

Article 22 – Licensing of Psychiatric Hospitals; Funding of Community Mental Health Centers and Facilities for the Mentally Retarded and Facilities for Handicapped Persons

30-22-1 Scope. (a) These rules and regulations shall apply to the licensing of psychiatric hospitals as authorized by K.S.A. 75-3307b, as amended, and shall apply to the setting of standards, the inspection of such hospitals, and the withdrawal of licenses for cause.

(b) Terms used herein shall have the same meaning as defined in the "act for obtaining treatment for a mentally ill person," K.S.A. 59-2901 through 59-2941, as amended. (Authorized by and implementing K.S.A. 75-3307b; effective, E-70-16, Feb. 13, 1970; effective Jan. 1, 1971; amended Feb. 15, 1977; amended May 1, 1979; amended Oct. 28, 1991.)

30-22-2 Principles to be considered in approval of application for licensing, renewal of license, or revoking of license. The following principles shall be considered in the inspection of the applying psychiatric hospital:

(a) The quality of the services offered by the applying agency is determined by professional standards, and the selection of the services as to kind and extent can only be determined by the governing authority usually based upon the will of the community, the nature of the community problems, and the depth of community resources (acting together with the professional considerations).

(b) The applying agency shall be a growing, developing, social organization with different stages of differentiation and versatility dependent upon the specific local internal and community forces acting at a given point in time.

(c) Services of the applying agency may be offered to the mentally ill, the mentally retarded, persons under specific or unusual stress, or handicapped persons. Services may include those listed below offered either in an inpatient, residential setting, or an outpatient, neighborhood, or home setting.

(1) Diagnosis, evaluation, treatment, and restoration of mentally disordered or handicapped persons to an optimal level of functioning.

(2) Day care, training, education, sheltered employment necessary to improve an individual's maximum abilities leading toward total rehabilitation.

(3) Consultative and educational services to schools, courts, health and welfare and social agencies, both public and private.

(4) Training for students entering the mental health and retardation professions and continuing in-service training of mental health and retardation professionals and adjunctive personnel.

(5) Recruitment, training, and supervision of volunteer workers in the mental health related activities of the community.

(6) Informational activities directed toward the general population.

(7) Research.

(8) Interventions in society purposely directed to reduce stresses to the individual or to the community as a whole, which stresses contribute to the incidence of mental illness or mental retardation.

(9) Client information and referral, counseling, follow along, protective and other social and socio-legal services, transportation, residential and transitional centers, and recreation services,

all geared toward the handicapped individuals, their families and the general public.

(d) The applying agency shall acknowledge the dignity and protect the rights of all persons within its authority to direct or regulate both personnel and clientele.

(e) The applying agency shall have an ethical and competent staff, and the recruitment practices shall provide measures to insure the hiring of personnel with these characteristics.

(f) The applying agency shall make provisions to cooperate with other community agencies within the scope of its resources and the skills of its personnel, and within its capacities to respond to the community needs.

(g) The applying agency shall keep accurate, current, and adequate client and administrative records, and shall submit reports derived from such records as required by the licensing agency to carry out these licensing procedures.

(h) The applying agency shall have written policies and procedures covering operation of the agency, including a written policy on how the agency is related to the statewide mental health planning effort.

(i) The applying agency shall provide a physical plant which is a safe and wholesome environment fit to enhance the program.

(j) The applying agency shall plan the program and physical plant to be accessible to clientele in point of view of time, location, and transportation. (Authorized by and implementing K.S.A. 75-3307b; effective, E-70-16, Feb. 13, 1970; effective Jan. 1, 1971; amended Jan. 1, 1974; amended May 1, 1975; amended Feb. 15, 1977; amended May 1, 1979; amended Oct. 28, 1991.)

30-22-3 Standards related to program, organization, and personnel. The standards maintained by the applying agency should conform with those considered reasonable and current in the community served by that agency. Also, separate segments of the program must be evaluated not only in terms of its own intrinsic value to the community but also in terms of its relationship to the total program of that agency. The standards maintained by the applying agency should be reflected in its basic documents, including its articles of incorporation or constitutions, its by-laws, its recorded minutes of regularly scheduled meetings, and its written description of personnel practices. The following guidelines will be followed by the licensing agency in its inspection of the applying agency:

(a) The applying agency must specify in writing the services it offers and the manner in which these are routinely accomplished.

(b) The applying agency must make provision for appropriate coordination, communication and collaboration among all personnel.

(c) The governing board must assume the legal and moral responsibility for the conduct of the applying agency. It must place the responsibility for the services offered upon the appropriate specialist, must assume the responsibility that the personnel meet ethical, educational, and training standards commensurate with duties, and must provide a merit system for the protection and benefit of the personnel.

(d) The governing board must assume the responsibility to insure that those functions of the agency that are, properly speaking, medical concerns (such as the diagnosis and treatment of mental and physical disorders, the prescribing of medications, etc.) are the responsibility of licensed physicians or under the supervision of a licensed physician.

(e) In the event the applying agency maintains a psychiatric service, the service shall not be

considered complete unless supervised by a recognized, qualified psychiatrist.

(f) In the event the applying agency maintains a psychological service, the service shall not be considered complete unless supervised by a recognized, qualified psychologist.

(g) In the event the applying agency maintains a social work service, the service shall not be considered complete unless supervised by a recognized, qualified social worker.

(h) In the event the applying agency maintains a nursing service, the service shall not be considered complete unless supervised by a recognized, qualified registered nurse.

(i) Any individual reporting to act in a professional capacity must meet the standards for that profession accepted by the division of mental health and retardation services. (Authorized by K.S.A. 1974 Supp. 75-3307b; effective, E-70-16, Feb. 13, 1970; effective Jan. 1, 1971; amended May 1, 1975.)

30-22-3a Private psychiatric hospitals; additional organizational standards. Each hospital shall:

(a) Have a governing body that has overall responsibility for the operation of the hospital;

(b) have a chief executive officer appointed by its governing body who shall be responsible for the overall administration of the hospital;

(c) have a single, organized professional staff that has the overall responsibility for the quality of all clinical care provided to patients and for the professional practices of its members, as well as for accounting therefore to the governing body. The manner in which the professional staff is organized shall be consistent with the hospital's documented staff organization and bylaws, policies, and the setting in which the services are provided. The professional staff bylaws, rules and regulations shall require, unless otherwise provided by law, that a licensed physician be responsible for diagnosis and all medical care and treatment. The organization of the professional staff, and its bylaws, rules and regulations, shall be approved by the governing body;

(d) prepare a written, annual budget which includes a statement of expected revenues and expenses and an integrated statement of the hospital's progress plan;

(e) have personnel policies which promote its objectives and provide qualified personnel during all hours of operation in numbers which are adequate to support the functions of the hospital and to provide quality care;

(f) provide staff development programs for administrative, professional, and support staff; and

(g) make library services available to meet the professional and technical needs of the facility's staff. (Authorized by and implementing K.S.A. 75-3307b, effective May 1, 1985.)

30-22-3b Private psychiatric hospitals; additional program standards. Each hospital shall:

(a) Formulate and specify its goals and objectives and describe its programs (including volunteer services, if any) in a written plan for professional services. The plan shall be written in such a manner that the hospital's performance can be measured;

(b) have a written statement of goals and objectives for each program and each patient population served;

(c) conduct a utilization review program;

(d) exhibit evidence of a well-defined, organized program designed to enhance patient care through ongoing, objective assessment of important aspects of patient care and correction of identified problems; and

(e) if conducting research with human subjects, have written policies which assure that a rigorous review is conducted with regard to the merits of each research project and the potential effects of the research procedures on the participants. (Authorized by and implementing K.S.A. 75-3307b; effective May 1, 1985.)

30-22-3c Private psychiatric hospitals; additional treatment standards. Each hospital shall:

(a) Maintain a written record for each patient;

(b) have a written plan designed to assure that the treatment planned and provided for each patient is evaluated and revised according to the needs of the patient;

(c) have written policies and procedures governing the intake process which specify the following:

(1) The information to be obtained for each applicant or referral for admission;

(2) the procedures for accepting referrals from outside agencies and organizations;

(3) the records to be kept regarding each applicant;

(4) the statistical data to be kept on the intake process; and

(5) the procedures to be followed when an applicant or a referral is found to be ineligible for admission;

(d) conduct a complete assessment of each patient, including a clinical consideration of the patient's needs;

(e) develop a written, individualized treatment plan for each patient. The plan shall be based on an assessment of such patient's clinical needs;

(f) require special, written justification prior to the implementation of the following treatment procedures:

(1) The use of restraints;

(2) the use of seclusion;

(3) the use of electroconvulsive therapy and other forms of convulsive therapy; and

(4) the performance of psychosurgery or other surgical procedures for intervention in or alteration of a mental, emotional, or behavioral disorder; and

(g) assess and treat the dental needs of its patients. (Authorized by and implementing K.S.A. 75-3307b; effective May 1, 1985.)

30-22-3d Private psychiatric hospitals; additional services. (a) Each hospital shall provide the following services except as noted:

(1) Dietetic services, if a hospital provides 24 hour care, has therapeutic goals related to the nutritional needs of patients, or has patients otherwise requiring such services;

- (2) pastoral services, in accordance with the needs of its patients;
 - (3) pathology and laboratory services, in accordance with the needs of the patients, the size of the facility, the services offered, and the resources available in the community;
 - (4) pharmaceutical services provided by the hospital or by agreement; and
 - (5) radiology services provided by the hospital or by agreement.
- (b) In addition to the services listed in subsection (a), inpatient, residential and partial-day facilities shall directly provide or make arrangements for the following services:
- (1) Activity services to meet the physical, social, cultural, recreational, health maintenance, and rehabilitation needs of patients;
 - (2) educational services to meet patient needs for special education, patient needs related to learning difficulties resulting from either physical or emotional aspects of their mental illness, and patient needs for pre-vocational or vocational education necessary for re-integration into the community after treatment;
 - (3) speech-language, and hearing services to provide assessments of speech, language, or hearing when indicated and to provide counseling, treatment, and rehabilitation when needed; and
 - (4) counseling services concerning specific vocational needs. (Authorized by and implementing K.S.A. 75-3307b; effective May 1, 1985.)

30-22-4 Standards related to physical plant. The applying agency shall provide a physical plant which is a safe and wholesome environment fit to enhance the program. With particular programs directed to special groups of the emotionally or mentally handicapped much attention may have to be expended on the environmental atmosphere and appearance to make the milieu stimulating or calming, diverting, focusing, informal or formal as the care and treatment program demands. To this end, the plant shall have differentiated rooms and spaces appropriate to the programs being offered. However the physical plant shall meet all local building and fire codes and also state requirements for use by physically handicapped persons where appropriate. (Authorized by K.S.A. 1974 Supp. 75-3307b; effective, E-70-16, Feb. 13, 1970; effective Jan. 1, 1971; amended May 1, 1975.)

30-22-4a Private psychiatric hospitals; additional environmental management standards.

- (a) Each building in which patients receive treatment or in which patients are housed overnight shall be designed, constructed, and equipped to reasonably protect patients, staff, and visitors from the hazards of fire, explosion, and panic.
- (b) Each hospital shall:
- (1) Establish a safety committee that includes representatives from all major services;
 - (2) establish an environment that enhances the positive self-image of patients and preserves their human dignity;
 - (3) develop written policies and procedures for maintaining a clean and safe environment;
 - (4) develop an infection-control program; and
 - (5) develop written policies and procedures for the handling, maintenance, and use of sterile

supplies and equipment if such supplies and equipment are used by the hospital. (Authorized by and implementing K.S.A. 75-3307b; effective May 1, 1985.)

30-22-5 Licensing of private psychiatric hospitals. Private in-patient facilities for the treatment of psychiatric patients exclusively may be licensed to offer services to the full range of psychiatric patients or to some sub-groups of psychiatric patients with mental health problems in addition to alcoholism, drug addictions, developmental disabilities or similar conditions. In the event that a hospital service is offered to a limited clientele only, the license application shall so state and the license issued shall designate the limitation of service authorized by the state department of social and rehabilitation services. The responsibility for licensing psychiatric wards of general hospitals rests with the Kansas state department of health and environment. (Authorized by and implementing K.S.A. 75-3307b; effective, E-70-16, Feb. 13, 1970; effective Jan. 1, 1971; amended Jan. 1, 1974; amended May 1, 1975; amended Feb. 15, 1977; amended May 1, 1979; amended Oct. 28, 1991.)

30-22-6 Licensing procedure; duration and renewal of license.

(a) Each application for a license shall be submitted to the director of the division of mental health and retardation services on a form provided by the department.

(b) The division shall process the application, inspect the applying agency, and prepare a report to the director. The director shall review the report and recommend approval or disapproval of the application within 60 days of filing.

(c) Upon approval of the application, a license shall be issued by the department of social and rehabilitation services, stating the activity or activities for which the applicant receives the license.

(d) A license shall remain in effect for the period of two years, unless revoked for cause.

(e) Application for renewal of a license shall be submitted to the director of the division of mental health and retardation services 45 days before expiration of the license. This provision may be waived by the director upon a showing of good cause by the agency. (Authorized by and implementing K.S.A. 75-3307b; effective, E-70-16, Feb. 13, 1970; effective Jan. 1, 1971; amended Jan. 1, 1974; amended May 1, 1975; amended May 1, 1979; amended Oct. 28, 1991.)

30-22-7 Revocation of license. A license may be suspended or revoked at any time that the department of social and rehabilitation services finds that the licensed agency has failed to comply with these regulations or applicable statutes. Prior to suspension or revocation of an agency's license, the division of mental health and retardation services shall send to the agency a written notification of the proposed suspension or revocation and the reasons therefore. The notice shall state whether the agency's license has been suspended pending further proceedings. Such notice shall further advise the agency that the agency may appear before the division at a specified time not less than five (5) nor more than fifteen (15) days from the date the notice is mailed to or served upon such agency and present any relevant evidence and be given an opportunity to be heard on the agency's continuing eligibility to be licensed. The division shall consider all evidence presented, including that of the agency. If the decision is to suspend or revoke the agency's license as herein provided, the division shall issue a written order of suspension or revocation setting forth the effective date of such suspension or revocation and the basic underlying facts supporting the order. (Authorized by K.S.A. 75-3307b; effective, E-70-16, Feb. 13, 1970; effective Jan. 1, 1971; amended Jan. 1, 1974; amended May 1, 1975; amended May 1, 1979.)

30-22-8 Compliance with civil rights legislation. Each agency licensed or applying for license by the department of social and rehabilitation services shall comply with the Kansas act against discrimination. (Authorized by K.S.A. 75-3307b; effective, E-70-16, Feb. 13, 1970; effective Jan. 1, 1971; amended Jan. 1, 1974; amended May 1, 1975; amended May 1, 1979.)

30-22-9 Provisional license. A provisional license to begin operations or continue operations may be issued to an agency meeting most but not all of the requirements, provided the governing board of the agency presents evidence that any deficiency is temporary and provided said governing board presents sufficient evidence that efforts to correct the deficiency are in progress. (Authorized by K.S.A. 75-3307b; effective, E-70-16, Feb. 13, 1970; effective Jan. 1, 1971.)

30-22-10 (Authorized by K.S.A. 65-4406(c); implementing K.S.A. 65-4404(b); effective May 1, 1975; amended May 1, 1979; amended May 1, 1981; amended May 1, 1983; amended, T-86-26, Aug. 19, 1985; amended May 1, 1986; revoked May 1, 1987.)

The content of this regulation is being transferred to 30-22-30 effective May 1, 1987.

30-22-11 to 30-22-14 (Authorized by K.S.A. 75-3304, K.S.A. 1985 Supp. 75-3307b, as amended by L. 1986, Ch. 324, Sec. 2; implementing K.S.A. 19-4001, K.S.A. 1985 Supp. 75-3307b, as amended by L. 1986, Ch. 324, Sec. 2; effective May 1, 1987; revoked Oct. 28, 1991.)

30-22-15 to 30-22-28 (Authorized by K.S.A. 1985 Supp. 75-3307b, as amended by L. 1986, Ch. 324, Sec. 2; effective May 1, 1987; revoked Oct. 28, 1991.)

30-22-29 Reserved.