

STATE OF KANSAS

CAPITOL BUILDING  
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GOVERNOR JEFF COLYER, M.D.

EXECUTIVE DIRECTIVE NO. 18-486

Authorizing Personnel Transactions

By virtue of the authority vested in the Governor as the head of the Executive Branch of the State of Kansas, the following transaction is hereby authorized:

The request of Kraig Knowlton, Director of Personnel Services, to establish the attached, updated pay plan for unclassified physicians and medical staff in state facilities under the authority of the Department for Aging and Disability Services is hereby approved, effective June 17, 2018, in accordance with KSA 75-2935c.

I have conferred with the Secretary of Administration, the Chief Budget Officer, the Director of Personnel Services, and members of my staff, and I have determined that the requested action is appropriate.

THE GOVERNOR'S OFFICE

By the Governor

*[Handwritten signature]*  
\_\_\_\_\_  
Secretary of State

*[Handwritten signature]*  
\_\_\_\_\_  
Assistant Secretary of State

6-29-18  
Date

**FILED**  
JUN 29 2018  
KRIS W. KOBACH  
SECRETARY OF STATE





**MEDICAL SERVICES STAFF COMPENSATION WORKSHEET**

(June 17, 2018 to June 15, 2019)

Physician Name:  
 Date of Agreement:  
 (Requested Effective Date)

Hospital:  
 Medical Field Specialty:

This worksheet is not an open record pursuant to the Kansas Open Records Act (“KORA”). This worksheet is exempt from disclosure pursuant to KORA by reason of K.S.A. 45-221, et seq. The following exceptions apply to this worksheet (a)(4) applicants for employment; (a)(20) notes and preliminary drafts; (a)(30) information of a personal nature; and any other state or federal law which applies to information which is not an open record.

Superintendents must be able to fund compensation submitted within current budgets.

**I. Base Pay Determination.** Section A lists the range of salaries for the following positions medical field specialty. Changes in base pay are based upon the recommendation of the Superintendent or at the discretion of the Secretary of the Kansas Department for Aging and Disability Services. Base pay cannot exceed the amounts listed below.

A. Range of Salaries: (Check Appropriate Box)

- |   |                             |
|---|-----------------------------|
| <input type="checkbox"/> Medical Director   | \$140,000.00 - \$270,000.00 |
| <input type="checkbox"/> Clinical Director of Psychiatry                            | \$175,000.00 - \$270,000.00 |
| <input type="checkbox"/> Psychiatrist   | \$140,000.00 - \$225,000.00 |
| <input type="checkbox"/> Physician  | \$120,000.00 - \$225,000.00 |
| <input type="checkbox"/> Institutional License                                      | \$110,000.00 - \$225,000.00 |
| <input type="checkbox"/> PHD Licensed Psychologist                                  | \$68,000.00 - \$115,000.00  |
| <input type="checkbox"/> Mid-Levels (Physician’s Assistant/Nurse Practitioner/APRN) | \$68,000.00 - \$115,000.00  |

Specify: \_\_\_\_\_  
 (this should match medical field specialty listed at top of page)

B. Contract Base Pay: \$ [Amount]

**Total Section I:** \$ [Amount]

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## II. Added Value

A. Specialized Training (\$3,000 per each) \$ [Amount]

Specify Training:

Justification for why needed at hospital:

Formalized subspecialty training including, but not limited to: geriatric psychiatry, forensic psychiatry, child psychiatry, and psychopharmacology, approved by the American Medical Association and the American Psychiatric Association.

B. Board Certification (\$6,000 per each): Yes  No  \$ [Amount]

Psychiatry and Neurology

Internal medicine and family practice

Other, specify: **[Explanation]**

C. Supervision (\$6,000) \$ [Amount]  
(Provides administrative or clinical supervision beyond that provided by all physicians.)

1. Provide number of staff supervised, job title, vacant or filled:

D. For Larned State Hospital **ONLY** add \$20,000 for geographic incentives. \$ [Amount]

**Total Section II:** \$ [Amount]

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## III. Optional Incentive

Compensation under this subsection is taxable and offered in the form of a lump sum payment.

A. Hospital HR must attach the Employee Job Action History Report from SHaRP. Hospital HR is responsible for verifying the service date is accurate, which includes adjusting years of service, if necessary.

B. Discretionary Incentive \$ [Amount]

At the discretion of the Superintendent, the employee may be eligible for a one-time annual payment which shall be paid at the beginning of the fiscal year based on years of service at the beginning of the fiscal year as follows, provided that the employee has not had a break in service exceeding one year or greater<sup>1 2</sup>:

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<sup>1</sup> Number of years Employee has held the specific position in Section 1, page 1.

<sup>2</sup> If an employee has a break in service for one year or greater, when the employee returns to one of the positions identified on page 1 of this worksheet, the years of service start over on the return effective date.

- For 1-3 years of completed service:**  
The incentive payment shall not exceed the amount computed by multiplying \$500 by the number of full years of service.

1 year x \$500 = \$500  
2 years x \$500 = \$1,000  
3 years x \$500 = \$1,500

- For 4-6 years of completed service:**  
The incentive payment shall not exceed the amount computed by multiplying \$1,000 by the number of full years of service.

4 years x \$1,000 = \$4,000  
5 years x \$1,000 = \$5,000  
6 years x \$1,000 = \$6,000

- For 7 years or more of completed service:**  
The incentive payment shall not exceed the annual amount of \$15,000 following 7 or more full years of service.

- C. Optional Educational Loan Repayment \$ [Amount]

- Up to \$20,000 following the completion of 2<sup>nd</sup> year of service and upon execution of the 3<sup>rd</sup> year agreement.
- Up to \$20,000 upon the completion of each subsequent year of service starting with year 4; not to cumulatively exceed the total amount of \$160,000.

- Required** – Employee must provide a current statement of loan account which will be attached to this worksheet by HR (If this is not provided then the employee is not eligible to receive the repayment)

**Total Section III:** \$ [Amount]

#### **IV. Salary Determination**

This section is used to determine annual salary. Calculate the appropriate amounts using Sections I, II, and III.

Total for Section I \$ [Amount]

Total for Section II \$ [Amount]

Total Annual Salary (Sum of Section I & II totals)

\$ [Amount]

Optional Incentive: (Sum for Section III)

\$ [Amount]

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**V. Credentialing Checklist**

A. Completed credentialing checklist attached

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**VI. Housing**

On-campus housing provided in benefits packages.

Yes  No

If yes, Housing Agreement must be attached.

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**VII. Moving Expenses Request\***

A. Applicant requesting approval for reimbursement of moving expenses

B. Human Resources has contacted applicant and provided information necessary before a determination can be made.

\*Submission of moving expenses does not constitute approval for reimbursement. A separate, specific document shall identify if moving expenses will be reimbursed and how much will be reimbursed if approved.

Completed Worksheet Approvals:

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**Superintendent Signature**

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**Date**

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**Medical Services Director Signature**  
(Signature not required for Medical Director's Worksheet)

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**Date**

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**Hospital Human Resources Director Signature**

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**Date**

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**Central Office Human Resources Signature**

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**Date**

