**Application for Deemed Status**

**Kansas Department for Aging and Disability Services**

503 S. Kansas Avenue

Topeka, KS 66603

INTRODUCTION

K.S.A. 39-2008(e). Programs and treatments provided by a community mental health center that have been previously licensed by the secretary for aging and disability services and that have also been accredited by the commission on accreditation of rehabilitation facilities or the joint commission, or another national accrediting body approved by the secretary for aging and disability services, shall be granted a license renewal based on such accreditation.

(*Neither the* *CARF “Preliminary Accreditation” or TJC “Temporary, Limited Accreditation” meet the requirements for grant full deemed status.)*

An organization seeking to be licensed under deemed status shall submit an application.

Direct all application questions to: [Diana.Marsh@ks.gov](mailto:Diana.Marsh@ks.gov) and [Andrew.Brown@ks.gov](mailto:Andrew.Brown@ks.gov).

**PROGRAM LICENSE APPLICATION INSTRUCTIONS FOR DEEMED STATUS**

The Program Application for Deemed Status and the materials specified on the form must be completed and emailed to the Kansas Department for Aging and Disability Services (KDADS), Commissioner of Behavior Health. An application will be considered complete once all required forms and supporting documents have been received and reviewed by KDADS. The following documents are required:

* Program License Application Form for Deemed Status
* Recognized national accreditation body materials to include:
  + The entire accreditation body survey or inspection report
  + Certificate of Accreditation
  + Corrective action requirements and plans

Submit the completed Application Form for Deemed Status, and all accreditation body materials to the Kansas Department for Aging and Disability Services.

1. By email sent to [Diana.Marsh@ks.gov](mailto:Diana.Marsh@ks.gov) and [Andrew.Brown@ks.gov](mailto:Andrew.Brown@ks.gov)
2. By mail to: Kansas Department for Aging and Disability Services

Behavioral Health Commissioner

503 S. Kansas Avenue

Topeka, KS 66603-3404

**APPLICATION INSTRUCTIONS FOR DEEMED STATUS**

The Application Form for Deemed Status must be completed in its entirety.

1. Applicant information: Specify the full official name of the applicant program and Director.
2. Specify the program telephone number, fax number, and email address

If the applicant is part of a larger organization, provide the name and address of the larger organization and name of the Director.

1. Indicate the licensed program service for which application is being made.
2. Name, address, and contact information for the program and services.
3. Signature(s) of Program Executive Director, CEO, or President.

**APPLICATION FORM FOR DEEMED STATUS**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Program Name: | | |  | | | | | | | Executive Director’s Name: | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has any state or other jurisdiction of the United States ever limited, restricted, warned, censured, placed on a corrective action plan, suspended, revoked, or otherwise disciplined a license or certification? | | | | | | | | | | | | | | | | | | | | Yes | | |  | No | |  |
| Have there been any legal judgments or settlements paid on behalf of the program within the past 3 years | | | | | | | | | | | | | | | | | | | | Yes | | |  | No | |  |
| If either answer above is yes, include date, reason and resolution (please attach supporting documentation): | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *\*At this time KDADS is only considering deemed status for a currently or previously licensed CMHC*  Name of program or services Deemed Status is requested for: | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***If Applicant is part of a larger organization*** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Organization Name: | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Organization Director’s Name: | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | | | State: | | |  | | | | Zip: | | |  | | | | |
| Telephone: | | | |  | | | | | | | | | | Fax: | | |  | | | | | | | | | |
| Email: | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| Facility Name: | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Facility Director’s Name: | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | |  | | | | | | | | State: | | |  | | | | Zip: | | |  | | | | |
| Telephone: | | | |  | | | | | | | | | | Fax: | |  | | | | | | | | | | |
| Email: | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| The facility is: | | | | | | | | | ***New*** | | |  | ***Currently Licensed*** | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | |  | | | | | |
| *Applicant’s Signature* | | | | | | | | | *Title* | | | | | | | | | | | | *Date* | | | | | |