broadcasting) | <u>Teichman</u> Taddiken Steiniger | Efird | February 28 |
| | | | |
| Governmental Ethics Commission | <u>McGinn</u> | Spurgin | March 7 |
| Human Rights Commission | Steiniger | Klaassen | March 9 |
| Kansas Corporation Commission | Emler | Krahl | March 5 |
| Citizens Utility Ratepayer Board | | Krahl | March 5 |
| | | | |
| <u>Department of Education</u> | | | |
| | <u>Umbarger</u> Emler Teichman Schodorf Steiniger | Alishahi | February 20 |
| | | | |
| <u>Capital Improvements</u> | | | |
| | <u>Umbarger</u> Wysong Emler Barone | Staff | March 6 |

Senate Ways and Means
1-19-07
Attachment 6

| | <u>Subcommittee</u> | <u>Analyst</u> | <u>Final Committee Action</u> |
|---|---------------------|----------------|-------------------------------|
| <u>Other Education</u> | | | |
| School for the Blind | <u>Wysong</u> | Alishahi | February 12 |
| School for the Deaf | Schodorf | Alishahi | February 12 |
| Historical Society | Steineger | Klaassen | February 12 |
| Kansas Arts Commission | | Klaassen | February 12 |
| State Library | | Klaassen | February 12 |
| <u>SRS</u> | | | |
| Department of SRS | <u>Umbarger</u> | Kannarr | March 14 |
| Health Policy Authority | Teichman | Kannarr | March 8 |
| | McGinn | | |
| | Schodorf | | |
| | Betts | | |
| <u>Kansas Guardianship Program</u> | | | |
| | <u>Schodorf</u> | O'Hara | March 9 |
| | Kelly | | |
| <u>KPERS Budget</u> | | | |
| | <u>Morris</u> | Efird | March 12 |
| | Wysong | | |
| | Kelly | | |
| <u>Judicial</u> | | | |
| Judicial Council | <u>Emler</u> | Spurgin | March 1 |
| Board of Indigents' Defense Services | Taddiken | Spurgin | March 1 |
| Judicial Branch | Barone | Spurgin | March 1 |
| <u>Public Safety</u> | | | |
| Beloit Juvenile Correctional Facility | <u>Emler</u> | Steiner | February 15 |
| Atchison Juvenile Correctional Facility | Schmidt | Steiner | February 15 |
| Larned Juvenile Correctional Facility | Betts | Steiner | February 15 |
| Kansas Juvenile Correctional Facility | | Steiner | February 15 |
| Juvenile Justice Authority | | Steiner | February 15 |
| <u>Parole Board</u> | | | |
| Parole Board | <u>Teichman</u> | Cussimanio | March 2 |
| KBI | Schmidt | VanHouse | March 2 |
| | Barone | | |
| <u>EMS</u> | | | |
| Sentencing Commission | <u>McGinn</u> | Klaassen | March 2 |
| Fire Marshal | Schmidt | Cussimanio | March 2 |
| | Steineger | VanHouse | March 2 |
| <u>Highway Patrol</u> | | | |
| Highway Patrol | <u>Schmidt</u> | VanHouse | March 2 |
| Adjutant General (including Civil Air Patrol) | McGinn | VanHouse | March 2 |
| | Steineger | | |

| | <u>Subcommittee</u> | <u>Analyst</u> | <u>Final Committee Action</u> |
|---|--|----------------|---------------------------------------|
| <u>Health and Environment/Human Resources</u> | | | |
| Department of Health and Environment | <u>Schmidt</u> Schodorf Kelly | VanHouse | February 14 |
| Department of Labor | <u>Wysong</u> Taddiken Barone | O'Hara | March 7 |
| Veterans Affairs/Soldiers' & Veterans' Home | <u>Taddiken</u> Kelly | O'Hara | February 8 |
| <u>Agriculture</u> | | | |
| Department of Agriculture | <u>Taddiken</u> | Krahl | February 9 |
| Animal Health Dept | McGinn | Krahl | March 5 |
| Kansas State Fair | Kelly | Krahl | March 5 |
| Conservation Commission | <u>McGinn</u> | Krahl | February 9 |
| Water Office | Taddiken | Krahl | February 9 |
| Wildlife and Parks | Steineger | Efird | February 9 |
| <u>Transportation</u> | <u>Umbarger</u> Teichman Steineger | VanHouse | March 7 |
| <u>Lottery/Racing and Gaming</u> | | | |
| Lottery Commission | <u>Schodorf</u> | Efird | March 12 |
| Racing and Gaming Commission | Emler Barone | Efird | March 12 |

| | <u>Subcommittee</u> | <u>Analyst</u> | <u>Final Committee Action</u> |
|--|----------------------------------|----------------|-------------------------------|
| <u>Fee Boards</u> | | | |
| Abstracters' Board of Examiners | <u>Teichman</u> | Steiner | February 16 |
| Board of Accountancy | Wysong | O'Hara | February 16 |
| Bank Commissioner | Kelly | Holm | February 16 |
| Board of Barbering | | Spurgin | February 16 |
| Behavioral Sciences Regulatory Board | | Klaassen | February 16 |
| Board of Healing Arts | | Klaassen | February 16 |
| Board of Cosmetology | | Spurgin | February 16 |
| Department of Credit Unions | | O'Hara | February 16 |
| Kansas Dental Board | | Klaassen | February 16 |
| Board of Mortuary Arts | | Spurgin | February 16 |
| Board of Hearing Aid Examiners | | Klaassen | February 16 |
| Board of Nursing | | Klaassen | February 16 |
| Board of Examiners in Optometry | | Klaassen | February 16 |
| Board of Pharmacy | | O'Hara | February 16 |
| Real Estate Appraisal Board | | Steiner | February 16 |
| Real Estate Commission | | Steiner | February 16 |
| Securities Commissioner | | O'Hara | February 16 |
| Board of Technical Professions | | Steiner | February 16 |
| Board of Veterinary Medical Examiners | | Steiner | February 16 |
| | | | |
| <u>KPERS Issues</u> | <u>Morris</u> Wysong Kelly | Efird | March 12 |
| | | | |
| <u>Corrections</u> | | | |
| Department of Corrections | <u>Taddiken</u> | Cussimano | March 9 |
| Topeka Correctional Facility | Schmidt | Cussimano | March 9 |
| Norton Correctional Facility | Teichman | Cussimano | March 9 |
| El Dorado Correctional Facility | Betts | Cussimano | March 9 |
| Winfield Correctional Facility | | Cussimano | March 9 |
| Hutchinson Correctional Facility | | Cussimano | March 9 |
| Larned Correctional Mental Health Facility | | Cussimano | March 9 |
| Lansing Correctional Facility | | Cussimano | March 9 |
| Ellsworth Correctional Facility | | Cussimano | March 9 |
| | | | |
| <u>Higher Education</u> | | | |
| KU | <u>Morris</u> | Dunkel | March 6 |
| KSU | | Dunkel | March 6 |
| KSU – Vet. Med | Teichman | Dunkel | March 6 |
| KSU – Extension | Emler | Dunkel | March 6 |
| Wichita State University | Schodorf | Dunkel | March 6 |
| Board of Regents | Barone | Dunkel | March 6 |
| KUMC | | Dunkel | March 6 |
| Emporia State University | | Dunkel | March 6 |
| Fort Hays State University | | Dunkel | March 6 |

| | <u>Subcommittee</u> | <u>Analyst</u> | <u>Final Committee Action</u> |
|---|---|-------------------------------|---|
| Pittsburg State University Regents Systemwide | | Dunkel Dunkel | March 6 March 6 |
| <u>Commerce/Revenue</u> | | | |
| Department of Revenue | <u>Schodorf</u> Schmidt Teichman Betts | Deckard | February 13 |
| Board of Tax Appeals | <u>Schmidt</u> Taddiken Kelly | Deckard | February 20 |
| Department of Commerce Kansas Inc. Kansas Technology Enterprise Corporation | <u>Wysong</u> McGinn Emler Betts | Deckard Deckard Deckard | February 19 February 19 February 19 |