



BUDGET NARRATIVE

Fiscal Years
2026 - 2027

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

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

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

15 September 2025

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

Dear Mr. Proffitt:

As Secretary of the Department of Aging and Disability Services, I hereby submit for your consideration the budget documents for FY2026 and FY2027 for the Agency. The budget has been prepared in accordance with the instructions transmitted in your memo of July 2025. To the best of my knowledge and belief, the information and explanation included in this budget request are correct and complete.

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

Sincerely,

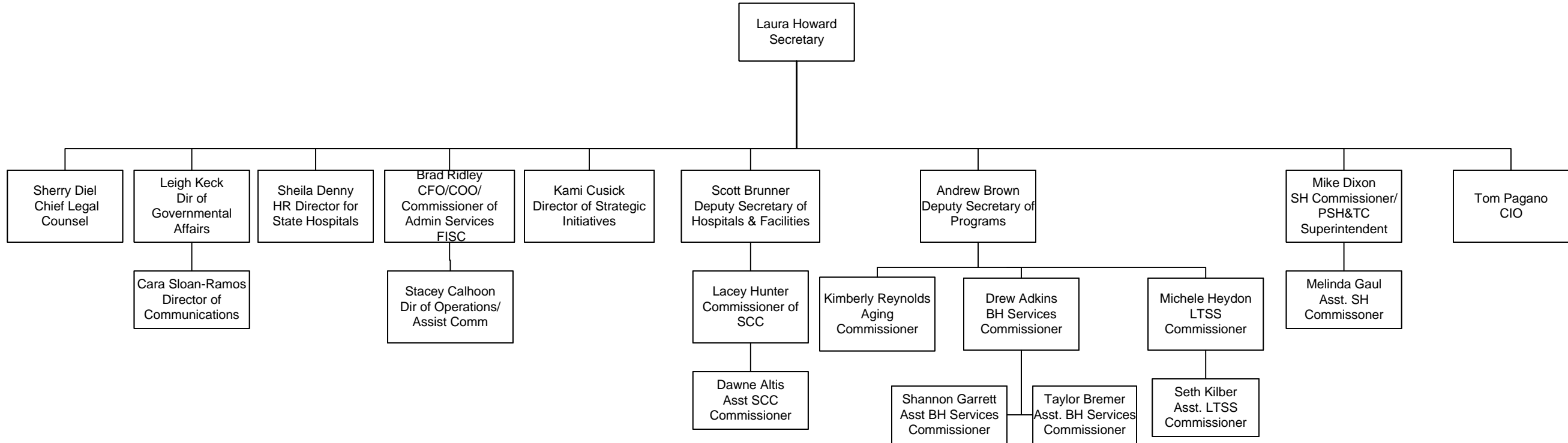


Laura Howard
Secretary

Kansas Department for Aging & Disability Services

Senior Leadership Staff

September 29, 2025



Kansas Department for Aging & Disability Services

Office of the Secretary

September 29, 2025

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Kansas Department for Aging & Disability Services

Financial & Information Services Commission

September 29, 2025

Brad Ridley
CFO/COO/Commissioner of
Admin Services
K0217371

Stacey Calhoon
Dir of Operations/Assist
Comm
K0245865

Tom Pagano
CIO

See HS-EBIT
Org Chart

Daniel Rogers
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COOP Planner
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Reporting
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Federal Reporting
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K0229641

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Mgr
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Accountant
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Sr. Fin Analyst
K0245989

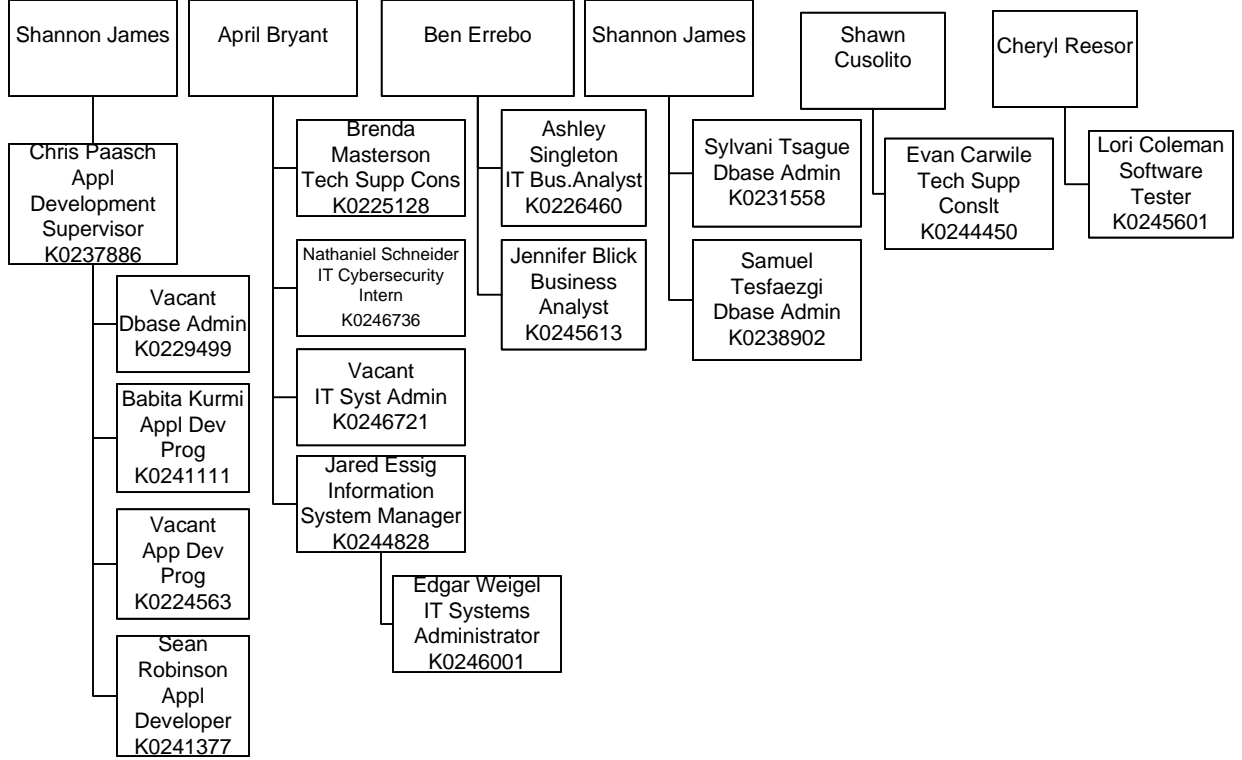
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Accountant II
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LSH
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OSH
PSH&TC



State Hospital IT Directors report to Jared Essig

Kansas Department for Aging and Disability Services

Behavioral Health Services

September 29, 2025

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SPF-PFS Proj
Manager
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K0239715

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CARE Specialist
K0243623

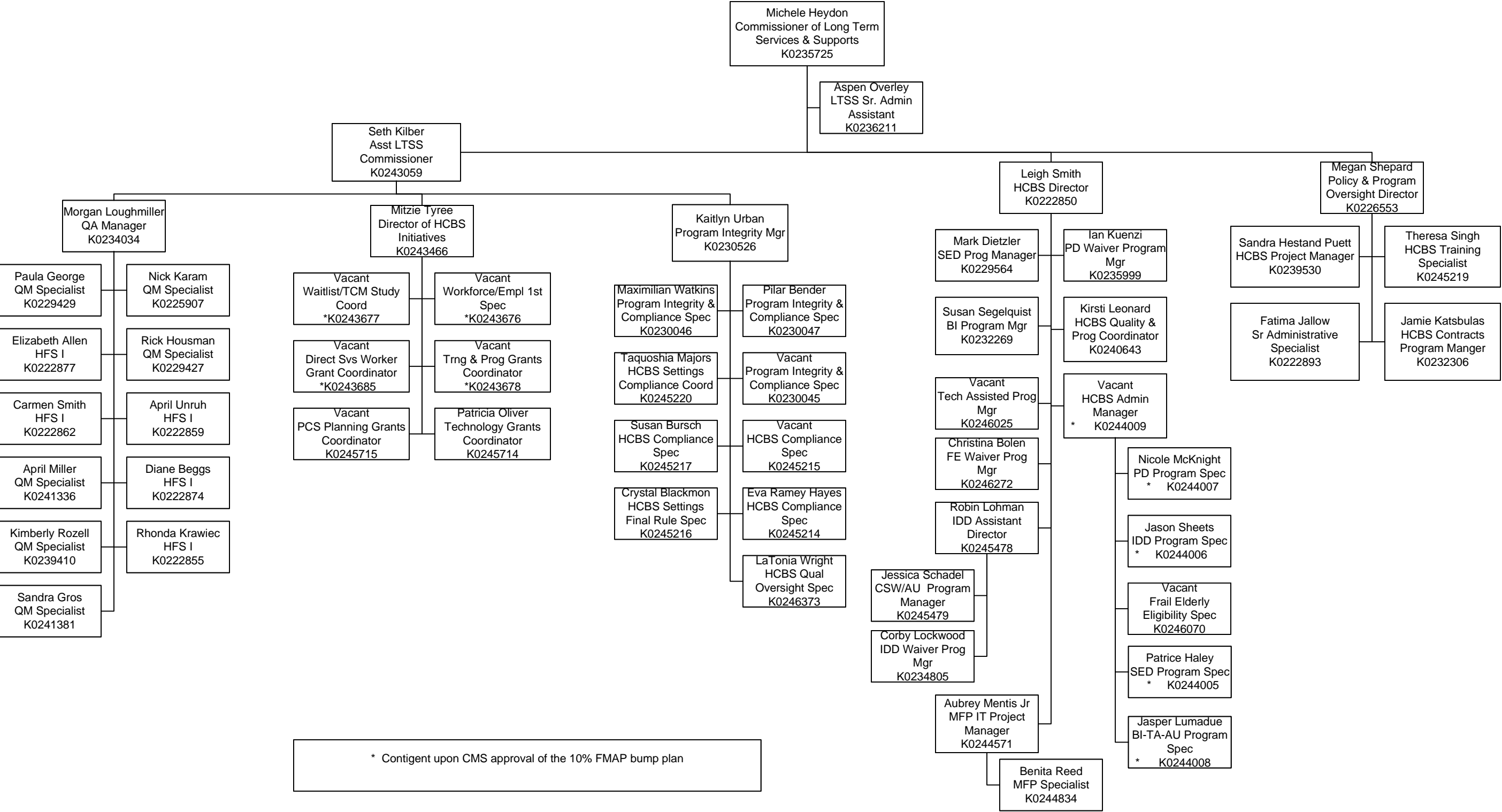
Lynzee Backus
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K0244012

Elizabeth Lietz
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Kansas Department for Aging and Disability Services

Long Term Services & Supports

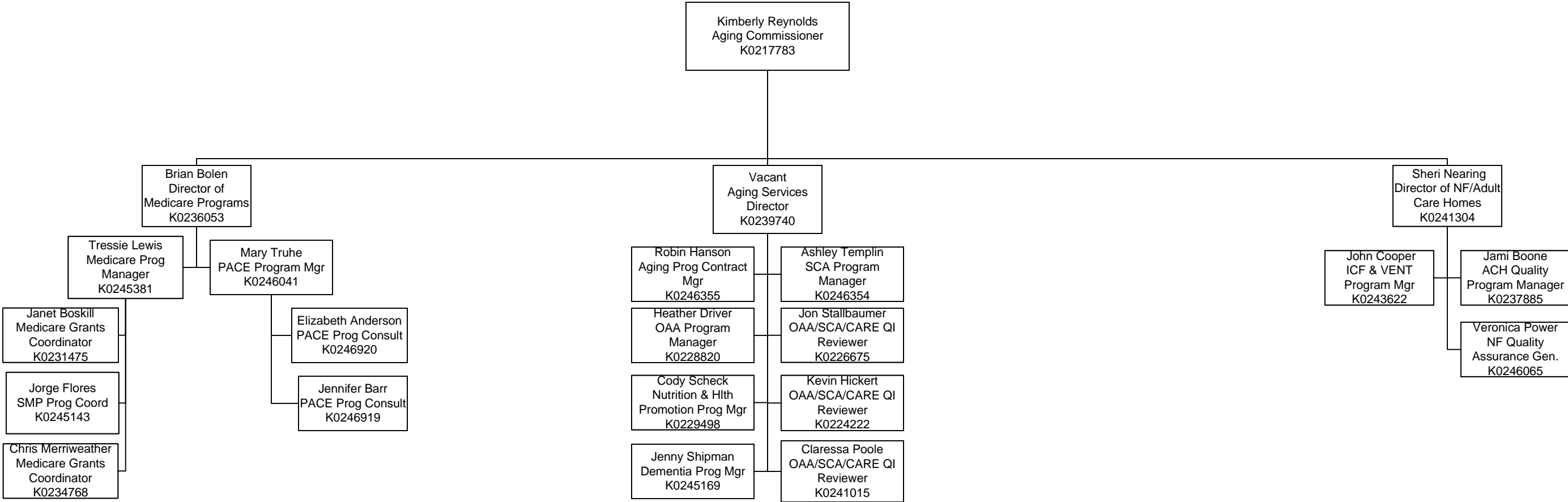
September 29, 2025



Kansas Department for Aging and Disability Services

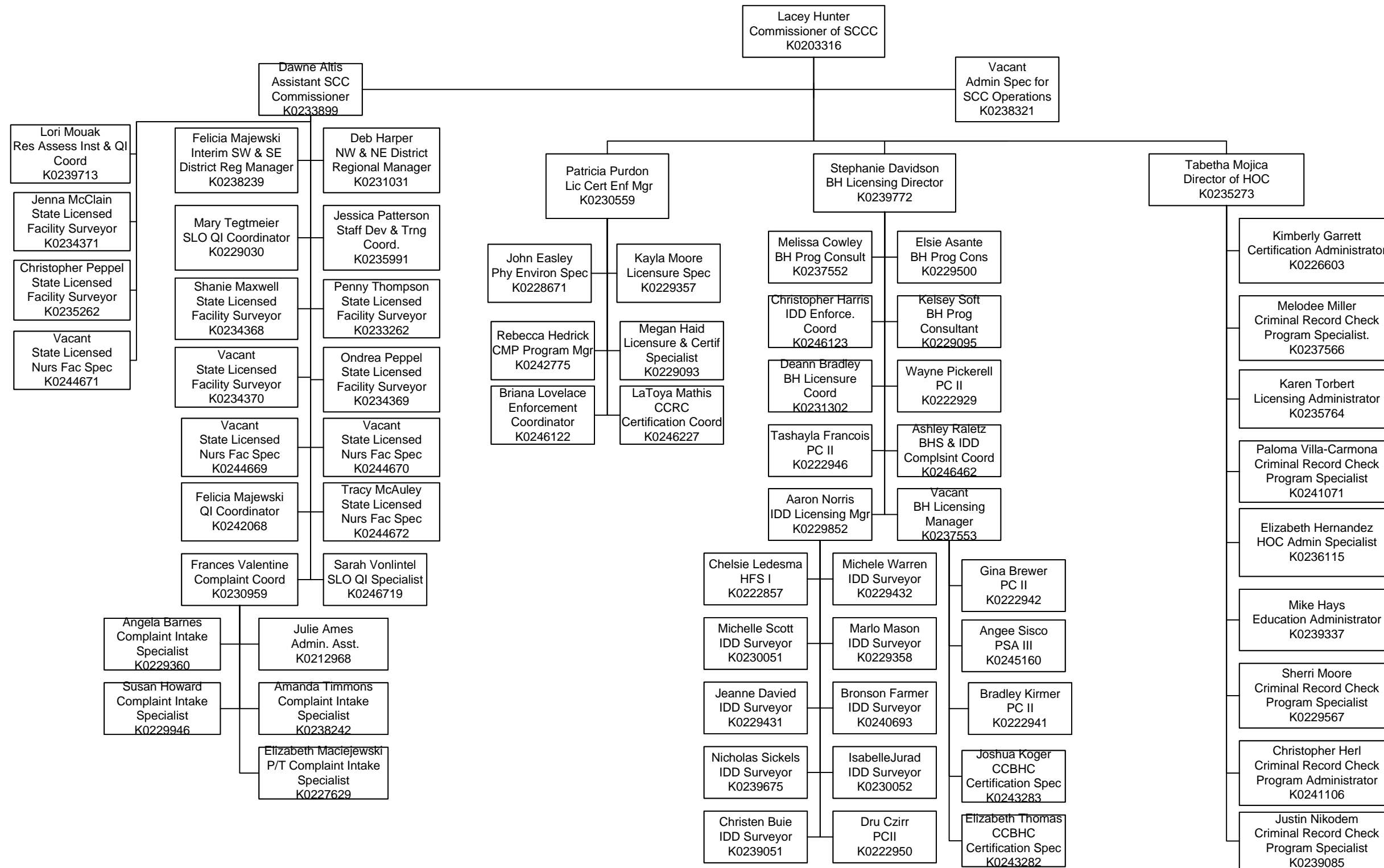
Commission on Aging

September 29, 2025

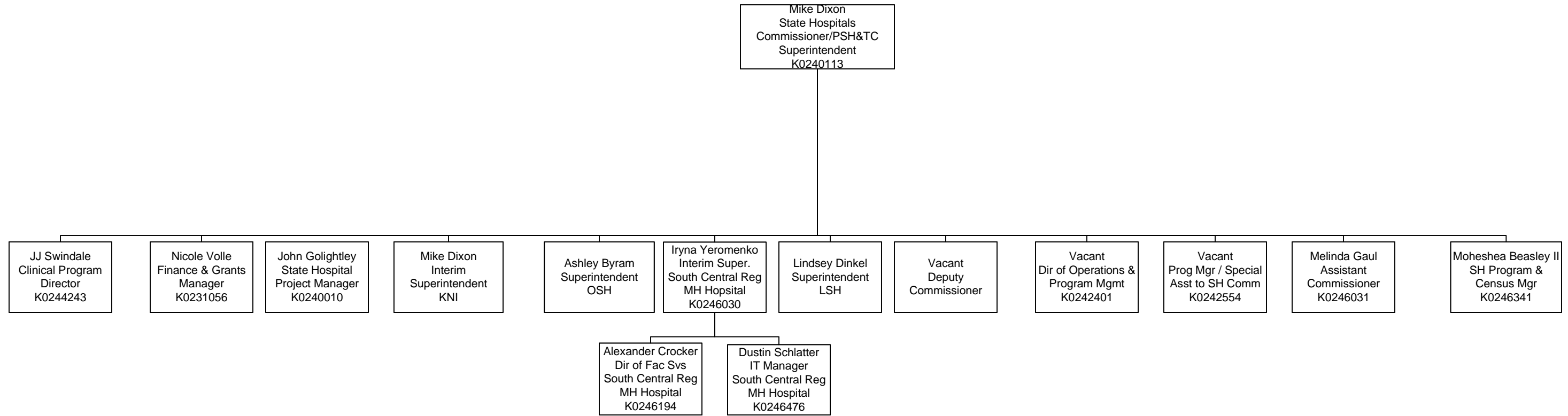


Kansas Department for Aging and Disability Services Survey Certification and Credentialing Commission

September 29, 2025

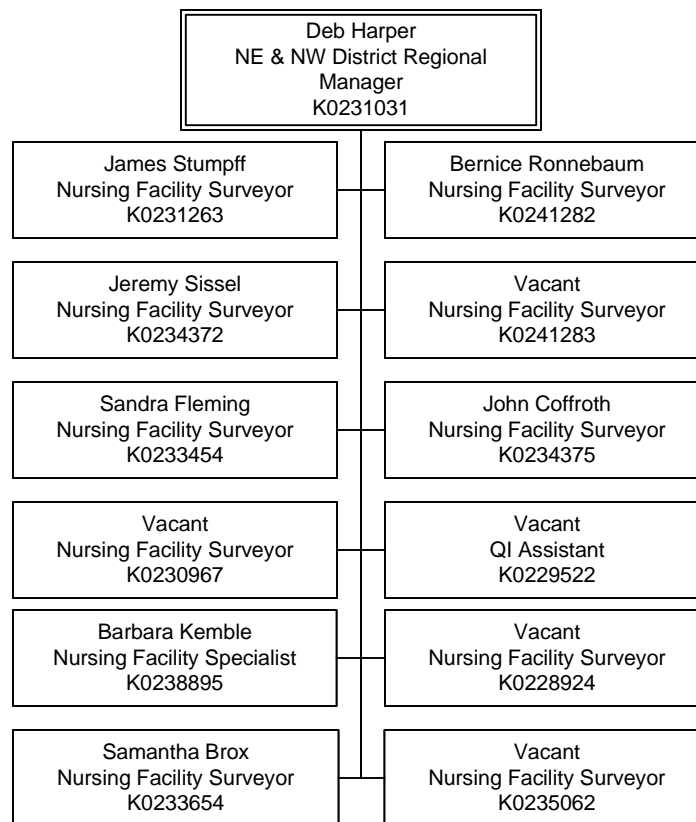


Kansas Department for Aging and Disability Services
State Hospitals
September 29, 2025



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

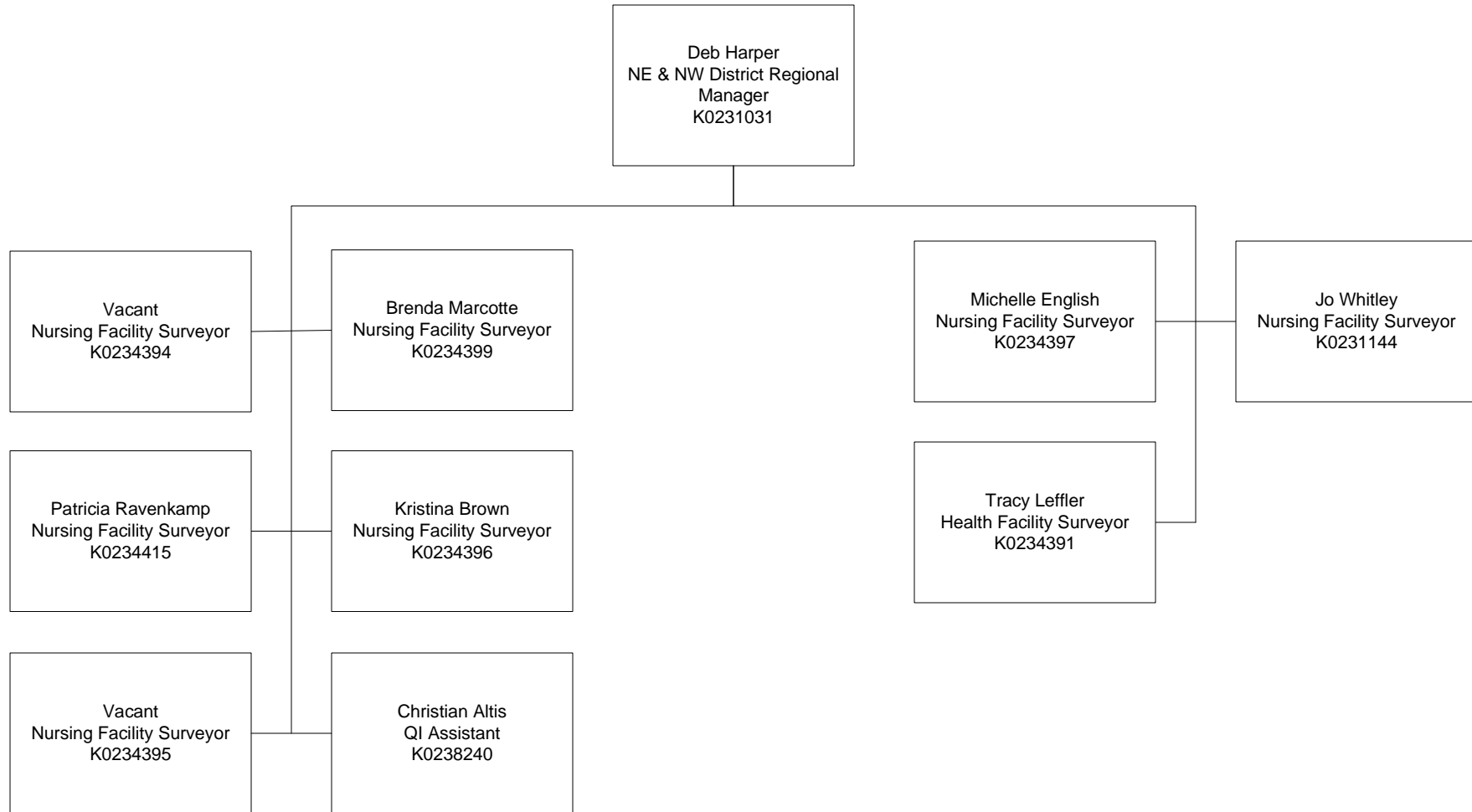
September 29, 2025



Kansas Department for Aging and Disability Services

Northwest District Office (Salina)

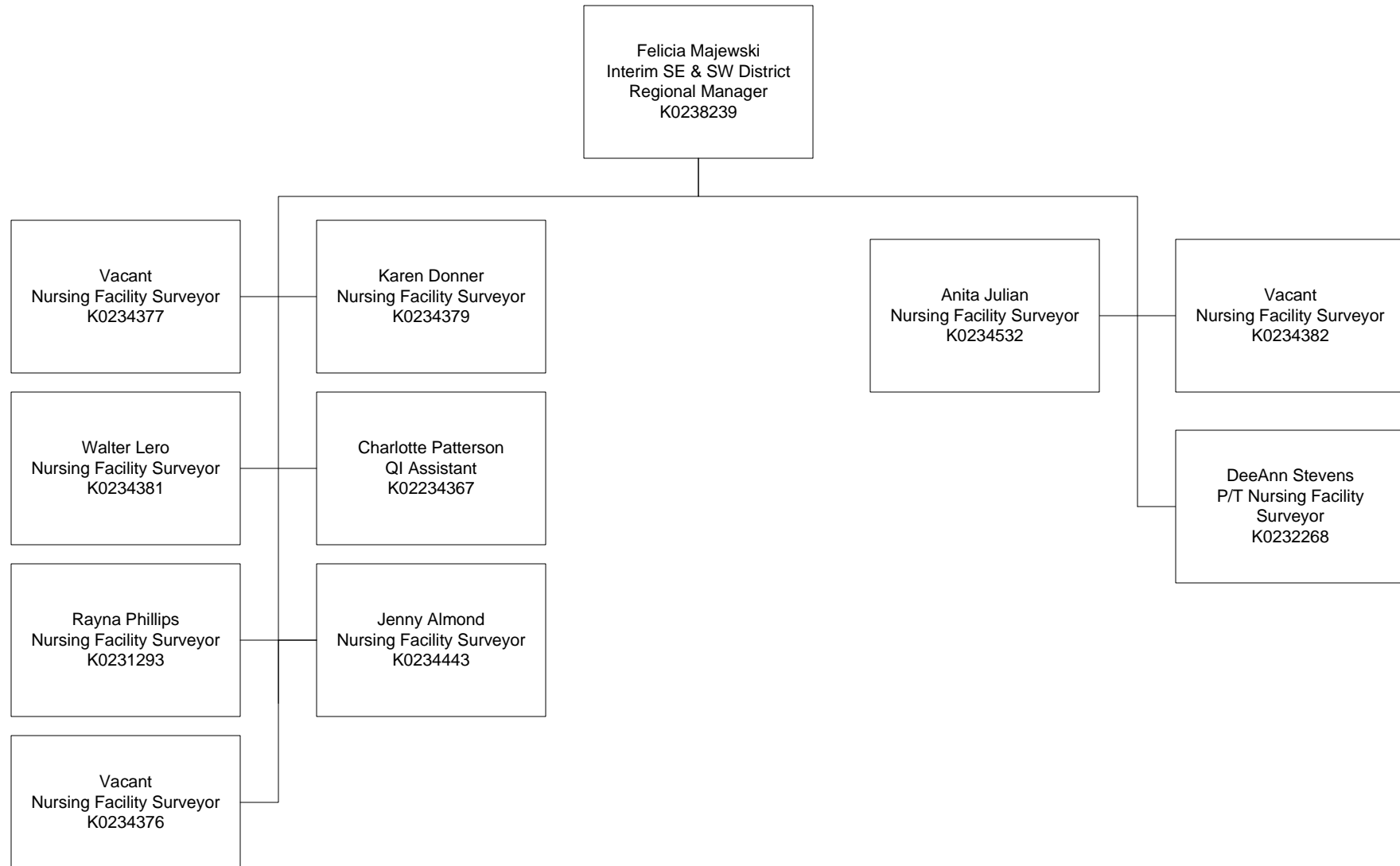
September 29, 2025



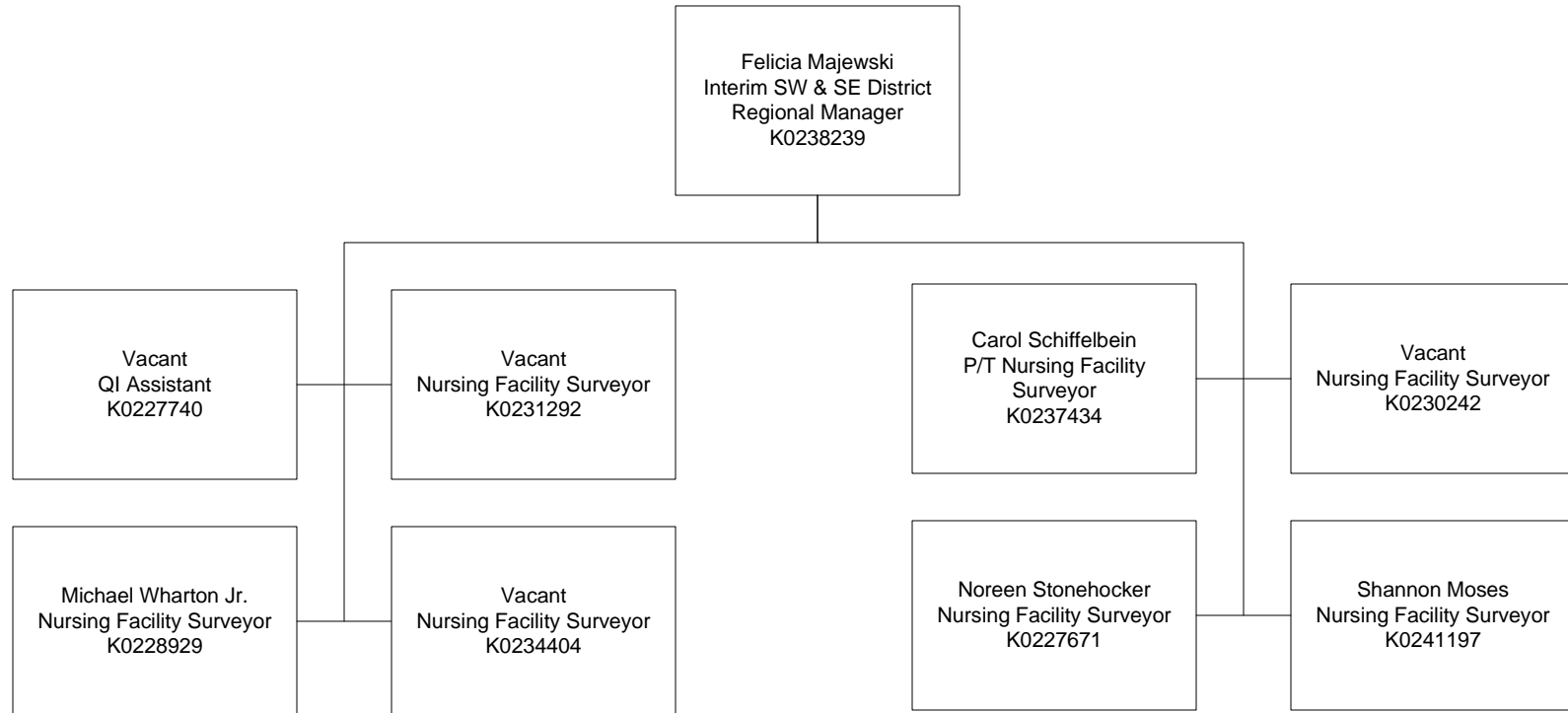
Kansas Department for Aging and Disability Services

Southeast District Office (Chanute)

September 29, 2025



Kansas Department for Aging and Disability Services Southwest District Office (Wichita) September 29, 2025



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

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

Enhancement Requests

Enhancement Request #1/6

Priority: 1
Title: HCBS - CSW
Program: 38700 - Community Support Waiver

Justification: The Kansas Department for Aging & Disability Services requests a total of \$9,000,000, of which \$3,741,750 is from the State General Fund to fund services and administrative infrastructure necessary for the new HCBS Community Support Waiver.

\$7,500,000, with \$2,991,750 from SGF is requested to serve up to 500 individuals in FY27 on the HCBS Community Support Waiver. This waiver aims to reduce the I/DD waitlist by offering essential services for those who may not require the full menu of comprehensive services on the existing I/DD waiver. By focusing on targeted services and supports and excluding Day and Residential services, this funding will promote integration, autonomy, and inclusion while using resources more efficiently.

Additionally, \$1,500,000 with 750,000 from State General Funds is requested to provide administrative funding to contract with a Financial Management Services (FMS) vendor to support the self-directed Waiver services. This funding supports both service delivery and a statewide vendor to provide FMS and Support Broker functions for self-directing participants. The vendor will coordinate with MCOs, onboard participants and workers, provide employer support, and manage payroll. Administrative costs will be billed directly to the state.

Performance Metric	FY25 Actual	FY26 Projection	FY27 Projection (if funded)	Enhancement
Number of Individuals served on the Community Support Waiver	0	0	500	Community Support Waiver

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

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

Enhancement Request #2/6:

Priority: 2
Title: Waiver Projected Growth for HCBS - TA
Program: 38600 – CSS Services Waiver – Att Care

Justification: The Kansas Department for Aging & Disability Services requests \$7,578,683 of which \$3,023,137 is from the State General Fund to fund the Technology Assisted (TA) HCBS waiver, which supports medically fragile children aged 0-21 who require life-sustaining medical technology. This waiver provides necessary services to help participants avoid institutionalization by allowing them to remain in their homes and communities. Funding will enhance access to care, improve quality of life, and promote independence, ultimately preventing more costly hospitalizations or institutional placements. Without this funding, the state risks inadequate support for this vulnerable population, leading to higher long-term costs. Over the course the last year the number of eligible participants has increased by approximately 11%.

Performance Metric	FY25 Actual	FY26 Projection	FY27 Projection (if funded)	Enhancement
Number of Individuals Served on the Technology Assisted Waiver (Monthly Average)	842	879	947	HCBS-TA Waiver

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

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

Enhancement Request #3/6:

Priority: 3
Title: HCBS - Waiver Projected Growth for BI Waiver
Program: 38400 – CSS Services Waiver – BI

Justification: The Kansas Department for Aging & Disability Services requests \$17,333,449 of which \$6,914,313 is from the State General Fund to fund the Brain Injury (BI) HCBS waiver, which provides essential services to individuals who have sustained a traumatic or acquired brain injury. This waiver helps prevent institutionalization by supporting participants in maintaining their physical and mental well-being while living independently in their communities. Funding will ensure the department does not have to create a waiting list for access to a range of services, including rehabilitation therapies, personal care, and assistive services, promoting recovery, and enhancing quality of life. Without this funding, many individuals may face costly institutional care, increasing long-term state expenses. As a rehabilitation waiver, it's important that individuals can access services in a timely manner from the time of the acquired or traumatic brain injury to afford the greatest recovery. Over the last year the number of eligible participants has increased by approximately 6%.

Performance Metric	FY25 Actual	FY26 Projection	FY27 Projection (if funded)	Enhancement
Number of Individuals Served on the Brain Injury Waiver (Monthly Average)	1,143	1,210	1,563	HCBS-BI Waiver

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

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

Enhancement Request #4/6:

Priority: 4
Title: HCBS – Waiver Projected Growth for FE Waiver
Program: 36200 – HCBS Waiver – Frail Elderly

Justification: The Kansas Department for Aging & Disability Services requests the addition of \$75,263,355, of which \$30,022,552 is from the State General Fund to increase the number of individuals served on the Frail and Elderly (FE) HCBS waiver. The FE waiver allows for individuals to live in their own homes and communities who would otherwise require more expensive Nursing Home services. Additional funding will ensure the department is able to avoid the creation of a waiting list for these crucial services. Without this funding individuals eligible for FE services would need to be served in a Nursing Facility costing the state more money in the long run. Over the last year the number of eligible participants has increased by approximately 7%.

Performance Metric	FY25 Actual	FY26 Projection (with Wait List)	FY27 Projection (if funded, no wait list)	Enhancement
Individuals served on the FE Waiver (Monthly Average)	8,137	8,137	10,413	HCBS-FE Waiver

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

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

Enhancement Request #5/6:

Priority: 5
Title: Capable Service for HCBS - FE Waiver
Program: 36200 – HCBS Waiver – Frail Elderly

Justification: The Kansas Department for Aging & Disability Services requests the addition of \$2,500,000, of which \$997,250 is from the State General Fund to fund the CAPABLE (Community Aging in Place—Advancing Better Living for Elders) model which improves functional independence and prevents costly institutional care for older adults by pairing nursing visits, occupational therapy, and targeted home modifications. Kansas is currently piloting CAPABLE in Johnson County with ARPA funds. This budget request supports a phased statewide expansion, reaching more older adults at risk of nursing facility placement. While some CAPABLE services overlap with those in the FE waiver, this funding supports a bundled, interdisciplinary service approach that improves coordination, reduces emergency care use, and extends the ability of Kansans to age in place.

Performance Metric	FY25 Actual	FY26 Projection	FY27 Projection (if funded)	Enhancement
Number of participants completing CAPABLE	0	0	750	HCBS-FE Waiver Capable Services

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

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

Enhancement Request #6/6:

Priority: 6
Title: Nursing Home Without Walls
Program: 36200 – HCBS Waiver – Frail Elderly

Justification: The Kansas Department for Aging & Disability Services requests the addition of \$5,108,000, of which \$2,037,581 is from the State General Fund to add a technology bundled service to the HCBS/FE Waiver program which includes daily patient monitoring (Chronic disease management), artificial intelligence-based activity monitoring, voice activated communications to help ensure mental and physical health and safety for the consumer. Nursing Home Without Walls technology bundle service to be \$17.00 per day.

We estimate our one-time costs to provide installation and training for each new referral to be \$180

Performance Metric	FY25 Actual	FY26 Projection	FY27 Projection (if funded)	Enhancement
Number of participants receiving HCBS FE – NHWOW Services	0	0	800	HCBS-FE Waiver NHWOW

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

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

State Hospital Supplemental and Enhancement Requests

Enhancement Request #1/4:

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

Justification: KDADS requests an increase of \$2,852,000 from the State Institutions Building Fund (SIBF) in FY 2027 to fund the 2nd priority Rehabilitation and Repair projects that were included in the 5-year capital improvement plan. This funding would include a variety of projects on all four campuses that were identified by the hospital staff as the second highest priority for FY 2025.

A significant portion of the second priority request is to replace fire alarm sensors and monitoring systems on the campuses. After completing an assessment of occupied campus buildings, our consultant identified the fire alarm monitoring systems as needing updates to meet current standards. The systems at PSH, KNI, and OSH are not supported by the manufacturers making it difficult to find replacement parts and electronic components.

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

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

Enhancement Request #2/4:

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

Justification: KDADS requests \$2,021,200 from SIBF in FY 2027 for a significant remodeling project at OSH in the Cottonwood Resource Center building. These projects are typically \$500,000 and larger and represent new buildings or substantial changes to existing buildings.

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

NARRATIVE INFORMATION – DA 400
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State of Kansas

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

Enhancement Request #3/4:

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

Justification: KDADS requests \$926,000 from SIBF in FY 2027 for a significant remodeling project at OSH in the Special Services building and the office area in the MICO House reintegration facility.

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

NARRATIVE INFORMATION – DA 400
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State of Kansas

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

Enhancement Request #4/4:

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

Justification: KDADS requests \$3,458,053 from SIBF in FY 2027 for a significant remodeling project at OSH in the Adair A Building. The Adair Building is the primary facility for Adair Acute Care (AAC), the certified component of Osawatomi State Hospital (OSH.) AAC serves acute unit for involuntarily committed adults in mental health crisis ordered for treatment from the counties within the OSH catchment area. AAC serves higher acuity patients with the goal of rapidly stabilizing after a crisis, starting or reestablishing a treatment plan, and placing the individual in their home community with wrap around services. Adair has 2 patient units (A and B) with 15 patient rooms on each unit.

During FY 2025, AAC patients, staff and treatment teams were moved into East and West Biddle after it was remodeled. This proposal would renovate the building to update flooring, plumbing, electrical, and HVAC systems, patient common areas, medication rooms, and unit treatment rooms to meet the current standards for life safety and behavioral health treatment. The primary goal is to move the building to single occupancy rooms for improved patient management, staff safety, and more efficient treatment. The experience with remodeling Biddle provides standards and designs that can be reused for the Adair Building remodeling. Bringing Adair A up to a current standard of care and with updated finishes that match the recent remodels on Biddle and Adair B including safety and security updates will make 30 more patient room available to increase the OSH capacity from 159 to 189 by the end of FY 2028. Preliminary design work identified some modifications to reduce the number of new walls, demolition of existing walls, and limited plumbing changes. These design modifications reduced the overall cost of the project and make remodeling both units possible within the proposed budget of \$3.5 million.

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

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

KDADS Enhancement Requests							
Commission	Agency Priority	Request Title	SFY	Total	Federal	SGF	SIBF
Mediciad	1	Community Support Waiver	27	\$ 9,000,000	\$ 5,258,250	\$ 3,741,750	\$ -
Mediciad	2	HCBS TA Waiver	27	\$ 7,578,683	\$ 4,555,546	\$ 3,023,137	\$ -
Mediciad	3	HCBS BI Waiver	27	\$ 17,333,449	\$ 10,419,136	\$ 6,914,313	\$ -
Mediciad	4	HCBS FE Waiver	27	\$ 75,263,355	\$ 45,240,803	\$ 30,022,552	\$ -
Mediciad	5	Capable Service for HCBS/FE Waiver	27	\$ 2,500,000	\$ 1,502,750	\$ 997,250	\$ -
Mediciad	6	Nursing Home Without Walls	27	\$ 5,108,000	\$ 3,070,419	\$ 2,037,581	\$ -
Capital Improvement	1	2nd Priority Rehab and Repairs	27	\$ 2,852,000	\$ -	\$ -	\$ 2,852,000
Capital Improvement	2	Cottonwood Resource Center Remodel at OSH	27	\$ 2,021,200	\$ -	\$ -	\$ 2,021,200
Capital Improvement	3	Special Services and MICO House Office Remodel at OSH	27	\$ 926,000	\$ -	\$ -	\$ 926,000
Capital Improvement	4	Adair A Building Renovation at OSH	27	\$ 3,458,053	\$ -	\$ -	\$ 3,458,053
				\$ 126,040,740	\$ 70,046,904	\$ 46,736,583	\$ 9,257,253

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES – AGENCY OVERVIEW

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

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

MOTTO

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

VISION

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

MISSION

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

STRATEGIC OBJECTIVES

Refocus on community-based services:

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

Employment:

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

Housing:

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

Prevention:

Adopt strategic prevention framework.

STATUTORY HISTORY

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

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

Aging Commission

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

Behavioral Health Services Commission

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

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

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

Long Term Services & Supports Commission

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

State Hospital Commission

- The foundation for all community mental health services is the Mental Health Reform Act K.S.A. 39-1601 et seq.
- The Treatment Act for Mentally Ill Persons, K.S.A. 59-2901, et seq., states how patients shall be provided psychiatric treatment on both a voluntary and involuntary basis.
- K.S.A. 75-3307b authorizes the agency to enforce the laws relating to the hospitalization of mentally ill persons in mental health hospitals and community treatment facilities.
- K.S.A. 22-3302 outlines the process for competency evaluations for defendants referred by criminal courts in Kansas, and K.S.A. 22-3303 outlines the process for competency restoration treatment and evaluation services.
- 2025 CCR HB 2249 established the South Central Regional Mental Health Hospital in statute, updated catchment areas for the state hospitals, and changed the name of Parsons State Hospital and Training Center to Parsons State Hospital.

Survey, Certification & Credentialing Commission

- In 2003, the Kansas Legislature transferred responsibility for survey, certification, and licensure of adult care homes from the Secretary of Health and Environment to the Secretary of Aging, K.S.A. 39-923.
- Licensure of mental health and disability service providers is governed by K.S.A. 39-2001, et seq.
- Licensure of dietitians governed by K.S.A.65-5901, et seq. and in 2025 the Legislature passed the dietitian compact to provide interstate practice privileges.
- Licensure of speech language pathologist and audiologist governed by K.S.A.65-6501, et seq. and in 2021 the Legislature passed the Interstate Licensure Compact for Speech Language Pathologists and Audiologists.
- Licensure of alcohol or other drug treatment facilities governed by K.S.A. 65-4001, et seq.
- In 2003, the Kansas Legislature transferred responsibility for investigating reports of abuse, neglect, or exploitation of residents of adult care homes from the Secretary of Health and Environment to the Secretary of Aging, K.S.A. 39-1401.
- In 2006, the Kansas Legislature enacted K.S.A. 75-723, which requires the agency to send all confirmed cases of abuse, neglect and exploitation filed against certified nurses and medication aides to the newly formed ANE unit within the Attorney General's office.

2025 Legislative Session Statutory Changes (SFY 2025 Revised and SFY 2026)

- HB 2069 committed the state to several interstate licensure compacts, including the dietitian compact to provide interstate practice privileges.
- HB 2221 moved the alcohol and drug abuse treatment fund from the Department of Corrections to KDADS.
- HB 2240 requires legislative approval prior to any state agency seeking or implementing any public assistance program waiver or other authorization from the federal government that expands eligibility for any public assistance program, increases cost to the state or makes certain changes in services for persons with intellectual or developmental disabilities.
- HB 2249 requires KDADS to grant physical environment waivers for certain rural emergency hospitals to provide skilled nursing facility care and establish the South Central Regional Mental Health Hospital in statute.
-
- SB 125, the budget, contained several provisions impacting KDADS operations including:
 -
 - Requiring all state-licensed-only adult care homes to submit a report upon completion of every involuntary transfer or discharge of a resident.
 - Cap the waiting list for the Home and Community Based Services (HCBS) Physical Disabilities (PD) Waiver at 1,800, the HCBS (Intellectual and Developmental Disabilities) IDD Waiver at 4,000 and provide an estimate of additional monies needed to the budget committees.
- - Implement a program for the awarding of hiring, recruiting or retention bonuses to state employees.
 - Continuation of the Mental Health Intervention Team (MHIT) program that had previously been transferred from the Kansas State Department of Education to KDADS.
 - A 1.5% across the board cut
 - Lapse of state general funds associated with vacant positions

2025 Legislative Session Budget Additions – FY 2026 Approved Budget

Description	SFY 2026		
	SGF / SIBF	All Funds	One Time Only
KanCare Consensus Caseloads: Primarily due to retroactive rate implementation to include rebase of CCBHCs and NF rates (Fall 2024 Meeting)	8,501,496	143,501,496	
Nutrition Services Incentive Program	1,000,000	1,000,000	
Community Support Waiver (500 individuals)	953,750	2,500,000	
In-Home Care for Low-Income Seniors/Nursing Homes w/o Walls	540,000	540,000	Yes
Medicaid Add-On for NFs (Caseload)	29,300,000	75,500,000	Yes
Senior Resource Guide	190,000	190,000	
Senior Nutrition Funding	1,000,000	1,000,000	
PRTF aftercare services	250,000	250,000	Yes
SWKS Homeless Shelter Renovation	650,000	650,000	Yes
Behavioral Health Add-On NF (Caseload)	1,500,000	3,900,000	Yes
Problem Sexual Behavior-Cognitive Behavioral Therapy	1,600,000	1,600,000	
Behavioral Health Center of Excellence	2,000,000	2,000,000	
CMHC grants	4,000,000	4,000,000	Yes
K-12 Telehealth Mental Health Service	2,000,000	2,000,000	
MHIT	(2,000,000)	(2,000,000)	
Funding to supplement the SUD Block Grant	4,000,000	4,000,000	Yes
CCBHC Planning grants	(4,000,000)	(4,000,000)	Yes
Increase Medicaid rates to \$375 from \$206 per day SUD (Caseload)	482,993	1,207,483	
Specialized Medical Care	1,700,000	4,200,000	
SUD Workforce Development	1,800,000	1,800,000	Yes
NF Rebase (Caseload)	4,800,000	12,400,000	
IDD Waiver Slots	5,400,000	14,000,000	
Brain Injury Waiver Therapy Services from \$18.99 to \$25.00 per unit	2,490,731	6,226,826	
IDD Waiver Services Rates	4,200,000	10,500,000	
Pay Plan Increase	470,246	976,639	
1.5% SGF Reduction	(1,017,396)	(1,017,396)	
KanCare Consensus Caseloads: Increase partially due to a decrease in FMAP, CCBHC Rebases, and NF inflationary increase for nursing facilities. (Fall 2024 Meeting)	86,000,000	220,343,326	
Non-KanCare Consensus Caseloads: Includes Waiver Assessment Rate Increase, increase of 3.75% percent inflationary increase for nursing facilities fees, and an estimated increase in the PACE population. (Fall 2024 Meeting)	967,030	2,477,658	
Total	158,778,850	509,746,032	

AGENCY BUDGET OVERVIEW

	Fund	SFY 2025 Actuals	SFY 2026 Approved	SFY 2026 Base	SFY 2026 Supplementals	SFY 2026 Adjusted	SFY 2027 Base	SFY 2027 Enhancements	SFY 2027 Adjusted
Agency Total	State General Fund	1,334,169,031	1,474,842,999	1,643,381,277	-	1,643,381,277	1,421,598,982	46,736,583	1,468,335,565
	Federal Fund	1,956,650,359	2,184,119,069	2,177,615,877	-	2,177,615,877	2,174,477,362	70,046,904	2,244,524,266
	All Other Funds	96,091,947	82,634,814	94,755,888	-	94,755,888	82,688,883	9,257,253	91,946,136
	FTE	393	391	365	-	365	355	-	355
Agency Totals		3,386,911,337	3,741,596,882	3,915,753,042	-	3,915,753,042	3,678,765,227	126,040,740	3,804,805,967

Current Year

For FY2026, KDADS requests revised expenditures totaling \$3,915,753,042, of which \$1,643,381,277 is from the State General Fund (SGF) and \$13,587,386, is from the State Institution Building Fund (SIBF). The agency budget request represents an increase in SGF of \$168,538,278 and an increase of \$5,617,882 in all other funds from the FY 2026 approved budget.

Budget Year

For FY2027, KDADS requests expenditures totaling \$3,804,805,967, of which \$1,468,335,565 is from the State General Fund (SGF) and \$12,646,453, is from the State Institution Building Fund (SIBF). The agency’s adjusted budget request contains (10) total enhancements for FY2027, with (4) for the State Hospitals. The enhancements are described in greater detail in the Supplemental & Enhancement section of the budget narrative.

KDADS Supplemental and Enhancement Requests

There are no supplementals request for FY2026. The FY2027 budget request contains (10) total enhancement proposals, of which (4) are for the State Hospitals to enhance the agency’s ability to carry out its mission most efficiently and effectively. The proposals are described in greater detail in the Supplemental & Enhancement Request section of the budget narrative. In brief, they are:

Enhancements:

1. Community Support Waiver
2. HCBS TA Waiver
3. HCBS BI Waiver
4. HCBS FE Waiver
5. Capable Service for HCBS/FE Waiver
6. Nursing Home Without Walls

State Hospital Commission Supplemental / Enhancement Requests

Enhancements:

1. 2nd Priority Rehab and Repairs
2. Cottonwood Center Remodel at OSH
3. Special Services and MICO House Office Remodel at OSH
4. Adair A Building Renovation at OSH

Reappropriation - The following details the spending plan of State General Funds Reappropriations from SFY 2025.

- 1000-0160: KDADS has allocated \$4,438,771 in unspent Mental Health Intervention Team (MHIT) funding to address the gaps in MHIT funding as well as explore investment in a data system to track program outcomes.
- 1000-0204: KDADS has allocated \$244 in unspent hospitality funding for one-time spending on hospitality.
- 1000-0280: KDADS has allocated \$19,700 in unspent nutrition funding to address one-time nutrition needs.
- 1000-0520: KDADS has allocated \$3,579,267 in unspent Long-Term Services and Support (LTSS) services fund for the continuance of work with the University of Kansas Center of Disabilities. This work supports competitive and integrated employment capacity building and unbundling efforts, as well as continuing grant opportunities for provider transition and expansion.
- 1000-0610: KDADS will allocate \$27,392,244 in reappropriation balance from caseload projections to be addressed at consensus caseload.
- 1000-0611: KDADS will allocate \$1,650,040 in reappropriation balance from caseload projections to be addressed at consensus caseload.
- 1000-0612: KDADS will allocate \$24,157,637 in reappropriation balance for the waiting lists HCBS/FE and potentially HCBS/BI waiver in SFY25 due to an anticipated funding shortfall. This one-time funding is to support the HCBS caseloads that exceed appropriation until the wait list process is approved by CMS and in place.
- 1000-0801: KDADS has allocated \$2,419 in unspent state operation funds for one-time operations related expenses.
- 1000-3002: KDADS has allocated \$33,271,249 in unspent FMAP funds to federally approved projects to support HCBS programs. These projects are a continuation of projects from FY23 known as “HCBS FMAP projects” and are required to be approved by CMS.

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

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

- 1000-3003: KDADS has allocated \$70,097,198 in unspent Sedgwick County Hospital Operating funds due to planned construction spending over multiple years for the construction of a Regional State Hospital in Sedgwick County. These funds will be transferred to 1000-0100 and will be utilized to complete construction.
- 1000-3004: KDADS has allocated \$1,344,440 in unspent Behavioral Health State Program funding for one-time efforts to provide supplemental funding to Crisis Intervention Centers, Children’s Crisis Respite Centers and mobile crisis efforts. Additionally, explore creating a scholarship program for Licenses Mental Health Technicians and Behavioral Health Technicians in partnership with the Behavioral Health Center of Excellence.
- 1000-3005: KDADS has allocated \$2,585,069 in unspent funds from County/Hospital Reimbursement Project to continue one-time capital costs for the development of psychiatric beds at the Shawnee County Jail.

New Funds

1000 - 0100 Wichita Hospital

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

1000 - 0170 Crisis Funding

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

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

1000 - 3008 CCBHC Planning

Added \$4 million SGF to establish a grant fund to provide \$1 million per year for four years to non-CMHCs to begin the process to become certified as CCBHCs, for FY 2027, and add language that not more than 50.0 percent of the grants should go to FQHCs or FQHC look-a-likes.

KDADS Position Summary

Agency Commission	SFY25 All Positions Actuals	SFY26 All Positions Est.	SFY27 All Positions Est.
COVID	2	0	0
Administration	118	103	103
Medicaid	11	11	0
Behavioral Health Commission	63	67	67
LTSS / HCBS Commission	46	46	48
Aging Commission	20	20	22
SCCC Commission	123	107	107
State Hospitals Commission	10	11	8
Agency Total	393	365	355

KDADS had 393 FTE positions in FY2025, with an estimate of 365 FTE positions for FY2026 and 355 FTE in FY2027.

Administration: 16 positions will not be funded in SFY 2026 and SFY 2027 because of difficulty in filling Legal and IT positions.

Medicaid: Due to the ending of the 10% FMAP funding in SFY 2026, 11 temporary positions will be eliminated.

SCCC: 16 positions were deactivated to increase surveyor pay to improve the ability to recruit and retain nurses needed to complete in person surveys responding to complaints about resident care and to maintain compliance with federal standards on survey frequency.

State Hospitals Commission: In SFY 2025 and 2026 the commission includes positions that are designated to the South Central Regional Mental Health Hospital and will be budgeted directly to the Hospital in SFY 2027.

MATCH REQUIREMENTS BY FEDERAL FUNDING SOURCE

PROGRAM / GRANT	STATE	LOCAL	
Federal Programs			
Older Americans Act Titles III-B and C	5%	10%	Providers publish a suggested contribution rate for customers
Older Americans Act Titles III-E	None	25%	SCA case management is match
Older Americans Act Title VII and III-D	None	None	
Older Americans Act Ombudsman	15%	None	Subgrant to DoA - Ombudsman
OAA - Nutritional Saving Incentive Program (NSIP)	None	None	
PASARR Medicaid Title XIX (CARE Program)	25%	None	
Medicaid Title XIX (services only)	39.33%	None	SFY 2026 blended rate
	39.89%	None	SFY 2027 blended rate
Medicaid XIX (administration only)	50%	n/a	
Medicaid XIX Survey & Certification (administration only)	25%	n/a	
Medicare XVIII Survey & Certification (administration only)	None	n/a	Effective 7-1-03. Formula funding capped by annual award
Hospital Discharge Planning Model (CMS Demo. Grant)	None	5%	
Community Transition Option	None	None	
Senior Health Insurance Program (SHIP aka SHICK)	None	None	
Senior Medicare Patrol - AoA Demonstration Grant	None	None	
Lifespan Respite	None	None	
Outreach & Assistance	None	None	

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

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

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

OFFICE OF THE SECRETARY COMMISSION OVERVIEW

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

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

The Office of the Secretary is comprised of 5 Divisions:

1. Communications Division

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

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

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

This year, the Division successfully expanded digital outreach through targeted social media campaigns and launched a new internal newsletter to enhance employee communication and engagement across KDADS.

2. Governmental Affairs Division

The Governmental Affairs Division serves as a liaison between the agency and other divisions of government, namely the Governor’s Office, State Legislature, other state agencies, and Congressional delegation. The Governmental Affairs Division also routinely engages with stakeholders. Activity may include preparing testimony for legislative hearings, evaluating the impact of legislation on the agency’s operations and mission, guiding agency-sponsored legislation through the process, and coordinating responses to stakeholder and constituent concerns. This office regularly collaborates with internal divisions, as well as with other State partners, to advance the goals and objectives of the agency.

Key projects include:

- Monitor activity of the Legislature and appropriations process.
- During the 2025 Legislative Session, the agency sponsored legislation that ended up passing in the Conference Committee Report on HB 2249 to establish the South Central Regional Mental Health Hospital in statute, update statutory catchment districts for the State Hospitals, and change the name of Parsons State Hospital and Training Center to Parsons State Hospital.
- Monitor and coordinate testimony for interim legislative committees such as the Bob G. Bethell Joint Committee on Home and Community Based Services & KanCare Oversight.
- Coordination and administration of 2 annual Stakeholder meetings:
 - KDADS Annual Post-Legislative Session Stakeholder meeting provides updates to stakeholders from new legislation and budget enhancements enacted during the session.
 - KDADS Annual Stakeholder Budget Input Meeting provides stakeholders an opportunity to shape the agency’s budget enhancement requests for the following fiscal year.

3. Human Resources Division

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

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

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

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

In SFY2025, the HR Division performed the following tasks:

- Recruited 71 new staff
 - 11 New to KDADS, Previous STATE employees
 - 31 previously employed by KDADS (24 internal transfers within KDADS)
 - 29 New to the State
- Participated in 22 Job Fairs.

4. **Strategic Initiatives Division**

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

- Home and Community Based Services process improvements
- CMS Corrective Action Plan
- Aging Commission enhancements
- Behavioral Health Services youth intervention
- Establishing foundational administrative structure for South Central Regional Mental Health Hospital.

5. Legal Division

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

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

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

In SFY2025, the Legal Division performed the following tasks:

- Assisted with the collection, review, and preparation of documents to respond to 25 third-party subpoena requests for documents, including filing appropriate motions to quash
- Drafting and oversight of 25 agency contracts
- Served as agency counsel for 52 care and treatment dockets
- Completed 232 Abuse, Neglect and Exploitation cases
- Completed 29 guardianships for patients at the state hospitals
- Completed 144 Kansas Open Record Act Requests
- Completed 1,937 background checks for state hospital employment
- 132 Medicaid and licensure administrative appeals filed with the Office of Administrative Hearings
- 69 administrative appeals filed by residents of the Sexual Predator Treatment Program with the Office of Administrative Hearings
- 9 litigation cases
- 5 complaints filed with Kansas Human Rights Commission and/or Equal Employment Opportunity Commission

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

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

FINANCIAL AND INFORMATION SERVICES COMMISSION OVERVIEW

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

The FISC Commission is comprised of 6 Divisions:

1. Accounting and Financial Management Division

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

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

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

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

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

2. Audit Division

The Audit Services Division performs annual cost report desk reviews for Medicaid reimbursement programs, and audits on organizations that receive funding through the agency. This includes, but is not limited to, Nursing Facilities, Area Agencies on Aging, Centers for Independent Living, Home Health Agencies, Certified Community Behavioral Health Clinics (CCBHC), and Community Developmental Disability Organizations. The audit tasks include the following: determine that reported nursing facility and psychiatric residential treatment facility costs and resident days used to set reimbursement rates for Medicaid residents are in compliance with state and federal regulations and policies through cost report desk reviews on annual basis before the Medicaid rate setting and through field audits on selected cost reports during the year; review and analyze all CPA, and single audit reports of sub grantees and providers; identify issues that require management attention; review audit work papers as necessary; perform audits of Resident Personal Needs Fund accounts at nursing facilities as requested by the Survey, Certification and Credentialing Commission or State Ombudsman; desk review audit nursing facility requests for asset rebases as received during the year, and review projected financial reports for adult care home change of ownership and new IDD applications. Additionally, the Audit Division conducts financial and compliance audits and closeout reviews requested by KDADS programs and accounting as part of the grant subrecipient monitoring process.

3. Budget Division

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

The Division assists with the preparation of federal grant budgets by meeting with program staff, assisting in determining budget needs, and providing support throughout the grant/award life to include monitoring expenditures, completing federal reporting, and drawing funds from the Federal Payment System. In addition to federal funds monitoring, staff oversees the allocation of state funds to various programs including, but not limited to, the Older Americans Act, Senior Care Act, Community Development Disability Organizations (CDDOs), and the Community Mental Health Centers (CMHCs).

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

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

4. Fiscal and Program Analysis Division

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

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

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

5. Information Technology Services Division

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

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

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

6. Operations Division

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

EXPENDITURE JUSTIFICATION – ADMINISTRATION

Commission	Fund	SFY 2025 Actuals	SFY 2026 Approved	SFY 2026 Base	SFY 2026 Supplementals	SFY 2026 Adjusted	SFY 2027 Base	SFY 2027 Enhancements	SFY 2027 Adjusted
01-Administration	State General Fund	11,612,647	13,581,171	10,941,946	-	10,941,946	10,989,900	-	10,989,900
	Federal Fund	2,512,848	3,057,949	2,098,034	-	2,098,034	2,108,390	-	2,108,390
	All Other Funds	2,332,001	3,473,330	5,239,261	-	5,239,261	5,267,228	-	5,267,228
	FTE	118	118	103	-	103	103	-	103
	Admin. Totals	16,457,496	20,112,450	18,279,241	-	18,279,241	18,365,518	-	18,365,518

FY 2025 actuals expenditures are \$16,457,496, of which \$11,612,647, are from the State General Fund.

FY 2026 adjusted budget request has expenditures totaling \$18,279,241, of which \$10,941,946, are from the State General Fund. Increase due to reappropriations.

FY 2027 adjusted budget request has expenditures totaling \$18,365,518, of which \$10,989,900, are from the State General Fund.

Object Code 5100: Salaries and Wages

Summary: Staff is responsible for carrying out the administrative and oversight activities. 16 positions will not be funded in SFY 2026 and SFY 2027 because of difficulty in filling Legal and IT positions.

FY 2026: \$9,592,582 is requested (103 FTE).

FY 2027: \$9,657,420 is requested (103 FTE).

Object Code 5200: Contractual Services

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

FY 2026: \$8,241,757 is requested.

FY 2027: \$8,263,196 is requested.

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

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

Object Code 5300: Commodities

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

FY 2026: \$80,090 is requested.

FY 2027: \$80,090 is requested.

Object Code 5400: Capital Outlay

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

FY 2026: \$290,312 is requested.

FY 2027: \$290,312 is requested.

Object Code 5500: Aid to Local Governments & Other Assistance

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

FY 2026: \$74,500 is requested.

FY 2027: \$74,500 is requested.

NARRATIVE INFORMATION – DA400
Division of the Budget
State of Kansas

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

MEDICAID PROGRAMS

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

Behavioral Health Services: KanCare (32400)

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

Certified Community Behavioral Health Clinics (CCBHCs) went into effect May 1st, 2022. CCBHCs provide specific evidence-based services and greater access to care. All 26 Community Mental Health Centers in the state of Kansas are fully certified as of 07/30/2025.

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

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

NARRATIVE INFORMATION – DA400
Division of the Budget
State of Kansas

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

Psychiatric Residential Treatment Facilities: KanCare (32500)

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

Nursing Facilities for Mental Health: KanCare (32700)

Nursing Facilities for Mental Health (NFs/MH) provide institutional care for persons experiencing severe symptoms of mental illness. Persons seeking placement in NFs/MH are screened to determine whether their needs can be met with community-based services before their admission to an NFMH is determined. Currently, persons needing these services are required to travel long distances from their homes due to the limited number of facilities in the state. NFMHs are classified by the Centers for Medicare and Medicaid Services (CMS) as Institutions for Mental Disease (IMDs). CMS does not allow payment of federal financial participation (FFP) to IMDs for persons between 22 and 64 years of age. Public payment for persons in this age range is funded entirely through the State General Funds. NFMH facilities have experienced an increase in the number of people not eligible for FFP, creating a need for additional state funds. In addition, by state statute, NFMH reimbursement rates are reviewed each year which results in annual rate increase.

Nursing Facility Program: KanCare (36100)

The Nursing Facility (NF) Program is responsible for enrollment of nursing homes providing Medicaid services to customers, and reimbursement for those services. KDADS also collects Civil Monetary Penalties (CMPs) from nursing facilities in instances of substandard quality of care, determined by the KDADS surveyors. As of June 30, 2025, there were 283 nursing homes operating in the state of Kansas as Medicaid providers and when combined with the 10 nursing homes for mental health, they serve 95 counties in the state. These homes provide care for a monthly average of 9,233 residents (based on the 1st three Quarters of SFY25) whose care is paid by Medicaid. Nursing homes are reimbursed for Medicaid resident care using a cost-based, facility specific, prospective payment system. As of July 1, 2025, the average daily reimbursement rate is \$304.47

In 2010, the Kansas Legislature passed a provider assessment for nursing facilities. This allows Kansas to tax providers, match the providers' funds with federal funds and reimburse nursing facilities at a higher rate. On July 1, 2016, the provider assessment was increased. In FY 2025, the agency collected approximately \$28 million from the assessment.

NARRATIVE INFORMATION – DA400
Division of the Budget
State of Kansas

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

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

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

HCBS & PACE FMAP BUMP: (36400)

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

The reappropriation balance is budgeted entirely in SFY 2026 with the federal deadline being December 2025.

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

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

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

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

NARRATIVE INFORMATION – DA400
Division of the Budget
State of Kansas

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

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

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

Head Injury Rehabilitation Hospitals: KanCare (37300)

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

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

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

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

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

NARRATIVE INFORMATION – DA400
Division of the Budget
State of Kansas

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

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

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

Physical Disability (PD) Waiver: KanCare (38300)

The LTSS Commission administers the Home and Community-Based Services Waiver program for persons with a Physical Disability (PD). The PD Waiver provides Medicaid funding for a variety of community services for those who prefer to live in their community rather than a nursing facility. Most persons who have a physical disability needing supports choose to remain in their homes and communities with services funded by the PD Waiver. The primary service provided through this program is personal services, which assist the individual with activities that an individual would perform for themselves if they did not have a disability.

Brain Injury (BI) Waiver: KanCare (38400)

The LTSS Commission administers the Home and Community-Based Services Waiver program for persons who have suffered a BI. The BI Waiver provides Medicaid funding for a variety of community services for those who prefer to live in their community rather than a rehabilitation hospital. Services through this waiver are targeted to persons with a BI between 0 and 64 years of age. Individuals receive services from various professionals, including therapists (physical, occupational, speech, behavior, and cognitive), transitional living skills specialists and personal care attendants. Services and community resources are coordinated by case managers who either work independently or work for Centers for Independent Living or Home Health Agencies. Persons must continue to make progress in their rehabilitation or independent living skills training to maintain eligibility. Although the rehabilitative progress of persons receiving BI Waiver services is monitored on an ongoing basis, a formal administrative review process is conducted for individuals approaching four years of receiving services to determine if the person is maintaining eligibility for the program by continuing to make progress. Most persons who suffer with a BI prefer to receive services while remaining in their home and community and transition from the waiver within two years of initiating services.

Administrative Costs: KanCare (38500)

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

NARRATIVE INFORMATION – DA400
Division of the Budget
State of Kansas

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

Technology Assistance Waiver for Children: KanCare (38600)

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

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

Children on the TA Waiver receive care coordination/case management by advanced registered nurse practitioners or registered nurses who coordinate their care through the managed care system under KanCare.

Community Support Waiver (38700)

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

The Community Support Waiver (CSW) is currently under development and is planned to go live July 1, 2026. This waiver is for individuals with intellectual or developmental disabilities impacting at least two adaptive skill areas and who may not need the comprehensive care of the IDD waiver. Services will include Respite, personal care services, individual budget authority, supported employment, and more. Applicants will contact the local Community Developmental Disability Organization (CDDO) to apply.

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

KDADS will allocate \$24,157,637 in SGF (1000-0612). KDADS anticipates starting waiting lists for the HCBS/FE and potentially HCBS/BI Waiver in SFY26 due to an anticipated funding shortfall. The agency anticipates needing this one-time funding to fund caseloads that exceed appropriation until the wait list process is approved by CMS and in place.

NARRATIVE INFORMATION – DA400
 Division of the Budget
 State of Kansas

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

EXPENDITURE JUSTIFICATION – MEDICAID PROGRAMS

Commission	Fund	SFY 2025 Actuals	SFY 2026 Approved	SFY 2026 Base	SFY 2026 Supplementals	SFY 2026 Adjusted	SFY 2027 Base	SFY 2027 Enhancements	SFY 2027 Adjusted
02-Medicaid	State General Fund	\$ 1,123,646,526	\$ 1,241,329,689	\$ 1,331,336,123	\$ -	\$ 1,331,336,123	\$ 1,210,244,000	\$ 46,736,583	\$ 1,256,980,583
	Federal Fund	\$ 1,856,342,920	\$ 2,096,222,162	\$ 2,097,087,773	\$ -	\$ 2,097,087,773	\$ 2,096,996,072	\$ 70,046,904	\$ 2,167,042,976
	All Other Funds	\$ 34,341,394	\$ 27,661,000	\$ 27,661,000	\$ -	\$ 27,661,000	\$ 27,661,000	\$ -	\$ 27,661,000
	FTE	11	11	11		11			
	Medicaid Totals	\$ 3,014,330,840	\$ 3,365,212,851	\$ 3,456,084,896	\$ -	\$ 3,456,084,896	\$ 3,334,901,072	\$ 116,783,487	\$ 3,451,684,559

FY 2025 actuals expenditures are \$3,014,330,840, of which \$1,123,646,526, are from the State General Fund.

FY 2026 adjusted budget request has expenditures totaling \$3,456,084,896, of which \$1,331,336,123, are from the State General Fund. This includes reappropriations of \$24,157,637 for an anticipated shortfall in funding the waiting lists HCBS/FE and HCBS/BI. This one-time funding is to support the HCBS caseloads that exceed appropriation until the wait list process is approved by CMS and in place. Reappropriations for 1000-0610 and 0611 will be adjusted during Fall 2025 Consensus Caseload. Major increases in SFY 2026 from SFY 2025 are due to CCBHC rate rebases and increases for Nursing Facilities.

FY 2027 adjusted budget request has expenditures totaling \$3,451,684,559, of which \$1,256,980,583, are from the State General Fund. Included in the adjusted budget is an enhancement request of \$116,783,487. Please refer to the enhancement narrative for more details.

Object Code 5100: Salaries and Wages

Summary: Staff is responsible for carrying out the administrative and oversight activities. Due to the ending of the 10% FMAP funding in SFY2026, eleven (11) temporary positions will be eliminated for SFY2027.

FY 2026: \$913,083.00 is requested (11 FTE)

FY 2027: \$0 is requested (0 FTE). 7 positions currently funded by the FMAP project end in SFY2026, 4 positions moved to permanent funding in SFY2027.

NARRATIVE INFORMATION – DA400
Division of the Budget
State of Kansas

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

Object Code 5200: Contractual Services

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

FY 2026: \$54,028,950 is requested which includes reappropriations of 1000-3002 HCBS FMAP.

FY 2027: \$14,776,887 is requested. The decrease in SFY2027 is due to the FMAP funds ending in SFY2026.

Object Code 5300: Commodities

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

FY 2026: \$700 is requested.

FY 2027: \$0 is requested.

Object Code 5500: Aid to Local Governments & Other Assistance

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

FY 2026: \$3,401,142,163 is requested.

FY 2027: \$3,436,907,672 is requested.

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

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

BEHAVIORAL HEALTH SERVICES (BHS) COMMISSION OVERVIEW

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

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

The Behavioral Health Commission is comprised of 6 Divisions: Adult Services, CARE/PASRR, Crisis Services, Quality & Innovation, Youth Services, and Medicaid Policy and Regulation. Each Division strives to coordinate mental health services across all service systems including, but not limited to, the public health, primary care, juvenile justice, adult corrections, and child welfare systems. The commission is also focused on implementing required practice improvements within the NFMH Pre-litigation Settlement Agreement and the implementation and success of the Certified Community Behavioral Health Clinic model to improve and enhance community-based services.

1. Adult Services Division

The Adult Services Division within the Behavioral Health Services Commission; provides program oversight, implements policy, and allocates resources that support behavioral health in Kansas. Services for adults include treatment and prevention of mental health disorders, substance use disorders, problem gambling and gaming disorders and support for persons needing safe and secure housing who are homeless or at risk of homelessness. The division has 18 staff members and provides support for the overall behavioral health goals and objectives in accordance with federal and state regulations and KDADS policies.

- Block Grant / Substance Use Disorder (SUD) Program
 - Community level efforts to address primary prevention of substance use and monitoring of tobacco sales to minors for Synar compliance.
 - Supports statewide substance use disorder outpatient and residential treatment services along with uninsured recovery support services
 - Supports a contractual agreement for Administrative Services Organization (ASO) services including statewide helpline services.

- Housing & Homelessness Program
 - Reduce homelessness by supporting increased service coordination and access for persons with behavioral health conditions.
 - Expanding community integration for those exiting publicly funded institutions
 - Increasing competitive employment through evidence-based practices.
 - Overseeing training and implementation of benefits coordination through SOAR (SSI/SSDI, Outreach, Access, and Recover)
 - Working across federal, state, and local systems to bridge gaps between housing programs (brick and mortar) and housing supportive services.

- Opioid Program
 - Supports funding to treatment facilities across the state for treatment of opioid use disorder, medical assisted treatment, and stimulant use disorder treatment in Kansas.
 - Promotes harm reduction for opioid use disorders through distribution of Naloxone, Fentanyl Test Strips, and prevention for community outreach and community-based prevention

- Problem Gambling Program
 - Provides first contact, crisis intervention and treatment for problem gamblers/gamers and their families at no cost to Kansas residents.
 - Provides a helpline 24 hours a day, 365 days a year, monitored by masters-level professional staff.
 - Provides prevention education, media awareness and targeted strategies to address player health.
 - Funds granted to 4 regional taskforces and a statewide coalition.

- Recovery Services Program
 - Management and distribution of the Community Mental Health Services Block Grant (MHBG), to support the grantees in carrying out plans for providing comprehensive community mental health services.
 - Oversees peer certification capacity building of the workforce for peer support services which are individual-centered services with a rehabilitation and recovery focus. These services are designed to promote skills to cope with, build recovery capacity and manage addictions, substance use disorders and/or psychiatric symptoms while facilitating the use of natural resources and the enhancement of community living skills.
 - Increase recovery support access in the community through support and development of community base recovery programs including Clubhouse Model programs, Consumer Run Organizations (CRO), Kansas Consumer Advisory Council on Adult Mental Health, National Alliance on Mental Illness Kansas, Inc. (NAMI KS), the support and develop Kansas Oxford Houses and other recovery supportive housing.
 - Provide behavioral health services to individuals that have a behavioral health diagnosis or are suffering from suicidal ideation.

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

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

- Client Assessment, Referral and Evaluation (CARE) Program
 - Guided by the code of federal regulations for the Pre-Admission Screening and Resident Review(PASRR).
 - Responsible for managing the statewide assessment (Level I and special admissions) and evaluation (Level II evaluations for mental illness and intellectual/developmental disabilities) for Medicaid certified long-term care facilities.
 - Manages the contracts for the Level I assessments (Area Agencies on Aging) and (Level II evaluations).
 - Develops and distributes reports annually to the Secretary of KDADS and to Centers for Medicare and Medicaid Services (CMS).

- Nursing Facilities for Mental Health (NFMH) Pre-Litigation Settlement Agreement
 - Provide training and tools to assist Behavioral Health Services (BHS) Commission staff and community partners to provide reports (data and narrative) regarding progress related to the NFMH Settlement Agreement Practice Improvements.
 - Gather information from BHS and community partners to report on the progress of the practice improvements and outcomes as outlined in the NFMH Settlement Agreement and Manage Olmstead Navigator agreement.
 - Mentor Diversion staff and others regarding the case work within the context of the NFMH Settlement Agreement.
 - Provides training regarding informed choice, WRAP (Wellness Recovery Action Plan), and Person- Centered Thinking to CMHC NFMH Liaisons, Olmstead Navigators, NFMH staff, Managed Care Organizations (MCO), and more.

- Pre-Admission Screening and Resident Review (PASRR) Program (Specialized Services and Diversion)
 - Administer the Specialized Services agreement with the 7 Community Mental Health Centers (CMHCs) co-located with the 10NFMHs.
 - Development and quality assurance review for the NFMH specialized services and develop the future skilled nursing facility manual.
 - Diversion from potential long-term care for individuals who receive a Level I assessment with mental illness and/or intellectual/developmental disabilities suspected. Connection to community-based services to meet their needs.
 - Ensure connection to community-based services for those who have discharged from NFMHs for at least a year after discharge.

3. Crisis Services Division

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

- 988 Program
 - Supports 988 call centers in providing confidential and free 24/7 access to trained crisis counselors for any Kansan in need of crisis intervention or emotional support.
 - Advocacy for state-level policies and funding to support the expansion and sustainability of Kansas 988 lifeline program.
 - Manages allocations and disbursements of federal and state funding, supporting statewide build-up and strengthening of new and existing 988 call centers.
- Intellectual or Developmental Disability (IDD) Behavioral Health Crisis Program
 - Develops, enhances, and coordinates crisis services for people with IDD and co-occurring behavioral health needs.
 - Acquires and disseminates evidence-based, best practice information to IDD/BH stakeholders.
 - Recommends state police, procedures, and plans that incorporate best practices for people with IDD and BH needs.
- Justice Involved Services Program
 - Stepping Up Initiative TA center for the communities across the state that need support for justice involved persons to decrease judicial involvement, unnecessary incarceration and decrease carceral recidivism rates.
 - Competency Evaluation and Competency Restoration services for both youth and adults experiencing the judicial system to help prevent unnecessary and extended incarceration without access to appropriate mental health resources and services.
 - Planning, presentation, and implementation of Juvenile Justice initiative consisting of listening sessions, webinars, and state task force meetings in order create a community-based programming/continuum of care for justice involved youth.
- Mobile Crisis Program
 - Directs and supports mobile response services that offer rapid in-person, community-based engagement, trauma-informed and empathetic care, support and intervention to adults, children, youth, and families who are experiencing a mental health crisis.
 - Collaborates closely with directors and supervisors of mobile teams at the state's Community Mental Health Centers to provide education, training, and support to ensure mobile crisis services are accessible 24 hours a day, seven days a week.
 - Manages, allocates and disburses of funding for state-wide build-up and strengthening of new and existing mobile crisis response teams.

4. Quality & Innovation Division

The Quality and Innovation Division focuses on improving behavioral health services and programming within BHS through quality assurance and measurement-based standards. The division is divided into two dedicated teams that work on implementing oversight, accountability, and support to entities providing behavioral health and substance use treatment. This division also oversees the two Integrated Behavioral Health Care grants. These grants provide funding to Federally Qualified Health Clinics (FQHC), Rural Health Clinics (RHC), and Community Mental Health Centers to develop an integrated care and referral system.

- Technical Assistance Program
 - Collaborates with other divisions within KDADS to synthesize data and information to help strengthen expectations of the community mental health centers and their work as CCBHCs.
 - Provide on-site and virtual assistance to CMHCs/CCBHCs regarding CCBHC expectations, how clinics can meet/exceed those expectations, and facilitate collaboration between the CMHCs/CCBHCs and other entities in their community.
 - Kansas was recently awarded the Demonstration Project for the CCBHC program. This program, jointly overseen between the Centers for Medicare and Medicaid Services and the Substance Abuse and Mental Health Services Administration, will allow KDADS to continue working towards functional excellence for the behavioral health public safety net of Kansas from January 1, 2025, to January 1, 2029. Some examples of continued work under this project will be:
 - Provide technical expertise on the CCBHC program (including, but not limited to cost reporting, Prospective Payment System (PPS), application/certification, continual quality improvement processes, etc.)
 - Enhanced guidance and technical support to clinics regarding expectations and deliverables during the demonstration period
 - Enhanced Federal Medical Assistance Program Matching funds (FMAP).
 - Collaboration among other states going through the program for peer-to-peer state learning
- Quality Assurance Program
 - Conducts program-level reviews of all Behavioral Health Services programming by ensuring programs align with the best practices/standards for the program and alignment with KDADS mission/vision
 - Provides as-needed reviews of programs and/or CMHCs/CCHBCs when problems are brought to KDADS attention regarding how services are being provided (or not provided) in a particular program/site.
- Integrated Behavioral Health Care Grants
 - These federal grants support states and health centers in developing collaborative care models that integrate behavioral health into primary care settings—funding efforts like universal screening, workforce training, and advanced care coordination to improve whole-person health outcomes.

5. Youth and Prevention Services Division

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

- Child & Community Inpatient Program
 - Crisis Programs provide cool down beds, crisis interventions (up to 28 days), respite which all include therapeutic interventions including individual, family and group therapy.
 - Psychiatric Residential Treatment Facilities (PRTFs) provide out-of-home residential psychiatric treatment to children and adolescents whose mental health needs cannot be effectively and safely met in a community setting. In Kansas, there are 450 licensed beds with a total of 327 beds being staffed and 300 children being served in a PRTF.
 - The Ember Hope Pilot Project has been moved to Kids TLC in Olathe. This program includes increased family commitment to the treatment and six months of aftercare from a Parent Peer or Therapist, as needed, to improve engagement in community-based services.
 - Florence Crittenton and Camber Hays Aftercare Programs provide six months aftercare to increase family engagement in community CBS
 - Youth Leaders in Kansas (YLINK) is a statewide youth groups that provide prevention activities within their schools and communities that include suicide, drug and alcohol and mental health prevention, awareness, and stigma reduction. Currently, Kansas has 105 YLINK groups across 32 counties and in 58 cities.

- Prevention Program
 - Provides numerous programs, resources, and grants to support suicide prevention efforts in Kansas. Which include Kansas Community Suicide Prevention Grant, Kansas Suicide Prevention Coalition, Suicide Postvention Services, TTI Suicide Prevention for high-risk populations, and Kansas Suicide Prevention Resource Center.
 - Kansas Prevention Collaborative Community Initiative (KPCCI) Grantees focuses on increasing readiness of the community to address substance misuse, increasing coalition capacity to implement prevention activities, and decreasing underage drinking, marijuana use, vaping, and related risk factors.
 - The Strategic Prevention Foundation (SPF-RX) program raises community awareness and brings prescription drug abuse prevention activities and education to schools, communities, parents, prescribers, and their patients. KDADS tracks reductions in opioid overdoses and the incorporation of the Kansas Prescription Drug Monitoring Program (PDMP) data known as KTRACS, into needs assessments and strategic plans as indicators of the program’s success.
 - For Transitional Aged Youth, there is an informational series for youth and young adults (YYA) between the ages of 16-24 years old that helps with transitioning into adulthood.

- Mental Health Intervention Team (MHIT) Program
 - The MHIT program is dedicated to improving student’s academic potential by breaking down barriers to mental health services.
 - Under MHIT, school districts employ school-based liaisons, who identify students needing intense behavioral & mental health services & links them to local service providers.
 - This program serves over 82 school districts and has now successfully served qualified schools throughout Kansas.

6. Medicaid Policy and Regulation Division

The Medicaid Policy and Regulation Division within the Behavioral Health Commission is responsible for developing, implementing, and overseeing Medicaid policies that govern behavioral health services. This division ensures compliance with federal and state regulations, promotes access to quality care, and works to align Medicaid-funded programs with evidence-based practices. By collaborating with stakeholders, providers, and policymakers, the division supports sustainable, person-centered behavioral health services for Medicaid beneficiaries.

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

BEHAVIORAL HEALTH SERVICES (BHS) COMMISSION – PROGRAM CHARTS

Behavioral Health Non-Medicaid Services

Program	FY2025 Actuals	FY2026 Estimate	FY2027 Estimate
Mental Health Services	\$124,790,318	\$140,085,327	\$135,652,558
SUD & Other addiction Services	\$48,892,748	\$48,244,090	\$41,611,919
Program Total	\$173,683,066	\$188,329,417	\$177,264,477

Funding Sources	FY2025 Actuals	FY2026 Estimate	FY2027 Estimate
State General Fund	\$142,352,152	\$159,990,166	\$147,421,978
Fee Fund	\$41,355,677	\$40,797,227	\$38,892,907
Mental Health Block Grant	\$5,916,308	\$4,865,160	\$4,867,146
Substance Abuse Block Grant	\$11,529,032	\$12,880,558	\$12,884,853
Other Federal Grants	\$21,736,754	\$21,475,923	\$18,356,049
Funding Total	\$222,889,923	\$240,009,034	\$222,422,933

*The increase in State General Funds for 2026 is due to legislative appropriations for Community Mental Health Center (CMHC) support and Behavioral Health (BH) community aid.

Problem Gambling

Program	SFY 2025 Act.	SFY2026 Est.	SFY2027 Est.
Problem Gambling Treatment / Services	\$2,135,852	\$1,669,802	\$1,669,802
KDADS Problem Gambling Administration	\$492,413	\$506,433	\$510,042
KanCare / Medicaid Behavioral Health	\$4,000,000	\$4,000,000	\$4,000,000
Uninsured SUD Treatment / Services	\$2,250,000	\$2,250,000	\$2,250,000
Total	\$8,878,265	\$8,426,235	\$8,429,844

*In SFY 2025, the Problem Gambling Treatment and Services reported higher expenditures, primarily due to an increase in one-time marketing activities.

BEHAVIORAL HEALTH SERVICES (BHS) COMMISSION – PERFORMANCE MEASURES

PBB – 03a BHS Key Measures MH - (CARE)

Subprogram Name	Performance Measure	SFY2025 Actuals	SFY2026 Estimate	SFY2027 Estimate
Mental Health Treatment	Number of Persons with Severe and Persistent Mental Illness Receiving Outpatient Services	8,739	9,000	9,000
	Medicaid Beneficiaries Served through CCBHCs	45,295	48,000	48,000

Subprogram Name	Performance Measure	SFY2025 Actuals	SFY2026 Estimate	SFY2027 Estimate
Substance Use Disorder (SUD) Treatment	Number of Uninsured Individuals Receiving SUD treatment	13,964	13,000	13,000
	Number of Medicaid Individuals Receiving Community-Based SUD treatment	6,018	5,900	5,900

Subprogram Name	Performance Measure	SFY2025 Actuals	SFY2026 Estimate	SFY2027 Estimate
Problem Gambling	Number of Individuals Receiving Problem Gambling Treatment	275	315	365

Subprogram Name	Performance Measure	SFY2025 Actuals	SFY2026 Estimate	SFY2027 Estimate
Crisis Centers	Number of Individuals Receiving Social Detox Through a Crisis Program	1,588	2,000	18,000
	Number of Individuals Referred to MH and/or SUD Treatment From a Crisis Program	9,647	9,500	9,750

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

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

Subprogram Name	Performance Measure	SFY2025 Actuals	SFY2026 Estimate	SFY2027 Estimate
Client Assessment, Referral, and Evaluation (CARE)	Number of CARE Level I Assessments	10,429	10,180	10,429
	Number of CARE Level II Assessments	762	778	794

Subprogram Name	Performance Measure	SFY2025 Actuals	SFY2026 Estimate	SFY2027 Estimate
Psychiatric Rehabilitation Treatment Facilities (PRTF)	Number of KanCare Children Receiving PRTF Services (Monthly Average)	240	300	300
	Number of KanCare Children on the PRTF Waitlist	65	70	70

EXPENDITURE JUSTIFICATION – BEHAVIORAL HEALTH COMMISSION

Commission	Fund	SFY 2025 Actuals	SFY 2026 Approved	SFY 2026 Base	SFY 2026 Supplementals	SFY 2026 Adjusted	SFY 2027 Base	SFY 2027 Enhancements	SFY 2027 Adjusted
03-BHS	State General Fund	142,352,152	153,857,331	159,990,166	-	159,990,166	148,190,112	-	148,190,112
	Federal Fund	39,182,094	38,764,988	39,221,640	-	39,221,640	36,108,049	-	36,108,049
	All Other Funds	41,355,677	40,190,810	40,797,227	-	40,797,227	38,892,907	-	38,892,907
	FTE	63	63	67	-	67	67	-	67
BHS Totals		222,889,923	232,813,129	240,009,033	-	240,009,033	223,191,068	-	223,191,068

FY 2025 Actuals expenditures are \$222,889,923, of which \$142,352,152, are from the State General Fund.

FY 2026 Adjusted budget request has expenditures totaling \$240,009,033, of which \$159,990,166, are from the State General Fund. The increase in State General Fund spending in FY 2026 is primarily due to additional one-time expenditures approved during the legislative session, as well as reappropriated funds.

FY 2027 Adjusted budget request has expenditures totaling \$223,191,068, of which \$148,190,112, are from the State General Fund.

Object Code 5100: Salaries and Wages

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

FY 2026: \$5,660,807 is requested. (67 FTE).

FY 2027: \$5,705,344 is requested. (67 FTE).

Object Code 5200: Contractual Services

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

FY 2026: \$13,642,989 is requested.

FY 2027: \$13,001,683 is requested.

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

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

Object Code 5300: Commodities

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

FY 2026: \$46,193 is requested.

FY 2027: \$40,755 is requested.

Object Code 5400: Capital Outlay

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

FY 2026: \$993 is requested.

FY 2027: \$993 is requested.

Object Code 5500: Aid to Local Governments & Other Assistance

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

FY 2026: \$220,631,311 is requested. Reappropriations and additional one-time spending approved through legislation for FY 2026 have contributed to an increase in aid and assistance.

FY 2027: \$204,415,553 is requested.

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

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

CAPITAL IMPROVEMENTS

MISSION

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

PHILOSOPHY

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

Programs Established to Assist with Mission

98000 - Debt Service
99000 - Capital Improvement

State Institutions

Mental Health Hospitals

- Larned State Hospital
- Osawatomie State Hospital

Intellectual & Developmental Disability Hospitals

- Parsons State Hospital and Training Center
- Kansas Neurological Institute

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

DIVISION I - NEW CONSTRUCTION AND ADDITIONS

All new construction and building additions.

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

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

DIVISION II - REMODELING

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

DIVISION III - ACQUISITION

The purchase of an existing facility.

DIVISION IV - RAZING

The demolition of existing structures.

DIVISION V - REHABILITATION AND REPAIR

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

STATUTORY HISTORY

The funds for Capital Improvements for state operated facilities come from the State Institutional Building Fund (SIBF). In 1953, the Legislature approved SB 26, establishing an Institutional Building Fund for constructing, reconstructing, repairing, and equipping of buildings at the state institutions. The funds are collected from an annual state tax of one-half mill on all the property of the state which is subject to Ad Valorem taxation under the general tax laws of this state. The 1990 Session, HB 2607, Sec. 24, established the Institutional Rehabilitation and Repair Fund. The purpose of the fund was to consolidate the central funds that were setup over the years into one fund titled Institutional Rehabilitation and Repair Fund. The 2025 Legislature passed SB 35 that changed the funding source after 2025 for the SIBF from a dedicated statewide property tax to a demand transfer from the State General Fund. One July 1, 2026, \$25.0 million will be transferred from the State General Fund to the SIBF for the same purpose and that amount will grow by 2.0 percent in each subsequent fiscal year.

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

OVERVIEW OF CURRENT YEAR ESTIMATE AND BUDGET YEAR INFORMATION

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

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

In SFY 2024, the Governor recommended, and the Legislature approved capital improvement expenditures of \$3.2 million for rehabilitation and repairs, razing projects, and new construction design. There also was \$268,450 approved for debt service to retire bonds funding rehabilitation and repair projects. The approved capital budget funded all the priority 1 projects identified by the campuses in the SFY 2023 5-year capital plan. For SFY 2025, KDADS received \$8.8 million from the State Institutions Building Fund for rehabilitation and repair projects. This funded the first and second priority rehabilitation and repair project across the hospital system. A significant portion of the \$8.8 million was dedicated to the first phase of replacing the Osawatomie State Hospital medium voltage electrical system. After three disruptions in electrical service related to the age of utility tunnels, collocating electrical supplies with steam conduits, and switching the electrical service to city provided power, the electrical supply to the campus is need of redesign and upgraded capacity. Phase 1 of the project, planned in SFY 2025, included the installation of an underground duct-bank with concrete and steel reinforcement, updated electrical conductors, and new pad-mounted switches and transformers. The new distribution system will provide redundancies that are not currently available for the existing system at OSH. This first phase of the project updated the system in a “Loop Configuration” which will allow a technician to quickly isolate and back-feed power from multiple directions in the event of a power system failure.

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

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

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

Object Code 5400: Capital Improvements

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

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

SFY 2026: A total of \$15,567,616 is approved for capital improvements. This \$3,452,500 from the SIBF for the priority rehabilitation and repair projects described in the Five-Year Capital Improvement Plan. More complete details related to the Capital Improvement needs of the State Institutions with related priorities can be found in the SFY 2027 Five Year Capital Improvement Plan. The total approved budget also includes \$12,115,116 from the State General Fund to complete the construction of the South Central Regional Mental Health Hospital.

SFY 2027: A total of \$3,389,200 is requested for capital improvements from the SIBF. The budget includes the Priority 1 routine rehabilitation and repair projects at the state hospitals as described in the Five-Year Capital Improvement Plan. More complete details related to the Capital Improvement needs of the State Institutions with related priorities can be found in the SFY 20254 Five Year Capital Improvement Plan.

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

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

Below is a breakdown of funds available:

Fund - Budget Unit	Description	FY 2025 Actuals	FY2026 Projection	FY2027 Projection
8100 - 8240	Rehabilitation & Repair			
	Appropriation	\$8,827,350	\$3,452,500	\$3,389,200
	Re-Appropriation	\$8,782,391	\$7,928,291	\$-
	Total Rehab & Repair	\$17,609,741	\$11,380,791	\$3,389,200
8100 - 8250	SIBF Razing			
	Appropriation	\$3,150,200	\$-	\$-
	Re-Appropriation	\$-	\$1,168,788	\$-
	Total SIBF Razing	\$3,150,200	\$1,168,788	\$-
8100 - 8330	SIBF Remodeling			
	Appropriation	\$-	\$-	\$-
	Re-Appropriation	\$1,139,407	\$1,037,807	\$-
	Total SIBF Remodeling	\$1,139,407	\$1,037,807	\$-
Total Capital Improvements		\$21,899,348	\$13,587,386	\$3,389,200

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

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

EXPENDITURE JUSTIFICATION – CAPITAL IMPROVEMENTS

Commission	Fund	SFY 2025 Actuals	SFY 2026 Approved	SFY 2026 Base	SFY 2026 Supplementals	SFY 2026 Adjusted	SFY 2027 Base	SFY 2027 Enhancements	SFY 2027 Adjusted
04-Capital Improvements	State General Fund	\$ -	\$ 12,115,116	\$ 12,115,116	\$ -	\$ 12,115,116	\$ -	\$ -	\$ -
	Federal Fund	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	SIBF	\$ 11,764,465	\$ 3,452,500	\$ 13,587,386	\$ -	\$ 13,587,386	\$ 3,389,200	\$ 9,257,253	\$ 12,646,453
Capital Improv. Totals		\$ 11,764,465	\$ 15,567,616	\$ 25,702,502	\$ -	\$ 25,702,502	\$ 3,389,200	\$ 9,257,253	\$ 12,646,453

FY 2025 Actuals expenditures are \$11,764,465, of which \$0, are State General Funds and \$11,764,465 are State Institutional Building Funds.

FY 2026 Adjusted budget request has expenditures totaling \$25,702,502, of which \$12,115,116, are State General Funds (1000-0100, Wichita State Hospital) and \$13,587,386 are from the State Institutional Building Funds.

FY 2027 Adjusted budget request has expenditures totaling \$12,646,453, of which \$0, are State General Fund and \$12,646,453 are from the State Institutional Building Funds. Please refer to the enhancement narrative for more details. The SGF funds from SFY2026 are moved to the new South Central Mental Health Hospital in SFY2027.

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

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

Object Code 5200: Contractual Services

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

FY 2026: \$2,709,595 is requested. Contractual Services are higher in SFY2026 due to reappropriations totaling \$2,206,595

FY 2027: \$503,000 is requested.

Object Code 5400: Capital Outlay

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

FY 2026: \$22,992,907 is requested. Capital Outlay is higher in SFY2026 due to reappropriations totaling \$7,928,291. These funds are attached to projects that were not completed in SFY2025 including the electrical system at OSH and roofing projects at KNI and LSH.

FY 2027: \$12,143,453 is requested.

LONG TERM SERVICES & SUPPORTS (LTSS) COMMISSION OVERVIEW

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

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

The enhanced HCBS FMAP funding provided through the America Rescue Plan Act (ARPA) aims to enhance Medicaid HCBS programs by improving service quality and accessibility, strengthening the workforce, supporting family caregivers, expanding service capacity, investing in technology, addressing social determinants of health, and promoting innovative care models. This funding seeks to create a more robust and sustainable system for individuals with disabilities and older adults. Enhanced FMAP funding must be fully expended in FY 2026.

- Targeted Case Management (TCM) Study
 - KDADS contracted with PCG to bring the State of Kansas IDD TCM system into compliance with federal waiver regulations.
 - The study aimed to enhance service provision, reduce administrative complexities, and propose ways to address conflicts of interest.
- Training Development and Career Ladder
 - Initiatives are focused on developing education and training to support DSPs in advancing their direct service careers, meeting the needs of an aging and disabled population.
- IDD and PD Waitlist Study
 - KDADS contracted with the University of Kansas Center for Research (KUCR) to collect and gather data to plan effectively for those on IDD and PD waiting lists, aiming to decrease crisis-driven service entries.
- Workforce Bonus and Retention Program
 - This initiative offered one-time recruitment and retention bonuses for DSWs to improve staffing stability and increase capacity for HCBS service delivery.
- Employment 1st Pilot
 - KDADS contracted with KUCR to pilot Employment First initiatives, ensuring that competitive employment is prioritized for Kansans with disabilities.
 - Additionally, KUUCD will provide training and technical assistance to day service grantees and the wider IDD network on potential new IDD day and employment services.

- Person-Centered Planning Initiative
 - KDADS and UMKC, The University of Missouri at Kansas City are implementing the CtLC, Charting the Life Course Nexus Framework to enhance person-centered planning and system-wide integration of practices.
- Behavior Management Family Training Pilot
 - KDADS partnered with KCART at KUMED to train caregivers in behavior management, aiming to keep children with disabilities in their homes.
- Sequential Intercept Model
 - KDADS hosted a conference to develop local plans using the SIM to divert individuals with I/DD from the justice system to appropriate treatment.
- Technology First Initiative
 - KDADS has awarded grants for projects that use technology to increase independence in various social determinants of health for individuals with disabilities.
 - This initiative aims to incorporate smart home technologies to increase independence and safety for individuals, reducing the need for constant onsite staffing.
- Self-Advocacy grants
 - KDADS awarded grants to support self-advocacy efforts across Kansas, focusing on peer training, family storytelling, disability rights education, and outreach to underserved communities.
- Grants for HCBS expansion, conflict of interest and IDD day services
 - KDADS has awarded grants to HCBS providers focused on expanding services in underserved areas, achieving Settings Rule compliance, resolving conflicts of interest in the TCM system, and broadening access to IDD day service options.

2. HCBS Waiver Program Management Division

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

- Supports and services are designed and implemented in a person centered, self-determined manner.
 - Supports and services allow persons to live successfully in their home and community.
 - Persons are treated with dignity and respect and live a life without discrimination.
 - Persons have opportunities for independence and full community integration; and
 - Persons feel safe and are free from abuse, neglect, and exploitation.
- Aging & Disability Resource Centers (ADRC) Program
 - A comprehensive access point for older individuals and those with disabilities, offering information on long-term services and supports.
 - ADRCs provide options counseling to aid in care decisions and help with navigating care systems, applications and eligibility processes.
 - ADRCs coordinate with local and state resources to deliver tailored support and advocate for the needs of these communities, raising public awareness of available resources.
 - Frail and Elderly (FE) Waiver Program
 - For individuals aged 65 and older who meet nursing home level-of-care criteria.
 - Services include adult day care, assistive technology, personal care services, home telehealth, medication reminder, oral health services, and more. Applicants contact the ADRC for application details.
 - Physical Disability (PD) Waiver Program
 - For individuals aged 16 to 64 who require assistance with daily activities and meet nursing facility level-of-care criteria.
 - Services include Home and Environmental Modifications (HEMS), Vehicle Modification Services (VMS), Specialized Medical Equipment and Supplies (SMES), home-delivered meals, medication reminder services, personal emergency response system installation, and personal care services.
 - Applicants contact the ADRC for application details.
 - Autism (AU) Waiver Program
 - For children up to age six with Autism, Asperger's Syndrome, or Pervasive Developmental Disorder.
 - Services include family adjustment counseling, parent support and training, respite care, consultative clinical and therapeutic services, intensive individual supports, and interpersonal communication therapy.

- Applicants apply by contacting the Autism Program Manager.
- Serious Emotional Disturbance (SED) Waiver Program
 - For children aged 4-18 with mental health conditions that substantially disrupt social, academic, or emotional functioning.
 - Services include parent support and training, independent living/skills building, short term respite care, wraparound facilitation, professional resource family care, attendant care.
 - Applicants must apply through the local Community Mental Health Center (CMHC).
- Technology Assisted (TA) Waiver Program
 - For individuals through age 21 who are dependent on intensive medical technology and meet nursing level-of-care requirements.
 - Services include health maintenance monitoring, home modification, intermittent intensive medical care, personal care services and medical respite.
 - Applicants contact the Children's Resource Connection by phone or email.
- Community Support Waiver (CSW) Waiver Program (*In Development - Going live in 2026*)
 - For individuals with intellectual or developmental disabilities impacting at least two adaptive skill areas and who may not need the comprehensive care of the IDD waiver.
 - Services will include Respite, personal care services, individual budget authority, supported employment, and more.
 - Applicants will contact the local Community Developmental Disability Organization (CDDO) to apply.
- Brain Injury (BI) Waiver Program
 - For individuals aged 16-65 with a brain injury due to external force impacting cognitive or physical functions.
 - Services include Home and Environmental Modifications (HEMS), Vehicle Modification Services (VMS), Specialized Medical Equipment and Supplies (SMES), home-delivered meals, medication reminder services, rehabilitation therapies (behavior, cognitive, physical, speech-language, occupational). Applicants contact the ADRC to apply.
- Intellectual or Developmental Disability (IDD) Waiver Program
 - For individuals aged five or older with intellectual or developmental disabilities impacting at least two adaptive skill areas.
 - Services include assistive services, adult day supports, overnight respite, personal care services, residential supports, supported employment, and more.
 - Applicants contact the local Community Developmental Disability Organization (CDDO) to apply.
- Money Follows the Person (MFP) Program and Institutional Transitions
 - Assistance for individuals to transition from institutional settings like nursing homes back into community-based settings, enhancing their independence and quality of life.

3. Policy & Program Oversight Division

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

- Policy Development
 - Develop and review policies for all HCBS waivers and programs.
 - Coordinates policy work with KDHE to provide policy implementation.
 - Develop new and updates policies in accordance with waiver amendments and renewals.

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

4. Program Integrity and Compliance Division

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

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

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

5. Quality Assurance Division

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

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

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

PBB 05a LTSS Key Measures – ADRC, Customer Reviews, LTSS

Subprogram Name	Performance Measure	SFY2025 Actuals	SFY2026 Estimate	SFY2027 Estimate
Aging and Disability Resource Centers (ADRC)	Number of Assessments	22,023	18,000	18,000
	Average Number of ADRC Call Center Contacts per Week	700	700	700

Subprogram Name	Performance Measure	CY2025 Actuals	CY2026 Est.	CY2027 Est.
HCBS Management	Number of Participants Eligible to Receive HCBS I/DD Services (Monthly Average)	9,685	9,811	9,811
	Number of Participants Eligible to Receive HCBS PD Services (Monthly Average)	6,305	6,647	6,647
	Number of Participants Eligible to Receive HCBS Autism Services (Monthly Average)	65	65	65
	Number of Participants Eligible to Receive HCBS SED Services (Monthly Average)	3,900	4,000	4,000
	Number of Participants Eligible to Receive HCBS FE Services (Monthly Average)	7,946	7,946	7,946
	Number of Participants Eligible to Receive HCBS TA Services (Monthly Average)	879	879	879
	Number of Participants Eligible to Receive HCBS BI Services (Monthly Average)	1,210	1,210	1,210
	Number of Participants Enrolled In PACE Program (Monthly Average)	1,115	1,161	1,248
	Number of Individuals on Waitlist to Receive HCBS I/DD Services*	4,482	4,482	4,722
	Number of Individuals on Waitlist to Receive HCBS PD Services*	95	95	436
Number of Individuals on Autism Proposed Recipient List*	800	900	900	

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

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

EXPENDITURE JUSTIFICATION – LONG TERM SUPPORT AND SERVICES (LTSS)

Commission	Fund	SFY 2025 Actuals	SFY 2026 Approved	SFY 2026 Base	SFY 2026 Supplementals	SFY 2026 Adjusted	SFY 2027 Base	SFY 2027 Enhancements	SFY 2027 Adjusted
05-LTSS	State General Fund	\$ 14,567,947	\$ 15,743,141	\$ 14,323,678	\$ -	\$ 14,323,678	\$ 14,526,398	\$ -	\$ 14,526,398
	Federal Fund	\$ 8,999,164	\$ 8,606,028	\$ 12,048,068	\$ -	\$ 12,048,068	\$ 12,156,428	\$ -	\$ 12,156,428
	All Other Funds	\$ (6,206)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	FTE	46	46	46	-	46	48	-	48
	LTSS Totals	\$ 23,560,905	\$ 24,349,169	\$ 26,371,746	\$ -	\$ 26,371,746	\$ 26,682,826	\$ -	\$ 26,682,826

FY 2025 actuals expenditures are \$23,560,905, of which \$14,567,947, are from the State General Fund.

FY 2026 adjusted budget request has expenditures totaling \$26,371,746, of which \$14,323,678, are from the State General Fund.

FY 2027 adjusted budget request has expenditures totaling \$26,682,826, of which \$14,526,398, are from the State General Fund.

Object Code 5100: Salaries and Wages

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

FY 2026: \$3,621,202 is requested. (46 FTE).

FY 2027: \$3,836,802 is requested. (48 FTE). 2 positions moved from temporary FMAP funding to permanent Medicaid funding.

Object Code 5200: Contractual Services

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

FY 2026: \$15,244,760 is requested.

FY 2027: \$15,340,240 is requested.

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

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

Object Code 5300: Commodities

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

FY 2026: \$3,565 is requested.

FY 2027: \$3,565 is requested.

Object Code 5400: Capital Outlay

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

FY 2026: \$42,000 is requested.

FY 2027: \$42,000 is requested.

Object Code 5500: Aid to Local Governments & Other Assistance

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

FY 2026: \$7,460,219 is requested.

FY 2027: \$7,460,219 is requested.

AGING SERVICES COMMISSION OVERVIEW

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

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

The Aging Commission is comprised of 3 Divisions:

1. Medicare Division

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

Programs this Division works with:

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

- Medicare Improvement for Patients and Providers Act (MIPPA) Program
 - Provides education and outreach to Medicare beneficiaries, their family and caregivers about low-income subsidy and Medicare Savings Program eligibility.
 - Educates Medicare beneficiaries about no-cost Medicare preventive benefits.
 - Coordinates efforts to inform Medicare beneficiaries about benefits available under State and Federal programs.

- Senior Health Insurance Counseling for Kansas (SHICK) Program
 - Provides education and outreach to Medicare beneficiaries, their family, and caregivers about Medicare.
 - Assists beneficiaries with prescription drug benefits and plan changes.
 - Coordinates efforts to inform Medicare beneficiaries about benefits available under State and Federal programs.

- Program of All-Inclusive Care for the Elderly (PACE)
 - Medicare program and Medicaid state option that provides community-based care and services to people aged 55 years or older who meet a nursing home level of care but can live safely in the community with the help of PACE services.
 - PACE provides participants, their families, caregivers, and professional health care provider's flexibility to meet health care needs.
 - The PACE program provides all medical and social services for participants including primary care, nursing, hospital care, medical specialty services, prescription drugs, nursing home care, emergency health services, in-home care, physical therapy, occupational therapy, adult day care, recreational therapy, meals, dentistry, nutritional counseling, social services, laboratory/X-ray services, social work counseling, transportation and other services determined to be necessary.
 - Participants may be enrolled in Medicare, Medicaid, or both to join PACE with private pay also being an option.
 - For additional information please see the Medicaid portion of the budget.

2. Nursing Facility / Adult Care Homes Division

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

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

3. Aging Services Division

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

- Older Americans Act (OAA) Title III-B Supportive Services (Information and Referral) Program
 - Services offered are access services, including information and assistance and case management, in-home services such as chore, homemaker and attendant care, and community services such as legal assistance.

- Older Americans Act (OAA) Title III-C Nutrition Program
 - Provides congregate and home-delivered meal services to reduce hunger, food insecurity and malnutrition among older Kansans.
 - These services also provide meaningful socialization opportunities and promote health and wellbeing by delaying the onset of adverse health conditions resulting from poor nutritional health, sedentary behavior, social isolation, and loneliness.
 - Nutrition services play a vital role in maintaining the independence of older Kansans and enabling them to age in place, remaining in their homes and communities even as health and functioning decline
- Older Americans Act (OAA) Title III-D Disease Prevention & Health Promotion Program
 - Evidenced-based programs that have been proven to improve the health and well-being and reduce disease and injury among older Kansans.
 - Positively impact the health of program participants by providing educational opportunities that empower older Kansans to make healthy, sustainable lifestyle changes that are supported by research.
- Older Americans Act (OAA) Title III-E Caregiver Support Program
 - Kansas Family Caregiver Support Program supports Kansas family members and informal caregivers who are taking care of a loved one age 60 years and older or an individual of any age with Alzheimer`s disease and related disorders, grandparents providing care to children under the age of 18 and older relatives providing care to adults with a disability ages 18-59.
 - Current services provided are information and public education to caregivers about services in their community, assistance to caregivers with resources and coordination of services, individual counseling, support groups, respite care, supplemental and one-time services.
- Older Americans Act (OAA) Title VII: Prevention of Elder Abuse, Neglect and Exploitation (PEANE)
 - KDADS is actively involved in the protection of older Kansans from Abuse, Neglect, and Exploitation (ANE)
 - KDADS uses funds received from OAA Title VII to partner with the Department for Children and Families, Adult Protective Services division. We are currently partnering with DCF on developing a Mandatory Reporter Training.
- Older Americans Act (OAA) Title VII: Long-Term Care (LTC) Ombudsman
 - KDADS administers funding from OAA Title IIIB and VII to the LTC office.
 - The Office of the State Long-Term Care Ombudsman serves as an advocate for individuals who receive services and supports while residing in Kansas`s long-term care facilities.
 - KDADS Aging Services provides oversight related to OAA and the LTC to ensure OAA regulations are followed.

- Senior Care Act (SCA) Program
 - Assist Kansas residents, aged 60 and older, who have functional limitations in self-care and independent living, but who can reside in a community-based residence if some services are provided.
 - The program provides in-home services to older adults who contribute to the cost of services based on their ability to pay.
 - Senior Care Act services vary by county and region, but may include services such as attendant care, respite care, homemaker, chore services and adult day care.
 - Services are offered on a sliding fee scale based on income and assets for customers who functionally qualify.
 - SCA is funded by the State General Fund (SGF) and the Social Service Block Grant Program (SSBG), awarded to the State by the U.S. Department of Health and Human Services (HHS).
 - SCA customers pay between a donation and 100 percent of the cost of the service.

- Dementia Program
 - The Kansas Respite for Alzheimer’s & Dementia Program (K-RAD) provides relief to unpaid caregivers of individuals with a diagnosis or probable diagnosis of Alzheimer’s disease or related Dementia.
 - Services replace the direct care by the caregiver for short or intermittent periods for the purpose of temporarily relieving the burden of those care tasks.
 - Respite Care may be received through the delivery of services through providers.
 - The program may subsidize the cost of services not to exceed an amount up to \$1,000 per year per care receiver.
 - KDADS is working to create a statewide informative training related to Alzheimer’s Disease and Related Dementia (ADRD)
 - *Kansas Dementia Roadmap – A Guide for People Impacted by Dementia* is a navigation tool for individuals impacted by ADRD.
 - The Roadmaps have been distributed to agencies across the state.
 - Currently working to train aging professionals as well as caregivers on using the tool.
 - Due to the popularity of the Roadmaps, we are looking to secure funding to print more.
 - *Kansas Alzheimer’s State Plan*
 - Partnering with KDHE in the creation of the 2026-2029 State Plan

- CORE Funding Program
 - The purpose of this funding is to provide additional administrative dollars to each Area Agency on Aging.
 - Eligible expenses include personnel, shift differential, incentive pay, recruitment, onboarding, staff training/development, operational, and other items as approved by KDADS.

- State General Funds for Nutrition Services
 - State General Funds (SGF) were allocated by the Kansas legislature in response to the federal NSIP (Nutrition Services Incentive Program) funding reductions.
 - SGF supports the continued purchase and provision of nutritious meals to eligible clients.
 - The funding is also intended to reduce the number of older adults on nutrition service waitlists.
 - The goal is to ensure timely access to nutrition services, especially for individuals with the greatest economic and social needs.

AGING SERVICES COMMISSION – NUTRITION PROGRAM CHART

Fund	Budget Unit	Fund Name	SFY 2025 Actuals	SFY 2026 Projection	SFY 2027 Projection
1000	0280	OAA State Match	\$7,025,725	\$9,065,425	\$9,045,725
1000	0520	LTSS Services	\$1,100,000	\$0.00	\$0.00
2660	2610	MOW Check Off	\$92,530	\$94,999	\$94,999
3291	3305	Nutrition Services Incentive Program	\$1,412,149	\$1,300,000	\$1,300,000
3425	3424	OAA Title III C (1) Congregate Meals	\$6,577,731	\$4,200,000	\$4,200,000
3425	3437	OAA Title III C (2) Home Delivery Meals	\$6,954,898	\$3,000,000	\$3,000,000
Nutrition Total			\$23,163,033	\$17,660,424	\$17,640,724

* Federal funds in SFY2025 are overstated by \$ \$5,282,580 due to not releasing encumbrances by the end of the year.

AGING SERVICES COMMISSION – PERFORMANCE MEASURES

Subprogram Name	Performance Measure	FFY2025 Estimate	FFY2026 Estimate	FFY2027 Estimate
Older Americans Act (OAA)	Number Served for OAA Registered Services	3,010	30,455	30,901
	Performance Measure	SFY2025 Actuals	SFY2026 Estimate	SFY2027 Estimate
	Percentage of Customers that have Contacted their Provider in the Last 2-3 Months	68.0%	70.0%	70.0%
	Percentage of Customers That Would Recommend the OAA Program to a Friend or Relative	99.0%	100.0%	100.0%
	Percentage of Attendants that Work the Amount of Time Authorized on the Plan of Care	97.0%	99.0%	99.0%

Subprogram Name	Performance Measure	SFY2025 Actuals	SFY2026 Estimate	SFY2027 Estimate
Senior Care Act (SCA)	Number Served Annually	3,382	3,562	3,571
	Percentage of Customers that have Contacted their Provider in the Last 2-3 Months	53.0%	65.0%	65.0%
	Percentage of Customers that Would Recommend the SCA Program to a Friend or Relative	98.0%	100.0%	100.0%
	Percentage of Attendants that Work the Amount of Time Authorized on the Plan of Care	95.0%	100.0%	100.0%

Subprogram Name	Performance Measure	FFY2025 Estimate	FFY2026 Estimate	FFY2027 Estimate
OAA- Nutrition Program	Number of Congregate Meals Served	1,301,005	1,300,000	1,300,000
	Number of Home Delivered Meals	2,250,306	2,250,000	2,250,000
	Number of Customers Receiving Support Services	34,000	35,000	35,000

Subprogram Name	Performance Measure	SFY2025 Actuals	SFY2026 Estimate	SFY2027 Estimate
Customer Reviews	Number of Older Americans Act customers reviewed	270	265	265
	Number of Senior Care Act customers reviewed	387	380	380

NARRATIVE INFORMATION – DA400
 Division of the Budget
 State of Kansas

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

Subprogram Name	Performance Measure	SFY2025 Actuals	SFY2026 Estimate	SFY2027 Estimate
SHIP (SHICK)	Number Served	26,926	27,465	28,014
	Number of Contacts	26,926	27,465	28,014
	Number of Events	331	380	400
	Number of beneficiaries reached (group outreach)	27,537	28,088	28,650
	Number of beneficiaries reached (media outreach)	851,769	868,804	886,180

Subprogram Name	Performance Measure	SFY2025 Actuals	SFY2026 Estimate	SFY2027 Estimate
MIPPA	Number Served	13,744	14,018	14,298
	Number of Contacts	13,744	14,018	14,298
	Number of Events	247	380	400
	Number of beneficiaries reached (group outreach)	23,251	23,716	24,190
	Number of beneficiaries reached (media outreach)	429,569	438,160	446,924

EXPENDITURE JUSTIFICATION – Aging Services Commission

Commission	Fund	SFY 2025 Actuals	SFY 2026 Approved	SFY 2026 Base	SFY 2026 Supplementals	SFY 2026 Adjusted	SFY 2027 Base	SFY 2027 Enhancements	SFY 2027 Adjusted
06-Aging	State General Fund	21,577,545	22,397,566	23,524,422	-	23,524,422	23,122,648	-	23,122,648
	Federal Fund	32,861,732	21,085,570	21,434,935	-	21,434,935	21,354,223	-	21,354,223
	All Other Funds	(213,999)	95,000	120,448	-	120,448	120,553	-	120,553
	FTE	20	20	20	-	20	22	-	22
Aging Totals		54,225,278	43,578,136	45,079,805	-	45,079,805	44,597,424	-	44,597,424

FY 2025 actuals expenditures are \$54,225,278, of which \$21,577,545, are from the State General Fund. The federal amount is overstated in encumbrances by approximately \$11 million bringing the actuals down to approximately \$43 million.

FY 2026 adjusted budget request has expenditures totaling \$45,079,805, of which \$23,524,422, are from the State General Fund. SFY2026. In SFY2026 there was \$1 million added for nutrition and \$540,000 for In-Home Care for Low-Income Seniors/Nursing Homes w/o Walls.

FY 2027 adjusted budget request has expenditures totaling \$44,597,424, of which \$23,122,648, are from the State General Fund.

Object Code 5100: Salaries and Wages

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

FY 2026: \$1,767,229 is requested. (20 FTE)

FY 2027: \$1,910,741 is requested. (22 FTE) 2 positions moved from temporary FMAP funding to permanent Medicaid funding.

Object Code 5200: Contractual Services

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

FY 2026: \$3,688,222 is requested.

FY 2027: \$3,659,972 is requested.

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

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

Object Code 5300: Commodities

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

FY 2026: \$25,251 is requested.

FY 2027: \$23,421 is requested.

Object Code 5400: Capital Outlay

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

FY 2026: \$378 is requested.

FY 2027: \$378 is requested.

Object Code 5500: Aid to Local Governments & Other Assistance

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

FY 2026: \$39,598,725 is requested.

FY 2027: \$39,002,912 is requested.

SURVEY, CERTIFICATION & CREDENTIALING COMMISSION (SCCC) OVERVIEW

The Survey, Certification and Credentialing Commission protects public health in Kansas through the inspection and licensing of adult care homes, as defined by K.S.A. 39-923. The Commission is responsible for inspection and licensing of residential care facilities, residential and day support facilities, shared living, and targeted case management for individuals with developmental disabilities, private psychiatric hospitals, psychiatric residential treatment facilities, community mental health centers, and substance use disorder treatment facilities as defined by KSA 39-2002 and KSA 65-4001. The Commission develops and enforces regulations and standards for these facilities and field staff document compliance with state regulations and federal certification standards through onsite surveys.

The Commission operates the abuse, neglect, and exploitation hotline for healthcare facilities in Kansas. This includes facilities licensed by Kansas Department for Aging and Disability Services under K.S.A. 39-923 and K.S.A. 39-2002, as well as the Kansas Department of Health and Environment. The hotline is responsible for routing all intakes to the correct department or agency, including triaging all adult care home intakes based on the Center for Medicare and Medicaid Services (CMS) State Operations Manual (SOM) Chapter 5 guidelines. The Commission is also responsible for the Health Occupational Credentialing (HOC) program which registers, licenses, or certifies several health occupations. HOC also maintains the nurse aide registry, manages the criminal record check program, certifies, and approves training courses, and course material for Certified Nurse Aides (CNA), Certified Medication Aides (CMA), Paid Nutrition Assistants, Home Health Aides, Adult Care Home Operators, and Administrators. HOC is responsible for the licensure of speech language pathologists and audiologists under KSA 65-6501 and dieticians under KSA 65-5901.

The SCC Commission is comprised of 4 Divisions:

1. Behavioral Health Licensing Division

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

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

- CMHC, PPH, PRTH, RCF and SUD
 - Includes State licensing for Community Mental Health Centers (CMHC), Private Psychiatric Hospitals (PPH), Psychiatric Residential Treatment Facilities (PRTF), Residential Care Facilities (RCF) and Substance Use Disorder (SUD) providers.
 - Administrative review of initial qualifications, and in person surveys, ensuring ongoing compliance w/ State regulations.
 - Administrative follow-up on complaints received.
 - Assures that corrective actions are imposed accurately and in a timely way when facilities fail to meet licensure requirements.
 - Worked with Behavioral Health Commission (BHS) to certify CMHCs as Certified Community Behavioral Health Center (CCBHC), all centers were certified as of July 2025.

2. Health Occupational Credentialing (HOC) Division

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

The State of Kansas began requiring operators of adult care homes, home health agencies, and staffing agencies to conduct criminal background checks of staff to ensure that those working in those settings do not have a criminal history of prohibited crimes. This legislation went into effect July 1, 1997, and the enforcement of prohibited criminal histories began in 1998. HOC is linked to the Kansas Bureau of Investigation through a telecommunications system which provide initial criminal record data on each person for whom there is a record check requested. HOC then notifies the operators when a potential employee has a criminal record that would prohibit them from being employed in a facility licensed by KDADS.

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

3. Licensure & Certification Division

This division is responsible for the administering of the continuing care retirement community certification program as directed HB 2784 in the 2024. The Licensure and Certification Division approves adult care homes for licensure under state law, regulation, and policy. These responsibilities are accomplished through administrative review of initial qualifications, reviewing and processing amended change of owner and annual renewal licensure applications, maintaining Administrator or Operator of record for all adult care homes, reviewing and approving all renovations/additions to adult care homes including increasing and decreasing resident capacity, and working with CMS and the Medicare Administrative Contractor to perform initial and ongoing Medicare Certification for Nursing Facilities.

- Certification Program
 - Operates the Civil Monetary Penalty (CMP) Reinvestment Program on behalf of CMS
 - Ensures that remedies are imposed accurately and in a timely way when nursing facilities fail to meet conditions of participation or certification standards as outlined in CMS SOM Chapter 7.
 - Review and approve/deny all certified capacity changes.
 - Completes state survey agency certification functions as outlined in CMS SOM Chapters 1 and 2.

- Licensure Program
 - Includes assisted living, residential health care facilities, home plus, adult day care, nursing facilities, nursing facilities for mental health, intermediate care facilities for the intellectual and developmentally disabled, and boarding care homes.
 - Approves adult care homes for licensure under state law, regulation, and rule.
 - Implement and maintain requirements for facility-initiated discharges as required by SB 28 from 2024 legislative session.
 - Assures that corrective actions are imposed accurately and in a timely way when facilities fail to meet licensure requirements.

4. Survey & Complaints Division

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

- State Licensed Only Program
 - Includes: assisted living, residential health care facilities, home plus, adult day care and boarding care homes.
 - Review for compliance of licensure under state law, regulation, and rule through on-site, unannounced survey inspections.
 - There are approximately 390 free standing facilities and approximately 100 state licensed facilities attached to nursing facilities.
 - The Commission has been able to execute and follow-up with corrective actions plans for all deficiencies cited at a scope and severity of “D” or higher with the influx of staffing hired after an approved budget enhancement for SFY2022.
 - Review with licensure and certification division facility-initiated discharge reporting required in SB 28 from the 2024 legislative session.

- Complaints Program
 - Performs complaint intake activities through the abuse, neglect, and exploitation hotline.
 - Triage complaints for severity for all adult care homes.
 - Coordinates with other state agencies including the Department of Children and Families (DCF) and the Kansas Department of Health and Environment (KDHE) that handle complaints for other types of facilities.

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

Program Name	Performance Measure	FFY2025 Estimate	FFY2026 Estimate	FFY2027 Estimate
Survey and Certification	Average Number of months between surveys	19.90	19.90	20.90

Program Name	Performance Measure	CY2025 Estimate	CY2026 Estimate	CY2027 Estimate
Health Occupations Credentialing (HOC)	Number of Background Checks Processed	90,000	95,000	95,000

Program Name	Performance Measure	SFY2025 Actuals	SFY2026 Estimate	SFY2027 Estimate
State Licensed Adult Care Home Division	Number of Surveys Exited	308	375	400

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

Commission	Fund	SFY 2025 Actuals	SFY 2026 Approved	SFY 2026 Base	SFY 2026 Supplementals	SFY 2026 Adjusted	SFY 2027 Base	SFY 2027 Enhancements	SFY 2027 Adjusted
07-SCCC	State General Fund	4,350,995	3,552,180	5,500,497	-	5,500,497	5,518,931	-	5,518,931
	Federal Fund	4,893,329	7,250,350	5,621,259	-	5,621,259	5,649,820	-	5,649,820
	All Other Funds	1,511,345	2,612,174	2,179,029	-	2,179,029	2,186,410	-	2,186,410
	FTE	123	123	107	-	107	107	-	107
	SCCC Totals	10,755,669	13,414,704	13,300,785	-	13,300,785	13,355,161	-	13,355,161

FY 2025 actuals expenditures are \$10,755,669, of which \$4,350,995, are from the State General Fund. SFY2025 actuals are low due to unfilled positions.

FY 2026 adjusted budget request has expenditures totaling \$13,300,785, of which \$5,500,497, are from the State General Fund. SFY2026 estimate is higher compared to SFY 2025 due to unfilled positions in SFY 2025.

FY 2027 adjusted budget request has expenditures totaling \$13,355,161, of which \$5,518,931, are from the State General Fund.

Object Code 5100: Salaries and Wages

Summary: Staff is responsible for carrying out the administrative and oversight activities. 16 positions were deactivated to increase surveyor pay to improve the ability to recruit and retain nurses needed to complete in person surveys responding to complaints about resident care and to maintain compliance with federal standards on survey frequency. The increase in salaries was budget neutral.

FY 2026: \$9,026,629 is requested. (107 FTE).

FY 2027: \$9,101,146 is requested. (107 FTE).

Object Code 5200: Contractual Services

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

FY 2026: \$3,544,175 is requested.

FY 2027: \$3,544,152 is requested.

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

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

Object Code 5300: Commodities

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

FY 2026: \$59,594 is requested.

FY 2027: \$59,594 is requested.

Object Code 5400: Capital Outlay

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

FY 2026: \$448,494 is requested.

FY 2027: \$428,376 is requested.

Object Code 5500: Aid to Local Governments & Other Assistance

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

FY 2026: \$221,893 is requested.

FY 2027: \$221,893 is requested.

STATE HOSPITAL COMMISSION OVERVIEW

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

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

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

The State Hospital Commission is comprised of 2 divisions:

1. Clinical Programs Division

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

- Electronic Health Record Implementation
 - The Hospital Commission developed a request for proposal to purchase an electronic medical record system and KDADS entered an agreement with WellSky to deploy its electronic medical records software on each state hospital campus.

- After 2 years of development the Wellsky Specialty Care solution will be implemented at Parsons State Hospital in August 2024.
- The EHR project included running new fiber connections to OSH, LSH, and Parsons as well as upgrading switches and campus hardware to support the higher internet speeds necessary to operate the electronic medical record system.
- The system replaced existing electronic health record and billing systems, integrate with other electronic systems including the pharmacy dispensing and ordering systems, and expand functionality to exchange information with other electronic health record systems and health care providers.
- The implementation process involves staff from information technology, medical services, social services, medical records, patient accounts, revenue cycle management, and pharmacy at each hospital as well as central office support for the information technology infrastructure and project management.
- Within the EHR project, each campus and across campuses internal policies, procedures, and forms will be updated to reflect the EHR system workflows. That process has allowed for more standardized approaches for common issues between the psychiatric hospitals and the hospitals for people with intellectual disabilities.
- Digital Fingerprint Scanners
 - The Hospital Commission also received a SPARK efficiency grant to purchase and implement digital fingerprint scanners at LSH and PSH.
 - The electronic capture and transmission of fingerprints should speed up the completion of background checks for potential employees.
 - Both fingerprint capture devices have been installed, the staff are trained, and the secure connection to the Kansas Bureau of Investigation background check system have been established.
- State Hospital Census Management
 - SHC report monthly on admissions to the state psychiatric hospitals, including the wait time for admission from county jails to the State Security Program.
 - Coordinate admissions information between Health Source Integrated Solutions for admissions through State Institution Alternative hospitals, state hospital screens completed by Community Mental Health Centers, and administrative transfers.

2. Operations and Program Management Division

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

- State Institutional Alternatives
 - SIA providers expand regional access to psychiatric hospital services for individuals with mental illness meeting the criteria for state hospital admissions. The SIAs provide regional alternatives to LSH and OSH, allowing for care closer to home for patients and

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

- South Central Regional Mental Health Hospital
 - The SHC is coordinating the planning, design, and operational model for a new state psychiatric hospital.
 - The Governor included in her FY 2023 budget \$15.0 million to support the construction and operation of a regional state psychiatric hospital in South Central Kansas.
 - KDADS entered an agreement with Sedgwick County to provide funding to have the County acquire, construct, or modify a building to serve as a state psychiatric hospital.
 - Sedgwick County was awarded \$25.0 million in SPARK funds to finance the acquisition and construction costs. When the building is substantially complete, Sedgwick County will transfer the property and facility to the State of Kansas to operate as a state psychiatric hospital.
 - The 2024 Legislature appropriated an additional \$26.5 million for the project to build the recommended 104 bed design with 52 beds for forensic patients and 52 for acute treatment for adults committed under the Care and Treatment Statute.
 - The 2025 Legislature approved HB 2249 creating the South Central Regional Mental Health Hospital. KDADS is creating a budget request for the new agency for the Governor’s consideration. The bill also establishes the catchment area associated with the new hospital as Sedgwick, Butler, Cowley, Harvey, and Sumner counties. Sedgwick County purchased a construction site in south Wichita in July 2024 and awarded a construction contract in November 2024. Construction began in January 2025 and is projected to be complete in October 2026.
 - SHC will work to recruit key personnel in FY 2026 in preparation for recruiting the clinical and direct care staff. We anticipate taking possession of the building in November 2026 and opening the building in January 2027.

- Special Projects
 - SHC Special Projects Manger oversees the distribution and reporting of COVID relief funding for Facility and Workforce Expansion. The Strengthening People and Revitalizing Kansas (SPARK) Executive Committee and the State Finance Council approved a total of \$66.3 million to the agency to support facility and workforce training expansion opportunities. KDADS published a Notice of Funding opportunities to gather project ideas that would expand health care facilities; the reach of current service providers; or Workforce training.
 - SHC awarded the funds and coordinates the payment process through the Office of Recovery and ARPA consultants to ensure federal requirements are met through the capital project and recovery funding requirements.
 - The projects includes \$5 million to the Kansas College of Osteopathic Medicine for class expansion, \$1.1 million to the University of Kansas for the ASPIRE program to reach out to rural emergency departments, \$1.575 million to expand the Nursing Home without Walls program to expand remote monitoring technology, \$12.725 million to KVC Camber for a new adult and child psychiatric hospital in Olathe, \$5.0 million to Rock Regional Hospital to expand services in South Central Kansas, \$15.0 million to the Wichita State University/University of Kansas Biomedical Campus in Wichita, and \$25 million to Sedgwick County to construct a state psychiatric hospital. The 2023 Legislature appropriated \$22 million to Ascension Via Christi in Wichita for an emergency department expansion, which also will be overseen by the SHC.

- The SHC processes reimbursement requests from law enforcement and health care providers for uncompensated care provided during the time patients or defendants wait for admission to a state hospital. 2023 SB 228 allows KDADS to reimburse counties for time criminal defendants spend waiting for competency evaluation or restoration at Larned State Hospital. During FY 2025, KDADS reimbursed counties approximately \$2 million from the State General Fund. In FY 2025, through a proviso in HB 2184, KDADS reimbursed law enforcement and health care providers for observation and transportation costs for patients waiting for admission. Reimbursement totaled approximately \$5 million. Both programs continue in FY 2026 and FY 2027.

EXPENDITURE JUSTIFICATION – State Hospital Commission

Commission	Fund	SFY 2025 Actuals	SFY 2026 Approved	SFY 2026 Base	SFY 2026 Supplementals	SFY 2026 Adjusted	SFY 2027 Base	SFY 2027 Enhancements	SFY 2027 Adjusted
08-SHC	State General Fund	\$ 16,025,150	\$ 12,266,805	\$ 85,649,329	\$ -	\$ 85,649,329	\$ 9,006,993	\$ -	\$ 9,006,993
	Federal Fund	\$ 29,818	\$ 4,920	\$ 104,168	\$ -	\$ 104,168	\$ 104,380	\$ -	\$ 104,380
	All Other Funds	\$ 5,016,150	\$ 5,150,000	\$ 5,171,537	\$ -	\$ 5,171,537	\$ 5,171,585	\$ -	\$ 5,171,585
	FTE	10	10	11		11	8		8
	SHC Totals	\$ 21,071,118	\$ 17,421,725	\$ 90,925,034	\$ -	\$ 90,925,034	\$ 14,282,958	\$ -	\$ 14,282,958

SFY 2025 actuals expenditures are \$21,071,118, of which \$16,025,150, are from the State General Fund.

SFY 2026 adjusted budget request has expenditures totaling \$90,925,034, of which \$85,649,329, are from the State General Fund. This includes the reappropriation of approximately \$70 million for construction of the new South Central Regional Mental Health Hospital.

SFY 2027 adjusted budget request has expenditures totaling \$14,282,958, of which \$9,006,993, are from the State General Fund.

Object Code 5100: Salaries and Wages

Summary: Staff is responsible for carrying out the administrative and oversight activities. In SFY 2025 and 2026 the commission includes positions that are designated to the South Central Regional Mental Health Hospital and will be budgeted directly to the Hospital in SFY 2027.

- **SFY 2026:** \$1,556,179 is requested. (11 FTE). Includes 3 positions that are funded in the new South Central Regional Mental Health Hospital in SFY 2027.
- **SFY 2027:** \$1,104,927 is requested. (8 FTE).

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

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

Object Code 5200: Contractual Services

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

SFY 2026: \$88,142,414 is requested. This includes the reappropriation of approximately \$70 million for construction of the new South Central Regional Mental Health Hospital.

SFY 2027: \$12,426,940 is requested.

Object Code 5300: Commodities

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

SFY 2026: \$201,434 is requested.

SFY 2027: \$1,084 is requested.

Object Code 5400: Capital Outlay

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

FY 2026: \$1,025,007 is requested.

FY 2027: \$750,007 is requested.

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

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

2141-2195 Social Welfare Fund

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ 2,346,115	\$ 2,911,515	\$ 2,895,633
OTHER NONREVENUE RECEIPTS	469090	\$ 400,000	\$ 233,125	\$ 201,335
OTHER REIMB AND REFUNDS	462900	\$ 41,624	\$ 23,550	\$ 32,590
RECOVERY OF PRIOR FY EXP	469010	\$ 835,660	\$ 477,443	\$ 479,610
		\$ 3,623,399	\$ 3,645,633	\$ 3,609,168

2193-2193 Indirect Cost Fund

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

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ 1,436,609	\$ 1,780,316	\$ -
FED INDIRECT COST TRANSF IN	469290	\$ 1,095,969	\$ 2,959,957	\$ 4,765,190
		\$ 2,532,578	\$ 4,740,273	\$ 4,765,190

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

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

2315-2315 Health Occupations Credentialing Fund

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

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
AUDITS AND INSPECTIONS	420100	\$ 724,249	\$ 706,260	\$ 715,255
CASH FORWARD	40007	\$ 1,760,895	\$ 2,444,657	\$ 2,549,039
LICENSE BUSINESS	421110	\$ 15,374	\$ 18,653	\$ 17,015
LICENSE OTHER BUSINESS	421190	\$ 12,210	\$ 10,000	\$ 11,105
LICENSE PERSONAL SERVICES	421100	\$ 687,473	\$ 668,425	\$ 677,950
		\$ 3,200,201	\$ 3,847,995	\$ 3,970,364

2336-2336 Community Mental Health Center Improvement Fund

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

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ -	\$ 67,631	\$ 67,631
OPERATING TRANSFERS IN	766010	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000
		\$ 5,000,000	\$ 5,067,631	\$ 5,067,631

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

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

2337-2337 Community Crisis Stabilization

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

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

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ 11,042,225.00	\$ 6,459,636.00	\$ 5,559,636.00
OPERATING TRANSFERS IN	766010	\$ 7,500,000.00	\$ 10,000,000.00	\$ 8,000,000.00
		\$ 18,542,225.00	\$ 16,459,636.00	\$ 13,559,636.00

2338-2338 Clubhouse Model Program

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

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

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ 423,768	\$ 173,768	\$ 673,768
OPERATING TRANSFERS IN	766010	\$ 2,500,000	\$ 2,500,000	\$ 2,000,000
		\$ 2,923,768	\$ 2,673,768	\$ 2,673,768

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

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

2363-2110 Provisional Overpayment Recovery & Collection

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ 94,738.00	\$ 103,413.00	\$ 110,783.00
FEDERAL RECOVERIES	469040	\$ 8,675.00	\$ 7,370.00	\$ 7,976.00
		\$ 103,413.00	\$ 110,783.00	\$ 118,759.00

2363-2120 Civil Monetary Penalties

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ 7,645,141	\$ 7,838,524	\$ 7,930,726
OTHER FINES PENALTIES FORFEIT	454090	\$ 829,702	\$ 770,717	\$ 800,210
RECOVERY OF PRIOR FY EXP	469010	\$ 9,263	\$ -	\$ -
		\$ 8,484,106	\$ 8,609,241	\$ 8,730,936

2371-2371 Problem Gambling and Addictions Grant Fund

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

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

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

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ 1,253,406	\$ 1,107,494	\$ 866,485
OPERATING TRANSFERS IN	766010	\$ 8,692,471	\$ 8,150,000	\$ 8,110,000
OTHER FINES PENALTIES FORFEIT	454090	\$ 39,882	\$ 35,225	\$ 34,510
		\$ 9,985,759	\$ 9,292,719	\$ 9,010,995

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

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

2373-2370 State Licensure Fee Fund

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

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ 4,231,213	\$ 5,634,565	\$ 6,216,735
LICENSE BUSINESS	421110	\$ 1,297,696	\$ 1,002,670	\$ 1,086,455
LICENSE OTHER BUSINESS	421190	\$ 254,375	\$ 150,000	\$ 202,190
OTHER MISCELLANEOUS REVENUE	459090	\$ 672	\$ -	\$ -
		\$ 5,783,956	\$ 6,787,235	\$ 7,505,380

2524-2510 General Fee Funds – Miscellaneous Fees

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

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ 1,478,943	\$ 1,679,297	\$ 1,860,157
CONVENIENCE FEE CREDIT CARDS	459120	\$ 16,434	\$ 15,520	\$ 15,980
LICENSE BUSINESS	421110	\$ 192	\$ 400	\$ 300
LICENSE OTHER BUSINESS	421190	\$ 99,758	\$ 84,220	\$ 91,990
OTHER SERVICE CHARGES	420990	\$ 76,721	\$ 56,850	\$ 66,790
RECOVERY OF CURRENT FY EXP	462110	\$ 9,583	\$ 8,850	\$ 9,215
RECOVERY OF PRIOR FY EXP	469010	\$ 7,082	\$ 5,650	\$ 9,370
SALE OF ASSET GAIN OR LOSS	461190	\$ 5,781	\$ 9,370	\$ 7,580
		\$ 1,694,494	\$ 1,860,157	\$ 2,061,382

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

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

2524-2530 General Fee Funds Utilization Reviews

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

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ 211,223	\$ 245,901	\$ 283,451
LICENSE OTHER BUSINESS	421190	\$ 34,678	\$ 37,550	\$ 36,115
		\$ 245,901	\$ 283,451	\$ 319,566

2595-4130 Title XIX Fund State Hospital Medicaid

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

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

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

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CARE AND HOSPITALIZATION	420610	\$ 52,563,733	\$ 57,916,671	\$ 59,034,608
CASH FORWARD	40007	\$ 11,344,795	\$ 5,426,626	\$ 5,276,626
OPERATING TRANSFERS OUT	766020	\$ (58,500,000)	\$ (57,916,671)	\$ (59,034,608)
RECOVERY OF PRIOR FY EXP	469010	\$ 165,432	\$ -	\$ -
		\$ 5,573,960	\$ 5,426,626	\$ 5,276,626

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

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

266X-XXXX OTHER STATE FEE FUNDS

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

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

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

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
ALL OTHER OPERATING GRANTS	441010	\$ 92,530	\$ 92,500	\$ 92,500
CASH FORWARD	40007	\$ 37,340	\$ 37,340	\$ 34,841
		\$ 129,870	\$ 129,840	\$ 127,341

2661-1110 Alcohol and Drug Abuse Fees and Tax Receipts

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

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

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
AVERAGE DAILY BALANCE INTEREST	430150	\$ 413,335	\$ 334,425	\$ 383,800
CASH FORWARD	40007	\$ 8,876,527	\$ 10,912,649	\$ 12,100,518
LICENSE MOTOR VEHICLE OPERATOR	421210	\$ 759,288	\$ 727,525	\$ 732,670
LIQUOR - CATER OR DRINKING EST	412423	\$ 3,060,431	\$ 2,780,865	\$ 2,923,250
		\$ 13,109,581	\$ 14,755,464	\$ 16,140,238

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

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

2661-1120 Alcoholism Treatment Fund

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

Authorization: K.S.A. 41-2622 prescribes for an occupation or license tax on clubs and drinking establishments. Of that amount collected, 50.0 percent is credited to the Other State Fees Fund of KDADS. K.S.A. 41-501 imposes a gallonage tax and requires the State Treasurer to credit 1/10 of the funds collected from the taxes imposed upon alcohol and spirits to the Community Alcoholism and Intoxication Programs fund created by K.S.A. 41-1126. K.S.A 8-1567 establishes fines for driving under the influence of alcohol or drugs. The amount of the increase in fines shall be remitted by the Clerk of the District Court to the State Treasurer, and the State Treasurer is required to credit 50 % to the Community Alcoholism and Intoxication Programs Fund.

K.S.A. 41-2622, the director shall remit all moneys received under this section to the state treasurer in accordance with the provisions of K.S.A. 75-4215, and amendments thereto. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount in the state treasury. Of each such deposit, 50% shall be credited to the state general fund, and the remaining 50% shall be credited to the other state fees fund of the Kansas department for aging and disability services. In addition to other purposes for which expenditures may be made from the other state fees fund of the Kansas department for aging and disability services, expenditures may be made by the secretary for aging and disability services for the purpose of implementing the powers and duties of the secretary under the provisions of K.S.A. 65-4006 and 65-4007, and amendments thereto. K.S.A 45-501, upon receipt of each such remittance, the state treasurer shall deposit the entire amount in the state treasury and the state treasurer shall credit 1/10 of the moneys collected from taxes imposed upon alcohol and spirits under subsection (b)(1) to the community alcoholism and intoxication programs fund created by K.S.A. 41-1126.

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
AVERAGE DAILY BALANCE INTEREST	430150	\$ 433,514	\$ 367,475	\$ 396,965
CASH FORWARD	40007	\$ 8,851,511	\$ 9,785,958	\$ 10,574,974
LICENSE BUSINESS	421110	\$ 1,367,463	\$ 1,420,710	\$ 1,477,570
LIQUOR GALLONAGE TAX	412422	\$ 1,455,724	\$ 1,383,980	\$ 1,420,560
OTHER FINES PENALTIES FORFEIT	454090	\$ 660,208	\$ 616,850	\$ 607,325
		\$ 12,768,420	\$ 13,574,973	\$ 14,477,394

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

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

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

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

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

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
AVERAGE DAILY BALANCE INTEREST	430150	\$ 78,249	\$ 80,430	\$ 87,250
CASH FORWARD	40007	\$ 2,115,330	\$ 1,622,651	\$ 1,047,841
FINES PENALTY FORFEIT DIST CT	454010	\$ -	\$ 1,250,000	\$ 1,250,000
OTHER FINES PENALTIES FORFEIT	454090	\$ 251,989	\$ 244,760	\$ 235,070
REIMB FROM OTHER ST AGENCY	462400	\$ 1,257,306	\$ -	\$ -
		\$ 3,702,874	\$ 3,197,841	\$ 2,620,161

2661-2070 CS&P Facility License Fees

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

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

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
AVERAGE DAILY BALANCE INTEREST	430150	\$ 6,650	\$ 6,510	\$ 6,580
CASH FORWARD	40007	\$ 151,014	\$ 173,739	\$ 195,304
LICENSE BUSINESS	421110	\$ 16,075	\$ 15,055	\$ 15,420
		\$ 173,739	\$ 195,304	\$ 217,304

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

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

2893-2893 County Competency Expense Fund

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

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ 137,600	\$ 83,000	\$ -
OPERATING TRANSFERS IN	766010	\$ 4,804,300	\$ 4,917,000	\$ 5,000,000
		\$ 4,941,900	\$ 5,000,000	\$ 5,000,000

2913-2913 Suicide Prevention and Mental Health Hotline

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

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

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

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ 2,934,006	\$ 977,655	\$ -
OPERATING TRANSFERS IN	766010	\$ 7,909,758	\$ 8,913,596	\$ 10,000,000
		\$ 10,843,764	\$ 9,891,251	\$ 10,000,000

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

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

2999-2902 Quality Care Service

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

Transfers: Interest earned and transferred to 2999-2903.

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

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
AVERAGE DAILY BALANCE INTEREST	430150	\$ 589,663	\$ 578,300	\$ 583,980
CASH FORWARD	40007	\$ 4,209,676	\$ 1,815,010	\$ 6,138,151
LICENSE BUSINESS	421110	\$ 28,035,243	\$ 28,009,590	\$ 28,002,415
OP TRSF OUT-INTEREST ALLOCATIO	766080	\$ (589,663)	\$ (578,300)	\$ (583,980)
		\$ 32,244,919	\$ 29,824,600	\$ 34,140,566

2999-2903 Quality Care Service (Interest)

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

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

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

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
AVERAGE DAILY BALANCE INTEREST	430150	\$ 71,524	\$ 61,150	\$ 66,370
CASH FORWARD	40007	\$ 1,502,732	\$ 2,163,919	\$ 2,803,369
OPERATING TRANSFERS IN, INTERE	766070	\$ 589,663	\$ 578,300	\$ 583,980
		\$ 2,163,919	\$ 2,803,369	\$ 3,453,719

NARRATIVE INFORMATION – DA 405	AGENCY NAME:	Kansas Department for Aging & Disability Services
Division of the Budget	PROGRAM TITLE:	Revenue Estimates
State of Kansas	SUBPROGRAM TITLE:	

3XXX FEDERAL

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

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

Purpose: this program is to address the overdose crisis, driven primarily by illicitly manufactured fentanyl, by providing resources to states and territories for increasing access to U.S. Food and Drug Administration (FDA)-approved medications for the treatment of opioid use disorder (MOUD), and for supporting the continuum of prevention, harm reduction, treatment, and recovery support services for opioid use disorder (OUD) and other concurrent substance use disorders.

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

Authorization: Consolidated Appropriations Act, 2024, Division D, Title II, [Public Law 118-47] and section 1003 of the 21st Century Cures Act [Public Law 114-255]

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ -	\$ (683,035)	\$ -
FEDERAL GRANT OPERATING	440100	\$ 5,697,336	\$ 8,894,036	\$ 8,212,692
		\$ 5,697,336	\$ 8,211,001	\$ 8,212,692

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

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

3054-4024 Money Follows Person (MFP)

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

CFDA Number: 93.791

Authorization: Section 6071 of the DRA of 2005

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ (254)	\$ (862)	\$ -
FEDERAL GRANT OPERATING	440100	\$ 188,147	\$ 179,755	\$ 180,315
		\$ 187,893	\$ 179,755	\$ 180,315

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

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

3064-3064 Survey and Certification Title XVIII

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

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

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

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ (180,611)	\$ (948,472)	\$ 6
FEDERAL GRANT OPERATING	440100	\$ 2,286,844	\$ 4,032,639	\$ 3,100,880
OTHER MISCELLANEOUS REVENUE	459090	\$ 5,472	\$ -	\$ -
RECOVERY OF PRIOR FY EXP	469010	\$ 1,168	\$ -	\$ -
		\$ 2,112,873	\$ 3,084,167	\$ 3,100,886

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

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

3064-3065 Survey and Certification Title XIX

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

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

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

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ (147,288)	\$ (411,311)	\$ -
FEDERAL GRANT OPERATING	440100	\$ 2,043,019	\$ 2,776,416	\$ 2,377,518
OTHER MISCELLANEOUS REVENUE	459090	\$ 4,392	\$ -	\$ -
RECOVERY OF PRIOR FY EXP	469010	\$ 949	\$ -	\$ -
		\$ 1,901,072	\$ 2,365,105	\$ 2,377,518

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

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

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

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

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ (167,930)	\$ (139,294)	\$ -
FEDERAL GRANT OPERATING	440100	\$ 475,501	\$ 505,064	\$ 365,876
		\$ 307,571	\$ 365,770	\$ 365,876

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

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

3284-1326 First Responder (FR-CARA)

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

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

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

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ (485,977)	\$ (485,524)	\$ -
FEDERAL GRANT OPERATING	440100	\$ 1,012,657	\$ 1,344,112	\$ 259,235
		\$ 526,680	\$ 858,588	\$ 259,235

3284-1330 Expanding CIT in Kansas (MHAT)

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

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

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

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ (15,000)	\$ (44,589)	\$ -
FEDERAL GRANT OPERATING	440100	\$ 68,923	\$ 145,884	\$ 61,421
		\$ 53,923	\$ 101,295	\$ 61,421

NARRATIVE INFORMATION – DA 405
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AGENCY NAME: Kansas Department for Aging & Disability Services
 PROGRAM TITLE: Revenue Estimates
 SUBPROGRAM TITLE:

3284-1331 Kansas GLS Program

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

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

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

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ (12,193)	\$ (264,138)	\$ -
FEDERAL GRANT OPERATING	440100	\$ 587,257	\$ 938,709	\$ 674,518
		\$ 575,064	\$ 674,571	\$ 674,518

3284-1332 Integrated Care Grant (PIP)

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

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

Authorization: Sec 520K of PHS Act, as amended

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ (511,030)	\$ (678,658)	\$ -
FEDERAL GRANT OPERATING	440100	\$ 2,354,949	\$ 3,094,069	\$ 2,120,716
		\$ 1,843,919	\$ 2,415,411	\$ 2,120,716

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

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

3284-1333 988 Improve Local Capacity

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

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

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

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

3284-1334: Primary Care Integration Grant

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

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

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

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ -	\$ (1,080,069)	\$ -
FEDERAL GRANT OPERATING	440100	\$ 166,490	\$ 3,243,435	\$ 2,165,410
		\$ 166,490	\$ 2,163,366	\$ 2,165,410

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

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

3284-1335: Primary Care Grant

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

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

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

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ -	\$ (121,657)	\$ -
FEDERAL GRANT OPERATING	440100	\$ 133,971	\$ 2,262,144	\$ 1,337,659
		\$ 133,971	\$ 2,140,487	\$ 1,337,659

3286-3285 Older Americans Act-III D Preventive Health

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

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

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

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ (354,034)	\$ (786,153)	\$ -
FEDERAL GRANT OPERATING	440100	\$ 194,078	\$ 1,001,154	\$ 215,001
		\$ (159,956)	\$ 215,001	\$ 215,001

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

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

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

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

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

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

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ (1,392,564)	\$ (3,524,574)	\$ -
FEDERAL GRANT OPERATING	440100	\$ 4,205,527	\$ 6,924,574	\$ 3,400,000
RECOVERY OF PRIOR FY EXP	469010	\$ 18,559	\$ -	\$ -
		\$ 2,831,522	\$ 3,400,000	\$ 3,400,000

NARRATIVE INFORMATION – DA 405 Division of the Budget State of Kansas	AGENCY NAME: PROGRAM TITLE: SUBPROGRAM TITLE:	Kansas Department for Aging & Disability Services Revenue Estimates
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3288-3297 Administration on Aging Discretionary Grant - SMP

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

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

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

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ (70,575)	\$ (134,867)	\$ -
FEDERAL GRANT OPERATING	440100	\$ 539,711	\$ 911,707	\$ 624,632
		\$ 469,136	\$ 776,840	\$ 624,632

3289-3201 Older Americans Act-Caregiver – III E

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

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

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

NARRATIVE INFORMATION – DA 405 Division of the Budget State of Kansas	AGENCY NAME: PROGRAM TITLE: SUBPROGRAM TITLE:	Kansas Department for Aging & Disability Services Revenue Estimates
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CFDA Number: 93.052 National Family Caregiver Support, Title III, Part E

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

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ (1,058,808)	\$ (2,536,935)	\$ -
FEDERAL GRANT OPERATING	440100	\$ 1,754,623	\$ 4,136,935	\$ 1,600,000
RECOVERY OF PRIOR FY EXP	469010	\$ 2,369	\$ -	\$ -
		\$ 698,184	\$ 1,600,000	\$ 1,600,000

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

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

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

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

CFDA Number: 93.053 Nutrition Services Incentive Program

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

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ (984,101)	\$ (1,735,899)	\$ -
FEDERAL GRANT OPERATING	440100	\$ 660,351	\$ 3,035,899	\$ 1,300,000
		\$ (323,750)	\$ 1,300,000	\$ 1,300,000

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

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

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

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

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

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

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ (4,298,465)	\$ (672,530)	\$ -
FEDERAL GRANT OPERATING	440100	\$ 15,200,137	\$ 672,530	\$ -
		\$ 10,901,672	\$ -	\$ -

3301-0315 Block Grant for Prevention and Treatment of Substance Abuse (SAPTBG)

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

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

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

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ -	\$ -	\$ -
FEDERAL GRANT OPERATING	440100	\$ -	\$ 12,946,190	\$ 12,950,697
		\$ -	\$ 12,946,190	\$ 12,950,697

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

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

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

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

Transfer: Transferred in from Department for Children and Family

CFDA Number: 93.667 Social Services Block Grant

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

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ 41,339	\$ 41,339	\$ -
FED SUBGRANT TRANSFER IN	766050	\$ 4,500,000	\$ 4,458,661	\$ 4,500,000
		\$ 4,541,339	\$ 4,500,000	\$ 4,500,000

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

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

3310-0460 Mental Health Block Grant

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

CFDA Number: 93.958 Block Grants for Community Mental Health Services

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

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ (444,647)	\$ (1,138,981)	\$ -
FEDERAL GRANT OPERATING	440100	\$ 6,559,796	\$ 1,138,981	\$ -
RECOVERY OF PRIOR FY EXP	469010	\$ 1,371	\$ -	\$ -
REFUNDS	462740	\$ (1,335,076)	\$ -	\$ -
		\$ 4,781,444	\$ -	\$ -

3310-0465 BSCA Mental Health

Purpose: To develop a mental health emergency preparedness and response plan, establish a state behavioral health team, establish a crisis response team, enhance crisis/mental health emergency services for youth, and develop services to be provided to communities after a mass shooting.

CFDA Number: 93.958 Block Grants for Community Mental Health Services

Authorization: Subparts I & III, B, Title XIX, PHS Act/45 CFR Part96

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ (42,433)	\$ (50,732)	\$ -
FEDERAL GRANT OPERATING	440100	\$ 128,244	\$ 277,608	\$ 227,059
		\$ 85,811	\$ 226,876	\$ 227,059

NARRATIVE INFORMATION – DA 405
 Division of the Budget
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AGENCY NAME: Kansas Department for Aging & Disability Services
 PROGRAM TITLE: Revenue Estimates
 SUBPROGRAM TITLE:

3310-0470 Mental Health Block Grant

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

CFDA Number: 93.958 Block Grants for Community Mental Health Services

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

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ -	\$ -	\$ -
FEDERAL GRANT OPERATING	440100	\$ -	\$ 4,908,961	\$ 4,911,092
		\$ -	\$ 4,908,961	\$ 4,911,092

3347-4316 Projects for Assistance in Transition from Homelessness (PATH) Block Grant

Purpose: To provide financial assistance to States to support services for individuals who are suffering from serious mental illness or serious mental illness and substance abuse; and are homeless or at imminent risk of becoming homeless. Programs and activities include: (1) Outreach services; (2) screening and diagnostic treatment services; (3) habilitation and rehabilitation services; (4) community mental health services; (5) alcohol or drug treatment services; (6) staff training; (7) case management services; (8) supportive and supervisory services in residential settings; (9) referrals for primary health services, job training, educational services, and relevant housing services; and (10) prescribed set of housing services.

CFDA Number: 93.150 Projects for Assistance in Transition from Homelessness (PATH)

Authorization: Public Health Service Act, Title V, Part C, Section 521, as amended, 42 U.S.C 290cc-21 et seq; Stewart B. McKinney Homeless Assistance Amendments Act of 1990, Public Law 101-645; re-authorized by Section 9004 of 21st Century Cures Act (P.L. 114-255).

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ (82,042)	\$ (392,160)	\$ -
FEDERAL GRANT OPERATING	440100	\$ 116,382	\$ 792,574	\$ 400,547
		\$ 34,340	\$ 400,414	\$ 400,547

NARRATIVE INFORMATION – DA 405 Division of the Budget State of Kansas	AGENCY NAME: PROGRAM TITLE: SUBPROGRAM TITLE:	Kansas Department for Aging & Disability Services Revenue Estimates
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3358-3072 Older Americans Act Title VII Ombudsman

Purpose: The principal role of this Ombudsman Program is to investigate and resolve complaints made by or on behalf of residents of nursing homes or other long-term care facilities. Ombudsmen also promote policies and practices needed to improve the quality of care and life in long-term care facilities and educate both consumers and providers about residents' rights and good care practices. No match is required for this grant.

CFDA Number: 93.042 Special Programs for the Aging Title VII, Chapter 2_Long Term Care Ombudsman Services for Older Individuals

Authorization: Older Americans Act of 1965, as amended, Section 702 (a).

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ -	\$ -	\$ -
FED SUBGRANT TRANSFER IN	766050	\$ 88,200	\$ 179,000	\$ 179,000
FEDERAL GRANT OPERATING	440100	\$ (87,839)	\$ -	\$ -
		\$ 361	\$ 179,000	\$ 179,000

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

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

3376-3377 Traumatic Brain Injury (TBI) 2 (August 2021 – May 2026)

Purpose: The TBI State Partnership Grant Program provides funding to help states increase access to services and supports for individuals with TBI throughout the lifetime. This grant program is one component of the federal TBI Program, along with Protection & Advocacy, which is expected to:

- Help states expand and improve state and local capability so individuals with TBI and their families have better access to comprehensive and coordinated services.
- Generate support from local and private sources for sustainability of funded projects after federal support terminates. This is done through state legislative, regulatory, or policy changes that promote the integration of TBI-related services into state service delivery systems.
- Encourage systems change activities so that individual states can 1) evaluate their current structures and policies and 2) improve their systems as needed to better meet the needs of individuals with TBI and their families.

States must address four barriers to needed services by:

- Screening to identify individuals with TBI
- Building a trained TBI workforce by providing professional training
- Providing information about TBI to families and referrals to appropriate service providers
- Facilitating access to needed services through resource facilitation

State Partnership Grants (SPGs) cannot be used to support primary injury prevention initiatives, research initiatives, or the provision of direct services. Funds may be used, however, to educate the public about the causes, symptoms, and treatment of TBI.

CFDA Number: 93.234 Traumatic Brain Injury State Demonstration Grant Program

Authorization: The current authorizing legislation is the Traumatic Brain Injury Program Reauthorization Act of 2018 (P.L 115-377); (42 U.S.C. 300d–52). It raised the authorization levels for the TBI State Partnership Program and TBI P&A and officially designates ACL as the administering agency for both programs. Also, the new provision for partners at the Centers for Disease Control will allow them to implement and analyze concussion prevalence and incidence data, filling a longstanding data gap that will bolster all TBI programs.

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ (13,148)	\$ (64,077)	\$ -
FEDERAL GRANT OPERATING	440100	\$ 248,571	\$ 390,322	\$ 326,453
		\$ 235,423	\$ 326,245	\$ 326,453

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

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

3402-3061 Older Americans Act - Elder Abuse Prevention

Purpose: To support activities to develop, strengthen, and carry out programs for the prevention, detection, assessment, and treatment of, intervention in, investigation of, and response to elder abuse, neglect, and exploitation (including financial exploitation).

CFDA Number: 93.041 Special Programs for the Aging Title VII, Chapter 3_Programs for Prevention of Elder Abuse, Neglect, and Exploitation

Authorization: Older Americans Act, Title 7, Section 721.

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ (41,885)	\$ (45,685)	\$ -
FEDERAL GRANT OPERATING	440100	\$ (3,800)	\$ 91,426	\$ 45,741
		\$ (45,685)	\$ 45,741	\$ 45,741

3408-3465 CMS Demonstration Grant – Medicare Improvements for Patients and Providers Act (MIPPPA) – State Health Insurance Assistance Program (SHIP)/Senior Health Insurance Counseling for Kansas (SHICK)

Purpose: The Centers for Medicare & Medicaid Services (CMS) conducts research, demonstrations, and evaluations in support of CMS' key role as a beneficiary-centered purchaser of high-quality health care at a reasonable cost. These grants are awarded in the form of research grants and cooperative agreements; Hispanic health services grants; historically, black colleges and university grants. For fiscal years 2010 and 2011, CMS research, demonstrations and evaluations will focus on expanding agency efforts to improve the efficiency of payment, delivery, access, and quality of our health care programs that serve millions of beneficiaries.

CFDA Number: 93.779 Centers for Medicare and Medicaid Services (CMS) Research, Demonstrations and Evaluations

Authorization: Social Security Act, Title XI, Sections 1110 and 1115; 42 U.S.C. 1310 and 1315(a); Title XVIII, Section 1875; 42 U.S.C. 1395 and 42 U.S.C. 1881 (f); Section 402, Public Law 90-248, as amended; Section 222, Public Law 92-603.

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ (333,701)	\$ (213,371)	\$ -
FEDERAL GRANT OPERATING	440100	\$ 697,753	\$ 803,202	\$ 591,011
RECOVERY OF PRIOR FY EXP	469010	\$ 1	\$ -	\$ -
		\$ 364,053	\$ 589,831	\$ 591,011

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

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

3414-XXXX MEDICAL

Purpose: To provide financial assistance to States for payments of medical assistance on behalf of cash assistance recipients, children, pregnant women, and the aged who meet income and resource requirements, and other categorically eligible groups. In certain States that elect to provide such coverage, medically needy persons, who, except for income and resources, would be eligible for cash assistance, may be eligible for medical assistance payments under this program. Financial assistance is provided to States to pay for Medicare premiums, copayments and deductibles of qualified Medicare beneficiaries meeting certain income requirements. More limited financial assistance is available for certain Medicare beneficiaries with higher incomes. The Kansas Department of Health and Environment is the Single State Medicaid Agency. They pass through Medicaid funds to JJA, DCF, and KDADS medical services each agency provides or purchases.

CFDA Number: 93.778 Medical Assistance Program

Authorization: Social Security Act, Title XIX, as amended; Public Laws 89-97, 90-248, and 91-56; 42 U.S.C. 1396 et seq., as amended; Public Law 92-223; Public Law 92-603; Public Law 93-66; Public Law 93-233; Public Law 96-499; Public Law 97-35; Public Law 97-248; Public Law 98-369; Public Law 99-272; Public Law 99-509; Public Law 100-93; Public Law 100-202; Public Law 100-203; Public Law 100-360; Public Law 100-436; Public Law 100-485; Public Law 100-647; Public Law 101-166; Public Law 101-234; Public Law 101-239; Public Law 101-508; Public Law 101-517; Public Law 102-234; Public Law 102-170; Public Law 102-394; Public Law 103-66; Public Law 103-112; Public Law 103-333; Public Law 104-91; Public Law 104-191; Public Law 104-193; Public Law 104-208,104-134; Balanced Budget Act of 1997, Public Law 105-33; Public Law 106-113; Public Law 106-554; Public Law 108-27; Public Law 108-173; Public Law 109-91; Public Law 109-171; Public Law 109-432; Public Law 110-28; Public Law 110-161; Public Law 111-3; Public Law 111-5; Public Law 111-8; Public Law 111-31; Public Law 111-68; Public Law 111-88; Public Law 111-117; Public Law 111-118; Public Law 111-148; Public Law 111-150; Public Law 111-150; Public Law 111-152; Public Law 111-309, Public Law 112-10, Public Law 112-33, Public Law 112-36, Public Law 112-55, Public Law 112-74.

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

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

3414-3450 Medical Administration CARE

Purpose: To provide financial assistance to States for payments of medical assistance on behalf of cash assistance recipients, children, pregnant women, and the aged who meet income and resource requirements, and other categorically eligible groups. In certain States that elect to provide such coverage, medically needy persons, who, except for income and resources, would be eligible for cash assistance, may be eligible for medical assistance payments under this program. Financial assistance is provided to States to pay for Medicare premiums, copayments and deductibles of qualified Medicare beneficiaries meeting certain income requirements. More limited financial assistance is available for certain Medicare beneficiaries with higher incomes. The Kansas Department of Health and Environment is the Single State Medicaid Agency. They pass through Medicaid funds to JJA, DCF, and KDADS medical services each agency provides or purchases.

CFDA Number: 93.778 Medical Assistance Program

	FMAP	State Rate
FY2021	75.00%	25.00%
FY2022	75.00%	25.00%
FY2023	75.00%	25.00%
FY2024	75.00%	25.00%
FY2025	75.00%	25.00%
FY2026	75.00%	25.00%
FY2027	75.00%	25.00%

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ (106,474)	\$ (257,903)	\$ -
FED SUBGRANT TRANSFER IN	766050	\$ 484,898	\$ 818,135	\$ 562,997
		\$ 378,424	\$ 560,232	\$ 562,997

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

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

3414-3451 Medical CARE AAA Assessments

Purpose: To provide financial assistance to States for payments of medical assistance on behalf of cash assistance recipients, children, pregnant women, and the aged who meet income and resource requirements, and other categorically eligible groups. In certain States that elect to provide such coverage, medically needy persons, who, except for income and resources, would be eligible for cash assistance, may be eligible for medical assistance payments under this program. Financial assistance is provided to States to pay for Medicare premiums, copayments and deductibles of qualified Medicare beneficiaries meeting certain income requirements. More limited financial assistance is available for certain Medicare beneficiaries with higher incomes. The Kansas Department of Health and Environment is the Single State Medicaid Agency. They pass through Medicaid funds to JJA, DCF, and KDADS medical services each agency provides or purchases.

CFDA Number: 93.778 Medical Assistance Program

	FMAP	State Rate
FY2021	75.00%	25.00%
FY2022	75.00%	25.00%
FY2023	75.00%	25.00%
FY2024	75.00%	25.00%
FY2025	75.00%	25.00%
FY2026	75.00%	25.00%
FY2027	75.00%	25.00%

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ (2,863,051)	\$ (3,328,501)	\$ -
FED SUBGRANT TRANSFER IN	766050	\$ 2,218,050	\$ 6,123,485	\$ 2,794,984
		\$ (645,001)	\$ 2,794,984	\$ 2,794,984

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

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

3414-3452 Medical CARE Level II

Purpose: To provide financial assistance to States for payments of medical assistance on behalf of cash assistance recipients, children, pregnant women, and the aged who meet income and resource requirements, and other categorically eligible groups. In certain States that elect to provide such coverage, medically needy persons, who, except for income and resources, would be eligible for cash assistance, may be eligible for medical assistance payments under this program. Financial assistance is provided to States to pay for Medicare premiums, copayments and deductibles of qualified Medicare beneficiaries meeting certain income requirements. More limited financial assistance is available for certain Medicare beneficiaries with higher incomes. The Kansas Department of Health and Environment is the Single State Medicaid Agency. They pass through Medicaid funds to JJA, DCF, and KDADS medical services each agency provides or purchases.

CFDA Number: 93.778 Medical Assistance Program

	FMAP	State Rate
FY2021	75.00%	25.00%
FY2022	75.00%	25.00%
FY2023	75.00%	25.00%
FY2024	75.00%	25.00%
FY2025	75.00%	25.00%
FY2026	75.00%	25.00%
FY2027	75.00%	25.00%

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ (496,824)	\$ (664,036)	\$ -
FED SUBGRANT TRANSFER IN	766050	\$ 306,788	\$ 1,157,729	\$ 493,693
		\$ (190,036)	\$ 493,693	\$ 493,693

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

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

3414-3453 Medical Administration Federal Funds

Purpose: To provide financial assistance to States for payments of medical assistance on behalf of cash assistance recipients, children, pregnant women, and the aged who meet income and resource requirements, and other categorically eligible groups. In certain States that elect to provide such coverage, medically needy persons, who, except for income and resources, would be eligible for cash assistance, may be eligible for medical assistance payments under this program. Financial assistance is provided to States to pay for Medicare premiums, copayments and deductibles of qualified Medicare beneficiaries meeting certain income requirements. More limited financial assistance is available for certain Medicare beneficiaries with higher incomes. The Kansas Department of Health and Environment is the Single State Medicaid Agency. They pass through Medicaid funds to JJA, DCF, and KDADS medical services each agency provides or purchases.

CFDA Number: 93.778 Medical Assistance Program

Authorization: Social Security Act, Title XIX, as amended; Public Laws 89-97, 90-248, and 91-56, 42 U.S.C. 1396, et – 42 CFR parts 430 through 456, 1002, 1007 seq., as amended; Public Laws 92-223, 92-603, 93-66, 93-233, 96-499, 97-35, 97-248, 98-369, 99-272, 99-509, 100-93, 100-202, 100-203, 100-360, 100-436, 100-485, 100-647, 101-166, 101-234, 101-239, 101-508, 101-517, 102-234, 102-170, 102-394, 103-66, 103-112, 103-333, 104-91, 104-191, 104-193, 104-208 and 104-134; Balanced Budget Act of 1997, Public Law 105-33.

	FMAP	State Rate
FY2021	50.00%	50.00%
FY2022	50.00%	50.00%
FY2023	50.00%	50.00%
FY2024	50.00%	50.00%
FY2025	50.00%	50.00%
FY2026	50.00%	50.00%
FY2027	50.00%	50.00%

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ (2,857,980)	\$ (6,229,768)	\$ -
FED SUBGRANT TRANSFER IN	766050	\$ 15,146,497	\$ 25,103,288	\$ 18,971,514
OTHER SERVICE CHARGES	420990	\$ 7,192	\$ -	\$ -
		\$ 12,295,709	\$ 18,873,520	\$ 18,971,514

NARRATIVE INFORMATION
 Division of the Budget
 State of Kansas

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

3414-3458 Medical Assistance Federal Funds Nursing Facilities

Purpose: To provide financial assistance to States for payments of medical assistance on behalf of cash assistance recipients, children, pregnant women, and the aged who meet income and resource requirements, and other categorically eligible groups. In certain States that elect to provide such coverage, medically needy persons, who, except for income and resources, would be eligible for cash assistance, may be eligible for medical assistance payments under this program. Financial assistance is provided to States to pay for Medicare premiums, copayments and deductibles of qualified Medicare beneficiaries meeting certain income requirements. More limited financial assistance is available for certain Medicare beneficiaries with higher incomes. The Kansas Department of Health and Environment is the Single State Medicaid Agency. They pass through Medicaid funds to JJA, DCF, and KDADS medical services each agency provides or purchases.

CFDA Number: 93.778 Medical Assistance Program

Authorization: Social Security Act, Title XIX, as amended; Public Laws 89-97, 90-248, and 91-56, 42 U.S.C. 1396, et – 42 CFR parts 430 through 456, 1002, 1007 seq., as amended; Public Laws 92-223, 92-603, 93-66, 93-233, 96-499, 97-35, 97-248, 98-369, 99-272, 99-509, 100-93, 100-202, 100-203, 100-360, 100-436, 100-485, 100-647, 101-166, 101-234, 101-239, 101-508, 101-517, 102-234, 102-170, 102-394, 103-66, 103-112, 103-333, 104-91, 104-191, 104-193, 104-208 and 104-134; Balanced Budget Act of 1997, Public Law 105-33.

	Blended FMAP	State Rate
FY2020	61.75%	38.26%
FY2021	65.75%	34.25%
FY2022	66.24%	33.76%
FY2023	65.76%	34.24%
FY2024	67.61%	38.33%
FY2025	61.65%	38.36%
FY2026	60.97%	39.03%
FY2027	60.12%	39.89%

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ 430,067	\$ 712,076	\$ -
FED SUBGRANT TRANSFER IN	766050	\$ 1,846,606,313	\$ 2,089,860,456	\$ 2,090,572,532
OTHER REIMB AND REFUNDS	462900	\$ 8,877	\$ -	\$ -
RECOVERY OF PRIOR FY EXP	469010	\$ 1,280,459	\$ -	\$ -
		\$ 1,848,325,716	\$ 2,090,572,532	\$ 2,090,572,532

NARRATIVE INFORMATION
 Division of the Budget
 State of Kansas

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

3425-XXXX Older Americans Act

Purpose: To provide grants to States to support nutrition services including nutritious meals, nutrition education and other appropriate nutrition services for older Americans to maintain health, independence and quality of life. Meals may be served in a congregate setting or delivered to the home, if the older Individual is homebound. The state purpose for Title III is to encourage state and area agencies on aging to concentrate resources to develop greater capacity and foster the development and implementation of comprehensive and coordinated systems to serve individuals aged 60 or older. Formula grants are awarded to states based on each state’s percent of the U. S. population age 60 and older. States are required to establish an Intrastate Funding Formula, approved by the Administration on Aging, for allocating pass-through grants to area agencies on aging.

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

Fund / Revenue Sources	Federal	State	Local
State Administrative Costs (Capped at 5% of the State's Title III award)	75%	25%	-
Area Agency on Aging Administration (Capped at 10% of the State's Title III award less State's Administrative Allotment)	75%	-	25%
3425 Title III Part C Nutrition Services	85%	5%	10%

CFDA Number: 93.045 Special Programs for the Aging, Title III, Part C., Nutrition Services

Authorization: Older Americans Act of 1965, Parts A and C, Public Law 89-73, as amended; Public Law 90-42, 81 Stat. 106; Public Law 91-69, 85 Stat. 108; Public Law 92-258, 86 Stat. 88; Public Law 93-87 Stat. 301; Public law 93-351, 88 Stat. 357; Public law 94-135, 89; Stat. 713; Public Law 95-65, 91 Stat. 269; Public law 95-478, 92 Stat. 513; Public law 97-115, 95 Stat. 1595; Public Law 98-459, 98 Stat. 1767; Title III, Part C, Public Law 100-175; Public Law 100-628; 42 U.S.C. 3030e-3030g; Public Law 102-375; Public 106-501. OAA Reauthorization Act, S. 192, Public Law 114-14

NARRATIVE INFORMATION
 Division of the Budget
 State of Kansas

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

3425-3424 Older Americans Act-Congregate Meals-III C (1)

Purpose: To provide grants to States to support nutrition services including nutritious meals, nutrition education and other appropriate nutrition services for older Americans to maintain health, independence and quality of life. Meals may be served in a congregate setting or delivered to the home, if the older individual is homebound. The state purpose for Title III is to encourage state and area agencies on aging to concentrate resources to develop greater capacity and foster the development and implementation of comprehensive and coordinated systems to serve individuals aged 60 or older. Formula grants are awarded to states based on each state’s percent of the U. S. population age 60 and older. States are required to establish an Intrastate Funding Formula, approved by the Administration on Aging, for allocating pass-through grants to area agencies on aging.

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

Fund / Revenue Sources	Federal	State	Local
State Administrative Costs (Capped at 5% of the State's Title III award)	75%	25%	-
Area Agency on Aging Administration (Capped at 10% of the State's Title III award less State's Administrative Allotment)	75%	-	25%
3425 Title III Part C Nutrition Services	85%	5%	10%

CFDA Number: 93.045 Special Programs for the Aging, Title III, Part C., Nutrition Services

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ (1,540,848)	\$ (3,584,960)	\$ -
FEDERAL GRANT OPERATING	440100	\$ 4,533,619	\$ 7,784,960	\$ 4,200,000
		\$ 2,992,771	\$ 4,200,000	\$ 4,200,000

NARRATIVE INFORMATION
 Division of the Budget
 State of Kansas

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

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

Purpose: To provide grants to States to support nutrition services including nutritious meals, nutrition education and other appropriate nutrition services for older Americans to maintain health, independence and quality of life. Meals may be served in a congregate setting or delivered to the home, if the older individual is homebound. The state purpose for Title III is to encourage state and area agencies on aging to concentrate resources to develop greater capacity and foster the development and implementation of comprehensive and coordinated systems to serve individuals aged 60 or older. Formula grants are awarded to states based on each state’s percent of the U. S. population age 60 and older. States are required to establish an Intrastate Funding Formula, approved by the Administration on Aging, for allocating pass-through grants to area agencies on aging.

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

Fund / Revenue Sources	Federal	State	Local
State Administrative Costs (Capped at 5% of the State's Title III award)	75%	25%	-
Area Agency on Aging Administration (Capped at 10% of the State's Title III award less State's Administrative Allotment)	75%	-	25%
3425 Title III Part C Nutrition Services	85%	5%	10%

CFDA Number: 93.045 Special Programs for the Aging, Title III, Part C., Nutrition Services

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ (56,224)	\$ (191,806)	\$ -
FED INDIRECT COST TRANSF IN	469290	\$ 4	\$ -	\$ -
FEDERAL GRANT OPERATING	440100	\$ 844,505	\$ 860,761	\$ 672,882
		\$ 788,285	\$ 668,955	\$ 672,882

NARRATIVE INFORMATION
 Division of the Budget
 State of Kansas

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

3425-3437 Older Americans Act-Home Delivered Meals-III C (2)

Purpose: To provide grants to States to support nutrition services including nutritious meals, nutrition education and other appropriate nutrition services for older Americans to maintain health, independence and quality of life. Meals may be served in a congregate setting or delivered to the home, if the older individual is homebound. The state purpose for Title III is to encourage state and area agencies on aging to concentrate resources to develop greater capacity and foster the development and implementation of comprehensive and coordinated systems to serve individuals aged 60 or older. Formula grants are awarded to states based on each state’s percent of the U. S. population age 60 and older. States are required to establish an Intrastate Funding Formula, approved by the Administration on Aging, for allocating pass-through grants to area agencies on aging.

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

Fund / Revenue Sources	Federal	State	Local
State Administrative Costs (Capped at 5% of the State's Title III award)	75%	25%	-
Area Agency on Aging Administration (Capped at 10% of the State's Title III award less State's Administrative Allotment)	75%	-	25%
3425 Title III Part C Nutrition Services	85%	5%	10%

CFDA Number: 93.045 Special Programs for the Aging, Title III, Part C., Nutrition Services

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ (1,708,104)	\$ (5,145,577)	\$ -
FEDERAL GRANT OPERATING	440100	\$ 3,517,425	\$ 8,145,577	\$ 3,000,000
		\$ 1,809,321	\$ 3,000,000	\$ 3,000,000

NARRATIVE INFORMATION
 Division of the Budget
 State of Kansas

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

3468-3306 AOA Medicare Enrollment - MIPPA-AAA

Purpose: To provide outreach to eligible Medicare beneficiaries regarding the benefits available under title XVIII of the Social Security Act, including the Medicare prescription drug benefit under Part D of title XVIII of the Social Security Act and under the Medicare Savings Program, and to coordinate efforts to inform older Americans about benefits available under Federal and state programs.

CFDA Number: 93.071 Medicare Enrollment Assistance Program

Authorization: The statutory authority for grants under this program announcement is contained in XVIII of the Social Security Act and in Subsection (a)(1)(B) of section 119 of the Medicare Improvements for Patients and Providers Act of 2008, as amended by section 3306 of the Patient Protection and Affordable Care Act, section 610 of the American Taxpayer Relief Act of 2012, section 1110 of the Pathway for SGR Reform Act of 2013, and section 110 of the Protecting Access to Medicare Act of 2014, and section 208 of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ (32,398)	\$ (121,045)	\$ -
FEDERAL GRANT OPERATING	440100	\$ 359,152	\$ 406,548	\$ 286,459
RECOVERY OF PRIOR FY EXP	469010	\$ 1,384	\$ -	\$ -
		\$ 328,138	\$ 285,503	\$ 286,459

NARRATIVE INFORMATION
 Division of the Budget
 State of Kansas

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

3887-3889 Drug and Alcohol Services Information System (DASIS)

Purpose: The Drug and Alcohol Services Information System (DASIS) is the primary source of national information on the services available for substance abuse treatment and the characteristics of individuals admitted to treatment. DASIS contains three data sets which are maintained with the cooperation and support of the States:

- The Inventory of Behavioral Health Services (I-BHS), an electronic master list of all organized substance abuse treatment facilities known to the Substance Abuse and Mental Health Services Administration (SAMHSA),
- The National Survey of Substance Abuse Treatment Services (N-SSATS), an annual survey of the treatment providers on the I-BHS; and
- The Treatment Episode Data Set (TEDS), a national database containing a minimum data set of information about individuals admitted to and discharged from treatment (primarily by providers receiving public funding).

CFDA Number: 99.006

Authorization: Federal Discretionary Funding

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ 20,680	\$ 71,064	\$ -
FEDERAL GRANT OPERATING	440100	\$ 50,384	\$ (71,064)	\$ -
		\$ 20,680	\$ -	\$ -

NARRATIVE INFORMATION
 Division of the Budget
 State of Kansas

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

3887-3891 Behavioral Health Services Information System (BHSIS)

Purpose: Section 505 of The Public Health Service Act (42.U.S.C. 290aa-4) requires the Secretary of Health and Human Services, acting through the Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA) to collect data. The Behavioral Health Services Information System was developed by SAMHSA to meet the statutory requirements for specific data collection.

The purpose of BHSIS (formerly known as DASIS) is the operation of an integrated statistical data system that provides information at National, State, and Local levels on the facilities and services available for Substance Abuse treatment and Mental Health treatment in the United States, and on the characteristics of clients admitted to such treatment facilities.

KDADS has a contractual agreement with Synectic’s (contract administrator) to provide such data in return for federal compensation. These funds can be used for the salary of positions directly related to data collection and for costs supporting information technology involving the data collection.

CFDA Number: 99.006

Authorization: Federal Discretionary Funding

Description	Revenue Account	SFY 2025 Actuals	SFY 2026 Estimate	SFY 2027 Estimate
CASH FORWARD	40007	\$ 1,442,686	\$ 1,580,049	\$ -
FEDERAL GRANT OPERATING	440100	\$ 137,363	\$ (1,580,049)	\$ -
		\$ 1,580,049	\$ -	\$ -

September 5, 2025

Mr. Adam Proffitt, Director
Division of the Budget
Landon State Office Building
900 SW Jackson – Room 504 North
Topeka, KS 66612

Dear Mr. Proffitt:

Despite the challenges posed by today’s competitive healthcare labor market, Adair Acute Care (AAC) continues to deliver high-quality patient care. AAC has successfully met the community’s needs by offering social detoxification, care for voluntary patients, and treatment for involuntary patients. Over the past fiscal year, AAC has experienced an increase in the number of acute psychiatric patients, making safety the top priority for both patients and staff.

Recent Medicare Surveys of AAC have highlighted the need to adapt to the increasingly acute population. In response, we have introduced zone strategies to ensure staff are optimally positioned during crises, thereby reducing risk. Additionally, we have implemented new auditing procedures, including clinical reviews, to focus on patients whose potential for violence may pose risks to the treatment environment.

Ongoing construction projects will modernize the infrastructure needed for several departments. Mainly, the renovation of the Biddle Courtyard boosts the Recreation and Expressive Therapy Department’s ability to provide an even higher standard of care by having more ways for patients to engage in enhancing their physical and mental well-being throughout their treatment. In addition, making all patient rooms private on AAC was a forward-thinking decision that aligns with best practices for treating high-acuity patients. It not only enhances the therapeutic environment but also supports better outcomes, safety, and patient satisfaction. Studies have shown that private rooms can lead to faster recovery times, potentially reducing the length of stay for patients, which is beneficial for both the patient and the facility's operational efficiency. Shared rooms can sometimes lead to conflicts or stress due to differing patient needs or behaviors. Private rooms eliminate this issue, reducing the likelihood of agitation or escalation in patients. The elimination of shared rooms allows AAC to function at full capacity by eliminating the need to separate patients due to conflicts.

East Biddle has more group space available. Having more group rooms equates to patients having more opportunities to engage in structured activities, such as art therapy, music therapy, or skill-building groups. This engagement can lead to improved mental health

outcomes by promoting active participation in their treatment. With additional group rooms, the facility can offer a wider range of therapeutic activities simultaneously. This allows for a more personalized treatment approach, as different groups can be conducted at the same time, catering to various patient needs and preferences.

Having the courtyard instead of small concrete patios also enhances patient care. Being confined indoors for extended periods can be challenging for patients. Access to an outdoor courtyard provides a change of scenery, which can alleviate feelings of restlessness and improve mood. The courtyard can be a gathering place for patients to socialize, participate in group activities, or engage in outdoor therapy sessions. Social interaction in a relaxed, natural setting can foster a sense of community and reduce feelings of isolation.

Efforts to retain staff as well as creating an enriching and supportive work environment continue with a partnership with the Kansas University Education Center to bring peer support to AAC. Bringing a peer support perspective to our staff will enhance patient care and staff outcomes. In the coming year, AAC hopes to provide more educational opportunities through providing Continuing Education credits to all licensed staff and install other initiatives for staff.

With all of this in mind, I am proud to submit the following for your review. I thank you on behalf of our patients and staff as we continue to serve those who cannot turn to anywhere else for urgent psychiatric care.



Clint Glidewell, LSCSW, LMAC, MBA
CEO
Adair Acute Care at
Osawatomie State Hospital

AGENCY OVERVIEW:

Abolitionist and Reverend Samuel Lyle Adair generously donated the land which would later become Osawatomi State Hospital (OSH). In honor of his legacy, Adair Acute Care (AAC) is named after him. AAC serves as a psychiatric facility primarily focused on providing inpatient treatment for mentally ill adults from 45 counties in eastern and central Kansas. As part of the continuum of mental health services, AAC plays a crucial role in stabilizing and rehabilitating individuals with severe mental illness who are unable or unwilling to access these services elsewhere. AAC is licensed alongside Osawatomi State Hospital (OSH) under the supervision of KDADS, but AAC is also certified under the Centers for Medicare & Medicaid Services (CMS).

ACCREDITATION AND CERTIFICATION:

AAC operates as a free-standing hospital, situated on the Osawatomi State Hospital campus. Its licensing is overseen by the Kansas Department of Health and Environment (KDHE). KDHE conducts regular and unannounced surveys to assess adherence to relevant laws, regulations, and standards. Additionally, AAC holds certification from the Centers for Medicare and Medicaid Services (CMS). CMS conducts periodic surveys to ensure compliance with applicable laws, regulations, and standards.

PROGRAMS ESTABLISHED TO ASSIST WITH AGENCY MISSION:

AAC is organized for budgetary purposes into the following five programs. Some services are provided to AAC through a Memorandum of Understanding (MOU) with OSH:

- **General Administration Program** provides the overall administration and management of AAC. Included in General Administration is the CEO's office, the Chief Financial Officer, performance improvement and risk management. All other administration programs are provided through the MOU. These include accounting, accounts payable, billing and collections, budget, cashier and post office, contract management, credentialing, employee benefits, health information management, human resource management, patient accounts, purchasing, program assistants, information technology services, legal services, and recruitment.
- **Staff Development Program** provides staff education and development for AAC through the MOU.
- **Clinical Programs** provides inpatient services for people 18 years of age and older with severe mental illness. This program has 43 beds divided across two units. Treatment is provided on each unit, as well as, through a variety of activity therapy groups. Services within this program include activities therapy, admission, clinical therapy, direct care scheduling, infection control, nursing administration, nutrition services, peer support, psychology, unlicensed nursing, social work, and triage. Clinical Programs are provided to AAC through the MOU.

- **Medical Services** consists of psychiatric services, pharmacy, medical laboratory, x-ray, EKG-EEG and dental services, as well as outside medical services. Psychiatric coverage is provided twenty-four hours a day, throughout every day of the year with routine psychiatric and medical services being provided throughout the week.
- **Physical Plant and Central Services** operates the central heating plant, maintains buildings including electrical, cooling, carpentry, grounds maintenance, environment of care, laundry services and supplies for all programs, as well as property management that maintains oversight over the hospital assets, including capitalized assets. Physical plant and central services also include safety and security for AAC through the MOU.

STATUTORY HISTORY:

In 1863, the Kansas Legislature granted permission for the establishment of the "Osawatomie Insane Asylum" on a 160-acre site in Osawatomie, Kansas. The initial structure, known as "The Lodge," was completed by early 1866, a two-story house with room for 12 beds, costing \$500. Construction on the Main Building, designed according to the "Kirkbride Plan," began in 1866 and spanned 15 years, expanding its capacity to 1,400 beds with a total cost of \$500,000. Renamed the Osawatomie State Hospital (OSH) in 1901, it fell under the Department of Social and Rehabilitation Services (SRS) in 1973, which later became the Department of Children and Families (DCF) in 2012. This led to the formation of the Kansas Department for Aging and Disability Services (KDADS), currently responsible for overseeing the hospital.

In 1963, OSH became known as a rehabilitation center due to several newly added amenities to assist the patients with recovery which included a swimming pool, a modern gymnasium, and a well-equipped auditorium.

During 2015, OSH was the first hospital in the nation to be surveyed under the new CMS (Centers for Medicare and Medicaid Services) standards related to ligature free environments. OSH underwent numerous surveys by CMS during this time which resulted in terminating certification of the hospital on December 21, 2015, due to the inability to bring the entire campus up to the new conditions of participation. At that time, a moratorium was established in 2015 (K.S.A. 59-2968), limiting OSH to a maximum census of 145 patients which decreased the bed capacity by 61. This moratorium also limited OSH from admitting voluntary patients unless there was no one on the waiting list and the census was below 145.

As a response to the decertification, the hospital made improvements to the physical plant at Adair A-building. The environment was brought up to meet the new ligature free environment standards along with bringing, staffing levels up to standard and improving operational practices to correct the deficiencies cited by CMS. In August 2016, these two living units were functionally separated from the hospital to form Adair Acute Care (AAC). This is functionally considered a free-standing hospital with a maximum census of 60

patients. On December 15, 2017, AAC passed a CMS survey and became recertified. At that time, a moratorium was established (K.S.A. 59-2968), limiting OSH to a maximum census of 145 patients—reducing bed capacity by 61. The moratorium also restricted OSH from admitting voluntary patients unless there was no one on the waiting list and the census was below 145. Most recently, the moratorium was removed, and AAC altered its service capacity by opening the Biddle Building with 2 units with 43 private rooms.

A Memorandum of Understanding (MOU) was established between OSH and AAC, allowing AAC to outsource certain administrative, medical, clinical, physical plant and central service support services to OSH. These services are reported on a monthly, quarterly, and annual schedule. The quality of service is directly tied to the strategic plan developed by the agency.

VISION: The Right care, at the Right time, in the Right place

AGENCY MISSION: Working together to provide excellent care that promotes recovery and self-sufficiency.

VALUES: Compassion, Teamwork, Professionalism, Communication, Respect and Efficiency.

PILLARS: People, Quality, Finance, Service, Community, Growth

PROGRAMS ESTABLISHED TO ASSIST WITH AGENCY MISSION:

Administration

Medical Services

Clinical Services

Physical Plant and Central Services

FINANCIAL REQUEST:

For FY 2026, AAC requests revised expenditures totaling \$19,960,636 of which \$8,877,835 is from the State General Fund. For FY 2027, AAC requests revised expenditures totaling \$23,662,367 of which \$11,175,355 is from the State General Fund.

For FY 2026, a supplemental is requested for agency nursing totaling \$7,000,000 in State General Fund. Specific to AAC, \$5,500,000 is requested in AAC SGF. For FY 2027, an enhancement is requested for agency nursing totaling \$5,000,000 in State General Fund. Specific to AAC, \$2,000,000 is requested in AAC SGF. More detailed information is available in the change package portion of the OSH narrative.

OUTCOMES OVERVIEW:

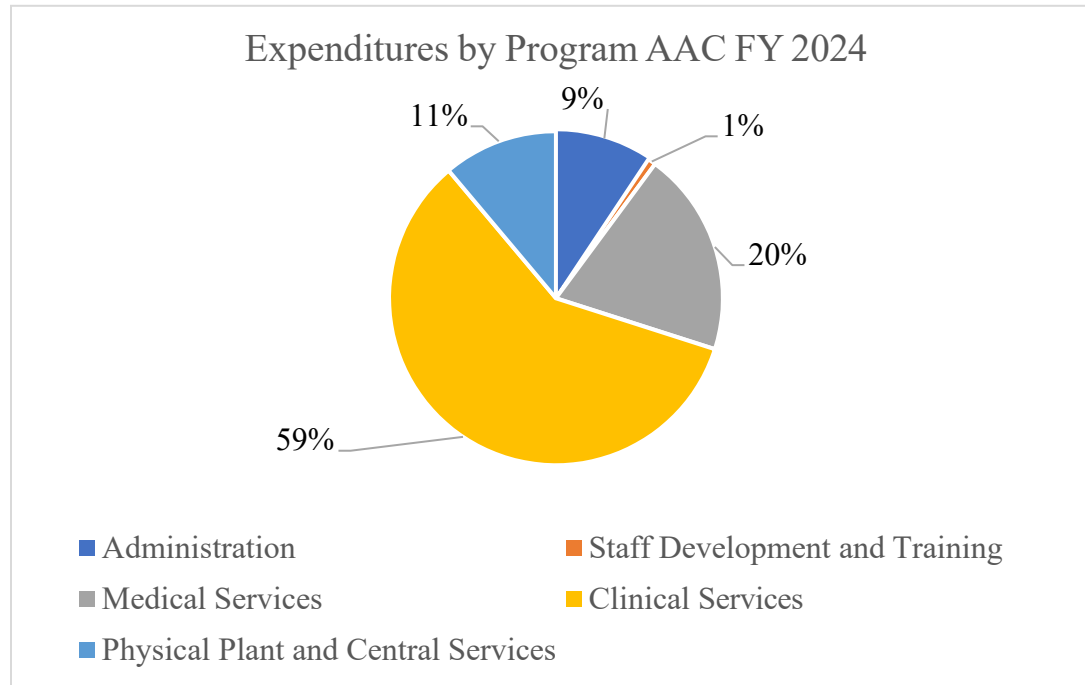
Agency outcomes present information related to patient admissions like referral sources and county locations of admissions. Furthermore, it provides insights into various facets of inpatient care, including the number of patients served and the duration of their stays. Lastly, the outcomes include financial data for Adair Acute Care (AAC) provided through a MOU from OSH, covering expenditures and related financial information. The information in this section discusses AAC’s outcomes. Subsequent narratives, those specifically discussing AAC’s various departments and their roles, offer comprehensive details about the objectives and performance metrics established for a specific department, encompassing both the State of Kansas and the national level.

The substantial reduction in FTE positions is attributable to a systematic revision of budgeting procedures. Positions vacant for a period exceeding six months were deliberately unfunded to more accurately align budget projections with anticipated salary expenditures, shrinkage rates, and contractual service costs.

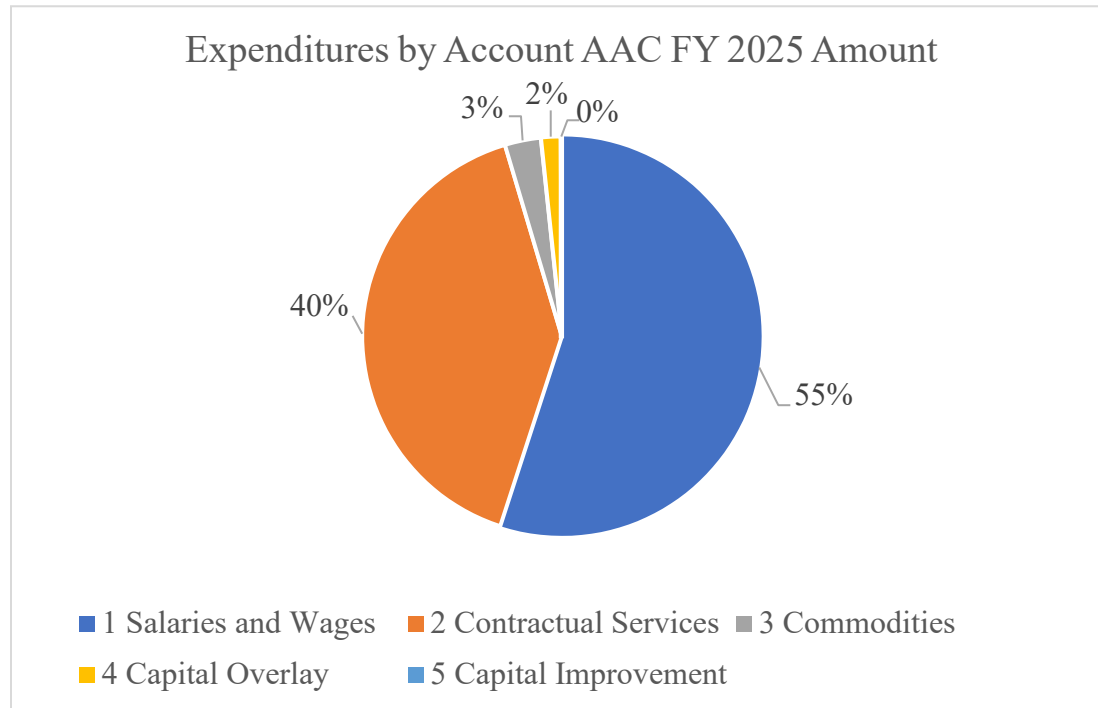
FY 2023 through FY 2027 AAC Approved FTE Positions	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Programs	Approved FTE	Approved FTE	Approved FTE	Approved FTE	Approved FTE
Administration	21.50	23.00	24.79	24.79	24.79
Staff Development and Training	1.50	2.20	2.35	2.35	2.35
Medical Services	12.50	13.00	12.39	12.39	12.39
Clinical Services	92.50	95.50	67.25	67.25	67.25
Physical Plant/Central Services	27.00	39.50	30.30	30.30	30.30
TOTAL APPROVED POSITIONS	155.00	173.20	137.08	137.08	137.08

**Projected Overall Shrinkage FY 2026– 7.98%
 Projected Overall Shrinkage FY 2027 – 7.83%**

Expenditures by Program AAC FY 2025	
Program	Amount
Administration	\$ 2,344,255
Staff Development and Training	\$ 197,429
Medical Services	\$ 4,972,779
Clinical Services	\$ 14,791,738
Physical Plant and Central Services	\$ 2,792,074
TOTAL	\$ 25,098,275



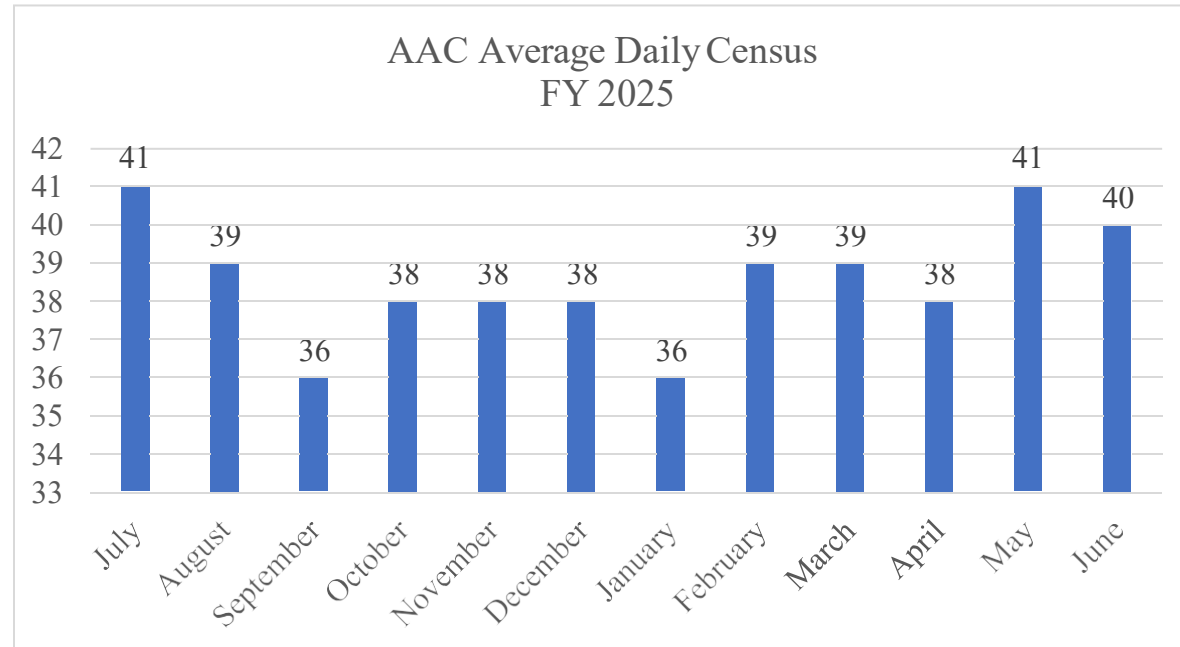
Expenditures by Account AAC FY 2025	
Account	Amount
1 Salaries and Wages	\$ 13,805,549
2 Contractual Services	\$ 10,136,230
3 Commodities	\$ 734,370
4 Capital Overlay	\$ 395,859
5 Capital Improvement	\$ 26,267
9 Other Assistance	\$ -
TOTAL	\$ 25,098,275



Total Patients Served

Description	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Total Patients Served	1,032	1,071	990	1,000	1,000

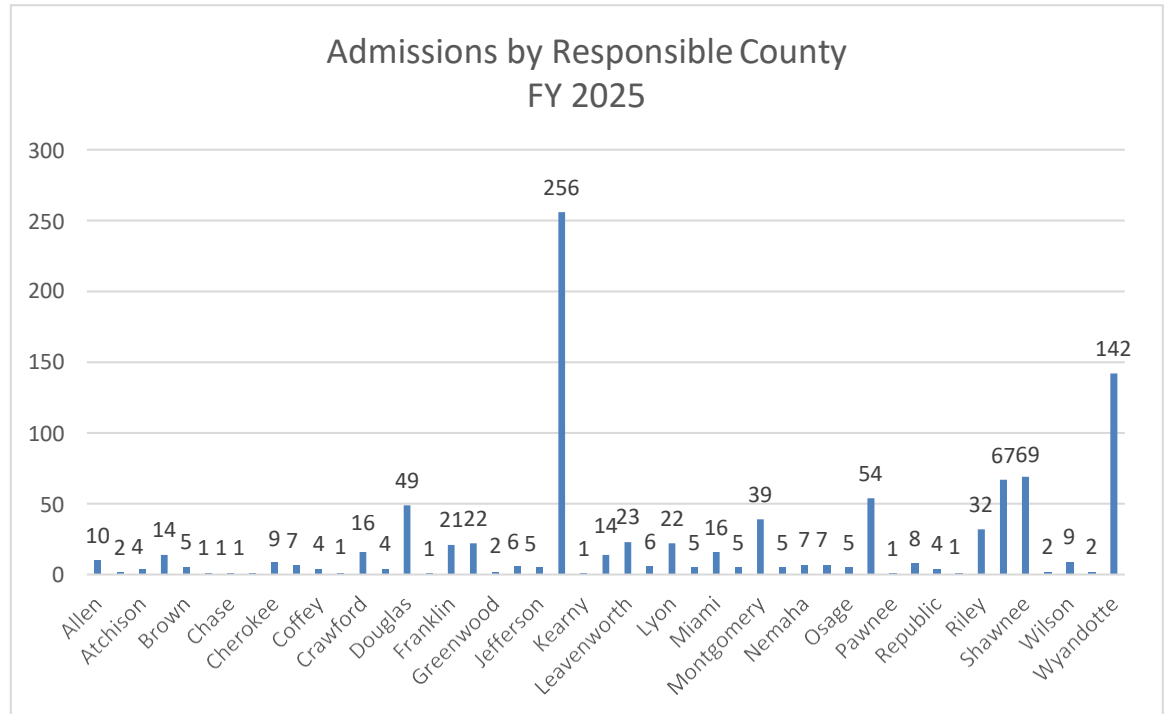
AAC ADC FY 2025	
July	41
August	39
September	36
October	38
November	38
December	38
January	36
February	39
March	39
April	38
May	41
June	40



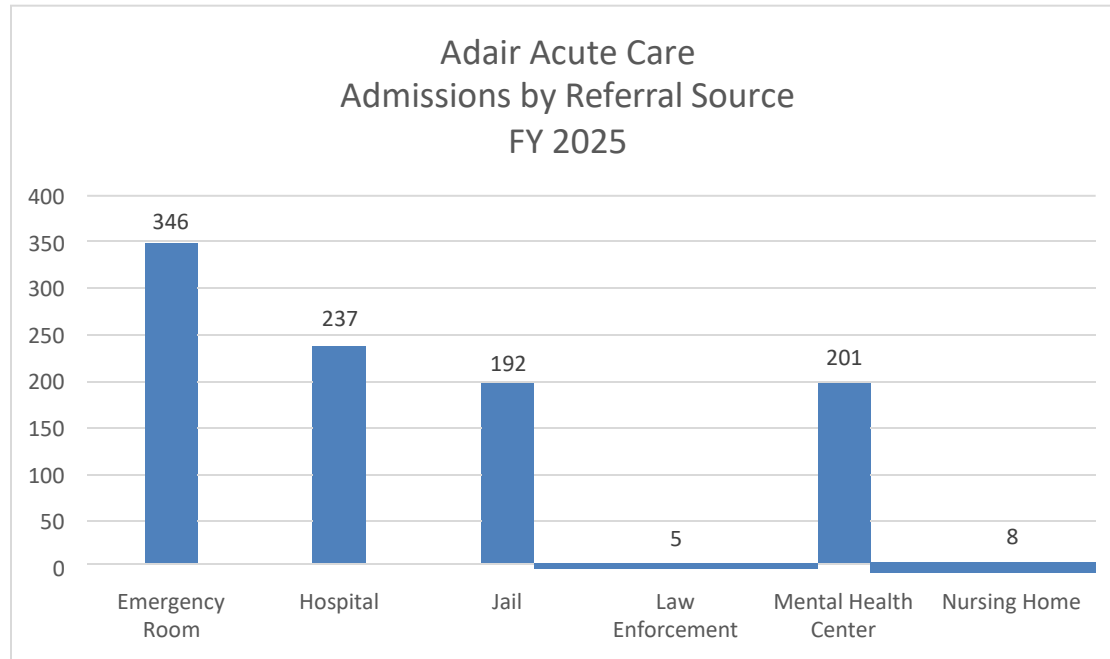
Narrative Information – DA 400
Division of the Budget
State of Kansas

Agency Name: Adair Acute Care at OSH
Program Title: Outcomes Overview

Responsible County	Admissions
Allen	10
Anderson	2
Atchison	4
Bourbon	14
Brown	5
Butler	1
Chase	1
Chautauqua	1
Cherokee	9
Cloud	7
Coffey	4
Cowley	1
Crawford	16
Doniphan	4
Douglas	49
Elk	1
Franklin	21
Geary	22
Greenwood	2
Jackson	6
Jefferson	5
Johnson	256
Kearny	1
Labette	14
Leavenworth	23
Linn	6
Lyon	22
Marshall	5
Miami	16
Mitchell	5
Montgomery	39
Morris	5
Nemaha	7
Neosho	7
Osage	5
Out of State	54
Pawnee	1
Pottawatomie	8
Republic	4
Rice	1
Riley	32
Sedgwick	67
Shawnee	69
Wabaunsee	2
Wilson	9
Woodson	2
Wyandotte	142



Referral Source	# of Admits
Emergency Room	346
Hospital	237
Jail	192
Law Enforcement	5
Mental Health Center	201
Nursing Home	8



Narrative Information – DA 400
 Division of the Budget
 State of Kansas

Agency Name: Adair Acute Care at OSH
 Program Title: Receipt Estimates

EXPLANATION OF RECEIPT ESTIMATES - DA 405											
FY 2026 State General Fund Limitations											
Agency	Name	Fund Name	Fund	BU	FY 2026 Approved Expenditures	FY 2026 Re-appropriation	Transfers	Supplemental/Reduction Package	SGF Transfers	FY 25 Cash Forward	FY26 Adjusted Expenditure Request
410	Larned State Hospital	SGF Operating	1000	0103	\$51,808,305	\$7,724	-	-	-	-	\$51,816,029
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF-SPTP New Crime	1000	0110	\$0	-	-	-	-	-	\$0
		SGF - SPTP	1000	0200	\$27,144,514	\$7,030	-	-	-	-	\$27,151,544
494	Osawatomie State Hospital	SGF Operating	1000	0100	\$40,242,566	-	-	-	-	-	\$40,242,566
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF SPTP-MiCo	1000	0200	\$2,637,984	-	-	-	-	-	\$2,637,984
	Adair Acute Care	SGF Certified Care	1000	0101	\$8,877,835	-	-	-	-	-	\$8,877,835
631	South Central Regional Mental Health Hospital	SGF Operating	1000	0100	\$0	-	-	-	-	-	\$0
507	Parsons State Hospital	SGF Operating	1000	0100	\$22,248,645	-	-	-	-	-	\$22,248,645
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF- SPTP	1000	0200	\$2,728,817	\$39,720	-	-	-	-	\$2,768,537
363	Kansas Neurological	SGF Operating	1000	0303	\$18,617,217	-	-	-	-	-	\$18,617,217
		SGF Hospitality	1000	0304	\$150	-	-	-	-	-	\$150
	Total SGF				\$174,306,483	\$54,474	\$0	\$0	\$0	\$0	\$174,360,957
FY 2027 State General Fund Limitations											
Agency	Name	Fund Name	Fund	BU	FY 2027 Estimated Expenditures	FY 2027 Re-appropriation	Transfer	Enhancement/Reduction Package	SGF Transfers	KDADS Transfer IN	FY27 Adjusted Expenditure Request
410	Larned State Hospital	SGF Operating	1000	0103	\$52,469,390	-	-	-	-	-	\$52,469,390
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF-SPTP New Crime	1000	0110	\$0	-	-	-	-	-	\$0
		SGF - SPTP	1000	0200	\$27,144,514	-	-	-	-	-	\$27,144,514
494	Osawatomie State Hospital	SGF Operating	1000	0100	\$38,374,627	-	-	-	-	-	\$38,374,627
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF SPTP-MiCo	1000	0200	\$2,612,036	-	-	-	-	-	\$2,612,036
	Adair Acute Care	SGF Certified Care	1000	0101	\$11,175,355	-	-	-	-	-	\$11,175,355
631	South Central Regional Mental Health Hospital	SGF Operating	1000	0100	\$0	-	\$15,000,000	-	-	-	\$15,000,000
507	Parsons State Hospital	SGF Operating	1000	0100	\$22,534,289	-	-	-	-	-	\$22,534,289
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF- SPTP	1000	0200	\$2,700,000	-	-	-	-	-	\$2,700,000
363	Kansas Neurological	SGF Operating	1000	0303	\$18,871,646	-	-	-	-	-	\$18,871,646
		SGF Hospitality	1000	0304	\$150	-	-	-	-	-	\$150
	Total SGF				\$175,882,457	\$0	\$15,000,000	\$0	\$0	\$0	\$190,882,457

Narrative Information – DA 400
 Division of the Budget
 State of Kansas

Agency Name: Adair Acute Care at OSH
 Program Title: Receipt Estimates

EXPLANATION OF RECEIPT ESTIMATES - DA 405												
FY 2026 Fee Funds												
Agency	Name	Fund Name	Fund	BU	FY 2026 Estimated C&H Receipts	FY 2026 Estimate Adj	Cash Forward	Add'l Misc Revenue	Other Transfer	FY 2026 Cash Forward	FY 2026 Adjusted Expenditure	Supplemental Request
410	Larned State Hospital	LSH Fee Fund	2073	2100	\$3,811,351	-	\$690,848		-	\$0	\$4,502,199	\$0
		Title XIX No limit	2074	2200	\$8,185,354	-	\$760,459		-	\$0	\$8,945,813	
494	Osawatomie State Hospital	OSH Fee Fund	2079	4200	\$782,900	-	\$1,782,401			(\$65,096)	\$2,500,205	\$0
		OSH TXIX No limit	2080	4300	\$0	-	\$1,499,914		(\$1,499,914)		\$0	
	Adair Acute Care	OSH Certified Care	2079	4201	\$5,011,100	-	\$1,541,311			(\$2,291,308)	\$4,261,103	\$0
		OSH TXIX Cert Care No Limit	2080	4301	\$7,290,196	-	(\$403,301)		\$1,499,914		\$8,386,809	
631	South Central Regional	SCR Fee Fund	2512	2512	\$0						\$0	
	Mental Health Hospital	SCR XIX No limit	New1	New1	\$0						\$0	
507	Parsons State Hospital	PSH Fee Fund	2082	2200	\$1,235,000	-	\$406,700			\$0	\$1,641,700	\$0
		Title XIX No limit	2083	2300	\$21,000,000	-	\$2,143,696			(\$5,642,689)	\$17,501,007	
363	Kansas Neurological Institute	KNI Fee Fund	2059	2000	\$1,424,914	-	\$645,513				\$1,752,201	\$0
		Title XIX No limit	2060	2200	\$21,000,000	-	\$1,180,576			(\$227,474)	\$21,953,102	
	Total Fee Fund				\$69,740,815	\$0	\$10,248,117	\$0	\$0	(\$8,544,793)	\$71,444,139	
FY 2027 Fee Funds												
Agency	Name	Fund Name	Fund	BU	FY 2027 Estimated C&H Receipts	FY 2027 Estimate Adj	Cash Forward	Add'l Misc Revenue	Other Transfer	FY 2027 Cash Forward	FY 2027 Adjusted Expenditure	Supplemental Request
410	Larned State Hospital	LSH Fee Fund	2073	2100	\$3,932,727	-	\$0				\$3,932,727	\$0
		Title XIX No limit	2074	2200	\$8,307,133	-	\$0				\$8,307,133	
494	Osawatomie State Hospital	OSH Fee Fund	2079	4200	\$2,532,900	-	\$65,096				\$2,597,996	
		OSH TXIX No limit	2080	4300	\$0	-	\$0				\$0	
	Adair Acute Care	OSH Certified Care	2079	4201	\$3,261,100	-	\$2,291,308			\$0	\$5,552,408	\$0
		OSH TXIX Cert Care No Limit	2080	4301	\$7,000,000	-	\$0			\$0	\$7,000,000	
631	South Central Regional	SCR Fee Fund	2512	2512	\$500,000		\$0				\$500,000	\$0
	Mental Health Hospital	SCR XIX No limit	New1	New1	\$0				\$1,500,000		\$1,500,000	
507	Parsons State Hospital	PSH Fee Fund	2082	2200	\$1,235,000	-	\$491,700				\$1,726,700	\$0
		Title XIX No limit	2083	2300	\$21,500,000	-	\$5,642,689			(\$7,642,689)	\$19,500,000	
363	Kansas Neurological Institute	KNI Fee Fund	2059	2000	\$1,424,914	-	\$318,226				\$1,502,788	
		Title XIX No limit	2060	2200	\$22,000,000	-	\$227,474			(\$409,482)	\$21,817,992	
	Total Fee Fund				\$71,693,774	\$0	\$9,036,493	\$0	\$1,500,000	(\$8,292,523)	\$73,937,744	\$0

Explanation of Receipts - DA 405						
Revenue Source	Revenue Account Code	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Medicare A	420610	\$1,341,669	\$1,291,075	\$1,722,883	\$1,200,000	\$1,200,000
Medicare B	420610	\$85,099	\$75,519	\$74,603	\$75,000	\$75,000
Insurance	420610	\$1,993,234	\$2,171,572	\$4,377,312	\$3,655,000	\$3,655,000
Private Pay-Care & Hosp.	420610	\$62,612	\$57,487	\$36,000	\$40,000	\$40,000
Kansas Debt Set Off	420610	\$19,415	\$24,557	\$35,977	\$30,000	\$30,000
	420610					
Total Hospitalization		\$3,502,029	\$3,620,210	\$6,246,775	\$5,000,000	\$5,000,000
Clerical Charges	420400	\$0	\$0	\$0	\$0	\$0
Educational Charges	420500	\$0	\$0	\$0	\$0	\$0
Other Service Charges	420990	\$ (128.00)	\$213	\$622	\$750	\$750
Sale of Salvage	422500	\$0	\$0	\$0	\$0	\$0
Sale of Unusable Condemed	422600	\$0	\$0	\$0	\$0	\$0
Sale of Meals & Proces. Food	422700	\$0	\$0	\$0	\$0	\$0
Other Interest	430900	\$1,227	\$1,401	\$1,227	\$1,500	\$1,500
Rent of Unimproved Land	431100	\$0	\$0	\$0	\$0	\$0
Rent of Real Estate & Bldg.	431200	\$0	\$0	\$0	\$0	\$0
Other Misc Revenue	459090	\$0	\$0	\$0	\$0	\$0
Insurance Reimbursement	461200	\$0	\$0	\$0	\$0	\$0
Estate Recovery	462100	\$0	\$0	\$0	\$0	\$0
Recovery of Current FY Expen.	462110	\$0	\$1,194	\$0	\$0	\$0
Reimbursement and Refunds, Oth	462900	\$0	\$0	\$0	\$0	\$0
Recovery of Prior FY Expen.	469010	\$0	\$0	\$8,094	\$8,500	\$8,500
Other NonRevenue Receipts	469090	\$11	\$4,346	\$326	\$350	\$350
Total		\$3,503,139	\$3,627,364	\$6,257,044	\$5,011,100	\$5,011,100

Explanation of Receipts

In Fiscal Year 2025, Adair Acute Care (AAC) surpassed the revenue projections outlined in the FY 2025–2026 Budget submission. This achievement is largely attributable to enhanced transparency facilitated by the implementation of the new Electronic Health Record (EHR) system, which enabled direct oversight and timely follow-up of claim submissions. Internal process improvements and heightened accountability have fostered a culture that prioritizes securing funding from external sources. Furthermore, workflows were optimized to ensure claims are submitted promptly, thereby minimizing the risk of payment denials.

Over the past three fiscal years, the Osawatomie State Hospital (OSH) billing department, which provides services to AAC under the Memorandum of Understanding (MOU), has conducted thorough data analysis to determine the underlying causes of payer denials. This review revealed that the primary issue was not outright denials but rather the need for resubmissions due to payer-specific information requests that are not automatically populated in the existing billing forms. Consequently, there has been an increase in manual claim submissions to circumvent the necessity for resubmissions. Although this approach requires a greater investment of time and resources, it has resulted in a notable increase in payment collections.

EXPENDITURE JUSTIFICATION

PROGRAM: Administration – 01031

Program Overview:

This program includes Adair Acute Care’s (AAC) operations, ensuring essential tasks for facility management are carried out. Its main goals include overseeing treatment quality for proper patient care, maintaining accreditation, and managing vital activities. The General Administration Program is responsible for the overall administration and management of AAC. This includes various components Chief Executive Officer's office, Chief Financial Officer, performance improvement, risk management, accounts payable, billing and collections, budgeting, cashier and post office operations, contract management, credentialing, employee benefits, health information management, human resources, patient accounts, patient canteen services, procurement, program assistants, information technology services, legal support, and recruitment. Importantly, OSH also provides administrative support to AAC through a Memorandum of Understanding (MOU).

BUSINESS SERVICES:

The Business Services Department at Osawatomie State Hospital encompasses Accounts Receivable, Accounts Payable, Accounting and the Post Office/Cashier Office.

- The Accounts Receivable team is responsible for all patient billing activities, including both daily and monthly billing processes. This includes billing for services provided to Adair Acute Care (AAC) through an established Memorandum of Understanding (MOU).
- The Accounts Payable/Accounting unit ensures timely and accurate payment of hospital expenses in compliance with vendor contracts and state statutes.
- The Utilization Review Department plays a critical role in reviewing patient charts to assess medical necessity for continued stays and verifying the accuracy of related charges. It also coordinates with insurance providers by submitting medical documentation to support reimbursement and proper billing.
- The Post Office/Cashier Office manages incoming and outgoing mail, oversees the Patient Trust Fund, and supports hospital-wide printing needs.

Together, these units ensure financial integrity, operational efficiency, and support services across the hospital.

Goals and Updates:

1. Complete timely and accurate processing of admissions through insurance verification, financial discovery, and Ability-to-Pay processes.
2. Complete workflow improvement of the Electronic Health Record (EHR) program, Wellsky.
3. Reduce errors throughout the purchase order and voucher process.

INFORMATION TECHNOLOGY:

Information Technology (IT) has automated and innovated several processes at Osawatomi State Hospital (OSH). OSH serves Adair Acute Care through a Memorandum of Understanding. In October of 2024, the hospital migrated to Wellsky Specialty Care for its EHR solution. IT provides user management support, support with forms, and data extract request and form building. IT regularly maintains and provides upkeep for the following critical systems for the functioning of the hospital: Patient Account Management (PAM), Medical Records Management System (MRM), as well as data bridge management between these systems when issues arise. Patient Care System (PCS) and Patient Care System 2.0 (PCS2.0) have received security improvements and are considered in maintenance mode while remaining available to the Health Information Management department for historical records. Maintenance of off the shelf systems for patient health and safety such as medication management (WinPharm), laboratory services (LabDaq) and their integrations with the EHR continues. IT provides general office equipment and computer management training, maintenance, installations, and repairs. Finally, the building access, video surveillance, overhead paging, building heat, ventilation, and air conditioning systems are maintained by the department.

Goals and Updates:

The glucometer system for diabetes management was successfully updated and in use by the Medical Laboratory. Phase one efforts for the camera system upgrade and overhead paging upgrade were completed. The upgrade of the camera system includes an outdoor camera installation project to be completed in conjunction with a contracted vendor. Then, improvement of internal camera viewability will be analyzed by adjusting and adding to the current coverage. The next phase of the overhead paging project will begin soon by including additional speakers being installed, adjusting output of existing speakers, and continuing to refine the administrative phones that can send prerecorded messages. The IT department will complete the Windows 11 upgrade to maintain endpoint security, and the department is working to provide new laptops and desktops through Dell's desktop as a service program. While working on the Windows 11 project, the IT team will surplus retired equipment and keep an inventory of new and retired equipment. Finally, the IT team will be implementing new servers and storage and migrating all virtual servers to new platform.

HUMAN RESOURCES:

The Human Resources (HR) Department at Osawatomie State Hospital is responsible for managing the employee life cycle: recruiting, hiring, onboarding, training, discipline, termination and administering employee benefits. Through a memorandum of understanding, OSH serves staff for Adair Acute Care (AAC).

Goals and Updates:

Over the past few years, many practices, forms, and processes have been developed and improved within HR, and we continue to develop these to maintain and enhance an effective and efficient workflow. The employee transfer request process - which takes seniority, references, and work performance into consideration - for each applicant has continued to be successful. Overall, there has been a great deal of improvement to our HR department, as we continue to be proactive in dedicating the time, attention, and resources needed into these new and/or updated processes. Finally, the Human Resources department has and will further refine the process of progressive discipline and disciplinary letters alongside KDADS Central office HR.

Performance Based Budgeting Goals:

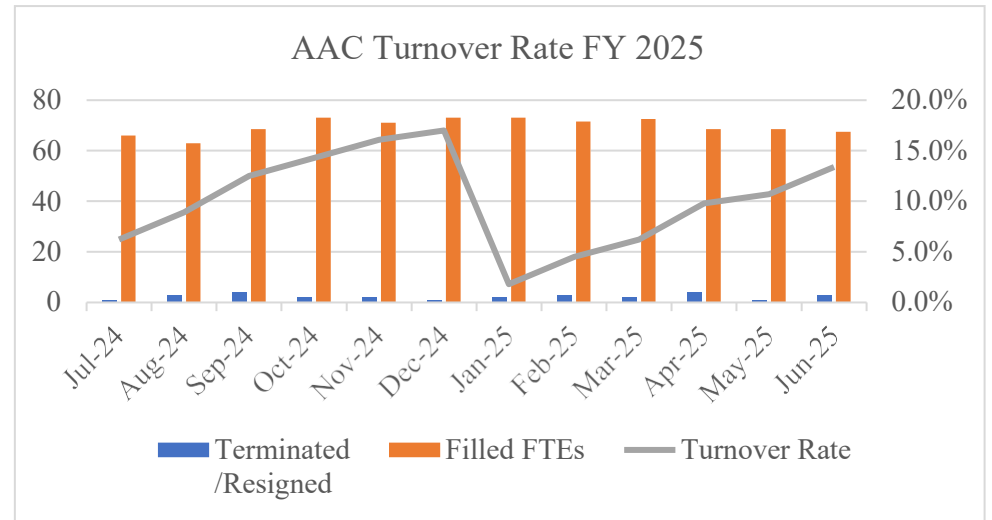
Goal: Track percentage of employees that turnover in a month/year

Measurement: Monthly turnover

Department Responsible: Human Resources

Performance Measures	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Annual Employee Turnover Rate	1.5%	7.4%	10.1%	8.0%	8.0%

Month	Terminated /Resigned	Filled FTEs	Turnover Rate
Jul-24	1	66.02	6.2%
Aug-24	3	63.02	8.9%
Sep-24	4	68.53	12.5%
Oct-24	2	73.04	14.3%
Nov-24	2	71.04	16.1%
Dec-24	1	73.04	17.0%
Jan-25	2	73.04	1.8%
Feb-25	3	71.53	4.5%
Mar-25	2	72.53	6.2%
Apr-25	4	68.53	9.8%
May-25	1	68.53	10.7%
Jun-25	3	67.53	13.4%



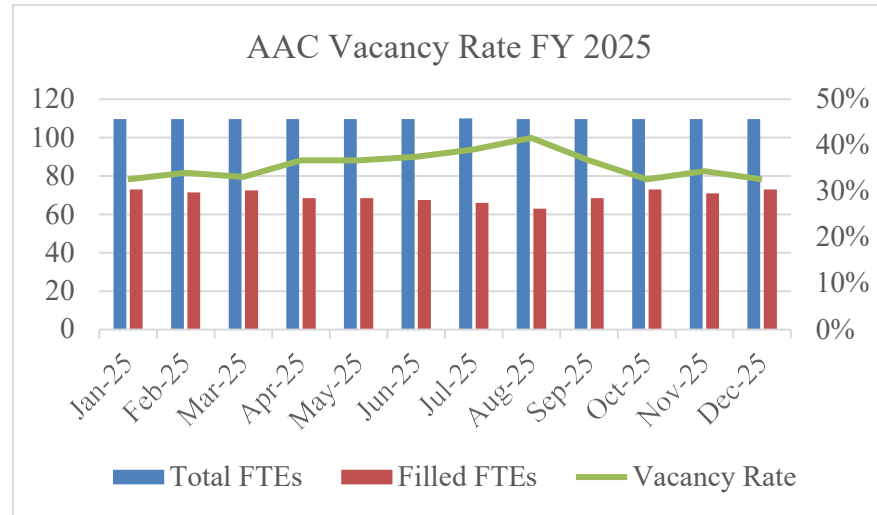
Goal: Record number of filled and vacant positions in a month/year

Measurement: Number of filled and vacant positions recorded monthly

Department Responsible: Human Resources

Performance Measures	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Employee Vacancy Rate	31.8%	38.8%	35.6%	32.0%	32.0%

Month	Total FTEs	Filled FTEs	Vacancy Rate
Jul-24	110	66.02	39.1%
Aug-24	109.6	63.02	41.6%
Sep-24	109.6	68.53	36.7%
Oct-24	109.6	73.04	32.6%
Nov-24	109.6	71.04	34.4%
Dec-24	109.6	73.04	32.6%
Jan-25	109.6	73.04	32.6%
Feb-25	109.6	71.53	34.0%
Mar-25	109.6	72.53	33.1%
Apr-25	109.6	68.53	36.7%
May-25	109.6	68.53	36.7%
Jun-25	109.6	67.53	37.5%



RISK MANAGEMENT:

The Risk Management and Performance Improvement Department coordinates the AAC Risk Management program. This involves developing policies and procedures to identify and address risks across various services and departments. The department is responsible for reviewing all reportable incidents, determining standards of care, and referring cases to appropriate supervisors and committees for feedback, education, and follow-up. The department actively tracks trends within the hospital and provides input for improvement based on the identified patterns. Risk Management also participates in state and federal surveys and assists with tracer projects throughout the year. Overseeing performance improvement measures for each department, the team continually monitors trends and offers input accordingly. Furthermore, the department analyzes data, devises improvement strategies, implements changes, and ensures compliance with state and federal regulations, all with the goal of enhancing patient safety and promoting improvement while effectively managing potential risks.

Goals and Updates:

The focus in Risk Management remains on providing education and training to staff aimed at minimizing risks, ensuring safety for both patients and staff on the units, and maintaining compliance with state and federal guidelines. In the upcoming year, there will be

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Division of the Budget
State of Kansas

Agency Name: Adair Acute Care at OSH
Program Title: Expenditure Justification

a primary emphasis on collaborating with specific departments to enhance their goals. The goal is to provide constructive feedback to aid staff in recognizing increasing symptoms in patients, intervening early using the least restrictive measures, and improving physical intervention documentation. Although incident reporting is currently low throughout AAC, the aim is to encourage more reporting from non-risk management staff. To achieve this, education on reporting requirements, expectations set by hospital leadership, and state and federal regulations will be provided. The AAC Risk Management staff will continue tracking performance measures and offering individualized input to departments based on their current performance trends.

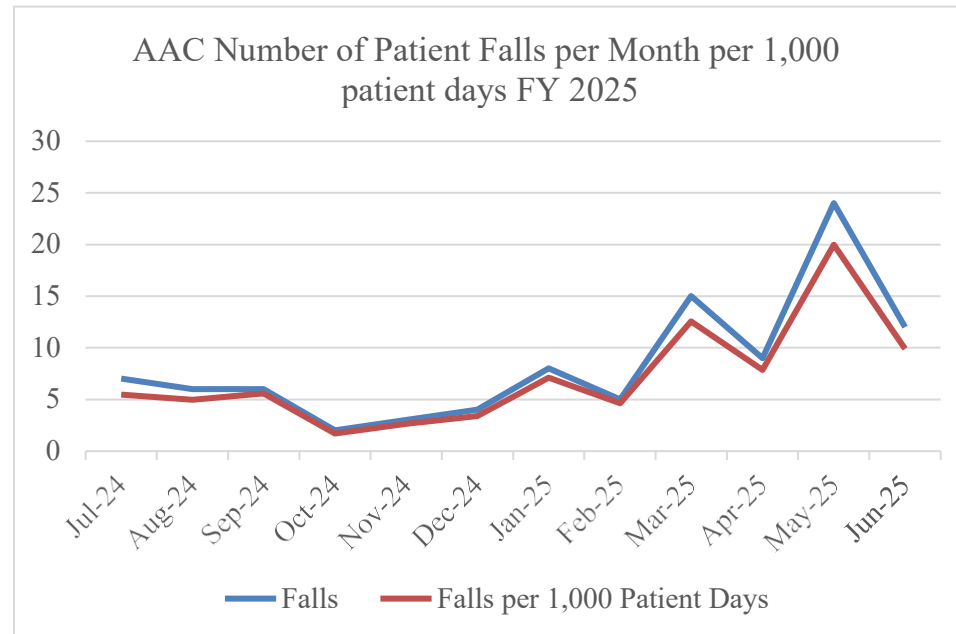
Performance Based Budgeting Goals:

Goal: Number of patient falls per month per 1,000 patient days will be tracked and trended

Measurement: Number of Patient Falls

Department Responsible: Risk Management

Month	Falls	Falls per 1,000 Patient Days
Jul-24	7	5.45
Aug-24	6	4.96
Sep-24	6	5.59
Oct-24	2	1.70
Nov-24	3	2.63
Dec-24	4	3.39
Jan-25	8	7.11
Feb-25	5	4.63
Mar-25	15	12.56
Apr-25	9	7.83
May-25	24	19.97
Jun-25	12	9.89

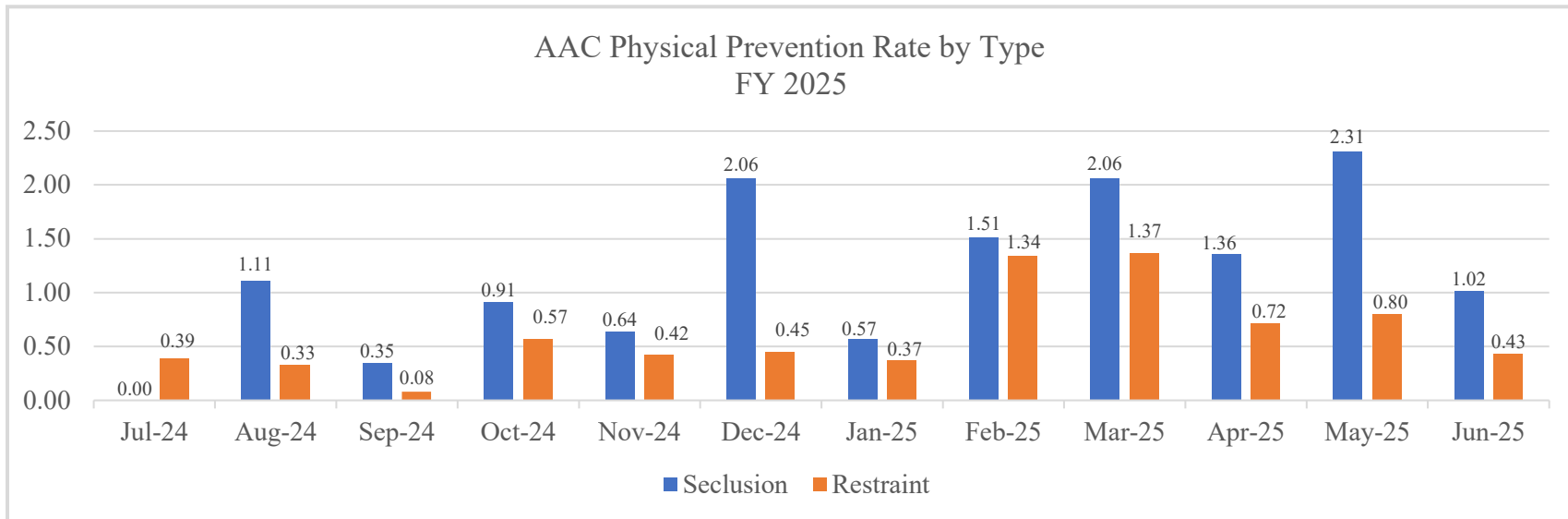


Goal: The monthly Physical interventions rate will be below .30 per 1,000 patient hours for all physical interventions

Measurement: Physical intervention rate recorded monthly

Department Responsible: Risk Management

Performance Measures	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Average restraint hours per 1,000 inpatient hours	1.71	0.48	0.61	0.5	0.5
Average seclusion hours per 1,000 inpatient hours	0.84	1	1.22	1	1



HEALTH INFORMATION MANAGEMENT:

The Health Information Management Department provides the operation to service medical records for Osawatomie State Hospital (OSH). OSH provides services to Adair Acute Care (AAC) through a Memorandum of Understanding (MOU). Following American Health Information Management Association (AHIMA), state, and federal guidelines enable the department to provide complete medical records through quality control and validation processes.

Goals and Updates:

The HIM Department has been instrumental in planning and implementing our new electronic health record (EHR), Wellsky. Many of the processes utilizing the outdated systems were continued through December of 2024 to ensure a smooth transition to the new platform and disaster planning in case any issues arose during that time. We have continued to help build and streamline processes within our new EHR with other departments. There have been many challenges we have overcome since launching Wellsky such as the Lab Interface, patient time checks, Revenue Cycle Manager, and more.

In addition to rolling out of the new EHR we needed to adjust several different processes, one of which is the Patient Time Checks. The new EHR did not meet the standards and procedures needed to comply. An application was developed in collaboration with IT and Nursing to ensure that all needs were met. This platform was implemented and runs on patient units. The modernization project for our older records continues as we work through barriers.

Expenditures Administration:

Administration	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Salaries and Wages	\$ 1,589,060.00	\$ 1,998,713.00	\$ 1,879,809.00	\$ 3,681,123.00	\$ 3,432,227.00
Shrinkage	\$ -	\$ -	\$ -	\$ (261,757.00)	\$ (225,000.00)
Contractual Services	\$ 399,487.00	\$ 449,761.00	\$ 324,471.00	\$ 372,272.00	\$ 369,772.00
Commodities	\$ 14,306.00	\$ 24,947.00	\$ 16,103.00	\$ 6,350.00	\$ 6,350.00
Capital Outlay	\$ 36,309.00	\$ 86,812.00	\$ 123,872.00	\$ 66,750.00	\$ 66,750.00
Capital Improvements	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ 2,039,162.00	\$ 2,560,233.00	\$ 2,344,255.00	\$ 3,864,738.00	\$ 3,650,099.00

Account Code 51000: Salaries and Wages

Funds requested will provide salaries and wages for positions and represents funding for 24.79 FTEs in FY 2026 and 24.79 FTEs in FY 2027 for 26 pay periods, fringe benefits, health insurance and longevity. This increase in salaries and wages is due to the legislatively approved pay plan increase and the increase in maximum bonuses from \$3,500 to \$10,000 per employee. The bonuses were allowed by legislature but unfunded. All bonuses, shift differentials, overtime, and temporary positions were included in administration as a lump sum.

FY 2026: \$3,681,123 is requested. The shrinkage rate is 7.11%.

FY 2027: \$3,432,227 is requested. The shrinkage rate is 6.56%.

Account Codes 52000 – 52900: Contractual Services

This category includes all fee and service type expenses projected for this program including those allocated to the agency from the Department of Administration such as data, telecom, Microsoft 365, postage, OITS and Statewide Management Accounting and Reporting Tool (SMART). These expenses include communications (local phone & cell phones), equipment rental (copiers), travel, medical and service contracts, employment lab testing, KBI record checks and data management fees needed for accreditation (NRI). Staff recruitment resources are included here. Monies are also projected for shredding services, fees for an outside contractor to assist with the preparation of the annual Medicare & Medicaid cost reports, travel for all staff assigned to the program.

FY 2026: \$372,272 is requested.

FY 2027: \$369,772 is requested.

Account Codes 53000 – 53900: Commodities

The funds requested for this object code will be used to purchase various professional supplies for the departments in this program. Included are office supplies for medical records and miscellaneous supplies used by all administration departments.

FY 2026: \$6,350 is requested.

FY 2027: \$6,350 is requested.

Account Codes 54000 – 54900: Capital Outlay

The funds requested for this object code will be used to purchase equipment, lease computers through Desktop as a Service (DTaaS), and other information processing equipment necessary to maintain operation of both administration and all AAC.

FY 2025: \$66,750 is requested.

FY 2026: \$66,750 is requested.

PROGRAM: Staff Development and Training – 01070

Program Overview:

The Staff Development and Training Program at Osawatomi State Hospital (OSH) is dedicated to delivering educational opportunities that enhance individual performance, foster personal growth, and lead to positive patient outcomes. Through a Memorandum of Understanding, OSH provides educational services to Adair Acute Care (AAC). Comprehensive training has been extended to supervisory and departmental staff, ensuring an environment of safety and collaboration. This initiative directly impacts patient experiences by fostering healing, communication, and patient-centered treatment, with an evolving focus on tailored services aligned with patient needs.

STAFF DEVELOPMENT AND TRAINING:

Staff Development and Training (SD&T) is responsible for orientation of all hospital staff at Osawatomi State Hospital (OSH). Through a Memorandum of Understanding, OSH provides services for Adair Acute Care (AAC). SD&T uses oral presentations,

computer-based training (CBTs), and hands-on training to orientate employees. SD&T also offers Continuing Education credit hours that fulfill the requirements for state relicensing for Licensed Nursing Staff (LMHT, LPN, RN, APRN) as well as other licensed staff across the facility (Therapist, Social Workers, Psychologist).

Goals and Updates:

Expo 2025 will serve as the SD&T annual competency training, providing essential skills development. This comprehensive training program includes a combination of hands-on sessions and computer-based training CBTs. SD&T will provide hands-on training for nursing such as oxygen, vital signs, nebulizer, Hoyer lift, sit-to-stand lift and glucometer check offs. SD&T will also provide training for any staff member who is required to have restraint training, covering how to use the restraint bed with Velcro restraints and the restraint chair. The 2025 EXPO, the emphasis will be on training all staff on the LifeVac choking device and the AED as these are required annually and CPR (which they initially get the training in) is bi-annually. By adding additional training courses, staff proficiency in these areas should increase. New mats were acquired for staff to use when they are on the floor practicing skills during CPR training. Training staff on the floor allows for more realistic training for CPR, as we only allow staff to do skills on the table if they have an accommodation.

Performance Based Budgeting Goals:

Goal: Education will be offered each month for both AM and PM shifts.

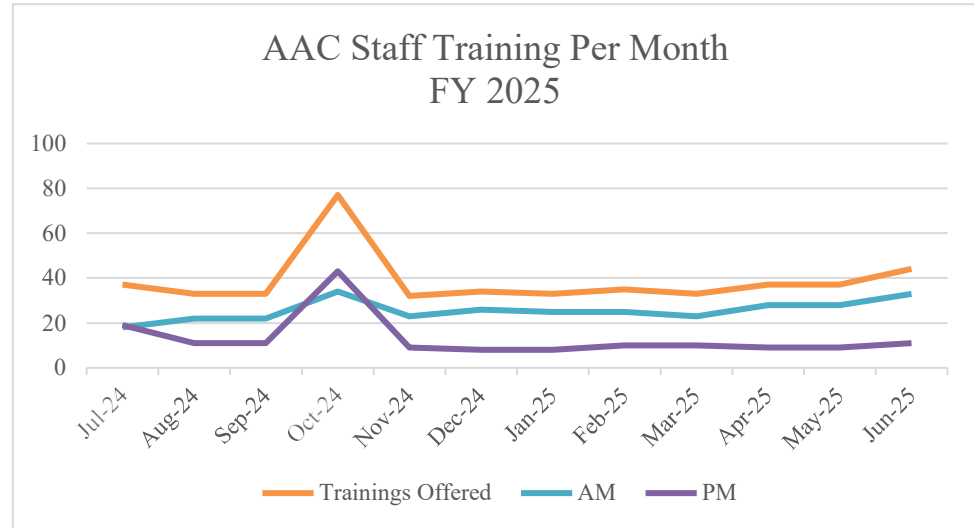
Measurement: Number of education opportunities offered monthly reported.

**Narrative Information – DA 400
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State of Kansas**

**Agency Name: Adair Acute Care at OSH
Program Title: Expenditure Justification**

Department Responsible: Staff Development and Training

Month	Trainings Offered	AM	PM
Jul-24	37	18	19
Aug-24	33	22	11
Sep-24	33	22	11
Oct-24	77	34	43
Nov-24	32	23	9
Dec-24	34	26	8
Jan-25	33	25	8
Feb-25	35	25	10
Mar-25	33	23	10
Apr-25	37	28	9
May-25	37	28	9
Jun-25	44	33	11



Expenditures Staff Development and Training:

Staff Development and Training	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Salaries and Wages	\$ 160,311.00	\$ 206,156.00	\$ 187,559.00	\$ 289,936.00	\$ 291,356.00
Shrinkage	\$ -	\$ -	\$ -	\$ (25,000.00)	\$ (25,000.00)
Contractual Services	\$ 4,369.00	\$ 11,787.00	\$ 4,909.00	\$ 10,000.00	\$ 10,000.00
Commodities	\$ 3,805.00	\$ 7,244.00	\$ 3,852.00	\$ 6,225.00	\$ 6,225.00
Capital Outlay	\$ -	\$ -	\$ 1,109.00	\$ 1,200.00	\$ 1,200.00
Capital Improvements	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ 168,485.00	\$ 225,187.00	\$ 197,429.00	\$ 282,361.00	\$ 283,781.00

Account Code 51000: Salaries and Wages

Funds requested will provide salary and wage funds for 2.35 FTEs and represents funding for positions for 26 pay periods, fringe benefits, health insurance and longevity.

FY 2026: \$289,936 is requested. The shrinkage rate is 8.62%.

FY 2027: \$291,356 is requested. The shrinkage rate is 8.58%.

Account Codes 52000 – 52900: Contractual Services

This category includes training for Crisis Prevention Institute (CPI) Nonviolent Crisis Intervention, as well as other training opportunities.

FY 2026: \$10,000 is requested.

FY 2027: \$10,000 is requested.

Account Codes 53000 – 53900: Commodities

The funds requested for this object code will be used to purchase various professional supplies related to training CPR, CPI, and other staff development training courses.

FY 2026: \$6,225 is requested.

FY 2027: \$6,225 is requested.

Account Code 54000 – 54900: Capital Outlay & Improvements

These funds are requested for capital outlay for staff development.

FY 2026: \$1,200 is requested.

FY 2027: \$1,200 is requested.

PROGRAM: Medical Services – 83001

Program Overview:

All psychiatric and medical services provided to the patients at the Adair Acute Care at OSH (AAC) are done under the Medical and Surgical Services Program. From the initial evaluation, through day-to-day care, and up to the point of discharge, the medical staff forms the backbone of the medical and medication management for the patients being treated at the hospital. Coverage is provided on a “24/7” basis so that a physician is always available to address the treatment needs of the patients. In addition, ancillary treatment is provided through the medical service including the Medical Laboratory, Pharmacy, and other contracted services as appropriate to meet the needs of the patient. OSH provides some Medical Services to AAC through a Memorandum of Understanding.

MEDICAL SERVICES:

The Medical Staff at Osawatomie State Hospital consists of physicians, medical and psychiatric APRNs, and a dental consultant. The Medical Staff also serves Adair Acute Care (AAC) through a Memorandum of Understanding. The Medical Staff are responsible for providing quality, current, and safe psychiatric and medical services to all patients. They are fully trained and qualified to provide these services. Members of the Medical Staff undergo privileging and credentialing requirements which include review of their qualifications, licensures, DEA certifications, evidence-based patient assessments, treatment and management, and participation in required hospital wide training such as annual EXPO training, use of seclusion and restraint, CPI and BLS. The Clinical Director is responsible for providing regular checks and performance reviews to ensure compliance with the Medical Staff By laws, hospital procedures and policies, and standards and regulations by accrediting agencies such as Centers for Medical/Medicaid Services (CMS) and Kansas Department of Health and Environment.

Medical Staff members are responsible for admitting patients by performing psychiatric interviews, completing psychiatric evaluations, physical examinations and prescribing psychotropic and medical medications to address their psychiatric and medical needs. They collaborate and communicate closely with other hospital staff by participating in treatment team and discharge meetings to ensure seamless coordination and integration of services with the goal of providing a safe, holistic, and patient-centered approach in patient care.

Goals and Updates:

Aside from providing patient care, the goal of the Medical Staff for the coming year is to fill vacancies. The department needs one or more Psychiatric Advanced Practice Nurse Practitioners, one or more Staff Physician Specialist. If these positions are filled, the

department will have continuous flexibility amongst scheduling of staff.

Performance Based Budgeting Goals:

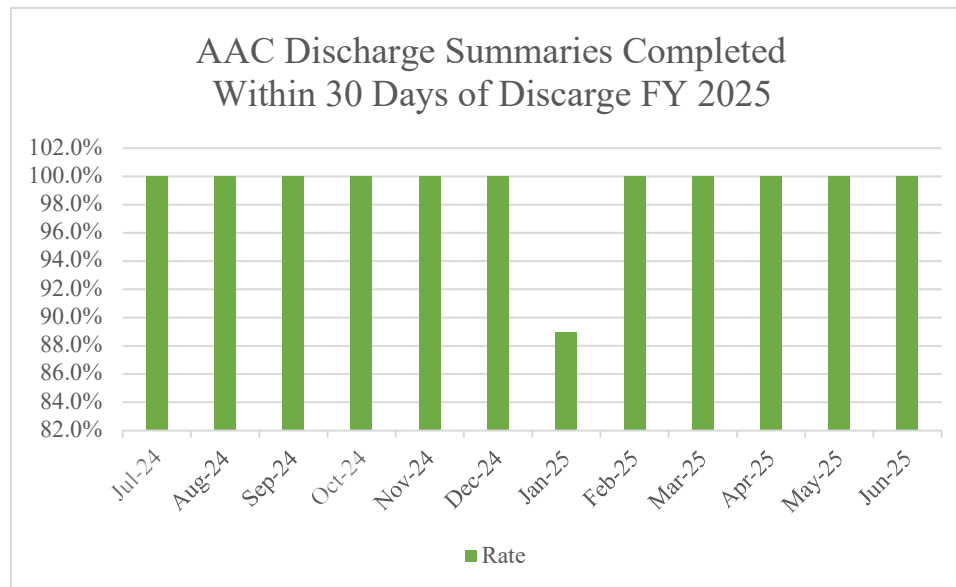
Goal: At least 95% of patients discharged will have a Discharge Summary completed within 30 days of discharge.

Measurement: % of patient discharge summaries completed within 30 days of discharge reported monthly.

Department Responsible: Clinical Director

Performance Measures	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Percent of patients discharged having a Discharge Summary completed within 30 days of discharge.	100%	100%	99%	99%	99%

Month	Rate
Jul-24	100.0%
Aug-24	100.0%
Sep-24	100.0%
Oct-24	100.0%
Nov-24	100.0%
Dec-24	100.0%
Jan-25	89.0%
Feb-25	100.0%
Mar-25	100.0%
Apr-25	100.0%
May-25	100.0%
Jun-25	100.0%



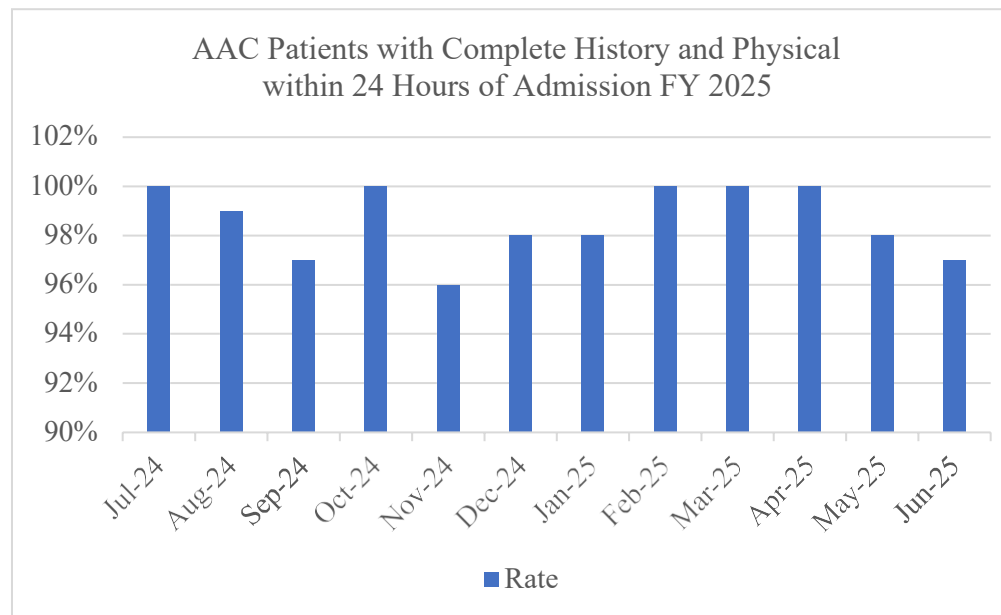
Goal: 100% of patients will have a complete history and physical within 24 hours of admission.

Measurement: % of patients with a complete history and physical completed recorded monthly.

Department Responsible: Medical Services

Performance Measures	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Percent of patients who have: a history and physical completed within 24 hours of admission, examination signed and dated, all sections of the history and physical examination completed including review of Cranial Nerves II - XII and Impressions/Recommendations, reason documented if Rectal/Pelvic examination is deferred	99%	99%	99%	99%	99%

Month	Rate
Jul-24	100%
Aug-24	99%
Sep-24	97%
Oct-24	100%
Nov-24	96%
Dec-24	98%
Jan-25	98%
Feb-25	100%
Mar-25	100%
Apr-25	100%
May-25	98%
Jun-25	97%

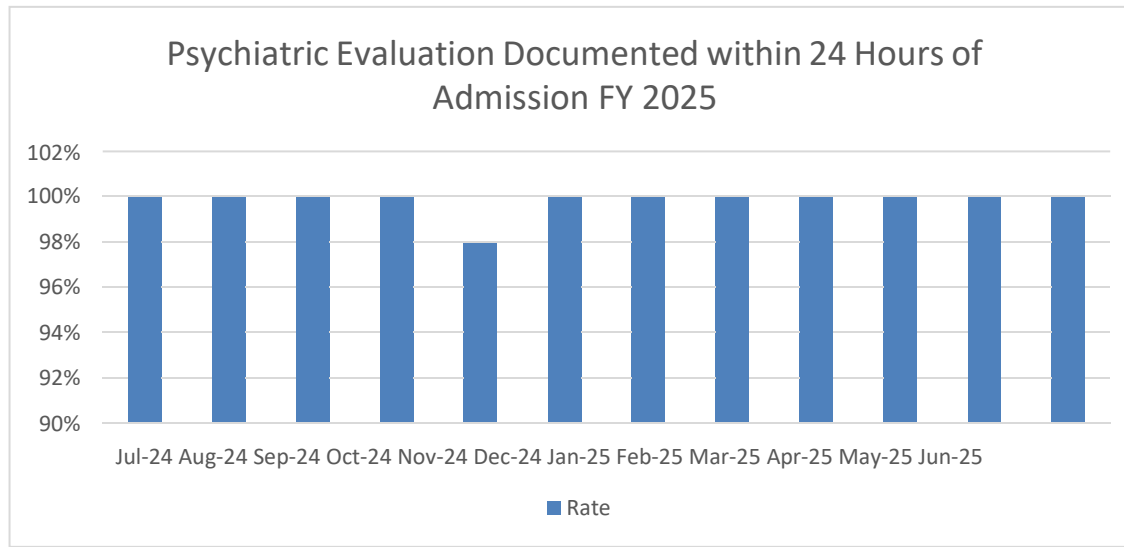


Goal: 100% of patients will be evaluated and the Psychiatric Evaluation documented within 24 hours of admission

Measurement: % of patients with a psychiatric evaluation that is completed and documented within 24 hours of admission

Department Responsible: Clinical Director

Month	Rate
Jul-24	100%
Aug-24	100%
Sep-24	100%
Oct-24	100%
Nov-24	98%
Dec-24	100%
Jan-25	100%
Feb-25	100%
Mar-25	100%
Apr-25	100%
May-25	100%
Jun-25	100%



PHARMACY:

The Pharmacy Department ensures safe, effective, and cost-conscious medication use for Adair Acute Care at Osawatomi State Hospital (AAC). Pharmacists within the department are accountable for both clinical and distributive functions. Distributive functions include tasks such as checking and stocking the Pyxis machines to maintain an accessible and adequate medication supply when the pharmacy is closed, as well as filling discharge medications to ensure seamless continuity of care. Clinical functions involve reviewing medication orders to apply evidence-based therapeutic treatments, updating the hospital formulary to provide access to medications in accordance with current disease-state medication guidelines, and conducting patient chart reviews to assess current medication management.

Pharmacists are available 24/7 to address both clinical and operational inquiries. PipelineRx, a remote pharmacy verification service, provides pharmacy coverage for order verification and review when AAC pharmacists are not on-site. An AAC pharmacist is on-call for distribution problems after business hours. The pharmacy actively participates in the hospital's emergency response planning, infection prevention and control measures, management of hazardous medications, and incident reporting. Furthermore, they collaborate with the Medical Staff to develop a comprehensive formulary of medications available for prescribing at the hospital and establish guidelines to ensure safe medication use.

Goals and Updates:

In June 2025, the pharmacy implemented remote pharmacy verification services to provide 24-hour, 365-day pharmacist order entry approval prior to medication administration. Remote verification services provide an additional safeguard to ensure correct medication administration in addition to automated dispensing machines. July 2025 was the third anniversary of implementing Pyxis machines on every patient unit on AAC. The machines have increased immediate medication access and provides another safeguard for correct medication administration by utilizing the profile functionality. The department has updated its medication unit packaging machine which allows the pharmacy to provide unit dose, barcoded medication to the units for administration. Scanning unit-dosed, barcoded medication prior to administration provides yet another safeguard for medication administration. The pharmacy, in collaboration with the medical staff, is reviewing the hospital formulary medication management resource book and plans to publish the revised edition in January 2026. The book contains agreed upon prescribing criteria for some medications, therapeutic interchanges for certain medication classes, guidelines for COPD, Asthma, and the hospitals antimicrobial stewardship, in addition to listing medications on the formulary. As new medications come on the market and prescribing practices change, the pharmacy in collaboration with the Medical Staff review new guidelines and medications to evaluate implementation. Pharmacy will continue to work with the University of Kansas as an internship/externship site for pharmacy students.

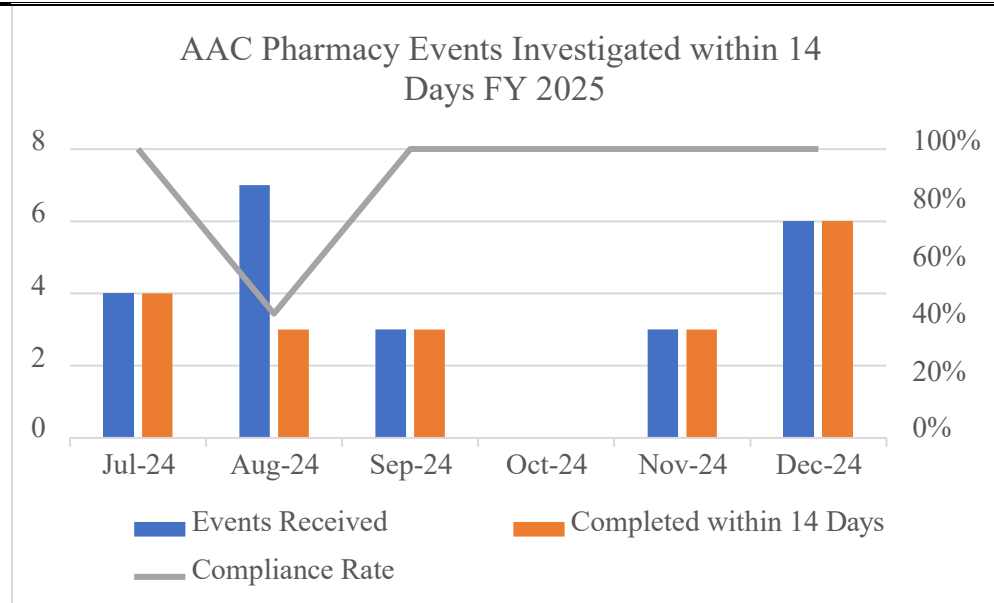
Performance Based Budgeting Goals:

Goal: 100% of reported Medication Alerts, Medication Variances and Adverse Drug Reactions (ADR) will be fully investigated with 14 days of receiving a report. Reporting changed after implementation of Wellsky.

Measurement: Percentage of events investigated with 14 days of receiving a report

Department Responsible: Pharmacy

Month	Events Received	Completed within 14 Days	Compliance Rate
Jul-24	4	4	100%
Aug-24	7	3	43%
Sep-24	3	3	100%
Oct-24	0	0	100%
Nov-24	3	3	100%
Dec-24	6	6	100%
Jan-25			
Feb-25			
Mar-25			
Apr-25			
May-25			
Jun-25			



LABORATORY:

The primary purpose of the Laboratory Department is to provide phlebotomy services to Osawatomie State Hospital. Through a Memorandum of Understanding, OSH provides services to AAC. This department provides coverage for Medical Support Services (Ancillary Services) to meet requirements set forth in the performance of moderated and waived test complexities of a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory.

Goals and Updates:

The Laboratory department's primary objective is to enhance quality and productivity by devising a streamlined and economically viable approach to delivering laboratory, radiology, and ECG services. This strategy is rooted in adhering to regulations, standards, internal assessments, and guidelines, all of which collectively aid physicians and nurse practitioners in effectively diagnosing, treating, and managing patients. The department's specific goals encompass modernizing outdated equipment, collaborating with HIM, Nursing and Medical services to streamline processes and documentation abilities, and expanding communication resources from electronic medical record systems to increase efficiency. This, in turn, aids clinical decision-making, accurate diagnoses, prompt treatment selection, minimal treatment delays, enhanced recovery, and disease prevention.

Expenditures Medical Services:

Medical	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Salaries and Wages	\$ 2,874,957.00	\$ 3,063,262.00	\$ 2,932,995.00	\$ 3,054,471.00	\$ 3,061,819.00
Shrinkage	\$ -	\$ -	\$ -	\$ (300,000.00)	\$ (300,000.00)
Contractual Services	\$ 831,044.00	\$ 997,130.00	\$ 1,694,724.00	\$ 2,471,666.00	\$ 2,807,026.00
Commodities	\$ 266,904.00	\$ 252,463.00	\$ 306,845.00	\$ 320,915.00	\$ 320,915.00
Capital Outlay	\$ 1,105.00	\$ 5,911.00	\$ 38,215.00	\$ 16,000.00	\$ 16,000.00
Other Assistance	\$ -	\$ 442.00	\$ -	\$ -	\$ -
Total	\$ 3,974,010.00	\$ 4,319,208.00	\$ 4,972,779.00	\$ 5,563,052.00	\$ 5,905,760.00

Account Code 51000: Salaries and Wages

Funds requested will provide salary and wage funds for 12.39 FTEs and represents funding for all current positions for 26 pay periods, fringe benefits, health insurance and longevity. This program consists of staff in the following departments:

FY 2026: \$3,054,471 is requested. The Shrinkage rate is 9.82%

FY 2027: \$3,061,819 is requested. The Shrinkage rate is 9.80%

Account Codes 52000 – 52900: Contractual Services

The larger amounts requested in this category represent professional fees. Professional fees are needed for the continuation of maintenance and service agreements. Maintenance agreements are for laboratory, EEG-EKG, x-ray, pharmacy, and other equipment as needed. Service agreements provide for the purchase of professional consultant services in specialized fields such as psychiatry, outside medical, radiology, pathology, dental, podiatry, EKG-EEG, and other services as deemed vital to treatment. Amounts for patient medical care sometimes fluctuate greatly between fiscal years depending on need. This area also includes the cost of contract staffing to provide coverage for vacancies, as well as recruitment resources.

FY 2026: \$2,471,666 is requested.

FY 2027: \$2,807,026 is requested.

Account Codes 53000 – 53900: Commodities

This category includes all supply type expenses projected for this program. Drug costs account for much of the amount in this category. With the increased number of psychotropic drugs becoming generic, changes in prescribing practices and the formulary costs have been reasonably consistent over the last two years. If new drugs are introduced which could benefit our patients, cost will increase. In addition to drug costs, the category also includes supplies used in the following areas: medical laboratory, X-Ray, EKG-EEG, pharmacy, and psychological testing.

FY 2026: \$320,915 is requested.

FY 2027: \$320,915 is requested.

Account Codes 54000 – 54900: Capital Outlay

The funds requested for this object code will be used to purchase hospital beds, an IV pump, and other equipment necessary for the patients.

FY 2026: \$16,000 is requested.

FY 2027: \$16,000 is requested.

Account Codes 59000 – 59900: Other Assistance

No funds requested.

FY 2026: \$0 is requested.

FY 2027: \$0 is requested.

PROGRAM: Clinical Services – 84001

Program Overview:

The Clinical Services Program at Adair Acute Care offers comprehensive group and individual psychotherapy to inpatients across two treatment programs, operating seven days a week, year-round. Each patient receives tailored care guided by an interdisciplinary team of mental health professionals, employing evidence-based practices regularly reviewed for effectiveness. The program encompasses specialized activity therapies like music, recreation therapy, alongside general leisure skills training. Before admission, patients undergo assessments by Community Mental Health Center screeners, leading to voluntary or involuntary admission. Additional services include Recreational Therapy for stress reduction, Social Services for communication and discharge planning, Clinical Therapy for interventions, Nutrition Services for dietary monitoring and education, Scheduling for staffing coordination, Patient Services for personalized needs, Psychology for evaluation, and both Licensed and Unlicensed Nursing for direct patient care and support.

RECREATION AND EXPRESSIVE THERAPIES:

The therapists on the Recreation and Expressive Therapies team at Adair Acute Care (AAC) provide evidence-based treatment services including leisure awareness and education programs, recreation-based games, visual and expressive arts, animal-assisted interventions, outdoor and nature activities, sports and physical activities, as well as music and rhythm, to help patients achieve their treatment goals and foster success in the community. These programs are designed to promote the acquisition and application of leisure-related skills, knowledge, attitudes, and behaviors to promote creative outlets as healthy ways for patients to express themselves and provide opportunities to utilize personal interests, skills, and talents to improve and maintain well-being. The goal of the department is to rehabilitate a patients’ level of functioning and independence in life activities, promote individual health and wellness, as well as reduce restrictions to actively participating in life situations caused by illness.

Recreation and Expressive Therapists are “healthcare providers who plan, direct, deliver, and evaluate evidence-based therapy interventions for individuals with illnesses and/or disabling conditions.” Therapists on the Recreation and Expressive Therapies team perform a wide range of duties regarding patient care which includes the administration of an initial assessment within 72 hours of admission to determine a patient’s support systems, patterns, preferences, strengths, and goals, and development of a multidisciplinary treatment plan that is individualized and evidence-based with detailed objectives to address a patient’s unique needs. Treatment services are facilitated through group and individual therapy using evidence-based modalities to effectively address patients’ treatment needs. Patient progress or lack thereof is assessed and documented weekly, along with updating treatment plans accordingly. Aside from active treatment measures, team members also coordinate leisure activities, special events, and holiday celebrations, which are often facilitated by uncertified Recreation Specialists. Team members work to ensure leisure resources and opportunities are provided for patients’ independent leisure time.

Goals and Updates:

Over the past year, the AAC Recreation and Expressive Therapies department provided services to nearly 1,000 individuals at AAC. Services were offered 7 days a week, 365 days a year, even as the department struggled with extended leaves of absence and position vacancies. As a result, the department will continue to have ongoing expenses related to overtime until positions can be permanently occupied. The AAC Recreation and Expressive Therapies department will have ongoing expenses related to purchase of items and equipment for daily therapy programs, leisure activities, special events, and holiday celebrations, as well as future development of programs to benefit patients. Many items need to be replenished throughout the year such as art/craft supplies, stress balls, table games, books, etc. The department plans to continue to increase technological and media options available to patients (books, magazines, music, film, videogames, etc.) to use as part of active treatment and/or in their leisure time. The department hopes to continue to revise current programs, implement new programs, and in general advance the department to better serve the patient population. The department has visions to expand expressive therapy offerings with addition of Drama Therapy, Art Therapy, and/or Dance/Movement Therapy. With continued growth and expansion of the department, one can expect to have increased costs over the next year.

SOCIAL SERVICES:

The Social Services Department at Adair Acute Care at Osawatomi State Hospital enhances patient care by facilitating effective communication between various parties involved in the treatment and discharge planning process. AAC is a short term, acute care psychiatric facility, where crisis stabilization and quick returns to the community is the standard. The department comprises three essential components: social workers, patient advocacy, and case management.

Social Workers at Adair Acute Care meet with patients and the interdisciplinary team regularly to keep everyone informed about the patient's progress. They also collaborate with family members and community partners to create safe and effective discharge plans and arrange specialized aftercare. Social workers serve as a primary point of contact for patients' well-being, especially with members who are not directly involved in the patient's care team. They play a significant role in coordinating information flow regarding the patient's treatment progress and ensuring continuity of care once the patient returns to the community.

Patient Advocacy is a crucial function at Adair Acute Care, dedicated to safeguarding patients' rights and well-being. Advocates closely monitor hospital policies, support patients in decision-making, mediate conflicts, and ensure comprehensive care coordination for access to essential resources during and after treatment. Their goal is to empower patients, provide education, and serve as a vital link between patients and the healthcare system to enhance their overall care experience.

Case Management offers support for Social Workers and Patient Advocate in their essential functions, providing coverage, added resources and support for high needs patients, and in the development of resources.

Goals and Updates:

The Social Services Department continues to meet patients' needs through the coordination of treatment and discharge planning including individualized aftercare appointments, and more. However, two out of the three Social Work positions on AAC remain unfilled due to salary constraints, as agency workers continue to fill in any gaps. To enhance departmental skills, additional education courses will be introduced, focusing on maintaining licensures and improving patient interactions and work-life balance.

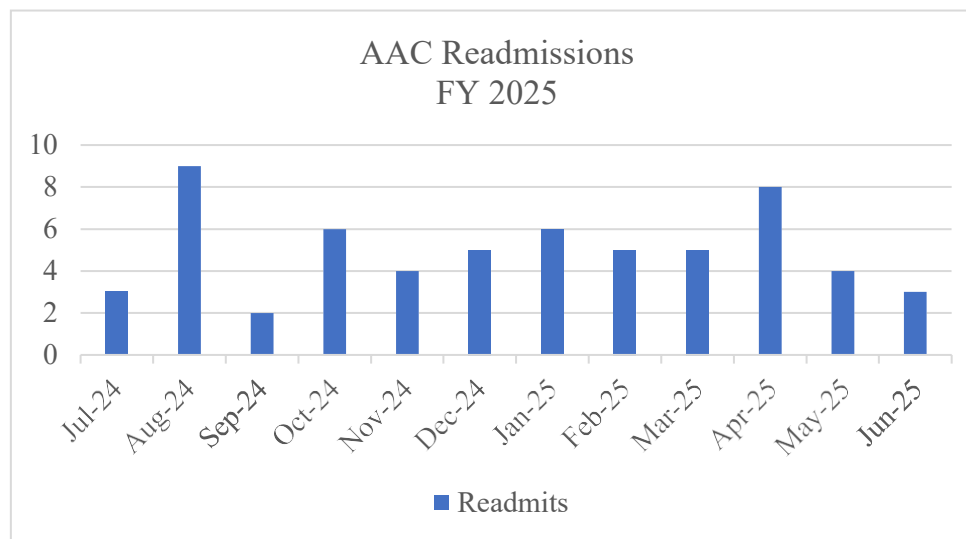
Performance Based Budgeting Goals:

Goal: 100% of patients readmitted within 30 days of discharge will be tracked to identify trends.

Measurement: Number of patients readmitted within 30 days of discharge reported monthly.

Department Responsible: Social Services

Month	Readmits
Jul-24	3
Aug-24	9
Sep-24	2
Oct-24	6
Nov-24	4
Dec-24	5
Jan-25	6
Feb-25	5
Mar-25	5
Apr-25	8
May-25	4
Jun-25	3

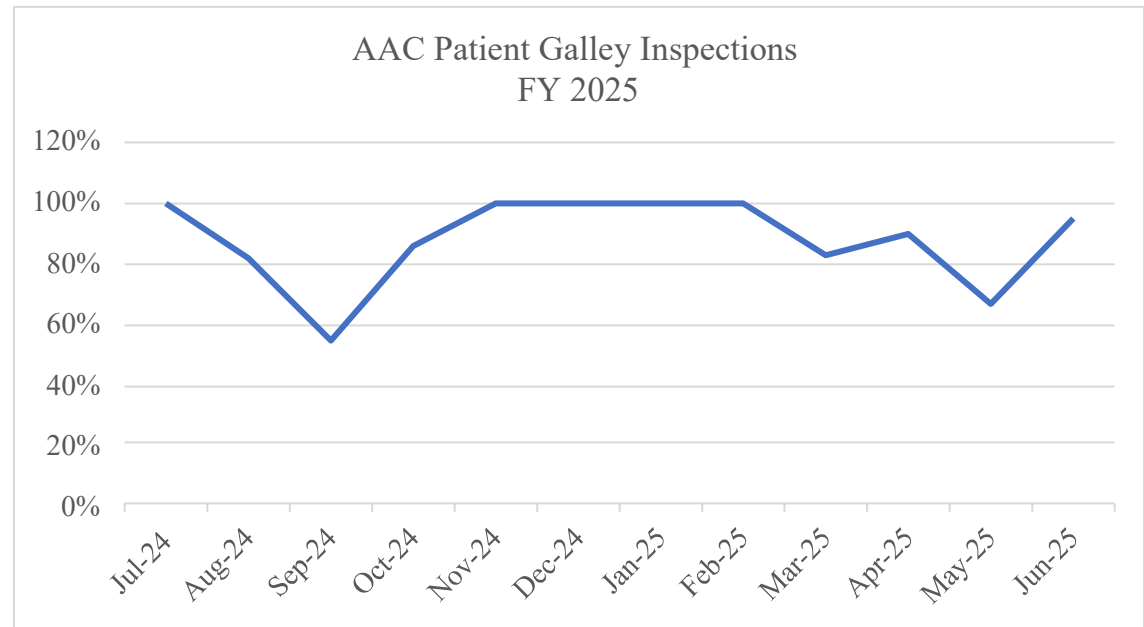


Goal: Patient galley will be inspected daily, and issues identified are corrected.

Measurement: % of issues corrected reported monthly.

Department Responsible: Patient Advocate

Month	Issues Corrected
Jul-24	100%
Aug-24	82%
Sep-24	55%
Oct-24	86%
Nov-24	100%
Dec-24	100%
Jan-25	100%
Feb-25	100%
Mar-25	83%
Apr-25	90%
May-25	67%
Jun-25	95%

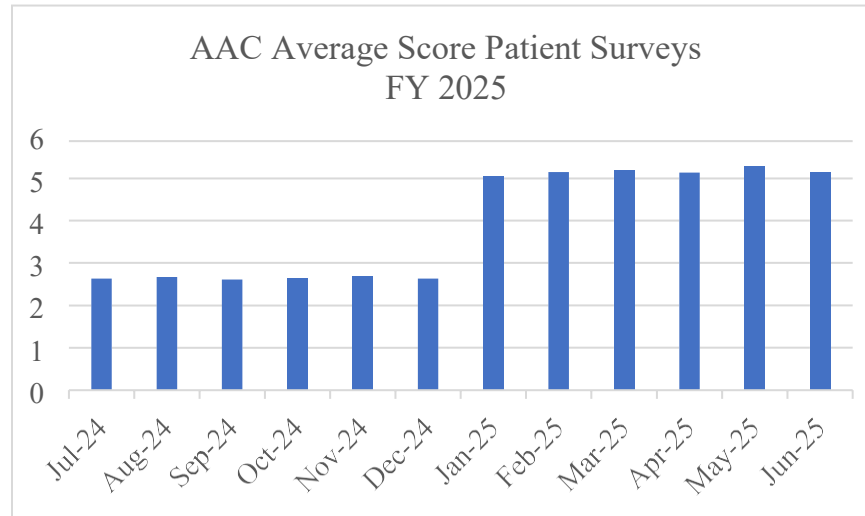


Goal: Score a 2.5 out of 3 on all sections of the survey. In January 2025 we changed to a new survey required by CMS. The ratings were different and instead of 0-3 it was changed to 0-6.

Measurement: Number reported, reported monthly

Department Responsible: Patient Advocate

Month	Average Score
Jul-24	2.63
Aug-24	2.67
Sep-24	2.61
Oct-24	2.63
Nov-24	2.7
Dec-24	2.63
Jan-25	5.05
Feb-25	5.15
Mar-25	5.2
Apr-25	5.13
May-25	5.29
Jun-25	5.16



CLINICAL THERAPY:

The Clinical Therapy Services department at Adair Acute Care (AAC) provides evidence-based treatment, helping patients achieve their treatment goals, and fostering success in the community. They conduct essential assessments, such as the Tobacco Use Assessment, Alcohol Use Disorders Identification Test (AUDIT), and Columbia Suicide Severity Rating Scales, to evaluate tobacco and alcohol usage patterns and suicide risk. Using comprehensive psychosocial assessments, the AAC Clinical Therapists develop individualized and evidence-based treatment plans with specific goals to address each patient's unique needs. Additionally, the AAC Clinical Therapy team delivers individual and/or group therapies utilizing evidence-based modalities to effectively address patients' treatment needs.

Goals and Updates:

Over the past year, the AAC Clinical Therapy Services department provided individual and group therapies and clinical assessments to approximately 1,000 individuals admitted to AAC which were offered seven days a week, even as the department struggled with

staffing challenges. The department currently has a 70% vacancy rate and requires significant agency staffing. As a result, the department will continue to have ongoing expenses related to utilizing agency staff to fill vacant positions until the position can be permanently occupied. In the coming year, the department is looking to increase educational and licensing opportunities for staff as it relates to social detoxication programs and substance abuse assessment/treatment.

DIETARY SERVICES:

The Dietary Services Department at Osawatomie State Hospital (OSH) serves the dietary needs of patients. OSH serves Adair Acute Care (AAC) through a Memorandum of Understanding. Department dietitians regularly meet with patients to provide education and consultation to patients. The dieticians also continuously develop and evaluate the nutrition program and nutrition education program to ensure better patient care. The department also works with the contracted food service company to ensure food quality standards are met.

Goals and Updates:

The most immediate goal of the Dietary Services Department is to fill the Director of Nutrition Position. If filled, the department will operate with more continuity.

NURSING:

The Nursing Department at Adair Acute Care (AAC) continues to play a central role in delivering high-quality care to individuals experiencing acute psychiatric conditions. As a short-term, crisis stabilization facility, AAC emphasizes rapid assessment, timely intervention, and a safe return to the community. Our nursing team is composed of highly skilled professionals who are committed to patient-centered, trauma-informed care that supports recovery and resilience.

Core Functions and Responsibilities

Comprehensive, Dual-Focused Assessment: Upon admission, staff conduct thorough physical and psychiatric assessments. These evaluations inform individualized care plans developed in collaboration with the multidisciplinary team, ensuring each patient's unique needs are addressed holistically.

Integrated Treatment Delivery: Nurses provide care that bridges mental and physical health, including medication administration, treatment monitoring, patient education, and emotional support. Emphasis is placed on adherence to evidence-based protocols, safe

medication practices, and patient empowerment through education.

Ongoing Physical Health Monitoring: Recognizing the vital link between physical and mental health, nurses monitor vital signs, perform focused physical assessments, and collaborate with medical providers to address emerging concerns. This integrated model ensures comprehensive care and early intervention when needed.

Crisis Response and De-escalation: Nursing staff are trained in crisis intervention techniques and play a pivotal role in maintaining safety. Their expertise in de-escalation and stabilization promotes a therapeutic environment, even in high-acuity situations.

Multidisciplinary Collaboration: The nursing team actively participates in interdisciplinary treatment planning, contributing clinical insights during daily rounds and care coordination meetings. This collaboration enhances communication, aligns goals across disciplines, and improves patient outcomes.

Patient Engagement: Nurses provide education to patients about mental health conditions, medications, recovery strategies, and aftercare planning. Through education and compassionate communication, they help patients navigate the path to wellness.

Goals and updates:

As we move into the new fiscal year, the Nursing Department remains focused on enhancing care delivery, improving safety, and investing in staff development. The key initiatives are advancing this mission are:

Enhanced Safety Through Zone Coverage: The zone coverage model continues to be a cornerstone of unit safety. Mental Health Technicians (MHTs) are assigned to designated zones for fixed time intervals each shift, ensuring consistent staff presence, improved observation, and enhanced situational awareness throughout the unit.

Structured Environmental Rounding: To maintain a safe and therapeutic environment, MHTs complete environmental rounds three times daily. These rounds include safety checks and cleanliness inspections of all patient areas. Nursing supervisors review and validate each round to ensure accountability and follow-through.

SCHEDULING:

The scheduling department schedules staff for the patient units with proper ratios to ensure patient care and safety for both patients and staff for Osawatome State Hospital (OSH). OSH serves staff for Adair Acute Care (AAC) through an MOU. The department staffs East Biddle accordingly: 3 Registered Nurses (RN), 1 Licensed Practical Nurse (LPN)/Licensed Mental Health Technician (LMHT), 5 Mental Health Technicians (MHT), in addition to staffing for current/potential 1:1 patient check(s) to increasingly ensure safety for all during the AM shift. During the NOC shift the department staffs each unit accordingly: 2 Registered Nurses (RN), 1 Licensed Practical Nurse (LPN)/Licensed Mental Health Technician (LMHT), 5 Mental Health Technicians (MHT), in addition to staffing for current/potential 1:1 patient check(s) to increasingly ensure safety for all. The department staffs West Biddle accordingly: 2 Registered Nurses (RN) and 3 Mental Health Technicians (MHT), in addition to staffing for current/potential 1:1 patient check(s) to ensure safety for all for both AM and NOC shifts.

Staff members are recruited to cover Requested Time Off (RTO), Crisis Prevention Institute (CPI)/Cardiopulmonary Resuscitation (CPR) trainings, patient appointments, sick leave, admin leave, work comp, and the Family Medical Leave Act leave. The Scheduling Department develops plans for establishing schedules in the required time frames, performs office management duties, and oversees the maintenance of required staffing data. The Department provides information that requires immediate attention to executive staff and delegates other matters to various management nursing staff in unit programs.

TRIAGE:

The Triage Department at Osawatome State Hospital (OSH) plays a crucial role in assessing and processing state screens for potential patients referred by community mental health centers. OSH serves Adair Acute Care (AAC) through a Memorandum of Understanding. Their main responsibility is to facilitate efficient communication among various stakeholders, including community partners, state agencies, community hospitals or sending agents, and the hospital psychiatrist. This communication is essential to determine whether psychiatric hospitalization is appropriate for the proposed patients, following established guidelines. The department collaborates closely with hospital administrators, the nursing department, and physicians to ensure that all relevant information about the proposed patients is communicated effectively. This comprehensive communication ensures that proper care and treatment can be provided if the patient is accepted for hospitalization.

Goals and Updates:

Triage is continuously working to effectively refine their process from time of receiving a screen to the time of admitting the patient by always evaluating how to improve communication with community providers to get all the requested information timely to be able to process proposed patients once they are accepted. This year the plan is to continue to try to schedule admissions to see if they can

be spread out throughout the day.

NURSING EDUCATION:

Nursing Education is the department responsible for training Nursing and Mental Health Technician Staff (MHT) at Osawatomie State Hospital (OSH). Nursing Education uses oral presentations, computer-based training (CBT), and hands-on training to orientate employees. Nursing Education also offers Continuing Education credit hours that fulfill the requirements for state relicensing for Licensed Mental Health Technicians (LMHT), Registered Nurses (RN), and Licensed Practical Nurses (LPN).

In response to staff concerns and incidents on campus, nurses receive extensive training focused on patient interaction, patient boundaries, and handling patient contraband. Additionally, training is provided on the use of our EHR, Wellsky, to ensure accurate documentation. Pyxis, a medication storage machine located on patient units, is also a part of the training. Nurses learn how to access medication through the Pyxis, document instances of wasted medication, record insulin usage, and to document controlled substance use such as anti-anxiety medication and specific painkillers. They are also instructed on conducting medication counts at the end of their shifts. Furthermore, Wellsky is used for documenting patient charts, and nursing staff are trained on what can and cannot be charted, the importance of accurately detailing events, and the legal significance of maintaining precise and comprehensive patient charts.

Goals and Updates:

The EXPO event serves as Nursing Education’s annual competency training, providing essential skills development. This comprehensive training program includes a combination of hands-on sessions and computer-based training (CBTs) tailored to meet the specific needs of each position. For instance, nurses receive a more extensive focus on CBTs and hands-on training compared to custodial staff. In addition to skills development, the EXPO event also addresses staff concerns. Looking ahead to the 2025 EXPO, Staff Development and training will use feedback from department heads on areas their staff may need focused trainings. Staff Development and Training have added Pop-up training throughout the year which are also provided on the night shift. By prioritizing these skills, staff apprehensions will be addressed by increasing proficiency in these areas.

INFECTION CONTROL:

At Adair Acute Care, the Infection Prevention Department aims to create a safe environment for everyone in the healthcare facility, achieved by recommending and implementing risk reduction practices throughout all departments and among individuals. The program ensures safe, cost-effective patient care by reducing healthcare-associated infections. The department educates all staff on

infection prevention principles and integrates them into standard practices across the organization. Employee Health supports the Infection Prevention and Control Program by providing vaccinations for staff and patients through a Memorandum of Understanding.

Goals and Updates:

In the past year, there were over 1,000 admissions to AAC. Each admission is reviewed within 72 hours to identify any infection risk or precautions. Risks identified are brought to the attention of the Medical Staff and Nursing staff. Unit rounding is done routinely to ensure the environment is clean and potential risks are identified and addressed as well as remaining compliant with CMS standards. The information collected from infections identified, environmental risks, and community risks are compiled together to develop the Infection Control Plan for the next year. Department goals are to strengthen all staff's knowledge of infection prevention practices, provide education routinely regarding policies and standards to ensure accreditation, collaboration with facilities and environmental services to ensure the environment is compliant with standards and decrease potential risks for infection through education and surveillance.

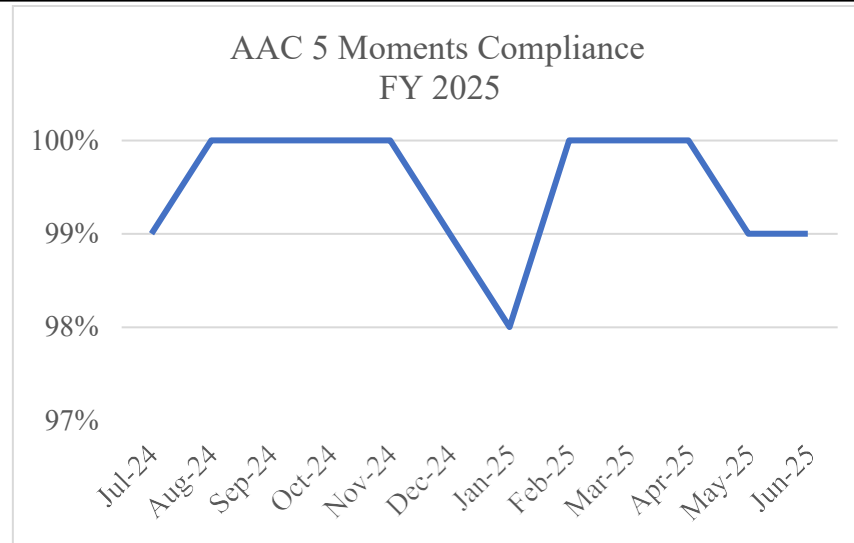
Performance Based Budgeting Goals:

Goal: 90% of staff are following the 5 moments of handwashing.

Measurement: % of staff identified in infection control rounding meeting compliance guidelines recorded monthly.

Department Responsible: Infection Control

Month	Compliance Rate
Jul-24	99%
Aug-24	100%
Sep-24	100%
Oct-24	100%
Nov-24	100%
Dec-24	99%
Jan-25	98%
Feb-25	100%
Mar-25	100%
Apr-25	100%
May-25	99%
Jun-25	99%



Performance Measures	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Healthcare associated infections (HAI) will rate remains below national average of 3.0	1.0%	1.0%	3.1%	3.0%	2.5%
Percent of staff in compliance with the 5 moments of handwashing.	97.0%	98.0%	99.5%	99.0%	99.0%

Expenditures Clinical Services:

Clinical	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Salaries and Wages	\$6,481,726	\$6,874,206	\$7,275,447	\$6,287,077	\$6,327,700
Shrinkage	\$0	\$0	\$0	(\$325,465)	(\$325,465)
Contractual Services	\$4,997,165	\$7,344,243	\$7,182,169	\$2,968,057	\$4,981,508
Commodities	\$31,356	\$20,685	\$302,176	\$261,800	\$261,800
Capital Outlay	\$0	\$0	\$5,679	\$400	\$400
Other	\$0	\$699	\$26,267	\$0	\$0
Total	\$11,510,247	\$14,239,833	\$14,791,738	\$9,191,869	\$11,245,943

Account Code 51000: Salaries and Wages

This program provides direct treatment to patients admitted to AAC. The program is organized into two treatment units supervised by one Clinical Program Director who oversees the treatment process. The program consists of Direct Care staff including Mental Health Technicians and Registered and Licensed Practical Nurses. Direct care staff are assigned 24-hours a day 7-days a week. This program also includes clinical treatment staff consisting of Social Workers, Chemical Dependency Counselors, Clinical Therapists, Clinical Dietitians. Funds requested will provide salary and wage funds for 67.25 FTEs in FY 2026 and 67.25 FTEs in FY 2027 for 26 pay periods, fringe benefits, health insurance and longevity.

FY 2026: \$6,287,077 is requested. The shrinkage rate is 5.18%.

FY 2027: \$6,327,700 is requested. The shrinkage rate is 5.14%.

Account Codes 52000 – 52900: Contractual Services

This category includes all fee and service type expenses. Most expenses in this category are used for contracted staffing, in both licensed and unlicensed staffing categories, as well as social services. It should be noted that in FY 2025, AAC had a 15% decrease in agency nursing but an increase in contract staffing for social work, clinical therapy, and physicians with an expectation that this need will continue in FY 2026 and FY 2027.

FY 2026: \$2,968,057 is requested.

FY 2027: \$4,981,508 is requested.

Account Codes 53000 – 53900: Commodities

This category includes professional and scientific supplies for medical equipment and testing.

FY 2026: \$261,800 is requested.

FY 2027: \$261,800 is requested.

Account Code 54000 – 54900: Capital Outlay & Improvements

The funds requested for this object code will be used for software procurement.

FY 2026: \$400 is requested.

FY 2027: \$400 is requested.

Account Codes 59000 – 59900: Other Assistance

No funds requested.

FY 2026: \$0 is requested.

FY 2027: \$0 is requested.

PROGRAM: Physical Plant and Central Services – 96001

Program Overview:

This program encompasses a central power plant operation, building and equipment maintenance, custodial and laundry services, and supply provision. This program and its subprograms fall under the purview of Osawatomie State Hospital (OSH). OSH serves Adair Acute Care (AAC) through a Memorandum of Understanding. The broader scope involves Facility Services which is responsible for property management and grounds care, Housekeeping ensuring building cleanliness, Safety and Security provide oversight for

ground security and emergency situations, and Supply managing hospital inventory. The Laundry department ensures proper cleaning and sterilization of reusable items, all contributing to the efficient functioning and patient well-being within the hospital grounds. Finally, Procurement ensures a steady and proper flow of goods, services, and supplies to the campus.

OPERATIONS:

The smooth functioning of Osawatomi State Hospital (OSH) relies on Operations, which encompasses Facility Services, Power Plant, Grounds, Custodial Services, Laundry Services, Health Information Management and Safety & Security. Facility Services employs a skilled team of carpenters, auto technicians, HVAC specialists, electricians, and plumbers who maintain and repair the facility's infrastructure. The Power Plant division ensures a reliable and consistent power supply throughout the institution. The Grounds division, consisting of arborists and mowers, tends to the campus grounds and buildings, including winter road clearance. Custodial Services uphold a high standard of cleanliness by cleaning all buildings on a timely schedule. Laundry Services handle the cleaning, folding, and sorting of patient laundry on a large scale. Simultaneously, Safety & Security provide protection and preparedness for emergencies, including the implementation of life safety measures. OSH serves Adair Acute Care (AAC) through a Memorandum of Understanding.

Goals and Updates:

To strengthen operational effectiveness at Osawatomi State Hospital by maintaining rigorous safety and compliance standards while empowering departmental leaders to actively engage staff and foster a positive, accountable, and collaborative workplace culture.

This goal will be achieved through the following strategic focus areas:

- **Regulatory Compliance and Safety Assurance:**
Maintain full alignment with federal, state, and accreditation requirements, including those from CMS, KDHE, and State Fire Marshall. Regular internal audits, policy reviews, and corrective action plans will be implemented to ensure that hospital operations continuously meet or exceed safety and compliance expectations. Emphasis will be placed on the Environment of Care, Life Safety Code standards, and emergency preparedness.
- **Leadership Development and Staff Engagement:**
Equip department leaders with tools and training to strengthen team communication, increase transparency, and promote shared ownership of operational goals. Leaders will be encouraged to conduct routine check-ins, recognize staff contributions, and solicit employee feedback to support morale and workplace satisfaction.

- **Culture of Accountability and Continuous Improvement:**
Promote a culture where staff at all levels understand the connection between their roles and the hospital’s mission of delivering quality mental health care. This includes the development of performance benchmarks, improved incident reporting processes, and collaborative problem-solving to address operational challenges.
- **Workplace Environment and Staff Retention:**
Foster a supportive work environment by addressing employee concerns, providing appropriate resources, and encouraging professional development opportunities. Initiatives will focus on improving staff retention, reducing burnout, and enhancing overall job satisfaction.
- **Integrated Communication and Operational Oversight:**
Enhance interdepartmental coordination by standardizing communication channels and streamlining processes to ensure consistent, efficient service delivery across the hospital campus.

By upholding high standards of safety and compliance while investing in leadership engagement and culture development, this goal supports the hospital’s mission of delivering safe, effective, and compassionate care to Kansans experiencing mental health crises.

FACILITY SERVICES:

Facility Services ensures the continuous and reliable operation of the facility, power plant, buildings, structures, grounds, utility systems, as well as automotive and real property for the Osawatomi State Hospital (OSH). OSH serves Adair Acute Care through a Memorandum of Understanding. The responsibilities encompass both routine maintenance and emergency response to maintain these assets in optimal condition for continuous use. This skilled team of professionals is responsible for executing planned maintenance tasks, inspections, and repairs to prevent potential issues and ensure the longevity of the assets. Additionally, they promptly address emergency situations to minimize downtime and restore functionality. From conducting routine checks on equipment and systems to managing repairs and upgrades, the Facilities Department ensures the safety, efficiency, and seamless operation of the entire facility, contributing to the smooth functioning of day-to-day operation.

Goals and Updates:

The Facilities Services Department plans to develop and implement a comprehensive preventive maintenance program within the Facility Services Department at Osawatomi State Hospital, with the objective of ensuring the continuous, safe, and efficient operation of all vital building systems and equipment. This initiative will focus on enhancing the hospital’s ability to maintain a therapeutic and compliant environment that supports the delivery of high-quality care to patients.

Key components of this goal include:

- **Asset Inventory and Condition Assessment:** Conduct a complete inventory and condition assessment of all facility infrastructure, including HVAC, plumbing, electrical, life safety, and medical support systems to establish maintenance baselines and risk prioritization.
- **Preventive Maintenance Scheduling:** Develop and adhere to detailed, manufacturer-recommended and code-compliant preventive maintenance schedules using TMA to track work orders, inspections, and recurring tasks.
- **Compliance and Safety Alignment:** Align maintenance activities with applicable regulatory standards, including KDHE, CMS, and NFPA codes, to ensure that life safety systems and critical infrastructure support a secure environment for both staff and patients.
- **Workforce Training and Resource Allocation:** Invest in ongoing staff development and resource planning to ensure that facility technicians are equipped with the skills, tools, and support necessary to execute preventive maintenance duties effectively and efficiently.
- **Performance Monitoring and Continuous Improvement:** Establish key performance indicators, such as equipment downtime, response times, and compliance audit scores, to evaluate program effectiveness and drive continuous improvement efforts.

By proactively addressing maintenance needs and minimizing the risk of equipment failure, this goal supports operational continuity, reduces long-term costs, and enhances the overall safety and reliability of the physical environment at Osawatomie State Hospital.

POWER PLANT:

The Power Plant is responsible for the efficient operation, maintenance, and management of the power plant facility at Osawatomie State Hospital. OSH serves Adair Acute Care through a Memorandum of Understanding. The department's personnel oversee, operate, and maintain complex equipment including turbines, generators, and control systems, ensuring the continuous and reliable production of electricity. They conduct routine inspections, perform repairs, and implement preventive measures to optimize plant performance and enhance safety standards. Additionally, the Power Plant Department adheres to environmental regulations, striving to minimize the facility's ecological footprint and contributing to the sustainable growth of power generation.

Goals and Updates:

Over the past year, the Power Plant underwent significant upgrades, including the installation of a new boiler and other modern equipment. As we move into the upcoming year, our primary focus will be on building the knowledge and capabilities needed to

properly operate and maintain this new equipment.

Our goal is to shift from a primarily reactive maintenance approach to a comprehensive preventive maintenance program. By acquiring the necessary tools, training, and systems, we aim to proactively manage all equipment within the Power Plant. This proactive strategy will help ensure the long-term reliability and performance of the recently installed systems, protecting the hospital's investment and supporting uninterrupted operations.

GROUNDS:

The landscape of the Osawatomi State Hospital and Adair Acute Care (through a Memorandum of Understanding) are maintained by the Grounds Department. Mowing, trimming, felling, planting trees and flowers, pruning and watering shrubs, and edging sidewalks and curbs are the department's focus in the spring, summer, and fall months. Chemicals are used for broad leaf weeds in spring and fall. The Department is also responsible for maintaining all street signs and painting curbs and various other reserved parking areas on the campus. In the winter months, all snow removal on the streets and sidewalks throughout the campus is the department's responsibility.

Goals and Updates:

The Grounds Department is committed to maintaining an attractive and safe environment for all who visit and work at the hospital. Over the next year, the primary goal for the Grounds Department is to maintain the newly renovated patient courtyard while ensuring uninterrupted access and use by patients. Additionally, the department will collaborate with staff to develop an efficient system for clearing ice and snow from parking lots, prioritizing both safety and the availability of adequate parking for employees at our 24/7 facility.

SAFETY & SECURITY:

Safety and Security provides Osawatomi State Hospital and Adair Acute Care (through a Memorandum of Understanding) security for patients, staff, and visitors, ensuring a safe environment on campus. In emergency situations, the department handles incidents effectively and continues a close working relationship with the Osawatomi Police and Fire Department to enhance the campus' emergency response capabilities. The hospital's fire department has been dissolved, and fire coverage is now provided by the City of Osawatomi. Safety and Security collaborates closely with the Kansas State Fire Marshall's Office to maintain safety standards. The department also manages visitor check-in through on-site dispatch and handles telecommunication operations for the campus. Their

responsibilities also include conducting monthly fire extinguisher checks, fire drills, weekly and monthly building inspections, as well as daily door checks and animal control.

Goals and Updates:

As our workforce continues to adapt, our foremost priority remains to ensure that all team members—both new and existing—are fully equipped with the training, tools, and support needed to uphold a safe and secure environment for patients, staff, and visitors. In a healthcare setting where regulations and safety standards are constantly evolving, it is critical that our department remains adaptable, informed, and prepared.

To meet these demands, we are enhancing our commitment to robust, ongoing training programs that cover essential safety protocols, emergency response procedures, regulatory compliance, and proper equipment use. These programs are designed to do more than simply prepare staff for their individual roles—they aim to instill a department-wide culture of safety, accountability, and continuous improvement. Training is not limited to onboarding; it is a career-long process delivered through computer-based learning, hands-on experiences, and skill-based competency assessments to ensure our team remains sharp and compliant with current standards.

As rules, guidelines, and best practices continue to shift, our department remains committed to staying ahead. We are proactively reviewing and updating our protocols and training materials to align with the latest regulatory requirements and industry standards. This ensures that we not only meet compliance expectations but exceed them, keeping our hospital community safe and secure in an ever-changing landscape.

In addition, Safety and Security Officers will increase their presence on patient units to provide active support, deter potential crises, and reinforce a visible culture of safety. This hands-on approach helps build trust, prevent incidents, and ensure that staff and patients feel protected and supported throughout the hospital.

CUSTODIAL:

The Custodial Services Department at Osawatomie State Hospital (OSH) plays a vital role in creating a clean, safe, and welcoming environment for patients, staff, and visitors alike. Through a Memorandum of Understanding, OSH serves facilities at Adair Acute Care (AAC). With the support of AgTac Services (ATS) team members, the department has risen to meet staffing challenges while continuing to deliver top-tier cleanliness and hygiene. From daily upkeep to deep-cleaning routines, their responsibilities cover every corner of the hospital—including restrooms, patient units, staff rooms, showers, and public areas. In patient care areas, the team

expertly strips and cleans beds and rooms, maintains day halls, and keeps technician and nurse stations spotless. Their comprehensive methods include sweeping, mopping, dusting, buffing, and floor waxing. They also manage patient laundry with precision—washing, folding, sorting, and ensuring soiled clothing is properly separated for hygienic handling. Over the past fiscal year, the team has taken their work to the next level by implementing enhanced cleaning schedules, which include daily tasks, deep-cleaning cycles, and specialized protocols for vacant spaces to ensure every area is fresh, clean, and ready for the next occupant.

Goals and Updates:

In the coming year, Custodial Services will prioritize staff training and development. Building on a new onboarding process, the department will focus on ongoing education to ensure compliance with CDC guidelines as well as state and federal regulations.

PURCHASING:

The purpose of the Purchasing Department is to ensure that Osawatomie State Hospital (OSH) and Adair Acute Care (AAC) run smoothly as possible when it comes to procuring goods and services. OSH serves AAC through a Memorandum of Understanding, charging AAC for goods and services based on utilization. The department oversees the purchasing and contract work for the agency using the purchasing authority, identifies business requirements for goods, materials, services and find reliable suppliers to meet these requirements. Contracted vendors or non-contracted vendors approved by the State of Kansas must be used.

OSH Purchasing & Contracts Department reviews each request for an appropriate vendor if items can be purchased on contract or off contract. It follows the requisition process from entry in the Statewide Management, Accounting, and Reporting Tool (SMART), ensuring correct accounting codes are used to ensure the proper funds are being utilized as directed by the Chief Financial Officer, to dispatching the purchase order, and placing the official order. Items purchased are inspected to ensure the correct shipment was received and communication with vendors is maintained if there are discrepancies in the order.

OSH Purchasing & Contracts Department create specifications or scope of work for bid events needed by the agency for goods, materials, or services. It reviews the bid documents and makes recommendations of contract awards to the Department of Administration's Office of Procurement & Contract through the Procurement Negotiations Committee and the bid evaluation process. Quotes are processed and requests are submitted for quotes to qualified vendors for requested items. Returned Quotes are inspected for processing and purchasing.

Goals and Updates:

The department proposes a new warehouse building, an upgraded inventory system, and a wage increase for the storekeeper position. A new warehouse would enable proper storage of certain assets. An upgraded inventory system would free the department of customer service issues with the current system. This would enable smoother operation of the department. The Storekeeper position having its wage increased would allow for more quality staff to hold the position, in turn allowing for better outcomes in the department.

Expenditures Physical Plant and Central Services:

Physical Plant and Central Services	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Salaries and Wages	\$1,792,393	\$1,994,963	\$1,529,739	\$2,067,341	\$2,085,509
Shrinkage	\$0	\$0	\$0	(\$315,000)	(\$315,000)
Contractual Services	\$825,791	\$761,814	\$929,957	\$618,675	\$618,675
Commodities	\$349,573	\$422,307	\$105,394	\$101,550	\$101,550
Capital Outlay	\$57,084	\$123,472	\$226,984	\$76,050	\$76,050
Capital Improvements	\$10,430	\$527	\$0	\$10,000	\$10,000
Other	\$0	\$0	\$0	\$0	\$0
Total	\$3,035,271	\$3,303,083	\$2,792,074	\$2,558,616	\$2,576,784

Account Code 51000: Salaries and Wages

Funds requested will provide salary and wages 30.30 FTEs for 26 pay periods, fringe benefits, health insurance and longevity.

FY 2026: \$2,067,341 is requested. The shrinkage rate is 15.24%.

FY 2027: \$2,085,509 is requested. The shrinkage rate is 15.10%

Account Codes 52000 – 52900: Contractual Services

The major expense in this category is for utilities including natural gas, electricity, water and sewer service. Trash service is provided by contract. Also, included in this category is repair and service completed by non-OSH maintenance personnel. The repairs and servicing work that cannot be completed by OSH’s maintenance staff includes specialized work on the stand-by electrical generating

system, compressor and electrical motor rebuilding, repair work on state-owned motor vehicles, fire alarm system maintenance, boiler maintenance, termite treatment services, hazardous chemical removal (i.e., paint, solvents), hydrostatic testing of fire extinguishers to comply with NFPA Life Safety Code Standards and other service contracts.

FY 2026: \$618,675 is requested.

FY 2027: \$618,675 is requested.

Account Codes 53000 – 53900: Commodities

Funds are requested for office and other operating supplies, tools used by the Facility Services staff, supplies used by the power plant in maintaining equipment, general supplies for the entire campus, nursing supplies, housekeeping and laundry supplies.

FY 2026: \$101,550 is requested.

FY 2027: \$101,550 is requested.

Account Code 54000 – 54900: Capital Outlay

Funds are requested to address equipment needs, as well as capital outlay related to the upkeep of AAC.

FY 2026: \$76,050 is requested.

FY 2027: \$76,050 is requested.

Account Code 55000 – 55900: Capital Improvements

Funds are requested to address equipment needs, as well as capital outlay related to the upkeep of AAC.

FY 2026: \$10,000 is requested.

FY 2027: \$10,000 is requested.

Narrative Information-DA
Division of the Budget
State of Kansas

September 2, 2025

Mr. Adam Proffitt, Director
Division of the Budget
Landon State Office Building
900 SW Jackson - Room 504 North
Topeka, KS 66612

Dear Mr. Proffitt:

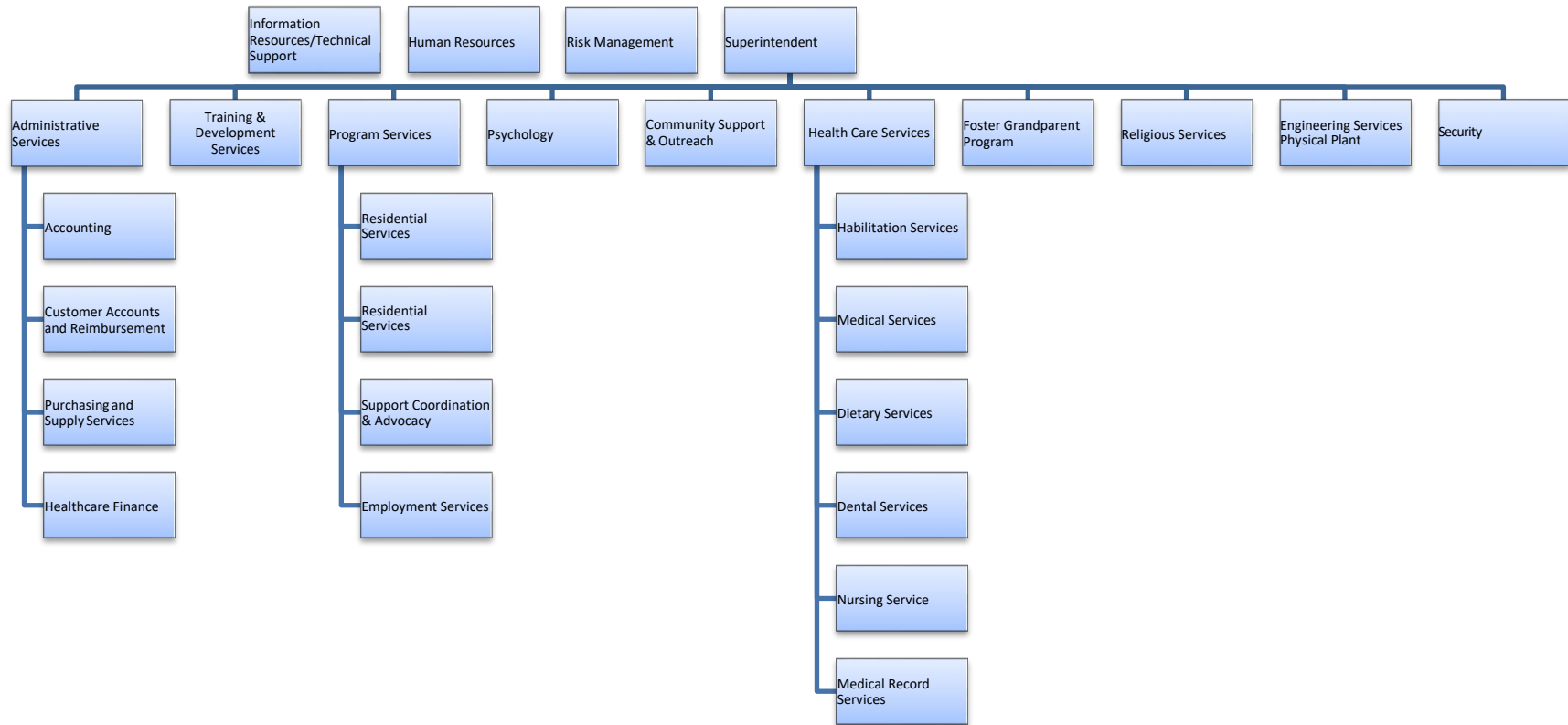
As Superintendent of the Kansas Neurological Institute (KNI), I hereby submit for your consideration the FY 2026 – FY 2027 budget document for the facility. It has been prepared in accordance with the instructions, and to the best of my knowledge and belief, the information included is correct and complete.

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

Sincerely,



Blake Tanner
KNI Superintendent
Kansas Neurological Institute



GENERAL AGENCY INFORMATION

AGENCY MISSION:

The mission of Kansas Neurological Institute (KNI) is to support each person who lives at KNI to have a meaningful life. We will accomplish this by ensuring wellbeing, providing opportunities for choice, promoting personal relationships, encouraging participation in the community and recognizing individuality.

AGENCY VISION:

KNI's vision is to be a leader and community resource in providing individualized supports to people with developmental disabilities. We will accomplish this by providing excellent person-centered, customer-focused supports for the people who live at KNI, by being a resource within Kansas and throughout the United States regarding issues affecting people with developmental disabilities, by being a positive and cooperative work environment, and by being a learning organization that provides creative supports to address evolving needs and opportunities.

AGENCY PHILOSOPHY:

KNI's philosophy is that people with developmental disabilities, including people with profound multiple disabilities, should have the opportunity to participate in the everyday activities and special events that make life worthwhile for all people. KNI believes people with disabilities are not broken human beings in need of programs to fix them. They are people in need of support and assistance to make choices and achieve personal goals. KNI is committed to understanding and meeting the unique needs of each person supported by the agency, to promoting respectful individualized treatment for all people and to providing services that meet and exceed the expectations of service users and their families.

STATUTORY HISTORY:

The Kansas Neurological Institute was established in 1959 (L. 1959, Ch. 361, Par. 3) on grounds formerly occupied by Winter Veterans Hospital. Its purpose was defined as "evaluation, treatment and care of the mentally retarded, training of personnel and research in the causes and prevention and proper methods of treatment and training of mentally retarded children." During the past 30 years, the community services system has expanded significantly and there has been an increased emphasis on providing services to people in their home communities. Statutes governing KNI are K.S.A. 76-17c01 to 76-17c06.

ACCREDITATION AND CERTIFICATION:

KNI is certified by the federal government as an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IDD) under Title XIX of the Social Security Act. As part of that certification, inspection teams from the Kansas Department on Aging were responsible for assessing the agency’s adherence to federal regulations. Because of Executive Reorganization Order No. 41 that became effective on July 1, 2012, responsibility for inspections was shifted to the Kansas Department of Health and Environment (KDHE) at that time. Any deficiencies in meeting certification standards are recorded and reported to the federal Centers for Medicare and Medicaid Services (CMS) and deficiencies must be corrected according to a Plan of Correction submitted by KNI and approved by CMS. A follow-up survey is made to assure any required corrections have been completed, and to determine if KNI continues to meet requirements for certification. Failure to comply could result in decertification and/or penalization by eliminating Title XIX funds.

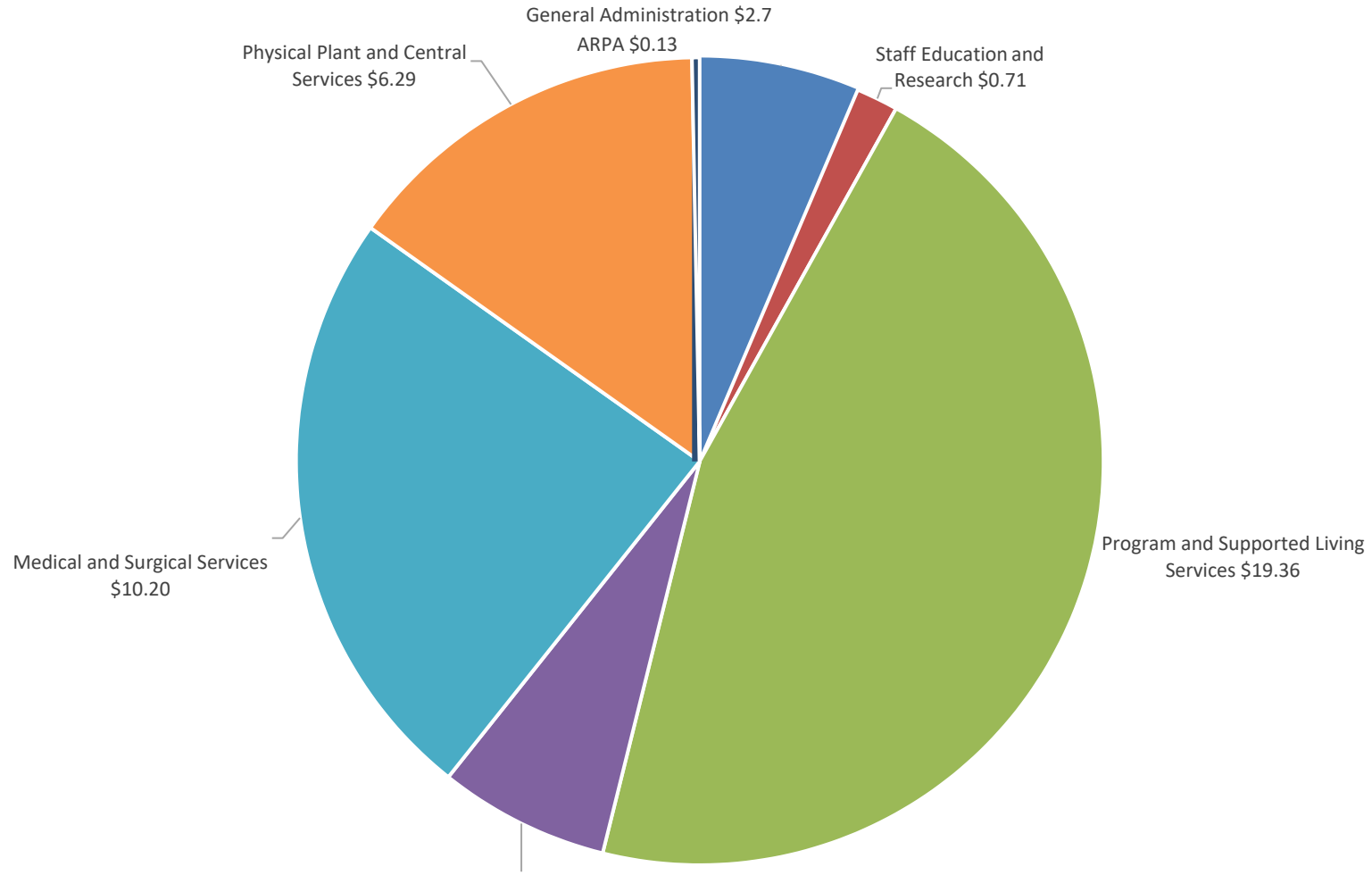
OVERVIEW OF CURRENT AND BUDGET YEAR INFORMATION:

Agency Overview: KNI estimates FY 2026 operating expenditures of \$35,046,037 including \$18,617,367 from the State General Fund. The budget for salary and wages includes longevity bonuses of \$40 per year of service, as approved by the 2025 Legislature. The shrinkage rate is 12.5%.

The FY 2027 budget request reflects flat overall spending from FY 2026. KNI estimates operating expenditures of \$34,976,669 including \$18,871,796 from the State General Fund. The salary and wage budget represent flat funding with accompanying increases in fringe benefits and health insurance. No COLA or step movement are included. The shrinkage rate is 12.5%.

Initiatives: KNI’s primary initiative is to provide a comprehensive array of high-quality person-centered services that meet and exceed the expectations of our customers---the people with profound, multiple disabilities who receive services from the agency and the legal guardians and family members who often must advocate on behalf of the people who live at KNI because of the severity of their disabilities. A secondary initiative is to gradually expand the provision of outreach services provided by KNI to contribute to an overall increase in capacity within the Kansas developmental disabilities services system.

FY 2025 Actual Expenditures by Program In Millions



Total FY 2025 Actual Expenditures
\$49.30 million (rounded)

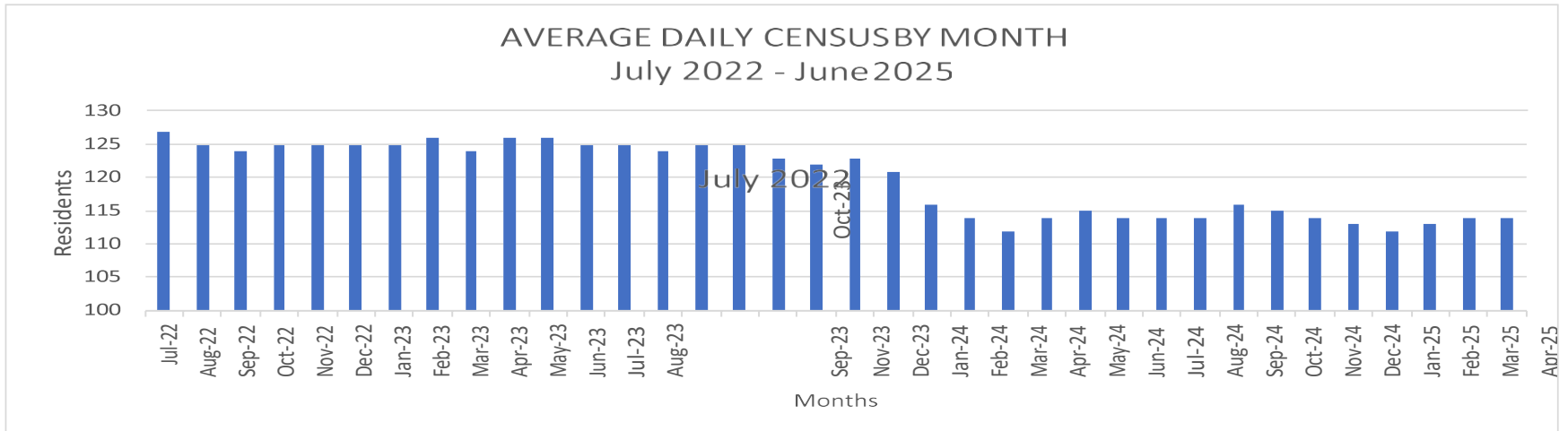
FY 2023 - FY 2027 Revised Requested FTE and UP/UT Positions	FY 2023 Actuals		FY 2024 Actuals		FY 2025 Actuals		FY 2026 Estimate		FY 2027 Estimate	
	FTE	UP/UT	FTE	UP/UT	FTE	UP/UT	FTE	UP/UT	FTE	UP/UT
Administration	15.00	14.00	20.00	19.00	21.00	20.00	21.00	20.00	21.00	20.00
Staff Education and Research	12.00	8.00	13.00	9.00	6.00	6.00	6.00	6.00	6.00	6.00
Program and Support Living	294.00	215.00	294.00	216.00	286.00	211.00	286.00	211.00	286.00	211.00
Ancillary Services	23.00	16.00	25.00	18.00	24.00	17.00	24.00	17.00	24.00	17.00
Medical and Surgical Services	40.50	30.00	53.00	42.00	67.00	53.00	67.00	53.00	67.00	53.00
Physical Plant/Central Services	53.00	38.00	59.80	44.80	60.80	45.80	60.80	45.80	60.80	45.80
TOTAL APPROVED POSITIONS	437.50	321.00	464.80	348.80	464.80	352.80	464.80	352.80	464.80	352.80

Due to staffing issues along with KDHE survey recommendations, restructure of departments was required to ensure the safety and well-being of the people who live at KNI along with making sure all KNI employees have the support they need to succeed.

KNI FTE count increased from 437.50 to 464.80 during FY 2024. KNI added an Assistant Superintendent, Chief of Operations, Assistant Human Resource Director, Human Resource Coordinator, Information Technology Manager, Technology Support Consultant, Staff Development Specialist, Behavior Tech, Behavior Analyst, Licensed Practical Nurse, 2 (two) Program Managers, 2 (two) facilities specialist, 3 (three) Safety and Security Officers, 3 (three) Registered Nurses, and 6 (six) Certified Medication Aides.

With the current salary increases and various bonuses such as pick up shift bonus, sign-on bonus, retention bonus, etc. authorized by the governor to help reduce the cost of agency staff, KNI is seeing an increase in applications and hope to fill all current vacant positions.

Resident Movement	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Rated Bed Capacity	454	454	454	454	454
Optimal Maximum Bed Capacity					
Residents "On The Books" at the beginning of the fiscal year	127	128	116	115	115
ADDITIONS					
First Admissions	3	2	2	4	4
Re-Admissions	0	1	0	0	0
Transfers In - Other KDADS Institutions	0	0	1	0	0
Respite	0	0	0	0	0
TOTAL	3	3	3	4	4
Total Beds	130	131	119	119	119
SEPERATIONS					
Discharges	1	3	0	0	0
Deaths in Institutions	0	5	2	4	4
Deaths in Community Care (Hospital)	1	7	2	0	0
Transfers Out - Other KDADS Institutions	0	0	0	0	0
Respite	0	0	0	0	0
TOTAL	2	15	4	4	4
Residents "On The Books" at the End of the Fiscal Year	128	116	115	115	115
Residents on Therapeutic or Hospital leave at the End of Fiscal Year	3	0	1	0	0
Residents on Campus at the Beginning of the Fiscal Year	127	125	116	115	115
Residents on Campus at the End of the Fiscal Year	125	116	114	115	115
Daily Average of Residents on Campus	125	121	115	115	115



Average Daily Census by Fiscal Year	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Total	125	121	114	116	118

Third Party Leases/Contracts:

KNI currently has no third-party contracts.

Land Holdings and Leases:

Legal Description of KNI property:

That part of the Northwest Quarter and the Southwest Quarter and the West Half of the Northeast Quarter and the West Half of the Southeast Quarter of Section 11, Township 12 South, Range 15 East of the Sixth Principal Meridian, in the City of Topeka Shawnee County, Kansas described as COMMENCING at the Northwest Corner of Said Southwest Quarter; thence along the west line of said Southwest Quarter on a bearing of S01°03'51"E (SPCS NAD 83, Kansas North Zone Grid Bearing), 1725.75 feet, more or less, to the centerline of the Shunganunga Creek and being the POINT OF BEGINNING; thence along said west line N01°03'51"W, 411.72 feet; thence N88°29'41"E, 2319.19 feet; thence N01°09'02"W, 1345.29 feet; thence N00°43'25"W, 856.91 feet; thence S88°37'39"W, 3.42 feet; thence S01°06'44"E, 187.33 feet; thence S88°37'39"W, 558.75 feet; thence N01°21'35"W, 122.53 feet; thence N62°12'53"W, 133.00 feet; thence N01°21'35"W, 1737.31 feet; to a point on the south right-of-way line of SW 21st Street, being a perpendicular distance of 55.00 feet south of the north line of said Northwest Quarter; thence along said right-of-way line N87°44'08"E, 1017.10 feet to the east line of said Northwest Quarter; thence along said east line N01°07'17"W, 25.00 feet; thence N87°44'08"E, 30.01 feet; thence S01°07'17"E, 290.46 feet to the southwest corner of Lot 4, Block 2, Romig's Subdivision; thence along the south line of said Subdivision and Romig's Subdivision No. 2, (a replat of part of Romig's) N87°44'41"E, 1301.64 feet to the east line of the West Half of said Northeast Quarter; thence along said east line S01°08'45"E, 2283.62 feet to a point being a perpendicular distance of 50.00 feet north of the south line of the West Half of said Northeast Quarter; thence parallel with said south line S87°39'22"W, 600.13 feet; thence S01°08'45"E, 50.01 feet to said south line; thence parallel with the east line of the West Half of said Southeast Quarter S01°10'35"E, 300.06 feet; thence N87°39'22"E, 600.12 feet; to the east line of the West Half of said Southeast Quarter; thence along the east line of the West Half of said Southeast Quarter S01°10'31"E, 835.25 feet, more or less, to the centerline of the Shunganunga Creek; thence westerly along the meanderings of said centerline to the POINT OF BEGINNING; containing 231 acres, more or less, including 2.59 acres of street right-of-way.

The area on the southern edge of the campus, approximately 72 acres, is leased without monetary consideration, to the City of Topeka for park and recreational purposes. This is in accordance with K.S.A. 76-17c07 1981 Supplement to the Kansas Statutes Annotated. The period of the lease is not to exceed ten years in duration with five-year renewal terms thereafter.

The area immediately north of the 72 acres, that contains approximately 39 acres, is in grass. The only expenditure is for mowing the area periodically. The buildings and land that are utilized as part of KNI is approximately 110 acres, bordered by 21st Street on the north, Randolph Street on the east, the Veteran’s Administration Hospital on the west and the grassland to the south. The main entrance to the facility is at the intersection of West 21st Street and Oakley Street, Topeka, KS.

Narrative Information – DA 400
 Division of the Budget
 State of Kansas

Agency Name: Kansas Neurological Institute
 Program Title: Revenues

EXPLANATION OF RECEIPT ESTIMATES - DA 405											
FY 2026 State General Fund Limitations											
Agency	Name	Fund Name	Fund	BU	FY 2026 Approved Expenditures	FY 2026 Re-appropriation	Transfers	Supplemental/Reduction Package	SGF Transfers	FY 25 Cash Forward	FY26 Adjusted Expenditure Request
410	Larned State Hospital	SGF Operating	1000	0103	\$51,808,305	\$7,724	-	-	-	-	\$51,816,029
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF-SPTP New Crime	1000	0110	\$0	-	-	-	-	-	\$0
		SGF - SPTP	1000	0200	\$27,144,514	\$7,030	-	-	-	-	\$27,151,544
494	Osawatomie State Hospital	SGF Operating	1000	0100	\$40,242,566	-	-	-	-	-	\$40,242,566
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF SPTP-MiCo	1000	0200	\$2,637,984	-	-	-	-	-	\$2,637,984
	Adair Acute Care	SGF Certified Care	1000	0101	\$8,877,835	-	-	-	-	-	\$8,877,835
631	South Central Regional Mental Health Hospital	SGF Operating	1000	0100	\$0	-	-	-	-	-	\$0
507	Parsons State Hospital	SGF Operating	1000	0100	\$22,248,645	-	-	-	-	-	\$22,248,645
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF- SPTP	1000	0200	\$2,728,817	\$39,720	-	-	-	-	\$2,768,537
363	Kansas Neurological	SGF Operating	1000	0303	\$18,617,217	-	-	-	-	-	\$18,617,217
		SGF Hospitality	1000	0304	\$150	-	-	-	-	-	\$150
	Total SGF				\$174,306,483	\$54,474	\$0	\$0	\$0	\$0	\$174,360,957
FY 2027 State General Fund Limitations											
Agency	Name	Fund Name	Fund	BU	FY 2027 Estimated Expenditures	FY 2027 Re-appropriation	Transfer	Enhancement/Reduction Package	SGF Transfers	KDADS Transfer IN	FY27 Adjusted Expenditure Request
410	Larned State Hospital	SGF Operating	1000	0103	\$52,469,390	-	-	-	-	-	\$52,469,390
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF-SPTP New Crime	1000	0110	\$0	-	-	-	-	-	\$0
		SGF - SPTP	1000	0200	\$27,144,514	-	-	-	-	-	\$27,144,514
494	Osawatomie State Hospital	SGF Operating	1000	0100	\$38,374,627	-	-	-	-	-	\$38,374,627
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF SPTP-MiCo	1000	0200	\$2,612,036	-	-	-	-	-	\$2,612,036
	Adair Acute Care	SGF Certified Care	1000	0101	\$11,175,355	-	-	-	-	-	\$11,175,355
631	South Central Regional Mental Health Hospital	SGF Operating	1000	0100	\$0	-	\$15,000,000	-	-	-	\$15,000,000
507	Parsons State Hospital	SGF Operating	1000	0100	\$22,534,289	-	-	-	-	-	\$22,534,289
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF- SPTP	1000	0200	\$2,700,000	-	-	-	-	-	\$2,700,000
363	Kansas Neurological	SGF Operating	1000	0303	\$18,871,646	-	-	-	-	-	\$18,871,646
		SGF Hospitality	1000	0304	\$150	-	-	-	-	-	\$150
	Total SGF				\$175,882,457	\$0	\$15,000,000	\$0	\$0	\$0	\$190,882,457

Narrative Information – DA 400
 Division of the Budget
 State of Kansas

Agency Name: Kansas Neurological Institute
 Program Title: Revenues

EXPLANATION OF RECEIPT ESTIMATES - DA 405												
FY 2026 Fee Funds												
Agency	Name	Fund Name	Fund	BU	FY 2026 Estimated C&H Receipts	FY 2026 Estimate Adj	Cash Forward	Add'l Misc Revenue	Other Transfer	FY 2026 Cash Forward	FY 2026 Adjusted Expenditure	Supplemental Request
410	Larned State Hospital	LSH Fee Fund	2073	2100	\$3,811,351	-	\$690,848			\$0	\$4,502,199	\$0
		Title XIX No limit	2074	2200	\$8,185,354	-	\$760,459			\$0	\$8,945,813	
494	Osawatomie State Hospital	OSH Fee Fund	2079	4200	\$782,900	-	\$1,782,401			(\$65,096)	\$2,500,205	\$0
		OSH TXIX No limit	2080	4300	\$0	-	\$1,499,914		(\$1,499,914)		\$0	
	Adair Acute Care	OSH Certified Care	2079	4201	\$5,011,100	-	\$1,541,311			(\$2,291,308)	\$4,261,103	\$0
		OSH TXIX Cert Care No Limit	2080	4301	\$7,290,196	-	(\$403,301)		\$1,499,914		\$8,386,809	
631	South Central Regional Mental Health Hospital	SCR Fee Fund	2512	2512	\$0						\$0	
		SCR XIX No limit	New1	New1	\$0						\$0	
507	Parsons State Hospital	PSH Fee Fund	2082	2200	\$1,235,000	-	\$406,700			\$0	\$1,641,700	\$0
		Title XIX No limit	2083	2300	\$21,000,000	-	\$2,143,696			(\$5,642,689)	\$17,501,007	
363	Kansas Neurological Institut	KNI Fee Fund	2059	2000	\$1,424,914	-	\$645,513			(\$318,226)	\$1,752,201	\$0
		Title XIX No limit	2060	2200	\$21,000,000	-	\$1,180,576			(\$227,474)	\$21,953,102	
	Total Fee Fund				\$69,740,815	\$0	\$10,248,117	\$0	\$0	(\$8,544,793)	\$71,444,139	
FY 2027 Fee Funds												
Agency	Name	Fund Name	Fund	BU	FY 2027 Estimated C&H Receipts	FY 2027 Estimate Adj	Cash Forward	Add'l Misc Revenue	Other Transfer	FY 2027 Cash Forward	FY 2027 Adjusted Expenditure	Supplemental Request
410	Larned State Hospital	LSH Fee Fund	2073	2100	\$3,932,727	-	\$0				\$3,932,727	\$0
		Title XIX No limit	2074	2200	\$8,307,133	-	\$0				\$8,307,133	
494	Osawatomie State Hospital	OSH Fee Fund	2079	4200	\$2,532,900	-	\$65,096				\$2,597,996	
		OSH TXIX No limit	2080	4300	\$0	-	\$0				\$0	
	Adair Acute Care	OSH Certified Care	2079	4201	\$3,261,100	-	\$2,291,308			\$0	\$5,552,408	\$0
		OSH TXIX Cert Care No Limit	2080	4301	\$7,000,000	-	\$0				\$7,000,000	
631	South Central Regional Mental Health Hospital	SCR Fee Fund	2512	2512	\$500,000		\$0				\$500,000	\$0
		SCR XIX No limit	New1	New1	\$0				\$1,500,000		\$1,500,000	
507	Parsons State Hospital	PSH Fee Fund	2082	2200	\$1,235,000	-	\$491,700				\$1,726,700	\$0
		Title XIX No limit	2083	2300	\$21,500,000	-	\$5,642,689			(\$7,642,689)	\$19,500,000	
363	Kansas Neurological Institut	KNI Fee Fund	2059	2000	\$1,424,914	-	\$318,226				\$1,502,788	
		Title XIX No limit	2060	2200	\$22,000,000	-	\$227,474			(\$409,482)	\$21,817,992	
	Total Fee Fund				\$71,693,774	\$0	\$9,036,493	\$0	\$1,500,000	(\$8,292,523)	\$73,937,744	\$0

Narrative Information – DA 400
Division of the Budget
State of Kansas

Agency Name: Kansas Neurological Institute
Program Title: Revenues

Fee Fund Explanation of Receipts - DA 405

Revenue Source	Revenue Account Code	Actuals FY 2023	Actuals FY 2024	Actuals FY 2025	Projected FY 2026	Projected FY 2027
Care and Hospitalization	420610	1,392,893	1,476,043	1,395,101	1,400,000	1,400,000
Other Service Charges	420990	719	1084	853	750	750
Salvaged Materials	422500	0	0	-	500	500
Usable Condemned Equipment	422600	0	2180	17,982	1000	1000
Rent of Unimproved Land	431100	14490	14490	16,664	16664	16664
Rent - Voting Place	431300	0	0	-	0	0
Bad Debts Recovery	459020	292	1991	1,185	0	0
Recovery of Current FY Expenditures	462110	1043	453	1,554	1000	1000
Recovery of Prior FY Expenditures	469010	419430	4184	6,320	5000	5000
Total		1,828,867	1,500,425	1,439,657	1,424,914	1,424,914

Narrative Information – DA 400
Division of the Budget
State of Kansas

Agency Name: Kansas Neurological Institute
Program Title: Revenues

KNI FEE FUND REVENUE ESTIMATES:

K.S.A. 76-1409a authorizes the KNI Fee Fund. KNI'S current appropriation set by the Kansas Legislature for its Fee Fund is \$1,752,201.

Most fee fund revenue is received from Care and Hospitalization at Kansas Neurological Institute, the people who live at KNI have their board and care obligations established by either Social Security and/or State of Kansas Medicaid depending on their individual monetary resources. The residents at KNI pay Board and Care at the lowest established rate due to their lack on income. Actual collections for the fee fund each year are based primarily on census and the ability of the residents to pay Board and Care. The resulting low obligation for KNI's residents minimizes the ability to generate revenue for the Fee Fund from Board and Care charges.

KNI TITLE XIX FUND ESTIMATES:

In FY 2020, the Title XIX Fund was changed from an appropriated fund to a no-limit fund by the Kansas Legislature. Title XIX revenue collections are based on a variety of continuously changing factors and situations encountered by each Medicaid eligible agency throughout any given fiscal year. Title XIX estimates take the following factors into consideration for each month of billing:

- Number of eligible Medicaid eligible residents served in any given month
- Individual eligibility changes within any given month
- Delays in processing beneficiary eligibility status at the state and federal level
- Number of days in the month
- Per diem rates
- Patient Liability Amount set by KanCare
- Parental/Guardian obligations collections
- Federal fiscal year Medicaid Assistance Program (FMAP) rates

Narrative Information – DA 400
Division of the Budget
State of Kansas

Agency Name: Kansas Neurological Institute
Program Title: Revenues

The chart below reflects KNI’s Title XIX Fund actual collections for FY 2023, FY 2024, FY 2025 and projections for FY 2026 and FY 2027 as calculated in IBARS. The daily rate for KNI in FY 2026 is \$879.

KNI TITLE XIX FUND ESTIMATES

Explanation of Receipts - DA 404	Revenue	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Revenue Source	Sub-Object	Actuals	Actuals	Actuals	Estimate	Estimate
Cash Forward	40007	840,976	926,598	1,137,786	1,180,576	227,474
Operating Transfers In	766010	13,000,000	17,075,000	22,000,000	21,000,000	22,000,000
Total Title XIX Available		13,840,976	18,001,598	23,137,786	22,180,576	22,227,474
Title XIX (Medicaid) Expenditures		(12,914,378)	(17,049,632)	(21,957,210)	(21,953,102)	(21,817,992)
Balance Forward		926,598	951,966	1,180,576	227,474	409,482

83000 Medical Services – Supplemental/Enhancement Request

Supplemental Request #1/2: Certified Medication Aide positions

Justification: KNI requests an increase of twenty-one (21) FTE positions and a supplemental increase to the FY 2026 base budget and beyond of \$1,164,462 SGF.

On August 4, 2023, KNI was cited by surveyors from the Department of Health and Environment for failing to ensure an appropriately organized staffing structure that ensures the supervision of Certified Medication Aides (CMA’s) was under a Kansas licensed nurse. KNI’s plan of correction states that the facility will implement a plan to move responsibility for passing resident medication under the direct supervision of nursing staff. Due to minimum staffing ratios for direct care staff in the homes, KNI is unable to transfer any MHDDTs who are CMA certified from the program services department to the nursing department to administer medications.

A medication administration time study was conducted to help determine how many CMAs would be needed to pass medication for nursing in the Flint Hills Building. Results concluded that it took on average approximately 20 minutes per resident to pass meds. Based on the number of medications that need to be administered and the number of residents in the Flint Hills building, it was determined that 21 CMAs would be needed to adequately pass medications under the nursing department.

CMA’s must operate under the supervision of a nurse and adding these positions fulfill the requirements of the plan of correction that removed the immediate jeopardy citation in the August survey.

Description	FTE(s) Requested	FY 2026	FY 2027
		S GF Funding Requested	S GF Funding Requested
CM A's for passing meds	21	\$1,164,462	\$1,164,462

Kansas Neurological Institute Supplemental Request Summary

Position Description	FTE's Impacted	FY 2026	FY 2027
		SGF	SGF
MHDDTS - CMA	21	\$ 1,168,615	\$ 1,168,615
Estimated Total	21	\$ 1,168,615	\$ 1,168,615

80830 Ancillary Services – Supplemental/Enhancement Request

Supplemental Request #2/2: Hire Cooks FY 27

Justification: KNI requests an increase of twenty-one (21) FTE positions and an enhancement in FY 2027 base budget and beyond of \$893,739 SGF.

In September of 1996, KNI closed the dietary department and direct support staff throughout 20 living units began planning menus, shopping for groceries, and preparing meals for the people who live at KNI. Each living unit consists of 4 to 8 individuals. Due to KNI’s aging population, dietary needs are becoming more specific and complex for the health and wellbeing of the people who live at KNI including specialized textures, food consistency, and medication administration through food. The care needs including personal care, seating and positioning, and transporting residents to activities occupy much of the direct care staff during their shifts. Separating the meal preparation and planning will ensure KNI can meet requirements in the survey plan of correction related to dietary services while maintaining the personalization of meal services across campus.

KNI proposes to hire one (1) cook manager, one (1) cook supervisor, and nineteen (19) cook seniors to work across the living units. These positions would assume to responsibility of planning menus, shopping for groceries and preparing meals for the people who live at KNI. These positions would work closely with KNI’s dietitian to ensure that nutritional needs are met.

Performance Measures	Jan, 2025	Feb, 2025	Mar, 2025	Apr, 2025	May, 2025	Jun, 2025
Diets will be Accurate 100% of the time during audits.	63.00%	69.00%	53.00%	88.00%	75.00%	71.00%
Food consistency will be accurate 100% of the time during audits.	100.00%	81.00%	100.00%	92.00%	100.00%	100.00%

Description	FTE(s) Requested	FY 2025	FY 2026
		SGF Funding request	SGF Funding request
Hire cooks to plan, shop and prepare meals for KNI Residents	21	\$0.00	\$893,739

Kansas Neurological Institute Supplemental Request Summary

Position Description	FTE's	FY 2026 S alary FY 2027 S alary	
	Impacted	Included Fringe	Included Fringe
Cook Manager	1	\$ -	\$ 63,029
Cook Supervisor	1	\$ -	\$ 58,541
Cook Senior	19	\$ -	\$ 772,169
Estimated Total	21	\$ -	\$ 893,739

EXPENDITURE JUSTIFICATION

PROGRAM: Administration – 01030

Program Overview:

The purpose of Administration is to provide a support structure that ensures the effective and efficient provision of supports and services for people with developmental disabilities who live at KNI and ensures that KNI meets the requirements of rules, regulations, policies and standards of relevant state and federal agencies.

Performance Measures	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Vacancy Rate for Direct Care Staff	25.00%	29.00%	10.00%	10.00%	10.00%
Vacancy Rate for Non-Direct Care Staff	13.70%	12.00%	9.70%	10.00%	10.00%

Current and Budget Year Operations:

KNI’s Administration will ensure that KNI maintains ICF/IDD certification and meets expectations of other entities that conduct external reviews of the agency’s operations.

Account Code 5100: Salaries and Wages

Summary: The 1 classified position and 20 unclassified positions in this program provide direct and indirect administrative and support services to every area of the facility. Funding requested is for all current positions for 26 pay periods in FY 2026 and FY 2027 with accompanying increases in fringe benefits and health insurance.

FY 2026: \$1,787,707 is requested. The shrinkage rate is 12.0%.

FY 2027: \$1,783,121 reflects flat overall spending from FY 2026 with accompanying increases in fringe benefits and health insurance. No COLA or step movement are included. The shrinkage rate is 12.5%.

Account Codes 5200 - 5290: Contractual Services

Summary: The major expenditures in this category include Office of Information Technology Services (OITS) monthly charges for data services and telecom services with an increase in cost due to all employees needing computer and email access for the Electronic Health Record system and installation of switches and wiring for surveillance cameras. Per OITS guidance expenses for accounts codes 520500 – Intergovernmental Communication Services have been moved to 52630 – Computer Programming Services. The cost of cell phone usage, postage expenses, the Accounting, Payroll and Budget (APB) fees, all SHARP, Statewide Management, Accounting and Reporting Tool (SMART) fees, and the annual costs for Office 365, Cybersecurity and Microsoft licensing fees. Other costs include costs of TB Tests, drug screening, and background checks on new employees. A new major expenditure for this category is the leasing of computers and tablets through Dell’s desktop as a service program.

FY 2026 \$974,237 is requested.

FY 2027: \$911,862 is requested.

Account Codes 5300 – 5390: Commodities

Summary: The major expenditures in this category include toner cartridges, supplies and repair parts for printers and computer systems in use at KNI. A new expenditure in this category is for KNI promotional items issued to KNI and KDADS employees. Other costs include food for employee recognition.

FY 2026: \$41,350 is requested.

FY 2027: \$41,350 is requested.

Account Codes 5400 - 5490: Capital Outlay

Summary: The expenditures in this program include monitors, printers, scanners, and computer software.

FY 2026: \$15,000 is requested.

FY 2027: \$15,000 is requested.

PROGRAM: Staff Education and Research – 01070

Program Overview:

This program exists to provide trained and competent staff to support the individual needs of the people who live either at KNI or in the community.

Performance Measures	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Number of hours new employees received in basic developmental disability training.	7250	4525	3316.5	3500	3500
Number of training hours KNI employees receive annually	571.25	926	600.5	750	750

KNI has a new Director of Training, the Director edited the curriculum and modified the classes required for new employees and training offered to current employees. These performance measure for Staff Education and Research were revised during FY 2023.

Current and Budget Year Operations:

Staff Education and Research provides training to KNI staff to ensure they develop and maintain the skills necessary to provide high quality, person-centered services to people who live at KNI and will expand the provision of training to staff from other developmental disability service providers.

Account Code 5100: Salaries and Wages

Summary: Positions include 0 regular classified positions and 6 unclassified positions. Funding requested is for all current positions for 26 pay periods FY 2026 and FY 2027 with accompanying increases in fringe benefits and health insurance.

FY 2026: \$465,300 is requested. The shrinkage rate is 12.0%.

FY 2027: \$465,261 reflects flat overall spending from FY 2026 with accompanying increases in fringe benefits and health insurance. No COLA or step movement are included. The shrinkage rate is 12.5%.

Account Codes 5200 - 5290: Contractual Services

Summary: The major expenditure in this category is provide training and/or training opportunities for direct support professionals and other KNI staff, that enhance the skills of KNI staff in meeting the active treatment needs of the people supported by the agency as defined in federal regulations for ICFs/IDD and staff from other agencies that support people with developmental disabilities.

FY 2026: \$40,500 is requested.

FY 2027: \$40,500 is requested.

Account Codes 5300 - 5390: Commodities

Summary: Funding in this category is primarily used for purchasing supplies specific to education, research, and training.

FY 2026: \$3,600 is requested.

FY 2027: \$3,600 is requested.

PROGRAM: Program and Supported Living Services – 37900

Program Overview:

To provide quality supports for the people living at KNI in daily needs and decision-making.

Performance Measures	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Percent of people whose guardians agree KNI treats individuals with respect and dignity.	100%	96%	90%	100%	100%
Percent of people whose guardian agree KNI provides a comprehensive array of services that meet the needs of the individual living at KNI	98%	96%	92%	100%	100%
Percent of people whose guardians agree the person is supported to learn new things of importance at KNI	94%	88%	84%	100%	100%
Percent of people whose guardians agree the person is supported by staff to participate in the life of the community to a satisfactory degree	94%	92%	91%	100%	100%

Current and Budget Year Operations:

Program and Supported Living Services will provide person-centered services that meet and exceed the expectations of the people who live at KNI and of their legal guardians and will continue to gradually expand the provision of outreach services to contribute to increased capacity of the Kansas developmental disabilities services system.

Account Code 5100: Salaries and Wages

Summary: Approved staffing for the program includes 211 classified and 75 unclassified FTE positions. Funding requested is for all current positions for 26 pay periods FY 2026 and FY 2027 with accompanying increases in fringe benefits and health insurance. The

positions include direct support positions, a program director and professional support staff, i.e., unit directors, qualified developmental disability professionals, and clerical support staff.

FY 2026: \$19,483,466 is requested. The shrinkage rate is 12.0%.

FY 2027: \$19,463,955 reflects flat overall spending from FY 2026 with accompanying increases in fringe benefits and health insurance. No COLA or step movement are included. The shrinkage rate is 12.5%.

Account Codes 5200 - 5290: Contractual Services

Summary: While the people living at KNI pay for their own costs for overnight trips and leisure activities such as lodging, movie tickets and game passes, funds are included in this category to pay for staff to support individuals in participating in activities of their choice.

FY 2026: \$16,200 is requested.

FY 2027: \$16,200 is requested.

Account Codes 5300 - 5390: Commodities

Summary: Commodities purchased include food and household items necessary for use in the homes at KNI. Meal preparation in the homes provides several benefits for the people who live at KNI, including giving them more involvement in choosing what foods to eat, additional community involvement associated with shopping for food in a variety of community grocery stores, and daily opportunities to participate in the preparation of meals in their homes. Other commodities include, but are not limited to, kitchen utensils and products used in the preparation of meals, personal hygiene items, non-inventory supplies, community activity supplies, and cameras and photographic equipment for recording special events and activities to meet ICF/IDD regulations requiring annual pictures of all people who live at KNI.

FY 2026: \$445,500 is requested.

FY 2027: \$445,500 is requested.

Account Code 5400 - 5490: Capital Outlay

Summary: Replacement of furniture that is used daily by an average of six to eight residents and twelve to fourteen staff in each home.

FY 2026: \$5,000 is requested.

FY 2027: \$5,000 is requested.

PROGRAM: Ancillary Services - 80000

SUB-PROGRAMS:

- Activity Therapies - 80110
- Supported Employment Services - 80130
- Allied Clinical Services - 80830

Program Overview: The Ancillary Services Program provides clinical and therapeutic staff for all the people who live at KNI and includes three subprograms: Activity Therapies, Employment Services and Allied Clinical.

Activity Therapies provides an enriching program of leisure activities and skill development through KNI’s Activity Therapy Program and the Foster Grandparent Program of Northeast Kansas. KNI’s Activity Therapy Program holds activity and events for the residents of KNI. The Foster Grandparent Program (FGP) is a federally funded program for which KNI is the sponsoring organization for Northeast Kansas. Activity Therapies also includes volunteer services and chaplaincy services.

Performance Measures	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Number of hours Foster Grandparents served in the community of Northeast Kansas	31002	46678	46205	50000	50000
Number of volunteers serving at KNI	60	76	55	75	75
Number of volunteer hours.	1440	1356	1456	2000	2000

Employment Services provides support for residents in all aspects of finding, securing, and retaining individualized and meaningful employment. Revenue from the various entrepreneurial businesses in this subprogram are deposited into the Work Therapy Fund. The Work Therapy Fund is a non-appropriated fund used to pay for program materials and salaries for supported employees.

Performance Measures	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Total number of residents participating in supported employment jobs.	47	74	37	57	57
Percent of residents in employment jobs	37%	57%	33%	50%	50%

Allied Clinical provides specialized services to meet medical and program needs of people who live at KNI, such as radiology, pharmacy, dental, psychological, social, speech and hearing services. This subprogram also coordinates the provision of outreach supports such as dental services, wheelchair positioning, modification and repair, other assistive technology services, and developmental and behavioral/psychological support to numerous Kansans with disabilities who do not live at KNI. The employees working in Habilitation Services collaborate with area therapists, vendors, and agencies in providing a Medicaid-approved seating and mobility clinic for Kansans with disabilities.

Performance Measures	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Number of people with challenging behaviors and medical needs provided consultation and support	130	124	115	118	118
Number of KNI work requests for assistive technology services	2478	3045	3670	4000	4400
Number of community work requests for assistive technology services	111	99	94	120	200
Percent of residents who receive/require assistive technology services	100%	96%	100%	100%	100%
Number of residents who received physical therapy treatment services	59	64	109	110	120
Number of residents provided with dental consultation and services (changed for FY 2025)	130	130	N/A	N/A	N/A
Number of dental appointments provided to KNI Residents (new for FY 2025)	N/A	N/A	333	325	325
Number of dental appointments provided to community-based patients (new for FY 2025)	N/A	N/A	58	75	75
Number of dental appointments utilizing sedation services provided to KNI residents (new for FY 2025)	N/A	N/A	182	200	200
Number of dental appointments utilizing sedation services provided to community-based patients (new for FY 2025)	N/A	N/A	23	30	30
Number of optometry appointments provided to KNI residents (new for FY 2025)	N/A	N/A	116	118	120
Number of audiology appointments provided to KNI residents (new for FY 2025)	N/A	N/A	138	140	145

Current and Budget Year Operations:

Activity Therapy services will provide an expanded array of individualized social, leisure, and spiritual opportunities to the people who live at KNI through participation in leisure and other everyday activities with KNI Staff, foster grandparents and volunteers. These activities include arts and crafts, movies, outings with the people at KNI several times each week and spiritual services offered by the KNI chaplain. Employment Services will increase supported employment opportunities for people living at KNI. Supported Employment Services includes employment in the entrepreneurial businesses operated at KNI---Balloon Extraordinaire, Hideaway Café, Oldies But Goodies Thrift Store, The Plant Shop ---or other job opportunities either at KNI and/or at other locations in the Topeka community such as custodial, delivery/courier, recycling, packaging, or vending services. Allied Clinical services will focus on meeting the clinical needs of people living at KNI and on gradually expanding the provision of outreach services such as dental, assistive technology and wheelchair modification and repair services to community members with developmental and other related disabilities.

Account Code 5100: Salaries and Wages

Summary: Salary and wage expenditures for all three subprograms in Ancillary Services include providing chaplaincy services, volunteer services, clerical support for the Foster Grandparent program, employment support staff for 47 people who live at KNI and staffing for the Medical Records, Physical Therapy, Occupational Therapy, Habilitation and Assistive Technologies. Approved staffing includes 7 regular classified FTE and 17 unclassified positions. Funding requested is for all current positions for 26 pay periods FY 2026 and FY 2027 with accompanying increases in fringe benefits and health insurance.

FY 2026: \$2,453,142 is requested. The shrinkage rate is 12.0%.

FY 2027: \$2,442,587 reflects flat overall spending from FY 2026 with accompanying increases in fringe benefits and health insurance. No COLA or step movement are included. The shrinkage rate for SGF is 12.5%.

Account Codes 5200 - 5290: Contractual Services

Summary: The major expenditures in this category are for contracts for anesthesia services during dental appointments and psychiatric consult. Travel expenditures for the staff in the Foster Grandparent Program (FGP), fingerprints and background checks for new

Foster Grandparents as required by the federal grant and Foster Grandparent Program contractual workers. Fees associated with supporting KNI's entrepreneurial businesses, repair and maintenance of auditory and dental equipment.

FY 2026: \$231,391 is requested.

FY 2027: \$231,391 is requested.

Account Codes 5300 - 5390: Commodities

Summary: The major expenditure in this category is the contract for pharmaceuticals. Other expenses are the purchasing of supplies specific to the FGP program for recognition and other FGP events, activity therapy, volunteer services and the chaplaincy program. Also purchased are the supplies used for resale by people living at KNI and support staff, in the various businesses at KNI. Items for resale include gift baskets, balloons, snacks, candy, plants, vegetables, and gift items. Allied Clinical supplies are purchased to meet the positioning, and mobility needs of people at KNI as well as a wide range of assistive technologies, including customized switches, remote control devices and mechanical products that increase the independence, participation, choice making, and productivity of the people living at KNI.

FY 2025: \$238,000 is requested.

FY 2026: \$238,000 is requested.

Account Code 5400 - 5490: Capital Outlay

Summary: Purchase of physical and occupational therapy equipment to help residents regain or improve their physical or occupational abilities and wheelchairs.

FY 2026: \$31,000 is requested.

FY 2027: \$31,000 is requested.

Account Code 5790: Non-Expense Items

Summary: Taxes in this program area are received on the sale of items made by people who live at KNI and are employed in the businesses supported by KNI employees.

FY 2026: \$9,000 is requested.

FY 2027: \$9,000 is requested.

PROGRAM: Medical and Surgical Service – 83000

Program Overview:

The purpose of medical and surgical services is to provide health care for people who live at KNI with various types of acute and chronic conditions and to provide intermediate health care 24 hours a day, seven days a week. In addition to providing primary health care, staff in this program area will arrange for people living at KNI to receive services from medical specialists either through contracts for the provision of these services at KNI or through referrals to medical specialists or hospitals in the community. When the services of specialists or hospitals are utilized, Medical and Surgical Services staff will act as liaisons between specialists and KNI staff. One Dietitian III in this program, who is registered with the Academy of Nutrition and Dietetics, conducts the dietary and nutritional reviews required under ICF/IDD regulations ensuring that meals contain a variety of foods and flavors and are served in form and quantity to meet individual nourishment needs. Therapeutic modifications of diets and other clinical services are also provided by the dietitian.

Performance Measures	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2026 Estimate
Percent of parents and guardians who feel their loved ones receive the health care services he/she needs.	100%	100%	93%	100%	100%
Number of on-site medical clinic visits - modified starting FY 2025 to number of on-site medical clinic visits for annual wellness examinations, primary care, urgent care, etc. provided to KNI residents	188	250	130	150	150

Current and Budget Year Operations:

Medical and Surgical Services staff will provide high-quality medical and nursing care to people living at KNI and will provide training to KNI’s direct support professionals to enhance their skills in meeting the health care needs of people who live at KNI.

Account Code 5100: Salaries and Wages

Summary: Medical and Surgical approved staff include 2 (two) Advanced Practice Registered Nurses who provides primary healthcare for all individuals residing at KNI, a dietitian, nursing staff, and medical support staff. Approved staffing includes 14 classified and 53 unclassified FTE positions. Funding requested is for all current positions for 26 pay periods FY 2026 and FY 2027 with accompanying increases in fringe benefits and health insurance.

FY 2026: \$7,188,412 is requested. The shrinkage rate is 12.0%.

FY 2027: \$7,153,024 reflects flat overall spending from FY 2026 with accompanying increases in fringe benefits and health insurance. No COLA or step movement are included. The shrinkage rate is 12.5%.

Account Codes 5200 - 5290: Contractual Services

Summary: The major expenditure in this category is KNI's contract with Cotton O-Neil Clinic, a division of Stormont Vail Healthcare center, to provide on-call physician services and medical oversight for the people who live at KNI. Cost in the contract for agency staff to cover KNI's shortage of CMAs, LPNs, and RNs. Other expenditures include the rental of specialized medical equipment such as IV pumps, and respiratory equipment to reduce the length of off-grounds hospitalization, medical equipment repairs, in-patient and out-patient hospital expenses. Memberships to online medical portals. New expenditure for this category is for mobile imaging services so residents can stay at KNI when x-rays are needed.

FY 2026: \$2,628,000 is requested.

FY 2027: \$2,628,000 is requested.

Account Codes 5300 - 5390: Commodities

Summary: Major expenditure in this category is for the purchase of professional scientific, sterile supplies.

FY 2026: \$263,000 is requested.

FY 2027: \$263,000 is requested.

Account Code 5400 - 5490: Capital Outlay

Summary: Major expenditures in this category are for hospital beds, medical equipment, and oxygen concentrators.

FY 2026: \$20,000 is requested.

FY 2027: \$20,000 is requested.

PROGRAM: COVID-19 – 21662

Program Overview

The COVID-19 pandemic has contributed to additional expenditures, policies, procedures, and protocols for KNI. Since the beginning of the world-wide pandemic, KNI has followed numerous and frequently changing recommendations and information from the Centers for Disease Control (CDC), KDHE, Centers for Medicare and Medicaid (CMS), and the Shawnee County Health Department. KNI has worked especially close with the Shawnee County Health Department to support one another related to contact tracing of employees being monitored or confirmed to have COVID-19. KNI continues to work diligently to put recommendations in place to minimize the risks of COVID-19 to the people living at KNI as much as possible.

Multiple policies, protocols, and procedures were modified to include the recommendations specific to the COVID-19 virus. New protocols were developed and implemented for a multitude of nursing procedures including safely utilizing Personal Protective Equipment (PPE), and screening for residents, visitors, and employees. A color triage system was developed and applied to each building at KNI based on their exposure to the virus. The color triage system has Triage Green when no known cases of COVID exist in Shawnee County, Triage Yellow when known cases are present in the local community, and Triage Red when a confirmed case exists with a KNI employee or resident.

KNI's expenditures for COVID related items were \$0.00 in FY 2025.

PROGRAM: Physical Plant and Central Services – 96000

SUB-PROGRAM:

- Engineering Services - 96010
- Supply Services - 96020
- Security and Protection - 96030

Program Overview:

The Physical Plant and Central Services Program consist of three subprograms: Engineering Services, Supply Services and Security and Protection. Engineering Services operates the facility’s power plant and maintains the facilities and vehicle fleet. Supply Services is responsible for procuring, storing, and issuing all commodities and equipment at the facility. Security and Protection provides 24/7 security services, training for staff and residents to handle emergencies and fire and physical inspections of the facility.

Performance Measures	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Percent of parents and guardians who feel the home their loved one lives in is clean	100%	92%	92%	100%	100%
Percent of parents and guardians who feel the home their loved one lives in is good repair	95%	94%	92%	100%	100%
Percent of Parents and guardians who feel their loved on is safe at KNI	96%	96%	95%	100%	100%

Current and Budget Year Operations:

Engineering staff will ensure that KNI is a healthy, safe, and well-maintained environment for the people who live and work at KNI. Supply Services staff will ensure that staff members who provide direct services to the people who live at KNI have the supplies, materials, and equipment necessary to meet the needs of the agency’s customers. Security and Protection will provide services to ensure the safety of people living, working, and visiting at KNI, to maintain fire safety and to monitor the security of property and equipment at KNI.

Account Code 5100: Salaries and Wages

Summary: Approved positions include maintenance and repair technicians, power plant operators, custodians, the safety and security chief position, storekeepers, purchasing staff and a clothing specialist. Approved staffing for the program includes 15 classified positions and 45.8 unclassified FTE positions. Funding requested is for all current positions for 26 pay periods FY 2026 and FY 2027 with accompanying increases in fringe benefits and health insurance.

FY 2026: \$3,668,010 is requested. The shrinkage rate is 12.0%.

FY 2027: \$3,668,721 reflects flat overall spending from FY 2026 with accompanying increases in fringe benefits and health insurance. No COLA or step movement are included. The shrinkage rate is 12.5%.

Account Codes 5200 - 5290: Contractual Services

Summary: The major expenditures in this category include utilities, rental of equipment, vehicle and facility maintenance and repair costs, outside repair service fees, contract fees for fire alarm system maintenance, pest control, refuse disposal, vehicle registration, and vehicle liability insurance, freight and express service charges, printing service charges provided by the State Printer, Central Mail cost, copier rental contract and fees to repair office machines, and other equipment and internet and Wi-Fi access for the people who live at KNI so they can stream services on their personal devices. MOA agreement with the VA of Eastern Kansas for Compensation Work Therapy for veterans. Increase cost in vehicle registration for KNI's vehicle fleet

FY 2026: \$1,370,750 is requested.

FY 2027: \$1,370,750 is requested.

Account Codes 5300 - 5390: Commodities

Summary: Major expenditures under this category include materials and supplies needed for ongoing maintenance and remodeling of buildings to maintain a more normal living environment. The cost of material and supplies in maintaining vehicles, buildings, and grounds; janitorial and power plant supplies and clothing, personal care items, and sewing supplies. Disposable briefs used for incontinent residents, nutritional products for residents who cannot eat by mouth, antibacterial hand soap, paper towels, mattresses, pillows, as well as purchases of office supplies, etc., used throughout the facility are distributed centrally through Supply Services.

FY 2026: \$1,184,700 is requested.

FY 2027: \$1,184,700 is requested.

Account Code 5400 - 5490: Capital Outlay

Summary: The major expenditure in this category is the purchase of a new handicap accessible van to be used to transport residents with specialized wheelchairs. Other expenditures include the purchase for equipment, appliances, and other capital equipment for use by the entire facility. New expenditures for this category is the purchase and installation of security cameras on the campus of KNI.

FY 2026: \$268,000 is requested.

FY 2027: \$268,000 is requested.

PROGRAM: Trust and Benefits - 85000

EXPENDITURE JUSTIFICATION: Resident Benefit Fund

The 1974 Session of the Legislature required that an account be established for the Resident Benefit Fund (Section 7, House Bill 1059). The Resident Benefit Fund is a non-appropriated fund that has been utilized since the commencement of KNI for the general use and benefit of all KNI residents. Expenditures from this fund provide items and services that are not included in the KNI budget for the people living at KNI. Funds deposited are donations from concerned community organizations and individuals and now include vending commissions as well. Interest earned on Resident Trust Fund accounts is deposited to the Resident Benefit Fund. KNI distributes interest earnings to everyone's Resident Trust Fund account based on that resident's account balance. The interest is distributed quarterly, based on the quarter-end bank interest rate. Financial statements for the Resident Benefit Fund are submitted to the Department of Administration and audited annually.

EXPENDITURE JUSTIFICATION: Employee Use Fund

The KNI Employee Use Fund is a non-appropriated fund established for the general use and benefit of all employees at KNI. It is limited in its use to cover the costs for the annual KNI picnic for KNI residents, staff, and family members. Expenditures must be in accordance with K.S.A. 75-3080 & 75-3081 and require advance approval from the Appointive State Agency Head or his/her designee. For FY 2025, the KNI Employee Use Fund ending balance was \$4,977.06. Financial Statements are produced by the KNI Accounting Department and submitted annually to Department of Administration's Office of the Chief Financial Officer.

September 2, 2025

Mr. Adam Proffitt, Director
Division of the Budget
Landon State Office Building
900 SW Jackson - Room 504 North
Topeka, KS 66612

Dear Mr. Proffitt:

As Superintendent of Larned State Hospital (LSH), I am pleased to present you with our FY 2026 and FY 2027 Budget Request. This work has been completed in accordance with the guidelines provided by the Division of the Budget and the Kansas Department for Aging and Disability Services (KDADS). All information included in this document is accurate and complete to the best of my knowledge and belief.

LSH is committed to providing a safety net of mental health services for Kansans in partnership with consumers, community mental health providers, and the justice system. LSH continues to work with leadership in the Kansas Department for Aging and Disability Services (KDADS) to develop and implement the most efficient and effective mental health treatments, ensuring that the hospital remains fiscally responsible to the citizens of Kansas.

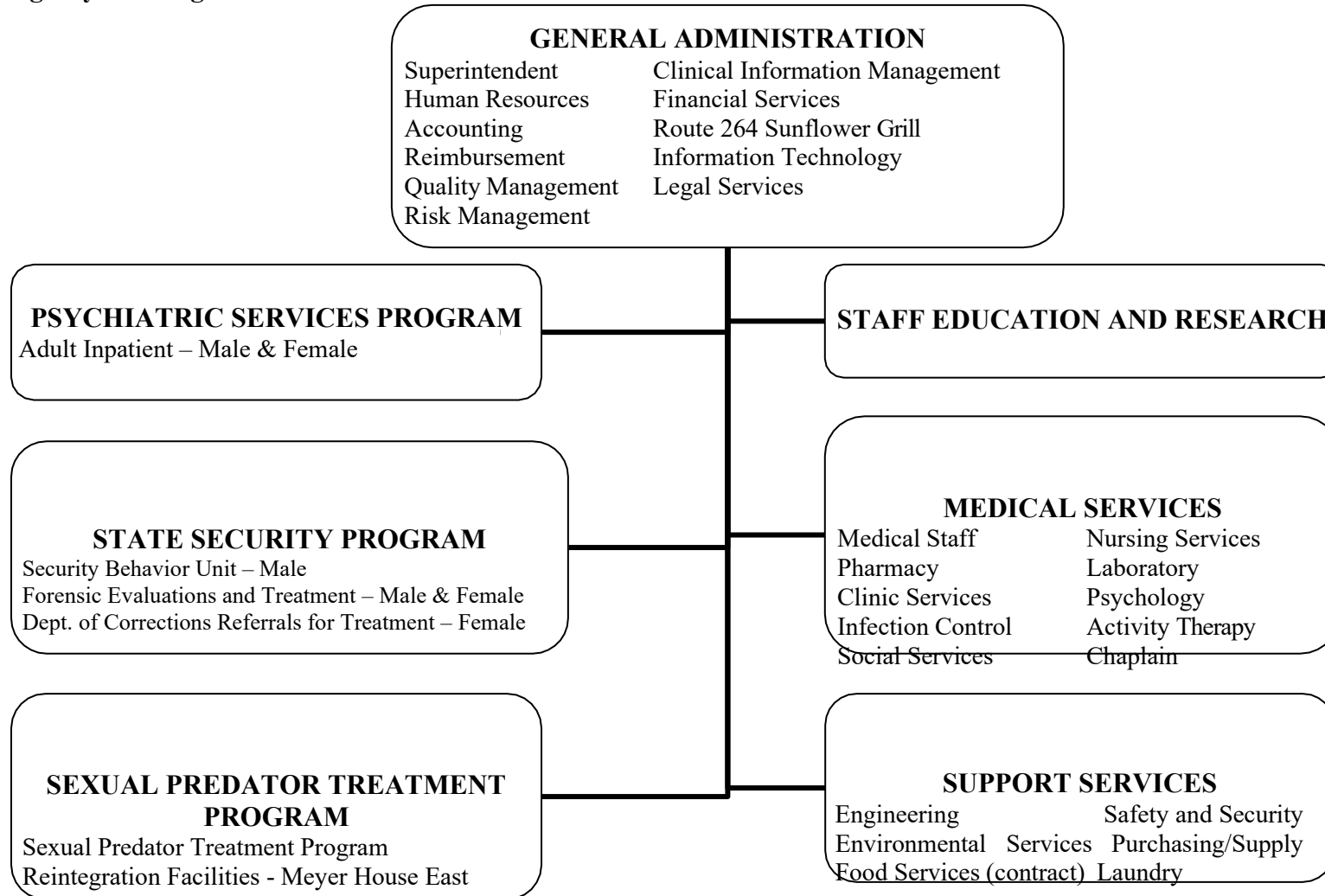
Please feel free to contact us should you have questions or require additional information.

Sincerely,

A

Lindsey Topps, PhD., LCPC
Superintendent, Larned State Hospital

Agency Funding Chart



GENERAL AGENCY INFORMATION

AGENCY MISSION: To provide a safety net of mental health services for Kansans in partnership with consumers, community providers, and the justice system and to deliver support services to related agencies.

AGENCY VISION: State of the art services provided by caring and competent staff.

AGENCY PHILOSOPHY: We are committed to continuous learning, quality, stewardship and principled service to others.

STATUTORY HISTORY:

Established Larned State Hospital (1911); K.S.A. 76-1303

Established State Security Hospital (1937); K.S.A. 76-1305

Established Security Behavior Ward (1976); K.S.A. 76-1306

Established Sexual Predator Treatment Program in SRS (1994); K.S.A. 59-29a07

Transferred CDRP/SSH program to Department of Corrections (2000); House Substitute for Senate Bill 326, Section 51

ACCREDITATION AND CERTIFICATION:

The Psychiatric Services Program (PSP) located on the Adult Treatment Center (ATC) at LSH is fully accredited by The Joint Commission (TJC) and certified by the Center for Medicare and Medicaid Services (CMS). Hospital personnel work diligently to maintain TJC and CMS expectations in order to ensure consistent provision of a high level of environmental safety and treatment quality to the patients it serves. LSH's commitment to such high expectations makes a strong statement to all Kansans – patients, their families, and communities. The hospital had its most recent triennial survey by TJC in April 2021, with the outcome being accreditation of the PSP program located on the ATC Building. LSH also maintains licensure and oversight by the Kansas Department of Health and Environment (KDHE) for the PSP program as well as the State Security Program (SSP) and Sexual Predator Treatment Program (SPTP).

OVERVIEW OF CURRENT AND BUDGET YEAR INFORMATION:

Agency Overview: For FY 2026, LSH requests revised expenditures totaling \$92,849,658 of which \$78,967,723 is from the State General Fund. For FY 2027, LSH requests expenditures totaling \$91,983,534 of which \$79,614,054 is from the State General Fund.

The agency has requested change packages for FY 2026 and FY 2027. This revises the agency budget request to \$126,217,704 for FY 2026 and \$128,781,812 for FY 2027. The change package is addressed in the LSH Supplemental/Enhancement request. The hospital is committed to actively managing the budget to the allocation and covering any unexpected obligations. Hospital staff monitors expenditures of hospital funds to ensure the hospital is only purchasing items essential for operations and to ensure the hospital is operating as efficiently as possible.

Initiatives: LSH is continuing to enhance our efforts to recruit and retain state employees. LSH is working on new approaches to help state employees feel supported, recognized, and appreciated. LSH has initiated surveys, interviews, and assessment tools to determine workplace culture and employee satisfaction across the hospital followed by action steps being determined to help improve the employees' experiences. In July 2025, LSH initiated an Employee Engagement and Workplace Culture Survey that was conducted by the University of Kansas Rural Health and Education Services. This was a staff-wide engagement survey where the results help identify the workplace culture of the hospital. A summary of highlights and recommendations will be shared with Larned State Hospital Leadership. LSH will be completing an employee engagement survey which is a confidential in-house survey designed to measure how connected, supported, and motivated employees feel in their roles and within the organization. Finally, LSH is implementing listening tours which is an interactive and personal conversations between leaders and employees where employees share their thoughts, concerns, and ideas about the workplace. These conversations are conducted in person. Thus far, LSH has been able to carry out these forms of listening tours with approximately 35 employees between February and June 2025. The Superintendent has already implemented several steps for improvement and extended recognition efforts for successes identified in these discussions. LSH is seeking to expand leadership members that will carry out these types of listening tours alongside the Superintendent including the Chief of Staff position.

LSH developed a new administrative position referred to as the Chief of Staff. This position reports directly to the LSH Superintendent and assists with supporting the hospital's mission, vision, and achievement of goals and objectives outlined within the LSH Strategic Plan. This position acts as an advisor for problem solving, decision making, and policy and procedural development. The Chief of Staff maintains an active role of consulting with leadership and department members in order to maximize efficiency of processes through the development and implementation of new ideas and strategies. The Chief of Staff collaborates with leadership

roles within the organization to help identify, develop, and implement action steps that help support optimal employee management approaches. This role also focuses on the development and offering of skill development opportunities for employees that may pertain to topics such as management skills, de-escalation tactics, communication, critical thinking, relationship building, etc. This position is a key role in verifying patient service quality and standard of care remains at high levels as well as assessing and supporting employee satisfaction.

LSH has increased focus and efforts to improve management skills of supervisors across the hospital and help promote stronger leadership skills. Both internal and external leadership training programs are being developed and utilized to assist with progression in this area as well as additional discussions occurring to help promote and support employee growth and development. LSH recognizes that internal growth is a positive attribute for both the individual and the organization and is investing more time and commitment with supporting employees with promotional opportunities desired.

LSH continues to actively implement the larnedcares.com campaign, which was part of the FY 2019 marketing opportunity provided to LSH from the City of Larned and Pawnee County. A new website for the Larned Cares campaign was launched in FY 2024 that provides information regarding the hospital and offers an easy and quick way to apply for LSH positions. LSH has witnessed hundreds of applications come through this website thus far. LSH has worked with KSN in efforts to enhance recruiting strategies and advertisement, keeping recruiting interesting and continues to market the Larned Cares campaign. Additionally, collaboration with Fili Creative has resulted in a new commercial production that is being developed.

The State Security Program continues to strengthen mobile competency, and a mobile evaluator continues to go into jails to perform competency restoration and evaluations at other secured confinement settings. LSH piloted this first in Shawnee County followed by work in Wyandotte, Johnson, and Sedgwick counties. It has continued to expand into additional counties including Lyon, Geary, Saline, Reno, Leavenworth, and Barton County. These expansions of the mobile competency services have helped improve the timeliness of individuals being evaluated or receiving competency restoration care.

SPTP has been confronted with addressing an increasingly resistive and aging population. SPTP Leadership has extended efforts to adapt new clinical approaches that are empirically based and supported to help motivate engagement from the resistive residents of the program as well as increase monitoring and assessment of the aging residents facing new medical challenges due to natural deterioration in health. The number and needs of the resident population challenges the program's ability to respond to the fundamental staffing challenges. It is exceedingly difficult to make decisions regarding placing residents in safe housing placements given residents increasing sexual and physical assaults, the manipulation on each other and staff, and the accommodations needed for those deemed medically frail. Administrative and Clinical changes to the program have been initiated to help provide residents hope and desire to comply with program expectations and advance to the higher steps in treatment. The programmatic and physical

footprint for SPTP continues to need review to be able to manage residents safely along with the other two Programs on the LSH campus.

In addition to the aging population of SPTP, the patients that are arriving at LSH for services within the PSP and SSP programs are also showcasing an increased need for medical care due to physical health challenges. LSH has observed an increase from the last fiscal year of off campus services that may be required for these patients to meet medical needs and hospitalizations that are occurring in the community setting for days and even weeks. These place additional challenges on the staffing coverage given the additional employees required to transport and sit with these individuals. LSH also holds responsibility for covering the costs of these medical services during instances where there is not a source of medical insurance coverage for the patients. This leads to increasing costs that the facility must cover but cannot necessarily predict or anticipate. LSH has sought a Board-Certified Medical Provider to oversee the primary care of the patients at LSH as well as expanded the number of medical providers that are available on campus to address acute and chronic illnesses. PSP has extended efforts to assess further preventative care that can be provided to more long-term patients in efforts to reduce risk of significant medical issues.

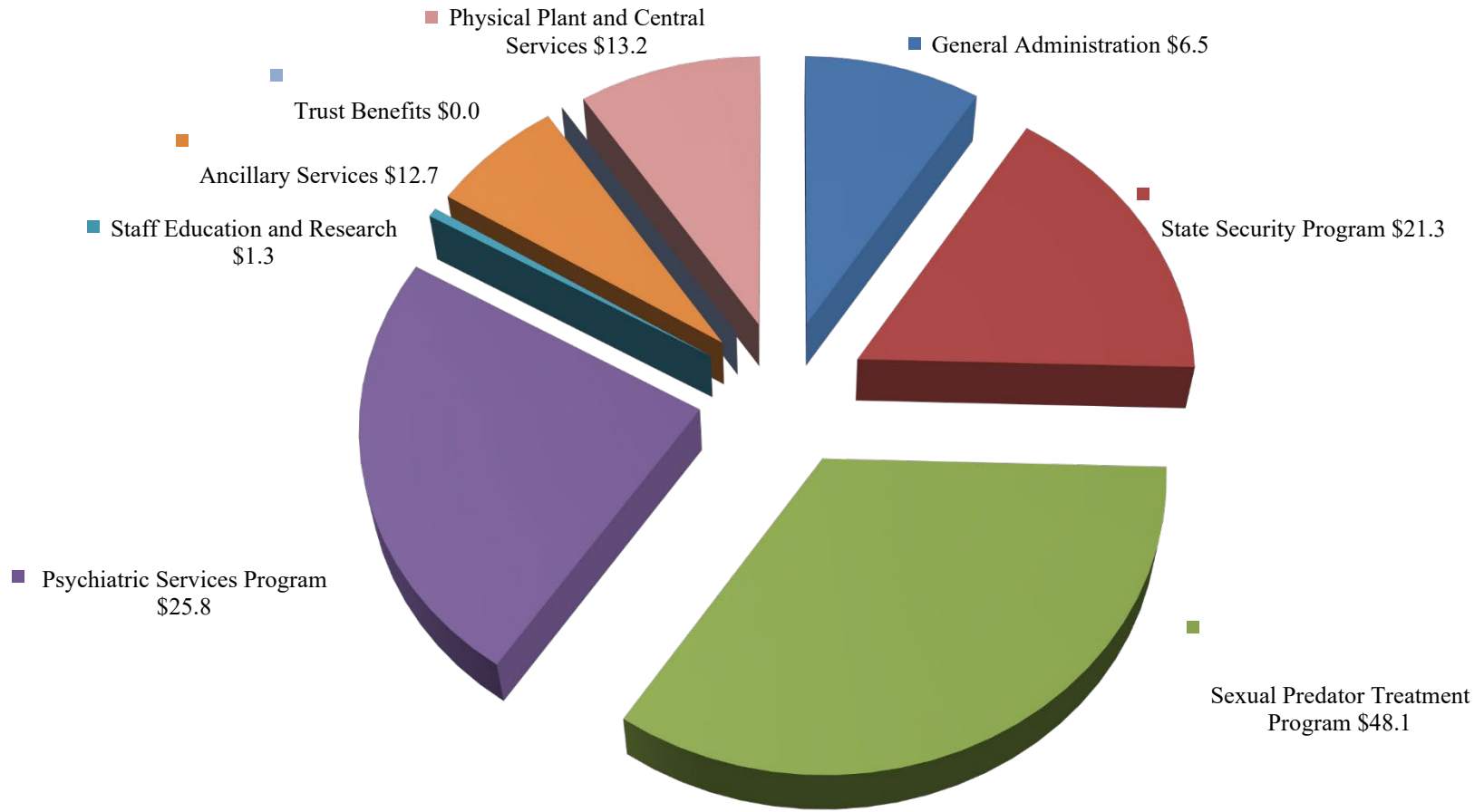
LSH has added recruitment and retention bonuses to enhance our ability to hire new employees and retain current employees. The maximum FY 2025 bonus amounts increased to \$10,000 for FY 2026. LSH observed improvements in recruitment associated with the implementation of these bonuses. LSH has struggled to showcase growth within FTE positions for many years but concluded FY 2025 with a 10% growth rate in state hires for the facility. Additionally, LSH ended the FY 2025 with more state employees as Mental Health Developmental Disability Technicians currently employed than contract staff fulfilling those vacancy roles.

The following bonuses were implemented during FY 2025:

- Sign – On Bonus: \$1,000 that would be paid to new full-time employees after 90 days on employment.
- Referral Bonus: \$500 available to current full time employees after 6 months of a referral that was hired.
- Retention Bonus: \$2,000 in FY2025, \$1,000 paid after 6 months of employment and the second \$1,000 paid in June 2025.
- Longevity Bonus: Up to \$1,000 to be given at an employee’s anniversary date for Unclassified employees or Classified hired after 2007.
- Pick-Up Shift Bonus: Up to \$100 for designated days/times for shifts that are hard to cover and are directly related to patient care.

FY 2025 Actual Expenditures

(In Millions)



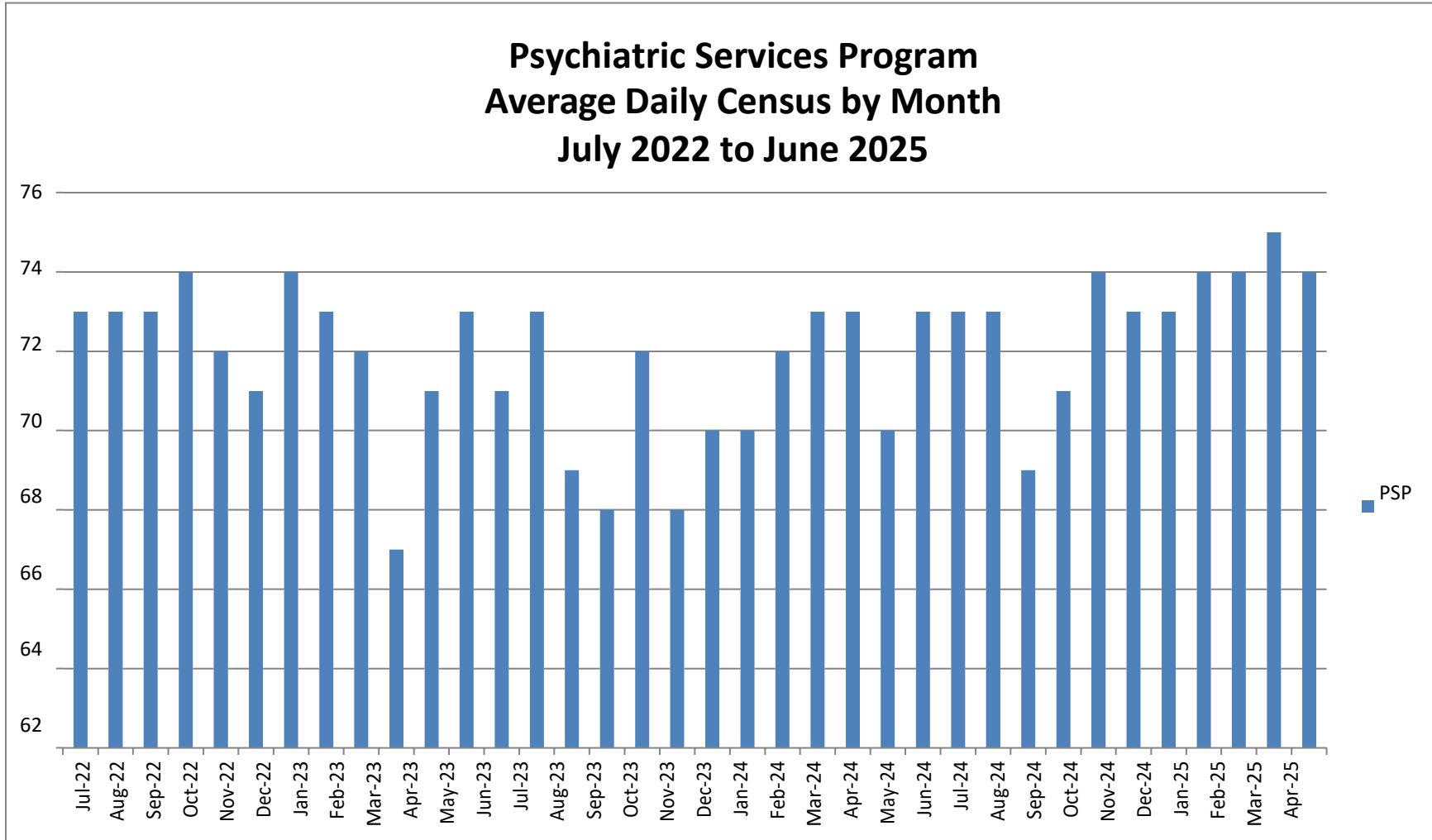
Total FY2025 Actual Expenditures
\$128.9 Million

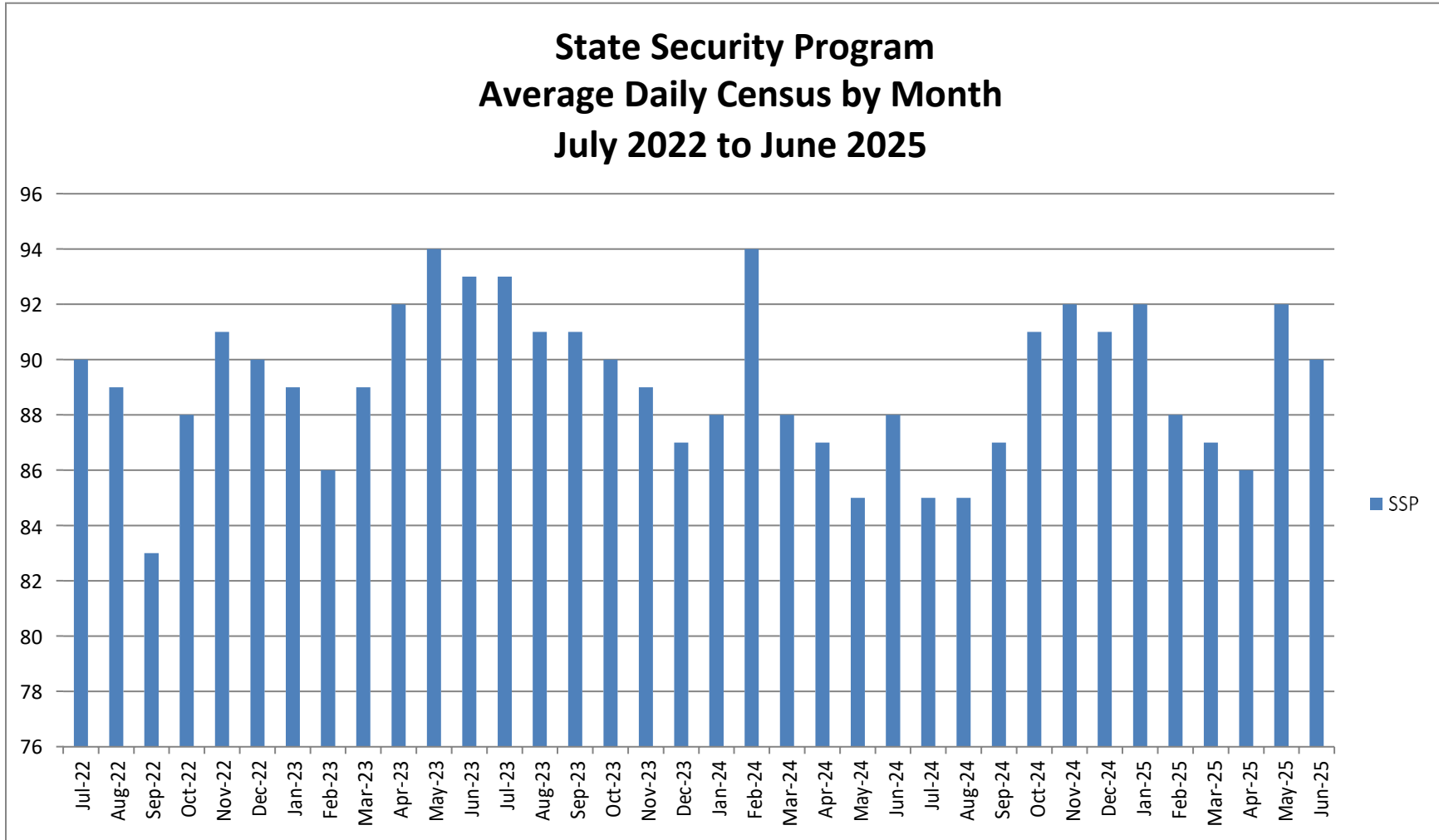
(Total may not add due to rounding)

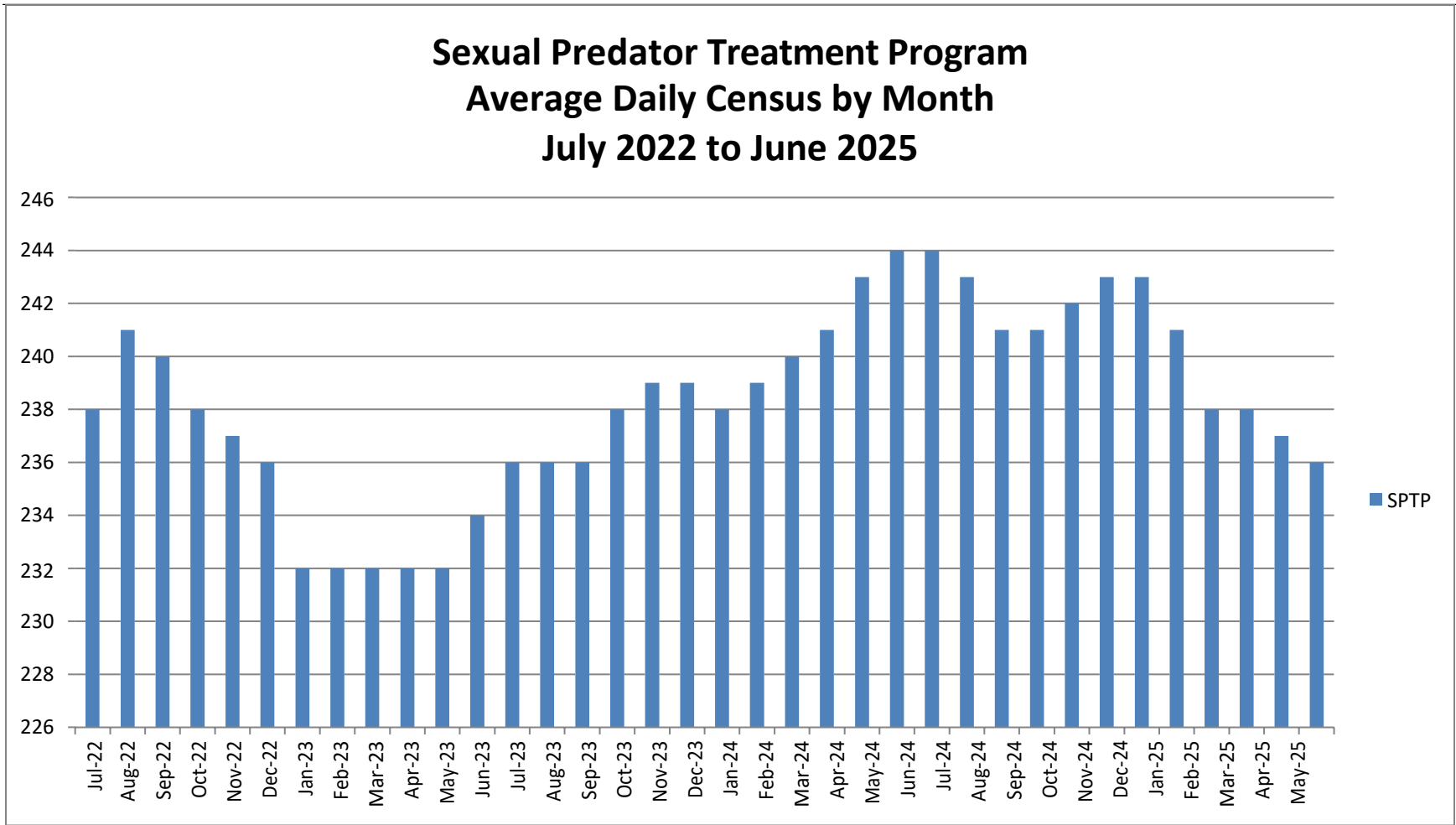
FY 2021 through FY 2025 Approved FTE and UP/UT Positions										
Larned State Hospital	FY 2023 Actuals		FY 2024 Actuals		FY 2025 Actuals		FY 2026 Estimate		FY 2027 Estimate	
Program	FTE	UP/UT	FTE	UP/UT	FTE	UP/UT	FTE	UP/UT	FTE	UP/UT
General Administration	55.00	-	55.00	-	60.00	-	56.00	-	56.00	-
Staff Education and Research	2.00	-	2.00	-	2.00	-	4.00	-	4.00	-
Psychiatric Services Program	134.00	3.00	134.00	3.00	129.00	3.00	104.00	3.00	104.00	3.00
State Security Program	208.50	2.00	185.00	2.00	183.00	2.00	124.00	2.00	124.00	2.00
Sex Predator Treatment Program	291.50	2.00	287.00	2.00	291.00	2.00	231.00	2.00	231.00	2.00
Ancillary Services	74.50	2.00	71.50	2.00	67.50	2.00	67.50	2.00	67.50	2.00
Physical Plant and Central Services	146.00		146.00	-	155.00	-	138.00	-	138.00	-
TOTAL APPROVED POSITIONS	911.50	9.00	880.50	9.00	887.50	9.00	724.50	9.00	724.50	9.00

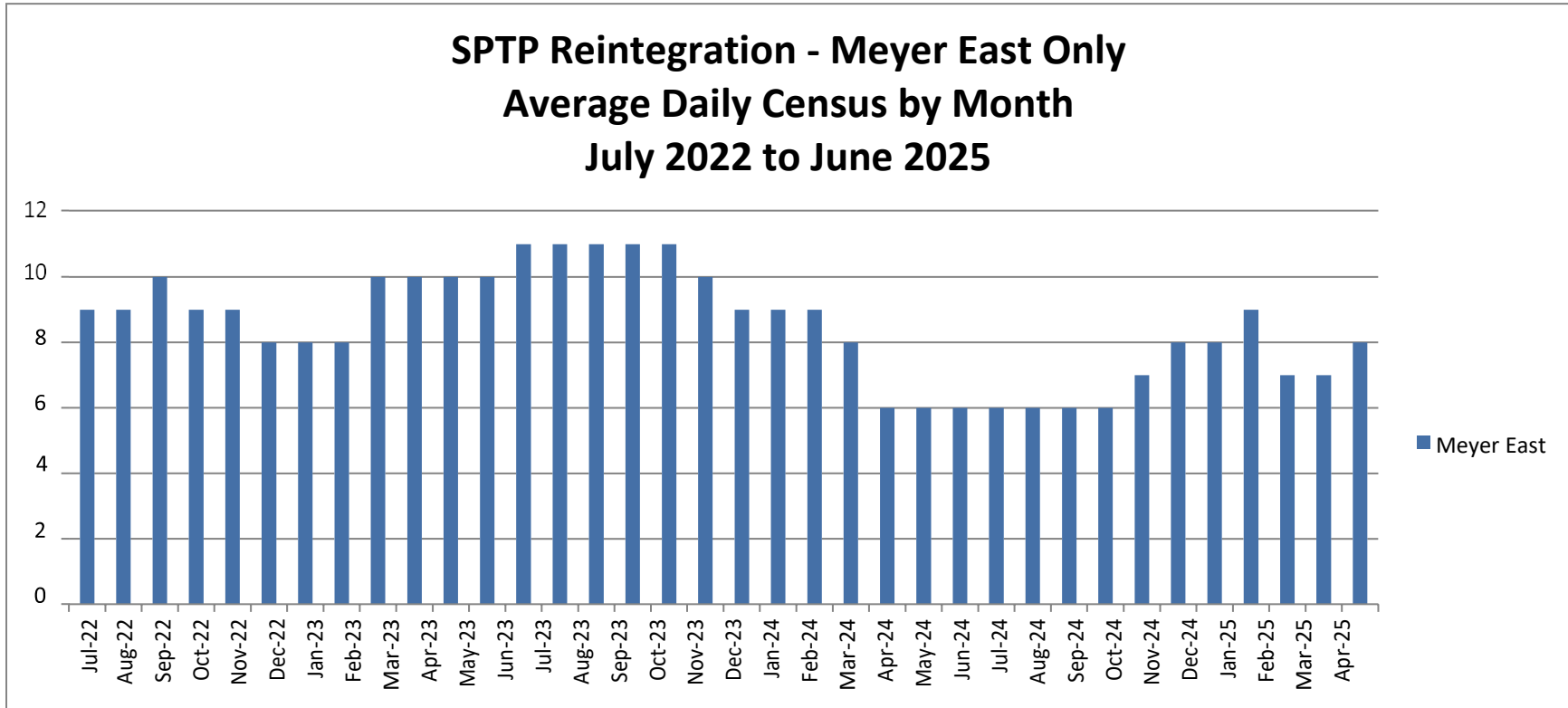
Budgeted Bed Capacity by Program at the End of the Fiscal Year					
Program	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Psychiatric Services Program	90	90	90	90	90
State Security Program	140	140	140	140	140
Sexual Predator Treatment Program	274	274	274	274	274
Meyer Reintegration	16	16	16	16	16
Total	520	520	520	520	520

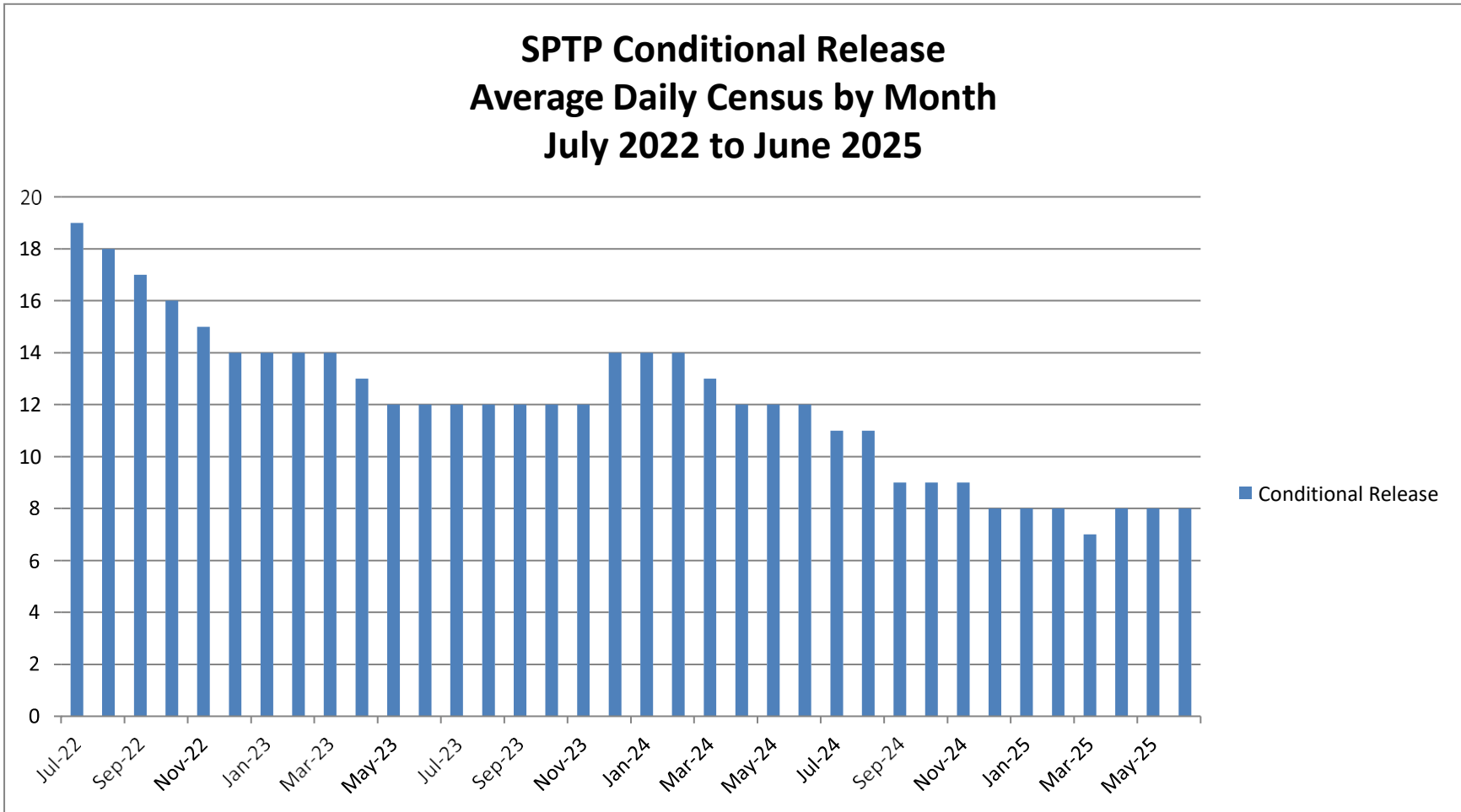
Patient Movement Summary	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Additions					
First Admissions	390	419	323	325	325
Readmissions	423	407	381	385	385
TOTAL ADMISSIONS	813	826	704	710	710
Admissions-- % Change From Prior Year	-27.9%	1.6%	-14.8%	0.9%	0.0%
Separations					
Discharges	812	832	695	700	700
TOTAL SEPARATIONS	812	832	695	700	700
Transfer In and Out - Other KDADS Institutions					
Transfers in -- Other KDADS Institutions	34	26	21	20	20
Transfers out -- Other KDADS Institutions	50	54	54	50	50
Deaths in Hospital	3	3	5	5	5











Average Daily Census by Fiscal Year	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Psychiatric Services Program	72	70	73	72	72
State Security Program	90	88	89	89	89
Sexual Predator Treatment Program (LSH)	235	244	241	241	241
Meyer Reintegration	10	6	7	8	8
Total	407	408	410	410	410

Average Length of Stay in Days	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Psychiatric Services Program	49	44	67	50	50
State Security Program	105	147	141	140	140

Third Party Leases

Larned State Hospital has no third-party leases.

Land Holdings and Leases

Schedule of Agency Land Holdings Lease to Others						
Lease	Acres Lease to Others	Annual Rent Received	Taxes Paid	Expiration Date	Length of Lease	Lease Description
***1	58.1	\$3,899	\$2,527	Feb. 28, 2026	1 Year	Original lease provides for use of 196.0 cultivated acres through 2/28/97. Due to the construction of the new Juvenile Justice Authority facility, 53 acres south of 2 nd Street were removed from this lease in FY 2001. During FY 2003 84.9 acres north of 2 nd Street were removed from the lease to allow space for construction of the new facility to house the State Security Program. Subsequent annual renewal is contingent upon agreement of both parties.
2	353.4	\$23,713	\$0	Feb. 28, 2026	1 Year	Original lease provides for use of 353.4 cultivated acres through 2/28/97. Subsequent annual renewal is contingent upon agreement of both parties.
3	229.9	\$4,138	\$0	Feb. 28, 2026	1 Year	Original lease provides for five years use of 238.1 pasture acres through 2/28/97. In FY 2001 8.2 acres were removed from the lease due to inaccessibility. Subsequent annual renewal is contingent upon agreement of both parties.
TOTAL:	641.4	\$31,750	\$2,527			
Amounts noted include total property taxes for leases 1, 2, and 3. *** Portions were removed from lease to accommodate new SSP facility. Landholdings of Larned State Hospital total 1,310.71 acres. The agency uses 325.59 acres and leases 641.4 acres to others. The 104.2 acres that DOC uses for LCMHF was transferred to DOC in FY 2019. The remaining 343.72 acres are considered land that cannot be cultivated and are therefore, not used.						

PROGRAM GOALS, OBJECTIVES AND OUTCOME:

LSH is committed to providing mental health care and treatment in a safe setting. The following outcome indicators are used by LSH to help evaluate safety.

- Restraint Hours Per 1,000 Inpatient Hours
- Seclusion Hours Per 1,000 Inpatient Hours
- Patient Injuries Per 1,000 Inpatient Days
- Staff Injuries Per 1,000 Inpatient Days

PROGRAM GOAL #1:

Improve service quality in all areas.

OBJECTIVE #1:

Provide compassionate treatment of patients as evidenced by maintaining level of seclusion and restraint hours per 1,000 inpatient hours which is below previous levels.

The use of seclusion and restraint is an indicator of how effectively staff can work with patients who can be extremely violent, through verbal de-escalation and interventions and without having to limit their freedom of movement. LSH has embarked on a long-term project to minimize the use of seclusion and restraint. All LSH direct care staff, clinicians and designated support staff receive on-going training in a formalized program designed to manage violent behaviors without the use of seclusion or restraint.

OBJECTIVE #2:

Provide a safe environment for patients and staff by reducing patient injuries and staff injuries due to patient aggression below previous levels.

Strategies for Objective #1 & #2:

1. Provide training in Crisis Intervention Techniques by Crisis Prevention Institute (CPI) for direct care staff, clinicians and designated support staff.

Performance Measures for Objective #

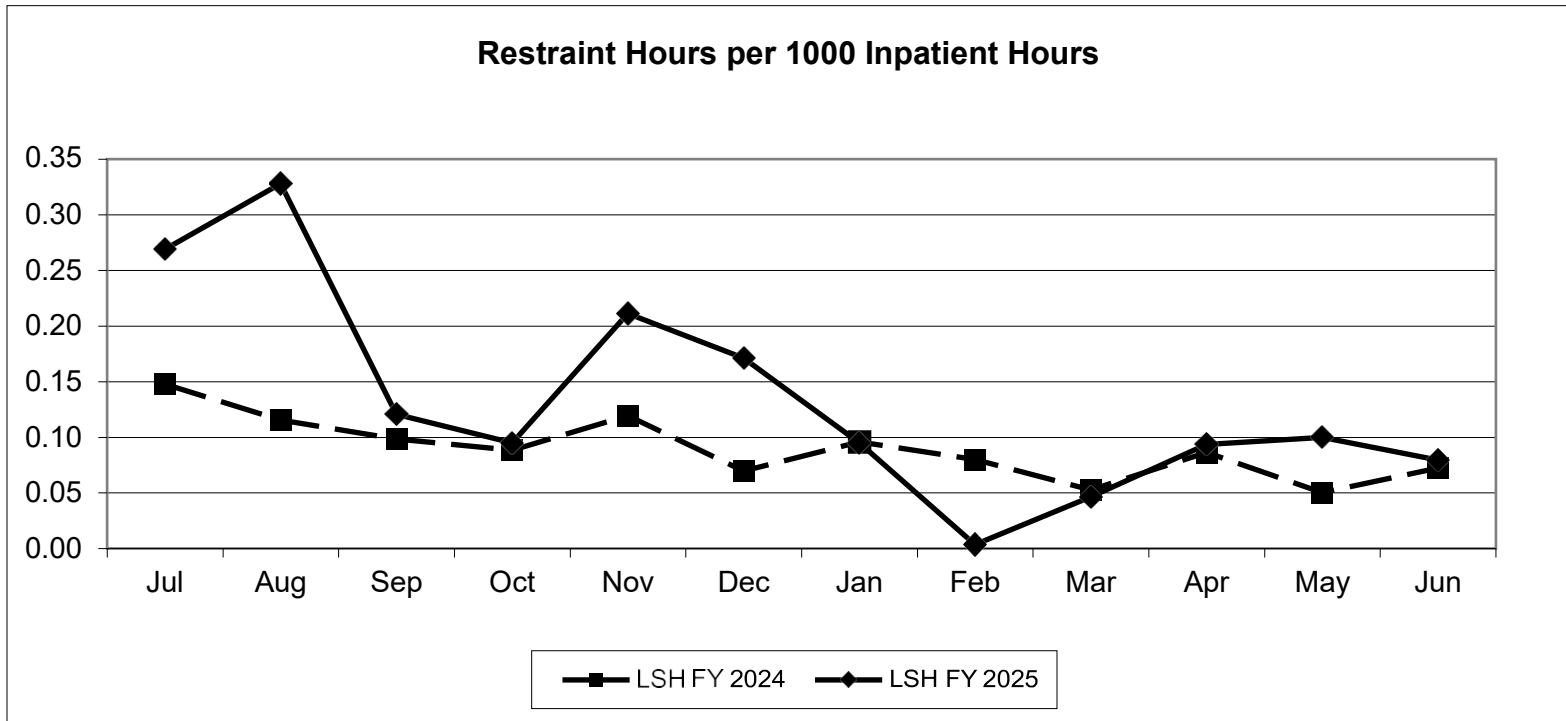
Outcome Measures

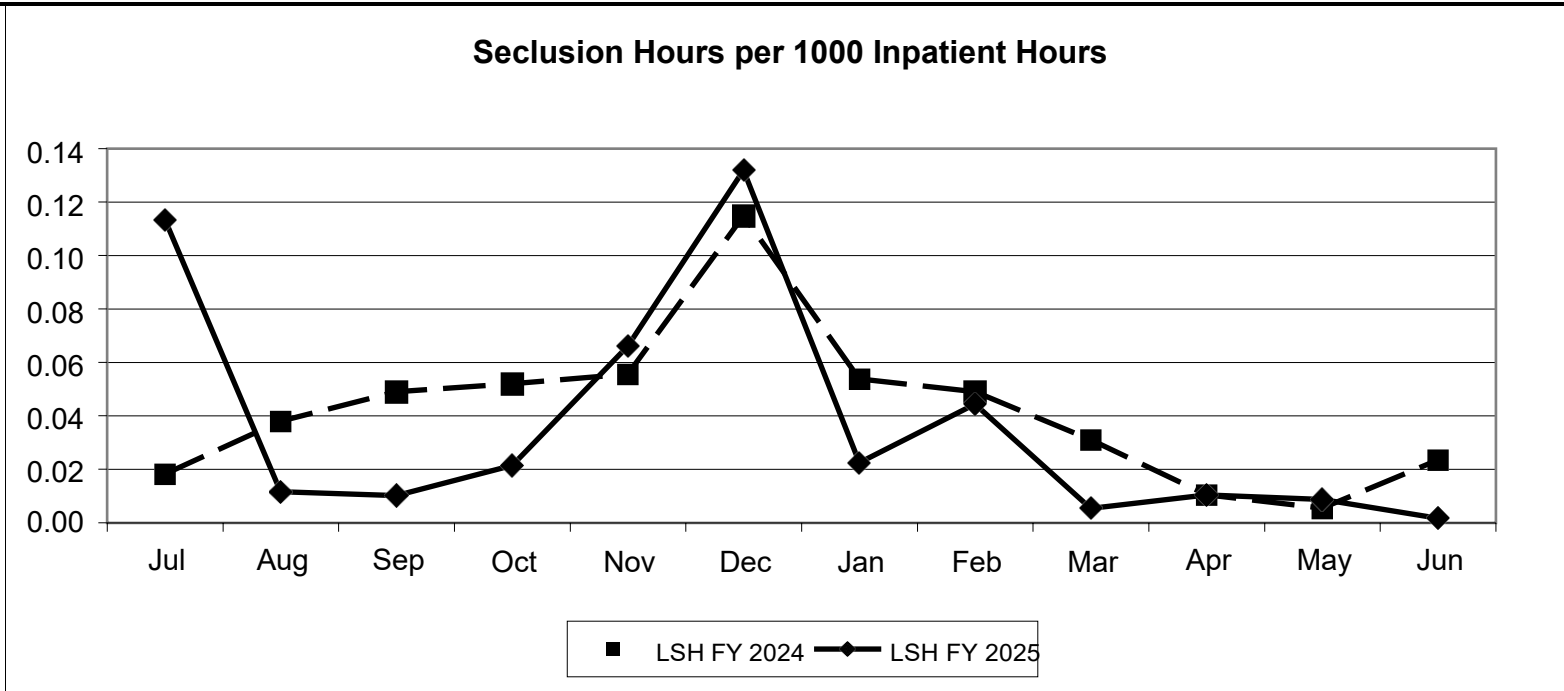
Description	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Average restraint hours per 1000 inpatient hours	0.168	0.090	0.134	0.13	0.125
Average seclusion hours per 1000 inpatient hours	0.043	0.042	0.037	0.035	0.033

Output Measures

Description	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY2026 Estimate	FY2027 Estimate
Average patient injuries per 1000 inpatient days	0.014	0.275	0.381	0.375	0.350
Average staff injuries from patient aggression per 1000 inpatient days	0.014	0.165	0.109	0.095	0.075

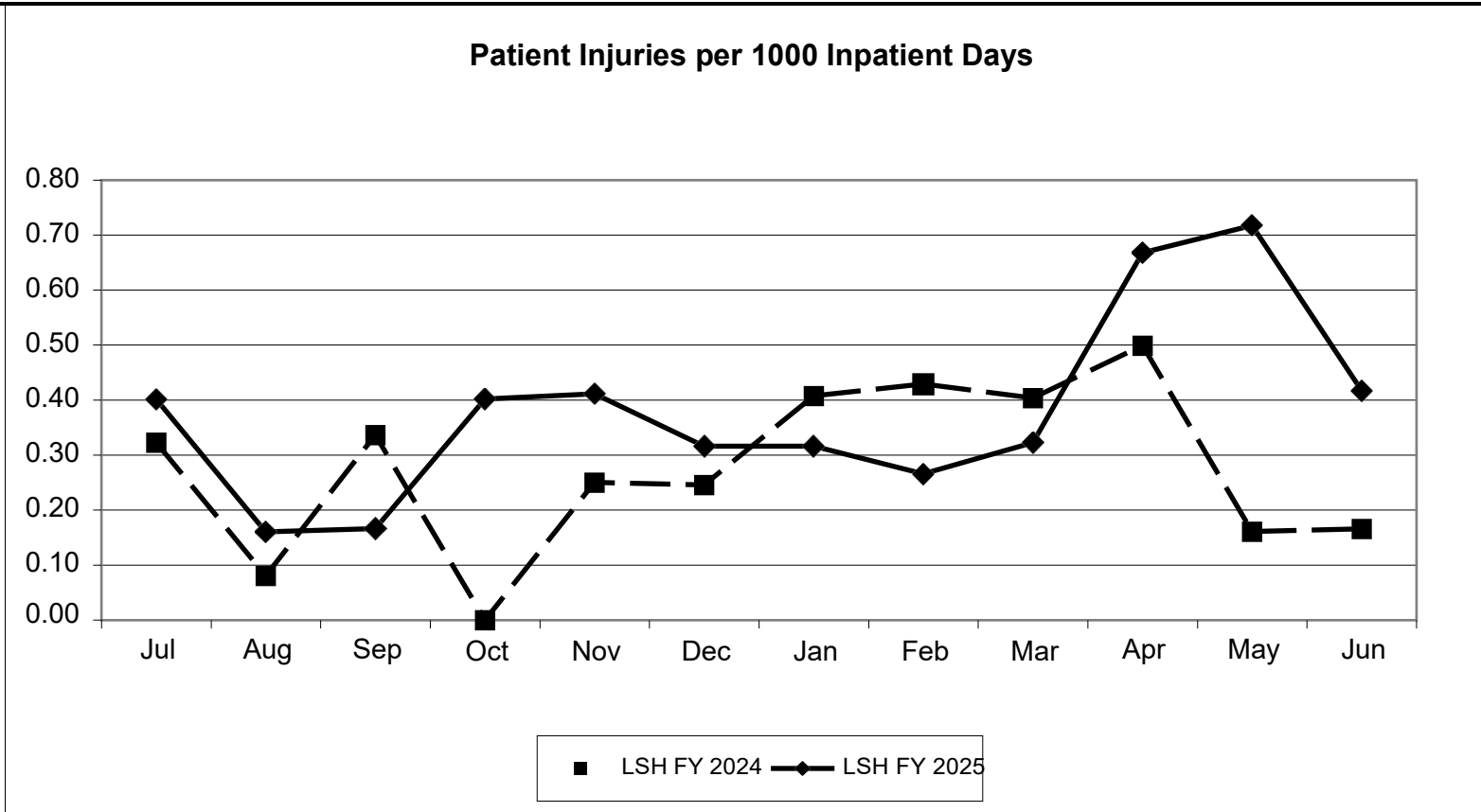
Performance Measures for Objective #2:

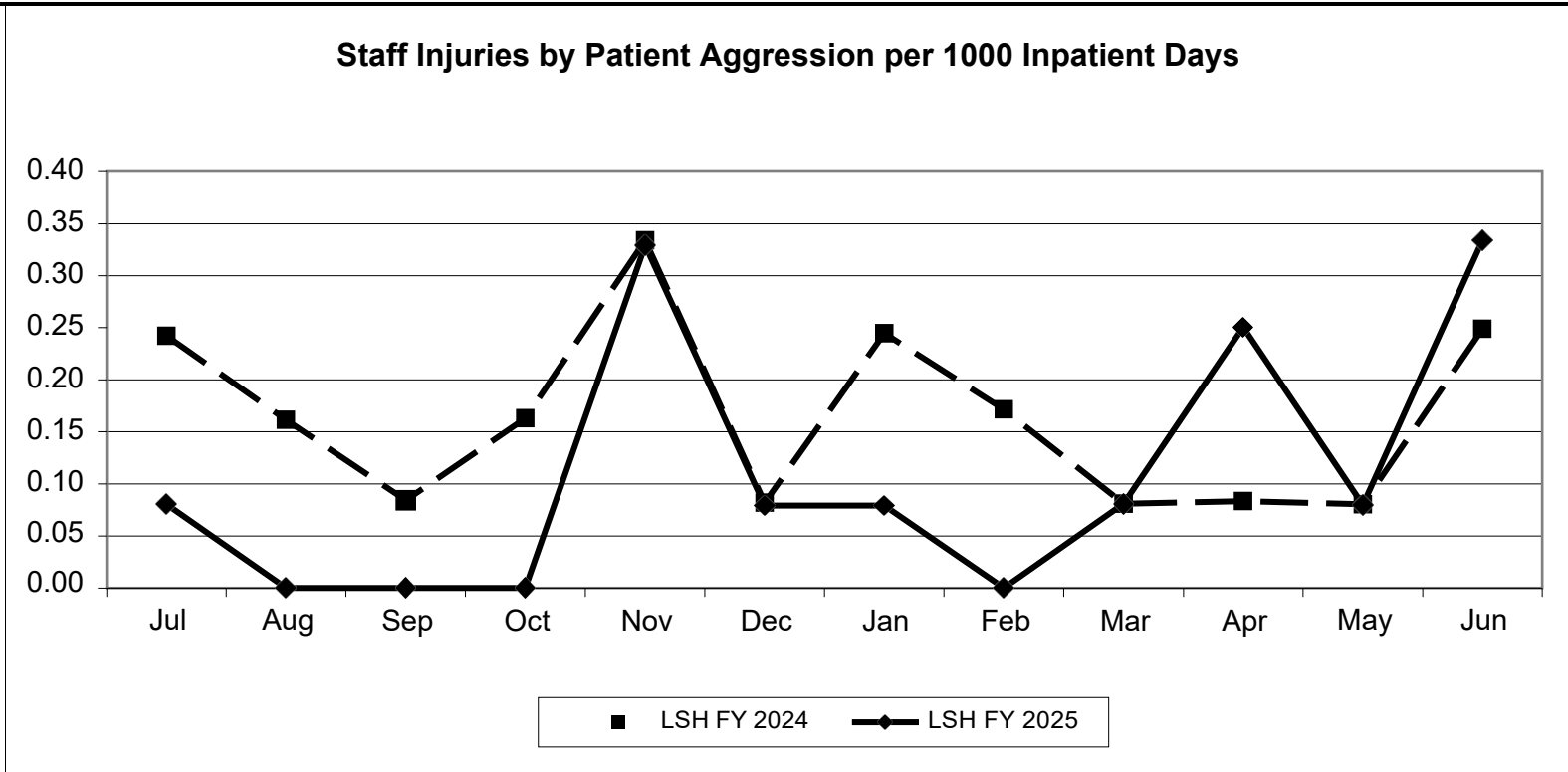




Output Measures

Description	FY2023 Actuals	FY2024 Actuals	FY2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Percent of direct care staff, clinicians and designated support staff trained in crisis intervention techniques and Crisis Intervention Techniques by Crisis Prevention Institute (CPI).	98%	99%	99%	99%	99%





Supplemental/Enhancement Request #1/2: Funding for Contract Agency Nursing Staff

Justification: Larned State Hospital (LSH) is requesting an increase of \$32,227,968 in SGF to the FY 2026 base budget and beyond to cover the cost of agency nursing staff that is critical to providing 24/7 front line nursing staff coverage to safely operate the 18 patient/resident units at LSH. Nursing staff (direct care staff) are the front-line employees who support all activities of daily living, continuous supervision, medical care, medications, monitoring of location, and are the first line of security and safety for patients and residents. Inadequate numbers of nursing staff may result in adverse outcomes to patients/residents, direct care staff, the agency, and the community.

To meet day-to-day operational needs of direct patient care, the Nursing Department requires approximately 27 RNs, 26 LMHTs/LPNs, and 246 MHDDs/CNAs every day to cover all three shifts for approximately 420 patients/residents that are within the three programs. Additionally, the nursing staff provide with patient 1:1 coverage when risk factors such as medical conditions, fall risk, suicide or homicidal ideation, or aggression are present. This requires a single staff member to be individually assigned to a patient/resident and always remain within arm’s reach. These individual staff members cannot assist with any other unit tasks while assigned 1:1 with a patient/resident. These 1:1s increase the core coverage of the units by each patient/resident that requires a staff assigned specifically to them. LSH’s average 1:1s for FY2025 was 30 patients/residents which requires 30 additional professionals needed per shift to maintain daily operations. LSH has observed an upward trend of increased 1:1s with PSP having the highest number of 1:1s followed by SPTP and then SSP. Despite improvements shown in the recruitment and retention efforts for state employees, LSH is not receiving sufficient applications to hire full-time employees at a rate that allows for discontinuation of contract nursing staff.

The table below breaks down the vacancy rate by Program at LSH. Looking at the last Fiscal Years, nursing vacancy rates have shown improvement from the start of the fiscal year in July 2024 until the end of the fiscal year in June 2025. SSP’s vacancy rate dropped to 3.18%, PSP’s vacancy rate dropped to 17.21%, and SPTP’s vacancy rate dropped to 18.04%.

FY 2025 Monthly Vacancy Rate for Nursing Department Per Program

Rate	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
SSP	63.03%	68.85%	64.48%	62.93%	63.71%	65.04%	64.48%	64.48%	59.85%	61.39%	61.78%	59.85%
PSP	71.15%	64.85%	60.00%	56.36%	56.36%	56.36%	53.73%	53.73%	57.58%	52.75%	55.15%	53.94%
SPTP	74.04%	73.50%	74.96%	72.80%	69.60%	69.40%	66.40%	66.40%	64.00%	61.33%	59.20%	56.00%

Hiring employees has proven very difficult in western Kansas. In Larned and surrounding areas, there are more job opportunities than viable candidates. The unemployment rate in Pawnee County and the surrounding counties is at a current average of 3.1%. According to data from the 2020 Census, the city of Larned has seen a steady decrease in population every year since 1990 going from a population of 4,811 in 1980 to a population of 3,769 in 2020 and continuing to reduce to a population of 3,612 for 2025. LSH approaches recruiting from multiple angles and partners with several agencies, including working with schools and colleges. LSH attends job fairs within the state of Kansas, has hired outside sources to produce commercials airing on several media sites as well as streaming, posted on Facebook, advertised through KSN, circulated in publications, and marketed through multiple social media sites. LSH recognizes the impact employee satisfaction has on recruiting efforts when employees positively speak about their employment, which helps recruit more staff. Several interventions are in place at the hospital to continue to improve employee satisfaction, which can help assist with this recruitment strategy. However, despite these ongoing recruiting efforts, LSH struggles to recruit employees to come live in Larned or local communities and work at LSH as full-time employees. Factors that impact this include Larned's location within a smaller rural community, limited housing availability, limited community support and resources, limited access to recreational and social activities that support healthy work-life balance.

The inability to hire and retain employees in the Larned area has resulted in a high number of FTE vacancies over a long period of time. Agency nursing staff are essential; however, these expenses are well beyond LSH's approved budget for contractual services. In FY 2025, the cost averaged \$885,505 weekly for direct care agency staff. Agency Nursing Costs are approximately 2 times higher than FTE hourly pay. LSH has implemented Recruitment and Retention bonuses for FY 2025 to assist in increasing our FTE's and reducing the number of agency staff required.

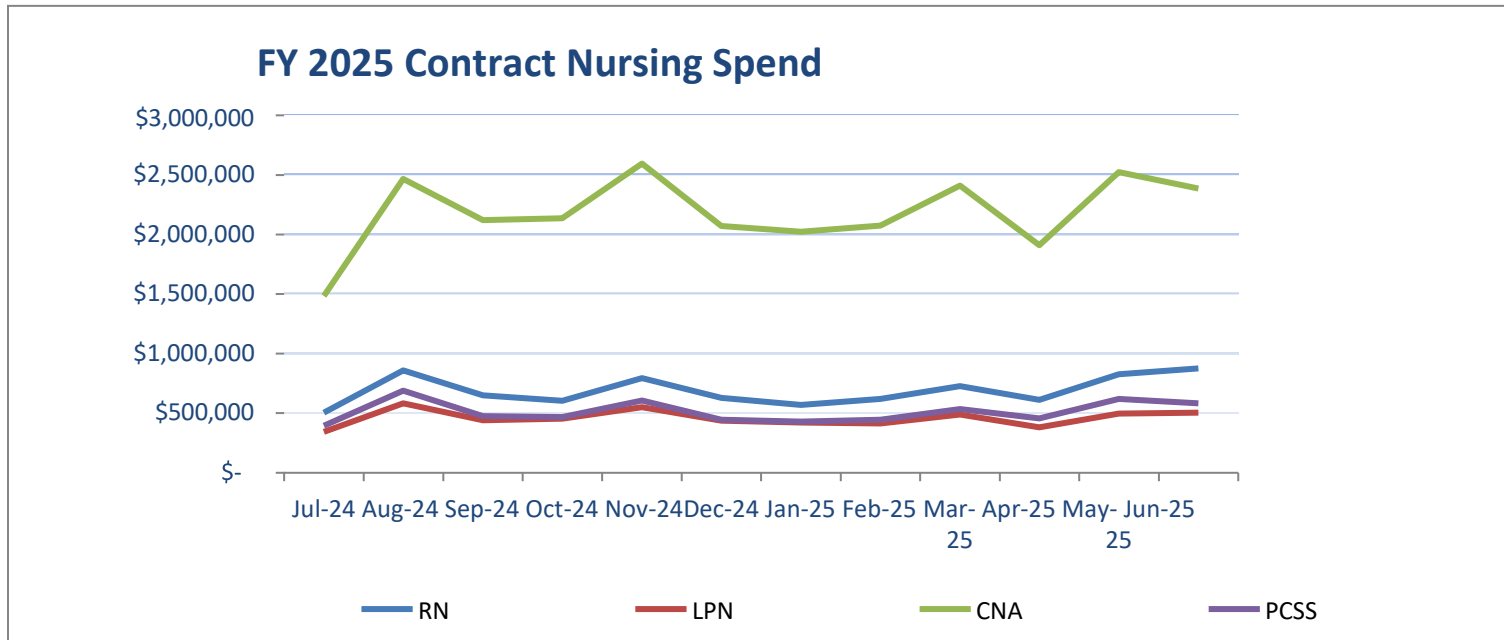
LSH is committed to caring for the needs of the patients/residents, and is unfortunately dependent upon RN, LPN, and CNA/Direct Care agency staff, despite the cost, to maintain minimal staffing levels on the 18 units. LSH holds over full-time nursing staff to avoid agency staffing costs, but that leads to a poor work/life balance, which leads to decreased morale and higher turnover rates. LSH has been able to better support state employees with work-life balance and unpredictable mandates using contract nursing. However, the repercussions of this intervention result in excessive costs beyond what LSH is allotted for its annual budget. During FY 2025, LSH spent a total of \$46 million on contract nursing. By the end of the FY2025 fiscal year, 242 contract nursing staff, including Nurses, Certified Nurse Aides (CNA) and Patient Care Support Staff (PCSS), were working on campus provided by different contract agencies.

The need for and cost of contractual nursing staff has increased the last several fiscal years. The state of Kansas has many agreements

with contract nursing providers and LSH has established a \$90 per hour limit on the contracts used to provide contract nursing staff. This helps LSH provide a safe and secure environment and continue to care for patients/residents in a manner that effectively manages the funds spent on contract nursing. This request is critical to continue to operate LSH with an adequate number of staff to care for and ensure safety of the patients/residents. Failure to provide adequate staff coverage may result in increased patient and staff injuries, reduction in the quality of care provided to patients, increased aggression toward staff, lack of responsiveness to serious situations, heightened risk of burnout among staff, and overall unsafe working conditions. Additionally, treatment would be greatly affected as social work, psychology, activity therapy departments would be required to work direct care and would be unable to provide therapy, treatment, forensic evaluations, competency restoration, or other clinical services. Another potential consequence includes a reduction in the LSH census in the Psychiatric Services or State Security Programs which directly limits the psychiatric services that can be provided and places a larger demand on other mental health settings in Kansas that may not have the same level of training or ability to manage the clientele that LSH serves. LSH needs to maintain the number of agency staff to a level that offers relief for the full-time employees in order to turn this repeated cycle around and gain full-time employees who can find relief, have a positive work/life balance, and have optimism in their place of employment.

LSH has budgeted \$10.1 million for contract staffing in the FY2026 budget. The expected spending on contract staffing in FY 2026 totals \$42,327,968. The expected gap in FY 2026 is \$32,227,968.

LSH CONTRACT NURSING STAFF			
Fiscal Year	Totals Spent	Annual Increase	Average Number of Staff Provide d Monthly
FY 2019	\$ 5,917,289	21%	47
FY 2020	\$ 7,286,334	23%	50
FY 2021	\$ 8,666,246	19%	55
FY 2022	\$ 28,364,315	227%	120
FY 2023	\$ 43,129,534	52%	210
FY 2024	\$ 41,314,749	-4%	250
FY 2025	\$ 46,046,248	11%	235
FY 2026 Estimate	\$ 42,327,968	-8%	240



Supplemental Request #2/2: Funding to Open Additional SSP Competency Unit

Justification: LSH is requesting \$1,188,873 in SGF FY 2026 and \$4,765,494 in FY 2026 base budget and beyond to add additional staffing to open an additional SSP Competency Unit on Isaac Ray by April 1, 2026. Historically, the State Security Program (SSP) at Larned State Hospital (LSH) has dedicated three units on the Isaac Ray Building for males that have court orders related to competency. The impacts of the COVID-19 Pandemic along with chronic staffing challenges at LSH resulted in one of these three units being closed. This reduced the number of patients being served through SSP by 30 beds. Upon its closure as a SSP unit, it was later utilized as an isolation unit during the pandemic. Patients from the Psychiatric Services Program (PSP) with hold orders that were being admitted for care and treatment were then placed on this unit when the need no longer existed for an isolation unit. This unit will be available in FY 2026 as the PSP population moved back to the Adult Treatment Center (ATC) Building following security enhancements. The State Security Program needs this Isaac Ray unit for additional competency services. However, LSH is unable to staff this unit with FTE Nursing Staff due to the ongoing staffing challenge LSH faces along with needing an additional Psychiatrist

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Agency Name: Larned State Hospital
Program Title: Supplementals/Enhancements

assigned to this unit. LSH requests funding to assist with opening up this unit as another SSP unit. Receiving additional funding will help cover the cost of agency staff. The return of these 30 SSP beds would help increase the capacity which LSH can fulfill court orders from various counties across the state and reduce the wait list for the SSP program.

SSP Competency Unit	Fund/Budget	FY 2026	FY 2027
Contractual Services	1000/0103	\$1,140,078	\$4,570,310
TOTAL		\$1,140,078	\$4,570,310

Priority	LSH Supplemental & Enhancement Requests	Fund/Budget	FY 2026	FY 2027
#1	Agency Nursing Staff	1000/0103	\$32,227,968	\$32,227,968
#2	SSP Competency Unit	1000/0103	\$1,140,078	\$4,570,310
	TOTAL		\$33,368,046	\$36,798,278

Narrative Information – DA 400
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Agency Name: Larned State Hospital
 Program Title: Revenue

EXPLANATION OF RECEIPT ESTIMATES - DA 405											
FY 2026 State General Fund Limitations											
Agency	Name	Fund Name	Fund	BU	FY 2026 Approved Expenditures	FY 2026 Re-appropriation	Transfers	Supplemental/Reduction Package	SGF Transfers	FY 25 Cash Forward	FY26 Adjusted Expenditure Request
410	Larned State Hospital	SGF Operating	1000	0103	\$51,808,305	\$7,724	-	-	-	-	\$51,816,029
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF-SPTP New Crime	1000	0110	\$0	-	-	-	-	-	\$0
		SGF - SPTP	1000	0200	\$27,144,514	\$7,030	-	-	-	-	\$27,151,544
494	Osawatomie State Hospital	SGF Operating	1000	0100	\$40,242,566	-	-	-	-	-	\$40,242,566
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF SPTP-MiCo	1000	0200	\$2,637,984	-	-	-	-	-	\$2,637,984
	Adair Acute Care	SGF Certified Care	1000	0101	\$8,877,835	-	-	-	-	-	\$8,877,835
631	South Central Regional Mental Health Hospital	SGF Operating	1000	0100	\$0	-	-	-	-	-	\$0
507	Parsons State Hospital	SGF Operating	1000	0100	\$22,248,645	-	-	-	-	-	\$22,248,645
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF- SPTP	1000	0200	\$2,728,817	\$39,720	-	-	-	-	\$2,768,537
363	Kansas Neurological	SGF Operating	1000	0303	\$18,617,217	-	-	-	-	-	\$18,617,217
		SGF Hospitality	1000	0304	\$150	-	-	-	-	-	\$150
	Total SGF				\$174,306,483	\$54,474	\$0	\$0	\$0	\$0	\$174,360,957
FY 2027 State General Fund Limitations											
Agency	Name	Fund Name	Fund	BU	FY 2027 Estimated Expenditures	FY 2027 Re-appropriation	Transfer	Enhancement/Reduction Package	SGF Transfers	KDADS Transfer IN	FY27 Adjusted Expenditure Request
410	Larned State Hospital	SGF Operating	1000	0103	\$52,469,390	-	-	-	-	-	\$52,469,390
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF-SPTP New Crime	1000	0110	\$0	-	-	-	-	-	\$0
		SGF - SPTP	1000	0200	\$27,144,514	-	-	-	-	-	\$27,144,514
494	Osawatomie State Hospital	SGF Operating	1000	0100	\$38,374,627	-	-	-	-	-	\$38,374,627
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF SPTP-MiCo	1000	0200	\$2,612,036	-	-	-	-	-	\$2,612,036
	Adair Acute Care	SGF Certified Care	1000	0101	\$11,175,355	-	-	-	-	-	\$11,175,355
631	South Central Regional Mental Health Hospital	SGF Operating	1000	0100	\$0	-	\$15,000,000	-	-	-	\$15,000,000
507	Parsons State Hospital	SGF Operating	1000	0100	\$22,534,289	-	-	-	-	-	\$22,534,289
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF- SPTP	1000	0200	\$2,700,000	-	-	-	-	-	\$2,700,000
363	Kansas Neurological	SGF Operating	1000	0303	\$18,871,646	-	-	-	-	-	\$18,871,646
		SGF Hospitality	1000	0304	\$150	-	-	-	-	-	\$150
	Total SGF				\$175,882,457	\$0	\$15,000,000	\$0	\$0	\$0	\$190,882,457

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Agency Name: Larned State Hospital
 Program Title: Revenue

EXPLANATION OF RECEIPT ESTIMATES - DA 405												
FY 2026 Fee Funds												
Agency	Name	Fund Name	Fund	BU	FY 2026 Estimated C&H Receipts	FY 2026 Estimate Adj	Cash Forward	Add'l Misc Revenue	Other Transfer	FY 2026 Cash Forward	FY 2026 Adjusted Expenditure	Supplemental Request
410	Larned State Hospital	LSH Fee Fund	2073	2100	\$3,811,351	-	\$690,848			\$0	\$4,502,199	\$0
		Title XIX No limit	2074	2200	\$8,185,354	-	\$760,459			\$0	\$8,945,813	
494	Osawatomie State Hospital	OSH Fee Fund	2079	4200	\$782,900	-	\$1,782,401			(\$65,096)	\$2,500,205	\$0
		OSH TXIX No limit	2080	4300	\$0	-	\$1,499,914		(\$1,499,914)		\$0	
	Adair Acute Care	OSH Certified Care	2079	4201	\$5,011,100	-	\$1,541,311			(\$2,291,308)	\$4,261,103	\$0
		OSH TXIX Cert Care No Limit	2080	4301	\$7,290,196	-	(\$403,301)		\$1,499,914		\$8,386,809	
631	South Central Regional	SCR Fee Fund	2512	2512	\$0						\$0	
	Mental Health Hospital	SCR XIX No limit	New1	New1	\$0						\$0	
507	Parsons State Hospital	PSH Fee Fund	2082	2200	\$1,235,000	-	\$406,700			\$0	\$1,641,700	\$0
		Title XIX No limit	2083	2300	\$21,000,000	-	\$2,143,696			(\$5,642,689)	\$17,501,007	
363	Kansas Neurological Institut	KNI Fee Fund	2059	2000	\$1,424,914	-	\$645,513			(\$318,226)	\$1,752,201	\$0
		Title XIX No limit	2060	2200	\$21,000,000	-	\$1,180,576			(\$227,474)	\$21,953,102	
	Total Fee Fund				\$69,740,815	\$0	\$10,248,117	\$0	\$0	(\$8,544,793)	\$71,444,139	
FY 2027 Fee Funds												
Agency	Name	Fund Name	Fund	BU	FY 2027 Estimated C&H Receipts	FY 2027 Estimate Adj	Cash Forward	Add'l Misc Revenue	Other Transfer	FY 2027 Cash Forward	FY 2027 Adjusted Expenditure	Supplemental Request
410	Larned State Hospital	LSH Fee Fund	2073	2100	\$3,932,727	-	\$0				\$3,932,727	\$0
		Title XIX No limit	2074	2200	\$8,307,133	-	\$0				\$8,307,133	
494	Osawatomie State Hospital	OSH Fee Fund	2079	4200	\$2,532,900	-	\$65,096				\$2,597,996	
		OSH TXIX No limit	2080	4300	\$0	-	\$0				\$0	
	Adair Acute Care	OSH Certified Care	2079	4201	\$3,261,100	-	\$2,291,308			\$0	\$5,552,408	\$0
		OSH TXIX Cert Care No Limit	2080	4301	\$7,000,000	-	\$0			\$0	\$7,000,000	
631	South Central Regional	SCR Fee Fund	2512	2512	\$500,000		\$0				\$500,000	\$0
	Mental Health Hospital	SCR XIX No limit	New1	New1	\$0				\$1,500,000		\$1,500,000	
507	Parsons State Hospital	PSH Fee Fund	2082	2200	\$1,235,000	-	\$491,700				\$1,726,700	\$0
		Title XIX No limit	2083	2300	\$21,500,000	-	\$5,642,689			(\$7,642,689)	\$19,500,000	
363	Kansas Neurological Institut	KNI Fee Fund	2059	2000	\$1,424,914	-	\$318,226			(\$240,352)	\$1,502,788	
		Title XIX No limit	2060	2200	\$22,000,000	-	\$227,474			(\$409,482)	\$21,817,992	
	Total Fee Fund				\$71,693,774	\$0	\$9,036,493	\$0	\$1,500,000	(\$8,292,523)	\$73,937,744	\$0

Explanation of Receipts - DA 405						
Revenue Source	Revenue			Projected FY 2026	Projected FY 2027	
	Account Code	Actual FY 2023	Actual FY 2024			Actual FY 2025
Medicare A	420610	1,282,256	2,166,296	1,460,655	1,497,171	1,534,601
Medicare B	420610	144,008	157,872	97,555	98,000	100,000
Insurance	420610	865,348	1,143,618	1,474,427	1,317,779	1,396,103
Private Pay-Care & Hosp.	420610	887,954	705,983	768,367	737,175	740,000
Kansas Debt Set Off	420610	37,784	24,676	32,727	28,702	29,500
	420610					
Total Hospitalization		3,217,350	4,198,445	3,833,731	3,678,827	3,800,203
Clerical Charges	420400	91	249	244	240	240
Educational Charges	420500					
Sale of Salvage	422500	15,957	62,527	57,038	20,000	20,000
Sale of Unusable Condemned	422600					
Sale of Meals & Process. Food	422700	5,427	13,653	15,527	15,527	15,527
Other Interest	430900	5	8	7	7	7
Rent of Unimproved Land	431100	31,750	31,750	31,750	31,750	31,750
Rent of Real Estate & Bldg.	431200	121,991	101,867	49,613	27,500	27,500
Other Misc Revenue	459090					
Insurance Reimbursement	461200					
Estate Recovery	462100					
Recovery of Current FY Expen.	462110	18,110	16,397	22,906	17,500	17,500
Reimbursement and Refunds, Other	462900	1,981	9,968	29,683	10,000	10,000
Recovery of Prior FY Expen.	469010	11,125	9,153	10,461	10,000	10,000
Total		3,423,787	4,444,017	4,050,960	3,811,351	3,932,727

EXPENDITURE JUSTIFICATION

PROGRAM: Administration – 01030

Program Overview:

General Administration is responsible for planning, implementing, and monitoring LSH’s operations. This program includes the following departments: Human Resources, Financial Services, Information Technology, Clinical Information Services (CIM), Quality Management, Risk Management, Accreditation, and Customer Service. The purpose of the General Administration is to provide general leadership and oversight of the agency through the professional specialties the department represents. These individualized departments correspond with other programs throughout LSH to ensure that effective operations are occurring and in compliance with outlined rules, regulations, and guidelines. This is achieved through the development, ongoing refinement, and implementation of LSH’s mission, vision, values and strategic plan. It is the responsibility of the General Administration to support compliance with LSH policies and procedures in efforts to maintain high quality of care to the patients and residents. The General Administration departments represent the agency in relation to state level authorities, other agencies and providers, and the public.

Current and Budget Year Operations:

A goal of General Administration is to focus on the successful execution of hospital policies and procedures, to provide exemplary customer service and increase stakeholder’s confidence in hospital services.

Account Code 5100: Salaries and Wages

Summary: The 56 FTE positions in this program provide direct and indirect administrative and support services to every area of the facility. In addition to recruiting for vacant positions, retention of a skilled labor force is essential. Funding requested is for all current positions for 26 pay periods FY 2026 and FY 2027, including fringe benefits, health insurance and longevity.

FY 2026: \$4,933,872 is requested. The shrinkage rate is 7.2%.

FY 2027: \$4,777,953 is requested. The shrinkage rate is 8.8%.

Account Codes 5200 - 5290: Contractual Services

Summary: The major contractual services are communications, telephone services, postage, telephone repair, computer services (networks), video conferencing, cellular phones and utilities. Cellular phones, Smart Phones, and iPads are used for nursing supervisors, physicians, and other professional and support staff where deemed appropriate. The cost of contractual services LSH provides to Larned State Correctional Facility (LSCF) is tracked through Administration, which includes water, sewer and laundry services.

FY 2026: \$1,006,282 is requested.

FY 2027: \$1,013,736 is requested.

Account Codes 5300 - 5390: Commodities

Summary: The major commodities are food, maintenance supplies, professional supplies, and household supplies.

FY 2026: \$107,771 is requested.

FY 2027: \$107,671 is requested.

Account Code 5400 - 5490: Capital Outlay

Summary: Capital Outlay is requested for computer and office equipment.

FY 2026: \$245,401 is requested.

FY 2027: \$245,401 is requested.

**Narrative Information – DA 400
 Division of the Budget
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**Agency Name: Larned State Hospital
 Program Title: Administration**

Program Name	Subprogram Name (if applicable)	Performance Measure	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Administration	Clinical Information Management	Percent of cases in which electronic and hard-copy medical records were maintained and filing is current, correct, and complete for each patient admitted to hospital as evidenced by qualitative analysis and quality checks	97%	97%	97%	90%	90%
		Percent of cases in which medical staff documentation was properly coded, including admissions and discharges, to ensure optimization of reimbursement as evidenced by internal quarterly coding audits	100%	100%	100%	90%	90%
		Percent of valid releases in compliance with departmental guidelines in accordance with authorizations, subpoenas, court orders, as evidenced by performing validity reviews prior to release and meeting departmental release deadlines.	100%	100%	100%	90%	90%
		Percent of appropriate inpatient admissions and continued stays as evidenced by meeting Medicare requirements of medical necessity and clinical criteria prior to authorizing.	100%	100%	100%	95%	95%
	Human Resources	Average percent of increase in full time staffing to efficiently provide support and safety to the hospital and patients.	1.1%	0.0%	10.0%	5.0%	5.0%

**Narrative Information – DA 400
 Division of the Budget
 State of Kansas**

**Agency Name: Larned State Hospital
 Program Title: Administration**

Program Name	Subprogram Name (if applicable)	Performance Measure	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Administration	Human Resources Continued	Percent of performance review feedback forms completed within review timeframes.	76%	75%	95%	95%	95%
Program Name	Subprogram Name (if applicable)	Performance Measure	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
	Business and Fiscal Services	Determine admitting patient's available insurance and financial status for Ability to Pay determination 100% of the time.	100%	100%	100%	100%	100%
		Percent of completed Invoices processed within 10 business days in Smart for payment.	100%	100%	100%	100%	100%
	Quality Management	Number of campus wide performance improvement projects completed per fiscal year.	3	3	1	4	4
	Risk Management	Percent of risk management incidents are logged and prepared for initial review within 24 hours of receipt by Risk Manager.	100%	100%	100%	100%	100%
	Staff Education	Percent of new employees completing on board training within established timeframes.	91%	95%	94%	94%	94%

PROGRAM: Staff Education and Research – 01070

Program Overview:

The focus of Staff Education and Research is to assist employees in the acquisition of skills and knowledge, both for personal development and for career advancement.

Current and Budget Year Operations:

Staff Education and Research areas of focus are to provide educational opportunities to assist LSH employees in enhancing competent performance through facilitating training opportunities for staff intended for the purpose of developing and maintaining professional performance as well as personal development. The program also assists LSH employees in career development planning and new supervisory and leadership training. Staff education creates a learning environment that assists staff in enhancing awareness of what they need to learn by coordinating and conducting continuing education for Licensed Professional staff and offering educational opportunities to Mental Health Professionals and employees of affiliated agencies throughout Kansas.

Education provided through this department involves ensuring identification and provision of minimum hospital, KDADS and other training requirements as dictated by policy or standards. In addition, Staff Development is charged with maintaining the training records for LSH staff, creating and monitoring of trainings and writing computer-based trainings as requested. This department also coordinates the annual Mental Health Conference for professional staff to received continuing educational units required for re-licensure. The Mental Health Conference not only provides educational opportunities for LSH, but also for clinical staff in rural and underserved communities, including Community Mental Health Centers and other community providers in and around western Kansas.

Account Code 5100: Salaries and Wages

Summary: The 4 FTE positions in this program provide education for all staff, administrative, and direct care services of LSH. Funding requested is for all current positions for 26 pay periods FY 2026 and FY 2027, including fringe benefits, health insurance and longevity.

FY 2026: \$325,380 is requested. The shrinkage rate is 5.0%.

FY 2027: \$320,913 is requested. The shrinkage rate is 5.0%.

Account Codes 5200 - 5290: Contractual Services

Summary: The requested funds allow staff training personnel to attend workshops and conferences which will improve the quality of training they can provide to the diversified professions which comprise LSH's staff. In addition to travel costs associated with training, other contractual services include utilities and professional services.

FY 2026: \$254,802 is requested.

FY 2027: \$224,808 is requested.

Account Codes 5300 - 5390: Commodities

Summary: In this category funds are requested to provide training materials for staff and supplies.

FY 2026: \$33,673 is requested.

FY 2027: \$33,673 is requested.

Account Code 5400 - 5490: Capital Outlay

Summary: Capital Outlay is requested for computer and office equipment.

FY 2026: \$3,076 is requested.

FY 2027: \$3,076 is requested.

PROGRAM: Psychiatric Services Program – 32750

Program Overview:

The Psychiatric Services Program (PSP) provides psychiatric treatment to patients from 61 Kansas counties. Patients are both male and females who are 18 years of age or older. PSP has a budgeted bed capacity of 90. However, PSP is currently utilizing 74 of the 90 beds. The decreased bed usage is due to staffing issues and the inability to safely operate all 90 beds. PSP beds on the Adult Treatment Center have deemed Status from the Centers for Medicare and Medicaid Services (CMS) and are accredited by The Joint Commission (TJC). Health care organizations that want to participate in and receive payment from the Medicare or Medicaid programs must be certified as complying with the Conditions of Participation (CoPs), or standards set forth in federal regulations.

PSP has three units on the Adult Treatment Center (ATC) building. Unit one is the Crisis Stabilization Unit (CSU). It serves patients from the community who require acute stabilization. The second unit is ATC West; these patients have chronic conditions that require longer care. The final unit is ATC East, which serves individuals for acute stabilization from the jails (hold orders), as well as individuals dually committed for competency restoration, and some individuals who are not guilty due to lack of mental state and who have transferred to LSH from the State Security Program. Beds on the Adult Treatment Center have deemed Status from the Centers for Medicare and Medicaid Services (CMS) and are accredited by The Joint Commission (TJC).

Patients are admitted to PSP for both evaluation and acute inpatient treatment. Preadmission screening is completed by the Community Mental Health Center (CMHC). A CMHC screening is required by law to authorize admission to the PSP. Adults may be admitted either on a voluntary basis or by civil commitment. Patients may have a variety of symptoms due to mental illnesses, such as, but not limited to, schizophrenia, bipolar disorder, major depression and post-traumatic stress disorder. Symptoms are often severe and may include hallucinations, delusions, suicidal ideation and other behavioral problems. Adult psychiatric patients are admitted through a triage area and a determination is made regarding treatment options and unit placement. Social detoxification services are provided for up to 72 hours within the PSP at LSH for people referred by law enforcement agencies or by a district court.

Upon admission to PSP, a comprehensive evaluation is performed. An individualized treatment plan is subsequently developed for each patient. The treatment plan may include group and individual therapy, medication, rehabilitative skills development, and other activity therapies. PSP patients are assigned an individualized number of active treatment hours each week based on the patient's current level of functioning or stability. Patients attend programming away from the living units as their functioning improves to decrease distractions, improve motivation, and begin the process of reintegration to assist with recovery. This approach increases responsibility, provides choices, promotes independence, and develops skills needed for successful community reintegration. The treatment approach includes a series of rehabilitative skill-building activities provided by a range of treatment disciplines. It brings

together, in one location, contemporary treatment and rehabilitation programs created to build daily life skills, indoor and outdoor activities, hobbies, and patient services.

Current and Budget Year Operations:

PSP’s main goal is to limit the overall length of stay to only the time necessary to stabilize an individual, prepare them for community re-integration, and manage their mental illness in a less restrictive community-based setting. PSP works to provide treatment and skills to reduce an individual’s need for long-term treatment and/or re-admission, allowing them an opportunity for independent living. PSP is continually re-evaluating programming to ensure intensive life skills coaching is provided for our hard-to-place patients. Programming focuses on everyday life skills, vocational training, and groups focusing on community reintegration and medication management.

Account Code 5100: Salaries and Wages

Summary: The 107 FTE and 3 Non-FTE Unclassified Permanent Positions approved positions in this program provide administrative and direct care services to every area of the program. Funding requested is for all current positions for 26 pay periods FY 2026 and FY 2027, including fringe benefits, health insurance and longevity.

FY 2026: \$8,251,003 is requested. The shrinkage rate is 19.5%.

FY 2027: \$8,283,588 is requested. The shrinkage rate is 18.9%.

Account Codes 5200 - 5290: Contractual Services

Summary: The major contractual services are communications, contract nursing staff, outside medical expenses for patients and residents for services not available at LSH and utilities. SIBF funds (8100/8400) will be expended in FY 2026 for additional areas of coverage for the PSP video surveillance system.

FY 2026: \$5,567,399 is requested.

FY 2027: \$5,325,233 is requested.

Account Codes 5300 - 5390: Commodities

Summary: The major commodities are food, pharmaceuticals, household supplies and activity supplies for patients.

FY 2026: \$879,669 is requested.

FY 2027: \$661,886 is requested.

Account Code 55500: Total Other Assistance

Summary: Property loss claims for SSP patients.

FY 2026: \$50 is requested.

FY 2027: \$50 is requested.

**Narrative Information – DA 400
 Division of the Budget
 State of Kansas**

**Agency Name: Larned State Hospital
 Program Title: Psychiatric Services Program**

Program Name	Subprogram Name (if applicable)	Performance Measure	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Psychiatric Services Program	Direct Support Services	Percent of documentation of nursing coverage and acuity entered into Plexus monthly.	73%	86%	67%	90%	90%
		Percent of staff who receive annual CPI training to ensure a safe environment for patients and staff.	98%	97%	99%	98%	98%
	Medical and Nursing Services	Percent of completed admission intake assessment by medical within 24 hours of admission.	93%	94%	95%	100%	100%
		Percent of completed admission intake assessment by nursing within 24 hours of admission.	96%	97%	95%	100%	100%
		Percent of completed monthly nursing Electronic Progress Notes (EPN's) on time.	79%	75%	57%	90%	90%
		Comprehensive Integrated Treatment Plan (CITP) will be completed on or before the due date.	96%	96%	94%	100%	100%

Program Name	Subprogram Name (if applicable)	Performance Measure	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Psychiatric Services Program Continued	Social Services	Percent of completed psychosocial assessments within policy timeframes.	98%	100%	99%	95%	95%
		Percent of completed patient progress notes per policy timeframes.	98%	99%	97%	95%	95%
		Percent of completed social work patient discharge instructions prior to discharge.	100%	100%	100%	95%	95%
	Psychological Services	Court reports will be completed by the internal due date.	97%	98%	97%	100%	100%
		Offer a minimum of 4 hours of active treatment per week to all patients.	93%	91%	98%	100%	100%

PROGRAM: State Security Program – 32800

Program Overview:

The State Security Program (SSP), also known in Kansas Statutes as the State Security Hospital, was originally opened March 27, 1939 to house the criminally insane on the Dillon building following the transfer of 100 patients from Lansing State Prison.

SSP serves adult male and female mentally ill forensic patients from the entire State of Kansas, which are admitted through specific forensic statutes from county jails or transferred from the Kansas Department of Corrections (KDOC) for treatment. Today, the program is housed among four units on the Isaac Ray (IR) building which opened in 2005 and is designed to safely maintain extremely dangerous and violent offenders with felony crimes.

SSP units admit, evaluate, care for, and treat individuals admitted by the District Courts as provided under KSA 22-3302 (Competency Evaluation), 22-3303 (Competency Treatment), 22-3219 (Mental Status Evaluation), 22-3429 (Presentence Evaluation), 22-3428 (Not Guilty by Reason of Lack of Mental State), 22-3430 (Care and Treatment in Lieu of Imprisonment) 59-29a05 (Sexual Predator Evaluation), as well as a limited number of females transferred by the Kansas Department of Corrections (KDOC) pursuant to K.S.A 75-5209 (Inmate Transfer to Larned State Security Hospital (LSSH)).

One unit, the Security Behavior Unit (SBU), serves up to 20 males who are civilly, rather than criminally, committed and who pose a very high risk of being dangerous and/or have been charged/arrested for a felony. Patients on this unit are administratively transferred from the Psychiatric Services Program (PSP), Osawatomie State Hospital (OSH), or Adair Acute Care at OSH.

Current and Budget Year Operations:

SSP provides a secure setting in the Isaac Ray building and currently serves up to 100 patients on four units. LSH has the capacity to open an additional unit with 30 beds. However, the vacancy rate of the Nursing Department does not allow for this unit to be utilized. Current vacancy rates for direct care nursing staff are 40.24% for MHDD, 85.29% for LMHTs/LPNs and 78.57% for RN's. Until the nursing department vacancy rate reaches less than 20% for each of these disciplines, SSP cannot safely open this additional unit.

The SSP has a pending admission list of District Court referrals and is focused on reducing the wait times for individuals to be admitted. SSP continues to work toward modernizing the forensic evaluation process by utilizing mobile evaluators to perform evaluations as well as providing competency restoration services within secure confinement settings and in the community for individuals who may be on bond. In September 2019, SSP began the mobile evaluation process using LSH staff to conduct

competency services in county jails. LSH has observed a notable impact on the SSP wait list following the introduction and continued expansion of mobile competency services in jail settings across the state.

LSH continues to work with Kansas counties, the courts, and other community stakeholders in moving towards expanded outpatient services for individuals waiting for admission to the SSP. KDADS contracts with Wheat State Healthcare to use the Community Mental Health Center network to perform competency evaluations and restoration treatment in county jails.

LSH has submitted a Supplemental Budget request totaling \$1,140,078 in FY 2026 and \$4,570,310 in FY 2027 base budget and beyond to open an additional SSP Competency Unit by April 1, 2026.

Larned State Hospital Supplemental Request Summary State Security Services Program:

SSP Supplemental Request	Fund/Budget	FY 2025	FY 2026
SSP Competency Unit	1000/0103	\$1,140,078	\$4,570,310
Total		\$1,140,078	\$4,570,310

Account Code 5100: Salaries and Wages

Summary: The 124 FTE and 2 Non-FTE Unclassified Permanent Positions approved positions in this program provide administrative and direct care services to every area of the program. Funding requested is for all current positions for 26 pay periods FY 2026 and FY 2027, including fringe benefits, health insurance and longevity.

FY 2026: \$9,641,218 is requested. The shrinkage rate is 17.6%.

FY 2027: \$9,770,906 is requested. The shrinkage rate is 15.9%.

Account Codes 5200 - 5290: Contractual Services

Summary: The major contractual services are communications, contract nursing staff, outside medical expenses for patients and residents for services not available at LSH and utilities.

FY 2026: \$5,344,454 is requested.

FY 2027: \$5,319,133 is requested.

Account Codes 5300 - 5390: Commodities

Summary: The major commodities are food, pharmaceuticals, household supplies and activity therapy supplies.

FY 2026: \$789,658 is requested.

FY 2027: \$703,138 is requested.

Account Code 5400 - 5490: Capital Outlay

Summary: Capital Outlay is requested for a replacement transport vehicle to replace a vehicle that is getting older and having mechanical issues.

FY 2026: \$25,000 is requested.

FY 2027: \$0 is requested.

Account Code 55500: Total Other Assistance

Summary: Property loss claims for SSP patients.

FY 2026: \$100 is requested.

FY 2027: \$100 is requested.

Program Name	Subprogram Name (if applicable)	Performance Measure	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
State Security Program	Direct Support Services	Percent of documentation of nursing coverage and acuity entered into Plexus monthly.	100%	100%	98%	90%	90%
		Percent of staff who receive annual CPI training to ensure a safe environment for patients and staff.	98%	98%	99%	99%	98%
	Medical and Nursing Services	Percent of completed admission intake assessment by medical within 24 hours of admission.	89%	86%	84%	90%	90%
		Percent of completed admission intake assessment by nursing within 24 hours of admission.	97%	95%	98%	97%	97%
		Percent of completed nursing progress notes on time (as per policy).	84%	87%	88%	90%	90%
		Percent of time Comprehensive Integrated Treatment Plan (CITP) is posted in the medical record by end of day following the staffing.	69%	92%	93%	90%	90%

Program Name	Subprogram Name (if applicable)	Performance Measure	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY2026 Estimate	FY2027 Estimate
State Security Program Continued	Social Services	Percent of completed psychosocial assessments within policy timeframes.	99%	100%	99%	95%	95%
		Percent of completed patient progress notes per policy timeframes.	100%	100%	98%	95%	95%
		Percent of completed social work patient discharge instructions prior to discharge.	100%	100%	100%	100%	100%
	Psychological Services	Complete court reports (including forensic evaluations) by internal due date.	94%	96%	92%	90%	90%
		Offer a minimum of 2 hours of active treatment per week to all patients with a treatment order.	92%	96%	100%	90%	90%
		Complete the Comprehensive Integrated Treatment Plan (CITP) on or before the due date.	100%	99%	100%	90%	90%

PROGRAM: Sexual Predator Treatment Program – 32900

Program Overview:

The Sexual Predator Treatment Program (SPTP) was established in 1994 and provides for the civil commitment of persons determined by a Court to be Sexually Violent Predators (residents) as defined by statute. The program provides treatment in a secure environment with the goal of educating the residents to identify and manage risk and to return residents to the community where they can function as contributing and productive citizens.

SPTP provides evidenced based and individualized therapeutic treatment to each resident based on their identified risks and needs in regard to sexual offending behaviors and other criminological traits. SPTP utilizes empirically supported treatment models that are used with individuals that have sexually offended including but not limited to: Risk-Needs-Responsivity (RNR) Model, Relapse Prevention Planning, and the Good Lives Model of Offender Rehabilitation. Additionally, empirically based therapeutic approaches are also incorporated into SPTP treatment which includes but is not limited to: Cognitive Behavior Therapy (CBT), Dialectical Behavior Therapy (DBT), and Motivational Interviewing. The treatment needs are based on information collected through clinical interviews, full record reviews, and assessment tools deemed to provide insight into areas such as sexual offending, violence risk, and diagnostic impressions. All residents of SPTP are offered clinical treatment tailored around the identified treatment models along with individualized therapeutic approaches applied based on the treatment team and clinicians' professional assessment and determination of residents' clinical needs. The treatment model combines (1) assessment and monitoring of risk and needs (through diagnostic evaluations, polygraphs, and risk measurements), (2) individual and group psychotherapy, (3) adjunct treatment, including supplemental and psychoeducational classes, (4) vocational and leisure activity opportunities, and, as the residents' progress, (5) supervised community outings to develops the skills, necessary which would allow those who complete treatment to safely return to society.

SPTP residents progress through two inpatient Tiers on the LSH Campus (Tier 1 - Skill Acquisition and Tier 2 - Skill Demonstration) with supervised community outings beginning on Tier 2. Advancement to Tier 3 involves placement at one of the Reintegration Facilities located at Larned State Hospital (Meyer House East), Osawatomie State Hospital (MiCo House), or Parsons State Hospital (Maple and Willow Houses) for increasing community involvement including employment and planning for independent living. When the resident has demonstrated the ability to live more independently, abide by their treatment plan, and continually display the skills acquired through inpatient treatment and maintain the requirements above, the resident, with the Court's approval, advances to Transitional Release. The last step is Conditional Release, also ordered by the Court, in which the resident resides in his own residence with periodic monitoring from Conditional Release Monitors and ongoing therapy and support from SPTP. After a minimum of five years on Conditional Release along with continued compliance with the resident's treatment plan, the resident is eligible to petition the

Court for Final Discharge from SPTP.

At present, SPTP has 283 Residents which includes 235 Residents on the LSH campus, 29 in Reintegration Facilities, 9 on Transitional Release living at a Reintegration Facility and 8 individuals on Conditional Release (in addition to 11 SPTP Residents currently in KDOC which will be returned to LSH inpatient upon completion of their sentences). Although the goal of advancing in the program is geared toward resident's building independence, including financial independence, LSH still holds responsibility of providing financial support to some residents that enter into the reintegration facilities if they are unable to locate jobs, lose employment, or have other factors preventing them from covering their expenses. As the program expands, it is confronted with limited resources while addressing an increasingly resistive, medically ill, and aging population. LSH increased the number of Unit Leaders by assigning each unit a Unit Leader as well as focusing on medical services that could be provided and/or expanded on campus to help with acute and chronic medical conditions.

SPTP faces challenges being spread among three buildings on a 78-acre campus, increased medical needs requiring multiple off site transports daily, resident placement issues due to verbal and physical aggression and the inability to house certain residents together, managing treatment resistant residents, and significant staff shortages, which has required contract therapists to drive from various areas of the state to accommodate treatment needs. Moreover, the physical plant limitations impede the ability to offer multiple treatment groups at the same time. The inpatient services of SPTP at LSH struggle with limited options to respond to those residents who are aggressive, manipulative, sexually predatory and refuse to engage in treatment. SPTP program administration carried out significant movement of residents during FY 2022 to place more residents in the Isaac Ray building which has more complex building security measures in place. Without additional resources, shifting some parts of the SPTP programs to other parts of the state to address staffing shortages, or physical infrastructure changes to our facilities to effectively manage these individuals, the overall therapeutic milieu is at risk.

In addition, the aging, medically infirmed population and residents with intellectual or developmental disabilities (I/DD) require more specialized care and require additional staff management of their medical acuity, additional treatment-related modifications, and additional Activity Therapy courses that meet the needs of medical limitations, which the inpatient component of SPTP is struggling to provide. The current average age of SPTP residents is 57 years old. To meet their medical needs, LSH depends on agency nurses to whom are here for a short period of time. Therapists have caseloads of more than 30 residents which limits their ability to provide individual therapy treatment sessions. Further, due to limitations of group space and daily living needs (meal and medication times throughout the day), reduces the times group therapy can be provided and the number of groups that can be provided each quarter. Given the length of time of some individuals in SPTP, we are also required to continually research and purchase additional treatment materials to continue teaching residents new treatment concepts, or present prior treatment concepts in a different way. Activity

Therapists who provide the recreational services have an even higher staffing ratio of 50:1. Moreover, the four (4) Activity Therapists provide these services across three different buildings. Additional Activity Therapists are utilized to provide specific Psychoeducation or Vocational Training Program services. These individuals are also required to provide these types of services across the three buildings housing different groups of the overall SPTP population. This significantly limits Activity Therapy, Psychoeducation services, and Vocational Training Program Services. Moreover, the VTP is the only means for which a resident may earn money, which they need to have to be successful on Tier Three, Transitional Release, and Conditional Release. There are only 2 VTP positions, which limits the amount of jobs available for residents to secure funds for advancement.

The Reintegration Facilities at Larned State Hospital (Meyer House East), Osawatomie State Hospital (MiCo House) and Parsons State Hospital (Maple and Willow Houses) can each manage 16 Residents (48 total) in the more community-oriented aspects of SPTP. At present, the funds allocated for care at these facilities have been used to establish a very effective program for transition into the community and are able to adequately address resident’s needs. Future challenges for community care and treatment for those with aging/medical or I/DD issues will need to be addressed. This includes finding adequate transportation for some residents with medical limitations (Traumatic Brain Injuries, eyesight issues). Given the locations of these Reintegration Facilities, there are limited opportunities for alternative transportation (i.e. buses, Lyft, etc.). For the residents on Conditional Release, SPTP has fulfilled its charge to rehabilitate individuals who can safely function in the community. However, due to the resident’s ages, sometimes living independently or semi-independently poses concern during emergent needs. For example, one resident recently suffered a heart attack and had to be transported emergently out-of-state; this required additional intervention by the Conditional Release Monitor. Residents who are medically incapable of caring for themselves, and statutory living requirements, limits their ability to ever live in a nursing home, and create a longer transport for routine and emergent medical care.

Account Code 5100: Salaries and Wages

Summary: The 231 FTE and 2 Non-FTE Unclassified Permanent positions are comprised of administrative and direct care staff plus support positions for the program. Funding requested is for all current positions for 26 pay periods FY 2026 and FY 2027, including fringe benefits, health insurance and longevity.

FY 2026: \$18,289,424 is requested. The shrinkage rate is 18.2%.

FY 2027: \$17,885,160 is requested. The shrinkage rate is 19.6%.

Account Codes 5200 - 5290: Contractual Services

Summary: The major contractual services are communications, contract nursing staff, outside medical expenses for patients and residents for services not available at LSH and utilities.

FY 2026: \$12,321,294 is requested.

FY 2027: \$12,612,980 is requested.

Account Codes 5300 - 5390: Commodities

Summary: The major commodities are pharmaceuticals, household supplies and activity supplies for residents.

FY 2026: \$1,421,693 is requested.

FY 2027: \$1,421,693 is requested.

Account Codes 5400 - 5490: Capital Outlay

Summary: LSH plans to replace two SPTP transport vehicles in FY2026 and FY2027 to remove older vehicles with mechanical issues.

FY 2026: \$50,000 is requested.

FY 2027: \$50,000 is requested.

Account Code 55500: Total Other Assistance

Summary: Property loss claims for SPTP residents and stipend for SPTP reintegration residents.

FY 2026: \$8,670 is requested.

FY 2027: \$8,670 is requested.

Program Name	Subprogram Name (if applicable)	Performance Measure	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Sexual Treatment Program	Direct Support Services	Percent of documentation of nursing coverage and acuity entered into Plexus monthly.	92%	78%	84%	90%	90%
		Percent of staff who receive annual CPI training to ensure a safe environment for patients and staff.	98%	100%	100%	99%	99%
	Medical and Nursing Services	Percent of completed admission intake assessment by medical within 24 hours of admission.	80%	93%	100%	100%	100%
		Percent of completed admission intake assessment by nursing within 24 hours of admission.	87%	80%	80%	100%	100%
		Percent of completed nursing progress notes on time (as per policy).	69%	76%	89%	90%	90%
		Percent of time Comprehensive Integrated Treatment Plan (CITP) is posted in the medical record by end of day following the staffing.	96%	94%	93%	100%	100%

Program Name	Subprogram Name (if applicable)	Performance Measure	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Sexual Treatment Program Continued	Social Services	Percent of completed psychosocial assessments within policy timeframes.	100%	100%	100%	100%	100%
	Psychological Services	Percent of scheduled treatment groups held.	91%	90%	88%	95%	95%
	New Crimes	Percent of substantiated felony cases committed by SPTP residents (where victim(s) want to prosecute) presented to the county attorney for prosecution.	100%	100%	100%	100%	100%
	Reintegration Program	Resident progress will be monitored and reviewed every quarter.	100%	100%	100%	100%	100%

PROGRAM: Ancillary Services – 80000

Program Overview:

Allied Clinical Services is comprised of the following departments: Medical Services, Pharmacy, Laboratory, Specialty Clinics, Infection Prevention and Control, Nursing, Social Services, Psychology, Chaplaincy and Activity Therapy.

The Medical Services Department, under the direction of the Chief Medical Officer, oversees all aspects of health care delivery at LSH including Primary Care, Psychiatry, Pharmacy, Laboratory, Consolidated Specialty Clinic Services (CSCS), Nutrition Services, and Infection Control and Prevention. Active Medical Staff provide psychiatric and primary medical care to all patients/residents at LSH starting at admission and throughout the course of their hospitalization. The CSCS provides ancillary healthcare including optometry, dentistry, and physical therapy as needed during hospitalization. The CSCS also dispenses central supply medical items such as, masks, bandages, syringes and hand sanitizer. Durable Medical Equipment (e. g., wheelchairs, walkers, suction machines, patient lifts, etc.) are available through a checkout procedure at CSCS. The Medical Services department is committed to providing uniform, compassionate, quality care and treatment consistent with national best practice guidelines and standards of care. Goals of the medical services department for the coming years are to strengthen and expand the medical staff and provide meaningful educational opportunities for all LSH healthcare staff as part of continuous quality improvement of patient care.

The mission of the Pharmacy Department is to provide quality pharmacy services in a safe, effective and cost-efficient manner, and to provide information and education for all LSH clinical disciplines. Currently the department has one (1) Pharmacist-in-Charge, three (3) staff pharmacists and five (5) pharmacy technicians listed as administrative assistants. The Pharmacy works in a collaborative effort with Laboratory, Infection Control, Dietary, Psychiatry, Primary Care, Nursing and other disciplines in an effort to enhance patient care and safety. The department continuously reviews and updates the LSH formulary and reviews policy and proceduresto ensure quality pharmacy services.

The mission of the Clinical Laboratory is to provide accurate, precise, and timely laboratory results for all patients/residents at LSH in accordance with The Joint Commission (TJC), Centers for Medicare and Medicaid Services (CMS), and the Clinical Laboratory Improvement Act (CLIA). Approximately 95% of the tests requested by medical staff are processed onsite. Reference laboratories provide timely results for tests not performed on site. The laboratory is staffed with two certified Medical Technologists, serving as laboratory manager, assistant manager and two assistant lab technicians. The Director of the laboratory is a contracted Pathologist who provides consultation to LSH staff and makes routine visits to the laboratory to review all laboratory policies and services. The laboratory collaborates with all healthcare professionals to enhance patient care and safety. At this time, the laboratory is undergoing reestablishment after the abrupt loss of the previous lab manager, the replacement of laboratory analyzers for hematology and

chemistry, the introduction of a new electronic health record and updating of the Labdaq interface software.

The Infection Prevention and Control (IPC) Program is responsible for providing infection prevention and control services for LSH. Two Infection Preventionists, along with the multidisciplinary Infection Prevention and Control Committee, comprise the base for the IPC program, which serves both staff and patients/residents. Providing education for the prevention of infection to the staff, patients/residents, and visitors is a priority. New employees receive infection prevention and control information during new employee orientation and on an as needed basis. The educational process is on-going throughout their employment at LSH. Hand hygiene and appropriate use of personal protective equipment (PPE) are emphasized as the primary way to prevent the spread of infection. Prevention services are offered to the employees of LSH including, yearly influenza vaccinations, COVID-19 vaccinations, hepatitis B vaccinations, tetanus (Td) vaccinations and Tb skin testing. Providing measles vaccines is currently under consideration.

LSH Nursing Department is committed to the competent care of our patients and residents. The department utilizes the American Nurses Association Psychiatric Nursing Standards of Care, the Medical Standards of Care, and adheres to the Nurse Practice Act standards set forth by the Kansas State Board of Nursing. The goal is to remain competent in all areas of psychiatric nursing, as well, as expanding our knowledge to keep abreast of medical issues. Nursing works collaboratively with other members of the Treatment Team to ensure the best treatment regimen possible for all patients/residents. Nurses are patient/resident educators and advocates who strive to help patients/residents reach mutually agreed upon goals, succeed in their treatment programs and re-establish themselves in their communities.

The Social Services Department provides quality services to patients while demonstrating respect for human dignity, the worth and uniqueness of individuals who are hospitalized, their families and community providers enabling patients/residents to be in the least restrictive environment possible. Staff members work to develop appropriate discharge and continuum of care plans and provide psycho-social education, individual and group therapy, and supportive counseling. Staff members provide patients with the opportunity to hear about community supports and resources available in their area. Staff members also work closely with the hospital liaisons from the Community Mental Health Centers to connect each patient with services prior to discharge. This department also provides a wide array of services including crisis intervention; treatment planning and implementation; consultation; treatment team membership; expert court testimony; and training for staff and patients. Furthermore, the Social Services Department has membership on various committees (e. g., Risk Management Committee, Utilization Review Committee, Clinical Executive Committee, etc.). Lastly, the LSH Social Services Department offers placements for intern and practicum students; both at the Master's and Bachelor's level.

The Psychology Department provides a wide array of services including individual and group psychotherapy, crisis intervention,

psychological assessments, psychological testing, treatment planning and implementation, consultation, behavior support plans, forensic evaluations, reports to the court, expert court testimony and training for staff and patients. Furthermore, the Psychology Department has membership on various committees (e. g., Ethics Committee, Employee Retention Committee, and Clinical Executive Committee.). The Psychology Department offers an American Psychological Association (APA) accredited internship program which trains up to three interns each year. The program was granted the highest accreditation status (10 years) in 2019, and will be visited again in 2028 for reaccreditation. The Post-Doctoral Fellowship at LSH is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) which provides educational standards for training to psychologists that have graduated with their doctorate degree and need a year of supervised experience to obtain licensure in Kansas and other states. We have many staff members who are alums of these programs. Lastly, the LSH psychology department offers placements for practicum students.

The Chaplain provides for the pastoral needs of patients and residents and assists patient's and resident's understanding of life events as they relate to their spiritual and emotional well-being. The Chaplain conducts various weekly services for all LSH Programs, (e.g., contact clergy, answering requests, unit visits, drop off religious material). The Chaplain also provides special services of worship for special seasons and memorial services, and makes provisions for the religious needs of patients and residents of all faith groups. As part of the patients or resident's treatment plan, the Chaplain may provide individual and group counseling, when appropriate, regarding such concerns as: loss of life's meaning, unresolved loss and grief, feelings of guilt, shame and resentment, confusion over religious faith and practice, problems of ethical and moral significance, and connections with their religious community. The Chaplain is a member of various committees (e. g., Crisis Debriefing, Ethics, Endowment, Clinical Executive Committee.)

The Activity Therapy Department provides therapeutic, psycho-educational and leisure programming for patients and residents, while demonstrating respect for human dignity and worth to individuals who are hospitalized. Staff provide sessions designed to assist patients/residents in the development of specific skills that will be helpful when reintegrating back into a less restrictive environment. Emphasis is also placed on self-worth, confidence-building and inclusion. This department provides a wide spectrum of creative arts programming, such as music, art, and recreation, utilized in groups that allow the patient to develop or maintain leisure skills/interests for use after hospitalization.

Current and Budget Year Operations:

The Social Services Department has established three goals and associated objectives: provide timely completion of assessments and reassessments; provide timely collaboration with patients, families, and community providers; and develop responsive and appropriate continuum of care plans for each patient.

The Psychology Department’s goals, initiatives, and plans for the current year will be focused on updating treatment groups to focus on continued development of the program based on patient issues, updating the psychology library to add to evidence based treatment, training on suicide assessment tools, and focusing on continued program development of the Post-Doctoral Fellowship and Internship programs.

LSH has submitted a Supplemental budget request for FY 2026 base budget and beyond totaling \$32,227,968 for Agency Nursing Staff. This request is to fund expected costs of contracted staff services to supplement the RN, LPN, Certified Nurse Aide, and Mental Health Technician positions to maintain the current patient capacity across the programs.

Ancillary Supplemental Request	FY 2026	FY 2027
Agency Nursing Staff	\$32,227,968	\$32,227,968
Total	\$32,227,968	\$32,227,968

Account Code 5100: Salaries and Wages

Summary: The 67.5 FTE positions and 2 Non-FTE Unclassified Permanent Positions approved positions in this program provide administrative and direct care services to every area of the program. Funding requested is for all current positions for 26 pay periods FY 2026 and FY 2027, including fringe benefits, health insurance and longevity.

FY 2026: \$10,690,108 is requested. The shrinkage rate is 14.8%.

FY 2027: \$10,782,531 is requested. The shrinkage rate is 12.7%.

Account Codes 5200 - 5290: Contractual Services

Summary: Contractual Services includes communication, computer fess, rental expenses, utilities, and contracted nursing staffing. Direct patient/resident contractual services are allocated to the programs based on usage rate which would include Physical Therapy, Optometry and Dental.

FY 2026: \$608,193 is requested.

FY 2027: \$555,292 is requested.

Account Codes 5300 - 5390: Commodities

Summary: Commodities includes building maintenance, miscellaneous supplies and professional supplies to support the pharmacy, laboratory and psychological testing areas. Pharmaceuticals are allocated to various programs within LSH based upon usage.

FY 2026: \$323,479 is requested.

FY 2027: \$323,479 is requested.

PROGRAM: Trust and Benefits – 85000

Program Overview:

Trust and Benefits consist of seven non-appropriated funds: The Patients' Benefit Fund, Canteen Fund, Work Therapy Fund (Prairie Treasures), LSH Wood Crafters, LSH Mental Health Conference (Benefit Fund), Employee Use Fund, Route 264 Sunflower Grill.

The Patients' Benefit Fund is a trust fund established primarily for the general use and benefit of all patients, to be used when other monies are not available to meet their needs. It is limited in its use and expenditures require advance approval from the Chief Financial Officer.

Receipts consist of transfers from the Canteen Fund, donations from outside individuals and organizations, and commissions from beverage and snack vending machines on campus.

The primary use of the fund is to provide any needed items to patients. Patient transportation is provided in emergency situations, or when funding is not available from any other source. Other items and activities which have a beneficial impact for patients such as reinforcers for good behavior, educational and spiritual materials, replacement birth certificates and holiday gift bags are also provided from these funds.

The Canteen Fund provides a variety of convenience foods, candy, snacks, phone cards, stamps, and miscellaneous items to the patients. Previously, orders for canteen were processed and fulfilled by a contractor until June 2025 when LSH took over an internal Canteen process for patients and residents to utilize. The operation of the Canteen program provides the following benefit to the patients/residents at LSH:

- Offers the opportunity for patients on all three LSH programs, Psychiatric Services Program, State Security Program and Sexual Predator Treatment Program, to purchase items of their choice with personal funds.

The Work Therapy Fund (Prairie Treasures) and LSH Wood Crafters Fund are non-appropriated funds which emphasizes vocational therapy/training for our patients and residents. LSH Activity Therapy staff serve as the teachers and managers of each operation. The funding is derived from the sale of items produced by the patients and residents in two separate programs at LSH.

- **Prairie Treasures:** At the LSH Horticultural Workshop, patients in the Psychiatric Services Program learn to grow and care for houseplants and spring bedding plants; as well as making craft items for sale to employees and the public. Sales are held at the LSH Greenhouse. Patients assist staff in displaying and pricing the items at the LSH Greenhouse thus giving the patient an opportunity to learn the fundamentals of retailing. Patients also assist customers with their purchases allowing the patient to interact with outside individuals. The patients gain satisfaction from seeing their products from start to finish.
- **LSH Wood Crafters:** In a secure setting, residents of the Sexual Predator Treatment Program build and finish wood lawn furniture and various other custom wood products for sale to employees and the public. The money collected is deposited into the Work Therapy Fund. In addition to receiving a small paycheck, residents in the program are occupied and engaged in a worthwhile activity thus gaining useful skills which add to their rehabilitation. A portion of the resident's paycheck is repaid to the hospital for board and care.

LSH Mental Health Conference (Benefit Fund) is a non-appropriated fund established primarily for the general use and benefit of the annual mental health conference. It is limited in its use and expenditures require advance approval from the committee president, Superintendent, and Chief Financial Officer.

Receipts consist of conference attendee payments which normally come from interfund, PayPal transfers or checks.

The primary use of the fund is to provide any needed items for the annual mental health conference. These items include, but are not limited to, presenters, venue, food, drinks and other necessary supplies.

In FY 2025 LSH offered a Virtual Mental Health Conference to provide continual clinical training to our staff and community members to provide updated practices, information, and clinical skills. A total of 144 professionals registered and attended the 2024 conference from 35 different counties across Kansas. LSH acknowledges the vital role the conference has for maintaining a high level of staff education for many professionals and settings.

The Employee Use Fund is a non-appropriated fund established for the general use and benefit of all employees. It is limited in its use such as a plant upon the death of an employee or an employees' immediate family member, employee appreciation events and recognition for achievements by employees.

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- Expenditures must be in accordance with KSA 75-3080 & 75-3081 and require advance approval from the Appointive State Agency Head.
 - Receipts consist of commissions from beverage and snack vending machines used by employees on campus and occasional fund-raising events.

The Route 264 Sunflower Grill (“Grill”), formerly known as the Canteen, provides an onsite location to obtain breakfast, lunches, snacks, and drinks for Larned State Hospital staff, Larned State Correctional Facility (LSCF), local community members, and LSH patients. The Grill re-opened its doors September 3, 2014, using the remaining funds for the Canteen. Patients from PSP, with the appropriate privilege level, visit the Grill and enjoy the services. In addition, the Grill provides special meal orders to SSP patients and SPTP residents.

The Grill is operated by two permanent FTEs and is supervised by the Chief Financial Officer. In addition to the staff, minimum custody inmates from the neighboring LSCF are provided to LSH to work in the Grill. The Grill is currently opened from 6:30 a.m. to 1:30 p.m. to accommodate the morning breaks and lunch breaks. Daily specials vary each day and are offered in addition to the everyday menu items.

In addition to the funds described on this and the preceding pages, LSH also maintains a \$2,000 Agency Imprest fund.

Current and Budget Year Operations:

Financial Statements are produced by LSH Financial Services and submitted annually to Division of Accounts and Reports for audit. FY 2025 ending balances in the Trust and Benefit funds are:

- Patient Benefit Fund: \$104,173.39
- Canteen Fund: \$172,814.55
- Work Therapy Fund (Prairie Treasures): \$214,868.09
- LSH Wood Crafters: \$6,157.95
- LSH Mental Health Conference (Benefit Fund): \$4,835.43
- Employee Use Fund: \$10,983.23
- Route 264 Sunflower Grill: \$48,036.62

PROGRAM: Physical Plant and Central Services – 96000

Program Overview:

Physical Plant and Central Services includes the following departments; Engineering, Environmental Services, Safety and Security, Purchasing/Supply, Food Services and Laundry.

Engineering services is responsible for the power plant, motor pool, grounds, carpentry shop, plumbing shop, electrical shop, paint shop for LSH as well as sewage system and water distribution system for LSH and Larned State Correctional Facility (LSCF.) LSH is responsible for paying for the sewer and water usage for the buildings that are currently being utilized by LSCF as part of an agreement and exchange for inmate labor that is utilized on LSH campus. Maintenance for 949,579 square feet of buildings and over 100 acres of grounds is provided by the Engineering Department. This department is available 24/7 to address issues that may arise with the buildings located on the LSH campus. Any staff member at LSH can request a work order through Engineering Department when observations are made and require attention by this department. The Engineering Department can provide many in-house services for daily maintenance of areas such as the building structure, internal building upkeep, grounds appearance, and functioning of state vehicles. This department also helps maintain the roads throughout the campus during inclement weather and general maintenance of painted street lines and resurfacing. Projects that require higher specialty work are incorporated into the Capital Improvement projects through Physical Plant and Central Services with prioritization of the project need.

The mission of the Environmental Services Department is to ensure compliance with regulatory agencies and provide a clean, safe and sanitary environment for our patients, residents, staff, and visitors. The Environmental Services Department is divided into sections which cover the SSP and PSP occupied buildings along with the various buildings that house the operational services. These staff actively maintain the physical environment of the campus buildings and coordinate with other departments to address any issues identified with cleanliness. LSH supplements the Environmental Services Department with the use of Vocational Training Program residents from SPTP and SSP in some areas on Dillon, Jung, and Isaac Ray buildings.

The Safety and Security Department is responsible for the safety and security of the physical plant and all patients, residents, staff and the surrounding community. The department assists the nursing staff in de-escalating verbally or physically aggressive patients/residents while maintaining the safety of the other individuals on the units. Safety and Security also carries out tasks such as responding to medical emergencies on campus, delivering oxygen tanks to patient/resident units, answering duress alarm calls for assistance by staff, completing walkthroughs of the campus facilities, providing supervision of highly aggressive and dangerous patients and residents on special programming, and assisting in gathering information pertaining to unlawful incidents. When required, the department's transport officers transport patients/residents to and from medical appointments and remain with patients/residents

during hospital stays. The department is responsible for limiting contraband coming on the premises through access control security check points. The department ensures patients/resident buildings remain secure using tomography machines, metal detectors, and staff ID verification system along with controlling the entry and movement within the secure buildings of the campus. Movement is managed through utilizing control centers to monitor the entire flow of patient, resident, staff, and visitor traffic in and out of the secure buildings. The Safety and Security Department oversees and ensures proper safety announcements are made in emergency situations including medical emergencies, trouble calls, fire, and inclement weather. The department's property officers manage the property of residents and patients which are admitted to the hospital and handle mail and packages for the hospital staff in all areas. Safety and Security Officers are the first responders for medical emergencies across campus, providing equipment for medical staff, first aid assistance, and AED operation when needed. The department provides the switchboard operator and mailroom for the hospital. Furthermore, the department patrols the campus providing traffic safety and the security of staff and patients moving about the campus area.

The Purchasing & Supply Department's mission is to provide timely, cost-effective procurement and property management services for Larned State Hospital. The department is responsible for the purchasing, storage and distribution of all consumable supplies and all furnishings required by both hospital patients/residents and staff. The department provides procurement of supplies and services that meet customer requirements such as personal care items utilized by the patients. It is also responsible for warehousing, asset management and inventory control of all consumable and non-consumable, storing contracted vendors' food/beverages and paper inventories. The department Supervisor is responsible for the development of contracts and other documentation required for contractual services. The LSH Purchasing & Supply Department works cooperatively with LSCF by sharing supplies and products as needed and in emergency situations. The department also provides shipping, receiving, and delivery services for all of the LSH campus. All LSH invoices are received, processed and sent to Accounting for payment by the Purchasing & Supply Department. The department utilizes the SMART System for all requisitions and purchase orders, as well as assisting other departments with SMART requisitioning. With the COVID-19 pandemic, this department has had to be persistent to locate limited supplies for the agency while maintaining inventory/storage of those supplies to prevent a shortage for COVID-19 materials that are needed.

The Food Service Department was privatized in July 2013 and management of these service needs were outlined by a contract prepared by KDADS and Larned State Hospital. In July 2018, Sodexo was awarded the food service management contract. Sodexo provides all food services for patients, residents, and staff at LSH along with children and staff for Caring Hands Daycare Center which is housed on LSH campus. LSH campus has four buildings that have full-service kitchens available for use of daily meal preparations. These daily food services include three meals along with three snacks designated for morning, afternoon, and evening. Each patient and resident has their own individual diet order developed by the in-house medical provider and is followed by the contractor. Sodexo also provides meals and/or snacks for special events such as holidays that occur throughout the year and program

activities. LSH also has a contracted clinical dietitian who performs nutritional assessments at the request of the physician’s as well as for those patients/residents at high risk. Additionally, the clinical dietitian assists with Sodexo and LSH staff trainings for food handling along with carrying out specific audits for each of the four kitchens.

The Laundry Department processed 939,140 pounds of textiles and clothing items for LSH and LSCF in FY 2025. Listed below is the percentage for each agency:

- Larned State Hospital 58%
- Larned State Correctional Facility 42%

Laundry personnel perform a wide variety of tasks which includes picking up soiled laundry, logging daily weight per agency and program, presorting for washing, drying and processing of all clean clothing and textile items, operating large industrial laundry equipment, programming washers per agency and classification. Laundry completes an inventory of weekly textile usage which allows delivery of textiles, according to established quotas and fills orders for daily textile delivery to all LSH Units. The Laundry makes clothing labels for patients/residents and assists with marking of unit stock clothing. The Laundry Department is staffed with 9.00 FTE positions and 1 to 10 inmate laborers.

The Laundry Department also operates the Clothing Supply area which takes in clothing donations, prepares them for patient/resident use, makes webbed belts, hems jeans/slacks and performs other mending and mild alterations according to patient/resident needs. Furthermore, this department fills new clothing and shoe orders and performs inventory on all stock items.

Current and Budget Year Operations:

A goal of the Engineering Department is increased proficiency in work order completions. A goal of the Environmental Services Department is increased infection prevention tasks occurring to minimize potential infection risks.

Account Code 5100: Salaries and Wages

Summary: The 138 FTE in this program consists of staff in Engineering, Environmental Services, Safety and Security, Purchasing/Supply and Laundry services. Funding requested is for all current positions for 26 pay periods FY 2026 and FY 2027, including fringe benefits, health insurance and longevity.

FY 2026: \$9,849,637 is requested. The shrinkage rate is 13.5%.

FY 2027: \$9,808,990 is requested. The shrinkage rate is 12.6%.

Account Codes 5200 - 5290: Contractual Services

Summary: Contractual services include the request for funding for utilities and for the costs of repairing and servicing. Utilities are allocated to various programs within LSH based upon usage. LSH pays a portion of the City of Larned's wastewater treatment facility bond payments from the State Institution Building Funds.

FY 2026: \$945,010 is requested.

FY 2027: \$815,482 is requested.

Account Codes 5300 - 5390: Commodities

Summary: The major commodities are clothing, professional supplies, maintenance supplies for equipment and buildings, and vehicle supplies to maintain LSH vehicles.

FY 2026: \$891,423 is requested.

FY 2027: \$886,073 is requested.

Account Code 5400 - 5490: Capital Outlay

Summary: Capital Outlay is requested for computer and office equipment.

FY 2026: \$39,419 is requested.

FY 2027: \$39,419 is requested.

Account Code 57000: Non-Expense

Summary: Property tax for the farmland that is leased is coded as non-expense.

FY 2026: \$2,500 is requested.

FY 2027: \$2,500 is requested.

**Narrative Information – DA 400
 Division of the Budget
 State of Kansas**

**Agency Name: Larned State Hospital
 Program Title: Physical Plant & Central Services**

Program Name	Subprogram Name (if applicable)	Performance Measure	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Physical Plant and Central Services	Facilities Maintenance	Maintain TJC Standards for Accreditation Program: Hospital Chapter: Environment Of Care as evidenced by documentation 95% current and deficiencies corrected within 30 days of notice.	100%	100%	100%	100%	100%
		Percent of compliance with all utility systems to meet all regulatory agency requirements (Kansas Department of Water Resources, Kansas Department of Health and Environment, and Kansas Corporation Commission) as evidenced by immediately correcting deficiencies unless time extensions are permitted.	100%	100%	100%	100%	100%
	Capital Improvement	Identify capital improvement needs such as architectural, mechanical, plumbing, electrical, program improvements, new facilities and facility remodels as evidenced by being within 3 years of "end of lifecycle" to prevent interference with patient care and patient programming.	100%	100%	100%	100%	100%

CAPITAL IMPROVEMENTS:

Program Overview:

For ease of administration, Capital Improvement funding for all state hospitals is included in the KDADS budget. Funds for LSH capital improvement are contained in the KDADS Five Year Capital Improvement Plan and KDADS budget request.

**Narrative Information – DA 400
Division of the Budget
State of Kansas**

**Agency Name: Osawatomi State Hospital
Program Title: Agency Outcomes**

September 5, 2025

Mr. Adam Proffitt, Director
Division of the Budget
Landon State Office Building
900 SW Jackson – Room 504 North
Topeka, KS 66612

Dear Mr. Proffitt,

Fiscal Year 2025 has been marked by continuous improvement and changes.

Throughout this review period, our hospital has experienced significant activity and undergone notable transformations.

Osawatomi State Hospital (OSH) remains committed to continuously evaluating and enhancing active treatment approaches and exploring diverse methods to improve patient care. Concurrently, we prioritize supporting our staff by ensuring they have access to the necessary resources, training, and tools required to perform their duties effectively. This dual focus on advancing treatment quality and strengthening workforce capacity is central to our ongoing efforts to deliver exceptional care and maintain a supportive work environment. To ensure comprehensive patient evaluations, we have implemented an annual care plan review meeting involving all members of the treatment team, including medical providers and pharmacy. This collaborative review process ensures patients are assessed not only from a psychiatric perspective but also in regard to their overall medical needs, with input from all relevant stakeholders.

A central objective for our hospital has been increased community involvement. As evident from the budget details, we have worked diligently to become a true community partner again this year. The hospital remains actively engaged in numerous community events, discussions, and coalitions, demonstrating a commitment not only to presence but also to meaningful support and collaboration within the community.

Looking forward to the next year, our hospital department leaders are establishing partnerships with universities. The goal is to engage interns and develop practicum opportunities in diverse disciplines such as recreational therapy, social work, clinical therapy, nursing, and psychology services. We already host five psychology students, one social work student and collaborate with three nursing schools, reinforcing our belief that the hospital provides an exceptional learning environment. Our Psychology Program has completed

their APA Application to be an accredited graduate program for doctoral and postgraduate internships and residencies.

The Biddle remodel project has been successfully completed, marking a significant milestone in our facility’s development. Despite unforeseen challenges, the team executed a smooth and timely transition, with patients moving into the new unit in September 2024. The relocation of the Adair Acute Care Hospital to the Biddle facility represents a critical step forward in our broader plan to revitalize additional units.

Additionally, with the support of an approved budget enhancement, we completed a comprehensive renovation of the facility’s courtyard. This enhanced outdoor space now serves multiple purposes—supporting recreational therapy, leisure activities, and clinical services—providing a more holistic and therapeutic environment for patient care.

Over the past year, we initiated the demolition of two additional historic structures on campus: Carmichael Pavilion (established in 1923) and the Rush Building (established in 1931). As part of our ongoing efforts to enhance the campus environment, we have also conducted a comprehensive assessment to identify areas requiring improvement to achieve full ADA compliance. Several locations have been identified for updates and renovations, and planning is currently underway to address these accessibility needs.

Considering my ongoing duty, I offer you the budget.

Ashley L Byram LMSW,
Superintendent
Osawatomi State Hospital

AGENCY OVERVIEW:

OSH is a psychiatric facility which provides inpatient treatment for mentally ill adults from 45 counties in Kansas in collaboration with 12 Community Mental Health Centers (CMHCs). The hospital is an integral part of the continuum of mental health services, providing stabilization and rehabilitation to individuals with severe mental illness who cannot, or will not, access these services elsewhere. The hospital is one of four institutions supervised by KDADS and is one of two state institutions which provide mental health services.

OSH specializes in stabilizing psychiatric conditions so patients can return to their communities and receive less intense treatment. OSH's pillars of strength are People, Quality, Finance, Service, Community and Growth. We have tasked ourselves with using these tools to become leaders in providing patient-centered services in a safe environment which leads to the most positive outcomes for every patient. This is accomplished by using evidence-based treatment approaches in a planned, consistent manner which recognizes the individual strengths of each patient and the capabilities of the staff to facilitate positive changes to build on those strengths. Staff work together with the patients to assist in their recovery and to promote self-sufficiency.

ACCREDITATION:

OSH is licensed by the Kansas Department of Health and Environment (KDHE). This agency conducts periodic surveys, both announced and unannounced, to determine compliance with applicable laws, regulations and standards.

PROGRAMS ESTABLISHED TO ASSIST WITH AGENCY MISSION:

OSH is organized for budgetary purposes into the following five programs.

General Administration Program provides the overall administration and management of OSH. Included in General Administration is the superintendent's office, accounting, accounts payable, billing and collections, budget, cashier and post office, contract management, credentialing, employee benefits, health information management, human resource management, patient accounts, patient canteen, purchasing, program assistants, information technology services, legal services, performance improvement, recruitment, and risk management.

Staff Development and Training Program provides staff education and development for the entire OSH Hospital System, as well as AAC through the MOU.

Clinical Program provides inpatient services for people 18 years of age and older with severe mental illness. This program is licensed for 116 beds divided into four main treatment tracks. Treatment is offered both within each unit and through a range of activity therapy groups. This program encompasses various services, including activity therapy, admission, agricultural therapy, clinical therapy, scheduling for direct care, infection control, nursing administration, nutrition services, peer support, psychology, unlicensed nursing, social work, and triage.

Medical Services consists of psychiatric services, physical therapy, pharmacy, medical laboratory, x-ray, EKG-EEG, and dental services, as well as outside medical services. Psychiatric coverage is provided twenty-four hours a day, throughout every day of the year with routine psychiatric and medical services being provided throughout the week.

Physical Plant and Central Services operates the central heating plant, maintains buildings including electrical, cooling, carpentry, grounds maintenance, environment of care, laundry services and supplies for all programs, as well as property management that maintains oversight over the hospital assets, including capitalized assets. Physical plant and central services also include safety and security for the entire campus.

STATUTORY HISTORY:

In 1863, the Kansas Legislature granted permission for the establishment of the "Osawatomie Insane Asylum" on a 160-acre site in Osawatomie, Kansas. The initial structure, known as "The Lodge," was completed by early 1866, a two-story house with room for 12 beds, costing \$500. Construction on the Main Building, designed according to the "Kirkbride Plan," began in 1866 and spanned 15 years, expanding its capacity to 1,400 beds with a total cost of \$500,000. Renamed the Osawatomie State Hospital (OSH) in 1901, it fell under the Department of Social and Rehabilitation Services (SRS) in 1973, which later became the Department of Children and Families (DCF) in 2012. This led to the formation of the Kansas Department for Aging and Disability Services (KDADS), currently responsible for overseeing the hospital.

In 1963, OSH became known as a rehabilitation center due to several newly added amenities to assist the patients with recovery which included a swimming pool, a modern gymnasium, and a well-equipped auditorium.

During 2015, OSH was the first hospital in the nation to be surveyed under the new CMS (Centers for Medicare and Medicaid Services) standards related to ligature free environments. OSH underwent numerous surveys during this time by CMS which resulted

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Agency Name: Osawatomie State Hospital
Program Title: Agency Outcomes

in terminating certification of the hospital on December 21, 2015, due to the inability to bring the entire campus up to the new standard of conditions. At this time a moratorium was established in 2015 (K.S.A. 59-2968), limiting OSH to a maximum census of 145 patients which decreased the bed capacity by 61. This moratorium also limited OSH from admitting voluntary patients unless there was no one on the waiting list and the census was below 145.

As a response to the decertification, the hospital made improvements to the physical plant at Adair A-building. The environment was brought up to meet the new ligature free environment standards along with bringing, staffing levels up to standard and improving operational practices to correct the deficiencies cited by CMS. In August 2016, these two living units were functionally separated from the hospital to form Adair Acute Care (AAC). This is functionally considered a free-standing hospital with a maximum census of 60 patients. On December 15, 2017, AAC passed a CMS survey and became recertified.

A Memorandum of Understanding (MOU) was established between OSH and AAC, allowing AAC to outsource certain administrative, medical, clinical, physical plant and central service support services to OSH. These services are reported on a monthly, quarterly, and annual schedule. The quality of service is directly tied to the strategic plan developed by the agency. New performance-based budgeting metrics were put in place this fiscal year to measure how well OSH is achieving its defined goals.

The moratorium was lifted on January 3rd, 2022. OSH and AAC are now able to receive voluntary patients. OSH and AAC together are licensed for 206 beds.

Current statutory authority for OSH can be found in K.S.A. 76-1201 et seq. as amended. The "Act for Obtaining Care and Treatment for the Mentally Ill Person" (K.S.A. 59-2901 through 59-2941), revised in 1976 and 1986, is of special significance because it controls hospital activities related to the protection of patients' constitutional and human rights, particularly those that ensure due process for the involuntary patient.

The 2019 Kansas Legislature approved transferring authority for the Sexual Predator Treatment Program (SPTP) – MiCo House Reintegration Facility from Larned State Hospital to OSH. The MiCo House is located on the grounds at OSH and all operating costs are now reflected in the OSH budget.

The 2019 Kansas Legislature also approved a measure that would renovate two additional units at OSH. The purpose of the renovation was to provide additional capacity to lift the moratorium on admissions to allow for voluntary admissions. The FY 2021 Budget for KDADS included \$5.0 million from State General Fund (SGF) to renovate the Biddle building. The FY 2021 Budget for OSH included \$500,000 from building funds to renovate the B2 building. The B2 remodel was completed in May 2022. The Biddle

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**Agency Name: Osawatomi State Hospital
Program Title: Agency Outcomes**

Building remodel is currently underway with an expected completion date of August 2024 and an occupancy date of September 2024.

VISION: The Right care, at the Right time, in the Right place.

AGENCY MISSION: Working together to provide excellent care that promotes recovery and self-sufficiency.

VALUES: Compassion, Teamwork, Professionalism, Communication, Respect and Efficiency.

PILLARS: People, Quality, Finance, Service, Community, Growth

PROGRAMS ESTABLISHED TO ASSIST WITH AGENCY MISSION:

Administration

Medical Services

Clinical Services

Physical Plant and Central Services

FINANCIAL REQUEST:

For FY 2026, OSH requests revised expenditures totaling \$42,742,771 of which \$40,242,566 is from the State General Fund. For FY 2027, OSH requests revised expenditures totaling \$40,972,773 of which \$38,374,627 is from the State General Fund. For FY 2026, a supplemental is requested for agency nursing totaling \$7,000,000 in State General Fund. Specific to OSH, \$1,500,000 is requested in OSH SGF. For FY 2027, enhancements are requested totaling \$5,000,000 in State General Fund. Specific to OSH, \$3,000,000 is requested in OSH SGF. More detailed information is available in the change package portion of the narrative.

OUTCOMES OVERVIEW:

Agency Outcomes presents information related to patient admissions like referral sources and county locations of admissions. Furthermore, it provides insights into various facets of inpatient care, including the number of patients served and the duration of their stays. Lastly, the outcomes include financial data for OSH, covering expenditures and related financial information. The information in this section discusses OSH's outcomes. Subsequent narratives, those specifically discussing OSH's various departments and their roles, offer comprehensive details about the objectives and performance metrics established for a specific department, encompassing both the State of Kansas and the national level.

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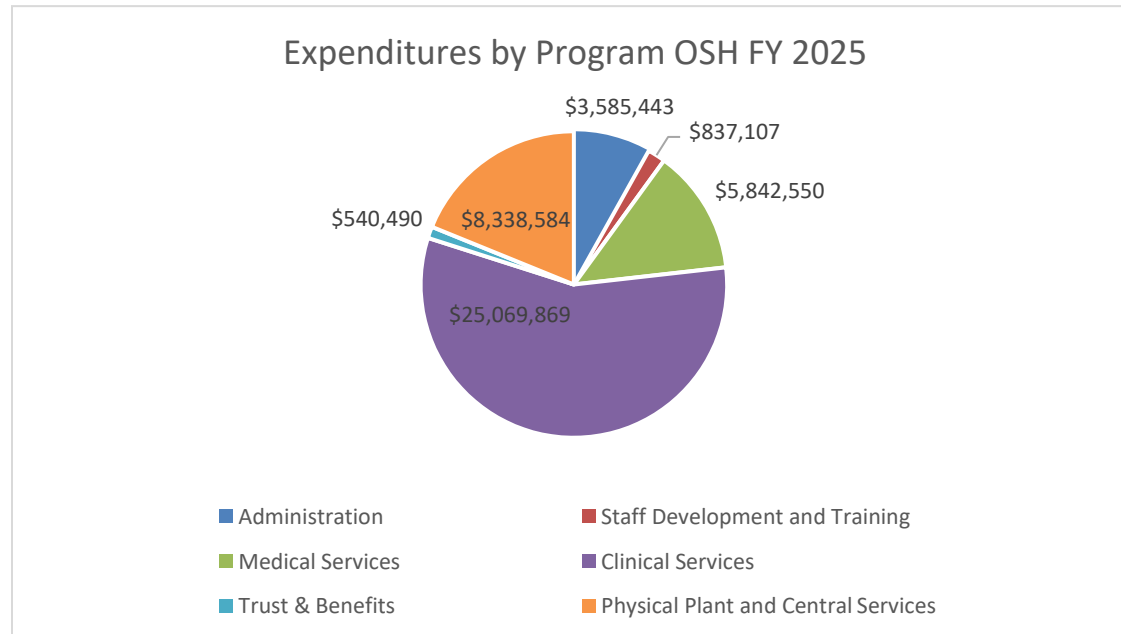
**Agency Name: Osawatomie State Hospital
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The substantial reduction in FTE positions is attributable to a systematic revision of budgeting procedures. Positions vacant for a period exceeding six months were deliberately unfunded to more accurately align budget projections with anticipated salary expenditures, shrinkage rates, and contractual service costs.

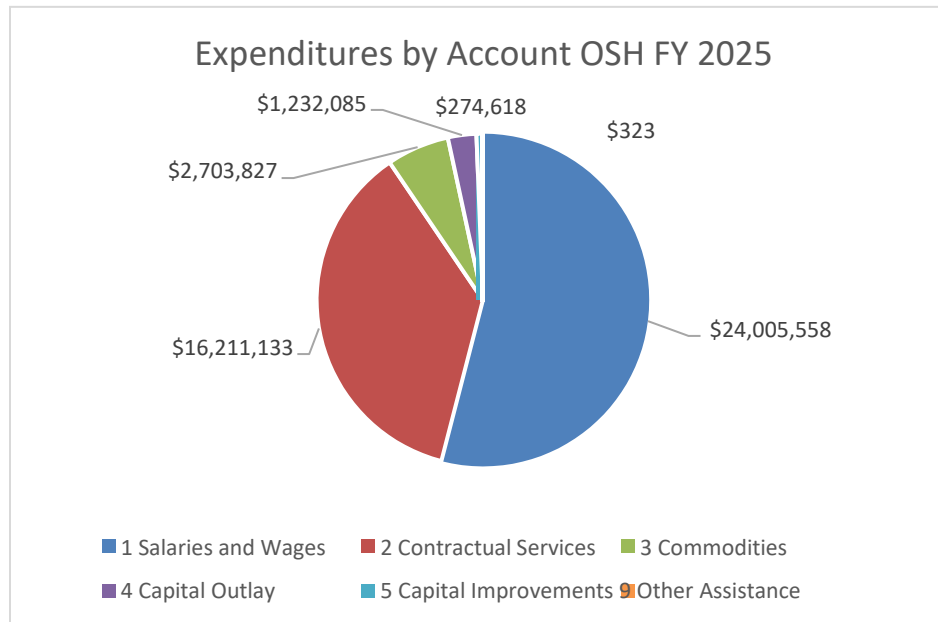
FY 2023 through FY 2027 OSH Approved FTE Positions	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Programs	Approved FTE	Approved FTE	Approved FTE	Approved FTE	Approved FTE
Administration	31.5	30.0	21.0	21.0	21.0
Staff Development and Training	5.4	2.5	4.7	4.7	4.7
Medical Services	16.5	16.0	12.6	12.6	12.6
Clinical Services	241	227.6	143.5	143.5	143.5
Physical Plant/Central Services	62.6	57.2	54.6	54.6	54.6
TOTAL APPROVED POSITIONS	357	333	236	236	236

**Projected Overall Shrinkage FY 2026: 3.16%
 Projected Overall Shrinkage FY 2027: 2.95%**

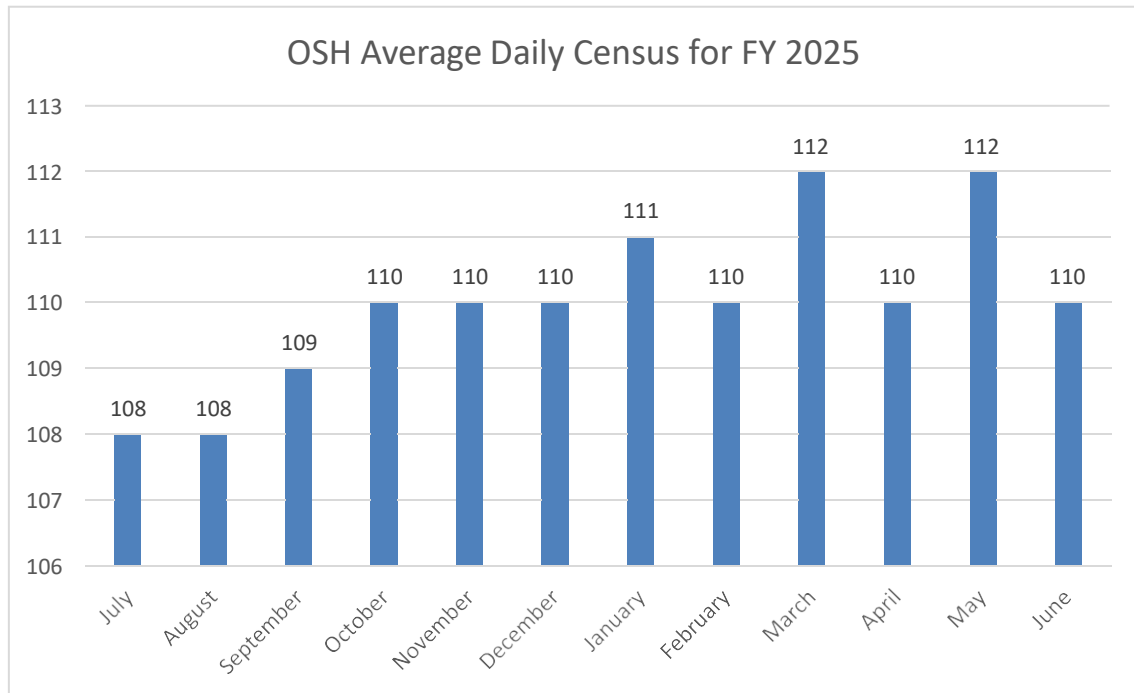
Expenditures by Program OSH FY 2025	
Program	Amount
Administration	\$ 3,585,443
Staff Development and Training	\$ 837,107
COVID-19 (ARPA Funds)	\$ 213,501
Medical Services	\$ 5,842,550
Clinical Services	\$ 25,069,869
Trust & Benefits	\$ 540,490
Physical Plant and Central Services	\$ 8,338,584
Total	\$ 44,427,544



Expenditures by Account OSH FY 2025	
Account	Amount
1 Salaries and Wages	\$ 24,005,558
2 Contractual Services	\$ 16,211,133
3 Commodities	\$ 2,703,827
4 Capital Outlay	\$ 1,232,085
5 Capital Improvements	\$ 274,618
9 Other Assistance	\$ 323
Total	\$ 44,427,544



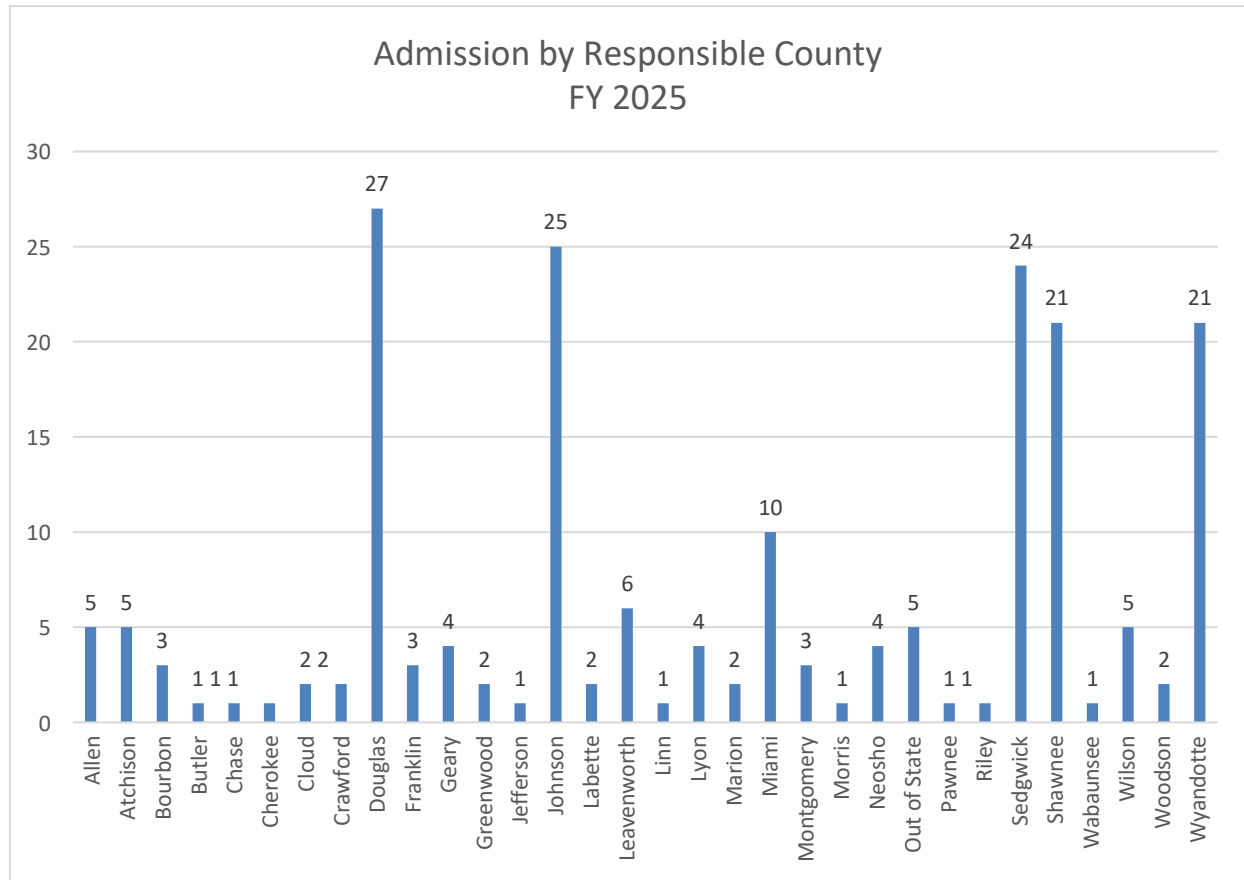
OSH ADC FY 2025	
July	108
August	108
September	109
October	110
November	110
December	110
January	111
February	110
March	112
April	110
May	112
June	110



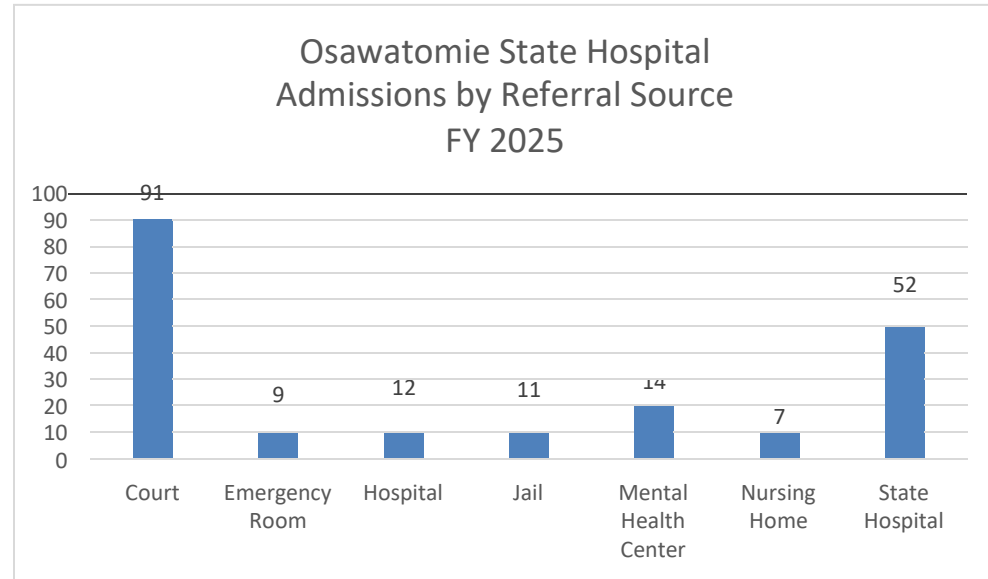
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Agency Name: Osawatomie State Hospital
Program Title: Agency Outcomes

Responsible County Admissions	
Allen	5
Atchison	5
Bourbon	3
Butler	1
Chase	1
Cherokee	1
Cloud	2
Crawford	2
Douglas	27
Franklin	3
Geary	4
Greenwood	2
Jefferson	1
Johnson	25
Labette	2
Leavenworth	6
Linn	1
Lyon	4
Marion	2
Miami	10
Montgomery	3
Morris	1
Neosho	4
Out of State	5
Pawnee	1
Riley	1
Sedgwick	24
Shawnee	21
Wabaunsee	1
Wilson	5
Woodson	2
Wyandotte	21



Referral Source	# of Admits
Court	91
Emergency Room	9
Hospital	12
Jail	11
Mental Health Center	14
Nursing Home	7
State Hospital	52



Supplemental/Enhancement Request #1/2: Funding for Contracted (Traveling) Direct Care Staff

Justification: Osawatomi State Hospital (OSH) respectfully requests a supplemental appropriation of \$7,000,000 in State General Funds (SGF) for FY 2026, and an enhancement of \$5,000,000 in SGF for FY 2027 to support the continued use of contracted (traveling) direct care staff. These funds are necessary to maintain the required staffing levels and meet established staff-to-patient core ratios. The use of contracted direct care staff at OSH was a necessity even prior to the COVID-19 pandemic. However, since the onset of the pandemic, OSH has experienced a persistent decline in the retention of full-time registered nurses (RNs), licensed practical nurses (LPNs), and mental health technicians (MHTs). This decline reflects a broader national trend across the healthcare sector.

According to the 2023 AMN Healthcare survey of 18,000 registered nurses, burnout, staffing shortages, and workplace safety concerns have driven many nurses to reconsider their roles. The survey revealed that only 15% of nurses planned to remain in their current positions, while the remaining 85% expressed intentions to transition into roles in administration, travel nursing, education, or leave the profession entirely (AMN Healthcare, 2023 Survey).

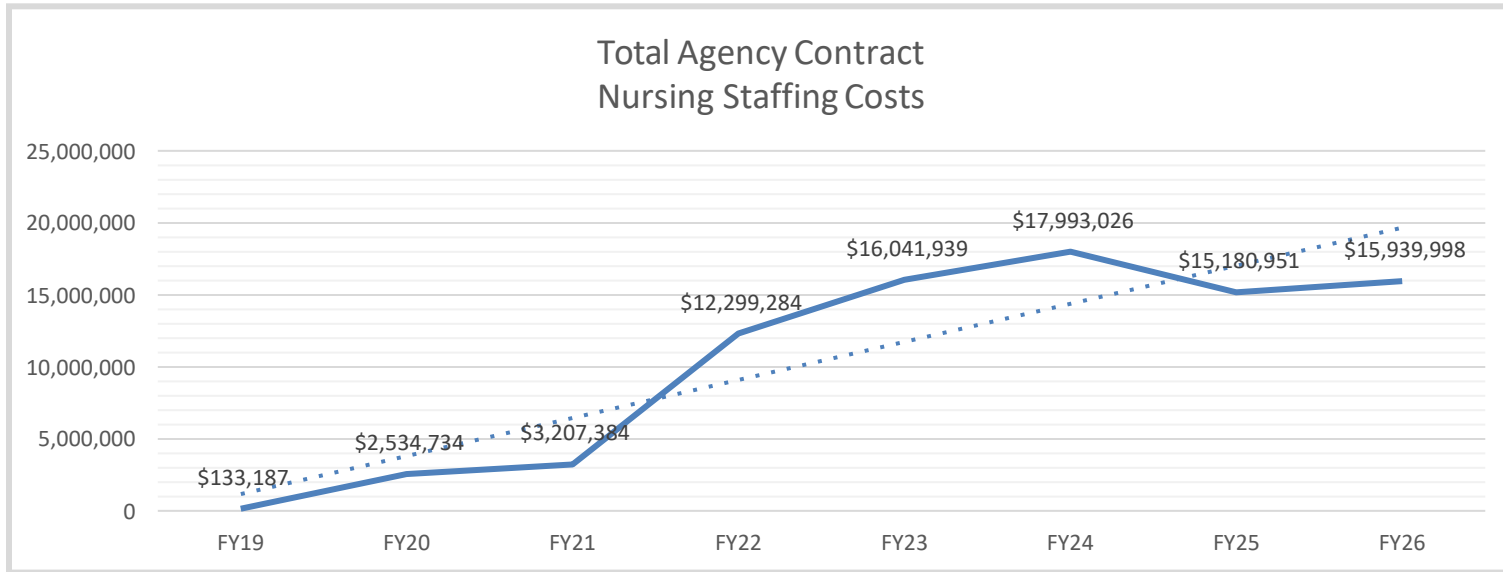
In response to these challenges, OSH has taken multiple steps to retain and support full-time staff over the past four years. These include:

- Increasing wages and shift differentials
- Expanding training in de-escalation techniques
- Enhancing the use of contracted (traveling) direct care staff to stabilize staffing levels
- Implementation of pick-up shift bonus to fill vacant shifts
- Allowing RNs to self-schedule

Despite these efforts, OSH continues to struggle to recruit and retain sufficient full-time employees to meet core staffing levels. While recent Pay Plan initiatives and the implementation of innovative shift pick-up bonus structures offer promise, it will take time for these measures to yield meaningful staffing gains. In FY 2024, OSH spent \$17.93 million on contracted direct care staff. In FY 2025, that expense is projected to decrease by approximately 15%, totaling \$15.18 million. While this reduction is encouraging, it still reflects a substantial financial burden. Without additional SGF support, OSH would be forced to consider reductions in building maintenance, ancillary programs, or even closure of treatment units—actions that would significantly impair OSH’s capacity to serve the counties that rely on it for critical mental health care services.

Survey of Registered Nurses by Anon,

[URL:https://www.amnhealthcare.com/siteassets/amn-insights/surveys/amn-healthcare-rnsurey-2023.pdf](https://www.amnhealthcare.com/siteassets/amn-insights/surveys/amn-healthcare-rnsurey-2023.pdf).



Description	FY 2026	FY 2027
	SGF	SGF
Funding for Contracted (Traveling) Direct Care Staff	\$ 7,000,000	\$ 5,000,000

Supplemental/Enhancement Request #2/2: Additional Funding for two Activity Specialists and one Activity Therapist for Leisure & Fitness

OSH currently operates four treatment units with two Leisure and Fitness staff (Activity Specialists) assigned to each unit (8 total plus a working supervisor). To provide group therapy services seven days a week, staff work either Tuesday-Saturday or Sunday-Thursday, resulting in only 1 staff being available per unit on four days of the week (Monday, Friday, Saturday and Sunday). Due to enhanced staff to patient ratios to monitor for potential risk factors including elopement risks, patients are only able to attend off unit activities Tuesday, Wednesday and Thursdays. Any more than three patients require two staff to leave the locked unit and any number of patients on the enclosed patios require at least two staff.

Psychiatric patients often struggle with metabolic syndromes, making physical activity crucial and strongly encouraged. OSH has a gymnasium and activity center which could offer patients opportunities for movement and increased activity which could help improve physical health. Increasing access to these areas on campus would be beneficial to the health of the patients. An additional two FTEs for the Leisure and Fitness Department would help facilitate better access to these off-unit areas on a more frequent basis. These additional staff working Tuesday-Saturday and Sunday-Thursday would assist on all units throughout the day rather than being assigned to a specific program and could allow for additional opportunities for patients to utilize the activity facilities available.

In addition to 2 activity specialists, OSH is also requesting one additional Activity Therapist specializing in music. The hospital currently has a single music therapist who provides services across all treatment units Monday-Friday. Current staffing levels allow for at most one music group per day per unit. Patients often respond very well to creative arts (music and art) as it provides the opportunity to process emotions and thoughts non-verbally and music is impactful to patients regardless of cognitive limitations. An additional music therapist (Activity Therapist) would allow for an increased number of groups to be provided for patients each day as well as increased opportunity for patients to engage in individual music therapy sessions.

Description	FY 2027
	SGF
Funding for two Activity Specialists and one Activity Therapist (Music Therapy) for Leisure and Fitness	\$ 207,837

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Agency Name: Osawatomie State Hospital
Program Title: Administration

EXPLANATION OF RECEIPT ESTIMATES - DA 405											
FY 2026 State General Fund Limitations											
Agency	Name	Fund Name	Fund	BU	FY 2026 Approved Expenditures	FY 2026 Re-appropriation	Transfers	Supplemental/Reduction Package	SGF Transfers	FY 25 Cash Forward	FY26 Adjusted Expenditure Request
410	Larned State Hospital	SGF Operating	1000	0103	\$51,808,305	\$7,724	-	-	-	-	\$51,816,029
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF-SPTP New Crime	1000	0110	\$0	-	-	-	-	-	\$0
		SGF - SPTP	1000	0200	\$27,144,514	\$7,030	-	-	-	-	\$27,151,544
494	Osawatomie State Hospital	SGF Operating	1000	0100	\$40,242,566	-	-	-	-	-	\$40,242,566
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF SPTP-MiCo	1000	0200	\$2,637,984	-	-	-	-	-	\$2,637,984
	Adair Acute Care	SGF Certified Care	1000	0101	\$8,877,835	-	-	-	-	-	\$8,877,835
631	South Central Regional Mental Health Hospital	SGF Operating	1000	0100	\$0	-	-	-	-	-	\$0
507	Parsons State Hospital	SGF Operating	1000	0100	\$22,248,645	-	-	-	-	-	\$22,248,645
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF- SPTP	1000	0200	\$2,728,817	\$39,720	-	-	-	-	\$2,768,537
363	Kansas Neurological Institute	SGF Operating	1000	0303	\$18,617,217	-	-	-	-	-	\$18,617,217
		SGF Hospitality	1000	0304	\$150	-	-	-	-	-	\$150
	Total SGF				\$174,306,483	\$54,474	\$0	\$0	\$0	\$0	\$174,360,957
FY 2027 State General Fund Limitations											
Agency	Name	Fund Name	Fund	BU	FY 2027 Estimated Expenditures	FY 2027 Re-appropriation	Transfer	Enhancement/Reduction Package	SGF Transfers	KDADS Transfer IN	FY27 Adjusted Expenditure Request
410	Larned State Hospital	SGF Operating	1000	0103	\$52,469,390	-	-	-	-	-	\$52,469,390
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF-SPTP New Crime	1000	0110	\$0	-	-	-	-	-	\$0
		SGF - SPTP	1000	0200	\$27,144,514	-	-	-	-	-	\$27,144,514
494	Osawatomie State Hospital	SGF Operating	1000	0100	\$38,374,627	-	-	-	-	-	\$38,374,627
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF SPTP-MiCo	1000	0200	\$2,612,036	-	-	-	-	-	\$2,612,036
	Adair Acute Care	SGF Certified Care	1000	0101	\$11,175,355	-	-	-	-	-	\$11,175,355
631	South Central Regional Mental Health Hospital	SGF Operating	1000	0100	\$0	-	\$15,000,000	-	-	-	\$15,000,000
507	Parsons State Hospital	SGF Operating	1000	0100	\$22,534,289	-	-	-	-	-	\$22,534,289
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF- SPTP	1000	0200	\$2,700,000	-	-	-	-	-	\$2,700,000
363	Kansas Neurological Institute	SGF Operating	1000	0303	\$18,871,646	-	-	-	-	-	\$18,871,646
		SGF Hospitality	1000	0304	\$150	-	-	-	-	-	\$150
	Total SGF				\$175,882,457	\$0	\$15,000,000	\$0	\$0	\$0	\$190,882,457

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Agency Name: Osawatomi State Hospital
Program Title: Administration

EXPLANATION OF RECEIPT ESTIMATES - DA 405												
FY 2026 Fee Funds												
Agency	Name	Fund Name	Fund	BU	FY 2026 Estimated C&H Receipts	FY 2026 Estimate Adj	Cash Forward	Add'tl Misc Revenue	Other Transfer	FY 2026 Cash Forward	FY 2026 Adjusted Expenditure Request	Supplemental Request
410	Larned State Hospital	LSH Fee Fund	2073	2100	\$3,811,351	-	\$690,848			\$0	\$4,502,199	\$0
		Title XIX No limit	2074	2200	\$8,185,354	-	\$760,459			\$0	\$8,945,813	\$0
494	Osawatomi State Hospital	OSH Fee Fund	2079	4200	\$782,900	-	\$1,782,401			(\$65,096)	\$2,500,205	\$0
		OSH TXIX No limit	2080	4300	\$0	-	\$1,499,914		(\$1,499,914)		\$0	\$0
	Adair Acute Care	OSH Certified Care	2079	4201	\$5,011,100	-	\$1,541,311			(\$2,291,308)	\$4,261,103	\$0
		OSH TXIX Cert Care No Limit	2080	4301	\$7,290,196	-	(\$403,301)		\$1,499,914		\$8,386,809	\$0
631	South Central Regional	SCR Fee Fund	2512	2512	\$0						\$0	\$0
	Mental Health Hospital	SCR XIX No limit	New1	New1	\$0						\$0	\$0
507	Parsons State Hospital	PSH Fee Fund	2082	2200	\$1,235,000	-	\$406,700			\$0	\$1,641,700	\$0
		Title XIX No limit	2083	2300	\$21,000,000	-	\$2,143,696			(\$5,642,689)	\$17,501,007	\$0
363	Kansas Neurological Institute	KNI Fee Fund	2059	2000	\$1,424,914	-	\$645,513			(\$318,226)	\$1,752,201	\$0
		Title XIX No limit	2060	2200	\$21,000,000	-	\$1,180,576			(\$227,474)	\$21,953,102	\$0
	Total Fee Fund				\$69,740,815	\$0	\$10,248,117	\$0	\$0	(\$8,544,793)	\$71,444,139	\$0
FY 2027 Fee Funds												
Agency	Name	Fund Name	Fund	BU	FY 2027 Estimated C&H Receipts	FY 2027 Estimate Adj	Cash Forward	Add'tl Misc Revenue	Other Transfer	FY 2027 Cash Forward	FY 2027 Adjusted Expenditure Request	Supplemental Request
410	Larned State Hospital	LSH Fee Fund	2073	2100	\$3,932,727	-	\$0				\$3,932,727	\$0
		Title XIX No limit	2074	2200	\$8,307,133	-	\$0				\$8,307,133	\$0
494	Osawatomi State Hospital	OSH Fee Fund	2079	4200	\$2,532,900	-	\$65,096				\$2,597,996	\$0
		OSH TXIX No limit	2080	4300	\$0	-	\$0				\$0	\$0
	Adair Acute Care	OSH Certified Care	2079	4201	\$3,261,100	-	\$2,291,308			\$0	\$5,552,408	\$0
		OSH TXIX Cert Care No Limit	2080	4301	\$7,000,000	-	\$0			\$0	\$7,000,000	\$0
631	South Central Regional	SCR Fee Fund	2512	2512	\$500,000		\$0				\$500,000	\$0
	Mental Health Hospital	SCR XIX No limit	New1	New1	\$0				\$1,500,000		\$1,500,000	\$0
507	Parsons State Hospital	PSH Fee Fund	2082	2200	\$1,235,000	-	\$491,700				\$1,726,700	\$0
		Title XIX No limit	2083	2300	\$21,500,000	-	\$5,642,689			(\$7,642,689)	\$19,500,000	\$0
363	Kansas Neurological Institute	KNI Fee Fund	2059	2000	\$1,424,914	-	\$318,226			(\$240,352)	\$1,502,788	\$0
		Title XIX No limit	2060	2200	\$22,000,000	-	\$227,474			(\$409,482)	\$21,817,992	\$0
	Total Fee Fund				\$71,693,774	\$0	\$9,036,493	\$0	\$1,500,000	(\$8,292,523)	\$73,937,744	\$0

Explanation of Receipts - DA 405						
Revenue Source	Revenue Account Code	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Medicare A	420610	\$0	\$0	\$0	\$0	\$0
Medicare B	420610	\$0	\$0	\$0	\$0	\$0
Insurance	420610	\$270,359	\$328,546	\$478,068	\$400,000	\$400,000
Private Pay-Care & Hosp.	420610	\$444,386	\$377,636	\$315,189	\$285,000	\$285,000
Kansas Debt Set Off	420610	\$25,727	\$15,049	\$12,604	\$15,000	\$15,000
Total Hospitalization		\$740,472	\$721,231	\$805,862	\$700,000	\$700,000
Clerical Charges	420400	\$0	\$0	\$0	\$0	\$0
Educational Charges	420500	\$0	\$0	\$0	\$0	\$0
Other Service Charges	420990	\$50	\$111	\$218	\$250	\$250
Sale of Salvage	422500	\$0	\$0	\$0	\$0	\$0
Sale of Unusable Condemed	422600	\$10,000	\$9,773	\$0	\$0	\$0
Sale of Meals & Proces. Food	422700	\$15	\$0	\$0	\$0	\$0
Other Interest	430900	\$20	\$312	\$132	\$150	\$150
Rent of Unimproved Land	431100	\$0	\$0	\$0	\$0	\$0
Rent of Real Estate & Bldg.	431200	\$23,000	\$37,025	\$31,552	\$30,000	\$30,000
Other Misc Revenue	459090	\$0	\$0	\$0	\$0	\$0
Insurance Reimbursement	461200	\$0	\$0	\$0	\$0	\$0
Estate Recovery	462100	\$0	\$0	\$0	\$0	\$0
Recovery of Current FY Expen.	462110	\$525	\$2,331	\$3,522	\$5,000	\$5,000
Reimbursement and Refunds, Other	462900	\$75	\$20	\$0	\$0	\$0
Recovery of Prior FY Expen.	469010	\$3,000	\$20,389	\$34,602	\$35,000	\$35,000
Other NonRevenue Receipts	469090	\$95	\$10,308	\$11,445	\$12,500	\$12,500
Total		\$777,252	\$801,500	\$887,333	\$782,900	\$782,900

Explanation of Receipts

OSH experienced an unusual increase in patient revenue due to a mix of admissions with increased access to payer sources. OSH

continues to see increasing numbers in patients covered by insurance. Only about 50% of the patient population at OSH has access to any payer sources and OSH is not able to receive Medicare or Medicaid reimbursement.

OSH did continue to have nonrevenue receipts in FY 2025. OSH received rent from patients at the MiCo House, as part of their program goals. Moving into FY 2026 and FY 2027, OSH anticipates continuing to see the same payer mix, with the potential for an increase in insurance and private payers.

PROGRAM: Administration – 01030

Program Overview:

This program forms the basis of the hospital's operations, ensuring essential tasks for facility management are carried out. Its main goals include overseeing treatment quality for proper patient care, maintaining licensing status, and managing vital activities. The General Administration Program is responsible for the overall administration and management of OSH. This includes various components like the Superintendent's office, Chief Financial Officer, performance improvement, risk management, accounts payable, billing and collections, budgeting, cashier and post office operations, contract management, credentialing, employee benefits, health information management, human resources, patient accounts, patient canteen services, procurement, program assistants, information technology services, legal support, and recruitment.

BUSINESS SERVICES:

The Business Services Department at Osawatomi State Hospital (OSH) encompasses Accounts Receivable, Accounts Payable, the Snack Shack, and the Post Office/Cashier Office.

- The Accounts Receivable team is responsible for all patient billing activities, including both daily and monthly billing processes.
- The Accounts Payable unit ensures timely and accurate payment of hospital expenses in compliance with vendor contracts and state statutes.
- The Utilization Review Department plays a critical role in reviewing patient charts to assess medical necessity for continued stays and verifying the accuracy of related charges. It also coordinates with insurance providers by submitting medical documentation to support reimbursement and proper billing.
- The Post Office/Cashier Office manages incoming and outgoing mail, oversees the Patient Trust Fund, and supports hospital-wide printing needs.

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Agency Name: Osawatome State Hospital
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Together, these units ensure financial integrity, operational efficiency, and support services across the hospital.

Goals and Updates:

1. Complete timely and accurate processing of admissions through insurance verification, financial discovery, and Ability-to-Pay processes.
2. Complete workflow improvement of the Electronic Health Record (EHR) program, Wellsky.
3. Reduce errors throughout the purchase order and voucher process.

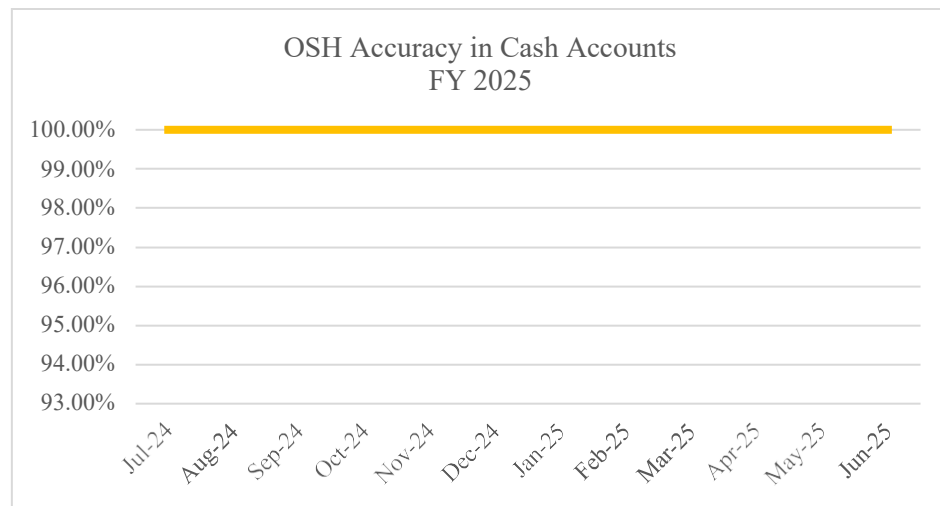
Performance Based Budgeting Goals:

Goal: 98% of all cash transactions by the Cashiers in the Post Office will be accurate. All offices will be recorded and tracked throughout the year. Quarterly random audits will also be used to determine percentage of accuracy.

Measurement: Cash transaction accuracy recorded monthly

Department Responsible: Business Services

Month	Accuracy
Jul-24	100%
Aug-24	100%
Sep-24	100%
Oct-24	100%
Nov-24	100%
Dec-24	100%
Jan-25	100%
Feb-25	100%
Mar-25	100%
Apr-25	100%
May-25	100%
Jun-25	100%



INFORMATION TECHNOLOGY:

Information Technology (IT) has automated and innovated several processes at Osawatomi State Hospital (OSH). In Q4 of 2024 the hospital migrated to well sky specialty care for their EHR solution. IT provides user management support, support with forms, and data extract request and form building. IT regularly maintains and provides upkeep for the following critical systems for the functioning of the hospital: Patient Account Management (PAM), Medical Records Management System (MRM), as well as data bridge management between these systems when issues arise. Patient Care System (PCS) and Patient Care System 2.0 (PCS2.0) have received security improvements and are considered in maintenance mode while remaining available to HIM department for historical records. Maintenance of off the shelf systems for patient health and safety such as medication management (WinPharm), laboratory services (LabDaq) and their integrations with the EHR occurs. IT provides general office equipment and computer management training, maintenance, installations, and repairs. Additionally, the building access, video surveillance, overhead paging, and building heat, ventilation, and air conditioning systems are maintained.

Goals and Updates:

The glucometer system for diabetes management was successfully updated and in use by laboratory. Phase one efforts for camera system upgrade and overhead paging upgrade were completed next. Camera system upgrades include outdoor camera installation project to be completed in conjunction with a contracted vendor and improve internal camera viewability by adjusting and additions as directed by risk management department. Additionally, the next phase of the overhead paging project will begin soon by including additional speakers being installed, adjusting output of existing speakers, and continuing to refine the administrative phones that can send prerecorded messages. The IT department will complete windows 11 upgrade to maintain endpoint security and working to providing new laptops and desktops through desktop as a service program. While working on Windows 11 project, IT team will surplus retired equipment and keep an inventory of new and retired equipment. Finally, The IT team will be implementing new servers and storage and migrating all virtual servers to new platform.

HUMAN RESOURCES:

The Human Resources (HR) Department at Osawatomi State Hospital is responsible for managing the employee life cycle: recruiting, hiring, onboarding, training, discipline, termination and administering employee benefits.

Goals and Updates:

Over the past few years, many practices, forms, and processes have been developed and improved in the AAC/OSH HR. We continue to develop these practices, forms, and processes to maintain and enhance an effective and efficient workflow. The employee transfer request process, which takes seniority, references, and work performance into consideration for each applicant has continued to be successful. These have shown a great deal of improvement to our HR department, we continue to be proactive in dedicating the time, attention, and resources needed into these new and/or updated processes. This will continue through 2025 and into 2026. The Human Resources department has and will further refine the process of progressive discipline and disciplinary letters alongside KDADS Central office HR.

Performance Based Budgeting Goals:

Goal: Track percentage of employees that turnover in a month

Measurement: Number of employees that turnover recorded every month

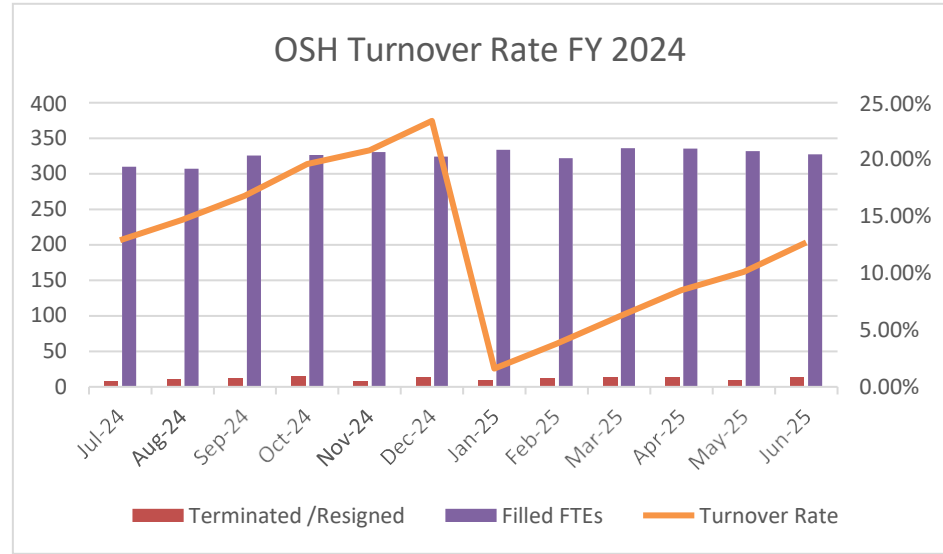
Department Responsible: Human Resources

Performance Measures	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Employee Turnover Rate	2.8%	11.2%	12.6%	12.0%	12.0%

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Program Title: Administration

Month	Terminated /Resigned	Filled FTEs	Turnover Rate
Jul-24	8	309.99	12.90%
Aug-24	10	306.97	14.70%
Sep-24	12	325.54	16.80%
Oct-24	15	326.41	19.60%
Nov-24	7	330.41	20.80%
Dec-24	14	324.43	23.40%
Jan-25	9	333.63	1.60%
Feb-25	12	322.14	3.80%
Mar-25	13	336.12	6.20%
Apr-25	13	335.63	8.50%
May-25	9	332.14	10.10%
Jun-25	14	327.67	12.70%



Goal: Track percentage of employee vacancies in a month

Measurement: Number of employees' vacancies recorded monthly

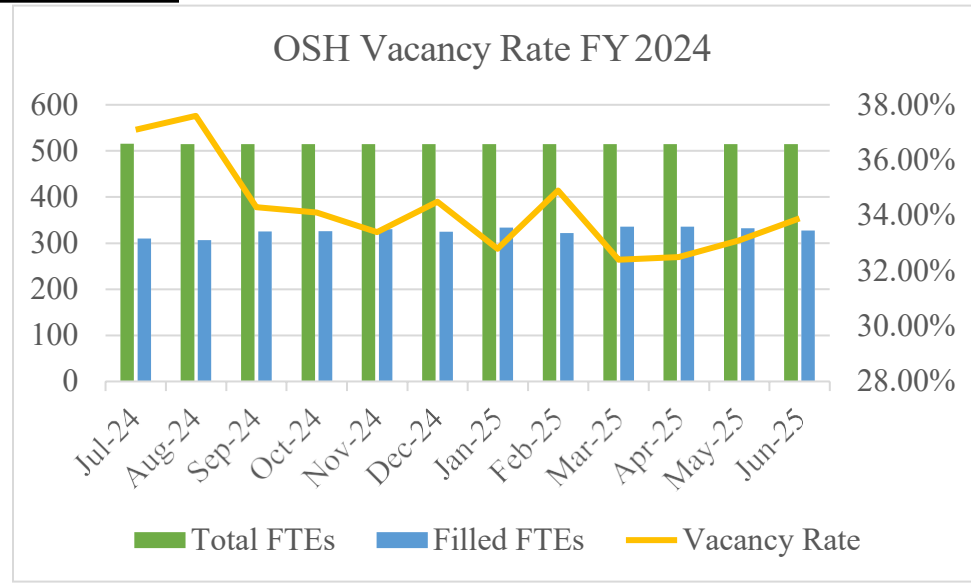
Department Responsible: Human Resources

Performance Measures	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Employee Vacancy Rate	32.6%	37.9%	34.2%	32.0%	32.0%

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Month	Total FTEs	Filled FTEs	Vacancy Rate
Jul-25	515	310	37.1%
Aug-25	515	307	37.6%
Sep-25	515	326	34.3%
Oct-25	515	326	34.1%
Nov-25	515	330	33.4%
Dec-25	515	324	34.5%
Jan-25	515	334	32.8%
Feb-25	515	322	34.9%
Mar-25	515	336	32.4%
Apr-25	515	336	32.5%
May-25	515	332	33.1%
Jun-25	515	328	33.9%



RISK MANAGEMENT:

Risk Management at Osawatomi State Hospital is dedicated to fostering a culture of safety by supporting departments in identifying, analyzing, and addressing potential risks. The department collaborates closely with Nursing, Security, IT, and others to ensure incidents submitted to Risk Management are communicated to the appropriate directors for review and corrective action. By monitoring trends and reviewing adverse events, Risk Management helps inform departmental decision-making and supports the continuous improvement of safety practices throughout the facility.

Goals and Updates:

The Risk Management department has continued to advance training, communication, and safety efforts across the hospital. Updated training materials and targeted education emails were introduced to improve staff understanding of key procedures. The department has worked to strengthen collaboration with other hospital departments, focusing on proactive risk identification and early intervention. Recent projects include expanding campus camera coverage, addressing paging system limitations, and aligning safety protocols with other state hospitals. In addition, Risk Management has introduced a positive recognition initiative to highlight and

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encourage staff contributions to a safer hospital environment.

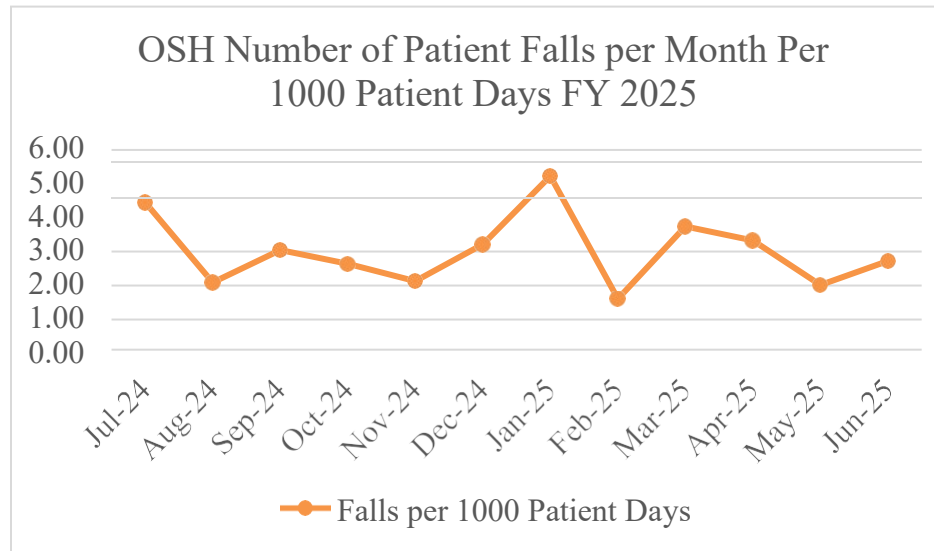
Performance Based Budgeting Goals:

Goal: Number of patient falls per month per 1,000 patient days will be tracked and trended

Measurement: Number of patient falls recorded monthly

Department Responsible: Risk Management

Month	Falls per 1,000 Patient Days
Jul-24	4.45
Aug-24	2.09
Sep-24	3.05
Oct-24	2.64
Nov-24	2.13
Dec-24	3.22
Jan-25	5.23
Feb-25	1.61
Mar-25	3.75
Apr-25	3.33
May-25	2.02
Jun-25	2.73

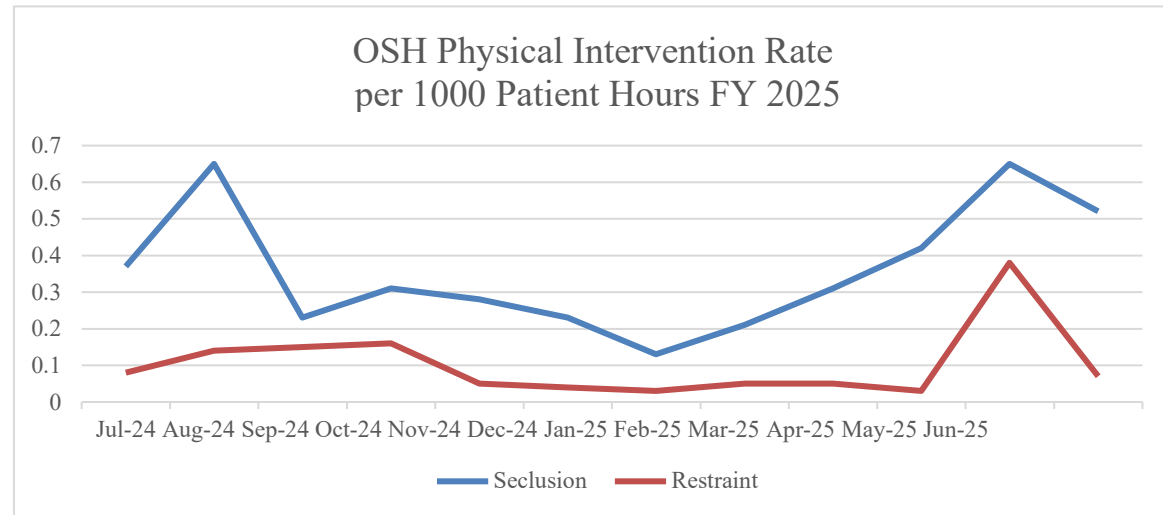


Goal: Monthly Physical Interventions rate will be below .30 per 1000 patient hours for all physical interventions

Measurement: Use of Seclusion/Restraints per 1000 patient hours

Department Responsible: Risk Management

Month	Seclusion	Restraint
Jul-24	0.37	0.08
Aug-24	0.65	0.14
Sep-24	0.23	0.15
Oct-24	0.31	0.16
Nov-24	0.28	0.05
Dec-24	0.23	0.04
Jan-25	0.13	0.03
Feb-25	0.21	0.05
Mar-25	0.31	0.05
Apr-25	0.42	0.03
May-25	0.65	0.38
Jun-25	0.52	0.07



HEALTH INFORMATION MANAGEMENT:

The Health Information Management Department provides the operation to service medical records for Osawatomi State Hospital (OSH). Following American Health Information Management Association (AHIMA), state and federal guidelines enable the department to provide high quality and complete medical records through quality control and validation processes. Even though closed, Rainbow Mental Health Facility (RMHF) records are kept within OSH electronic health record known as Patient Care System (PCS) and after the closure of Topeka State Hospital its statistical cards were relocated to Osawatomi State Hospital for holding.

In addition to processing records, release of information requests, and genealogy requests the OSH HIM Department is responsible for medical coding, utilization review, data requests, monthly reporting, admissions, unit support via Program Assistants, fulfilling survey requests, and auditing.

Goals and Updates:

The HIM Department has been instrumental in the go live event of our new electronic health record (EHR) as of October of 2024. Many of the old processes were continued through December of 2024 to ensure a smooth transition to the new platform and disaster planning in case any issues arose during that time. We have continued to help build and streamline processes within our new EHR with other departments. There have been many challenges we have overcome in the months since go live such as the Lab Interface we have worked with multiple vendors to ensure that it is working appropriately. We continue to monitor issues like this to ensure success.

In addition to rolling out of the new EHR we needed to adjust several different processes, one of which is the Patient Time Checks. The new EHR did not meet the standards and procedures needed to comply. An application was developed in collaboration with IT and Nursing to ensure that all needs were met. We are at the closing stages of the project and will be going live with it soon.

Some of our projects we were working diligently on last fiscal year rolled into this fiscal year due to the new EHR. The modernization project for our older records continues on as we work through issues. With the help of IT we identified several issues and fixed those issues so that we could continue to work. We are about 99% complete with the OSH project, started scanning of the RMHF records, and Outpatient records.

Performance Based Budgeting Goals

Goal: 100% of discharged charts will be scanned into the electronic medical record within 30 days of patient discharging

Measurement: Percentage of discharge charts scanned reported monthly

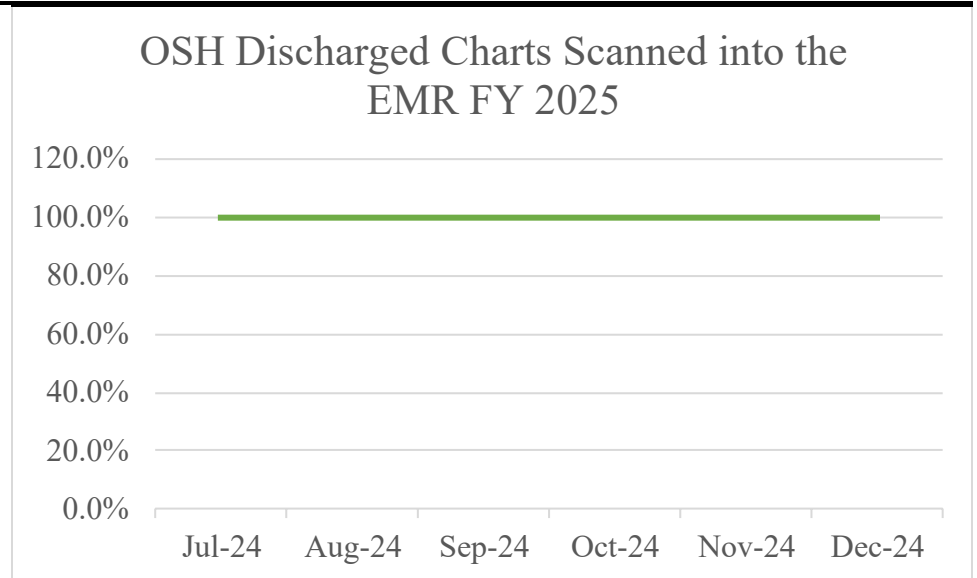
Department Responsible: Health Information Management

In October 2024, OSH went live with a new EHR, Wellsky. We continued to process charts through December 2024.

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Program Title: Administration**

Month	Discharges	Charts Scanned Timely	Rate
Jul-24	15	15	100%
Aug-24	21	21	100%
Sep-24	11	11	100%
Oct-24	19	19	100%
Nov-24	11	11	100%
Dec-24	14	14	100%
Jan-25			
Feb-25			
Mar-25			
Apr-25			
May-25			
Jun-25			



Expenditures for Administration:

Administration	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Salaries and Wages	\$ 1,665,344.00	\$ 1,855,500.00	\$ 2,484,143.00	\$ 5,714,242.00	\$ 5,149,444.00
Shrinkage	\$ -	\$ -	\$ -	\$ (279,663.00)	\$ (213,010.00)
Contractual Services	\$ 898,640.00	\$ 896,496.00	\$ 814,584.00	\$ 836,402.00	\$ 833,902.00
Commodities	\$ 15,800.00	\$ 32,590.00	\$ 20,037.00	\$ 32,825.00	\$ 32,825.00
Capital Outlay	\$ 99,309.00	\$ 74,002.00	\$ 266,679.00	\$ 154,750.00	\$ 154,750.00
Other Assistance	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ 2,679,093.00	\$ 2,858,588.00	\$ 3,585,443.00	\$ 6,458,556.00	\$ 5,957,911.00

Account Code 51000: Salaries and Wages

Funds requested will provide salary and wage funds for positions and represents funding for 21.02 FTEs in FY 2026 and FY 2027 for 26 pay periods, fringe benefits, health insurance and longevity. This increase in salaries and wages is due to the Governor’s pay plan increase and the increase of maximum bonuses from \$3,500 to \$10,000 per employee. The bonuses were allowed by legislature but unfunded. All bonuses, shift differentials, overtime, and temporary positions were included in administration as a lump sum.

FY 2026: \$5,714,242 is requested. The shrinkage rate is 4.89%.

FY 2027: \$5,149,444 is requested. The shrinkage rate is 4.14%.

Account Codes 52000 – 52900: Contractual Services

This category includes all fee and service type expenses projected for this program including those allocated to the agency from the Department of Administration such as data, telecom, Microsoft 365, postage, OITS and Statewide Management Accounting and Reporting Tool (SMART). These expenses include communications (local phone & cell phones), equipment rental (copiers), travel, medical and service contracts, employment lab testing, KBI record checks and data management fees needed for accreditation (NRI). Staff recruitment resources are included here. Monies are also projected for shredding services, fees for an outside contractor to assist with the preparation of the annual Medicare & Medicaid cost reports, travel for all staff assigned to the program

FY 2026: \$836,402 is requested.

FY 2027: \$833,902 is requested.

Account Codes 53000 – 53900: Commodities

The funds requested for this object code will be used to purchase various professional supplies for the departments in this program. Included are office supplies for medical records, miscellaneous supplies used by all hospital programs.

FY 2026: \$32,825 is requested.

FY 2027: \$32,825 is requested.

Account Codes 54000 – 54900: Capital Outlay

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**Agency Name: Osawatomie State Hospital
Program Title: Administration**

The funds requested for this object code will be used to purchase equipment, lease computer equipment through Desktop as a Service, and other information processing equipment necessary to maintain operation of both administration and all of OSH.

FY 2026: \$154,750 is requested.

FY 2027: \$154,750 is requested.

Account Codes 55000: Other Assistance

No funds requested.

FY 2026: \$0 is requested.

FY 2027: \$0 is requested.

PROGRAM: Staff Development and Training – 01070

The Staff Development and Training Program at Osawatomi State Hospital (OSH) is dedicated to delivering educational opportunities that enhance individual performance, foster personal growth, and lead to positive patient outcomes. Comprehensive training has been extended to supervisory and departmental staff, ensuring an environment of safety and collaboration. This initiative directly impacts patient experiences by fostering healing, communication, and patient-centered treatment, with an evolving focus on tailored services aligned with patient needs.

STAFF DEVELOPMENT AND TRAINING:

Staff Development and Training (SD&T) is responsible for orientation of all hospital staff at Osawatomi State Hospital (OSH). SD&T uses oral presentations, computer-based training (CBTs), and hands-on training to orientate employees. SD&T also offers Continuing Education credit hours that fulfill the requirements for state relicensing for Licensed Nursing Staff (LMHT, LPN, RN, APRN) as well as other licensed staff across the facility (Therapist, Social Workers, Psychologist).

Goals and Updates:

Expo 2025 will serve as the SD&T annual competency training, providing essential skills development. This comprehensive training program includes a combination of hands-on sessions and computer-based training CBTs. SD&T will provide the hands-on training for nursing such as oxygen, vital signs, nebulizer, Hoyer lift, sit-to-stand lift and glucometer check offs. SD&T will also provide training for any staff member who is required to have restraint training, covering how to use the restraint bed with Velcro restraints and the restraint chair. The 2025 EXPO, the emphasis will be on training all staff on the LifeVac choking device and the AED as these are required annually and CPR (which they initially get the training in) is bi-annually. By adding additional trainings, staff proficiency in these areas should increase. New mats were acquired for staff to use when they are on the floor practicing skills during CPR training.

Performance Based Budgeting Goals

Goal: Education will be offered each month for both AM and PM shifts.

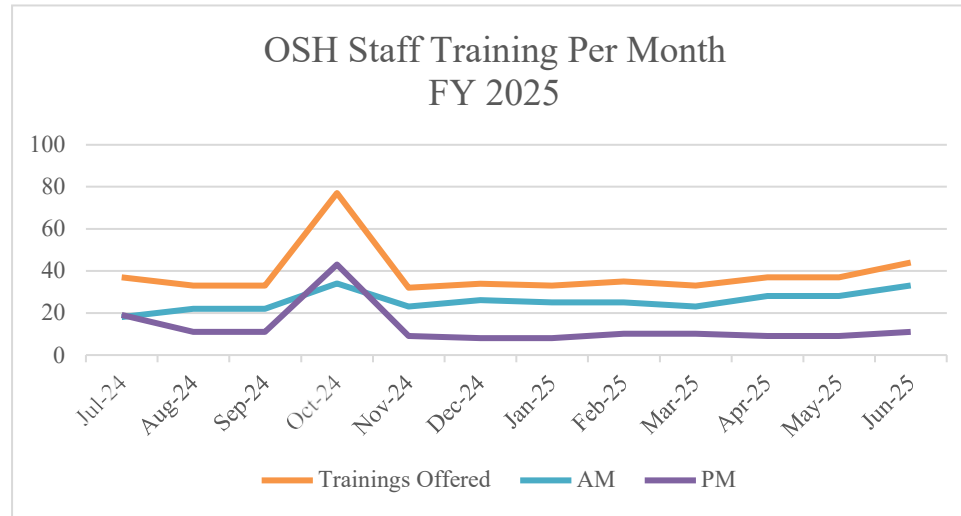
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Agency Name: Osawatomie State Hospital
Program Title: Staff Development and Training

Measurement: Number of education opportunities offered monthly reported.

Department Responsible: Staff Development and Training

Month	Trainings Offered	AM	PM
Jul-24	37	18	19
Aug-24	33	22	11
Sep-24	33	22	11
Oct-24	77	34	43
Nov-24	32	23	9
Dec-24	34	26	8
Jan-25	33	25	8
Feb-25	35	25	10
Mar-25	33	23	10
Apr-25	37	28	9
May-25	37	28	9
Jun-25	44	33	11



Expenditures for Staff Development and Training:

Staff Development and Training	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Salaries and Wages	\$396,954.00	\$417,626.00	\$814,392.00	\$ 579,872.00	\$ 582,718.00
Shrinkage		\$ -	\$ -	\$ (25,000.00)	\$ (25,000.00)
Contractual Services	\$ 36,082.00	\$ 23,575.00	\$ 9,471.00	\$ 15,000.00	\$ 15,000.00
Commodities	\$ 12,030.00	\$ 21,006.00	\$ 11,026.00	\$ 12,400.00	\$ 12,400.00
Capital Outlay	\$ -	\$ -	\$ 2,218.00	\$ 2,200.00	\$ 2,200.00
Capital Improvements	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$445,066.00	\$462,207.00	\$837,107.00	\$ 584,472.00	\$ 587,318.00

Account Code 51000: Salaries and Wages

Funds requested will provide salary and wage funds for 4.71 FTEs and represents funding for positions for 26 pay periods, fringe benefits, health insurance and longevity.

FY 2026: \$579,872 is requested. The shrinkage rate is 4.31%.

FY 2027: \$582,718 is requested. The shrinkage rate is 4.29%.

Account Codes 52000 – 52900: Contractual Services

This category includes training for Crisis Prevention Institute (CPI) Nonviolent Crisis Intervention. In FY 2022, an expanded CPI class was introduced to provide additional training to staff to create a safer working environment for both patients and staff.

FY 2026: \$15,000 is requested.

FY 2027: \$15,000 is requested.

Account Codes 53000 – 53900: Commodities

The funds requested for this object code will be used to purchase various professional supplies for the departments in this program.

FY 2026: \$12,400 is requested.

FY 2027: \$12,400 is requested.

Account Codes 54000 – 54900: Capital Outlay

Funds requested for necessary capital for Staff Development.

FY 2026: \$2,200 is requested.

FY 2027: \$2,200 is requested.

PROGRAM: Medical Services – 83000

Program Overview:

All psychiatric and medical services provided to the patients at the Osawatomi State Hospital are done under the auspices of the Medical and Surgical Services Program. From the initial evaluation, through day-to-day care, and up to the point of discharge, the medical staff forms the backbone of the medical and medication management for the patients being treated at the hospital. Coverage is provided on a “24/7” basis so a physician is always available to address the treatment needs of the patients. In addition, ancillary treatment is provided through the medical service including the Medical Laboratory, Pharmacy, Dentistry, Podiatry, Physical Therapy and other contracted services as appropriate to meet the needs of the patient. OSH provides some Medical Services to AAC through a MOU.

MEDICAL SERVICES:

The Medical Staff at Osawatomi State Hospital consists of physicians, medical and psychiatric APRNs, and dental consultant. The Medical Staff also serves Adair Acute Care (AAC) through a Memorandum of Understanding. The Medical Staff are responsible for providing quality, current and safe psychiatric and medical services to all patients. They are fully trained and qualified to provide these services. Members of the Medical Staff undergo privileging and credentialing requirements which include review of their qualifications, licensures, DEA certifications, evidence-based patient assessments, treatment and management, and participation in required hospital wide training such as annual EXPO training, use of seclusion and restraint, CPI and BLS. The Clinical Director is responsible to provide regular checks and performance reviews to ensure compliance with the Medical Staff By laws, hospital procedures and policies, and standards and regulations by accrediting agencies such as Centers for Medicare and Medicaid Services (CMS) and Kansas Department of Health and Environment.

Medical Staff members are responsible for admitting patients by performing psychiatric interviews, completing psychiatric evaluations, physical examinations and prescribing psychotropic and medical medications to address their psychiatric and medical needs. They collaborate and communicate closely with other hospital staff by participating in treatment team and discharge meetings to ensure seamless coordination and integration of services with the goal of providing a safe, holistic and patient centered approach in patient care. They actively participate in performance improvement activities, clinical governance, identification of areas for improvement.

Goals and Updates:

Aside from providing patient care, the goal of the Medical Staff for the coming year is to fill vacancies; The department needs one or more Psychiatric Advanced Practice Nurse Practitioner and two more Staff Physician Specialists. If these positions are filled, the department will have continuous flexibility amongst scheduling of staff. There will be some retirements in the department year. If these positions are filled promptly, scheduling will remain fluid.

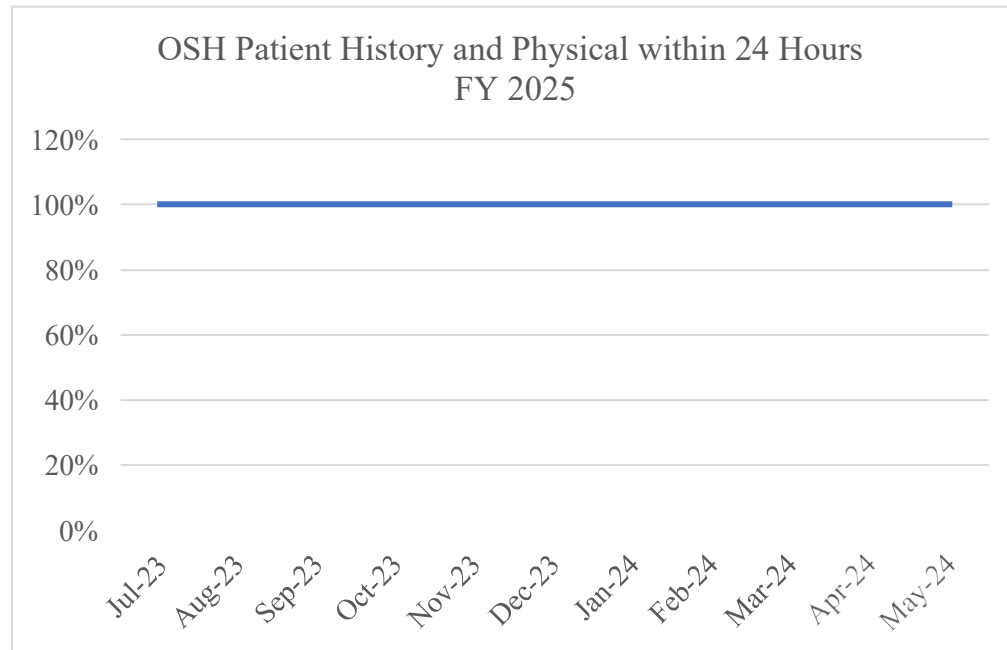
Performance Based Budgeting Goals

Goal: 100% of patients will have a complete history and physical within 24 hours of admission.

Measurement: Percentage of patients having a complete history and physical within 24 hours of admission

Department Responsible: Medical Services

Month	Rate
Jul-24	100%
Aug-24	100%
Sep-24	100%
Oct-24	100%
Nov-24	100%
Dec-24	100%
Jan-25	100%
Feb-25	100%
Mar-25	100%
Apr-25	100%
May-25	100%
Jun-25	100%

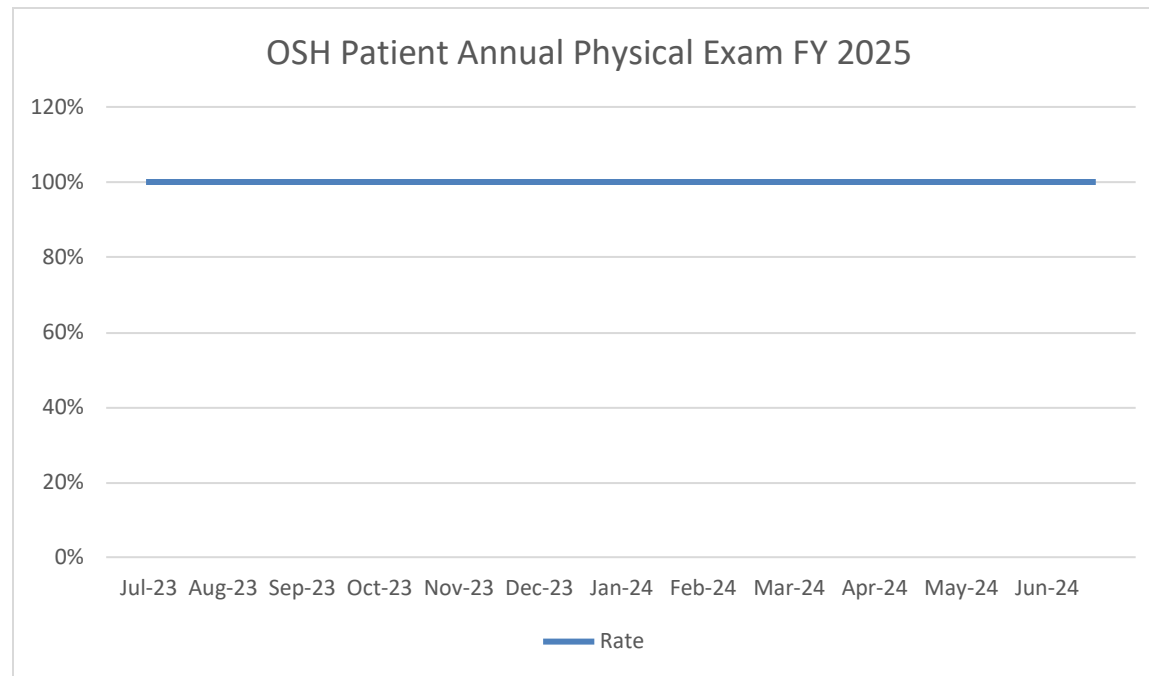


Goal: 100% of patients will receive an annual physical and neurological examination to promote health of patients remaining at the hospital for periods longer than one year

Measurement: Percentage of patients having an annual physical exam recorded monthly

Department Responsible: Medical Services

Month	Rate
Jul-24	100%
Aug-24	100%
Sep-24	100%
Oct-24	100%
Nov-24	100%
Dec-24	100%
Jan-25	100%
Feb-25	100%
Mar-25	100%
Apr-25	100%
May-25	100%
Jun-25	100%



Performance Based Budgeting Goals:

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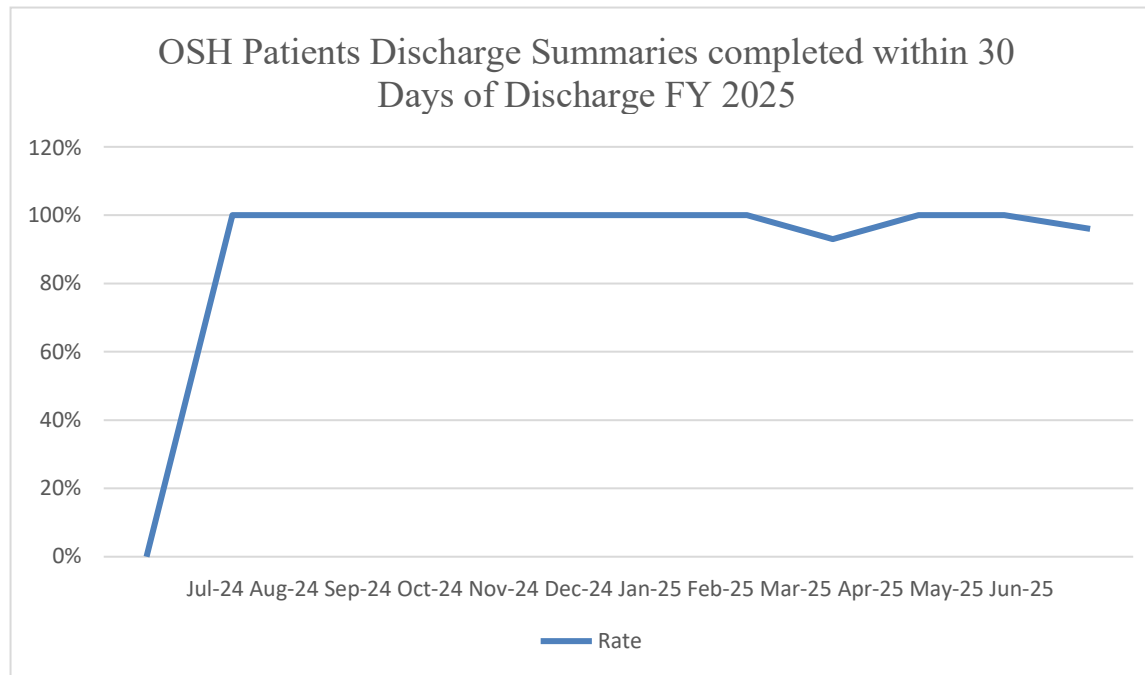
Agency Name: Osawatomie State Hospital
Program Title: Medical Services

Goal: At least 95% of patients discharged will have a Discharge Summary completed within 30 days of discharge

Measurement: Percentage of patients discharged having a discharge summary completed recorded monthly

Department Responsible: Medical Services

Month	Rate
Jul-24	0%
Aug-24	100%
Sep-24	100%
Oct-24	100%
Nov-24	100%
Dec-24	100%
Jan-25	100%
Feb-25	100%
Mar-25	93%
Apr-25	100%
May-25	100%
Jun-25	96%



Goal: 100% of patients will be evaluated and the Psychiatric Evaluation documented within 24 hours of admission

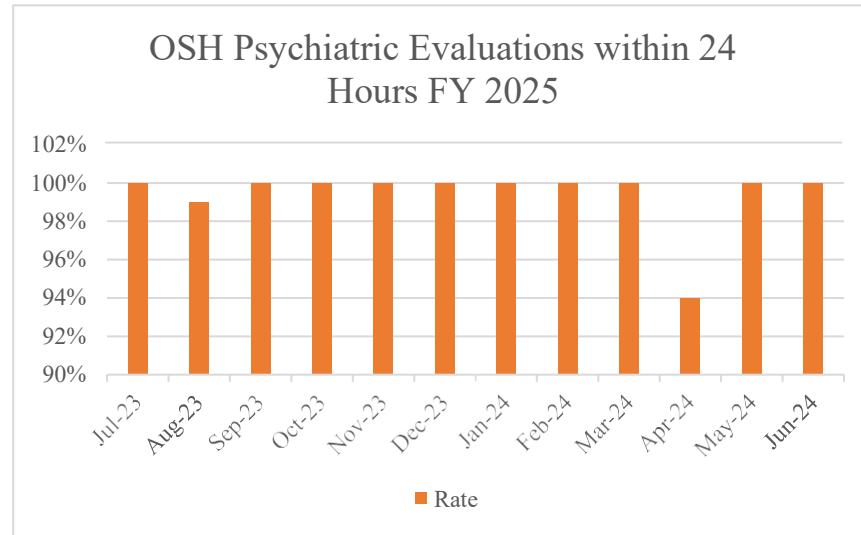
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**Agency Name: Osawatomie State Hospital
 Program Title: Medical Services**

Measurement: Percentage of patients having a psychiatric evaluation within 24 hours of admission recorded monthly

Department Responsible: Medical Services

Month	Rate
Jul-24	100%
Aug-24	99%
Sep-24	100%
Oct-24	100%
Nov-24	100%
Dec-24	100%
Jan-25	100%
Feb-25	100%
Mar-25	100%
Apr-25	94%
May-25	100%
Jun-25	100%



Performance Measures	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Percent of patients discharged having a Discharge Summary completed within 30 days of discharge.	100%	100%	99%	99%	99%
Percent of patients evaluated and Psychiatric Evaluation documented within 24 hours of admission.	99%	99%	99%	99%	99%

PHARMACY:

The Pharmacy Department ensures safe, effective, and cost-conscious medication use at Osawatomi State Hospital (OSH). Pharmacists under the department are accountable for both clinical and distributive functions. Distributive functions include tasks such as checking and stocking the Pyxis machines to maintain an accessible and adequate medication supply when the pharmacy is closed, as well as filling discharge medications to ensure seamless continuity of care. Clinical functions involve reviewing medication orders to apply evidence-based therapeutic treatments, updating the hospital formulary to provide access to medications in accordance with current disease-state medication guidelines, and conducting patient chart reviews to assess current medication management.

Pharmacists are available on-call 24/7 to address both clinical and operational inquiries. PipelineRx, a remote pharmacy verification service, provides pharmacy coverage for order verification and review when OSH pharmacists are not on-site. An OSH pharmacist is on-call for distribution problems after business hours. Additionally, the pharmacy actively participates in the hospital's emergency response planning, infection prevention and control measures, management of hazardous medications, and incident reporting. Furthermore, they collaborate with the Medical Staff to develop a comprehensive formulary of medications available for prescription at the hospital and establish guidelines to ensure the safe prescribing of medications.

Goals and Updates:

Pharmacy would like to expand staffing to include three full-time pharmacist positions to have a 60:1 patient pharmacist ratio, allowing closer therapy review, greater input on medication decisions, and reduced errors. The focus is on interdepartmental collaboration to improve patient care by pharmacists becoming an active member of the patient treatment team with proactive input on medication management decisions. In June 2025 the pharmacy implemented remote pharmacy verification services to provide 24-hour, 365-day pharmacist order entry checking prior to medication administration. Remote verification services provide an additional safeguard to ensure correct medication administration in addition to automated dispensing machines.

July 2025 was the third anniversary of implementing Pyxis machines on every patient unit on AAC. The machines have increased immediate medication access and by utilizing the profile functionality provides another safeguard for correct medication administration. The department has updated its medication unit packaging machine which allows the pharmacy to provide unit dose, barcoded medication to the units for administration. Scanning unit-dosed, barcoded medication prior to administration provides yet another safeguard for medication administration. The pharmacy, in collaboration with the medical staff, is reviewing the hospital formulary medication management resource book and plans to publish the revised edition in January 2026. The book contains agreed upon prescribing criteria for some medications, therapeutic interchanges for certain medication classes, guidelines for COPD, Asthma, and the hospitals antimicrobial stewardship, in addition to listing medications on the formulary. As new medication come on the market and prescribing practices change the pharmacy in collaboration with the Medical Staff review new guidelines and medications

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**Agency Name: Osawatomi State Hospital
Program Title: Medical Services**

to evaluate implementation. Pharmacy will continue to work with the University of Kansas as an internship/externship site for pharmacy students.

LABORATORY:

The primary purpose of the Laboratory Department is to provide phlebotomy services to Osawatomi State Hospital. This department provides coverage for Medical Support Services (Ancillary Services) to meet requirements set forth in the performance of moderated and waived test complexities of a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory.

Goals and Updates:

The Laboratory department's primary objective is to enhance quality and productivity by devising a streamlined and economically viable approach to delivering laboratory, radiology, and ECG services. This strategy is rooted in adhering to regulations, standards, internal assessments, and guidelines, all of which collectively aid physicians and nurse practitioners in effectively diagnosing, treating, and managing patients. The department's specific goals encompass modernizing outdated equipment, collaborating with HIM, Nursing and Medical services to streamline processes and documentation abilities, and expanding communication resources from electronic medical record systems to increase efficiency. This, in turn, aids clinical decision-making, accurate diagnoses, prompt treatment selection, minimal treatment delays, enhanced recovery, and disease prevention.

Expenditures Medical Services:

Medical	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Salaries and Wages	\$2,511,177.00	\$2,948,872.00	\$2,947,598.00	\$ 3,271,524.00	\$ 3,279,154.00
Shrinkage	\$ -	\$ -	\$ -	\$ (100,000.00)	\$ (100,000.00)
Contractual Services	\$1,021,630.00	\$1,008,377.00	\$1,438,906.00	\$ 1,654,618.00	\$ 1,654,618.00
Commodities	\$ 613,433.00	\$ 826,527.00	\$1,398,283.00	\$ 1,029,080.00	\$ 1,029,080.00
Capital Outlay	\$ 9,224.00	\$ 7,617.00	\$ 57,763.00	\$ 22,000.00	\$ 22,000.00
Capital Improvements	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$4,155,464.00	\$4,791,393.00	\$5,842,550.00	\$ 5,877,222.00	\$ 5,884,852.00

Account Code 51000: Salaries and Wages

Funds requested will provide salary and wage funds for 12.61 FTEs and represents funding for all current positions for 26 pay periods, fringe benefits, health insurance, and longevity. This program consists of staff in the following departments:

FY 2026: \$3,271,524 is requested. The shrinkage rate is 3.05%.

FY 2027: \$3,279,154 is requested. The shrinkage rate is 3.05%.

Account Codes 52000 – 52900: Contractual Services

The larger amounts requested in this category represent professional fees. Professional fees are needed for the continuation of maintenance and service agreements. Maintenance agreements are for laboratory, EEG-EKG, x-ray, pharmacy and other equipment as needed. Service agreements on most of these items are required. Service agreements provide for the purchase of professional consultant services in specialized fields such as dental, psychiatry, radiology, pathology, podiatry, EKG-EEG, gynecology, optometry, obstetrics, neurology, physical therapy and audiology. Also included are the costs incurred to treat patients at outside medical facilities such as KU Medical Center and other providers when needed. Amounts for patient medical care sometimes fluctuate greatly between fiscal years depending on need.

FY 2026: \$1,654,618 is requested.

FY 2027: \$1,654,618 is requested.

Account Codes 53000 – 53900: Commodities

This category includes all supply type expenses projected for this program. Drug costs account for much of the amount in this category. With the increased number of psychotropic drugs becoming generic, changes in prescribing practices and the formulary costs have been reasonably consistent over the last two years. If new drugs are introduced which could benefit our patients, cost will increase. In addition to drug costs, the category also includes supplies used in the following areas: medical laboratory, X-Ray, EKG-EEG, physical therapy, pharmacy, psychological testing and dental services.

FY 2026: \$1,029,080 is requested.

FY 2027: \$1,029,080 is requested.

Account Codes 54000 – 54900: Capital Outlay

The funds would allow replacement of medical equipment as needed.

FY 2026: \$22,000 is requested.

FY 2027: \$22,000 is requested.

EXPENDITURE JUSTIFICATION

PROGRAM: Clinical Services – 84000

Program Overview:

The Clinical Services Program provides most group and individual psychotherapy for the patients admitted for inpatient care at the Osawatomi State Hospital. Services are provided to patients in licensed beds across five distinct treatment programs. Therapeutic activities occur seven days a week, 365 days a year. Within each treatment program, care for the patient is individualized according to his/her unique presenting concerns with coordination and oversight being provided by an interdisciplinary team (IDT) of mental health professionals. The approach used in each program is drawn from evidence-based practices and this approach is regularly reviewed to ensure it remains an accepted and effective standard of care. Clinical Services includes the activity therapies subprogram which provides patients with specialized clinical services in music, vocational, and recreation therapy, as well as more general leisure skills training consistent with their presenting psychiatric concerns. Prior to admission, all patients are assessed by a Community Mental Health Center (CMHC) screener, and they may subsequently be admitted on a voluntary or involuntary basis, depending on the results of the CMHC screen and the patient’s level of understanding/cooperation. OSH provides some Clinical Services to AAC through a MOU.

PSYCHOLOGY AND THERAPY SERVICES:

Psychology and Therapy Services is comprised of psychologists, masters level therapists, leisure and fitness, and other support staff. The primary function of this department is to provide direct individual and group treatment services to patients at the hospital. Modalities vary by sub-department and are based on the unique needs of the patients on each treatment program. Services include individual therapy / contacts, group therapy, other group or individual activities, psychological assessment, and treatment planning. Additionally, for the psychologists and therapists, ongoing education is a component of the services provided – this may include provision of continuing education to the department or hospital, involvement with new hire orientation/training or other educational activities. Psychologists and sub-department supervisors also provide supervision to assigned staff.

Goals and Updates:

Psychology Department:

Due to changing needs of the hospital, the department director and one additional psychologist took responsibility for completing care and treatment reports and testimony beginning in September 2024. Initially, coverage was provided for two treatment programs, but

this increased to all OSH treatment programs by December, with the director and another psychologist covering. These reports and court testimony were previously the responsibility of the unit psychiatrists. Two additional FTE psychologist positions were approved by the Legislature for FY2026, once filled, these staff will each take responsibility for reports and testimony for a treatment program, allowing better distribution of work and integration with the treatment team. All new psychologists as well as an existing FTE psychologist will receive training on competency to stand trial evaluations, further aiding the hospital in remaining timely with completion of criminal court evaluations.

In the past year, significant progress has been made with the development of the doctoral training program and the formal application to become an APPIC/APA internship was submitted in July 2025. If approved, the hospital will be listed for the match process this fall and interns would be on site September of 2026. A post-doctoral residency position remains available but has not been filled. The hospital continues to serve as a year-long practicum site for students in doctoral psychology programs and the class of 2024-2025 included 3 therapy students and 2 assessment students. A new group of students began their practicum in July 2025 and will remain until June 2026.

Clinical Therapy:

Clinical therapists continue to provide most psychoeducational groups across the campus. As part of their annual evaluation expectations, department staff have been tasked with providing case presentations and education to new hire orientees, students, existing staff, or the community. Therapists have continued to provide practicum experiences to master’s level social work students pursuing advanced studies. The MA level psychology practicum student from last fiscal year completed her training and has been hired as a clinical therapist placed on one of the criminal court units. There are multiple current vacancies within the department.

SUPPORTED EMPLOYMENT:

The Supported Employment department at OSH provides patients with opportunities to develop vocational job skills and work experiences helpful for community life. The goal of the program is to better prepare patients for life after their discharge from OSH. Patients have to be on “yellow band” status (able to leave their treatment units with supervision) and the team must agree that the patient is a good candidate for supported employment. Department staff assist with getting patients replacement birth certificates, Social Security cards as well as Identification Cards (ID) if they do not possess these documents. The departments provide on-unit groups on two units for those patients interested in working or wanting to learn how to build resumes, cover letters, budgeting etc. Patients involved in working through the department are provided with a minimum wage position with oversight and supervision by staff.

Goals and Updates:

The Supported Employment program has continued to grow in scope over the past year. The resident workshop that was being developed at the time of the FY 2024 budget submission is now active and has employed multiple resident workers. Patients and staff have worked together to build flower planters, tables, and small to large decorative items. They continue to expand their list of items and are working to develop a catalog as well as a showroom. Work locations for patients have increased over the past year; in addition to the workshop, patients are now also working at the greenhouse and another has been placed in the facilities department. The Supported Employment department requires ongoing monitoring and adjustments as patients discharge and others become eligible for employment or when the needs of existing resident workers change.

LEISURE AND FITNESS:

The Leisure and Fitness Department emphasizes a healthy lifestyle, improved coping skills, and effective symptom management through diverse group and individual activities. These include physical exercises for movement and relaxation, creative endeavors for self-expression and crafting, and social activities to foster meaningful interactions. Monthly group activity calendars consider individual preferences and activity levels, while music therapy and creative arts sessions further promote overall wellness, enhancing patient care.

Goals and Updates:

In the past year, the Leisure and Fitness Department has held steady regarding staffing levels. An additional half-time position is posted to help with both staff: patient ratios for transport and supervision of patients at off-unit activities. The department has continued to provide hospital-wide events for patients, including dances and carnivals as well as holiday programs and a field day. The activity center was unavailable for part of last fiscal year due to repair/replacement to the cooling system but is being used regularly again. Groups were redeveloped/updated for each treatment unit and implemented in the last quarter of FY 2025.

Ongoing goals are to increase utilization of the gym and eventual use of the swimming pool once it is renovated as part of the hospital's 5 year capital improvement plan. An increase to staffing levels has been requested, specifically two additional activity therapists and one additional music therapist. The hospital currently has only one music therapist for four treatment units and over 100 patients, a second person would allow increased group opportunities as well as bolstered abilities to provide individual music therapy. An increase of two activity specialists would allow increased opportunities to utilize off unit locations such as the gym and activity center.

AGRICULTURE THERAPY:

Agriculture Therapy serves patients at OSH. Horticulture and animal activity groups are offered to referred patients, aiming to enhance their abilities for life outside the hospital. Staff is available seven days a week, providing daily care to plants and program animals. Through engaging activities and personalized attention, rapport is built with patients, teaching them valuable horticultural skills and animal care techniques. The horticulture group covers gardening, plant propagation, landscaping, indoor plant care, and therapeutic gardening. Meanwhile, the animal activity group involves animal care, training, animal-assisted therapy, education, and community outreach. By fostering connections with nature and animals, the goal is to improve the patients' quality of life and equip them with marketable job skills or lifelong recreational interests for community integration.

Goals and Updates:

Greenhouse:

Revitalization efforts for the hospital greenhouses and horticulture building continue and there are projects planned this year. A rank-ordered list of projects has been submitted, including window repair and improvement or replacement of existing climate control systems. Patient gardens, raised beds, and a staff/community garden were planted again this year and patients have enjoyed growing and eating the vegetables from the gardens. Profits from plant and vegetable sales are returned to the department budget for the following year's soil and seeds.

Animal Program:

Program animals continue to have routine visits to the treatment units in addition to 1:1 appointments for patients as requested by the treatment team. 1:1 visits may be requested to help patients manage difficult emotions such as anxiety or depression and are also utilized as reinforcers to help patients remain safe to themselves or to motivate or encourage progress in other areas. Tootsie Roll the miniature pony and the dogs, Dixon and Brunner, continue to play a significant role in physical therapy sessions. These activities are led by the hospital's physical therapist and are supported by agriculture staff.

Community Vitality:

“Little Farm on the Hill” at Osawatomi State Hospital remains actively involved in community events. The department director and Tootsie Roll have joined other hospital staff in local parades and participated in the Miami County Fall Farm Tour. Plants were sourced and sold to the City of Osawatomi for their planters and garden areas. The “First Friday Farmer’s Market,” was provided again this year every 2 weeks May -July, although attendance was lower than prior years. Quarterly educational and experiential

events, such as holiday gnome making, painting, terrarium building, and gardening educational workshops remain popular, offering opportunities for both staff and community members to engage and learn.

SOCIAL SERVICES:

The Social Services Department at Osawatomi State Hospital enhances patient care by facilitating effective communication between various parties involved in the treatment and discharge process. The department comprises several essential components, namely patient advocacy, peer support, clinical chaplain services, case managers, and social workers responsible for discharge planning.

Social Workers/Case Managers meet with patients and the interdisciplinary team regularly to keep everyone informed about the patient's progress. They also collaborate with family members and community partners to create safe and effective discharge plans and arrange specialized aftercare. Moreover, social workers/case managers serve as a primary point of contact for patients' well-being, especially with members who are not directly involved in the patient's care team. They play a significant role in coordinating information flow regarding the patient's treatment progress and ensuring continuity of care once the patient returns to the community.

Patient Advocacy is a crucial function at Osawatomi State Hospital's Social Services Department, dedicated to safeguarding patients' rights and well-being. Advocates closely monitor hospital policies, support patients in decision-making, mediate conflicts, and ensure comprehensive care coordination for access to essential resources during and after treatment. Their goal is to empower patients, provide education, and serve as a vital link between patients and the healthcare system to enhance their overall care experience.

Peer Support is an integral component of the hospital's approach to patient care, where individuals with shared experiences provide emotional and practical support to patients. By fostering understanding and empathy, peers offer encouragement, act as role models for recovery, reduce stigma surrounding mental health and medical conditions, and create supportive group environments for open discussions and skill-sharing. This peer-driven support system empowers patients in their journey to overcome challenges, promoting self-advocacy and a sense of belonging throughout their treatment and recovery process.

The Clinical Chaplain plays a vital role in the Social Services Department at Osawatomi State Hospital, offering crucial spiritual support to patients throughout their treatment. They provide individual and group spiritual guidance, addressing the diverse beliefs of patients and ensuring their spiritual needs are met. Additionally, the Clinical Chaplain offers emotional and psychological assistance, serving as a compassionate listener and helping patients develop coping strategies. They collaborate with the interdisciplinary team, contribute to end-of-life care, and provide education to staff on respecting patients' spiritual beliefs. With a focus on holistic well-being, the Clinical Chaplain enhances patients' resilience and fosters a supportive and inclusive healthcare environment.

Goals and Updates:

The Social Services Department is dedicated to meeting patients' needs through the coordination of discharge, aftercare, appointments, treatment programs, and more. However, three vacant positions for social workers remain unfilled due to salary constraints. We have had to utilize agency staffing to fill three vacant positions.

Education for staff will be provided: focusing on maintaining licensures (credit hours), improving patient interactions, work-life balance. The Peer Support program, particularly the Motivational Enhancement Program, empowers patients during treatment. Funding is included for the Motivational Enhancement “ME” Store, goods for holiday parties for patient units, and for Peer Support to attend the Kansas Recovery Peer Support Conference annually to stay up to date with best practices and discharge planning. The overarching goal remains to deliver exceptional care, adapt, and continuously improve services for patients.

Performance Based Budgeting Goals:

Goal: Track and trend percentage of discharged patients readmitted within 30 days

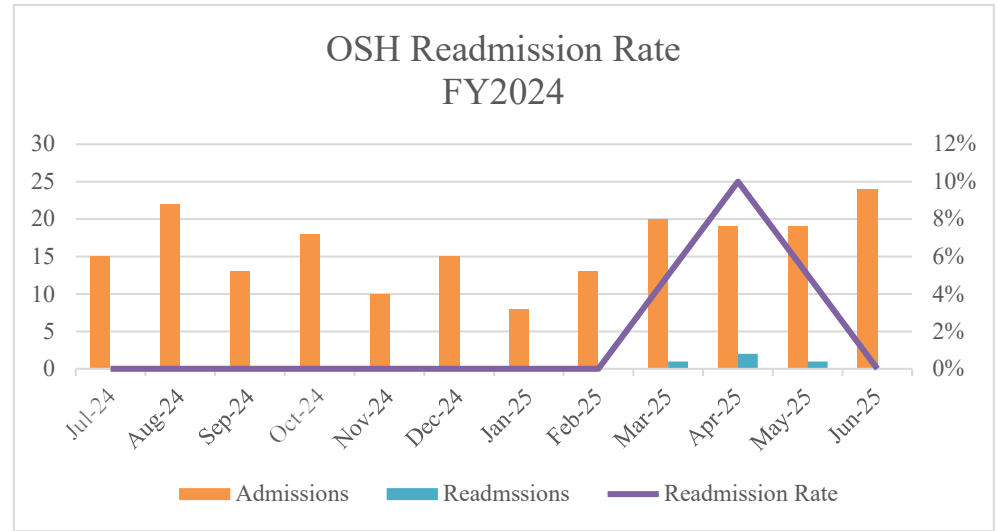
Measurement: Percentage of patients readmitted within 30 days

Department Responsible: Social Services

Narrative Information – DA 400
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Agency Name: Osawatomie State Hospital
Program Title: Medical Services

Month	Admissions	Readmissions	Readmission Rate
Jul-24	15	0	0%
Aug-24	22	0	0%
Sep-24	13	0	0%
Oct-24	18	0	0%
Nov-24	10	0	0%
Dec-24	15	0	0%
Jan-25	8	0	0%
Feb-25	13	0	0%
Mar-25	20	1	5%
Apr-25	19	2	10%
May-25	19	1	5%
Jun-25	24	0	0%



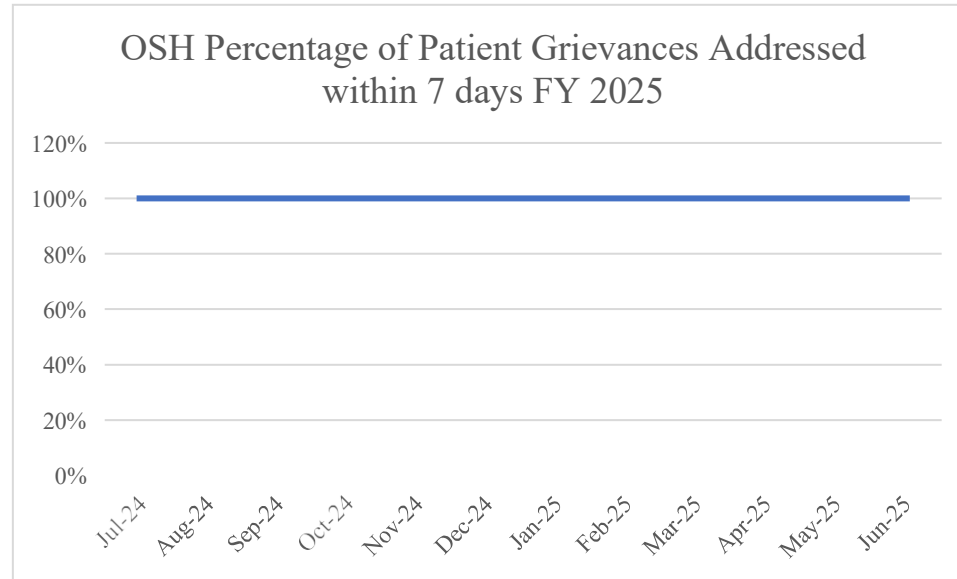
Performance Measures	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Percent of patients who are readmitted within 30 days of discharge.	2.0%	1.8%	2.0%	2.0%	2.0%

Goal: 100% of reported grievances will be address by the Patient Advocate within 7 days

Measurement: Percentage of grievances addressed reported monthly

Department Responsible: Patient Advocates

Month	Rate
Jul-24	100%
Aug-24	100%
Sep-24	100%
Oct-24	100%
Nov-24	100%
Dec-24	100%
Jan-25	100%
Feb-25	100%
Mar-25	100%
Apr-25	100%
May-25	100%
Jun-25	100%



DIETARY SERVICES:

The Dietary Services Department at Osawatomi State Hospital (OSH) serves the dietary needs of patients. Department dietitians regularly meet with patients to provide education and consultation to patients. The dietitians also continuously develop and evaluate the nutrition program and nutrition education program to ensure better patient care. The department also works with a food service company to ensure food quality standards are met.

Goals and Updates:

N/A

NURSING:

The Nursing Department at Osawatomi State Hospital plays a critical role in assessing and treating individuals who present with
 SFY 2026 – SFY 2027

complex mental health and medical conditions. Our department consists of a dedicated team of nursing professionals who provide comprehensive care and support to ensure the well-being and recovery of our patients.

Key Components and Responsibilities:

Comprehensive Patient Assessment:

The Nursing Department conducts thorough assessments of patients upon admission, taking into account both their mental health and medical conditions. Our nurses gather essential information, perform physical and mental health evaluations, and collaborate with other healthcare professionals to develop individualized treatment plans.

Integrated Care and Treatment:

Our nursing professionals deliver integrated care, addressing both mental health and medical needs of our patients. They administer medications, closely monitor their effects, and ensure compliance with prescribed treatment regimens. Additionally, they provide ongoing support, education, and counseling to patients, promoting holistic well-being and recovery.

Physical Health Monitoring:

Recognizing the interconnectedness of mental and physical health, our nursing staff monitors vital signs, conducts regular physical health assessments, and collaborates with medical professionals to address any medical concerns that may arise during a patient's stay. This integrated approach ensures comprehensive care and timely interventions.

Crisis Intervention and Stabilization:

Our nurses are trained in crisis intervention techniques and play a pivotal role in managing acute psychiatric crises. They provide immediate support, implement de-escalation strategies, and ensure a safe environment for patients and staff. Their expertise helps stabilize individuals in distress and facilitates the development of personalized treatment plans. All nursing staff participate in regular safety training programs that focus on crisis intervention, de-escalation techniques, and the safe use of restraints when absolutely necessary. These training sessions are designed to ensure that our team is prepared to manage any situation that may arise, minimizing the risk of harm to patients and staff.

Collaborative Multidisciplinary Approach:

The Nursing Department works collaboratively with a multidisciplinary team, including psychiatrists, psychologists, social workers, and other healthcare professionals. Through regular team meetings, our nurses contribute their valuable insights, actively participate in treatment planning, and coordinate care to optimize patient outcomes.

Staff Development:

To maintain a high standard of care, the Nursing Department is committed to the continuous professional development of its staff. We believe that well-trained, confident nurses are better equipped to deliver safe and effective care. We offer ongoing education and training opportunities for our nursing staff, including workshops, trauma-informed care, and boundary trainings. These opportunities ensure that our nurses remain current with the latest best practices in mental health care. New staff members are paired with experienced mentors who provide guidance, support, and feedback as they acclimate to the unit.

Patient and Family Education:

Nurses in our department take the initiative to educate patients and their families about mental health conditions, medical treatments, medications, and coping strategies. They provide guidance on managing symptoms, fostering healthy lifestyles, and promoting long-term recovery, empowering individuals to actively participate in their own care.

Goals and Updates:

The Nursing Department remains committed to enhancing the quality of patient care and overall departmental functioning through a focused set of initiatives and continuous improvement efforts. A central goal is to complete quarterly trainings for nursing staff, tailored to identified improvement needs based on performance trends, patient outcomes, and evolving best practices. These trainings include physical intervention and de-escalation training, new policy education, fall reduction planning and education, and initiatives that support a trauma-informed approach to psychiatric care.

To align with the implementation of a new electronic health record (EHR) system, the department is actively updating policies and procedures to reflect both the technical changes and the integration of evidence-based practices. These updates ensure consistency, safety, and compliance with regulatory standards while improving documentation accuracy and clinical workflows.

The department has prioritized competency evaluation and trainings for staff to ensure that they possess the necessary skills and knowledge to provide high-quality care. By regularly assessing clinical competencies, the department aims to identify areas for improvement and provide targeted training to enhance staff capabilities.

The department is actively working with staff to improve their ability to identify and manage psychiatric crises and improve trauma informed care. By implementing evidence-based interventions and crisis management techniques, staff will be better equipped to handle challenging situations and provide optimal care to patients in need.

**Narrative Information – DA 400
Division of the Budget
State of Kansas**

**Agency Name: Osawatome State Hospital
Program Title: Medical Services**

In addition to internal development, the department continues to prioritize collaboration with community healthcare organizations and nursing schools. These partnerships are instrumental in expanding clinical learning opportunities, fostering professional development, and supporting the department’s long-term goal of evolving into a teaching hospital specializing in psychiatric care. This transformation emphasizes continuous learning, mentorship, and academic collaboration to advance the quality of mental health treatment and nursing practice.

A key focus moving forward is to recruit and retain competent, full-time state-employed nursing staff. Building a stable and highly trained workforce is essential to ensuring consistent, high-quality care, reducing reliance on agency personnel, and fostering a strong, team-based culture aligned with the department’s long-term vision.

By maintaining a structured approach to staff education, workforce development, policy updates, and community engagement, the Nursing Department is reinforcing its commitment to high-quality, patient-centered psychiatric care.

Performance Based Budgeting Goals:

Goal: Med Consult Book will be audited twice a week looking for the following measures: A temporary issue will be created 100% of the time, Clinical Guidelines/Nurse’s noted will be followed 100% of the time, and medications will be ordered/entered into WinPharm if needed.

Measurement: % of Med Consults with relevant temporary issue created, % of Med Consults with guidelines/notes completed, and % of Med Consults with medications ordered/entered in WinPharm

Department Responsible: Nursing

Measure	Target	July – 23	Aug – 23	Sept – 23	Oct – 23	Nov – 23	Dec – 23
% of Med Consults with a relevant temp issue created	100%	96%	93%	75%	78%	90%	94%
		Jan – 24	Feb – 24	Mar – 24	Apr – 24	May – 24	Jun – 24
		94%	91%	83%	91%	91%	95%
% of Med Consults with CGs or Nurses' Notes completed	100%	July – 23	Aug – 23	Sept – 23	Oct – 23	Nov – 23	Dec – 23
		100%	95%	79%	81%	91%	94%
		Jan – 24	Feb – 24	Mar – 24	Apr – 24	May – 24	Jun – 24
		94%	88%	90%	91%	90%	98%

**Narrative Information – DA 400
Division of the Budget
State of Kansas**

**Agency Name: Osawatomie State Hospital
Program Title: Medical Services**

% of Med Consults with medications ordered/entered into WinPharm (if needed as indicated by guidelines)	100%	July – 23	Aug – 23	Sept – 23	Oct – 23	Nov – 23	Dec – 23
		97%	100%	96%	96%	100%	100%
		Jan – 24	Feb – 24	Mar – 24	Apr – 24	May – 24	Jun – 24
		100%	97%	98%	100%	100%	98%

Goal: 100% of Initial Nursing Assessments will be completed within 12 hours of admission. Vital signs (including height and weight) will be recorded in the Initial Nursing Assessment of 95% of admissions. 100% of Nursing Care Plans will be considered complete. To be considered complete the plans must include: the presenting psychiatric issue, identified risk (suicidal ideation or aggression), major medical issues.

Measurements: % of Initial Nursing Assessments completed within 12 hours of admission, % of Nursing Assessments with Vital Signs, % of Nursing Care Plans complete.

Measure	Target	July – 23	Aug – 23	Sept – 23	Oct – 23	Nov – 23	Dec – 23
% of Initial Nursing Assessments completed within 12 hours of admission	100%	92%	100%	100%	100%	100%	90%
		Jan – 24	Feb – 24	Mar – 24	Apr – 24	May – 24	Jun – 24
		94%	94%	100%	94%	91%	94%
% of Nursing Assessments with vital signs	95%	July – 23	Aug – 23	Sept – 23	Oct – 23	Nov – 23	Dec – 23
		100%	100%	78%	100%	92%	100%
		Jan – 24	Feb – 24	Mar – 24	Apr – 24	May – 24	Jun – 24
% of Nursing Care Plans complete	100%	94%	94%	100%	100%	100%	88%
		July – 23	Aug – 23	Sept – 23	Oct – 23	Nov – 23	Dec – 23
		85%	88%	100%	88%	92%	100%
		Jan – 24	Feb – 24	Mar – 24	Apr – 24	May – 24	Jun – 24
		94%	94%	94%	100%	87%	100%

SCHEDULING:

The scheduling department staffs and schedules the patient units with proper ratios to ensure patient care and safety for patients and staff for Osawatomi State Hospital (OSH). The department staffs each unit accordingly: 2 Registered Nurses (RN), 1 Licensed Practical Nurse (LPN)/Licensed Mental Health Technician (LMHT), 5 Mental Health Technicians (MHT), in addition to staffing for current/potential 1:1 patient check(s) to increasingly ensure safety for all during the AM shift. During the NOC shift the department staffs each unit accordingly: 2 Registered Nurses (RN), 1 Licensed Practical Nurse (LPN)/Licensed Mental Health Technician (LMHT), 4 Mental Health Technicians (MHT), in addition to staffing for current/potential 1:1 patient check(s) to increasingly ensure safety for all.

Staff are recruited to cover Requested Time Off (RTO), Crisis Prevention Institute (CPI)/Cardiopulmonary Resuscitation (CPR) trainings, patient appointments, sick leave, admin leave, work comp, and the Family Medical Leave Act leave.

The nursing service staff schedule is developed in accordance with current policy and procedure. The daily shift schedule is evaluated. This is on-going and requires hourly changes. The Scheduling Department develops plans for establishing schedules in the required time frames, performs office management duties, and oversees the maintenance of required staffing data. The Department provides information that requires immediate attention to executive staff and delegates other matters to various management nursing staff in unit programs. At times, the Scheduling Department manager reports out shortages or reaches out to determine if other departments can assist with coverage- like pulling escorts, activities, or Non Nursing Volunteers to assist with coverage.

Goals and Updates:

There has been marked improvement in the department as changes have been implemented. A top priority and focus for the upcoming year will be to improve the accuracy of staffing sheets and working hard on filling any gaps in coverage to provide a full team on every unit. With improvement, the department will have the assurance state staff are used prior to utilizing and allowing overtime for OSH.

INFECTION CONTROL:

Infection Control at OSH has one purpose: identifying and preventing infections while reducing disease transmission risk. The primary goal is delivering safe, cost-effective care to patients and preventing infection spread among patients, staff, visitors, and others in the healthcare environment. This program is designed to prevent and minimize healthcare-associated infections by integrating infection prevention and control principles into all aspects of practice. Additionally, comprehensive education and resources are provided to equip all staff with necessary knowledge for creating a safe environment for everyone within the facility.

The Infection Control program's implementation extends across all departments, fostering a unified effort to promote a safe healthcare setting for all who enter the organization.

Goals and Updates:

The focus of the Infection Prevention and Control department is developing a more efficient and cost-effective manner for continual assessment and modification of infection prevention and control services based on regulations, standards, scientific studies, and internal evaluations and guidelines. Departmental goals include recruiting infection control personnel, providing specialized infection control training and education, expanding technology resources, reinforcing clinical practices related to infection prevention and control, strengthening infection surveillance processes, streamlining healthcare personnel health processes and records, expanding hand hygiene education and monitoring, providing infection control-related educational opportunities, and collaborating with the nursing department and facility and environmental services departments to build and maintain specific environmental monitoring and continuous quality improvement activities based on principles of infection prevention and control and regulatory compliance requirements.

Performance Based Budgeting Goals:

Goal: The healthcare associated infection rate at OSH will remain below the national average of 4%

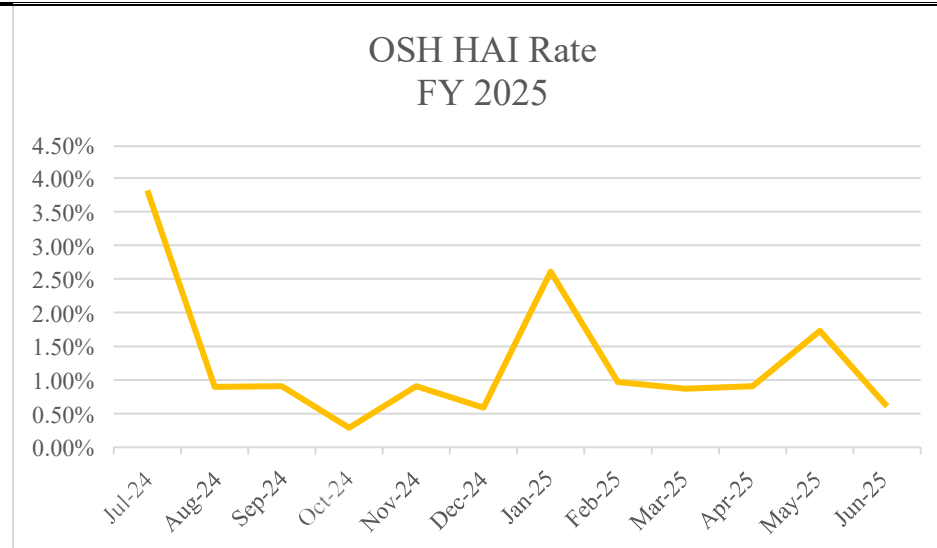
Measurement: Infection rate recorded monthly

Department Responsible: Infection Control

Narrative Information – DA 400
Division of the Budget
State of Kansas

Agency Name: Osawatomie State Hospital
Program Title: Medical Services

Month	HAI Rate
Jul-24	3.82%
Aug-24	0.90%
Sep-24	0.91%
Oct-24	0.29%
Nov-24	0.91%
Dec-24	0.59%
Jan-25	2.61%
Feb-25	0.97%
Mar-25	0.87%
Apr-25	0.91%
May-25	1.73%
Jun-25	0.61%



Goal: 95% of staff are following the 5 moments of handwashing

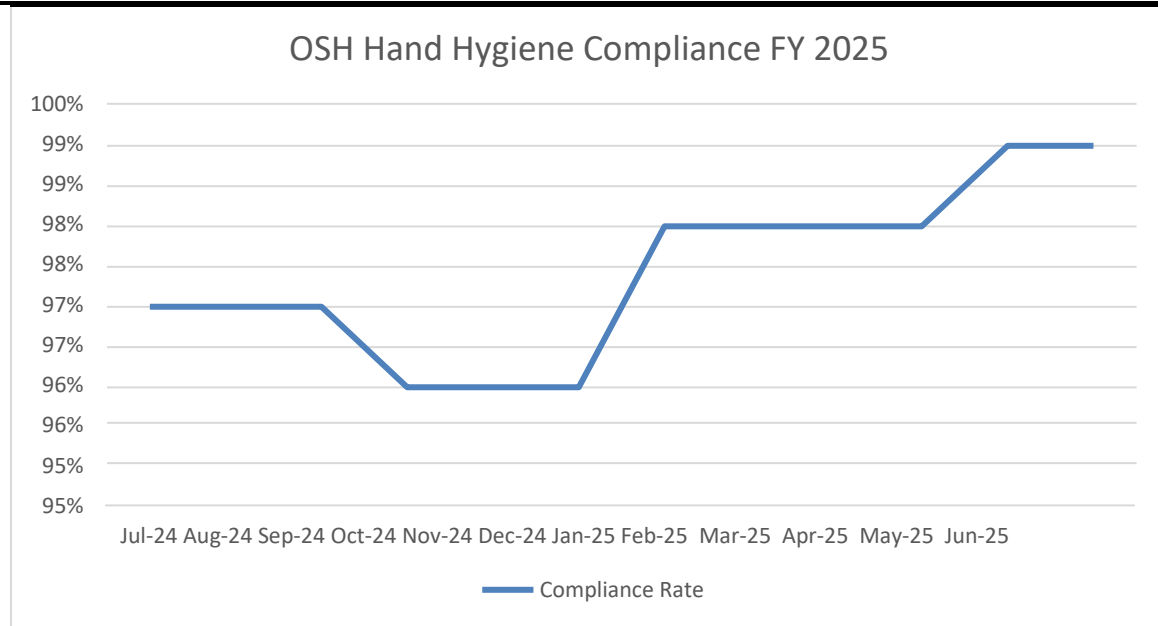
Measurement: Percentage of staff in compliance with 5 moments of handwashing reported monthly

Department Responsible: Infection Control

**Narrative Information – DA 400
 Division of the Budget
 State of Kansas**

**Agency Name: Osawatomi State Hospital
 Program Title: Medical Services**

Month	Compliance Rate
Jul-24	97%
Aug-24	97%
Sep-24	97%
Oct-24	96%
Nov-24	96%
Dec-24	96%
Jan-25	98%
Feb-25	98%
Mar-25	98%
Apr-25	98%
May-25	99%
Jun-25	99%



TRIAGE:

The Triage Department at Osawatomi State Hospital (OSH) plays a crucial role in assessing and processing state screens for potential patients referred by community mental health centers. Their main responsibility is to facilitate efficient communication among various stakeholders, including community partners, state agencies, community hospitals or sending agents, and the hospital psychiatrist. This communication is essential to determine whether psychiatric hospitalization is appropriate for the proposed patients, following established guidelines. The department collaborates closely with hospital administrators, the nursing department, and physicians to ensure that all relevant information about the proposed patients is communicated effectively. This comprehensive communication ensures that proper care and treatment can be provided if the patient is accepted for hospitalization.

Goals and Updates:

Triage is continuously working to effectively master their process from time of receiving a screen to the time of admitting the patient by always evaluating how to improve the communication with community providers to get all the requested information timely to be able to process proposed patients once they are accepted. This year the plan to continue to try to schedule admissions to see if they can

be spread out throughout the day.

NURSING EDUCATION:

Nursing Education is the department responsible for training Nursing and Mental Health Technician Staff (MHT) at Osawatomi State Hospital (OSH). Nursing Education uses oral presentations, computer-based training (CBT), and hands-on training to orientate employees. Nursing Education also offers Continuing Education credit hours that fulfill the requirements for state relicensing for Licensed Mental Health Technicians (LMHT), Registered Nurses (RN), and Licensed Practical Nurses (LPN).

In response to staff concerns and incidents on campus, nurses receive extensive training focused on patient interaction, patient boundaries, and handling patient contraband. Additionally, training is provided on the use of our EHR Wellsky to ensure accurate documentation. Wellsky is utilized as a system to display medication orders, and LMHTs, RNs, and LPNs are trained to effectively manage and verify these orders. Pyxis, a medication storage machine located on patient units, is also a part of the training. Nurses learn how to access medication through the Pyxis, document instances of wasted medication, record insulin usage, and to document controlled substance use such as anti-anxiety medication and specific painkillers. They are also instructed on conducting medication counts at the end of their shifts. Furthermore, the EHR Wellsky is used for documenting patient charts, and nursing staff are trained on what can and cannot be charted, the importance of accurately detailing events, and the legal significance of maintaining precise and comprehensive patient charts.

Goals and Updates:

The EXPO event serves as Nursing Education’s annual competency training, providing essential skills development. This comprehensive training program includes a combination of hands-on sessions and computer-based training (CBTs) tailored to meet the specific needs of each position. For instance, nurses receive a more extensive focus on CBTs and hands-on training compared to custodial staff. In addition to skills development, the EXPO event also addresses staff concerns. During the 2022 EXPO, the spotlight was on two key areas: Absent Without Leave codes (AWOL) and patient boundaries. These topics were selected based on past incidents at the hospital and the expressed interest of the staff in addressing them. Looking ahead to the 2025 EXPO, Staff Development and training will use feedback from department heads on areas their staff may need focused trainings. Staff Development and Training have added Pop-up trainings throughout the year, this decision was made in response to staff concerns regarding potential shortcomings in critical areas that need to be addressed as we are alerted to them. Pop-up trainings are also provided on the night shift. By prioritizing these skills, staff apprehensions will be addressed by increasing proficiency in these areas.

Expenditures for Clinical Services:

Clinical	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Salaries and Wages	\$ 10,636,713.00	\$ 11,025,859.00	\$12,352,462.00	\$ 12,461,481.00	\$ 12,544,937.00
Shrinkage	\$ -	\$ -	\$ -	\$ (215,000.00)	\$ (215,000.00)
Contractual Services	\$ 11,982,655.00	\$ 12,586,699.00	\$12,096,058.00	\$ 10,917,744.00	\$ 9,515,535.00
Commodities	\$ 42,116.00	\$ 60,499.00	\$ 607,721.00	\$ 647,275.00	\$ 647,275.00
Capital Outlay	\$ -	\$ -	\$ 13,305.00	\$ 600.00	\$ 600.00
Capital Improvements	\$ -	\$ -	\$ -	\$ -	\$ -
Other Assistance	\$ -	\$ -	\$ 323.00	\$ -	\$ -
Total	\$ 22,661,484.00	\$ 23,673,057.00	\$25,069,869.00	\$ 23,812,100.00	\$ 22,493,347.00

Account Code 51000: Salaries and Wages

This program provides direct treatment to patients admitted to OSH. The program is organized into four treatment units supervised by the Chief Nursing Officer who oversees the treatment process. The program consists of Direct Care staff including MH/DD Technicians and Registered and Licensed Practical Nurses. Direct care staff are assigned 24-hours a day 7-days a week. This program also includes clinical treatment staff consisting of Psychologists, Social Workers, Chemical Dependency Counselors, Clinical Therapists, Clinical Dietitians, and staff that operate the Patient’s/staff Coffee Shop. The LMHT Program is also budgeted in this program. Funds requested will provide salary and wage funds for 143.45 FTEs for 26 pay periods, fringe benefits, health insurance and longevity.

FY 2026: \$12,461,481 is requested. The shrinkage rate is 1.7%.

FY 2027: \$12,544,937 is requested. The shrinkage rate is 1.71%.

Account Codes 52000 – 52900: Contractual Services

This category includes all fee and service type expenses including travel projected for this program. This includes the agency nursing expenditures for OSH.

FY 2026: \$10,917,744 is requested.

FY 2027: \$9,515,535 is requested.

Account Codes 53000 – 53900: Commodities

This category includes professional and scientific supplies for medical equipment and testing, Sodexo related expenses, and more.

FY 2026: \$647,275 is requested.

FY 2027: \$647,275 is requested.

Account Codes 54000 – 54900: Capital Outlay

Funds requested for small capital items.

FY 2026: \$600 is requested.

FY 2027: \$600 is requested.

Account Codes 55000 – 55900: Capital Improvements

No funds requested.

FY 2026: \$0 is requested.

FY 2027: \$0 is requested.

EXPENDITURE JUSTIFICATION

PROGRAM: Physical Plant and Central Services – 96000

Program Overview:

This program encompasses a central heating plant operation, building and equipment maintenance, custodial and laundry services, and supply provision. This program and its subprograms fall under the purview of Osawatomi State Hospital. The broader scope of Central Services makes Facility Services responsible for property management and grounds care, Housekeeping ensuring building cleanliness, Safety and Security overseeing ground security and emergency situations, and Supply managing hospital inventory. The Laundry department ensures proper cleaning and sterilization of reusable items, all contributing to the efficient functioning and patient well-being within the hospital grounds. Finally, Procurement ensures a steady and proper flow of goods, services, and supplies to the campus.

OPERATIONS:

The smooth functioning of Osawatomi State Hospital (OSH) relies on Operations, which encompass Facility Services, Power Plant, Grounds, Custodial Services, Laundry Services, Compliance, Health Information Management and Safety & Security. Facility Services employs a skilled team of carpenters, auto technicians, HVAC specialists, electricians, and plumbers who maintain and repair the facility's infrastructure. The Power Plant division ensures a reliable and consistent power supply throughout the institution. The Grounds division, consisting of arborists and mowers, tends to the campus grounds and buildings, including winter road clearance. Custodial Services uphold a high standard of cleanliness by cleaning all buildings on a timely schedule. Laundry Services handle the cleaning, folding, and sorting of patient laundry on a large scale. Compliance includes our quality assurance and performance improvement system along with our policies and procedures. Simultaneously, Safety & Security provide protection and preparedness for emergencies, including the implementation of life safety measures.

Goals and Updates:

To strengthen operational effectiveness at Osawatomi State Hospital by maintaining rigorous safety and compliance standards while empowering departmental leaders to actively engage staff and foster a positive, accountable, and collaborative workplace culture.

This goal will be achieved through the following strategic focus areas:

- **Regulatory Compliance and Safety Assurance:**

Maintain full alignment with federal, state, and accreditation requirements, including those from CMS, KDHE, and State Fire Marshall. Regular internal audits, policy reviews, and corrective action plans will be implemented to ensure that hospital

operations continuously meet or exceed safety and compliance expectations. Emphasis will be placed on the Environment of Care, Life Safety Code standards, and emergency preparedness.

- **Leadership Development and Staff Engagement:**

Equip department leaders with tools and training to strengthen team communication, increase transparency, and promote shared ownership of operational goals. Leaders will be encouraged to conduct routine check-ins, recognize staff contributions, and solicit employee feedback to support morale and workplace satisfaction.

- **Culture of Accountability and Continuous Improvement:**

Promote a culture where staff at all levels understand the connection between their roles and the hospital’s mission of delivering quality mental health care. This includes the development of performance benchmarks, improved incident reporting processes, and collaborative problem-solving to address operational challenges.

- **Workplace Environment and Staff Retention:**

Foster a supportive work environment by addressing employee concerns, providing appropriate resources, and encouraging professional development opportunities. Initiatives will focus on improving staff retention, reducing burnout, and enhancing overall job satisfaction.

- **Integrated Communication and Operational Oversight:**

Enhance interdepartmental coordination by standardizing communication channels and streamlining processes to ensure consistent, efficient service delivery across the hospital campus.

By upholding high standards of safety and compliance while investing in leadership engagement and culture development, this goal supports the hospital’s mission of delivering safe, effective, and compassionate care to Kansans experiencing mental health crises.

FACILITY SERVICES:

Facility Services ensures the continuous and reliable operation of a facility, power plant, buildings, structures, grounds, utility systems, as well as automotive and real property for the Osawatomi State Hospital (OSH). The responsibilities encompass both routine maintenance and emergency response to maintain these assets in optimal condition for continuous use. This skilled team of professionals is responsible for executing planned maintenance tasks, inspections, and repairs to prevent potential issues and ensure the longevity of the assets. Additionally, they promptly address emergency situations to minimize downtime and restore functionality. From conducting routine checks on equipment and systems to managing repairs and upgrades, the Facilities Department ensures the safety, efficiency, and seamless operation of the entire facility, contributing to the smooth functioning of day-to-day operation.

Goals and Updates:

The Facilities Services Department plans to develop and implement a comprehensive preventive maintenance program within the

Facility Services Department at Osawatomi State Hospital, with the objective of ensuring the continuous, safe, and efficient operation of all vital building systems and equipment. This initiative will focus on enhancing the hospital's ability to maintain a therapeutic and compliant environment that supports the delivery of high-quality care to patients.

Key components of this goal include:

- **Asset Inventory and Condition Assessment:** Conduct a complete inventory and condition assessment of all facility infrastructure, including HVAC, plumbing, electrical, life safety, and medical support systems to establish maintenance baselines and risk prioritization.
- **Preventive Maintenance Scheduling:** Develop and adhere to detailed, manufacturer-recommended and code-compliant preventive maintenance schedules using TMA to track work orders, inspections, and recurring tasks.
- **Compliance and Safety Alignment:** Align maintenance activities with applicable regulatory standards, including KDHE, CMS, and NFPA codes, to ensure that life safety systems and critical infrastructure support a secure environment for both staff and patients.
- **Workforce Training and Resource Allocation:** Invest in ongoing staff development and resource planning to ensure that facility technicians are equipped with the skills, tools, and support necessary to execute preventive maintenance duties effectively and efficiently.
- **Performance Monitoring and Continuous Improvement:** Establish key performance indicators, such as equipment downtime, response times, and compliance audit scores, to evaluate program effectiveness and drive continuous improvement efforts.

By proactively addressing maintenance needs and minimizing the risk of equipment failure, this goal supports operational continuity, reduces long-term costs, and enhances the overall safety and reliability of the physical environment at Osawatomi State Hospital.

POWER PLANT:

The Power Plant Department is responsible for the efficient operation, maintenance, and oversight of the power plant facility at Osawatomi State Hospital. Department personnel manage and operate complex equipment including turbines, generators, boilers, water systems, and control systems to ensure the continuous, reliable delivery of essential utilities. Their responsibilities include routine inspections, preventative maintenance, and timely repairs aimed at optimizing system performance, reducing downtime, and upholding the highest safety standards.

In addition to supporting critical hospital infrastructure, the department ensures compliance with all applicable environmental

regulations, working to reduce the facility's ecological footprint. Through a commitment to operational excellence and sustainability, the Power Plant Department plays a vital role in maintaining a safe, functional, and energy-efficient environment for patients, staff, and visitors.

Goals and Updates:

Over the past year, the Power Plant underwent significant upgrades, including the installation of a new boiler and other modernized equipment. As we move into the upcoming year, our primary focus will be on building the knowledge and capabilities needed to properly operate and maintain this new equipment.

Our goal is to shift from a primarily reactive maintenance approach to a comprehensive preventive maintenance program. By acquiring the necessary tools, training, and systems, we aim to proactively manage all equipment within the Power Plant. This proactive strategy will help ensure the long-term reliability and performance of the recently installed systems, protecting the hospital's investment and supporting uninterrupted operations.

GROUNDS:

The 300-acre landscape of the Osawatomi State Hospital is maintained by the Grounds Department. Mowing, trimming, felling, planting trees and flowers, pruning and watering shrubs, and edging sidewalks and curbs are the department's focus in the spring, summer, and fall months. Chemicals are used for broad leaf weeds in the spring and fall. The Department is also responsible for maintaining all street signs and painting curbs and various other reserved parking areas on the campus. In the winter months, all snow removal on the streets and sidewalks throughout the campus is the department's responsibility.

Goals and Updates:

The Grounds Department is dedicated to creating and maintaining a safe, functional, and visually appealing environment that honors the historical character of Osawatomi State Hospital. In the year ahead, our efforts will focus on preserving the campus's unique heritage while prioritizing the safety of patients, staff, and visitors.

A key initiative will involve the careful restoration and upkeep of historically significant landscaping elements, ensuring that they are maintained in a way that reflects their original charm while meeting modern safety standards. This includes evaluating older trees and structures for stability, enhancing lighting in high-traffic areas, and maintaining clear walkways to reduce trip hazards. Seasonal

maintenance—including snow and ice removal—will continue to be carried out with precision and care to ensure safe passage throughout the hospital grounds.

Through thoughtful planning and attention to detail, the Grounds Department remains committed to balancing safety and historical preservation, ensuring that our campus remains both beautiful and secure for all who visit, work, and heal here.

SAFETY AND SECURITY:

Safety and Security provides Osawatomi State Hospital security for patients, staff, and visitors, ensuring a safe environment on campus. In emergency situations, the department handles incidents effectively, and a close working relationship with the Osawatomi Police and Fire Department enhances the campus's emergency response capabilities. The hospital's fire department has been dissolved, and fire coverage is now provided by the City of Osawatomi. Safety and Security collaborates closely with the Kansas State Fire Marshal's Office to maintain safety standards. The department also manages visitor check-in through on-site dispatch and handles telecommunication operations for the campus. Their responsibilities also include conducting monthly fire extinguisher checks, weekly and monthly building inspections, as well as daily door checks and animal control.

Goals and Updates:

As our workforce continues to grow, our foremost priority remains ensuring that all team members—both new and existing—are fully equipped with the training, tools, and support needed to uphold a safe and secure environment for patients, staff, and visitors. In a healthcare setting where regulations and safety standards are constantly evolving, it is critical that our department remains adaptable, informed, and prepared.

To meet these demands, we are enhancing our commitment to robust, ongoing training programs that cover essential safety protocols, emergency response procedures, regulatory compliance, and proper equipment use. These programs are designed to do more than simply prepare staff for their individual roles—they aim to instill a department-wide culture of safety, accountability, and continuous improvement. Training is not limited to onboarding; it is a career-long process delivered through computer-based learning, hands-on experiences, and skill-based competency assessments to ensure our team remains sharp and compliant with current standards.

As rules, guidelines, and best practices continue to shift, our department remains committed to staying ahead. We are proactively reviewing and updating our protocols and training materials to align with the latest regulatory requirements and industry standards. This ensures that we not only meet compliance expectations but exceed them, keeping our hospital community safe and secure in an

ever-changing landscape.

In addition, Safety and Security Officers will increase their presence on patient units to provide active support, deter potential crises, and reinforce a visible culture of safety. This hands-on approach helps build trust, prevent incidents, and ensure that staff and patients feel protected and supported throughout the hospital.

CUSTODIAL SERVICES:

The Custodial Services Department at Osawatomi State Hospital (OSH) plays a vital role in creating a clean, safe, and welcoming environment for patients, staff, and visitors alike. With the support of AgTac Services (ATS) team members, the department has risen to meet staffing challenges while continuing to deliver top-tier cleanliness and hygiene. From daily upkeep to deep-cleaning routines, their responsibilities cover every corner of the hospital—including restrooms, patient units, staff rooms, showers, and public areas. In patient care areas, the team expertly strips and cleans beds and rooms, maintains day halls, and keeps technician and nurse stations spotless. Their comprehensive methods include sweeping, mopping, dusting, buffing, and floor waxing. They also manage patient laundry with precision—washing, folding, sorting, and ensuring soiled clothing is properly separated for hygienic handling. Over the past fiscal year, the team has taken their work to the next level by implementing enhanced cleaning schedules, which include daily tasks, deep-cleaning cycles, and specialized protocols for vacated spaces to ensure every area is fresh, clean, and ready for the next occupant.

Goals and Updates:

In the coming year, Custodial Services will prioritize staff training and development. Building on a new onboarding process, the department will focus on ongoing education to ensure compliance with CDC guidelines as well as state and federal regulations.

PROCUREMENT:

The Procurement Department is to ensure that Osawatomi State Hospital (OSH) runs as smoothly as possible when it comes to procuring goods and services while charging AAC for goods and services based on utilization. The department oversees the purchasing and contract work for the agency using the purchasing authority, identifies business requirements for goods, materials, services and find reliable suppliers to meet these requirements. Contracted vendors or non-contracted vendors approved by the State of Kansas must be used.

Narrative Information – DA 400
Division of the Budget
State of Kansas

Agency Name: Osawatomi State Hospital
Program Title: Physical Plant and Central Services

OSH Purchasing & Contracts Department reviews each request for appropriate vendor if items can be purchased on contract or off contract. It follows the requisition process from entry in the Statewide Management, Accounting, and Reporting Tool (SMART), ensuring correct accounting codes are used to ensure the proper funds are being utilized as directed by the OSH Chief Financial Officer, to purchase order dispatched and the items are ordered. Items purchased are inspected to ensure correct shipment was received and communication with vendors is maintained if there are discrepancies in the order.

OSH Purchasing & Contracts Department create specifications or scope of work for bid events needed by the agency for goods, materials, or services. It reviews the bid documents and make recommendations of contract awards to the Department of Administration Office of Procurement & Contract through the Procurement Negotiations Committee and the bid evaluation process. Quotes are processed and requests are submitted for quotes to qualified vendors for requested items. Returned Quotes are inspected for processing and purchasing.

Goals and Updates:

The department will continue to streamline processes and ensure ongoing support for the daily operations of Osawatomi State Hospital.

Performance Based Budgeting Goals:

Goal: 100% of the requests for Goods and Services on the OSH Help Desk will be answered within 24 hours of submission. This will be tracked monthly.

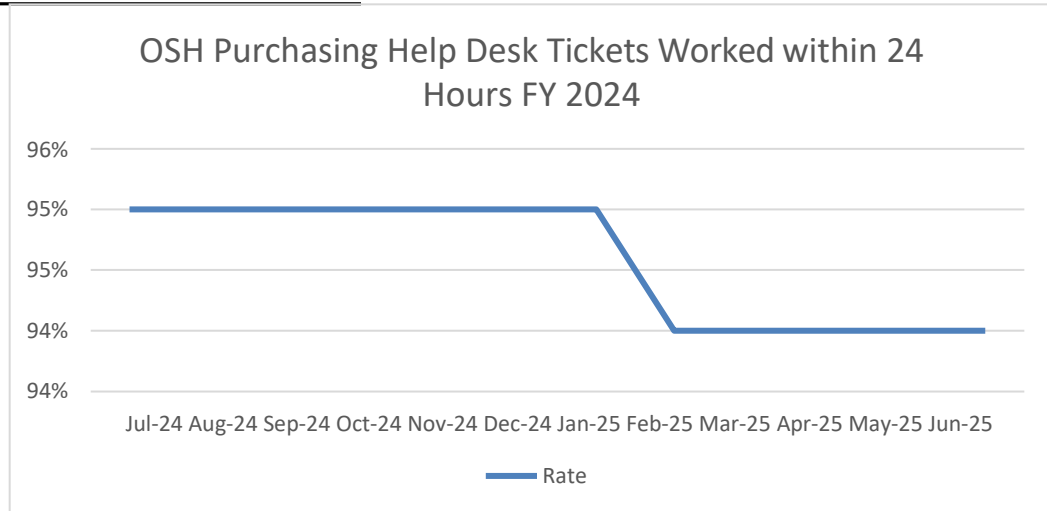
Measurement: Percentage of requests recorded monthly

Department Responsible: Business Services

**Narrative Information – DA 400
Division of the Budget
State of Kansas**

**Agency Name: Osawatomie State Hospital
Program Title: Physical Plant and Central Services**

Month	Rate
Jul-24	95%
Aug-24	95%
Sep-24	95%
Oct-24	95%
Nov-24	95%
Dec-24	95%
Jan-25	95%
Feb-25	94%
Mar-25	94%
Apr-25	94%
May-25	94%
Jun-25	94%



Expenditures Physical Plant and Central Services:

Central Services	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Salaries and Wages	\$ 3,521,901.00	\$ 3,841,804.00	\$ 4,906,290.00	\$ 3,743,789.00	\$ 3,778,839.00
Shrinkage	\$ -	\$ -	\$ -	\$ (210,000.00)	\$ (210,000.00)
Contractual Services	\$ 3,096,945.00	\$ 2,910,064.00	\$ 1,845,732.00	\$ 1,586,950.00	\$ 1,586,950.00
Commodities	\$ 879,506.00	\$ 795,350.00	\$ 624,046.00	\$ 340,575.00	\$ 340,575.00
Capital Outlay	\$ 164,571.00	\$ 107,136.00	\$ 687,898.00	\$ 99,500.00	\$ 99,500.00
Capital Improvements	\$ -	\$ 2,107.00	\$ 274,618.00	\$ 40,000.00	\$ 40,000.00
Other Assistance	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ 7,662,923.00	\$ 7,656,461.00	\$ 8,338,584.00	\$ 5,600,814.00	\$ 5,635,864.00

Account Code 51000: Salaries and Wages

Funds requested will provide salary and wages for 54.6 FTEs for 26 pay periods, fringe benefits, health insurance and longevity.

FY 2026: \$3,743,789 is requested. The shrinkage rate is 5.61%.

FY 2027: \$3,778,839 is requested. The shrinkage rate is 5.56%.

Account Codes 52000 – 52900: Contractual Services

The major expense in this category is for utilities including natural gas, electricity, water and sewer service. In addition to the cost and delivery charges for natural gas are gas for several houses the hospital owns but do not rent to staff. Trash service is provided by contract. Also, included in this category is repair and service completed by non-OSH maintenance personnel. The repairs and servicing work that cannot be completed by OSH's maintenance staff includes specialized work on the stand-by electrical generating system, compressor and electrical motor rebuilding, repair work on state-owned motor vehicles, fire alarm system maintenance, boiler maintenance, termite treatment services, hazardous chemical removal (i.e., paint, solvents), hydrostatic testing of fire extinguishers to comply with NFPA Life Safety Code Standards and other service contracts..

FY 2026: \$1,586,950 is requested.

FY 2027: \$1,586,950 is requested.

Account Codes 53000 – 53900: Commodities

Funds are requested for office and other operating supplies, tools used by the Facility Services staff, supplies used by the power plant in maintaining equipment, general supplies for the entire campus, nursing supplies, housekeeping and laundry supplies.

FY 2026: \$340,575 is requested.

FY 2027: \$340,575 is requested.

Account Code 54000 – 54900: Capital Outlay & Improvements

Funds are requested to address equipment needs, as well as capital outlay related to the upkeep of OSH.

FY 2026: \$99,500 is requested.

FY 2027: \$99,500 is requested.

EXPENDITURE JUSTIFICATION

PROGRAM: Sexual Predator Treatment Program - MiCo House Reintegration Facility – 86000

Program Overview:

It is the mission of the Sexual Predator Treatment Program (SPTP) to promote safety for the community as well as to promote the welfare of the program’s residents in a manner which fosters reintegration into a safe and stable environment for all Kansans. It is the vision of the SPTP to provide residents with the knowledge and tools needed for their reintegration back into society and production of non-violent citizens without compromising community safety.

The reintegration facilities are state-funded programs housed on the grounds of Larned State Hospital (LSH), Osawatomi State Hospital (MiCo House), and Parsons State Hospital & Training Center (Maple House/Willow House). Each facility is limited to sixteen beds per any one county in the State of Kansas. The reintegration facilities serve residents that are on Tier Three of the Sexual Predator Treatment Program and on Court-Ordered Transitional Release. To be evaluated as ready for Tier Three of the program, a resident must have successfully progressed through the residential portion of SPTP at LSH and have a motivation to re-enter open society and conduct their lives in a responsible manner. These residents are reviewed and interviewed by the Progress Review Panel and are determined to be appropriate candidates for a reintegration program based on clinical recommendation from the Progress Review Panel.

Duration of the program depends primarily on the resident’s compliance with treatment, therapy, and program rules. Residents move to one of the Reintegration Facilities at Larned, Osawatomi, or Parsons to offer residents a safe, step-by-step way of moving into an outpatient mode of functioning. The reintegration facilities provide shelter, monetary assistance, and transportation to aid the residents while they are establishing themselves financially.

SPTP has seen significant changes in participation since implementing enhancements to the program in the past several years. This increase in participation has resulted in more residents being reviewed by the Progress Review Panel for advancement to the reintegration facilities.

Reintegration Facility staff are required to be aware of the residents’ whereabouts through visual contact, phone checks, and electronic monitoring software while on the grounds of the facility(s) and throughout the early steps of transition. Reintegration Facility staff

assist with transports, surveillance, conducting searches (room, computer, logbook, vehicle, and person), maintaining accountability of residents, enforcing program policies and rules, and ensuring the safety of the community and facility. OSH provides Human Resources services, Financial Services, Transportation Services, Information Technology, Grounds Maintenance and Environmental Services to SPTP MiCo House via a Memorandum of Understanding.

Current and Budget Year Operations:

The treatment program used by MiCo House is positive, supportive, motivational, and encourages the Resident to work towards active treatment participation, problem-solving, employment and community housing. Treatment is individualized, solution focused and refined with detailed objectives and expected outcomes directed at the Resident’s presenting problems. Overall, MiCo House has adopted a therapeutic community model to help facilitate resident’s healthy, safe, and pro-social transition into the community.

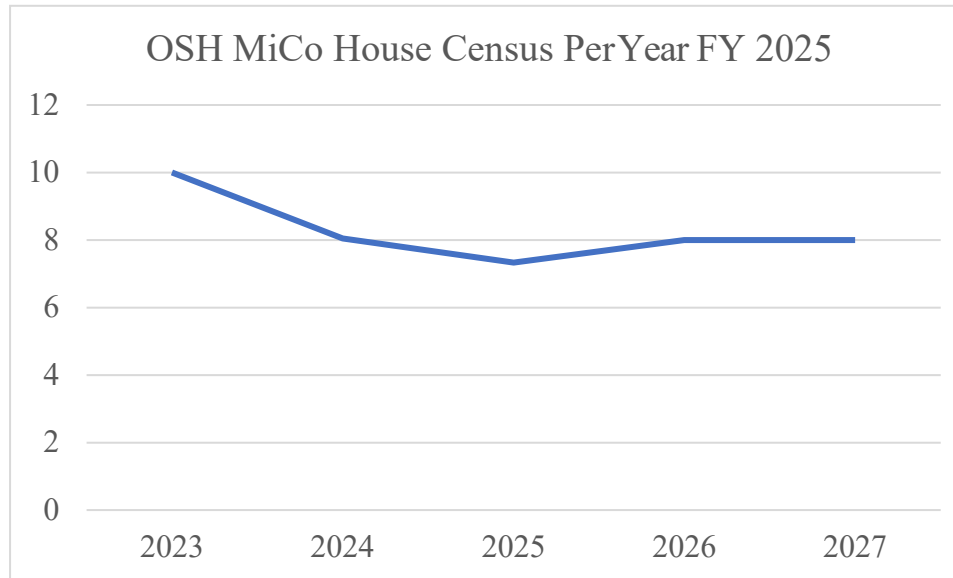
Long-Term Trends:

The first long-term trend is the substantial growth of the Sexual Predator Treatment Program, resulting in increasing numbers of Tier Three Residents (Reintegration). With the increased numbers comes additional expenditures for staffing, transportation, and supervision.

The second long-term trend which continues are Residents who are elderly and may never reach a level of independent living in the community. MiCo House is currently experiencing the impact of the second trend with Residents who will need geriatric care, prior to being approved by the Court to earn Conditional Release, with no long-term care facilities willing to care for a Sex Offender.

The third long-term trend is a large percent of MiCo House residents have both a severe and persistent mental disorder, longstanding personality disorder and chemical dependency disorders and this number is expected to increase. Thus, it is necessary to treat all problems at the same time. MiCo House residents currently receive therapy and medication services from Clinical Associates, PA, in Lenexa, KS. Clinical Associates can also provide treatment for alcohol and chemical dependency. MiCo House also uses community-based support programs which include Alcoholics Anonymous, Narcotics Anonymous and Sex Abusers Anonymous.

OSH MiCo House Census Per Year FY 2025				
2023 Actuals	2024 Actuals	2025 Actuals	2026 Estimates	2027 Estimates
10.00	8.04	7.33	8.00	8.00



Expenditures MICO House:

MICO House	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Salaries and Wages	\$ 1,546,175.00	\$ 1,533,905.00	\$ 1,889,033.00	\$ 2,306,877.00	\$ 2,280,929.00
Shrinkage	\$ -	\$ -	\$ -	\$ (131,530.00)	\$ (131,530.00)
Contractual Services	\$ 416,897.00	\$ 322,916.00	\$ 322,979.00	\$ 383,712.00	\$ 383,712.00
Commodities	\$ 49,354.00	\$ 46,156.00	\$ 53,198.00	\$ 47,875.00	\$ 47,875.00
Capital Outlay	\$ 7,606.00	\$ 3,022.00	\$ 56,361.00	\$ 21,050.00	\$ 21,050.00
Capital Improvements	\$ 5,940.00	\$ -	\$ -	\$ 5,000.00	\$ 5,000.00
Other Assistance	\$ 7,229.00	\$ 660.00	\$ 3,740.00	\$ 5,000.00	\$ 5,000.00
Total	\$ 2,033,201.00	\$ 1,906,659.00	\$ 2,325,311.00	\$ 2,637,984.00	\$ 2,612,036.00

Account Code 51000: Salaries and Wages

Funds requested will provide salary and wages 32.48 FTEs for 26 pay periods, fringe benefits, health insurance and longevity. The FTE increase is due to increased allocation of expenses for employees that assist with MICO house operations administratively.

FY 2026: \$2,306,877 is requested. The shrinkage rate is 5.70%

FY 2027: \$2,280,929 is requested. The shrinkage rate is 5.77%

Account Codes 52000 – 52900: Contractual Services

This category includes all fee and service type expenses including travel projected for this program.

FY 2026: \$383,712 is requested.

FY 2027: \$383,712 is requested.

Account Codes 53000 – 53900: Commodities

**Narrative Information – DA 400
Division of the Budget
State of Kansas**

**Agency Name: Osawatomie State Hospital
Program Title: SPTP MiCo House**

This category includes professional and scientific supplies for medical equipment and testing.

FY 2026: \$47,875 is requested.

FY 2027: \$47,875 is requested.

Account Codes 54000 – 54900: Capital Outlay

These funds will be used to service the MICO House building with any assets as required.

FY 2026: \$21,050 is requested.

FY 2027: \$21,050 is requested.

Account Codes 55000 – 55900: Capital Improvements

These funds will be used to service the MICO House building with any capital improvements as required.

FY 2026: \$5,000 is requested.

FY 2027: \$5,000 is requested.

Account Codes 59000-59900: Other Assistance

These funds will be used to provide a stipend for MICO House residents who are without income.

FY 2026: \$5,000 is requested.

FY 2027: \$5,000 is requested.

September 15, 2025

Mr. Adam Proffitt, Director
Division of the Budget
Landon State Office Building
900 SW Jackson – Room 504 North
Topeka, KS 66612

Dear Mr. Proffitt:

I am herewith submitting the FY 2026-2027 annual budget request for Parsons State Hospital (PSH).

Budget instructions issued by the Division of the Budget and Kansas Department for Aging and Disability Services (KDADS) were followed in preparing this document. The amounts requested in this budget at each level are based on allocations provided to PSH by KDADS and PSH's anticipated revenue collections for services provided.

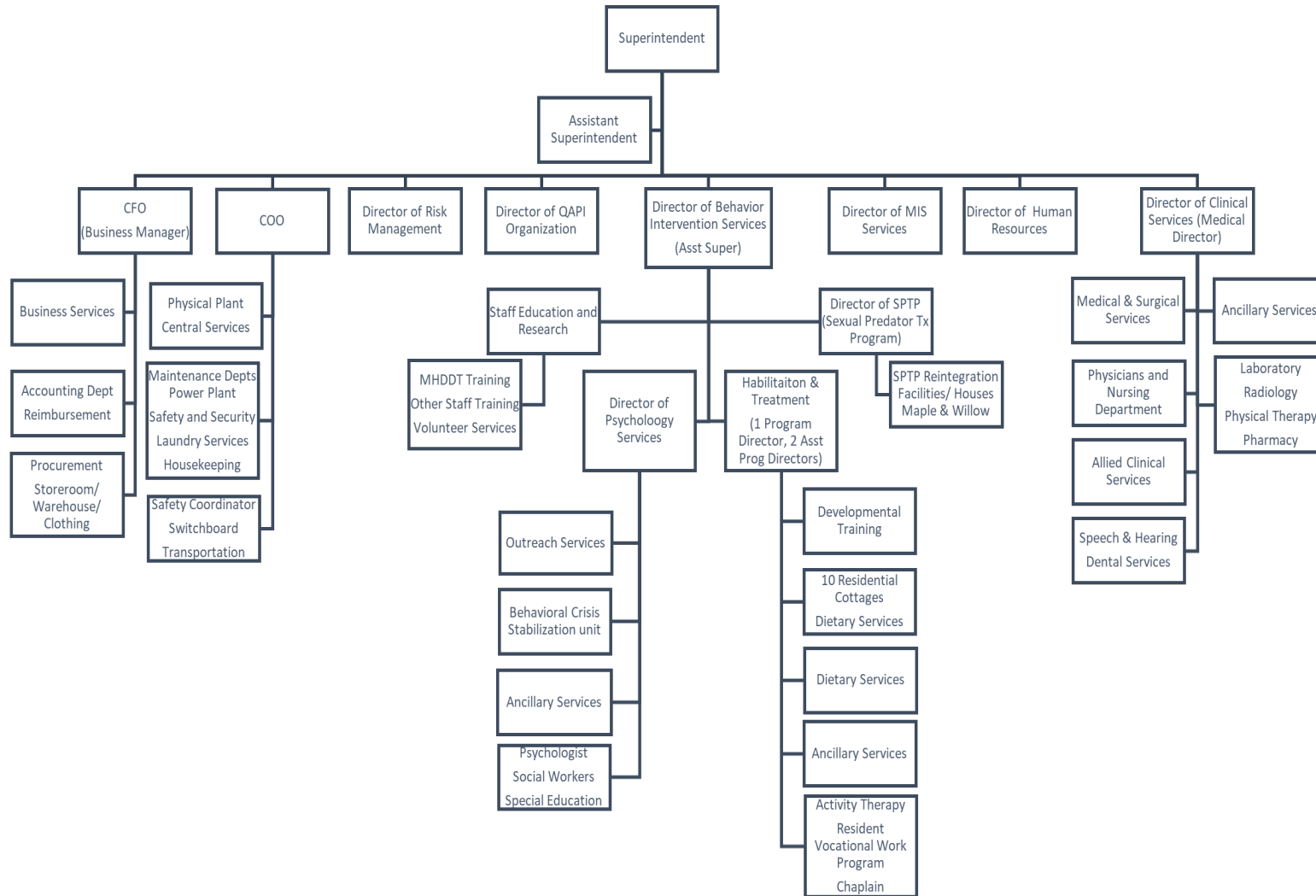
All statements and explanations contained in the requests submitted herewith are true and correct to the best of my knowledge and belief.

Sincerely,



Mike Dixon, Ph.D.
Superintendent
Parsons State Hospital

Outline of Organization – FY 2026 and FY 2027



GENERAL AGENCY INFORMATION

PSH is one of two residential treatment, training, and care facilities operated by the State of Kansas to serve people with intellectual and developmental disabilities whose circumstances require specialized residential service provisions. This facility is a component of the Kansas Department for Aging and Disability Services (KDADS).

AGENCY MISSION:

To improve lives by connecting people with supports and services.

AGENCY VISION:

People experiencing the highest quality of life regardless of the challenges.

AGENCY PHILOSOPHY:

Full inclusion of citizens with intellectual and developmental disabilities. Services exist to enhance the quality of life of individuals while supporting diversity among people with developmental disabilities. Personal preferences for all aspects of life are the benchmark for all services.

STATUTORY HISTORY:

The State's first hospital for the mentally retarded was established in Lawrence in 1881 (L. 1881, Ch. 35, Par. 7). In 1899, the establishment of a state hospital in the southern part of the State to care for and treat the epileptic and insane epileptics of Kansas was authorized. The Parsons State Hospital was opened in 1903 (L. 1903, Ch. 484, Par. 1 & 2) and in 1909 (L. 1909, Ch. 234, Par. 2) the name was changed to the State Hospital for Epileptics. In 1953 (L. 1953, Ch. 391, Par. 11), the program was changed to provide residential services for intellectually disabled children and youth, and the name changed to the Parsons State Training School. In 1957 (L. 1957, Ch. 465, Par. 1 and Ch. 408, Par. 1) to more accurately represent the active treatment programs that had been developed at Parsons, the name was changed to Parsons State Hospital and Training Center (PSH). In 2025 the facility name was again changed to Parsons State Hospital (PSH). Current statutes governing the existence and operation of PSH are K.S.A. 76-1401 to 76-1415.

PSH is also governed by federal Title XIX Medicaid regulations, with which it must comply to receive federal reimbursements. The special education program is mandated and governed by K.S.A. 72-901 et seq. and federal PL 94-142, the Right to Education for All Handicapped Children Act of 1975.

ACCREDITATION AND CERTIFICATION:

An inspection team from the Kansas Department of Health and Environment (KDHE) conducts annual surveys to assess the agency’s adherence to federal regulations. PSH is certified as an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IDD) under Title XIX of the Social Security Act. Any deficiencies noted during surveys are documented and corrected according to a Plan of Correction, which is submitted to KDHE. A follow-up survey is conducted to assure required corrections have been completed and to determine if PSH may continue to be certified. Failure to comply could result in decertification and/or elimination of Title XIX funds.

OVERVIEW OF CURRENT AND BUDGET YEAR INFORMATION:

PSH is currently home to 150 individuals who function within the borderline to profound range of intellectual abilities. Approximately 90% are dually diagnosed, meaning that in addition to having an intellectual disability they also have accompanying psychiatric impairments such as Borderline Personality Disorder, Paraphilias (e.g., pedophilia, bestiality, and necrophilia), Psychotic Disorders and Mood Disorders. The average length of stay per individual at PSH is 18 years. PSH also provides housing and support for up to 16 additional individuals receiving services in the Sexual Predator Treatment Program (SPTP) Reintegration Facility.

PSH staff continuously evaluates the continuum of services and supports provided to the people who live at PSH. This continuous evaluation allows PSH to improve its ability to build individual and organization capacity, as well as provide consultation, education and other learning tools to its people and community. PSH participates in the CMS required Quality Assurance and Performance Improvement (QAPI) initiative, a program to assess, evaluate and improve care and services in ICF/IDD facilities.

Many of the individuals served by PSH come into the facility with a substantial number of prescribed medications from their community healthcare providers. Often within the community setting, a variety of psychotropic medications are prescribed to control outbursts to help calm the individual. Sometimes, these medications mask the root of the individual’s behaviors and often, the overlapping medications unintentionally interact with each other and cause other medical concerns for the individual. PSH’s Medical Director and staff closely evaluate all medications for each resident and have been very successful in reducing or eliminating the number of psychotropic medications prescribed for individuals residing at PSH.

PSH provides research-based treatment programs for individuals with intellectual and developmental disabilities having a history of sexual offenses. During FY 2025, PSH assessed and treated 22 individuals to reduce the probability of new sexual offenses. Additionally, PSH psychologists provided sex offender training either in the form of in-servicing prior to discharge, or follow-up for those previously discharged, to more than 150 community agency staff throughout the State of Kansas.

PSH operates two reintegration facilities (Maple House and Willow House) designed to serve and support up to sixteen Sexual Predator Treatment Program (SPTP) individuals/clients. The reintegration program offers clients in the SPTP a chance to re-enter society outside of a structured, secure environment. Treatment costs at the reintegration facilities can vary tremendously from year to year depending on the mental and physical health needs of each client. The SPTP pays for medical treatment expenses for participating clients until they secure their own medical insurance. Depending on the ailment and the length of time it takes clients to successfully reintegrate, these unknown medical costs could become significant. Travel, vehicle maintenance, and fuel costs also increase significantly in this program as clients meet their program requirement of finding employment.

PSH received funding to open a Short-Term Behavior Stabilization Unit (BSU) in FY 2023 and officially opened in May 2025. The BSU is a specialized three-bed treatment unit with a multidisciplinary team consisting of Board-Certified Behavior Analysts, Registered Behavior Technicians, medical professionals, speech language pathologists, and other disciplines as needed. The BSU offers a controlled, safe treatment environment for individuals from early adolescence and up that are experiencing behavioral or psychiatric symptoms that temporarily prohibit them from living safely in their community setting. This unit is designed to provide short term treatment with an expected stay of four to six months on average. Individuals admitted to the BSU are provided with intensive, individualized behavioral assessment and intervention procedures, psychotropic medication evaluations, and services from the interdisciplinary team. The BSU began admitting individuals in June 2025 and is at capacity.

PSH's Outreach Services Program provides treatment and consultation for persons with IDD and behavioral disorders. With staff stationed throughout the state, Outreach Service teams provide on-site delivery of psychological and behavioral analytic services to individuals, as well as direct training to parents, families, schools, and community service providers. Since FY 2019, only 1.5% of the individuals receiving outreach services have required admission to PSH for treatment. In FY 2025, The Outreach Team served a total of 240 individuals ranging from 6 years old to 54 years old, 74 being new consultations and 166 receiving follow-up services carried over from the previous fiscal year. Outreach hired two additional consultants in May 2025, filling the previous positions of the director and assistant director who took over the Behavioral Stabilization Unit (BSU) in 2023. The additional staff are expected to increase the total number of individuals receiving new consultation from Outreach while also decreasing the wait time between referral and consultation. Outreach received a total of 107 new referrals in FY 2025. Outreach currently has a wait list of 54 individuals, of which 10 are currently on hold due to inpatient status, incarceration, or waiting for school to reconvene. Outreach served clients in 37 different cities and in 1 state hospital. In FY 2025, 3 individuals who had previously received Outreach (DDT&TS) consultation were admitted to PSH within one year of receiving services from Outreach. It is more cost effective to serve individuals within their home communities than it is to serve them long term at PSH or at other state institutions. Cost benefits of behavioral supports in the community may include reducing the need for psychotropic medication and may enable individuals to work in community jobs rather

than sheltered workshops. Also, providing data to health care and mental health care providers and other support team members helps teams make data informed decisions. Data informed decision making can improve quality of life and reduce medication costs.

The Parsons Research Center and the Kansas University Center on Developmental Disabilities (KUCDD), which was located on the PSH campus for the past 66 years, closed at the end of FY 2024. PSH assumed 5 FTE positions and the responsibilities of the Respite Services and Representative Payee programs, previously provided by KUCDD. These programs provide hours of in-home training and support to approximately 250 families and children with intellectual and development disabilities.

KEY MEASURES	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Respite and Coordinate d Resource Support Services					
Respite Services - number of families served	62	65	53	53	53
Hours of in-home training and support provided to individuals with intellectual developmental disabilities through respite services	43,383	43,000	39,041	40,000	40,000
Additional services provided by Southeast Kansas Respite Services (SEKRS) Representative Payee	152	155	152	155	155

PSH has contracts for a variety of necessary services that support its programs and the individuals who live on its campus. Most of these contracts are independent contractor agreements that secure professional consultant services in the following specialized fields: dental services, dental anesthesiology, physical therapy, psychiatry, psychology, chaplaincy, radiology, podiatry, optometry, neurology, medical records, and active treatment services. A Special Education contract for PSH’s school-age individuals is the highest cost contract in this category at \$688,306.67 for FY 2026 with an increase to \$733,311.10 in FY 2027.

Spruce Cottage, one of PSH’s living units closed for renovation in FY 2021 and reopened in FY 2025. The renovation, originally scheduled to begin in FY 2021, was postponed due to COVID-19 and inflated material costs. Funding for the remodel was included in the KDADS Five Year Capital Improvement Plan and was not reflected within PSH’s submitted budget.

Overtime costs are shown as a lump sum amount within the budget request. For FY 2026 and FY 2027, most of shrinkage is shown in the Habilitation and Treatment Program, PSH’s largest program. Most vacancies and personnel turnover occur within this program. The overall shrinkage rate for PSH is predicted to be 15.1% in FY 2026 and 10.5% in FY 2027 to meet the allocation for salary and wages.

A multi-faceted bonus program, approved by the Department of Administration and the Governor’s office, was implemented for all four state hospitals (Kansas Neurological Institute, Larned State Hospital, Osawatomie State Hospital, including Adair Acute Care Center, and Parsons State Hospital) in FY 2025. The goal of the trial bonus program was to improve recruitment and retention of FTE staff at all state hospitals and reduce state hospital reliance on high-cost contract services for licensed and direct support staffing needs. The bonus program included sign-on bonuses, referral bonuses, retention bonuses, longevity bonuses and pick-up shift bonuses. Each category had specific qualifying parameters, including supervisor approval, no formal disciplinary actions, and a requirement that the employee must work their full regular schedule to qualify to work a “pick up shift”. PSH funded the bonus program with Title XIX collections and shrinkage savings.

PSH Bonus Program Actuals FY 2025 Only					
	Sign-On	Referral	Retention	Pick-Up	Longevity
PSH Number Expected to Qualify	80	19	681.5	2249	117
Amount of Bonus	\$ 1,000	\$ 500	\$ 1,000	\$ 100	
Total Amount	\$ 80,000	\$ 9,500	\$ 681,500	\$ 224,900	\$ 81,800
			Total Cost for All Bonuses		\$ 1,077,700

PSH requests base budget expenditures totaling \$43,628,619 of which \$24,977,612 is from SGF, for FY 2026. PSH requests base budget expenditures totaling \$45,725,273, of which \$25,234,439 is from SGF, for FY 2027.

Capital outlay expenditures planned for FY 2026 include: household furniture and equipment replacements, Information Technology equipment upgrades, replacement vehicles, temperature control upgrades, campus signage upgrades, and building remodel/renovation projects. Capital outlay projects planned for FY 2027 include additional fire alarm replacements, additional outside campus-lighting for safety, re-roofing the maintenance buildings, and generator and sewage treatment equipment replacements.

The chart below illustrates the base budget request shrinkage rates by Program for FY 2026 and FY 2027.

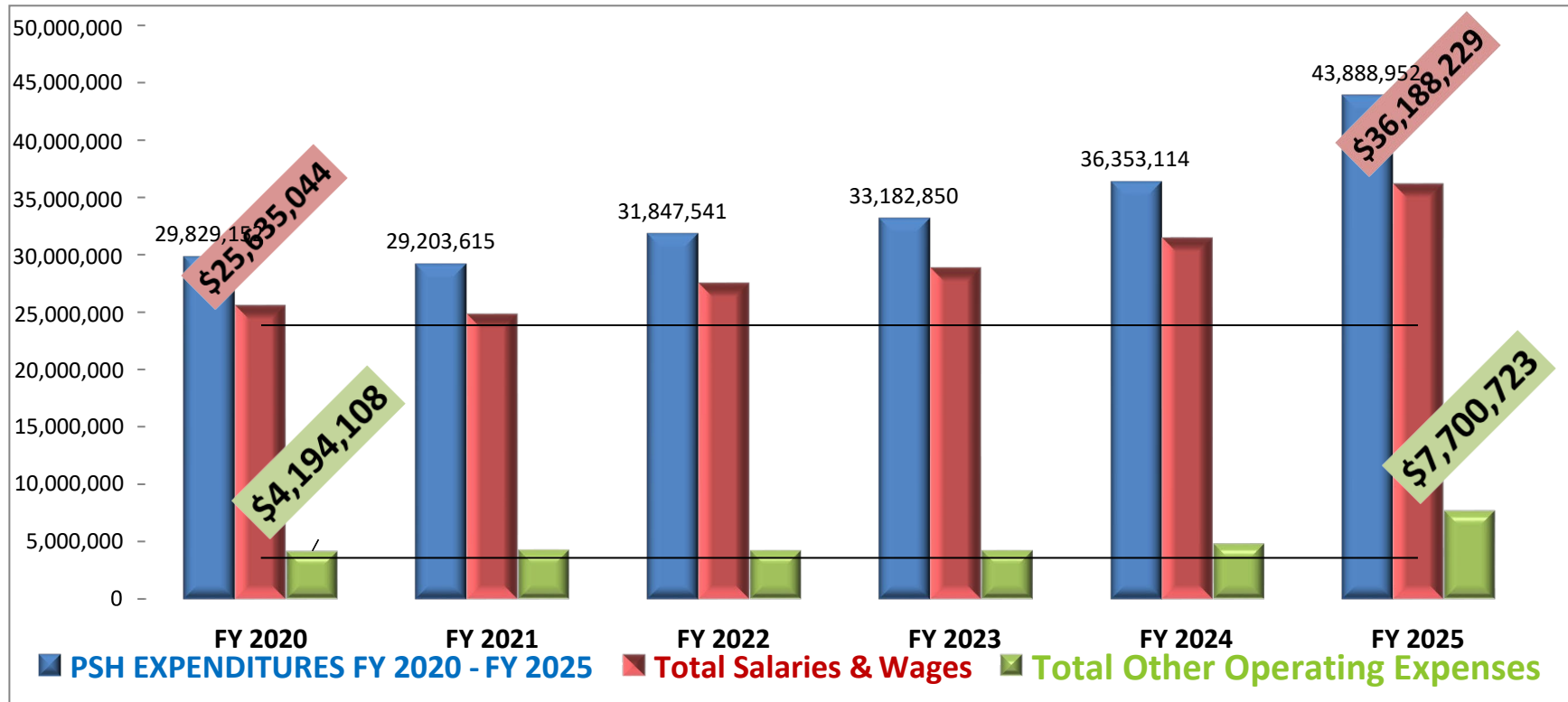
Parsons State Hospital Shrinkage Rates by Program						
Program	FY 2026 Salary Base Budget Request	FY 2026 (Shrinkage)	FY2026 (Shrinkage Percent)	FY 2027 Salary Base Budget Request	FY 2027 (Shrinkage)	FY2027 (Shrinkage Percent)
Administration	\$2,291,086	-\$345,954	15.10%	\$2,294,152	-\$240,886	10.50%
Staff Education and Research	\$515,180	-\$77,792	15.10%	\$517,818	-\$54,371	10.50%
Sexual Predator Treatment Program	\$2,065,550	\$0	0.00%	\$2,072,159	\$0	0.00%
Habilitation and Treatment	\$27,521,493	-\$5,205,946	18.92%	\$27,560,485	-\$3,448,564	12.51%
Ancillary Services	\$2,456,445	-\$289,459	11.78%	\$2,466,733	-\$219,016	8.88%
Medical and Surgical Services	\$3,898,588	-\$573,644	14.71%	\$3,893,697	-\$408,838	10.50%
Physical Plant/Central Services	\$5,352,375	-\$166,413	3.11%	\$5,366,083	-\$266,293	4.96%
Totals	\$44,100,717	-\$6,659,208	15.10%	\$44,171,127	-\$4,637,968	10.50%

PSH’s Major Concerns:

- Resident population at PSH is aging. The average length of stay is 18.0 years. 28.8% are over the age of 50.
- Most new admissions to PSH are younger males with serious aggressive and sexual acting-out behaviors.
- Many residents require 1:1 supervision, 93% require increased supervision, 66.44% require their own bedrooms.
- Currently, 89% of the Workers Compensation claims at PSH can be attributed to severe physical outbursts by residents.
- Approximately 24% of PSH workforce is over 55 years of age and nearing retirement eligibility.

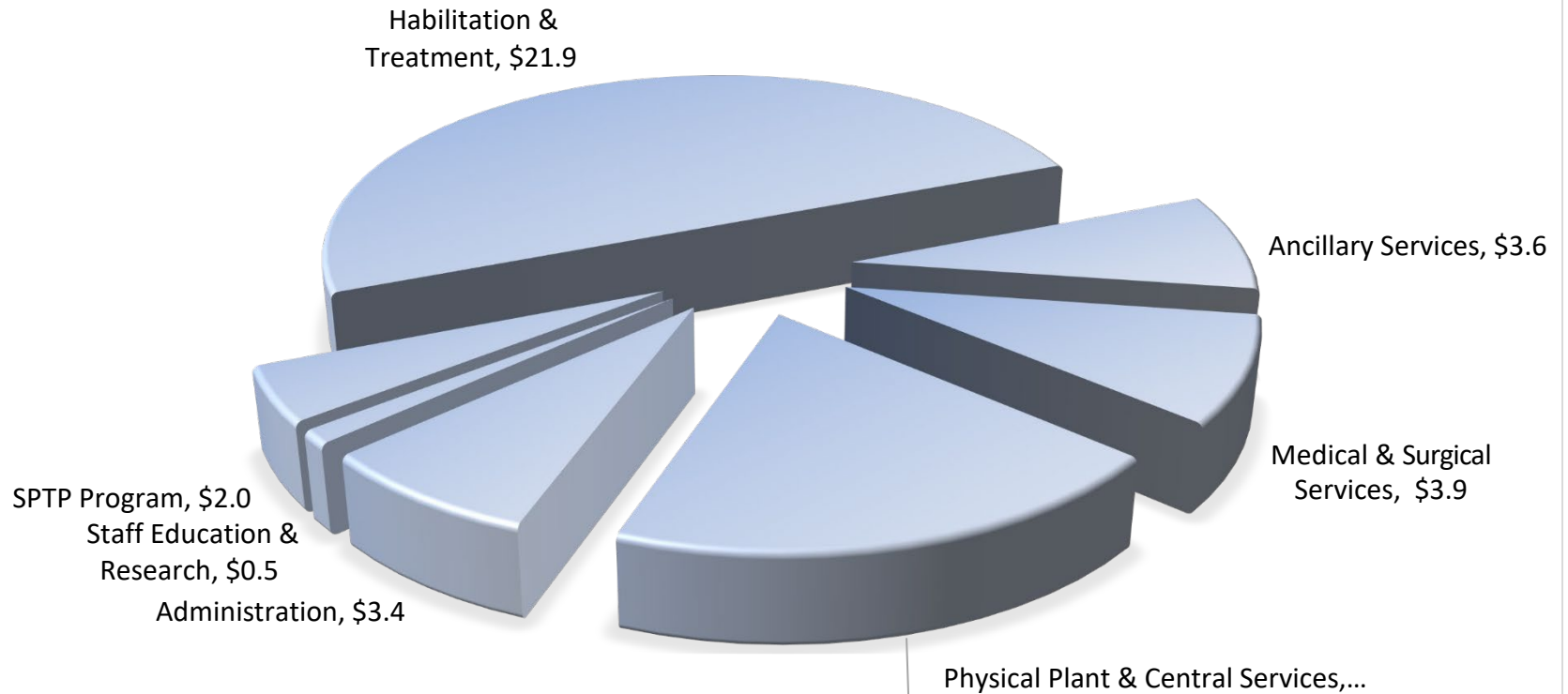
PSH individuals served requiring increased staffing	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
PSH individuals receiving services for intellectual disabilities	148	148	149	149	149
Average number of PSH individuals requiring 1:1 Supervision	12	15	13	13	13
Approximate number of FTE's required to provide proper 24x7 coverage for those individuals requiring 1:1 Supervision	40	51	44	44	44
Estimated annual costs for one Direct Support staff including fringe benefits	\$48,435	\$50,856	\$52,271	\$52,271	\$52,271
Estimated annual staffing costs for providing 1:1 Supervision	\$1,937,400	\$2,593,656	\$2,299,924	\$2,299,924	\$2,299,924
Number of PSH individuals served who require increased supervision for protection from harm	135	140	138	140	140
% of residents requiring increased supervision for protection from harm	91.22%	94.59%	92.62%	93.96%	93.96%
Individuals requiring their own bedroom for protection from harm	81	81	99	99	99
% of residents requiring their own bedroom for protection from harm	54.70%	54.73%	66.44%	66.44%	66.44%

Parsons State Hospital Expenditures
FY 2020 - FY 2025
Controlling Other Operating Expenditures (OOE)



NOTE:
 Although the U.S. Consumer Price Index continues to rise, PSH has kept its Other Operating Expenditures (OOE) relatively flat during the past 5 years by sensibly and rationally executing its spending plan in the services and commodities areas. However, nation-wide economic pressure continues to push commodity prices higher and higher. PSH expects to see prices increase significantly going forward.

FY 2025 ACTUAL EXPENDITURES BY PROGRAM (IN MILLIONS)
TOTAL FY 2025 EXPENDITURES \$43.8M



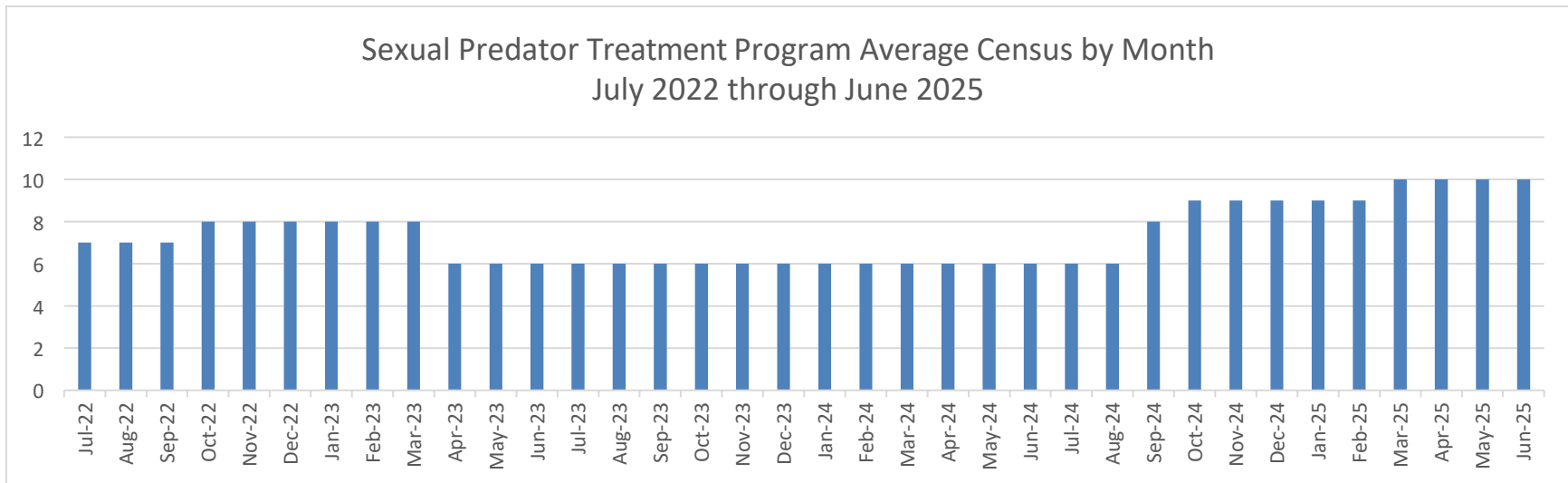
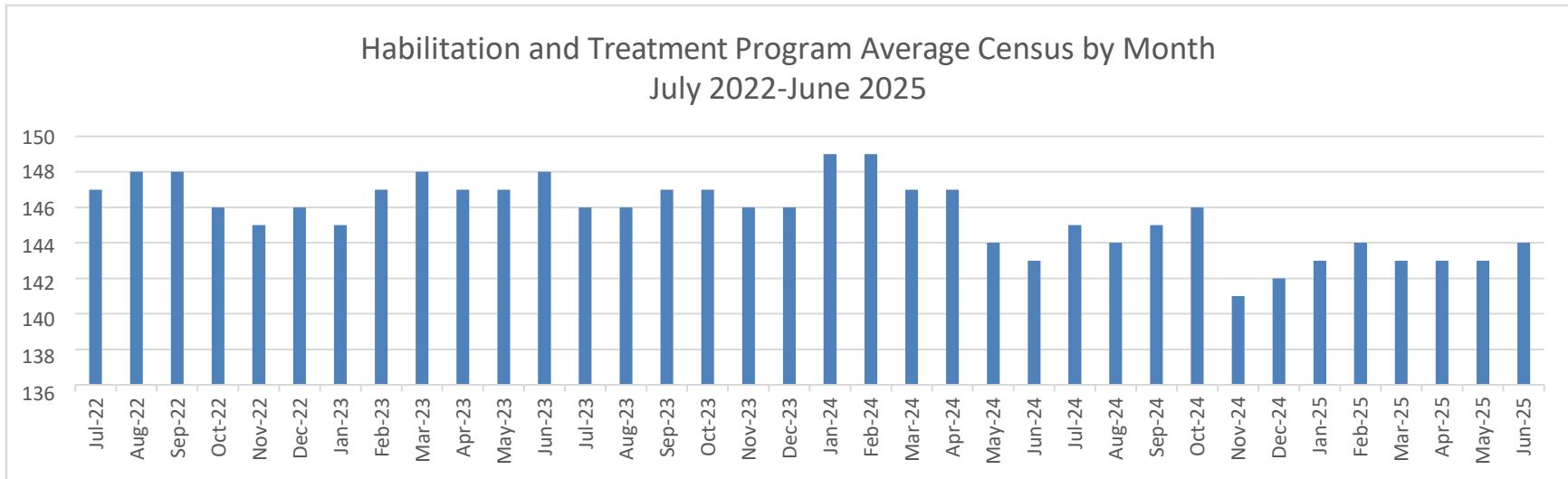
Approved Classified & Unclassified FTE Positions	FY 2024 Actuals		FY 2025 Actuals		FY 2026 Actuals		FY 2027 Estimate	
	Approved FTE	Uncl. FTE	Approved FTE	Uncl. FTE	Approved FTE	Uncl. FTE	Approved FTE	Uncl. FTE
Administration	22.00	22.00	23.70	23.70	23.60	23.60	23.60	23.60
Staff Education and Research	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00
Sexual Predator Treatment	27.20	20.30	27.70	21.80	26.70	21.80	26.70	21.80
Habilitation and Treatment	314.50	209.50	328.50	220.50	313.00	215.50	313.00	215.50
Ancillary Services	29.70	22.20	29.70	22.20	28.70	22.20	28.70	22.20
Medical and Surgical Services	25.00	15.00	25.00	16.00	25.50	16.50	25.50	16.50
Physical Plant/Central Services	80.80	66.70	82.60	7.50	81.70	70.60	81.70	70.60
TOTAL APPROVED POSITIONS	505.20	361.70	523.20	317.70	505.20	376.20	505.20	376.20

Note: The above chart shows the prorated FTE position shifting that occurs for prorated labor expenses that are provided by PSH programs (Administration and the Physical Plant/Central Services) in support of the Sexual Predator Treatment Program (SPTP). These support services include assistance in areas such as administration, accounting, human resources and payroll supports, information technology support and service; safety and security support; camera monitoring, power plant monitoring and support, operator assistance and telephone communications support; general maintenance services, repair, maintenance and support for electrical, plumbing, carpentry, heating and air conditioning issues; grounds maintenance, transportation coordination and scheduling, vehicle maintenance, services and repairs, mail pickup and delivery services, and storeroom services.

Budgeted Bed Capacity by Program at the End of the Fiscal Year					
Program	FY2023 Actuals	FY2024 Actuals	FY2025 Actuals	FY2026 Estimate	FY2027 Estimate
Habilitation and Treatment (IID Population)	172	172	172	172	172
Sexual Predator Treatment Program (SPTP)	16	16	16	16	16
Total	188	188	188	188	188

Resident Movement - Individuals with Intellectual Disabilities (IID) only	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Beginning Census	147	148	145	150	148
Additions					
Admissions	10	8	9	10	10
TOTAL	10	8	9	10	10
Separations					
Direct Discharges	5	6	2	5	5
Discharges/Transfers to Community Care during FY	0	3	1	0	0
Deaths in Institution	4	1	4	0	0
Deaths in Community Care	0	1	0	0	0
TOTAL	9	11	7	5	5
Ending Census	148	145	147	150	150
Other resident movement/activity occurring during FY (memo)					
Number of Resident Temporary Home Visits Days during FY	535	710	227	500	500
Number of Resident Hospital Visits Days during FY	69	64	111	65	65

Average Daily Census by Fiscal Year	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Habilitation and Treatment Program (ICF/IID)	148	146	149	149	149
Sexual Predator Treatment Program (SPTP)	8	6	10	10	10
Total	156	152	159	159	159



Third Party Leases

PSH had no third-party leases in FY 2025. There are no planned third-party leases for FY 2026 or FY 2027. No revenue is received from agriculture or mineral development.

Land Holdings and Leases

All of the NW¼ of Section 13, Twp. 31 S., Range 19 E, except that portion platted and contained in Blocks 231, 232, 233, 234, 239 and 240 also all of Block 240 and that portion of Blocks 231, and 239, lying in said NW¼ Section in the City of Parsons as shown on the plat thereof recorded in the office of the Register of Deeds in said County.

Lots 15 to 25 Incl. and the north 42 ft. of Lot 26, Block 1, Stevens and Barrows First Addition to the City of Parsons, Kansas. Said tracts of land contain 163.86 acres.

The main campus area is bordered roughly by 26th Street on the east, North Boulevard on the north, Thirty-Second Street on the west and Gabriel Street on the south.

In addition, PSH owns a small portion of land west of Thirty-Second Street and north of North Boulevard. A small cemetery occupies a section of this land.

PSH GOALS and OBJECTIVES

GOAL #1

Provide effective habilitation, rehabilitation, active treatment, and care to residents of the facility in a safe, healthy, homelike living environment with consideration for the informed personal lifestyle choices of each resident. Goal #1 and its objectives are demonstrated in outcomes described and demonstrated within each PSH program.

Objective #1: Enrich each resident’s lifestyle by offering a wide assortment of choices for educational, recreational and leisure experiences in community settings based on the individual’s personal preferences and active treatment needs.

Objective #2: Meet ICF/IID certification requirements.

Objective #3: Provide residents a variety of programs which may include adjunctive therapies, education and/or special training to develop skills that would help them succeed in a community placement setting.

GOAL #2

Provide for the optimal mental and physical health of each resident with consideration for the informed personal lifestyle choices. Goal #2 and its objectives are demonstrated in the Habilitation and Treatment’s Developmental Training sub-program, Ancillary Services and Medical & Surgical Services programs.

Objective 1: Assist in making accurate diagnosis to help maintain and monitor the mental and physical health of each resident by providing necessary medical laboratory work and additional medical supports and services such as: nursing care, pharmacy, psychology, dental, speech and audiology services.

Objective 2: Develop knowledge, techniques, program innovations, and verification data required in the development of more effective habilitation and rehabilitation services through research.

Objective 3: Perform other diagnostic tests and nursing services including: EKGs, x-rays, tuberculosis tests, urine analysis, electrolyte tests, lipid panel tests, blood sugar tests, tube feedings, flu shots, insulin injections, allergy injections, tetanus shots and hepatitis B injections.

GOAL #3

Supplement and extend development of community service provisions for intellectually and developmentally disabled individuals, through Outreach Services, a statewide program for persons with intellectual and developmental disabilities. Goal #3 and its measurements are demonstrated in the Habilitation and Treatment’s Outreach Services sub-program.

Objective #1: Provide short-term residential treatment for children and adults from communities throughout the State of Kansas who have been diagnosed with both a developmental disability and a mental illness (dual diagnosis) and prepare a person-centered treatment plan that will indicate services/supports necessary for the successful maintenance of the individual in the community.

Objective #2: Provide Outreach Services to train staff of community service providers to effectively serve those Kansans who have a dual diagnosis. Individuals will be provided services while remaining in their local communities. The Outreach Team responds to requests for services made by qualified individuals, parents, guardians, schools, Community Mental Health Centers/ Providers and Community Developmental Disability Organizations (CDDO). Outreach Teams provide early diagnostic and training services to families that promote access to community resources and reduce the incidence of restrictive placements.

Objective #3: Provide community service programs within the catchment area of PSH, including Respite Care and Assistive Technology programs.

GOAL #4

Provide basic and advanced training for all new direct support staff that eliminates the gap between the existing skills of experienced employees (employees who have been on the job for more than one year) and refresher training that enables all employees to meet job performance expectations. Goal #4, measures are directly related to the Staff Training and Research Program.

Objective: Offer a full range of staff developmental services to all direct support personnel, promoting research and skills that contribute to higher quality service and living environments for persons with intellectual and/or developmental disabilities.

Supplemental/Enhancement Requests:

Currently, PSH has no supplemental requests identified for FY 2026 and no enhancement requests identified for FY 2027.

Narrative Information – DA 400
Division of the Budget
State of Kansas

Agency Name: Parsons State Hospital
Program Title: Revenue Worksheet

EXPLANATION OF RECEIPT ESTIMATES - DA 405											
FY 2026 State General Fund Limitations											
Agency	Name	Fund Name	Fund	BU	FY 2026 Approved Expenditures	FY 2026 Re-appropriation	Transfers	Supplemental/Reduction Package	SGF Transfers	FY 25 Cash Forward	FY26 Adjusted Expenditure Request
410	Larned State Hospital	SGF Operating	1000	0103	\$51,808,305	\$7,724	-	-	-	-	\$51,816,029
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF-SPTP New Crime	1000	0110	\$0	-	-	-	-	-	\$0
		SGF - SPTP	1000	0200	\$27,144,514	\$7,030	-	-	-	-	\$27,151,544
494	Osawatomie State Hospital	SGF Operating	1000	0100	\$40,242,566	-	-	-	-	-	\$40,242,566
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF SPTP-MiCo	1000	0200	\$2,637,984	-	-	-	-	-	\$2,637,984
	Adair Acute Care	SGF Certified Care	1000	0101	\$8,877,835	-	-	-	-	-	\$8,877,835
631	South Central Regional Mental Health Hospital	SGF Operating	1000	0100	\$0	-	-	-	-	-	\$0
507	Parsons State Hospital	SGF Operating	1000	0100	\$22,248,645	-	-	-	-	-	\$22,248,645
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF- SPTP	1000	0200	\$2,728,817	\$39,720	-	-	-	-	\$2,768,537
363	Kansas Neurological Institute	SGF Operating	1000	0303	\$18,617,217	-	-	-	-	-	\$18,617,217
		SGF Hospitality	1000	0304	\$150	-	-	-	-	-	\$150
	Total SGF				\$174,306,483	\$54,474	\$0	\$0	\$0	\$0	\$174,360,957
FY 2027 State General Fund Limitations											
Agency	Name	Fund Name	Fund	BU	FY 2027 Estimated Expenditures	FY 2027 Re-appropriation	Transfer	Enhancement/Reduction Package	SGF Transfers	KDADS Transfer IN	FY27 Adjusted Expenditure Request
410	Larned State Hospital	SGF Operating	1000	0103	\$52,469,390	-	-	-	-	-	\$52,469,390
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF-SPTP New Crime	1000	0110	\$0	-	-	-	-	-	\$0
		SGF - SPTP	1000	0200	\$27,144,514	-	-	-	-	-	\$27,144,514
494	Osawatomie State Hospital	SGF Operating	1000	0100	\$38,374,627	-	-	-	-	-	\$38,374,627
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF SPTP-MiCo	1000	0200	\$2,612,036	-	-	-	-	-	\$2,612,036
	Adair Acute Care	SGF Certified Care	1000	0101	\$11,175,355	-	-	-	-	-	\$11,175,355
631	South Central Regional Mental Health Hospital	SGF Operating	1000	0100	\$0	-	\$15,000,000	-	-	-	\$15,000,000
507	Parsons State Hospital	SGF Operating	1000	0100	\$22,534,289	-	-	-	-	-	\$22,534,289
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF- SPTP	1000	0200	\$2,700,000	-	-	-	-	-	\$2,700,000
363	Kansas Neurological Institute	SGF Operating	1000	0303	\$18,871,646	-	-	-	-	-	\$18,871,646
		SGF Hospitality	1000	0304	\$150	-	-	-	-	-	\$150
	Total SGF				\$175,882,457	\$0	\$15,000,000	\$0	\$0	\$0	\$190,882,457

Narrative Information – DA 400
Division of the Budget
State of Kansas

Agency Name: Parsons State Hospital
Program Title: Revenue Worksheet

EXPLANATION OF RECEIPT ESTIMATES - DA 405												
FY 2026 Fee Funds												
Agency	Name	Fund Name	Fund	BU	FY 2026 Estimated C&H Receipts	FY 2026 Estimate Adj	Cash Forward	Add'l Misc Revenue	Other Transfer	FY 2026 Cash Forward	FY 2026 Adjusted Expenditure Request	Supplemental Request
410	Larned State Hospital	LSH Fee Fund	2073	2100	\$3,811,351	-	\$690,848	-	-	\$0	\$4,502,199	\$
		Title XIX No limit	2074	2200	\$8,185,354	-	\$760,459	-	-	\$0	\$8,945,813	\$
494	Osawatomie State Hospital	OSH Fee Fund	2079	4200	\$782,900	-	\$1,782,401	-	-	(\$65,096)	\$2,500,205	\$
		OSH TXIX No limit	2080	4300	\$0	-	\$1,499,914	-	(\$1,499,914)	-	\$0	\$
	Adair Acute Care	OSH Certified Care	2079	4201	\$5,011,100	-	\$1,541,311	-	-	(\$2,291,308)	\$4,261,103	\$
		OSH TXIX Cert Care No Limit	2080	4301	\$7,290,196	-	(\$403,301)	-	\$1,499,914	-	\$8,386,809	\$
631	South Central Regional	SCR Fee Fund	2512	2512	\$0	-	-	-	-	-	\$0	\$
	Mental Health Hospital	SCR XIX No limit	New1	New1	\$0	-	-	-	-	-	\$0	\$
507	Parsons State Hospital	PSH Fee Fund	2082	2200	\$1,235,000	-	\$406,700	-	-	\$0	\$1,641,700	\$
		Title XIX No limit	2083	2300	\$21,000,000	-	\$2,143,696	-	-	(\$5,642,689)	\$17,501,007	\$
363	Kansas Neurological Institute	KNI Fee Fund	2059	2000	\$1,424,914	-	\$645,513	-	-	(\$318,226)	\$1,752,201	\$
		Title XIX No limit	2060	2200	\$21,000,000	-	\$1,180,576	-	-	(\$227,474)	\$21,953,102	\$
	Total Fee Fund				\$69,740,815	\$0	\$10,248,117	\$0	\$0	(\$8,544,793)	\$71,444,139	\$
FY 2027 Fee Funds												
Agency	Name	Fund Name	Fund	BU	FY 2027 Estimated C&H Receipts	FY 2027 Estimate Adj	Cash Forward	Add'l Misc Revenue	Other Transfer	FY 2027 Cash Forward	FY 2027 Adjusted Expenditure Request	Supplemental Request
410	Larned State Hospital	LSH Fee Fund	2073	2100	\$3,932,727	-	\$0	-	-	-	\$3,932,727	\$
		Title XIX No limit	2074	2200	\$8,307,133	-	\$0	-	-	-	\$8,307,133	\$
494	Osawatomie State Hospital	OSH Fee Fund	2079	4200	\$2,532,900	-	\$65,096	-	-	-	\$2,597,996	\$
		OSH TXIX No limit	2080	4300	\$0	-	\$0	-	-	-	\$0	\$
	Adair Acute Care	OSH Certified Care	2079	4201	\$3,261,100	-	\$2,291,308	-	-	\$0	\$5,552,408	\$
		OSH TXIX Cert Care No Limit	2080	4301	\$7,000,000	-	\$0	-	-	\$0	\$7,000,000	\$
631	South Central Regional	SCR Fee Fund	2512	2512	\$500,000	-	\$0	-	-	-	\$500,000	\$
	Mental Health Hospital	SCR XIX No limit	New1	New1	\$0	-	-	-	\$1,500,000	-	\$1,500,000	\$
507	Parsons State Hospital	PSH Fee Fund	2082	2200	\$1,235,000	-	\$491,700	-	-	-	\$1,726,700	\$
		Title XIX No limit	2083	2300	\$21,500,000	-	\$5,642,689	-	-	(\$7,642,689)	\$19,500,000	\$
363	Kansas Neurological Institute	KNI Fee Fund	2059	2000	\$1,424,914	-	\$318,226	-	-	(\$240,352)	\$1,502,788	\$
		Title XIX No limit	2060	2200	\$22,000,000	-	\$227,474	-	-	(\$409,482)	\$21,817,992	\$
	Total Fee Fund				\$71,693,774	\$0	\$9,036,493	\$0	\$1,500,000	(\$8,292,523)	\$73,937,744	\$

PSH FEE FUND REVENUE ESTIMATES:

K.S.A. 76-1409a authorizes the PSH Fee Fund (2082-2200). For FY 2026, PSH’s appropriation by the Kansas Legislature for its Fee Fund is \$1,150,000. In FY 2027, the amount requested is \$1,150,000.

Most of PSH’s Fee Fund revenue is received from Care and Hospitalization of People (C&H), Account Code 420610. State Commissioner’s Letter 930 dated 3/10/95 establishes parental obligation rates. Kansas Economic & Employment Manual 8160 determines obligations based on resident resources. Actual collections for the Fee Fund each year are based primarily on census, individual resident income resources, parental resources (based on ability-to-pay), and Board and Care obligations. PSH individuals and their families have limited resources, primarily Social Security benefits, SSI, SSDI, and low wage jobs. KanCare assigns the individual’s “patient liability amount” (the portion of an individual’s personal income that PSH is allowed to collect for Board and Care before Medicaid will pay the remainder) based on the individual’s available income resources. The resulting low obligation amount set for most PSH residents minimize the ability to generate revenue for the Fee Fund from Board and Care.

PSH’s fees collected for Board and Care have been on a downward trend the past few years. The Fee Fund is limited by legislative approval/appropriation but controlled by cash available in the fund. This means that purchases can only be made with these funds if there is cash in the bank (money that has been collected from resident income resources). If more money is collected than legislators approved, it cannot be spent; it carries-forward to the next fiscal year.

In FY 2025, PSH budgeted Fee Fund receipts and expenditure limit was \$1,050,000. The total amount collected in FY 2025 was \$1,456,024. Going into FY 2026 carryforward is \$406,024. Legislative appropriations for FY 2026 are requested at \$1,150,000 and for FY 2027 \$1,150,000 .

Revenue Account Code 431300 reflects rent amounts paid to PSH by SPTP clients who have secured jobs in the community as required by their transition plan and fluctuates considerably depending on the number of current clients, their employment, and earnings. Sometimes it takes several months for SPTP residents to find employment. SPTP census increases/decreases will affect collections within this account code.

Average Daily Census (ADC) is currently budgeted at 149 for FY 2026 and FY 2027. The following chart shows the revenue estimates for the PSH Fee Fund in FY 2026 and FY 2027.

PSH&TC FEE FUND ESTIMATES:

Explanation of Receipts - DA 404						
Revenue Source	Revenue Sub-Object	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Carry Forward	40007	(\$14,500)	\$71,434	\$190,261	\$406,024	\$406,024
Total Care and Hospitalization	420610	\$1,089,248	\$1,114,540	\$1,225,987	\$1,225,987	\$1,225,987
Clerical Services	420400	-	-	-	-	-
Care and Hospitalization - Other	420690	-	-	-	-	-
Other Service Charges	420990	-	-	-	-	-
Salvaged Materials	422500	-	-	-	-	-
Usable Condemned Equipment	422600	-	-	-	-	-
Rent Halls and Rooms St Buildings	431300	\$30,763	\$27,893	\$34,134	\$30,000	\$30,000
Other Miscellaneous Revenue	459090	\$11,727	-	-	-	-
Sale of Fixed Assets	461100	-	\$21,825	\$0	\$10,000	\$10,000
Recovery of Current FY Expenditures	462110	-	-	-	-	-
Reimbursement from Other State Agency	462400	-	-	-	-	-
Restitution	462720	-	-	-	-	-
Refunds	462740	-	\$4,565	\$0	\$5,000	\$5,000
Other Reimbursements and Refunds	462900	\$4,196	-	\$105	-	-
Recovery of Prior FY Expenditures	469010	-	-	\$5,537	-	-
Total Available		\$1,121,434	\$1,240,257	\$1,456,024	\$1,677,011	\$1,677,011
Total Reportable Expenditures		\$1,050,000	\$1,050,004	\$1,150,000	\$1,150,000	\$1,150,000
Total Available		\$1,050,000	\$1,050,004	\$1,150,000	\$1,150,000	\$1,150,000
Balance Forward		\$71,434	\$190,253	\$306,024	\$527,011	\$527,011

PSH TITLE XIX FUND ESTIMATES:

Title XIX is a no limit fund. Revenue collections are based a variety of continuously changing factors and situations encountered by each Medicaid eligible agency throughout any given fiscal year. Title XIX estimates take the following factors into consideration for each month of billing:

- Number of eligible Medicaid eligible residents served in any given month.
- Individual eligibility changes within any given month
- Delays in processing beneficiary eligibility status at the state and federal level
- Number of days in the month
- Per diem rates
- Patient Liability Amount set by KanCare.
- Parental/Guardian obligations collections
- Federal fiscal year Medicaid Assistance Program (FMAP) rates

The chart below reflects PSH's Title XIX Fund actual collections for FY 2025 and projections for FY 2026 and FY 2027 as calculated in IBARS. There are 3 categories showing in FY 2025 actuals that should have been entered in the fees account and will not be reflected in Title XIX funds going forward. The FMAP rate is currently 60.97%. PSH per diem rates increased from \$694/day in FY 2025 to \$720/day in FY 2026.

PSH TITLE XIX FUND ESTIMATES

Explanation of Receipts - DA 404	Revenue			
Revenue Source	Sub-Object	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Cash Forward	40007	\$4,858,096	\$2,143,696	\$5,642,689
Motor Vehicle Registration	412700	(\$21)	\$0	\$0
License other Business	421190	(\$105)	\$0	\$0
Salvaged Materials	4225000	\$650	\$0	\$0
Operating Transfers In	766010	\$15,500,000	\$21,000,000	\$21,500,000
Total Title XIX Available		\$20,358,620	\$23,143,696	\$27,142,689
Title XIX Available				
Title XIX (Medicaid) Expenditures		\$18,214,924	\$17,501,007	\$19,500,000
Balance Forward		\$2,143,696	\$5,642,689	\$7,642,689

EXPENDITURE JUSTIFICATION

PROGRAM: Administration - 01030

Program Overview:

The purpose of this program is to provide an administrative structure for the people residing at PSH that enables the Superintendent and other administrators to organize for maximum effectiveness and efficiency in PSH's operation. PSH's operation is focused on implementing supports and services for people with intellectual and developmental disabilities and meeting the requirements of rules, regulations, policies, and standards of relevant state and federal agencies which apply to PSH. There are currently 150 individuals receiving supports and services within PSH's Habilitation and Treatment Program. The Sexual Predator Treatment Program has the capacity to serve 16 individuals; currently there are 11 individuals receiving services within the Sexual Predator Treatment Program.

Some of the major Administration Program functions include:

- Determining personnel and fiscal needs in consultation with representatives from each department
- Budgeting and managing resources to assure that program needs are met during the fiscal year
- Expending monies within the budgetary authority and accounting for all expenditures for supplies, equipment, and personnel
- Collection of all money due for supports and other services
- Recruiting personnel and managing fringe benefit programs
- Providing information technology services and communication services within and outside the facility.

Travel and expenses for fuel, vehicle maintenance and per diem costs have increased. Nation-wide economic stress contributes increased costs in FY 2026 and FY 2027. PSH has an adequate supply of personal protective equipment (gloves, gowns, N95 masks, etc.) and disinfecting solutions and products in stock and does not foresee a breakdown in services due to supply shortages.

Overtime and compensatory overtime costs are higher than in previous years due to high vacancy and turn-over rates.

**Narrative Information – DA 400
 Division of the Budget
 State of Kansas**

**Agency Name: Parsons State Hospital
 Program Title: Administration**

KEY MEASURES	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Number of ICF/IID standards pertaining to Administration met for Certification Survey	Meet 9/9	Meet 9/9	Meet 9/9	Meet 9/9	Meet 9/9
% compliance to ICF/IID Certification Survey	100.00%	100.00%	100.00%	100.00%	100.00%
Final % of compliance with Kansas State Fire Marshal annual survey	100.00%	100.00%	100.00%	100.00%	100.00%
Percent of new employees trained in Fire and Tornado Safety Procedures within 2 days of employment	100.00%	100.00%	100.00%	100.00%	100.00%
% OOE (Contractual, Commodity, Capital Outlay) Costs of Total Costs	13.8%	13.0%	15.9%	15.9%	15.9%
Avg Length of Service in years for all PSH FTE employees at FYE	10.78	11.00	14.50	14.50	14.50
% of all filled PSH FTE's with less than one year of service at FYE	16.9%	20.0%	25.6%	25.6%	25.6%
Direct Support Staff annual turnover %	24.0%	23.0%	23.3%	23.3%	23.3%
Total number of new Direct Support staff hired in FY	53	55	77	77	77
% of all Direct Support FTE's vacant at end of FY	20.5%	15.0%	15.1%	15.1%	15.1%
Total Number of Workers Compensation claims	265	216	274	274	274
Number of Workers Comp. claims involving adverse resident behaviors	227	179	244	244	244
% of Workers Comp. claims involving adverse resident behaviors	85.7%	82.9%	89.0%	89.0%	89.0%
Number of residents admitted to PSH (excluding SPTP residents)	10	10	9	9	9
# of residents discharged to community settings (non-death related)	5	8	7	7	7
% of residents successfully remaining in community placement after discharge	100.00%	100.00%	100.00%	100.00%	100.00%

Current and Budget Year Operations:

The program is expected to continue operating as in previous fiscal years. PSH will continue to look for ways to improve efficiency through better utilization of technology, best practices, and innovations.

Account Code 5100: Salaries and Wages

Summary: 23.6 FTE positions in this program provide overall direct and indirect administrative support services to every area of PSH. Funding requested is for all current positions for 26 pay periods in FY 2026 and FY 2027, including fringe benefit and KPERS increases. In addition to the salaries of the superintendent, assistant superintendent, and polygrapher, wages for employees in the risk management, business services, reimbursements, information technology and human resource departments are funded in this program.

No shrinkage is recorded in this program.

FY 2026: \$2,291,086 is requested. Shrinkage is 15.10%

FY 2027: \$2,294,152 is requested. Shrinkage is 10.5%

Account Codes 5200-5290: Contractual Services

Summary: This category includes all fee and service type expenses projected for this program. Communications consist of local telephone and KANS-A-N long distance services; “off-net” long distance, such as in-bound 800 area code service, telephone repair and postage. Other costs include services contracted through the Department of Administration such as computer services (OITS, SHARP, SMART, networks, etc.), video conferencing, pager rental, pager airtime, cellular phones and costs for drug screenings required as a prerequisite to employment. Account Code 526300 reflects annual costs associated with computer license renewal. Costs associated with required annual fire alarm inspections fall within Account Code 52600. Requests are based on a review of FY 2025 expenses and have been adjusted where necessary to meet the needs of FY 2026 and FY 2027.

FY 2026: \$899,993 is requested.

FY 2027: \$899,993 is requested.

Account Codes 5300 - 5390: Commodities

Summary: This category includes all supply type expenses for this program. Included are the annual legislative annotated updates and, as applicable, computer software upgrades for all computers on the campus network. Also included are costs for replacement of inoperable printers, fax machines, calculators, scanners, monitors, and cabling. Requests are based on a review of FY 2025 expenses and have been adjusted where necessary to meet the needs of FY 2026 and FY 2027.

FY 2026: \$125,455 is requested.

FY 2027: \$125,455 is requested.

Account Code 5400 - 5490: Capital Outlay

Summary: This category includes the replacement of computer equipment, network switches, and security camera equipment, in support of the new electronic health record system and security camera system. Replacement of servers and network switches will help prevent loss of required medical and financial records. Requests are based on a review of FY 2025 expenses and have been adjusted where necessary to meet the needs of FY 2026 and FY 2027.

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FY 2026: \$161,705 is requested.

FY 2027: \$161,705 is requested.

PROGRAM: Staff Education and Research – 01070

Program Overview:

This program provides basic and advanced training for PSH staff. This is done with a full range of staff development services provided to all personnel, promoting outcomes that will contribute to higher quality service and living environments for people with intellectual and developmental disabilities. The current training format requires staff to receive training prior to reporting to their assigned work areas and consists of a one-week New Employee Orientation (NEO) for all staff and 2 weeks for MHDDTs or those in a direct support role. NEO is made up of a series of classes focusing on specialized training designed to educate staff in the delivery of supports and service, as well as the rights and safety for individuals with intellectual and/or developmental disabilities. NEO includes training in the following areas:

New Employee Orientation (1-week training; 2 for MHDDTs or those in a direct support role).

- CPR/First Aid
- Ukeru (as of September 23, 2025)
- Non-Violent Crisis Intervention (NCI) with Advanced Physical Skills
- Holding Skills/PSH Safety Hold Policy and Procedure/Safety Board
- Introduction to PSH
- Positive Behavior Supports
- Supporting Health and Wellness
- Supporting Communication
- Supporting Personal Care
- Leadership Q & A

New direct support staff begin their training with a one-week orientation, as of August 2021. The first two days covers general topics such as: policies and procedures, infection control issues, risk management, communications protocols, emergency procedures, information security, sexual harassment, and on-line training requirements. Day three is CPR/First Aid/Vagus Nerve Stimulator (VNS) training and Ukeru part 1; day four and five include Ukeru part 2 and Crisis Prevention Institute's Non-Violent Crisis Interaction with Advanced Physical Skills (NCI). All are required for new employees to receive within their first week of hire. Upon completion of NEO, new MHDDTs will report to their assigned area to begin working with the individuals who live at PSH. New MHDDTs must also be observed by cottage leadership to complete competency-based skills. All the above training, including successful completion of competency-based skills are required for the MHDDT certificate. New MHDDTs have 6 months to complete these requirements. Emphasis is placed on learning procedures that ensure the safety and protection, confidentiality and

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rights for people living at PSH including training for Fire and Tornado Safety Procedures, Abuse/Neglect Prevention and Reporting Procedures, Documenting/Communicating, Infection Control, Providing Medical Assistance, etc. Training is also provided regarding any federal and state policies that are applicable at the time of hire. The Psychology Department provides annual follow-up Client-based Behavioral Program trainings and/or in-services to all cottage-based Direct Support staff as policies and procedures are updated or change over time.

In addition to providing employee training opportunities, program staff in this department provide guidance, direction, and support to STAND, an adult Self-Advocacy Group, comprised primarily of adult individuals living at PSH, that works to promote change that will improve quality of life for people with disabilities.

KEY MEASURES	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2026 Estimate
Number of new employees hired	65	70	177	150	150
% of all new employees trained in "Fire and Tornado Safety Procedures", "Abuse/Neglect Prevention and Reporting", "Documentation/Communicating", and "Providing Medical Assistance" by Day Two of NEO (Emergency Procedures)	100%	100%	100%	100%	100%
# of Abuse/Neglect reports received for FY	41	24	31	40	40
% of Abuse/Neglect Reports substantiated for FY	46.3%	79.0%	81.0%	75.0%	75.0%
% of Abuse/Neglect Reports involving employees in their 1st year of employment	9.8%	25.0%	58.1%	50.0%	50.0%
# of annual follow-up Client-based Behavior Program trainings and/or in-services provided to all existing cottage-based Direct Support staff	201	250	251	251	251
% of existing cottage-based Direct Support staff receiving annual follow-up trainings and/or in-services	100%	100%	100%	100%	100%

All new employees who will have daily interactions with the people who live at PSH receive additional training in “Protective Techniques.” This training is scheduled during the first week of employment. All staff is required to complete these trainings, in both job classifications.

KEY MEASURES	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
% completing "Protective Techniques" training within one month	94%	97%	100%	100%	100%
% completing "First Aid Procedures" within one month	97%	95%	100%	100%	100%
% "CPR" training within one month	97%	95%	100%	100%	100%
% of new employees completing above trainings within three months	97%	97%	100%	100%	100%

PSH continues to see high turnover rates for direct support staff. During FY 2025, approximately 43.2% of new MHDDT direct support staff terminated employment within the same year.

KEY MEASURES	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Direct Support Staff annual turnover % (for all Direct Support staff)	24.0%	26.0%	21.4%	21.4%	21.4%
% of all Direct Support staff with less than one year of service	23.9%	20.0%	33.0%	33.0%	33.0%
Number of new MHDDT Direct Support staff hired	53	59	74	75	75
% of new MHDDT Direct Support staff who terminated within one year of employment	29.2%	25.0%	43.2%	25%	25.0%

Current and Budget Year Operations:

PSH’s Staff Development employees provide all training classes that are required for new and existing staff at PSH. This program is expected to continue operating as in previous fiscal years.

Account Code 5100: Salaries and Wages

Summary: 6.0 FTE positions in this program provide overall direct and indirect training services to every area of PSH. Funding requested is for all current positions for 26 pay periods in FY 2026 and FY 2027, including fringe benefit and KPERs increases.

FY 2026: \$515,180 Shrinkage is 15.10%

FY 2027: \$517,818 Shrinkage is 10.5%

Account Codes 5200-5290: Contractual Services

Summary: Along with supporting a variety of trainings for many departments associated with PSH’s intellectual disability population, the Staff Education Department provides training and education materials to support the Sexual Predator Treatment program, CPI Recertification Program, and training for Polygraph services.

FY 2026: \$26,520 is requested.

FY 2027: \$26,520 is requested.

Account Codes 5300 - 5390: Commodities

Summary: This request is for supplies used during training for new PSH employees, example: facemasks, isolation gowns, etc. A new training program for employees utilizing the Ukeru Employee Protection Equipment was initiated in July 2024. Additionally, supplies for continuation of Trauma Informed Care training and the CPI course is reflected in this category.

FY 2026: \$4,345 is requested.

FY 2027: \$4,345 is requested.

Account Codes 5400 - 5490: Capital Outlay

Summary: There are currently no capital outlay expenditures projected for FY 2026 an FY 2027.

PROGRAM: COVID-19 – 21662

Program Overview

COVID-19 and its variants continue, intermittently, to impact life at PSH. When outbreaks occur, containment measures are implemented restricting face-to-face interactions for both residents and employees. During outbreaks, residents are often restricted from visiting other cottages on campus. TEAMS meetings and/or conference calls often replace face-to-face meetings. Daily temperature checks and screenings are required for staff and residents. In quarantined areas personal protective equipment (gowns, gloves, N95 masks) are required. Movement restrictions and screening procedures are implemented to limit COVID-19 transmission risks, protect the individuals who live at PSH and provide the safest possible work environment for PSH’s essential staff.

PSH established its COVID policies and procedures, according to Centers for Disease Control (CDC), KDHE, Centers for Medicare and Medicaid (CMS) and Labette County Health Department guidelines and recommendations. Education and training are on-going for PSH staff and individuals regarding COVID-19, in accordance with KDHE (ICF/IID) regulations and requirements. PSH’s COVID policies include detailed instructions regarding essential healthcare practices such as frequent, thorough cleaning, proper use of disinfectant and sanitizing wipes, personal hygiene, hand washing, use of alcohol gel, use of appropriate masks, gloves and a variety of other PPE, social distancing, temperature checks, visitor screening, travel restrictions, etc. PSH’s leadership team continues to work diligently to ensure that recommendations and policies are updated and followed to minimize the risk of COVID-19 exposure and/or infection.

PROGRAM: PSH Sexual Predator Treatment Program – 32900

Program Overview:

The Sexual Predator Treatment Program (SPTP) serves individuals who have successfully progressed through the residential treatment portion of the Kansas Sexual Predator Treatment Program at Larned State Hospital and have received approval to move to the PSH reintegration facility. At the reintegration facility, residents undergo further treatment and training to help prepare them for successful transition into the community. Only after all objectives have been met will an individual be evaluated for the opportunity to re-enter a public setting. Clients of this program spend on average 4.7 years at the PSH reintegration facility, depending on their compliance with treatment, therapy, and program rules. The program provides a variety of supports to each client such as a monthly stipend, travel accommodations to and from job searches and work settings, and professional counseling. All medical needs, including physician visits, hospital treatment services and prescription medications are also supported by this program, utilizing community providers. Maple and Willow, the PSH living units designated for SPTP use are designed to optimally support and serve up to sixteen individuals.

KEY MEASURES	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Total Number of individuals served in Sexual Predator Treatment Program during FY	8	8	10	11	12
Average Daily Census of individuals served in Sexual Predator Treatment Program (SPTP)	8	8	10	11	12
% of SPTP residents successfully meeting transitional release program requirements	100%	100%	100%	100%	100%
Number of SPTP residents employed in community settings	7	8	11	11	11
% of all SPTP residents employed in community settings while at PSH	87.5%	100%	100%	100%	100%
Number of SPTP residents returned to Larned State Hospital due to program violations	2	0	1	0	0
Total number of SPTP residents meeting court-ordered transitional release requirements (final step before completing program)	1	2	1	4	4
Total number of SPTP residents granted court-ordered conditional release	0	1	0	2	2

Current and Budget Year Operations:

The program began in early FY 2014 with the opening of Maple Cottage, which rapidly filled to maximum capacity. During FY 2014 and FY 2015, K.S.A. 59-29a stipulated that no more than eight SPTP reintegration individuals could reside in one county. Effective July 1, 2015, legislation was passed increasing the number of SPTP reintegration individuals allowed to reside in one county from eight to sixteen. In July 2016, PSH opened a second reintegration facility (Willow Cottage) to support additional residents entering the program. Current census is 11.

The program provides for all health-related needs for its clients until they can obtain their own insurance coverage through employment or other means. Unfortunately, not all employment results in insurance coverage. Thus, when residents become ill, require surgery, expensive prescription medications, treatments for debilitating diseases (such as cancer), hospital admission, ambulance services, psychology services, or other professional services, the costs are supported with SPTP funds. It is difficult to accurately estimate costs for the obligatory medical and professional care that must be provided in these circumstances. If even one uninsured resident has a serious health issue, costs for professional medical care and services could increase dramatically within this program.

Account Code 5100: Salaries and Wages

Summary: 26.7 FTE positions will provide overall direct and indirect support services to the Reintegration Facilities in the SPTP. This request includes the estimated salary costs for the FTE positions providing direct services for the reintegration units for FY 2026 and FY 2027. This salary request also includes prorated labor expenses for support services provided by other PSH programs (Administration, Staff Education and Research and Physical Plant/Central Services) in support of the reintegration facilities. These support services include administration, accounting, human resources, information technology, staff training, polygraph, safety and security, camera monitoring, power plant, switchboard operator, general maintenance, electrical, plumbing, carpentry, heating and air conditioning, grounds maintenance, transportation, vehicle maintenance, mail pickup and delivery, and storeroom services. Funding requested is for all current positions for 26 pay periods in FY 2026 and FY 2027, including fringe benefit and KPERS increases. No shrinkage is recorded in this program.

FY 2026: \$2,065,555 is requested. Shrinkage is 0.0%

FY 2027: \$2,072,159 is requested. Shrinkage is 0.0%

Account Codes 5200-5290: Contractual Services

Summary: This category includes all fees and service type expenses for this program. Major expenses include costs for professional

counseling, medical services, treatment, and hospitalization. Also included in this category are utilities, communications, travel, and other contractual services. This request includes estimated expenditures for FY 2026 and FY 2027.

FY 2026: \$314,880 is requested.

FY 2027: \$314,880 is requested.

Account Codes 5300 - 5390: Commodities

Summary: This category includes all supply type expenses for this program, including fuel used in transporting residents to and from job searches and work settings, materials for routine building repairs, prescription medications for residents and other household and office supplies/materials necessary to support the program. This request includes estimated expenditures for FY 2026 and FY 2027.

FY 2025: \$24,675 is requested.

FY 2026: \$24,675 is requested.

Account Code 5400 - 5490: Capital Outlay

Summary: This category is utilized for purchasing vehicles that transport program clients to and from work each day. Three vehicles assigned to this program are currently scheduled for replacement. Replacing these higher mileage vehicles will ensure clients traveling to distant locations have access to reliable and safe transportation.

FY 2026: \$52,075 is requested.

FY 2027: \$52,075 is requested.

PROGRAM: Habilitation and Treatment – 37900

Program Overview:

The Habilitation and Treatment Program is comprised of two sub-programs, Developmental Training and Outreach Services. People receiving services through the Developmental Training sub-program at PSH live in nine residential cottages located among the 40 buildings on PSH's campus. Most residential units house 13-20 individuals. The cottages serve as the base from which all services to the individuals who live at PSH are rendered. Most of the outcomes achieved for residents of PSH occur through the supports provided by staff in the Developmental Training sub-program. Data regarding activities for people living at PSH are shown within the Activity Therapy sub-program.

The Outreach Services Program's primary goal is to work with community agencies and providers throughout the state to help them keep at-risk individuals with intellectual disabilities and dual diagnosis from becoming institutionalized. The expertise, and subsequent success, of PSH's Outreach Teams has kept over 98% of the at-risk individuals served living within their own communities and out of state hospitals, saving the state of Kansas millions of dollars.

SUB-PROGRAM: Developmental Training – 37950

Developmental Training is PSH's largest overall program, currently providing support and care to 150 individuals with intellectual and developmental disabilities and/or dual diagnosis. Services are provided 24 hours a day, 7 days per week. The sub-program consists of 313.0 FTE (62% of all PSH's FTE's). Approximately one-half of all PSH expenditures fall within this sub-program. This sub-program experiences the highest rate of turnover at PSH. Therefore, most of shrinkage is also shown within the Developmental Training sub-program.

The goal of this sub-program is to enable the people who live at PSH to make choices based on their own personal preferences for all aspects of their lives. This program helps each person meet his/her informed personal lifestyle choices and needs for physical, psychological, social, religious, cultural, and personal developmental resources by maintaining an individualized, person-centered developmental program for each resident. All programs are certified by the Kansas Department of Health and Environment or the Kansas Department of Education. Programs provide both generic and specialized religious, social, nursing, medical, psychological, educational, therapeutic, and developmental activities, vocational, speech, audiology, developmental care, supervision and training, lodging, boarding and other services. Residents are supported in individualized training programs which may include adjunctive therapies, education, or special training programs, and all are offered additional leisure-time and recreational activities during evenings and weekends. Additionally, PSH individuals are afforded the opportunity to attend religious services and events of their

choice both on campus and in the community. PSH will continue the person directed planning process for all individuals and guardians who request consideration for placement in a community setting.

Most of PSH’s recent admissions are younger males who exhibit extremely dangerous, aggressive behaviors. These individuals often require increased supervision or 1:1 supervision to keep them, other residents, and staff safe from harm. Many of these individuals display inappropriate, sexually deviant conduct and require their own bedroom for safety.

DEMOGRAPHICS BY COTTAGE:

Cottage Name	Current Population	Target Population	Males	Females	Age Range
Ash	21	18-22	21	0	20-73 years
Aspen	14	12-15	14	0	21-64 years
Birch	14	12-15	8	6	13-27 years
BSU	3	0-3	1	2	14-17 years
Cedar	13	12-15	13	0	14-58 years
Hickory	19	18-22	19	0	20-69 years
Holly	18	18-22	14	4	21-76 years
Oak	14	12-15	8	6	22-50 years
Pine	16	15-20	10	6	17-66 years
Spruce	18	18-22	11	7	18-66 years
Total:	150		119	31	13-76 years

DEVELOPMENTAL TRAINING SUB-PROGRAM KEY MEASURES:

KEY MEASURES	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Number of ICF/IID standards pertaining to Habilitation and Treatment Program met for Certification Survey	Meet 28/28	Meet 28/28	Meet 28/28	Meet 28/28	Meet 28/28
% compliance to ICF/IID standards pertaining to Habilitation and Treatment Program regarding standards	100%	100%	100%	100%	100%
# of Client-Based Behavioral Program Trainings provided to PSHTC Direct Care Staff by PSH Psychology Department	201	250	251	251	251
% of Direct Support Staff participating in Behavioral Program Training	100%	100%	100%	100%	100%

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KEY MEASURES (cont.)	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Number of PSH Residents that require increased supervision due to their self-injurious or aggressive behaviors	135	140	138	140	140
% of residents requiring increased supervision (149 Census)	91.2%	94.6%	93.0%	93.0%	93.0%
Number of PSH Residents that require their own bedroom due to their self-injurious or aggressive behaviors	81	81	99	99	99
% of residents requiring their own bedroom (148 Census)	54.7%	54.7%	87.0%	87.0%	87.0%
Estimated # of staff needed annual to provide services to residents requiring 1:1 Supervision	12	15	13	13	13
Estimated annual costs for staffing to provide 1:1 supervision for those residents (# of 1:1(s) * 43,851.00)	\$526,212	\$657,765	\$570,063	\$570,063	\$570,063
% of FTE staff providing direct services and supports to residents	54.6%	55.0%	55.0%	55.0%	55.0%
Total number of new Direct Support staff hired in FY	53	55	77	77	77
Direct Support Staff annual turnover %	27.0%	26.0%	23.3%	23.3%	23.3%
% of all PSH Direct Support FTE's with less than one year of service at end of FY (Direct Support staff are those FTE's directly providing supports to people living at PSH&TC including MHDDT's, Nurses and Safety & Security Officers)	18.8%	19.9%	25.6%	25.6%	25.6%
# of Abuse/Neglect reports received for FY	41	24	31	31	31
% of Abuse/Neglect Reports substantiated for FY	46.3%	79.0%	81.0%	81.0%	81.0%
% of Abuse/Neglect Reports involving employees in their 1st year of employment	9.8%	25.0%	58.1%	58.1%	58.1%

SUB-PROGRAM: Outreach Services – 37952

The second sub-program of the Habilitation and Treatment Program is the Dual Diagnosis Treatment & Training Service (DDT&TS) program (Outreach Services). Outreach Services currently has 15 FTE(s), who make up the Outreach Services Teams. These teams travel extensively throughout the state to train parents and community service providers to effectively serve Kansans with intellectual and developmental disabilities and/or dual diagnosis within their own communities. During the past five years, PSH’s Outreach

Service Teams provided services to 711 at-risk individuals throughout the state, diverting people from being admitted and saving the state of Kansas millions of dollars by working with community service providers to keep those individuals within their own communities, near their families, and within the least restrictive environment.

In FY 2025, Outreach Services teams served a total of 240 individuals, ranging from 6 years old to 54 years old, completed referrals for 107 individuals, and currently has a wait list of 54 individuals, with a wait time of 4-6 months from the time of referral for behavioral consultation. Additionally, in FY 2025, 98.35% of the individuals who completed consultation with PSH’s Outreach Services teams were able to remain in their own communities rather than undergo admission to an institutional setting for treatment.

Cost Savings:

PSH&TC Outreach Services Teams Cost Savings over last 5 years	
Number of at-risk individuals referred to PSH Outreach Services Teams since FY 2019	960
Estimated # of at-risk individuals diverted from admission to state hospitals by PSH Outreach Services Teams in the last 5 years <i>(estimated 27.54% of those referred who would be eligible for admission who were deferred instead)</i>	264
Cost of providing Outreach Services since FY 2019	\$4.8 million
Estimated net savings to the state because of diversions since FY 2019 <i>(\$56,228/individual * 264)</i>	\$ 14.8 million
Estimated average annual savings to Kansas since FY 2019 by keeping at-risk individuals in community settings, the least restrictive environment <i>(14.8 million / 6 years)</i>	\$ 2.47 million/y

Current and Budget Year Operations:

Outreach Service Program Consultants (PCs) and Client Training Supervisors (CTS) provide initial observations, consultations, functional behavior assessment and intervention plans. The fidelity of the behavior intervention plans developed during the initial consultation decreases with the lack of follow-up training for community and family providers. CTS(s) provide follow-up training for community providers and supporting families. This helps assure the success and fidelity of new protocols and behavior intervention plans and increases the likelihood of successful behavior interventions allowing providers to see desired behavior changes.

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KEY MEASURES	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Number of Kansas Communities and Kansas State Hospitals served by DDT&TS Outreach Teams	46	39	37	43	43
Number of individuals served by Outreach Services Teams through new consultations and follow-up to previous year's consultations	148	167	240	185	185
Number of completed referrals for individuals at risk of institutional placement	138	160	182	206	206
Number of individuals admitted to PSH after receiving referral services	3	3	3	5	5
% of community support teams that received follow-up services from DDT&TS	100%	100%	100%	100%	100%
% of individuals remaining in community placement after receiving referral services from DD&TS	97.8%	97.8%	98.4%	97.3%	97.3%
Average consumer satisfaction rating for Outreach Services provided by DDT&TS on a 5-point scale. 5= excellent; 1= poor	4.71	4.99	4.97	4.89	4.89

Account Code 5100: Salaries and Wages

Summary: 313.0 FTE positions are in this program. These positions are assigned to the Developmental Training sub-program and provide direct care, support services, individualized program direction and active training to people living at PSH. Fifteen (15.0) FTE positions are assigned to the Outreach Services sub-program. The Developmental Training sub-program experiences the majority of staff turnover at PSH. Funding requested is for all current positions for 26 pay periods in FY 2026 and FY 2027, including fringe benefit and KPERS increases.

FY 2026: \$27,521,946 is requested. The shrinkage rate is 18.92%.

FY 2027: \$27,560,485 is requested. The shrinkage rate is 12.51%.

Account Codes 5200-5290: Contractual Services

Summary: This category includes all fee and service type expenses projected for this program. Examples of fees and service types include repairs of cottage equipment, furniture and appliances not charged to storeroom or general maintenance; travel for staff to attend necessary training and administrative meetings; and funds to escort residents on home visits, doctor appointments, and trial placements in the community. Expenditures for resident training programs and money for indigent resident activities are also included in this category. Resident activities include attending religious services of their choice and outings in the community for social training such as trips to the mall, grocery stores, restaurants, movies, bowling, attending ball games and other recreational activities within the structure of their behavioral programs.

Additionally, the Outreach Services, sub-program, teams travel an estimated 100,000 miles per year serving communities throughout the state. Communication expenses in this category are for cellular access charges and long-distance phone charges for equipment assigned to Outreach Services teams as they remain in contact with home-based staff, community organization professionals, and parents. Mileage costs and per diem expenses for the Outreach Services teams are included in this category. Requests are based on a review of FY 2025 expenses and have been adjusted where necessary to meet the needs of FY 2026 and FY 2027.

FY 2026: \$206,955 is requested.

FY 2027: \$206,955 is requested.

Account Codes 5300 - 5390: Commodities

Summary: This category includes all supply type expenses for this program. The largest expense in this category is food. These food costs reflect purchases made by all cottages that participate in family-style dining. Residents choose their meals, and shop for their food, which is supplemented by larger Dietary Department food purchases. Other expenses in this category include cottage purchases such as household items, cleaning supplies, cooking utensils, small appliances, and other home furnishings. Professional supplies are also provided for specific program needs of PSH residents. Requests are based on a review of FY 2025 expenses and have been adjusted where necessary to meet the needs of FY 2026 and FY 2027.

FY 2026: \$402,725 is requested.

FY 2027: \$402,725 is requested.

Account Code 5400 - 5490: Capital Outlay

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Program Title: Habilitation and Treatment**

Summary: Replacement of furniture and equipment that wears down or is destroyed by residents is included in this program.

FY 2026: \$33,000 is requested.

FY 2027: \$33,000 is requested.

PROGRAM: Ancillary Services – 80000

Program Overview:

Ancillary Services is comprised of three sub-programs including Activity Therapy, Special Education and Allied Clinical Services. This program includes vocational work programs, entertainment, education, and religious services. While the program focuses primarily on individual resident needs, it also provides opportunities for a wide variety of social experiences where residents can interact with co-workers, friends, relatives, and staff in group settings.

SUB-PROGRAM: Activity Therapy – 80110

The purpose of this sub-program is to provide leisure time, social activities, religious services, and work programs for the individuals who live at PSH. Recreation, music, art, and therapy based on personal preferences are included. Leisure activities are coordinated by Activity Specialists and include both individualized, personal outings as well as group outings. Vocational programs on campus help residents develop their work skills. Every 30 days, programs are reviewed and adjusted to ensure each person's personal preference and lifestyle choices are met.

STAND is an adult Self-Advocacy Group, comprised primarily of adult individuals living at PSH, that works to promote change that will improve quality of life for people with disabilities coordinated through the Activity Therapy program. STAND was established in 2005. Members meet monthly to discuss issues of importance for individuals who reside at PSH and in the local area. STAND is self-governed by their elected officers: President, Vice President, Treasurer and Secretary, who serve 2-year terms. STAND currently has 5 different committees that meet once a month: Newsletter, Social, Rodeo Hall of Fame, Membership, and Officer/Committee Chair/Advisor. PSH staff serve as advisors to provide guidance, direction, and support to this group. STAND sponsors various fund-raising events throughout the year to raise funds which are used to support the group's activities such as dances, STAND OUT awards to staff and individuals, DSP Week, and the annual SACK Conference. A portion of their fundraising also goes to worthy causes and/or service projects they select themselves which have included PALS, Red Cross Disaster Relief, Safe Haven Homeless Shelter, Labette Center for Mental Health Services Evening of Recovery, and PSH Cemetery. STAND often invites guest speakers to provide education on their community, their overall health and well-being and to raise awareness of the capabilities of people with intellectual and developmental disabilities.

In June of 2022, PSH's Vocational Department began contract work for Ruskin/Johnson Controls. In October 2024, Johnson Controls sold the company to Air Distribution Corporation, and they have continued the work contract with the state hospital. Individuals who live at PSH work to produce parts for this national manufacturing company. This work project employs 23 individuals and provides them with relevant, marketable work skills. Ruskin/AD reimburses PSH for the wages paid to the individuals who work on this

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project. Also developed and implemented in May 2024 was a Farmer/Vendors Market, open one-day-a-month from May to October. Individuals who live at PSH grow vegetables, produce handmade crafts, and package other locally grown produce and crafts for sale at the market. The Vendors Market continues to grow and 2025 has been a successful year.

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KEY MEASURES	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Approximate number of community-based and recreational/leisure outings participated in by PSH residents	22,250	23,000	23,000	23,000	23,000
Approximate average number of annual community-based and recreational/leisure outings per resident	150	155	155	155	155
% of residents exercising their choice in participating in community-based and recreational/leisure activities	100%	100%	100%	100%	100%
Number of residents exercising their choice in participation of religious services in the community or on campus	148	148	145	145	145
% of residents exercising their choice in participation of religious services in the community or on campus	100%	100%	100%	100%	100%
Total number of age-eligible residents developing vocational skills through PSH work programs or in the community	98	97	97	97	97
% of age-eligible residents employed through PSH work programs or in the community	82.0%	87.0%	85.0%	85.0%	85.0%
Number of different vocational work programs for individuals to choose from on the PSH campus	21	22	22	22	22
Approximate number of age-eligible residents working in assistive employment less than 2 hours each day	28	40	35	35	35
% of age-eligible residents working in assistive employment less than 2 hours of work each day	24.0%	36%	30%	30%	30%
Approximate number of age-eligible residents working in assistive employment 2-4 hours each day	30	25	30	30	30
% of age-eligible residents working in assistive employment averaging 2-4 hours of work each day	25.0%	23%	25%	25%	25%
Approximate number of age-eligible residents working in assistive employment more than 4 hours each day	40	32	32	32	32
% of age-eligible residents working in assistive employment averaging more than 4 hours of work each day	34.0%	29%	30%	30%	30%

SUB-PROGRAM: Special Education – 80120

School-age residents of PSH receive an education through the Special Purpose School (SPS). Services are contracted with the Southeast Kansas Education Service Center (Interlocal #609). Eighteen (18) PSH individuals are enrolled in the 2025/2026 school year. This number fluctuates throughout the year based on placements and admissions and residents becoming adults and graduating. In any given year, costs for this contracted service could vary due to changes such as staff turnover, unexpected increases or decreases in enrollment, or other unforeseen expenses. Currently, PSH admissions are mostly school-age individuals, many with extreme behavior issues. This will impact costs going forward, as the number of individuals requiring 1:1 direct support is expected to increase.

KEY MEASURES	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Actuals	FY 2027 Estimate
# of PSH residents enrolled in the Special Education program	19	20	16	18	18
# of student/residents requiring 1:1 direct support while attending school	7	9	11	13	13

SUB-PROGRAM: Allied Clinical Services – 80830

This sub-program provides both physical and mental health services for each resident with consideration for their informed personal lifestyle choices and assists in making accurate diagnosis to help maintain and monitor the mental and physical health of each resident.

The following services are provided to every resident through this sub-program:

- Necessary medical laboratory work and evaluation of test results including radiology, complete blood counts, x-rays, EKGs, chemistry profiles, etc.
- Medical support services such as pharmacy, dental, rehabilitation, speech and hearing, physical therapy, etc.
- Psychology services.

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 Program Title: Ancillary Services**

KEY MEASURES	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Average # of psychotropic medications prescribed by outside service providers per resident at admission to PSH	3.7	4.6	4.7	4.7	4.7
Average # of psychotropic medications prescribed by PSH medical staff per resident at discharge from PSH	3	2	2	2	2
Average annual medication cost per resident	\$553	\$850	\$905	\$850	\$850
Total # of tests conducted annually by PSH Laboratory Services	20,484	19,500	20,000	20,000	20,000
Total annual cost per resident for all Lab Services performed by PSH	\$1,459	\$1,344	\$1,362	\$1,362	\$1,362
Total cost per test for all Laboratory Services performed by PSH	\$10.54	\$10.19	\$10.08	\$10.08	\$10.08
# of x-rays performed by the PSH Radiology Department	655	624	659	659	659
# of EKG's performed by the PSH Radiology Department	176	184	161	161	161
Total cost of Radiology Services performed at PSHTC	\$94,988	\$109,004	\$114,801	\$114,801	\$114,801
Average cost per procedure performed by the PSH Radiology Dept	\$114.31	\$134.91	\$140.00	\$140.00	\$140.00
# of dental procedures for residents performed by PSH dentist annually	360	373	370	370	370
# of teeth-cleanings performed for residents by PSH contracted dental hygienist annually	302	276	346	346	346
Average cost per resident for all Dental Services performed at PSH	\$517	\$1,272	\$1,342	\$1,342	\$1,342
Average cost per procedure performed by the PSH Dental Services	\$212	\$290	\$331	\$331	\$331
Number of Medications issued (Medication Passes) by medical staff to PSH residents	1,019,035	1,020,000	1,121,143	1,121,143	1,121,143
% of medication errors	0.0242%	0.0196%	0.0009%	0.0009%	0.0009%
# of on-grounds doctor appointments for PSH residents	9,129	10,000	10,000	10,000	10,000
Average number of on-grounds PSH doctor appointments per resident	62	68	68	68	68

Current and Budget Year Operations:

Most program services will continue to operate as in previous fiscal years. PSH purchased a new digital x-ray machine in FY 2020 utilizing the Master Lease Program. The last payment on this lease was made in FY 2025. The new x-ray machine replaced an outdated one that had been in service since the 1980's. The Dental Clinic was remodeled in FY 2024 to better accommodate the needs of the Dentist and the addition of procedures performed under anesthesia. Many of PSH individuals cannot tolerate dental procedures without sedation. Special Anesthesia Services was contracted to provide on-site anesthesiology services for these individuals. Serving their needs on-site, rather than sending them to off-site providers, has proven both beneficial to the individuals as well as being cost effective.

Account Code 5100: Salaries and Wages

Summary: The 28.7 FTE positions in this program provide overall direct and indirect support to all residents of PSH. Funding requested is for all current positions for 26 pay periods in FY 2026 and FY 2027, including fringe benefit and KPERS increases.

FY 2026: \$2,456,445 is requested. Shrinkage is 11.78%

FY 2027: \$2,466,733 is requested. Shrinkage is 8.88%

Account Codes 5200-5290: Contractual Services

Summary: Other Operating Expenditures (OOE) within this program are for leisure activities provided to residents by PSH. Account code 52900 includes requests for funding to support various leisure activities such as dances, live entertainment, bowling, golfing, skating, etc., for residents.

The largest expense in this category is the cost for education services for PSH's school-age residents. Services for the Special Purpose School are contracted with the Southeast Kansas Education Service Center, Interlocal #609. The \$688,370 contract for the Special Education sub-program is shown in account code 52600.

Funds are also requested to provide for professional consultant services in the following specialized fields: dental, psychiatry, radiology, pathology, podiatry, gynecology, optometry, neurology, medical records, and others. Maintenance and service agreements on medical laboratory, x-ray, pharmacy, and other equipment as needed are funded in this category. Outside laboratory services include tests for hepatitis screening, x-ray, film badges, and pathology reports. Requests are based on a review of FY 2025 expenses and have been adjusted where necessary to meet the needs of FY 2026 and FY 2027.

FY 2026: \$899,907 is requested.

FY 2027: \$944,911 is requested.

Account Codes 5300 - 5390: Commodities

Summary: This request for funding is to continue purchasing supplies in support of the many vocational activities offered to PSH residents. Professional supplies, account code 53600, include resident medication which is the largest expense in this account code. Other supplies include tools for the wood shop, greenhouse, screen printing and other vocational programs at PSH. Supplies are also purchased for Volunteer Services and providing community outreach and community publications. Supplies are primarily utilized in the following areas: X-ray, physical therapy, pharmacy, medical laboratory, psychological testing, and dental services.

FY 2026: \$207,685 is requested.

FY 2027: \$207,685 is requested.

Account Code 5400 - 5490: Capital Outlay

Summary: This category includes expenditures for specialized wheelchairs purchased for 9 PSH residents in FY 2026. The Vocational Services sub-program also oversees the petting zoo at PSH which provides therapeutic sensory stimulation for many individuals living at PSH. Capital Outlay funding is requested to purchase additional livestock, as it becomes available and is deemed appropriate for this program.

FY 2026: \$66,700 is requested.

FY 2027: \$26,700 is requested.

PROGRAM: Medical and Surgical Services – 83000

Program Overview:

This program provides medical and nursing care and ensures optimal physical health for the individuals that live at PSH. One Physician and two Advanced Registered Nurse Practitioners monitor the physical condition of each individual and provide appropriate treatment in compliance with the individual's support plan. Most doctor appointments, lab tests and x-rays for people living at PSH take place on the PSH campus. Outside consultations, coordination of any necessary major medical needs and/or treatments, or specialists are requested, as needed. Outside provider costs are normally covered by Medicaid under the Title XIX program and are billed to Medicaid by the providing entity.

COVID-19 impacts:

PSH’s Medical Director and department staff continue to provide critical, professional input into the development, implementation and enforcement of the COVID-19 related policies and procedures. PSH leadership continues to work with federal, state, county, and city officials to ensure the latest information and best practices regarding COVID-19 are available to staff, individuals and their families.

KEY MEASURES	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
# of times PSH residents were referred to outside medical providers for services (specialists, severe illnesses, surgeries, etc.)	344	409	408	410	420
# of on-grounds doctor appointments for people living at PSH	9,129	10,632	13,136	13,300	13,500
Average # of on-grounds doctor appts per individual (148 census)	62	72	89	90	90
% of residents receiving annual physical check-ups	100%	100%	100%	100%	100%
Number of prescribed medication doses issued (Medication Passes) to PSH residents by qualified PSH health care providers	1,019,035	1,158,828	1,121,143	1,121,143	1,121,143
Number of medication errors	247	90	104	104	104
% of medication pass errors	0.0242%	0.0078%	0.0090%	0.0090%	0.0090%

Current and Budget Year Operations:

The program is expected to continue operating as in prior fiscal years, with an emphasis on providing quality medical services, on-campus, for the individuals who live at PSH.

Account Code 5100: Salaries and Wages

Summary: The 25.5 FTE positions in this program provide overall direct and indirect medical support services for residents of PSH. Funding requested is for all current positions for 26 pay periods in FY 2026 and FY 2027, including fringe benefit and KPERS increases.

FY 2026: \$3,898,588 is requested. Shrinkage is 14.71%

FY 2027: \$3,893,697 is requested. Shrinkage is 10.5%

Account Codes 5200-5290: Contractual Services

Summary: This request is for ongoing expenses for contractual services in support of this program. Major expenditures in this category are for contract services to meet ICF/IID requirements for medical records and specialized consulting services not covered by Medicaid. Requests are based on a review of FY 2025 expenses and have been adjusted where necessary to meet the needs of FY 2026 and FY 2027.

FY 2026: \$20,825 is requested.

FY 2027: \$20,825 is requested.

Account Codes 5300 - 5390: Commodities

Summary: This request includes all supply expenses projected for medical and surgical services. The major expense (account code 53600/Pro Science Supply Material) includes surgical tools, gauze, syringes, medical gases, exam gloves, etc. Requests are based on a review of FY 2025 expenses and have been adjusted where necessary to meet the needs of FY 2026 and FY 2027.

FY 2026: \$78,665 is requested.

FY 2027: \$78,665 is requested.

Account Code 5400 - 5490: Capital Outlay

Summary: There are no capital outlay expenditures in this program expected in FY 2026 and FY 2027.

PROGRAM: Trust and Benefit – Special Benefit Fund/Canteen Fund – 85000

Program Overview:

The Trust and Benefit Program is made up of the following three sub-programs:

- Resident Benefit - SMART 85001
- Resident Trust - SMART 85002
- Canteen - SMART 85003

The Special Benefit Fund/Canteen Fund is utilized for depositing funds donated by community organizations, funds from vending commissions, program activities and interest earned on Resident Trust Fund accounts. The latter income became effective during FY 1977 as authorized by SB 1007, Session of 1976. PSH maintains the Resident Trust Fund (RTF), Special Benefit Fund (SBF) and Canteen Fund, in local bank accounts, held outside the State Treasury.

FY 2026 and FY 2027 Operations:

The program is expected to continue operating as in previous fiscal years.

Expenditure Justification

Expenditures from this fund provide items and services that are not included in the operating budget. The 1974 Legislative Session required that an account be established for a Special Benefit Fund account (Section 7, HB 1059). PSH's Resident Trust Fund (RTF), Special Benefit Fund (SBF) and Canteen Fund, are held in local banks, outside the State Treasury. Daily transactions are recorded in PSH's Electronic Health Record system (WellSky) and Quicken checkbooks. Residents request funds from the RTF in writing; supervisors and cottage staff authorize these transactions, as appropriate and in accordance with Social Security Administration Representative Payee guidelines. Bank statements and reconciliations for each of these funds are submitted to the Office of Accounts and Reports (OAR-FIT@ks.gov), quarterly.

PROGRAM: Physical Plant/Central Services – 96000

Program Overview:

The Physical Plant/Central Services Program is made up of the following four sub-programs:

- Engineering and Protection - SMART 96001
- Supply Services - SMART 96002
- Dietary Services - SMART 96003
- Laundry Services - SMART 96005

SUB-PROGRAM: Engineering and Protection – 96001

Engineering and Protection is responsible for the overall maintenance, safety, and security of PSH. Costs for utilities such as natural gas, electricity, water, and sanitation services fall within this sub-program. Other services included in this sub-program are:

- Power Plant personnel operate and maintain PSH’s high-pressure steam energy system on a 24 x 7 basis.
- Maintenance provides services in the areas of plumbing, welding, electrical, air conditioning, carpentry, painting, and overall upkeep of PSH’s grounds (approximately 366,000 square feet of buildings and 163.86 acres).
- Custodial Services provides clean living and working environments for the people who live and work at PSH (9 living units and approximately 31 other buildings).
- Transportation personnel schedule use and maintenance of 75 vehicles for individual’s outings and staff usage.
- Security personnel provide 24 x 7 coverage to ensure overall safety for the people who live and work at PSH, conduct fire drills, and provide protection of property.
- Switchboard operators provide 24 x 7 coverage and in addition to transferring telephone calls, work very closely with security personnel and hospital personnel to provide emergency communications regarding dangerous or life-threatening safety and health situations for people living at PSH and staff, severe weather conditions, etc. The switchboard is also responsible for 24 x 7 monitoring of the fire alarm system.

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KEY MEASURES	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Number of ICF/IID standards pertaining to Engineering and Protection such as "Physical Environment" met for Certification Survey	Meet 10/10	Meet 10/10	Meet 10/10	Meet 10/10	Meet 10/10
% Compliance to ICF/IID Certification Survey for standards pertaining to "Physical Environment"	100%	100%	100%	100%	100%
Number of requests for specialized services/repairs issued through the electronic Maintenance Work Order Program by PSH staff	2,661	2,743	3,508	3,508	3,508
% of issued work orders completed by end of fiscal year	82.8%	92.5%	86.0%	86.0%	86.0%
VEHICLE MAINTENANCE					
Total number of passenger vehicles utilized by PSH Maintenance Department (excludes tractors and trailers)	17	15	18	18	18
Average age of PSH Maintenance Department passenger vehicles (excludes tractors and trailers)	22.5 years	22.5 years	20 years	20 years	20 years
Total number of passenger vehicles (excluding maintenance passenger vehicles) used by PSH staff	51	51	75	75	75
Average age of passenger vehicles (excluding maintenance passenger vehicles) used by PSH staff	11.4 years	11 years	10 years	10 years	10 years
SUPPORT SERVICES					
Total number of support services rendered to PSH staff and residents by PSH Safety and Security Officers	38,688	38,167	21,952	21,952	21,952
Average Cost per person for all support services rendered by PSHTC Safety and Security Officers	\$3,297	\$3,489	\$3,585	\$3,585	\$3,585
Number of incidents when PSH Safety and Security Officers were needed to assist with combative residents	959	1105	1505	1505	1505
Number of Fire Drills conducted annually by PSH Safety and Security Of	167	147	70	70	70

SUB-PROGRAM: Supply Services – 96002

This sub-program includes the Procurement Office and a central warehouse/storeroom facility that orders, stocks, and distributes supplies and equipment daily for each building and program on campus. A computerized inventory control system is utilized to establish reorder points for each expendable inventory item so that only the minimum inventory necessary to operate is kept on hand. Additional responsibilities include accurately tracking location and movement of fixed inventory and all other significant equipment and purchases at PSH. Capital Outlay costs for appliance and furniture replacement items appear in this sub-program. A Procurement Officer II oversees the operation and ensures PSH’s compliance with state contract and purchasing regulations.

KEY MEASURES	FY 2023 Actuals	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Total number of ALL Expendable Inventory items dispensed by PSH Storeroom (i.e. personal care items, office, household, cleaning, leisure, and automotive supplies, etc.)	308,391	671,135	717,955	717,955	717,955
Average Annual Cost per person living at PSH for ALL Expendable Inventory items dispensed by PSH Storeroom	\$2,083	\$2,334	\$3,104	\$3,104	\$3,104
Average Annual Cost per person living at PSH for Household and Office Expendable inventory items (Account Code 539200 + Account Code 537100)/149	\$2,850	\$2,955	\$2,510	\$2,510	\$2,510

SUB-PROGRAM: Dietary Services – 96003

Dietary staff prepare three meals a day within each cottage. Residents enjoy family-style dining. Cottage cooks have the responsibility for purchasing food for their individual cottages and often invite the individuals who live at PSH to accompany them to the grocery store. This allows the individuals living at PSH to gain experience in shopping and food preparation, so they are better prepared to make informed choices when they are placed in a community setting. Food Service Supervisors have developed more than a thousand different menus for the cooks to use. A contracted dietician works closely with the Dietary Services Manager and Food Service Supervisor to provide guidance and ensures each person living at PSH is receiving the proper nutrition. The Dietary Services manager is responsible for the everyday operation of the department and ensures that regulations regarding food preparation and sanitation are followed.

KEY MEASURES	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
% of residents participating in food purchasing for cottages	89.0%	90.0%	97.0%	97.0%	97.0%
% of residents participating in food preparation on cottages	68.2%	71.0%	96.0%	96.0%	96.0%
% of Cottages participating in family-style meal programs	100%	100%	100%	100%	100%
Approximate number of home-cooked meals served to people who live at PSH annually	162,060	162,060	163,155	163,155	163,155
Average cost of food per meal served to people living at PSH	\$2.52	\$3.18			
Number of ICF/IID standards met pertaining to "Dietary Services"	Met 4/4	Met 4/4	Met 4/4	Met 4/4	Met 4/4
% ICF/IID compliance to ICF/IID standards pertaining to "Dietary Services"	100%	100%	100%	100%	100%

SUB-PROGRAM: Laundry Services – 96005

This sub-program provides clean, infection-free laundry, clothing, towels, bed linens, etc., for all PSH residents and areas requiring laundry service. Soiled linen and clothing items are picked up from residence cottages and then sorted, washed, dried, and folded. The clean linens and clothing items are then returned to the cottages.

KEY MEASURES	FY2023 Actuals	FY2024 Actuals	FY2025 Actuals	FY2026 Estimate	FY2027 Estimate
Average daily pounds of laundry items processed for the individuals who live at PSH (total lbs. / 365)	1,270	2,164	1,346	1,346	1,346
Total annual cost per person complete laundry services	\$1,878	\$1,589	\$2,862	\$2,862	\$2,862

Current and Budget Year Operations:

The program is expected to continue operating as in previous years, providing operational services for the individuals who live at PSH in the areas of Engineering and Protection, Supply Services, Dietary Services, and Laundry Services.

Account Code 5100: Salaries and Wages

Summary: 81.7 FTE positions provide overall direct and indirect support services to all residents and staff of PSH. Funding requested is for all current positions for 26 pay periods in FY 2026 and FY 2027, including fringe benefit and KPERS increases.

FY 2026: \$5,352,375 is requested. The shrinkage rate is 3.11%.

FY 2027: \$5,366,083 is requested. The shrinkage rate is 4.96%.

Account Codes 5200-5290: Contractual Services

Summary: This category includes all fee and service-type expenses projected for this program. This includes: specialized work on the stand-by electrical generating system, compressor and electrical motor rebuilding, repair work on state-owned motor vehicles, and other operational machinery and equipment, fire alarm system maintenance, boiler maintenance, kitchen hood maintenance, elevator maintenance, pest control service, termite treatment services, radios used by the Security Department, vehicles repaired at local shops or dealers, hazardous chemical removal (i.e., paint, solvents), and hydrostatic testing of fire extinguishers to comply with National Fire Protection Association (NFPA) Life Safety Code Standards. Plans are underway for several building maintenance and repair projects scheduled for FY 2025, including: replacement of sewage grinder, repair of the main generator, playground equipment installation, several office remodels, mold remediation and drainage issues in three buildings.

Utilities reflected in this program include natural gas, electricity, water, and sewer service. The following table shows the costs for electricity, natural gas, and water over the last five years. Some of the utility costs are pro-rated and charged to the SPTP program. Those pro-rated costs are shown within the SPTP program.

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UTILITIES	Electricity Usage			Natural Gas Usage			Water and Sewage Usage		
	Fiscal Year	KWH Used	Avg Cost/ KWH	Total Cost	MCF Used	Avg Cost/ MCF	Total Cost	Cu Ft Used	Avg Cost/ Cu Ft
2021	4,820,938	\$0.08233	\$396,919	50,036	\$6.38781	\$319,621	1,402,212	\$0.14137	\$198,224
2022	5,020,772	\$0.08641	\$433,822	48,074	\$6.77778	\$325,835	1,595,173	\$0.16105	\$225,832
2023	4,870,528	\$0.10119	\$492,824	42,679	\$6.22326	\$265,603	1,557,687	\$0.14569	\$226,940
2024	4,927,150	\$0.09071	\$446,963	41,209	\$4.28468	\$176,567	1,722,267	\$0.15352	\$264,398
2025									
5-yr Average	4,909,847	\$0.09016	\$442,632	45,500	\$5.91838	\$271,906	1,569,335	\$0.15041	\$228,849

Requests are based on a review of FY 2025 expenses and have been adjusted where necessary to meet the needs of FY 2026 and FY 2027.

FY 2026: \$1,666,550 is requested.

FY 2027: \$1,666,550 is requested.

Account Codes 5300 - 5390: Commodities

Summary: This category includes supply expenses projected for this program. Funds are requested for the purchase of supplies, parts and materials used by the Maintenance Department to repair and maintain state building infrastructure and equipment. The cost of such items continues to increase due to the age of many of PSH’s buildings. Included are replacements of air conditioners, light fixtures, paint, lavatory equipment and machinery repair parts. Motor vehicle related costs include gasoline, motor oils, parts, etc. PSH also owns and maintains several lawn mowers and tractors. Funds are also requested for miscellaneous supplies used in repair and maintenance of power plant operations.

Also included in this request is funding to continue purchasing supplies specific to the operation of Supply Services. Clothing, general professional supplies, office supplies, and general household supplies are the largest expenditures for this program. Some generic items such as briefs, socks, bras, and tee shirts are acquired through state contracts. Clothing costs fluctuate depending on resident movement from admissions, placements, and transfers. Purchases charged to Other Supplies include all laundry, kitchen, housekeeping, and power plant supplies stocked by the supply warehouse for hospital-wide use.

Food for human consumption (account code 532010) is included in this category. These expenditures directly support the people living at PSH&TC. Overall expenditures for food products have increased, primarily due to increasing food prices at local retail food markets, but in part, to limited state contracts for food commodities. Some household supplies (account code 539200) are purchased in this category, utilizing state contracts, for both Dietary Services and Laundry. Requests are based on a review of FY 2025 expenses and have been adjusted where necessary to meet the needs of FY 2026 and FY 2027.

FY 2026: \$1,173,625 is requested.

FY 2027: \$1,173,625 is requested.

Account Code 5400 - 5490: Capital Outlay

Summary: This request includes purchase costs to replace small equipment and building materials necessary to maintain PSH's buildings and grounds. Additional funds to replace worn-out or damaged furniture and appliances used in the living units are also included in this category. Other high-cost items that frequently require repair and/or replacement annually include older industrial air conditioning compressors and heat-exchange units. FY 2026 funding request includes fleet and maintenance vehicle replacement and equipment upgrades.

FY 2026: \$320,825 is requested.

FY 2027: \$320,825 is requested.

September 15, 2025

Mr. Adam Proffitt, Director
Division of the Budget
Landon State Office Building
900 SW Jackson – Room 504 North
Topeka, KS 66612

Dear Mr. Proffitt,

As Acting Superintendent of the South Central Regional Mental Health Hospital (SCR), I am excited to present the inaugural budget for the state's newest mental hospital for FY 2027. The document was prepared in accordance with the instructions provided by the Division of the Budget and in collaboration with staff at the Kansas Department for Aging and Disability Services (KDADS).

Expenditures for SCR are included in the KDADS budget for FY 2026. The funding appropriated for the construction and initial operational expenses are shown in the KDADS State Hospital Commission and Capital Improvement budget. Our plan is to transition the staff, funding, and accounting functions from KDADS to SCR at the beginning of FY 2027. This will reduce the number of interagency transfers to place expenditures in the correct agency and simplify the appropriations bill.

The submitted FY 2027 budget for SCR includes the staff costs for positions filled during FY 2026, the additional hiring needed to prepare for opening the hospital, initial equipment and supplies needed to outfit the hospital, and contracts for services needed for hospital operations. The bulk of the staff will be hired by October 2026 in anticipation of the occupying the building in November. Sedgwick County will transfer ownership of the hospital building once completed at the end of 2026. We are on track to admit our first patient in January 2027.

For FY 2027, the budget submission begins with \$15 million from the State General Fund appropriated for hospital operations. Those funds support the initial 65 positions needed to take possession of the building, establish the clinical program for both the acutely mental ill adults and criminal defendants, and create the operational structures. There is a significant budget enhancement to fund the full staff compliment, food service, laundry services, professional service contracts, and supplies and consumable goods to ensure full operations of SCR starting in January 2027 through the end of the fiscal year.

Please feel free to contact us for more information or to answer questions.



Iryna Yeromenko,
Acting Superintendent
South Central Regional Mental Health Hospital

AGENCY OVERVIEW

SCR is a psychiatric facility which provides inpatient treatment for mentally ill adults from 5 counties in Kansas in collaboration with 5 Community Mental Health Centers (CMHCs). The hospital is an integral part of the continuum of mental health services, providing stabilization and rehabilitation to people with severe mental illness who cannot, or will not, access these services elsewhere. The hospital is one of five institutions supervised by KDADS and is one of three state institutions which provide mental health services.

SCR will focus on providing active treatment to stabilize adults in mental health crisis to support patients returning to their community for outpatient, ongoing treatment. This is a regional hospital, focused on serving adults from South Central Kansas in mental health crisis. Key themes in building the evidence based treatment program include having a trauma informed focus for treatment and recognizing the individual strengths of each patient. The staff will be trained and supported to build on those strengths. Staff work together with the patients to assist in their recovery and to promote self-sufficiency.

ACCREDITATION:

SCR will seek licensure by the Kansas Department of Health and Environment (KDHE). KDHE conducts periodic surveys, both announced and unannounced, to determine compliance with applicable laws, regulations and standards. The Acute Treatment program for individuals committed under the Care and Treatment Act will seek certification from the Centers for Medicare and Medicaid Services (CMS) and accreditation from The Joint Commission. Meeting the expectations of accreditation will ensure consistent provision of a high level of environmental safety and treatment quality to the patients it serves. SCR plans to have its initial survey completed by TJC in April or May 2027.

PROGRAMS ESTABLISHED TO ASSIST WITH AGENCY MISSION:

In the budget submission for FY 2027, SCR has one program to simplify the initial operations and start up of the facility. Over the course of FY 2027, six programs will be established.

General Administration Program provides the overall administration and management of SCR. Included in General Administration is the superintendent's office, accounting, accounts payable, billing and collections, budget, post office, contract management, credentialing, employee benefits, health information management, human resource management, patient accounts, purchasing, program assistants, information technology services, legal services, performance improvement, recruitment, and risk management.

Staff Development and Training Program provides staff education and development for the acute treatment program and the State Security Program within SCR, as well as Acute Clinical Program (ACP).

Acute Clinical Program provides inpatient services for people 18 years of age and older with severe mental illness. This program will be licensed for 52 beds. Treatment is offered both within each unit and through a range of activity therapy groups. This program encompasses various services, including activity therapy, triage and admission, a, clinical therapy, scheduling for direct care, infection control, nursing administration, nutrition services, peer support, psychology, unlicensed nursing, and social work.

State Security Program serves adult male mentally ill forensic patients from the entire state of Kansas, who are admitted through specific forensic statutes from county jails. SSP has two units with a total of 52 beds to evaluate, care for, and treat individuals admitted by the District Courts as provided under KSA 22-3302 (Competency Evaluation), 22-3303 (Competency Treatment), 22-3219 (Mental Status Evaluation), 22-3429 (Presentence Evaluation), 22-3428 (Not Guilty by Reason of Lack of Mental State), and 22-3430 (Care and Treatment in Lieu of Imprisonment).

Medical Services consists of psychiatric services, physical therapy, pharmacy, medical laboratory, x-ray, EKG-EEG, and dental services, as well as outside medical services. Psychiatric coverage is provided twenty-four hours a day, throughout every day of the year with routine psychiatric and medical services being provided throughout the week.

Physical Plant and Central Services maintains building systems including electrical, heating, cooling, carpentry, grounds maintenance, environment of care, laundry services and supplies for all programs, as well as property management that maintains oversight over the hospital assets, including capitalized assets. Physical plant and central services also include safety and security for the entire campus.

STATUTORY HISTORY:

In FY 2023, Governor Kelly recommended the initial funding to build a 50-bed regional, state psychiatric hospital, which was approved by the Kansas Legislature. The Kansas Department for Aging and Disability Services (KDADS) received an annual appropriation of \$15 million of state funds starting in FY 2023 for construction and ongoing operations for the hospital.

During the same period, Sedgwick County requested funding from the COVID-19 relief funds to have a state hospital constructed in Sedgwick County to serve mentally ill patients from the region surrounding Wichita. KDADS was provided a pool of \$66 million in SPARK funds to expand capacity and treatment programs for people with mental illness and disabilities. Sedgwick County applied for and has received \$25 million of those federal recovery funds for construction costs of a regional mental health hospital. KDADS and Sedgwick County entered a memorandum of understanding that defined a partnership for the County to construct the building in cooperation with KDADS. The agreement outlines the project phases and how the funding can be used to buy property, design the facility, and construct the hospital. Sedgwick County acquired property and hired the architectural firm for design, and the construction contractor. When the building is substantially complete, Sedgwick County will transfer the ownership of the building to the State. The Department for Aging and Disability Services will operate the facility as a state psychiatric hospital once the building is complete.

The 2025 Legislature authorized creation of the South Central Regional Mental Health Hospital in HB 2249. This bill modified the catchment areas for the state mental health hospitals. K.S.A. 39-1602 was amended to add SCR as a state psychiatric hospital, and defined the catchment area including Sedgwick, Butler, Cowley, Harvey and Sumner Counties

Current statutory authority for SCR can be found in K.S.A. 76-1201 et seq. as amended. The "Act for Obtaining Care and Treatment for the Mentally Ill Person" (K.S.A. 59-2901 through 59-2941), revised in 1976 and 1986, is of special significance because it controls hospital activities related to the protection of patients' constitutional and human rights, particularly those that ensure due process for the involuntary patient.

The statute changes also authorized SCR to serve criminal defendants in need of competency to stand trial evaluations and competency restoration services in collaboration with the State Security Program at Larned State Hospital. The competency program at SCR will operate as an extension of the program at Larned to coordinate admissions, provide consistent evaluation and restoration services across the state hospitals, and meet the needs of courts and law enforcement across the state while also coordinating with south central Kansas.

VISION: Transforming state psychiatric care into a national model of excellence with compassionate, innovative, and holistic treatment for acute and forensic populations.

MISSION: To deliver compassionate, innovative, and holistic psychiatric care while fostering excellence, collaboration, and empowerment.

VALUES: Compassion, Teamwork, Professionalism, Communication, Respect and Efficiency.

PILLARS: People, Excellence, Leadership

PROGRAMS ESTABLISHED TO ASSIST WITH AGENCY MISSION:

Below are examples of performance measures that will be tracked within the anticipated programs at SCR.

Administration

1. Vacancy Rate: Minimum staffing ratios identified and maintained for all programs to ensure quality service.
2. Turnover rate: Employee turnover rate does not exceed national average of 30% annually
3. Staff Training: 100% of staff complete employee orientation upon hire and all required annual training
4. Business Services. Claims submissions. 100% of Insurance/Medicare/Medicaid claims will be submitted to insurance/Medicare/Medicaid within 30 days of discharge
5. IT Help Desk and Response Time: 95% of IT Help Desk tickets will be responded to within 24 hours. Tickets will be resolved within 3 days when able

Medical Services

1. Medical Services: 100% of patients will have a history and physical completed within 24 hours of admission. Examination will be signed and dated. All sections of the history and physical examination will be completed
2. Pharmacy. Medication Alerts, Variances and ADRs: 100% of reported MA, MV & ADRS will be fully investigated within 14 days of receiving the report.
3. Psychiatric coverage is provided twenty-four hours a day, throughout every day of the year

Acute Clinical Services

1. Timeliness of Psychiatric Evaluations: 100% of patients will be evaluated and the Psychiatric Evaluation documented within 24 hours of admission.
2. Timeliness of Discharge Summary: 95% of patients discharged will have a Discharge Summary completed within 30 days of discharge.
3. Discharge planning: Comprehensive discharge plan will be developed and implemented. 95% of patients will have discharge criteria that is Realistic, Attainable, and individualized to their treatment on the Master Treatment Plan with a Psychosocial Assessment being completed within 72 hours of admission.
4. 30-day readmission. 100% of patients who are readmitted within 30 days of discharge will be tracked to identify trends.
5. Physical Intervention Documentation: 100% of reported physical interventions will have proper documentation
6. Patient Falls: Number of patient falls per month per 1,000 patient days will be below 5 per month and will be tracked and trended.
7. Infection Control: The healthcare associated infection rate will is below the national average of 3%.
8. Patient Satisfaction: Patient satisfaction will have a 2.5 out of 3 of all aspects of the survey.

State Security Program

1. Complete the Comprehensive Integrated Treatment Plan (CITP) on or before the due date. Minimum of 90% of documentation of nursing coverage and acuity entered in EHR monthly
2. 95% of staff receive annual CPI training to ensure safe environment for patients and staff
3. Offer a minimum of 2 hours of active treatment per week to all patients with a treatment order.
4. Complete the Comprehensive Integrated Treatment Plan (CITP) on or before the due date.
5. Percent of completed psychosocial assessments within policy timeframes.
6. Nursing admission assessments are completed within 24 hours of admission
7. Nursing progress notes are completed timely

Integrated Treatment Plan (CITP) is posted in the medical record by the end of the day following staffing. Social Services:

1. 1. Psychological assessments are completed within policy timeframe.
2. 2. Patient progress notes are completed per policy timeframes.
3. 3. Social work patient discharge instructions are completed prior to discharge

Psychological Services:

1. Court reports are completed by internal due date
2. A minimum of 2 hours of active treatment per week are offered to all patients with treatment order
3. Comprehensive Integrated Treatment Plan (CITP) is completed on or before the due date

Physical Plant and Central Services

1. Laundry: Ensure timely laundry of hospital linens, towels and wash cloths, gowns, cleaning cloths and mop heads
2. Food Service: Timely delivery of three (3) meals per day and snacks or other nutritional supplements as ordered.
3. Vehicles: Vehicles are available when requested in clean and maintained condition
4. Fire Protection: All fire alarm and fire detection systems and automatic fire extinguishing systems are inspected, tested and maintained ensuring compliance with State and Federal regulations

Building Maintenance: Campus property will be maintained and kept free of hazardous conditions. 95% of work orders are addressed within 24 hours.

FINANCIAL REQUEST:

For FY 2027, SCR requests allocated expenditures totaling \$15.0 million from the State General Fund. This includes \$7,098,770 for salaries and wages for 64.5 FTE positions. The remainder of the funds for contractual services, commodities and capital outlay are for contracts to implement an electronic medical record for SCR, support consultant agreements to complete the construction and seek accreditation, and to purchase supplies and equipment needed to open the building.

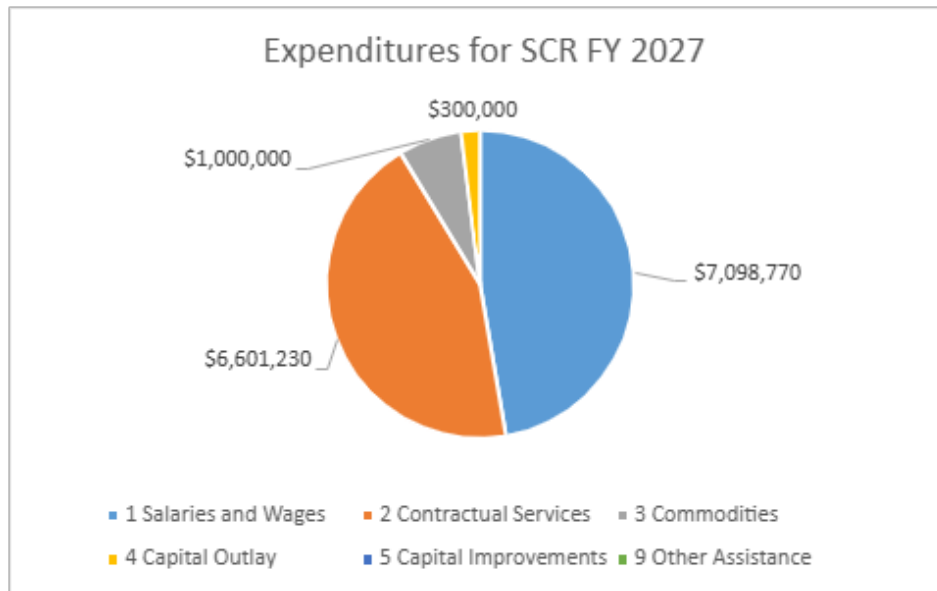
For FY 2027, an enhancement is requested for to support the full start up and operations of SCR based on the anticipated opening date in January 2027. The enhancement totals \$30.9 million, including \$28,903,466 from the State General Fund. That enhancement reduces the applied shrinkage rate to fund the full staff compliment of 400.5 FTE positions for approximately 8 months. That brings the clinical and security staff on board in Fall 2026 to be ready to admit patients in January 2027. More detailed information is available in the change package portion of the narrative.

OUTCOMES OVERVIEW:

With SCR beginning operations in FY 2027, these outcome measures are presented to show what will be reported in future budgets as data are collected. These measures provide insights into various facets of inpatient care, including the number of patients served and the duration of their stays. Lastly, the outcomes include financial data for SCR, covering expenditures and related financial information. The information in this section discusses SCR's outcomes.

Projected Overall Shrinkage FY 2027: 75.0%

Expenditures by Account SCR FY 2027	
Account	Amount
1 Salaries and Wages	\$ 7,098,770
2 Contractual Services	\$ 6,601,230
3 Commodities	\$ 1,000,000
4 Capital Outlay	\$ 300,000
5 Capital Improvements	
9 Other Assistance	
Total	\$15,000,000



Supplemental/Enhancement Request #1/1: Funding first year of operations

Justification: SCR requests an enhancement of \$32,903,466, including 28,903,466 from the State General Fund (SGF) for FY 2027 to fully staff the hospital and support operations to open the new state mental health hospital. Construction of SCR is expected to be completed by October 2026 and Sedgwick County will transfer ownership of the building to the Kansas Department for Aging and Disability Services (KDADS). KDADS is beginning to fill positions needed to oversee the transition of ownership, create the clinical and operational programs, enter contracts needed for operations, and recruit for additional positions. Those positions and initial contracts will be paid through KDADS during FY 2026 through the State Hospital Commission. The funding for those positions is included in the KDADS approved budget for FY 2026.

In FY 2027, SCR is coordinating with KDADS to move the \$15.0 million appropriation from the Regional Hospital account to a specific account for the Wichita Regional Hospital and finally to SCR. That \$15.0 million is budgeted to fund positions filled in FY 2026 and hire additional positions in the staffing plan through September 2026. Those positions include the clinical, operational, financial, human resource, and nursing leadership as well as the maintenance and janitorial positions needed to open the building. The allocated resource budget also includes \$6.6 million in contractual services to pay utilities, communications, and computer and telephone equipment. There is an additional \$1.3 million in commodities and capital outlay to supply and equip the building.

The enhancement request for FY 2027 includes a reduction in the allocated resource budget shrinkage rate of \$21,250,419 to allow filling of the full staffing plan. That includes positions planned for hiring in July 2026 through January 2027. The enhancement also includes \$7.5 million for contractual services including food service, laundry services, some contract labor for locum tenens physicians and other medical services, and the information technology support for the electronic health record. The commodities request includes patient clothing, lab supplies, medications and pharmacy supplies, laboratory supplies, and vehicles for patient transport and facility support.

Without the funding in the enhancement request, SCR will not be able to open for patient care as planned in January 2027. There would be insufficient staff to support patients in both programs and the critical contractual services, including food service and laundry, would not be funded. If the enhancement is not approved, SCR will shift hiring and planning to try to open at least one of the State Security Program units in SCR. Opening one of the 26 bed State Security Program units are the most critical needs to reduce the criminal defendant wait time for competency evaluation and restoration, especially from the counties in the SCR catchment area. Focusing on the forensic program capacity uses the most secure part of the building that would use all of the ancillary programs including nursing, clinical services, psychology, and safety and security staff. If an SSP unit is all we can open initially, that will

address the most critical community need providing a good platform for additional recruiting for the other programs as funding is available and filling the variety of positions needed for SCR to operate.

The enhancement includes \$500,000 from agency fee funds and \$1.5 million in Title XIX transfers that will be earned by admitting acute patients that have Medicaid, Medicare, or other insurance as payment sources for their care. Without the enhancement, those funds would not be available if only forensic patients are admitted. The insurance billing would be tied to acute treatment and be contingent on SCR becoming accredited and certified by CMS for Medicare and Medicaid funding.

Narrative Information – DA 400
Division of the Budget
State of Kansas

Agency Name: South Central Regional Mental Health Hospital
Program: Enhancement Request

EXPLANATION OF RECEIPT ESTIMATES - DA 405											
FY 2026 State General Fund Limitations											
Agency	Name	Fund Name	Fund	BU	FY 2026 Approved Expenditures	FY 2026 Re-appropriation	Transfers	Supplemental/Reduction Package	SGF Transfers	FY 25 Cash Forward	FY26 Adjusted Expenditure Request
410	Larned State Hospital	SGF Operating	1000	0103	\$51,808,305	\$7,724	-	-	-	-	\$51,816,029
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF-SPTP New Crime	1000	0110	\$0	-	-	-	-	-	\$0
		SGF - SPTP	1000	0200	\$27,144,514	\$7,030	-	-	-	-	\$27,151,544
494	Osawatomie State Hospital	SGF Operating	1000	0100	\$40,242,566	-	-	-	-	-	\$40,242,566
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF SPTP-MiCo	1000	0200	\$2,637,984	-	-	-	-	-	\$2,637,984
	Adair Acute Care	SGF Certified Care	1000	0101	\$8,877,835	-	-	-	-	-	\$8,877,835
631	South Central Regional Mental Health Hospital	SGF Operating	1000	0100	\$0	-	-	-	-	-	\$0
507	Parsons State Hospital	SGF Operating	1000	0100	\$22,248,645	-	-	-	-	-	\$22,248,645
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF- SPTP	1000	0200	\$2,728,817	\$39,720	-	-	-	-	\$2,768,537
363	Kansas Neurological	SGF Operating	1000	0303	\$18,617,217	-	-	-	-	-	\$18,617,217
		SGF Hospitality	1000	0304	\$150	-	-	-	-	-	\$150
	Total SGF				\$174,306,483	\$54,474	\$0	\$0	\$0	\$0	\$174,360,957
FY 2027 State General Fund Limitations											
Agency	Name	Fund Name	Fund	BU	FY 2027 Estimated Expenditures	FY 2027 Re-appropriation	Transfer	Enhancement/Reduction Package	SGF Transfers	KDADS Transfer IN	FY27 Adjusted Expenditure Request
410	Larned State Hospital	SGF Operating	1000	0103	\$52,469,390	-	-	-	-	-	\$52,469,390
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF-SPTP New Crime	1000	0110	\$0	-	-	-	-	-	\$0
		SGF - SPTP	1000	0200	\$27,144,514	-	-	-	-	-	\$27,144,514
494	Osawatomie State Hospital	SGF Operating	1000	0100	\$38,374,627	-	-	-	-	-	\$38,374,627
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF SPTP-MiCo	1000	0200	\$2,612,036	-	-	-	-	-	\$2,612,036
	Adair Acute Care	SGF Certified Care	1000	0101	\$11,175,355	-	-	-	-	-	\$11,175,355
631	South Central Regional Mental Health Hospital	SGF Operating	1000	0100	\$0	-	\$15,000,000	-	-	-	\$15,000,000
507	Parsons State Hospital	SGF Operating	1000	0100	\$22,534,289	-	-	-	-	-	\$22,534,289
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF- SPTP	1000	0200	\$2,700,000	-	-	-	-	-	\$2,700,000
363	Kansas Neurological	SGF Operating	1000	0303	\$18,871,646	-	-	-	-	-	\$18,871,646
		SGF Hospitality	1000	0304	\$150	-	-	-	-	-	\$150
	Total SGF				\$175,882,457	\$0	\$15,000,000	\$0	\$0	\$0	\$190,882,457

Narrative Information – DA 400
Division of the Budget
State of Kansas

Agency Name: South Central Regional Mental Health Hospital
Program: Enhancement Request

EXPLANATION OF RECEIPT ESTIMATES - DA 405												
FY 2026 Fee Funds												
Agency	Name	Fund Name	Fund	BU	FY 2026 Estimated C&H Receipts	FY 2026 Estimate Adj	Cash Forward	Add'l Misc Revenue	Other Transfer	FY 2026 Cash Forward	FY 2026 Adjusted Expenditure	Supplemental Request
410	Larned State Hospital	LSH Fee Fund	2073	2100	\$3,811,351	-	\$690,848			\$0	\$4,502,199	\$0
		Title XIX No limit	2074	2200	\$8,185,354	-	\$760,459			\$0	\$8,945,813	\$0
494	Osawatomie State Hospital	OSH Fee Fund	2079	4200	\$782,900	-	\$1,782,401			(\$65,096)	\$2,500,205	\$0
		OSH TXLX No limit	2080	4300	\$0	-	\$1,499,914		(\$1,499,914)		\$0	\$0
	Adair Acute Care	OSH Certified Care	2079	4201	\$5,011,100	-	\$1,541,311			(\$2,291,308)	\$4,261,103	\$0
		OSH TXLX Cert Care No Limit	2080	4301	\$7,290,196	-	(\$403,301)		\$1,499,914		\$8,386,809	\$0
631	South Central Regional	SCR Fee Fund	2512	2512	\$0	-					\$0	\$0
	Mental Health Hospital	SCR XIX No limit	New1	New1	\$0	-					\$0	\$0
507	Parsons State Hospital	PSH Fee Fund	2082	2200	\$1,235,000	-	\$406,700			\$0	\$1,641,700	\$0
		Title XIX No limit	2083	2300	\$21,000,000	-	\$2,143,696			(\$5,642,689)	\$17,501,007	\$0
363	Kansas Neurological Institute	KNI Fee Fund	2059	2000	\$1,424,914	-	\$645,513			(\$318,226)	\$1,752,201	\$0
		Title XIX No limit	2060	2200	\$21,000,000	-	\$1,180,576			(\$227,474)	\$21,953,102	\$0
	Total Fee Fund				\$69,740,815	\$0	\$10,248,117	\$0	\$0	(\$8,544,793)	\$71,444,139	\$0
FY 2027 Fee Funds												
Agency	Name	Fund Name	Fund	BU	FY 2027 Estimated C&H Receipts	FY 2027 Estimate Adj	Cash Forward	Add'l Misc Revenue	Other Transfer	FY 2027 Cash Forward	FY 2027 Adjusted Expenditure	Supplemental Request
410	Larned State Hospital	LSH Fee Fund	2073	2100	\$3,932,727	-	\$0				\$3,932,727	\$0
		Title XIX No limit	2074	2200	\$8,307,133	-	\$0				\$8,307,133	\$0
494	Osawatomie State Hospital	OSH Fee Fund	2079	4200	\$2,532,900	-	\$65,096				\$2,597,996	\$0
		OSH TXLX No limit	2080	4300	\$0	-	\$0				\$0	\$0
	Adair Acute Care	OSH Certified Care	2079	4201	\$3,261,100	-	\$2,291,308			\$0	\$5,552,408	\$0
		OSH TXLX Cert Care No Limit	2080	4301	\$7,000,000	-	\$0			\$0	\$7,000,000	\$0
631	South Central Regional	SCR Fee Fund	2512	2512	\$500,000	-	\$0				\$500,000	\$0
	Mental Health Hospital	SCR XIX No limit	New1	New1	\$0	-			\$1,500,000		\$1,500,000	\$0
507	Parsons State Hospital	PSH Fee Fund	2082	2200	\$1,235,000	-	\$491,700				\$1,726,700	\$0
		Title XIX No limit	2083	2300	\$21,500,000	-	\$5,642,689			(\$7,642,689)	\$19,500,000	\$0
363	Kansas Neurological Institute	KNI Fee Fund	2059	2000	\$1,424,914	-	\$318,226			(\$240,352)	\$1,502,788	\$0
		Title XIX No limit	2060	2200	\$22,000,000	-	\$227,474			(\$409,482)	\$21,817,992	\$0
	Total Fee Fund				\$71,693,774	\$0	\$9,036,493	\$0	\$1,500,000	(\$8,292,523)	\$73,937,744	\$0

Explanation of Receipts - DA 405				
Revenue Source	Revenue Account Code	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Medicare A	420610	\$0		
Medicare B	420610	\$0		
Insurance	420610	\$0	\$0	\$200,000
Private Pay-Care & Hosp.	420610	\$0	\$0	\$300,000
Kansas Debt Set Off	420610	\$0		
	420610	\$0		
Total Hospitalization		\$0	\$0	\$500,000
Clerical Charges	420400			
Educational Charges	420500			
Other Service Charges	420990			
Sale of Salvage	422500			
Sale of Unusable Condemned	422600			
Sale of Meals & Proces. Food	422700			
Other Interest	430900			
Rent of Unimproved Land	431100			
Rent of Real Estate & Bldg.	431200			
Other Misc Revenue	459090			
Insurance Reimbursement	461200			\$1,500,000
Estate Recovery	462100			
Recovery of Current FY Expen.	462110			
Reimbursement and Refunds, Other	462900			
Recovery of Prior FY Expen.	469010			
Other NonRevenue Receipts	469090			
Total		\$0	\$0	\$2,000,000

Explanation of Receipts

SCR plans to become certified to participate in Medicare and Medicaid during FY 2027. Based on the daily rates for Osawatomie State Hospital and Larned State Hospital and anticipated eligible patients in the 52 bed Acute Clinical Program, SCR anticipates generating about \$1.5 million in Title XIX revenue during FY 2027. SCR expects to see patients covered by insurance. Only about 50% of the patient population at SCR has access to any payer sources and SCR is not able to receive Medicare or Medicaid reimbursement.

SCR anticipates having fee fund collections of \$500,000 during FY 2027 related to patients with access to payer sources or covered by insurance. Working with LSH and OSH, SCR will identify opportunities to contract with health insurers and collect from patients that have resources to underwrite the costs of care.

PROGRAM DESCRIPTION:

Administration – 01030

Program Overview:

For FY 2027, all SCR expenditures are reflected in the Administration program. Additional detail will be added to include additional programs to divide personnel and expenditures among the operational and clinical functions. For FY 2027, all of the SCR expenditures are included in Administration. Over the course of FY 2026, additional programs will be added to differentiate the Care and Treatment patient unit from the State Security Program unit and to call out the clinical program expenses from other operations. For simplicity, all expenses are requested in the single program for this initial budget submission. The SCR budget submission shows the overall budget in the Administration program and the other anticipated programs are described in this narrative.

ADMINISTRATION

This program forms the basis of the hospital's operations, ensuring essential tasks for facility management are carried out. Its main goals include overseeing treatment quality for proper patient care, maintaining licensing status, and managing vital activities. The Administration Program is responsible for the overall administration and management of SCR. This includes various components like the Superintendent's office, Chief Financial Officer, performance improvement, risk management, accounts payable, billing and collections, budgeting, cashier and post office operations, contract management, credentialing, employee benefits, health information management, human resources, patient accounts, patient canteen services, program assistants, information technology services, legal support, and recruitment.

Business services:

The Business Services Department at SCR encompasses Accounts Receivable, Accounts Payable, and Utilization review.

- The Accounts Receivable team is responsible for all patient billing activities, including both daily and monthly billing processes.
- The Accounts Payable unit ensures timely and accurate payment of hospital expenses in compliance with vendor contracts and state statutes.
- The Utilization Review Department plays a critical role in reviewing patient charts to assess medical necessity for continued stays and verifying the accuracy of related charges. It also coordinates with insurance providers by submitting medical documentation to support reimbursement and proper billing.

Together, these units ensure financial integrity, operational efficiency, and support services across the hospital.

Information technology:

Information Technology (IT) will be responsible for the telecommunications infrastructure within SCR as well as support the technology needs for staff including laptop computers, telephones, and cellular devices. This will include the electronic health record and other critical internal systems IT provides general office equipment and computer management training, maintenance, installations, and repairs. Additionally, the building access, video surveillance, overhead paging, and building heat, ventilation, and air conditioning systems are maintained.

Human resources:

The Human Resources (HR) Department at South Central Regional is responsible for managing the employee life cycle: recruiting, hiring, onboarding, training, discipline, termination and administering employee benefits. The Human Resources department will refine the process of progressive discipline and disciplinary letters alongside KDADS Central office HR.

Risk management:

Risk Management is dedicated to fostering a culture of safety by supporting departments in identifying, analyzing, and addressing potential risks. The department collaborates closely with Nursing, Security, IT, and others to ensure incidents submitted to Risk Management are communicated to the appropriate directors for review and corrective action. By monitoring trends and reviewing adverse events, Risk Management helps inform departmental decision-making and supports the continuous improvement of safety practices throughout the facility.

Health information management:

The Health Information Management Department provides the operation to service medical records for SCR. Following American Health Information Management Association (AHIMA), state and federal guidelines enable the department to provide high quality and complete medical records through quality control and validation processes. In addition to processing records, release of information requests, and genealogy requests the SCR HIM Department is

responsible for medical coding, utilization review, data requests, monthly reporting, admissions, unit support via Program Assistants, fulfilling survey requests, and auditing.

Staff development and training:

The Staff Development and Training Program at SCR is dedicated to delivering educational opportunities that enhance individual performance, foster personal growth, and lead to positive patient outcomes. Staff Development and Training (SD&T) is responsible for orientation of all hospital staff at Osawatomie State Hospital (SCR). SD&T uses oral presentations, computer-based training (CBTs), and hands-on training to orientate employees. SD&T also offers Continuing Education credit hours that fulfill the requirements for state relicensing for Licensed Nursing Staff (LMHT, LPN, RN, APRN) as well as other licensed staff across the facility (Therapist, Social Workers, Psychologist).

SUBPROGRAM: Acute Clinical Services

Program Overview:

All psychiatric and medical services provided to the patients at the South Central Regional are done under the auspices of the Acute Clinical Services Program. From the initial evaluation, through day-to-day care, and up to the point of discharge, the medical staff forms the backbone of the medical and medication management for the patients being treated at the hospital. Coverage is provided on a “24/7” basis so a physician is always available to address the treatment needs of the patients. In addition, ancillary treatment is provided through the medical service including the Medical Laboratory, Pharmacy, Dentistry, Podiatry, Physical Therapy and other contracted services as appropriate to meet the needs of the patient. Medical services will be provided to the State Security Program at SCR through a memorandum of understanding.

Medical Services:

The Medical Staff at SCR will include physicians, medical and psychiatric APRNs, and dental consultant. The Medical Staff are responsible for providing quality, current and safe psychiatric and medical services to all patients. Members of the Medical Staff undergo privileging and credentialing requirements which include review of their qualifications, licensures, DEA certifications, evidence-based patient assessments, treatment and management, and participation in required hospital wide training on the use of seclusion and restraint, CPI and BLS. The Clinical Director is responsible to provide regular checks and performance reviews to ensure compliance with the Medical Staff By laws, hospital procedures and policies, and standards and

regulations by accrediting agencies such as Centers for Medicare and Medicaid Services (CMS) and Kansas Department of Health and Environment.

Medical Staff members are responsible for admitting patients by performing psychiatric interviews, completing psychiatric evaluations, physical examinations and prescribing psychotropic and medical medications to address their psychiatric and medical needs. They collaborate and communicate closely with other hospital staff by participating in treatment team and discharge meetings to ensure seamless coordination and integration of services with the goal of providing a safe, holistic and patient centered approach in patient care. They actively participate in performance improvement activities, clinical governance, identification of areas for improvement.

Pharmacy:

The Pharmacy Department ensures safe, effective, and cost-conscious medication use at SCR. Pharmacists under the department are accountable for both clinical and distributive functions. Distributive functions include tasks such as checking and stocking the Pyxis machines to maintain an accessible and adequate medication supply when the pharmacy is closed, as well as filling discharge medications to ensure seamless continuity of care. Clinical functions involve reviewing medication orders to apply evidence-based therapeutic treatments, updating the hospital formulary to provide access to medications in accordance with current disease-state medication guidelines, and conducting patient chart reviews to assess current medication management.

Pharmacists are available on-call 24/7 to address both clinical and operational inquiries. SCR will also use PipelineRx, a remote pharmacy verification service, provides pharmacy coverage for order verification and review when SCR pharmacists are not on-site. An SCR pharmacist is on-call for distribution problems after business hours. Additionally, the pharmacy actively participates in the hospital's emergency response planning, infection prevention and control measures, management of hazardous medications, and incident reporting. Furthermore, they collaborate with the Medical Staff to develop a comprehensive formulary of medications available for prescription at the hospital and establish guidelines to ensure the safe prescribing of medications.

Laboratory:

The primary purpose of the Laboratory Department is to provide phlebotomy services to SCR. This department provides

coverage to support medical services to meet requirements set forth in the performance of moderated and waived test complexities of a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory. The Laboratory department's primary objective will enhance quality and productivity by devising a streamlined and economically viable approach to delivering laboratory, radiology, and ECG services. The goal is to provide as much testing capacity within SCR as possible, but given the availability of contracted laboratory services in the area, some samples will be sent out for testing.

Clinical Services:

The Clinical Services Program provides most group and individual psychotherapy for the patients admitted for inpatient care at the SCR. Services are provided to patients in licensed beds across 2 units. Therapeutic activities occur seven days a week, 365 days a year. Within each treatment program, care for the patient is individualized according to his/her unique presenting concerns with coordination and oversight being provided by an interdisciplinary team (IDT) of mental health professionals. The approach used in each program is drawn from evidence-based practices and this approach is regularly reviewed to ensure it remains an accepted and effective standard of care. Clinical Services includes the activity therapies subprogram which provides patients with specialized clinical services in music, vocational, and recreation therapy, as well as more general leisure skills training consistent with their presenting psychiatric concerns. Prior to admission, all patients are assessed by a Community Mental Health Center (CMHC) screener, and they may subsequently be admitted on a voluntary or involuntary basis, depending on the results of the CMHC screen and the patient's level of understanding/cooperation. SCR provides some Clinical Services to AAC through a MOU.

Psychology and Therapy Services:

Psychology and Therapy Services is comprised of psychologists, masters level therapists, leisure and fitness, and other support staff. The primary function of this department is to provide direct individual and group treatment services to patients at the hospital. Modalities vary by sub-department and are based on the unique needs of the patients on each treatment program. Services include individual therapy / contacts, group therapy, other group or individual activities, psychological assessment, and treatment planning. Additionally, for the psychologists and therapists, ongoing education is a component of the services provided – this may include provision of continuing education to the department or hospital, involvement with new hire orientation/training or other educational activities. Psychologists and sub-department supervisors also provide supervision to assigned staff.

Leisure and Fitness:

The Leisure and Fitness Department emphasizes a healthy lifestyle, improved coping skills, and effective symptom management through diverse group and individual activities. These include physical exercises for movement and relaxation, creative endeavors for self-expression and crafting, and social activities to foster meaningful interactions. Monthly group activity calendars consider individual preferences and activity levels, while music therapy and creative arts sessions further promote overall wellness, enhancing patient care.

Social Services:

The Social Services Department at SCR enhances patient care by facilitating effective communication between various parties involved in the treatment and discharge process. The department comprises several essential components, namely patient advocacy, peer support, clinical chaplain services, case managers, and social workers responsible for discharge planning.

Social Workers/Case Managers meet with patients and the interdisciplinary team regularly to keep everyone informed about the patient's progress. They also collaborate with family members and community partners to create safe and effective discharge plans and arrange specialized aftercare. Moreover, social workers/case managers serve as a primary point of contact for patients' well-being, especially with members who are not directly involved in the patient's care team. They play a significant role in coordinating information flow regarding the patient's treatment progress and ensuring continuity of care once the patient returns to the community.

Patient Advocacy is a crucial function of the Social Services Department, dedicated to safeguarding patients' rights and well-being. Advocates closely monitor hospital policies, support patients in decision-making, mediate conflicts, and ensure comprehensive care coordination for access to essential resources during and after treatment. Their goal is to empower patients, provide education, and serve as a vital link between patients and the healthcare system to enhance their overall care experience.

Peer Support will be an integral component of the hospital's approach to patient care, where individuals with shared experiences provide emotional and practical support to patients. By fostering understanding and empathy, peers offer encouragement, act as role models for recovery, reduce stigma surrounding mental health and medical conditions, and create supportive group environments for open discussions and skill-sharing. This peer-driven support system empowers patients in

their journey to overcome challenges, promoting self-advocacy and a sense of belonging throughout their treatment and recovery process.

The Clinical Chaplain offers crucial spiritual support to patients throughout their treatment. They provide individual and group spiritual guidance, addressing the diverse beliefs of patients and ensuring their spiritual needs are met. The Clinical Chaplain offers emotional and psychological assistance, serving as a compassionate listener and helping patients develop coping strategies. They collaborate with the interdisciplinary team, contribute to end-of-life care, and provide education to staff on respecting patients' spiritual beliefs. With a focus on holistic well-being, the Clinical Chaplain enhances patients' resilience and fosters a supportive and inclusive healthcare environment.

Dietary Services:

The Dietary Services Department at SCR will meet the dietary needs of patients. Department dietitians regularly meet with patients to provide education and consultation to patients. The dietitians also continuously develop and evaluate the nutrition program and nutrition education program to ensure better patient care. The department also works with a food service company to ensure food quality standards are met.

Nursing:

The Nursing Department will play a critical role in assessing and treating individuals who present with complex mental health and medical conditions. The department staffing plan consists of a team of nursing professionals who provide comprehensive care and support to ensure the well-being and recovery of our patients.

Key Components and Responsibilities:

Comprehensive Patient Assessment:

The Nursing Department conducts thorough assessments of patients upon admission, taking into account both their mental health and medical conditions. Nurses gather essential information, perform physical and mental health evaluations, and collaborate with other healthcare professionals to develop individualized treatment plans.

Integrated Care and Treatment:

Nursing professionals deliver integrated care, addressing both mental health and medical needs of our patients. They administer medications, closely monitor their effects, and ensure compliance with prescribed treatment regimens. Additionally, they provide ongoing support, education, and counseling to patients, promoting holistic well-being and recovery.

Physical Health Monitoring:

Recognizing the interconnectedness of mental and physical health, nursing staff monitors vital signs, conducts regular physical health assessments, and collaborates with medical professionals to address any medical concerns that may arise during a patient's stay. This integrated approach ensures comprehensive care and timely interventions.

Crisis Intervention and Stabilization:

Nurses will be trained in crisis intervention techniques and play a pivotal role in managing acute psychiatric crises. They provide immediate support, implement de-escalation strategies, and ensure a safe environment for patients and staff. Their expertise helps stabilize individuals in distress and facilitates the development of personalized treatment plans. All nursing staff participate in regular safety training programs that focus on crisis intervention, de-escalation techniques, and the safe use of restraints when absolutely necessary. These training sessions are designed to ensure that our team is prepared to manage any situation that may arise, minimizing the risk of harm to patients and staff.

Collaborative Multidisciplinary Approach:

The Nursing Department works collaboratively with a multidisciplinary team, including psychiatrists, psychologists, social workers, and other healthcare professionals. Through regular team meetings, our nurses contribute their valuable insights, actively participate in treatment planning, and coordinate care to optimize patient outcomes.

Staff Development:

To maintain a high standard of care, the Nursing Department is committed to the continuous professional development of its staff. We believe that well-trained, confident nurses are better equipped to deliver safe and effective care. We offer ongoing education and training opportunities for our nursing staff, including workshops, trauma-informed care, and boundary trainings. These opportunities ensure that our nurses remain current with the latest best practices in mental health care. New staff members are paired with experienced mentors who provide guidance, support, and feedback as they acclimate to the unit.

Patient and Family Education:

Nurses in our department take the initiative to educate patients and their families about mental health conditions, medical treatments, medications, and coping strategies. They provide guidance on managing symptoms, fostering healthy lifestyles, and promoting long-term recovery, empowering individuals to actively participate in their own care.

Scheduling:

The scheduling department staffs and schedules the patient units with proper ratios to ensure patient care and safety for patients and staff are recruited to cover Requested Time Off (RTO), Crisis Prevention Institute (CPI)/Cardiopulmonary Resuscitation (CPR) trainings, patient appointments, sick leave, admin leave, work comp, and the Family Medical Leave Act leave.

The nursing service staff schedule is developed in accordance with current policy and procedure. The daily shift schedule is evaluated. This is on-going and requires hourly changes. The Scheduling Department develops plans for establishing schedules in the required time frames, performs office management duties, and oversees the maintenance of required staffing data. The Department provides information that requires immediate attention to executive staff and delegates other matters to various management nursing staff in unit programs. At times, the Scheduling Department manager advises other department head and executives on administrative policies related to staffing at the direction of a supervisor.

Infection control:

Infection Control identifies and prevents infections while reducing disease transmission risk. The primary goal is delivering safe, cost-effective care to patients and preventing infection spread among patients, staff, visitors, and others in the healthcare environment. This program is designed to prevent and minimize healthcare-associated infections by integrating infection prevention and control principles into all aspects of practice. Additionally, comprehensive education and resources are provided to equip all staff with necessary knowledge for creating a safe environment for everyone within the facility. The Infection Control program's implementation extends across all departments, fostering a unified effort to promote a safe healthcare setting for all who enter the organization.

Triage:

The Triage function is to review potential patients referred to SCR by community mental health centers. Triage nurses facilitate efficient communication among various stakeholders, including community partners, state agencies, community hospitals or sending agents, and the hospital psychiatrist. This communication is essential to determine whether psychiatric hospitalization is appropriate for the proposed patients, following established guidelines. The department collaborates closely with hospital administrators, the nursing department, and physicians to ensure that all relevant information about the proposed patients is communicated effectively. This comprehensive communication ensures that proper care and treatment can be provided if the patient is accepted for hospitalization.

State Security Program:

SSP serves adult male mentally ill forensic patients who referred for admission through specific forensic statutes from county jails or transferred from the Kansas Department of Corrections (KDOC) for treatment. The SCR State Security Program operates as an extension of the State Security Hospital at Larned State Hospital. This will allow coordinated admissions based on wait time, patient acuity, the use of outpatient competency services, and available bed space across the hospitals. SCR has 2 patient units designed to serve 52 forensic competency patients.

SSP units admit, evaluate, care for, and treat individuals admitted by the District Courts as provided under KSA 22-3302 (Competency Evaluation), 22-3303 (Competency Treatment), 22-3219 (Mental Status Evaluation), 22-3429 (Presentence Evaluation), 22-3428 (Not Guilty by Reason of Lack of Mental State), 22-3430 (Care and Treatment in Lieu of Imprisonment) 59-29a05 (Sexual Predator Evaluation).

The SSP has a pending admission list of District Court referrals and is focused on reducing the wait times for individuals to be admitted. SSP continues to work toward modernizing the forensic evaluation process by utilizing mobile evaluators to perform evaluations as well as providing competency restoration services within secure confinement settings and in the community for individuals who may be on bond.

LSH continues to work with Kansas counties, the courts, and other community stakeholders in moving towards expanded

outpatient services for individuals waiting for admission to the SSP. KDADS contracts with Wheat State Healthcare to use the Community Mental Health Center network to perform competency evaluations and restoration treatment in county jails.

Physical Plant and Central Services:

The Physical Plant and Central Services subprogram encompasses a maintaining the heating and air conditioning system, building and equipment maintenance, custodial and laundry services, and supply provision. T The broader scope of Central Services is responsible for property management and grounds care and housekeeping ensuring building cleanliness, Safety and Security overseeing ground security and emergency situations, and Supply managing hospital inventory. Laundry services will be contracted but the distribution of clean linens and collection of dirty linens will be coordinated by Central Services. Finally, Procurement ensures a steady and proper flow of goods, services, and supplies to the campus.

Operations and facility staffing will include personnel for general maintenance, power plant operators, electronics technicians Grounds, Custodial Services, and Safety & Security Officers.

Facility Services ensures the continuous and reliable operation of a facility, power plant, buildings, structures, grounds, utility systems, as well as automotive and real property for SCR. The responsibilities encompass both routine maintenance and emergency response to maintain these assets in optimal condition for continuous use. The team will promptly address emergency situations to minimize downtime and restore functionality. From conducting routine checks on equipment and systems to managing repairs and upgrades, the Facilities Department ensures the safety, efficiency, and seamless operation of the entire facility, contributing to the smooth functioning of day-to-day operation. The facilities team will operate an electronic system to maintain a complete inventory and condition assessment of all facility infrastructure, including HVAC, plumbing, electrical, life safety, and medical support systems to establish maintenance baselines and risk prioritization. This will include scheduling Preventive Maintenance to adhere to detailed, manufacturer-recommended and code-compliant preventive maintenance schedules.

Safety and Security will provide l security for patients, staff, and visitors, ensuring a safe environment on campus. In emergency situations, the department handles incidents while working closely with local police and fire departments The department also manages visitor check-in through on-site dispatch and handles telecommunication operations for the campus. Their responsibilities also include conducting monthly fire extinguisher checks, fire drills, weekly and monthly building inspections, as well as daily door checks and animal control.

The Custodial Services staff will be creating a clean, safe, and welcoming environment for patients, staff, and visitors alike. From daily upkeep to deep-cleaning routines, their responsibilities cover every corner of the hospital—including restrooms, patient units, staff rooms, showers, and public areas. In patient care areas, the team expertly strips and cleans beds and rooms, maintains day halls, and keeps technician and nurse stations spotless. Their comprehensive methods include sweeping, mopping, dusting, buffing, and floor waxing. They also manage patient laundry with precision—washing, folding, sorting, and ensuring soiled clothing is properly separated for hygienic handling.

The Procurement staff will procure goods and services needed for the Acute and State Security Programs. The department oversees the purchasing and contract work for the agency using the purchasing authority, identifies business requirements for goods, materials, services and find reliable suppliers to meet these requirements. Contracted vendors or non-contracted vendors approved by the State of Kansas must be used.

Administration	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Salaries and Wages					\$ 28,349,189
Shrinkage					\$ (21,250,419)
Contractual Services					\$ 6,601,230
Commodities					\$ 1,000,000
Capital Outlay					\$ 300,000
Other Assistance					
Total	\$ -	\$ -	\$ -	\$ -	\$ 15,000,000

Account Code 51000: Salaries and Wages

Funds requested will provide salary and wage funds for positions and represents funding for 64.5FTEs in FY 2027 for 26 pay periods, fringe benefits, health insurance and longevity. The allocated resource level budget, totals \$7.1million from the State General Fund, allows for part of the total position to be funded. The requested amount reflects funding 16.5 positions that were included in the Kansas Department for Aging and Disability Services budget in FY 2026. These positions were the first hired to complete the construction project and set up the operational and clinical programs for SCR. They will be moved into SCR at the beginning of FY 2027. The remaining positions in the FY 2027 are the next group of positions prioritized for hiring to move into the SCR building,

recruit and onboard the clinical and nursing staff, and set up the operations of SCR in anticipation of admitting the first patient in January 2027. Based on the hiring plan, these are positions that would be hired between July 1, 2026 and September 30, 2026.

The enhancement request reduces the shrinkage rate to allow hiring the full staff compliment that would start on October 1, 2026 through February 2027. The total position count requested for SCR including the enhancement is 401.5 FTE positions.

FY 2026: \$0 is requested.

FY 2027: \$7,098,770 is requested. The shrinkage rate is 75.0%.

Account Codes 5200 - 5290: Contractual Services

Summary: The major contractual services are communications, telephone services, postage, telephone repair, computer services (networks), video conferencing, cellular phones and utilities. Cellular phones, Smart Phones, and iPads are used for nursing supervisors, physicians, and other professional and support staff where deemed appropriate. Contractual services also includes costs for utilities for the building, electronic health record implementation, contract costs for consultants to help develop the clinical program and obtain The Joint Commission accreditation.

FY 2026: \$0 is requested.

FY 2027: \$6,601,230 is requested.

Account Codes 5300 - 5390: Commodities

Summary: The major commodities are food, maintenance supplies, professional supplies, and household supplies needed to open the building and provide initial supplies for the laboratory, pharmacy, clinical services, and facilities support.

FY 2026: \$0 is requested.

FY 2027: \$1,000,000 is requested.

Account Code 5400 - 5490: Capital Outlay

Summary: Capital Outlay is requested for patient transport vehicles and maintenance equipment.

FY 2026: \$0 is requested.

FY 2027: \$300,000 is requested.