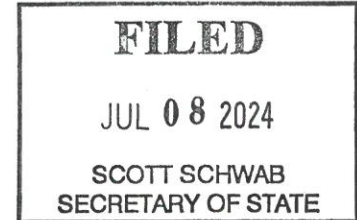


EXECUTIVE DIRECTIVE NO. 24-585

Authorizing Personnel Transactions
And
Establishment of a Federal Fund



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

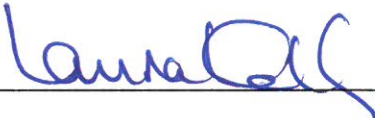
The request of Kraig Knowlton, Director of Personnel Services, to establish the attached, updated pay plan for unclassified physicians in state facilities under the authority of the Department for Aging and Disability Services is hereby approved, effective June 9, 2024, in accordance with K.S.A. 75-2935c.

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

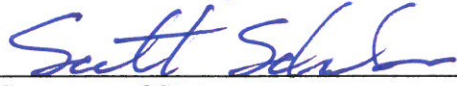
Pursuant to the authority of the Secretary of the Kansas Department of Health and Environment to receive and expend federal funds, and pursuant to the authority granted the Governor by Section 200 of Chapter 88 of the *2024 Session Laws of Kansas*, approval is hereby granted to the Kansas Department of Health and Environment for expenditure in FY 2025 of monies in the federal fund entitled the "Environmental Justice Fund."

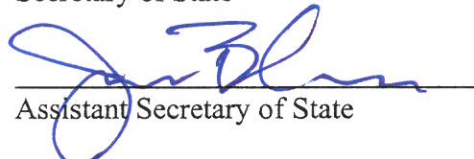
I have conferred with the Director of the Budget and members of my staff, and I have determined that the guidelines set forth in K.S.A. 75-3711 and 75-3711c have been applied and that none of the forgoing actions exceeds the limitations contained therein.

THE GOVERNOR'S OFFICE

By the Governor 

Date 7.3.24


Secretary of State


Assistant Secretary of State



PHYSICIAN COMPENSATION WORKSHEET
Effective June 9, 2024 – June 7, 2025

Physician Name:
Hospital:
Date of Agreement: **06/9/2024**
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.

Section I - Base Pay Determination

Range of Salaries: This should match the Medical Field Specialty above. Please, check appropriate box:

- | | |
|--|---------------------------|
| <input type="checkbox"/> Medical Director | \$140,000.00-\$372,000.00 |
| <input type="checkbox"/> Clinical Director of Psychiatry | \$175,000.00-\$372,000.00 |
| <input type="checkbox"/> Psychiatrist | \$140,000.00-\$333,000.00 |
| <input type="checkbox"/> Physician | \$120,000.00-\$314,000.00 |
| <input type="checkbox"/> Institutional License | \$110,000.00-\$300,000.00 |

CONTRACT BASE PAY AND TOTAL SECTION I:	\$ 0.00
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Section II – Added Value

A. Specialized Training (\$3,000 per each)¹ \$ 0.00

Specify Training:
Justification for need at hospital:

B. Board Certification (\$6,000 per each) \$ 0.00

- Psychiatry and Neurology
 Internal medicine and family practice
 Other, specify: **[Explanation]**

C. Supervision (\$6,000)² \$0.00
Provide number of staff supervised, job title, vacant or filled:

D. Urban Factor (OSH): For Osawatomie State Hospital **ONLY** \$0.00

¹ 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.

² Provides administrative or clinical supervision *beyond* that provided by all physicians.

add \$10,000 for urban factor.

E. Geographic Factor (LSH): For Larned State Hospital **ONLY** add \$20,000 for geographic factor. \$ 0.00

TOTAL SECTION II:	\$ 0.00
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Optional Section III –Additional Factors

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

A. Employee Job Action History Required documentation.
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. Service Factor Option: Specify Years of Service: \$ 0.00
An employee is 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.^{3 4} The following amounts for each year of service shall apply, with the 7th year of service \$15,000.00, and an additional \$1,000 per year of service from then on:

1 = \$500	3 = \$1,500	5 = \$5,000
2 = \$1,000	4 = \$4,000	6 = \$6,000
		7 + = \$15,000 +

C. Optional Educational Loan Repayment \$ 0.00
• Up to \$20,000 upon execution of the 1st year agreement for no more than 5 years or up to \$100,000.

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.)

D. First Year Employment Adjustment Factor (OSH and LSH Only) \$0.00
• After employment for 90 days, the employee shall be given \$10,000.00. Upon employment for 180 days, the employee shall be given and additional \$10,000.00. Upon employment for 1 year, the employee shall receive and additional \$10,000.00. All funds are contingent upon no formal discipline being administered against the employee.

TOTAL SECTION III:	\$ 0.00
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³ Number of years Employee has held the specific position in Section I.A.

⁴ 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.

Section IV – Salary Determination

This section is used to determine annual salary by adding the total amounts using Sections I, II, and III.

Total for Section I	\$ 0.00
Total for Section II	\$ 0.00

TOTAL ANNUAL SALARY (Sum of Section I & II)	\$ 0.00
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Optional Factors: (Sum for Section III)	\$ 0.00
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Section V – Credentialing Checklist

Completed credentialing checklist is attached

Optional Section VI - Housing

On-campus housing provided in benefits package and *Housing Agreement* attached.

Optional Section VII – Moving Expense Request

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.

- Applicant requesting approval for reimbursement of moving expenses.
- Human Resources has contacted applicant and provided information necessary before determination can be made.

COMPLETED WORKSHEET APPROVALS

Superintendent Signature

Date

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

Date

Hospital Human Resources Director Signature

Date

Central Office Human Resources Signature

Date