

KANSAS MEDICAID STATE PLAN

OWNER/ADMINISTRATOR LIMITATION TABLE EFFECTIVE 07/01/08

Number of Beds	Total Bed Days	Maximum Owner/Admin Compensation	Limit PPD	F/Y	Amount	Cost of Living State Emp.
15	5,475	\$22,327	\$4.08	76	10,000	---
16	5,840	24,202	\$4.14	77	10280	2.800%
17	6,205	26,077	\$4.20	78	10537	2.500%
18	6,570	27,952	\$4.25	79	11301	7.250%
19	6,935	29,827	\$4.30	80	11781	4.250%
20	7,300	31,702	\$4.34	81	12617	7.100%
21	7,665	33,577	\$4.38	82	13248	5.000%
22	8,030	35,452	\$4.41	83	14109	6.500%
23	8,395	37,327	\$4.45	84	14426	2.250%
24	8,760	39,202	\$4.48	85	15147	5.000%
25	9,125	41,077	\$4.50	86	15933	5.190%
26	9,490	42,952	\$4.53	87	16411	3.000%
27	9,855	44,827	\$4.55	88	16575	1.000%
28	10,220	46,702	\$4.57	89	17238	4.000%
29	10,585	48,577	\$4.59	90	17755	3.000%
30	10,950	50,452	\$4.61	91	18021	1.500%
31	11,315	52,327	\$4.63	92	18021	0.000%
32	11,680	54,202	\$4.64	93	18111	0.500%
33	12,045	56,077	\$4.66	94	18202	0.500%
34	12,410	57,952	\$4.67	95	18407	1.125%
35	12,775	59,827	\$4.68	96	18591	1.000%
36	13,140	61,702	\$4.70	97	18591	0.000%
37	13,505	63,577	\$4.71	98	18777	1.000%
38	13,870	65,452	\$4.72	99	19059	1.500%
39	14,235	67,327	\$4.73	00	19250	1.000%
40	14,600	69,202	\$4.74	01	19250	0.000%
41	14,965	71,077	\$4.75	02	19683	2.250%
42	15,330	72,952	\$4.76	03	19683	0.000%
43	15,695	74,827	\$4.77	04	19978	1.500%
44	16,060	76,702	\$4.78	05	20577	3.000%
45	16,425	78,577	\$4.78	06	20834	1.250%
46	16,790	80,452	\$4.79	07	21355	2.500%
47	17,155	82,327	\$4.80	08	21782	2.000%
48	17,520	84,202	\$4.81	09	22327	2.500%
49	17,885	86,077	\$4.81			
50	18,250	87,965	\$4.82			

90th Percentile PPD  
 Administrator & Co-  
 Administrator Salary.