

Kansas Register

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Pages 177-226



In this issue ...

Page

Rates
Pooled Money Investment Board
 Notice of Investment Rates Effective February 26 - March 3, 2024.....179

Notices
Wichita State University
 Notice of Intent to Lease Real Property179
 Notice of Intent to Lease Real Property179
New Life Baptist Church
 Notice to Bidders for CCTV Camera System Installation180
 Notice to Bidders for Exterior Lighting System Installation180
Kansas State Board of Regents Universities
 Notice to Bidders for University Purchases180
Kansas Department of Administration – Office of Procurement and Contracts
 Notice to Bidders for State Purchases180
Kansas Department of Administration – Office of Facilities and Property Management
 Notice of Rebid for Construction Services for the University of Kansas
 11th and Mississippi Design Package E Anderson Family Football
 Complex Phase 2 Project181
 Notice of Requested Architectural, Mechanical-Electrical-Plumbing
 Engineering, and Engineering Services for the University of
 Kansas Medical Center.....181
 Notice of Requested On-Call Architectural Services for the Kansas
 Department for Aging and Disability Services.....182
 Notice of Requested On-Call Mechanical-Electrical-Plumbing Engineering
 Services for the Kansas Department for Aging and Disability Services182
Kansas Department of Health and Environment
 Notice of Proposed Kansas Air Quality Class I Operating Permit Renewal
 for McPherson Board of Public Utilities – Municipal Power Plant No. 2183
 Notice of Proposed Kansas/Federal Water Pollution Control Permits
 and Applications183
Kansas Department of Transportation
 Notice to Contractors for March 2024 Letting Information185
 Request for Proposals for Embedded Construction Inspector/Administrator
 for District 5, Area 5, Wichita, Kansas.....186
Kansas City Kansas Community College
 Request for Proposals for Employee Compensation Study188
Southeast Kansas Education Service Center
 Request for Proposals for Turnkey Solutions for Microgrid Systems188
South Kansas & Oklahoma Railroad
 Request for Proposals for Track Rehabilitation Project Between
 Grenola, Kansas and Cambridge, Kansas188

Bonds
City of Clearwater, Kansas
 Notice of Intent to Seek Private Placement General Obligation Bonds190

Legislative Branch
Legislative Administrative Services
 Legislative Bills and Resolutions Introduced February 15 - February 21, 2024.....190

Regulations
Kansas State Board of Mortuary Arts
 Permanent Administrative Regulation192
Kansas Department for Aging and Disability Services
 Temporary Administrative Regulations192

Index to administrative regulations.....224

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 Photo by Todd Caywood

State of Kansas

Pooled Money Investment Board

Notice of Investment Rates

The following rates are published in accordance with K.S.A. 75-4210. These rates and their uses are defined in K.S.A. 12-1675(b)(c)(d) and K.S.A. 12-1675a(g).

Effective 2-26-24 through 3-3-24

| Term | Rate |
|-----------|-------|
| 1-89 days | 5.33% |
| 3 months | 5.36% |
| 6 months | 5.31% |
| 12 months | 4.93% |
| 18 months | 4.78% |
| 2 years | 4.66% |

Joel Oliver
Executive Director
Chief Investment Officer
Pooled Money Investment Board

Doc. No. 051896

State of Kansas

Wichita State University

Notice of Intent to Lease Real Property

Public notice is hereby given that Wichita State University (WSU), directly or through its affiliate corporation Wichita State Innovation Alliance, Inc., intends to lease, subject to all required state approvals, up to 1.22 acres of real property located on the northwest corner of the intersection of Fountain Avenue and 21st Street North, directly adjacent to the Wichita State University campus. This location would be designated for private development committed to supporting broadband infrastructure and Internet exchanges. The university is interested in leasing such ground to any individual, organization, or entity whose presence would advance WSU’s vision or its mission as an educational, cultural, and economic driver for Kansas and the greater public good. WSU intends to lease such space for a mutually agreeable period of time, but extended terms and renewal options would be considered. Interested tenants must be willing to be a good fit with WSU’s educational mission and identify anticipated benefits to the university, its students, and the surrounding community (i.e. applied learning, joint research, faculty start-up, WSU curriculum or program support, community benefit commitments, etc.), and must agree to the essential ground lease terms and restrictive covenants. Interested tenants will be evaluated on: proposal terms, demonstrated benefit to WSU and the surrounding community, design concepts, financial stability, and proposed use. Interested tenants will be responsible for all costs associated with the development and ongoing maintenance costs of any improvements. Rental rate shall be based on fair market value and negotiable based on term of lease, purpose/use of the improvement, and benefit to WSU. WSU will consider serious offers and inquiries from any financially qualified individual, group, organization. If interested, please contact Property Manag-

er Crystal Stegeman at crystal.stegeman@wichita.edu. This publication is being published pursuant to K.S.A. 75-430a(d), to the extent applicable.

Crystal Stegeman
University Property Manager
Office of the Vice President for
Administration and Finance
Wichita State University

Doc. No. 051863

State of Kansas

Wichita State University

Notice of Intent to Lease Real Property

Public notice is hereby given that Wichita State University (WSU), directly or through its affiliate corporation Wichita State Innovation Alliance, Inc., intends to lease, subject to all required state approvals, up to four acres of real property located on the Wichita State University’s campus designated as the “Innovation Campus,” for the private development and operation of a partnership building or buildings. The university is interested in leasing such ground to any individual, organization, or entity whose presence on campus would advance the university’s applied learning vision or its mission as an educational, cultural, and economic driver for Kansas and the greater public good. The university intends to lease such space for a mutually agreeable period of time up to sixty years, but extended terms and renewal options would be considered. Interested tenants must be willing to be a good fit with the university’s educational mission and identify anticipated benefits to the university, its students, and the WSU community (i.e. applied learning, joint research, faculty start-up, WSU curriculum or program support, etc.), and must agree to the essential ground lease terms and restrictive covenants. Interested tenants will be evaluated on: proposal terms, demonstrated benefit to WSU, design concepts, financial stability, and proposed use. Interested tenants will be required to construct adjacent and adequate surface parking that will not be included in the leased ground. Rental rate shall be based on fair market value and negotiable based on term of lease, purpose/use of building improvement, and benefit to the university. The university will consider serious offers and inquiries with detailed proposal terms from any financially qualified individual, group, organization. If interested, please contact Senior Vice President for Industry and Defense Programs, Dr. John Tomblin at john.tomblin@wichita.edu or Property Manager Crystal Stegeman at crystal.stegeman@wichita.edu. This publication is being published pursuant to K.S.A. 75-430a(d), to the extent applicable.

Crystal Stegeman
University Property Manager
Office of the Vice President for
Administration and Finance
Wichita State University

Doc. No. 051864

(Published in the Kansas Register February 29, 2024.)

New Life Baptist Church**Notice to Bidders**

Request for bids for the installation of a CCTV camera system will be accepted by New Life Baptist Church until 5:00 p.m. (Central Time) March 7, 2024, at 3601 SW 10th St., Topeka, KS 66604, at which time they will be publicly opened and read aloud at the same address. Copies of the Request for Bid and project specifications can be accessed by contacting Patrice Newton at 785-408-4916 or patrice.newton40@yahoo.com. Estimated project value of \$19,000.

Patrice Newton
785-408-4916
patrice.newton40@yahoo.com

Doc. No. 051888

(Published in the Kansas Register February 29, 2024.)

New Life Baptist Church**Notice to Bidders**

Request for bids for the installation of an exterior lighting system project will be accepted by New Life Baptist Church until 5:00 p.m. (Central Time) March 7, 2024, at 3601 SW 10th St., Topeka KS, 66604, at which time they will be publicly opened and read aloud at the same address. Copies of the Request for Bid and project specifications can be accessed by contacting Patrice Newton at 785-408-4916 or patrice.newton40@yahoo.com. Estimated project value of \$20,000.

Patrice Newton
785-408-4916
patrice.newton40@yahoo.com

Doc. No. 051889

State of Kansas**Board of Regents Universities****Notice to Bidders**

The universities of the Kansas Board of Regents encourage interested vendors to visit the various universities' purchasing offices' websites for a listing of all transactions, including construction projects, for which the universities' purchasing offices, or one of the consortia commonly utilized by the universities, are seeking information, competitive bids, or proposals. The referenced construction projects may include project delivery construction procurement act projects pursuant to K.S.A. 76-7,125 et seq.

Emporia State University – Bid postings: <https://www.emporia.edu/about-emporia-state-university/business-office/purchasing>. Additional contact info: phone: 620-341-5137, email: purchaseorders@emporia.edu. Mailing address: Emporia State University Purchasing, Campus Box 4021, 1 Kellogg Cir., Emporia, KS 66801.

Fort Hays State University – Electronic bid postings: <http://www.fhsu.edu/purchasing/bids>. Additional contact info: phone: 785- 628-4251, email: purchasing@fhsu.edu. Mailing address: Fort Hays State University

Purchasing Office, 601 Park St., Sheridan Hall 318, Hays, KS 67601.

Kansas State University – Bid postings: <https://bidportal.ksu.edu>. Effective August 1, 2023, all bids, quotes, or proposals must be submitted via the Kansas State University Bid Portal at <https://bidportal.ksu.edu>. Division of Financial Services/Purchasing, 2323 Anderson Ave., Kansas State University, Manhattan, KS 66506. Additional contact information, phone: 785-532- 6214, email: kspurch@k-state.edu.

Pittsburg State University – Bid postings: <https://www.pittstate.edu/office/purchasing>. Additional contact info: phone: 620-235-4167, email: swburke@pittstate.edu. Mailing address: Pittsburg State University, Purchasing Office, 1701 S. Broadway, Pittsburg, KS 66762.

University of Kansas – Electronic bid postings: <http://www.procurement.ku.edu/>. The University of Kansas exclusively uses the online eBid tool and will no longer accept paper responses unless otherwise specified in a solicitation. Additional contact information, email: purchasing@ku.edu. Mailing address: University of Kansas, Procurement Department, 1246 W. Campus Road Room 20, Lawrence, KS 66045.

University of Kansas Medical Center – Electronic bid postings: <https://www.kumc.edu/finance/supply-chain/bid-opportunities.html>. Additional contact information, phone: 913-588-1117, email: hunkemoore@kumc.edu. The University of Kansas Medical Center accepts only electronic bids.

Wichita State University – Bid postings: https://www.wichita.edu/services/purchasing/Bid_Documents/Bid_Documents.php. Additional contact information, phone: 316-978-3080, fax: 316-978-3738, email: purchasing.office@wichita.edu. Mailing address: Wichita State University, Office of Purchasing, 1845 Fairmount Ave., Campus Box 38, Wichita, KS 67260-0038.

Chris Robinson
Director
Purchasing and Contract Services
Kansas State University

Doc. No. 051386

State of Kansas**Department of Administration
Office of Procurement and Contracts****Notice to Bidders**

Sealed bids for items listed will be received by the Office of Procurement and Contracts until 2:00 p.m. on the date indicated. For more information, call 785-296-2376.

All bids are to be submitted via email only to procurement@ks.gov. For more information, please visit https://supplier.sok.ks.gov/psc/sokfsprdsup/SUPPLIER/ERP/c/SCP_PUBLIC_MENU_FL.SCP_PUB_BID_CMP_FL.GBL.

| | | |
|------------|------------|--|
| 03/19/2024 | EVT0009555 | Tax Appraisal Ratio Study Software System – KDOR |
| 03/25/2024 | EVT0009566 | Assorted Fish Food – KDWP |
| 03/28/2024 | EVT0009592 | Barber Services – KJCC |

03/28/2024 EVT0009594 EAP Services - Kansas Lawyers
Assistance Program - Kansas
Judicial Branch

The above referenced bid documents can be downloaded at the following website:

https://supplier.sok.ks.gov/psc/sokfsprdsup/SUPPLIER/ERP/c/SCP_PUBLIC_MENU_FL.SCP_PUB_BID_CMP_FL.GBL

Additional files may be located at the following website (please monitor this website on a regular basis for any changes/addenda):

<https://admin.ks.gov/offices/procurement-contracts/bidding--contracts/additional-bid-opportunities>

**There are No Bids Under this
Website Closing in this Week's Ad**

Information regarding prequalification, projects, and bid documents can be obtained at 785-296-8899 or <http://admin.ks.gov/offices/ofpm/dcc>.

Todd Herman
Director

Office of Procurement and Contracts
Department of Administration

Doc. No. 051906

State of Kansas

**Department of Administration
Office of Facilities and Property Management**

Notice of Rebid for Construction Services

Notice is hereby given for a rebid of selected scope of work for A-014692c University of Kansas 11th and Mississippi Design Package E Anderson Family Football Complex – Phase 2 project using procedures established under the Kansas alternate project delivery building construction procurement act (K.S.A. 75-37,141 et seq.) for the Department of Administration. Turner Construction is the Construction Manager. Contact person is Jackson Edds at jedds@tcco.com.

Rebid only applies to the following scope of work:

- High Density Storage Units

Bids will be received until 2:00 p.m. (Central Time) Thursday, March 14, 2024, via Electronic Sealed Bid Submission utilizing BuildingConnected.

All bidders must prequalify through Turner Construction. Turner Construction utilizes a secure online system to administer the qualification review process. Bidders who are not prequalified should go to <http://turnerconstruction.com>, click on "Become a Subcontractor" and fill out the required information.

All bidders should advise of their intent to bid on BuildingConnected. Invitations to bid will be sent through BuildingConnected by the CMAR. This online system allows bidders to indicate their intent for bidding i.e. Undecided, Bidding, Not Bidding.

Bid documents will be available through the online bid solicitation software as well as at <https://app.buildingconnected.com/public>. Any messages, addendum, notices of changes will be sent through this system. Please contact above project contact to be added to distribution list.

Construction manual including instructions to bidders, schedule, site logistics, scopes of work, bid form, insurance requirements, etc. will be issued via BuildingConnected. Notice of bid date change to be sent through BuildingConnected.

Barbara Schilling
Deputy Director-DCC
Office of Facilities and Property Management
Department of Administration

Doc. No. 051902

State of Kansas

**Department of Administration
Office of Facilities and Property Management**

**Notice of Requested Architectural
and Engineering Services**

Notice is hereby given of the commencement of the selection process for architectural, mechanical-electrical-plumbing engineering, and engineering services for the University of Kansas Medical Center Clinical Research Center Imaging Suite project.

The University of Kansas Medical Center proposes to renovate the ground floor of the existing Clinical Research Center (CRC) for the purpose of implementing two new imaging suites along with expansion capability for two additional imaging suites in the future. Future expansion of the building footprint to accomplish additional clinical support space should also be considered as detailed documentation is developed for this renovation. Site utilities upgrades for the electrical service will directly impact expansion of the building footprint in the future. Program areas for the proposed renovation include CT imaging suite, MRI imaging suite, EEG suite, and support space including waiting, reception, consultation, changing, patient restrooms, and staff areas. The project construction budget is \$4,890,240. For more information contact AJ Woodworth at 913-588-9006 or awoodworth@kumc.edu.

To be considered, one (1) PDF file of the following should be provided: State of Kansas Professional Qualifications DCC Forms 051-054, inclusive, and information regarding similar projects. These forms may be found at <https://admin.ks.gov/offices/facilities-property-management/design-construction--compliance/forms-and-documents>. State of Kansas Professional Qualifications DCC Form 050 for each firm and consultant should be provided at the end of each proposal. Please include your firm name, agency abbreviation, and an abbreviated project name in the title of the PDF document. Proposals should be less than 5 Mb and follow the current State Building Advisory Commission guidelines which can be found in Part B – Chapter 2 of the Building Design and Construction Manual at <https://admin.ks.gov/offices/facilities-property-management/design-construction--compliance/building-design-and-construction-manual-bdcm>. Paper copies and flash drives containing copies of the proposals are not required.

Proposals should be sent to professional.qualifications@ks.gov. Proposals received after the date and time noted

(continued)

below will not be forwarded to the State Building Advisory Commission for review. If you have questions, call 785-296-0749. The PDF proposal submissions shall be delivered to the attention of the State Building Advisory Commission by 2:00 p.m. on or before March 15, 2024.

The State of Kansas, as a matter of public policy, encourages anyone doing business with the State of Kansas to take steps to discourage human trafficking. If prospective bidders/vendors/contractors have any policies or participate in any initiatives that discourage human trafficking, then the prospective bidder/vendor/contractor is encouraged to submit same as part of their bid response.

Barbara Schilling
Deputy Director-DCC
Office of Facilities and Property Management
Department of Administration

Doc. No. 051909

State of Kansas

Department of Administration Office of Facilities and Property Management

Notice of Requested On-Call Architectural Services

Notice is hereby given of the commencement of the selection process for on-call architectural services for the Kansas Department for Aging and Disability Services (KDADS). Services are required for restricted (small) projects with a project budget of \$1,500,000 or less. One or more firms will be selected. The contracts will be for three years with two one-year renewal options.

For more information, contact John Golightly at john.golightley2@ks.gov and 785-296-3772. Firms interested in providing these services should be familiar with the requirements which can be found in Part B-Chapter 4 of the Building Design and Construction Manual at the website below.

To be considered, one (1) PDF file of the following should be provided: State of Kansas Professional Qualifications DCC Forms 051-054, inclusive, and information regarding similar projects. These forms may be found at <https://admin.ks.gov/offices/facilities-property-management/design-construction--compliance/forms-and-documents>. State of Kansas Professional Qualifications DCC Form 050 for each firm and consultant should be provided at the end of each proposal. Please include your firm name, agency abbreviation, and an abbreviated project name in the title of the PDF document. Proposals should be less than 5 Mb and follow the current State Building Advisory Commission guidelines which can be found in Part B–Chapter 2 of the Building Design and Construction Manual at <https://admin.ks.gov/offices/facilities-property-management/design-construction--compliance/building-design-and-construction-manual-bdcm>. Paper copies and flash drives containing copies of the proposals are not required.

Proposals should be sent to professional.qualifications@ks.gov. Proposals received after the date and time noted below will not be forwarded to the State Building Advisory Commission for review. If you have questions about the proposal submissions, please contact Randy Riveland at randy.riveland@ks.gov or call 785-296-0749. The PDF

proposal submissions shall be delivered to the attention of State Building Advisory Commission by 2:00 p.m. on or before March 15, 2024.

The State of Kansas, as a matter of public policy, encourages anyone doing business with the State of Kansas to take steps to discourage human trafficking. If prospective bidders/vendors/contractors have any policies or participate in any initiatives that discourage human trafficking, then the prospective bidder/vendor/contractor is encouraged to submit same as part of their bid response.

Barbara Schilling
Deputy Director-DCC
Office of Facilities and Property Management
Department of Administration

Doc. No. 051907

State of Kansas

Department of Administration Office of Facilities and Property Management

Notice of Requested On-Call Engineering Services

Notice is hereby given of the commencement of the selection process for on-call mechanical-electrical-plumbing engineering services for the Kansas Department for Aging and Disability Services (KDADS). Services are required for restricted (small) projects with a project budget of \$1,500,000 or less. One or more firms will be selected. The contracts will be for three years with two one-year renewal options.

For more information, contact John Golightly at john.golightley2@ks.gov and 785-296-3772. Firms interested in providing these services should be familiar with the requirements which can be found in Part B-Chapter 4 of the Building Design and Construction Manual at the website below.

To be considered, one (1) PDF file of the following should be provided: State of Kansas Professional Qualifications DCC Forms 051-054, inclusive, and information regarding similar projects. These forms may be found at <https://admin.ks.gov/offices/facilities-property-management/design-construction--compliance/forms-and-documents>. State of Kansas Professional Qualifications DCC Form 050 for each firm and consultant should be provided at the end of each proposal. Please include your firm name, agency abbreviation, and an abbreviated project name in the title of the PDF document. Proposals should be less than 5 Mb and follow the current State Building Advisory Commission guidelines which can be found in Part B–Chapter 2 of the Building Design and Construction Manual at <https://admin.ks.gov/offices/facilities-property-management/design-construction--compliance/building-design-and-construction-manual-bdcm>. Paper copies and flash drives containing copies of the proposals are not required.

Proposals should be sent to professional.qualifications@ks.gov. Proposals received after the date and time noted below will not be forwarded to the State Building Advisory Commission for review. If you have questions about the proposal submissions, please contact Randy Riveland at randy.riveland@ks.gov or call 785-296-0749. The PDF proposal submissions shall be delivered to the attention

of State Building Advisory Commission by 2:00 p.m. on or before March 15, 2024.

The State of Kansas, as a matter of public policy, encourages anyone doing business with the State of Kansas to take steps to discourage human trafficking. If prospective bidders/vendors/contractors have any policies or participate in any initiatives that discourage human trafficking, then the prospective bidder/vendor/contractor is encouraged to submit same as part of their bid response.

Barbara Schilling
Deputy Director-DCC
Office of Facilities and Property Management
Department of Administration

Doc. No. 051908

State of Kansas
Department of Health and Environment

Notice Concerning Proposed Kansas Air Quality Class I Operating Permit Renewal

Notice is hereby given that the Kansas Department of Health and Environment (KDHE) is soliciting comments regarding a proposed air quality operating permit. McPherson Board of Public Utilities – Municipal Power Plant No. 2 has applied for a Class I operating permit renewal in accordance with the provisions of K.A.R. 28-19-510 et al. The purpose of a Class I permit is to identify the sources and types of regulated air pollutants emitted from the facility; the emission limitations, standards, and requirements applicable to each source; and the monitoring, record keeping, and reporting requirements applicable to each source as of the effective date of permit issuance.

McPherson Board of Public Utilities – Municipal Power Plant No. 2, PO Box 768, 401 W. Kansas, owns and operates a municipal power plant located at 1128 E. Avenue A, McPherson, KS 67460.

A copy of the proposed permit, permit application, all supporting documentation, and all information relied upon during the permit application review process are available for public review during normal business hours of 8:00 a.m. to 5:00 p.m. at the KDHE, Bureau of Air (BOA), 1000 SW Jackson, Suite 310, Topeka, KS 66612-1366 and at the North Central District Office, 3040 Enterprise Dr. Salina, KS 67401. To obtain or review the proposed permit and supporting documentation, contact Garrett Kersting, at the central office of KDHE at 785-296-3589, or Jessica Fair at the North Central District Office at 785-515-6706. The standard departmental cost will be assessed for any copies requested. The proposed permit, accompanied with supporting information, is available, free of charge, at the KDHE BOA Public Notice website at <https://www.kdhe.ks.gov/413/Public-Notices>.

Please direct written comments or questions regarding the proposed permit to Garrett Kersting, KDHE, BOA, 1000 SW Jackson, Suite 310, Topeka, KS 66612-1366. In order to be considered in formulating a final permit decision, written comments must be received no later than 12:00 p.m. Monday, April 1, 2024.

A person may request a public hearing be held on the proposed permit. The request for a public hearing shall

be in writing and set forth the basis for the request. The written request must be submitted to Garrett Kersting, KDHE BOA, 1000 SW Jackson, Suite 310, Topeka, KS 66612-1366, no later than 12:00 p.m. Monday, April 1, 2024, in order for the Secretary of Health and Environment to consider the request.

The U.S. Environmental Protection Agency (EPA) has a 45-day review period, which will start concurrently with the public comment period, within which to object to the proposed permit. If the EPA has not objected in writing to the issuance of the permit within the 45-day review period, any person may petition the administrator of the EPA to review the permit. The 60-day public petition period will directly follow the EPA’s 45-day review period. Interested parties may contact KDHE to determine if the EPA’s 45-day review period has been waived.

Any such petition shall be based only on objections to the permit that were raised with reasonable specificity during the public comment period provided for in this notice, unless the petitioner demonstrates that it was impracticable to raise such objections within such period, or unless the grounds for such objection arose after such period. Contact Keith Johnson, U.S. EPA, Region 7, Air Permitting and Compliance Branch, 11201 Renner Blvd., Lenexa, KS 66219, phone 913-551-7960, to determine when the 45-day EPA review period ends and the 60-day petition period commences.

This public notice refers to the air permit for McPherson Board of Public Utilities – Municipal Power Plant No. 2 located at 1128 E. Avenue A, McPherson, Kansas 67460. For more information in Spanish, or for other questions, please contact the KDHE Non-Discrimination Coordinator at 785-296-5156 or email KDHE.NonDiscrimination@ks.gov. [Esta notificación pública se refiere al permiso de aire para McPherson Board of Public Utilities – Municipal Power Plant No. 2 ubicado en 1128 E. Avenue A, McPherson, KS 67460. Para más información en español, o para otras preguntas, comuníquese con el Coordinador de No Discriminación de KDHE y llame a 785-296-5156 o envíe por correo electrónico KDHE.NonDiscrimination@ks.gov.

Janet Stanek
Secretary
Department of Health and Environment

Doc. No. 051900

State of Kansas
Department of Health and Environment

Notice of Proposed Kansas/Federal Water Pollution Control Permits and Applications

In accordance with Kansas Administrative Regulations 28-16-57a through 63, 28-18-1 through 17, 28-18a-1 through 31 and 33, 28-16-150 through 154, 28-46-7, and the authority vested with the state by the administrator of the U.S. Environmental Protection Agency, various draft water pollution control documents (permits, notices to revoke and reissue, notices to terminate) have been prepared and/or permit applications have been received for discharges to waters of the United States and the state of Kansas for the class of discharges described below.

(continued)

The proposed actions concerning the draft documents are based on staff review, applying the appropriate standards, regulations, and effluent limitations of the state of Kansas and the Environmental Protection Agency. The final action will result in a Federal National Pollutant Discharge Elimination System Authorization and/or a Kansas Water Pollution Control permit being issued, subject to certain conditions, revocation, and reissuance of the designated permit or termination of the designated permit.

Las acciones propuestas con respecto a los documentos preliminares se basan en la revisión del personal, aplicando los estándares, regulaciones y limitaciones de efluentes apropiados del estado de Kansas y de la Agencia de Protección Ambiental de Estados Unidos. La acción final resultará en la emisión de una Autorización Federal del Sistema Nacional de Eliminación de Descargas de Contaminantes y un permiso de Control de Contaminación del Agua de Kansas, sujeto a ciertas condiciones, revocación y reemisión del permiso designado o terminación del permiso designado. Si desea obtener más información en español o tiene otras preguntas, por favor, comuníquese con el Coordinador de No Discriminación al 785-296-5156 o en KDHE.NonDiscrimination@ks.gov.

Public Notice No. KS-AG-24-046/053

Pending Permits for Confined Feeding Facilities

| Name and Address of Applicant | Legal Description | Receiving Water |
|---|---|--------------------|
| Talley Feedlot Wade Talley 2313 96th Rd. Sabetha, KS 66534 | SW/4 of Section 35 T03S, R14E Nemaha County | Kansas River Basin |

Kansas Permit No. A-KSNM-B009

The proposed action is to issue a new state permit for a facility for 999 head (999 animal units) of cattle weighing more than 700 pounds. The existing pens are proposed for abandonment and relocation to a higher elevation. The new pens will consist of 9 acres of open dirt lots, diversion channels, a sediment basin, and an earthen retention control structure. The feedlot area will consist of five (5) pen areas, one (1) feed storage area, one (1) manure stockpile area, and two (2) confinement buildings (East and West). Stormwater diversion channels divert freshwater runoff to natural channels that flow about 1/4th mile south joining Muddy Creek. This facility has an approved Waste Management Plan on file with KDHE.

| Name and Address of Applicant | Legal Description | Receiving Water |
|--|---|--------------------|
| Stefan Busenitz 17093 NW Shumway Rd. Burns, KS 66840 | SE/4 of Section 02 T23S, R04E Butler County | Walnut River Basin |

Kansas Permit No. A-WABU-S042

The proposed action is to modify and reissue the existing state permit for a facility for a proposed maximum capacity of 200 head (200 animal units) of cattle weighing more than 700 pounds and 199 head (99.5 animal units) of cattle weighing less than 700 pounds for a facility total of 299.5 animal units. This represents an increase in the permitted animal units from the previous permit. This permit is also being modified to decommission the swine operation and incorporate approximately 2.0-acres of open lot pens. This facility has an approved Waste Management Plan on file with KDHE.

| Name and Address of Applicant | Legal Description | Receiving Water |
|--|---|----------------------------|
| Dunn Swine, LLC Leon Dunn 863 NW 10th Ave. St. John, KS 67576 | NE/4 of Section 05 T23S, R13W Stafford County | Lower Arkansas River Basin |

Kansas Permit No. A-ARSF-H001
Federal Permit No. KS0089958

The proposed action is to reissue an existing NPDES permit for an existing facility for 1,855 head (742 animal units) of swine weighing greater than 55 pounds and 2,675 head (267.5 animal units) of swine weighing 55 pounds or less; for a total of 1,009.5 animal units of swine. There will be no change in the operation or permitted number of animal units from the previous permit. This facility has an approved Nutrient Management Plan on file with KDHE.

| Name and Address of Applicant | Legal Description | Receiving Water |
|--|---|--------------------|
| Rempe Hog Heaven Daniel and Marlene Rempe 595 K Rd. Corning, KS 66417 | NE/4 of Section 10 T05S, R12E Nemaha County | Kansas River Basin |

Kansas Permit No. A-KSNM-S034

The proposed action is to reissue an existing state permit for an existing facility for 2,400 head (960 animal units) of swine more than 55 pounds. There will be no change in the operation or permitted number of animal units from the previous permit. This facility has an approved Waste Management Plan on file with KDHE.

| Name and Address of Applicant | Legal Description | Receiving Water |
|---|---|----------------------|
| Pork Palace Daniel and Marlene Rempe 1306 64th Rd. Corning, KS 66417 | NW/4 of Section 30 T04S, R13E Nemaha County | Missouri River Basin |

Kansas Permit No. A-MONM-S074

The proposed action is to reissue an existing state permit for an existing facility for 2,499 head (999.6 animal units) of swine weighing more than 55 pounds. There will be no change in the operation or permitted number of animal units from the previous permit. This facility has an approved Waste Management Plan on file with KDHE.

| Name and Address of Applicant | Legal Description | Receiving Water |
|--|---|----------------------|
| Farwell Farms Terry Farwell 2980 K-63 Hwy. Seneca, KS 66538 | SE/4 of Section 10 T01S, R12E Nemaha County | Missouri River Basin |

Kansas Permit No. A-MONM-S032

The proposed action is to reissue an existing state permit for an existing facility for 562 head (224.8 animal units) of swine more than 55 pounds, 1,000 head (100 animal units) of swine 55 pounds or less, 180 head (180 animal units) of cattle more than 700 pounds, and 50 head (25 animal units) of cattle 700 pounds or less, for a total of 530 animal units. There will be no change in the operation or permitted number of animal units from the previous permit. This facility has an approved Waste Management Plan on file with KDHE.

| Name and Address of Applicant | Legal Description | Receiving Water |
|---|--|----------------------------|
| Cheney Feed Yard 12500 S. Kansas Rd. Scott City, KS 67871 | NW/4 of Section 24 T20S, R33W Scott County | Upper Arkansas River Basin |

Kansas Permit No. A-UASC-C026
Federal Permit No. KS0097063

The proposed action is to approve an update to the Nutrient Management Plan (NMP) received for this existing facility currently permitted for 1,500 head (1,500 animal units) of cattle weighing greater than 700 pounds. The facility's NMP was updated to include a change in the application rate limitation for their fields. One of the field's application rate limitation became less restrictive than the previous NMP. There are no changes to the permit or in the permitted number of animal units. Only the updated portion of the Nutrient Management Plan is subject to comment.

| Name and Address of Applicant | Legal Description | Receiving Water |
|--|---|-------------------------|
| Cattle Empire North 2229 Road BB Satanta, KS 67870 | E/2 of Section 19 T30S, R34W Haskell County | Cimarron River Basin |

Kansas Permit No. A-CIHS-C006
Federal Permit No. KS0115231

The proposed action is to approve an update to the Nutrient Management Plan (NMP) received for this existing facility currently permitted for 17,500 head (17,500 animal units) of cattle weighing more than 700 pounds. The facility's NMP was updated to include a change in the application rate limitation for their fields. One of the fields' application rate limitation has become less restrictive than the previous NMP. There are no changes to the permit or in the permitted number of animal units. Only the updated portion of the Nutrient Management Plan is subject to comment. This facility has an approved Nutrient Management Plan on file with KDHE.

Persons wishing to comment on or object to the draft documents and/or permit applications must submit their comments in writing to the Kansas Department of Health and Environment (KDHE) if they wish to have the comments or objections considered in the decision-making process. All written comments regarding the draft documents, application or registration notices received on or before March 30, 2024, will be considered in the formulation of the final determination regarding this public notice. Please refer to the appropriate Kansas document number (KS-AG-24-24-046/053) and name of the applicant/permittee when preparing comments.

All comments received will be responded to at the time the Secretary of Health and Environment issues a determination regarding final agency action on each draft document/application. If response to any draft document/application indicates significant public interest, a public hearing may be held in conformance with K.A.R. 28-16-61 (28-46-21 for UIC). A request for public hearing must be submitted in writing and shall state the nature of the issues proposed to be raised during the hearing.

Comments or objections for agricultural related draft documents, permit applications, registrations or actions should be submitted to the attention of Casey Guccione, Livestock Waste Management Section at the KDHE, Bureau of Environmental Field Services (BEFS), 1000 SW Jackson, Suite 430, Topeka, KS 66612. Comments or objections for all other proposed permits or actions should be sent to Andrew Bowman at the KDHE, Bureau of Water, 1000 SW Jackson St., Suite 420, Topeka, KS 66612.

All draft documents/applications and the supporting information including any comments received are on file and may be inspected at the offices of the KDHE. For agricultural related draft documents or applications an appointment can be scheduled, or copies requested by contacting Jada Martin at 1000 SW Jackson St., Suite 430, Topeka, KS 66612, telephone 785-296-0076 or email at kdhe.feedlots@ks.gov. Las preguntas o comentarios por escrito deben dirigirse a Erich Glave, Director, Bureau of Environmental Field Services en KDHE: 1000 SW Jackson St., Suite 430, Topeka, KS 66612-1367; por correo electrónico: kdhe.feedlots@ks.gov; por teléfono: 785-296-6432. For all other proposed permits or actions an appointment can be scheduled, or copies requested by contacting Jamie Packard, Bureau of Water, 1000 SW Jackson St., Suite

420, Topeka, KS 66612, telephone 785-296-4148 or email at Jamie.Packard@ks.gov. These documents are available upon request at the copying cost assessed by KDHE. Application information and components of plans and specifications for all new and expanding swine facilities are available at <http://www.kdhe.ks.gov/livestock>. Division of Environment offices are open from 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding holidays.

Janet Stanek
Secretary

Department of Health and Environment

Doc. No. 051899

State of Kansas

Department of Transportation

Notice to Contractors

Electronic copies of the letting proposals and plans are available on the Kansas Department of Transportation (KDOT) website at <https://kdotapp.ksdot.org/Proposal/Proposal.aspx>. The website will allow the contractor to request approval from KDOT to bid as a prime contractor and be included on the "Bid Holders List," or to be included on the "Non-Bid Holders List" as a subcontractor/supplier. KDOT's approval is required to bid as a prime contractor. To bid as a prime contractor, KDOT needs to be notified of the intent to bid no later than the close of business on the Monday preceding the scheduled letting date. Failure to obtain prior approval to bid as a prime contractor on any projects listed below will be reason to reject your bid. The Secretary reserves the right to reject bids that do not comply with all requirements for preparing a bidding proposal as specified in the 2015 edition of the Kansas Department of Transportation Standard Specifications for State Road and Bridge Construction.

KDOT will only accept electronic Internet proposals using the Bid Express website at <https://bidx.com/ks/main> until 1:00 p.m. (Central Time) on letting day. The KDOT bid letting will be conducted remotely by audio broadcast only at 3:00 p.m. (Central Time) on letting day. For the conference call information see <https://www.ksdot.org/bureaus/burconsmain/lettinginfo.asp>. KDOT has tested the process, but in the event of an unforeseen issue, KDOT will provide updates.

Each bidder shall certify that such person, firm, association, or corporation has not, either directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding in connection with the submitted bid. This certification shall be in the form of a required contract provision provided by the state to each prospective bidder. Failure to complete the required contract provision and certify the completeness of the preceding statement when electronically signing the proposal will make the bid non-responsive and not eligible for award consideration.

Projects for the March 20, 2024, letting.

District One – Northeast

Doniphan: 7-22 KA-5722-01 – K-7, bridge #016 over Mill Creek located 12.45 miles northwest of the US-36/K-7 west junction, bridge replacement. (Federal Funds)

(continued)

Johnson: 435-46 KA-4275-02 – I-435, bridge #207 and #208 located at the I-435/Midland Drive interchange, bridge deck. (Federal Funds)

Nemaha: 66 TE-0531-01 – Oregon Street, from South 14th Street to Blue Jay Drive in Sabetha, pedestrian and bicycle paths, 0.9 miles. (Federal Funds)

Osage: 35-70 KA-7298-01 – I-35, beginning at the Coffey/Osage county line east to Rock Creek, crack repair, 6.6 miles. (State Funds)

Shawnee: 75-89 KA-6930-01 – US-75, bridge #162 located at the I-70 east junction and US-75 south end with gate in Topeka, bridge repair. (Federal Funds)

Shawnee: 75-89 KA-6740-01 – US-75, bridge #154 over the Kansas River/Union Pacific Railroad located 0.5 miles north of the US-75/I-70 east junction, bridge repair. (Federal Funds)

Wyandotte: 435-105 KA-6892-01 – I-435, sign structure located over southbound I-435 at ramp to K-32, signing. (State Funds)

Wyandotte: 435-105 KA-6931-01 – I-435, bridge #213 and #214 over I-70, bridge repair. (State Funds)

District Two – North Central

Saline: 135-85 KA-6946-01 – I-135, bridge #032 over Dry Creek Drainage located 0.39 miles north of K-140, bridge repair. (Federal Funds)

Saline: 4-85 KA-5719-01 – K-4, bridge #010 over I-135 located at the K-4/I-135 north junction, and bridge #108 over Dry Creek located 0.3 miles east of K-104, bridge replacement. (Federal Funds)

District Three – Northwest

Russell: 84 TE-9301-01 – Russell, US-281 at 8th Street, east toward high school, pedestrian and bicycle paths, 0.3 miles. (State Funds)

Wallace: 27-100 KA-6778-01 – K-27, bridge #017 over Smoky Hill River located 2.39 miles north of the US-40 east junction, bridge repair. (Federal Funds)

District Four – Southeast

Coffey: 35-16 KA-7299-01 – I-35, beginning 0.6 miles west of the I-35/US-75 junction east to the Coffey/Osage county line, crack repair, 1.7 miles. (State Funds)

Miami: 61 TE-9403-01 – Louisburg, K-68 and Aquatic Drive/Summerfield Drive, pedestrian and bicycle paths. (State Funds)

Statewide: 106 KA-6260-01 – US-400, US-75, US-166, US-169, and US-160 in Montgomery, Chautauqua, Labette, and Wilson Counties, signing. (Federal Funds)

District Five – South Central

Barber: 2-4 KA-5706-01 – K-2, bridge #030 over Little Mule Creek located 1.8 miles east of US-281, bridge replacement. (Federal Funds)

Cowley: 160-18 TE-0536-01 – Winfield, US-160 from College Street to Wheat Road, pedestrian and bicycle paths, 0.4 miles. (Federal Funds)

Harper: 160-39 KA-5725-01 – U.S.160, bridge #016 over Sand Creek located 2.0 miles east of the of the K-2/US-160 north junction, bridge replacement. (Federal Funds)

Kingman: 54-48 KA-6056-01 – US-54, from the K-14/US-54 east junction east to the Kingman/Sedgwick County line, pavement reconstruction, 7.1 miles. (Federal Funds)

Kiowa: 400-49 KA-7296-01 – US-400, beginning at the Kiowa/Ford County line, east to the US-400/US-54 east junction, milling and overlay, 6.3 miles. (State Funds)

Pratt: 42-76 KA-6058-01 – K-42, beginning at the US-281/K-42 junction east to the east city limits of Sawyer, pavement reconstruction, 0.2 miles. (Federal Funds)

Sedgwick: 54-87 KA-6937-01 – US-54, bridges #331, #334, and #336 at the US-54 and Eisenhower Airport Parkway Interchange in Wichita, bridge repair. (State Funds)

District Six – Southwest

Statewide: 283-106 KA-6781-01 – US-283, bridge #070 in Ford County located 8.37 miles north of US-50, bridge #029 in Hodgeman County located 0.61 miles south of K-156, K-156, bridge #030 located 4.79 miles west of the Pawnee County line, bridge repair. (State Funds)

Calvin Reed
Secretary

Department of Transportation

Doc. No. 051884

State of Kansas

Department of Transportation

Request for Proposals

Notice to Consulting Firms

The Kansas Department of Transportation (KDOT) is seeking a qualified consulting firm or team of firms to supply personnel to perform professional services as described below. Interested consultants must upload a proposal by 12:00 p.m. (Central Time) March 15, 2024 to the Bid Express page to be considered for selection.

Consultant Prequalification

Interested consulting firms must be prequalified by KDOT or otherwise demonstrate qualification in the following category(s):

- Category 241 Construction Inspection and Testing

If a firm is not currently prequalified by KDOT, a proposal may still be submitted. Firms not prequalified must also provide documentation that demonstrates the firm is qualified for each specified category listed in this notice for the project. Firms must use the KDOT prequalification form to provide this documentation. KDOT 1050 Prequalification Category Definitions (Blue Book) can be found at <http://www.ksdot.org/descons.asp>. Consultants may create a team to meet the prequalification requirements. All firms doing business with KDOT must be registered and in good standing under the laws of the State of Kansas at the time of contracting and must comply with applicable state and federal laws, rules, and regulations.

Anticipated Consultant Scope

KDOT anticipates the following to be included in the consultant's scope: Construction inspection/testing in the form of full time, in-house, technical and construction

contract administration assistance to KDOT's District 5, Area 5 Wichita, Kansas Construction Office. Scope will include assistance with construction project supervision, inspection staffing, and contract administration. Consultant staff may serve as project supervisor of complex construction projects and/or multiple smaller projects. See Attachment for additional details.

Consultant staff will be utilized a minimum of 40/60 hours per week excluding holidays. Hours may be split between two employees of the firm. Contract period will be one year with an optional one-year extension.

Anticipated Schedule and Key Dates

1. Proposals are due by or before 12:00 p.m. (Central Time) March 15, 2024.
2. Ranking of proposals is expected to occur on or around March 18, 2024. Negotiations with the most highly ranked firm are expected to begin on or around April 4, 2024. An executed agreement is anticipated shortly thereafter.
3. Anticipated Start Date: As soon as under contract.

Instructions for Proposal

1. No cost or pricing information shall be submitted with the proposal. Proposals including cost or pricing information will be considered non-responsive and withdrawn from further consideration.
2. The consultant's proposal must not exceed 4 pages total (including any cover letter, index, etc.)
3. A PDF (2MB maximum size) of the proposal must be uploaded to the appropriate bid form on Bid Express by the proposal due date and time.
4. The subject line of the email and the PDF file name must read:
 - a. "FC-5001-24-EmbedConstInsp.Admin in D5A5 Wichita FIRM NAME"
5. The proposal must be accompanied by Special Attachments No. 8 ("Tax Clearance Certificate"), No. 10 ("Policy Regarding Sexual Harassment"), and No. 12 ("Certification of Company Not Currently Engaged in the Procurement or Obtainment of Certain Equipment, Services, or Systems"). If you need a Tax Clearance Certificate, you can request one at <https://www.ksrevenue.gov/taxclearance.html>. Allow 2-3 business days for processing. All attachments are required for every firm involved in a multi-consultant team. Upload these files as instructed in Bid Express.
6. The outline in Table 1 below describes the expected proposal organization and content sections.
7. Table 2 lists the evaluation criteria and associated weights which will be used to make a selection.
8. Although not anticipated at this time, KDOT reserves the right to interview for the requested services associated with any of the listed projects prior to making final selections.

Table 1: Proposal Content

| Section | Description of Intent |
|------------------|--|
| Cover Letter | (no more than 1 page) |
| Project Approach | Describe how your firm will meet the fluctuating needs of the project. |

| | |
|---|--|
| Approach to Quality Control | Describe methods or procedures your firm will use to provide all services with professional quality and technical accuracy. |
| Qualifications and Experience | For key personnel to be assigned to the project provide names, qualifications, education, training, and expertise. Identify their area(s) of responsibility and percent of their time dedicated to the project. List work for which you do not have in-house capability and name the firm you propose to subcontract with. |
| Past Performance | Describe team's past performance with respect to ability to meet project schedules; quality of work; and ability to control costs on similar transportation projects, especially those performed for KDOT. Include three references and contact information. |
| Familiarity with KDOT and Project Area | Describe team's familiarity with KDOT's processes and standards. Describe familiarity with the project area and any identified special site conditions. |

Table 2: Evaluation Factors

| Evaluation Factor | Weight |
|---|--------|
| The quality and completeness of the response | 10% |
| Availability to respond to the work | 20% |
| Qualifications and experience of key project team members proposed for services | 20% |
| Past performance history for similar projects/services for KDOT | 20% |
| Understanding of the District and Area | 10% |
| Understanding of KDOT contract administration and closeout procedures | 20% |

Contract Terms and Conditions

A standard KDOT agreement for engineering and technical services will be used for professional services projects. The following special attachments will need to be provided by the selected consultant and all subconsultants with the signed work order following negotiations and will become attachments to the contract:

- Special Attachment No. 8 ("Tax Clearance Certificate")
- Special Attachment No. 10 ("Policy Regarding Sexual Harassment")
- Special Attachment No. 12 ("Certification of Company Not Currently Engaged in the Procurement or Obtainment of Certain Equipment, Services, or Systems")

Questions

All questions regarding this Request for Proposals shall be submitted via Q&A section of bid form in Bid Express.

Questions can be submitted until March 6, 2024; answers will be provided to all prequalified consultants on March 12, 2024.

Additional Details

The KDOT District 5 Area 5 construction offices located in Wichita, Kansas, are requesting an embedded consultant to provide full time, in-house, technical and construction contract administration expertise.

This is expected to be a full-time (40-60 hours per week excluding holidays) assignment based at the District 5 Area 5 Wichita West Office. The hours will be allocated to a primary person with up to two delegates. The delegates are intended to be used when the primary person is on leave, un-

(continued)

available or the workload has created a need for additional staff for a short period of time. The contract period will be one calendar year with an optional one-year extension.

Construction Project Supervision and Contract Administration

Under the direction of the Metro Engineer (ME), Field Engineering Administrator (FEA), or Construction Engineer (CE), assist with construction project supervision, inspection staffing, and contract administration. The consultant may serve as project supervisor of complex construction projects and/or multiple smaller projects. Duties include, but are not limited to:

- Provide recommendations to the ME, FEA, and CE regarding project actions, staffing and any other project related matters.
- Responsible for the review or compilation of project documentation for all phases of work performed to substantiate the contract payments. This documentation includes daily diaries, weekly recaps, test reports, final papers, and AASHTOWare.
- Make determination on the charges of working days and other similar contract issues.
- Represent KDOT in project-related meetings and conferences.
- Provide guidance to the construction staff in the review of construction plans such as verifying steel quantities, grade computations and earthwork quantities.
- Maintain contact with the contractor's project manager on the project.
- Advise the KDOT on construction project related decisions.

Mentoring Resource

The consultant will serve as a mentor and provide effective leadership and training to less experienced technicians and engineering associates. The consultant will identify and recommend areas of additional training needed within the construction office. This information will be used to assist the ME, FEA, or CE to organize effective training programs for the construction office.

Provides other project related construction assistance to the ME, FEA, and CE as directed.

Construction Plan Development

Reviews or prepares documents for field-designed projects such as 1R projects, bridge set-aside projects, culvert set-aside projects and 3R major modifications. This includes field measuring, quantity computations, drafting of plan sheets and field surveys. This also includes participation in field checks and plan reviews as necessary.

Qualifications

- A minimum of five years of experience managing large or complex KDOT construction projects.
- CIT certifications in basic inspection, asphalt paving inspection, concrete paving inspection, structures inspection, ACI concrete field testing technician, and aggregate field technician.
- Proficiency with AASHTOWare Project.

Calvin Reed
Secretary
Department of Transportation

Doc. No. 051901

(Published in the Kansas Register February 29, 2024.)

Kansas City Kansas Community College

Request for Proposals

Kansas City Kansas Community College is accepting proposals from qualified firms to complete a comprehensive compensation study for staff and faculty (Bid 24-005).

All questions regarding this Request for Proposals and the program it represents must be submitted in writing via email to the following contact person:

Amiee Wenson, Director of Budget and Purchasing
Kansas City Kansas Community College
awenson@kckcc.edu

Please visit our website for bid details at <https://kckcc.edu/about/organization/financial-services/doing-business/index.html>.

Amiee Wenson
Director of Budget and Planning
Kansas City Kansas Community College

Doc. No. 051897

(Published in the Kansas Register February 29, 2024.)

Southeast Kansas Education Service Center

Request for Proposals

Sealed proposals will be received by the Purchasing Cooperative at Greenbush (Southeast Kansas Education Service Center) on behalf of its eligible participating entities for Request for Proposals 24.2 ESC-SOLAR2024 – Turnkey Solutions for Microgrid Systems. Specifications and forms may be obtained by registering for free with Greenbush on Public Purchase at <http://www.publicpurchase.com>. Proposals must be uploaded to Public Purchase before 2:00 p.m. (Central Time) March 15, 2024. Late proposals will not be considered.

Tina Smith
Director of Business Relations
Greenbush

Doc. No. 051898

(Published in the Kansas Register February 29, 2024.)

South Kansas & Oklahoma Railroad

Request for Proposals

Interested parties are invited to submit a proposal to complete the below scope of repairs for the South Kansas & Oklahoma (SKOL) Railroad.

Scope of Work

CWR Relay consisting of 7,920 track feet (MP 214.5 – 216.0) between Grenola, Kansas and Cambridge, Kansas. Provide all necessary labor, equipment, and logistical services to supply all installation/changeout services called for to complete this project.

Project includes:

- Unload and install 15,840 linear feet of 132# Rail (All sticks will be 39' sticks drilled: blank x 6" x 6").
- Surface 7,920 feet of track:

- All rail replaced during this project, shall be discussed in depth at the pre-proposal meeting.
- Provide and install all welds needed for job completion. The use of a flashbutt truck is required.
- OTM and ballast to be provided by Watco but unloaded with the assistance of the contractor – transition rails, straight bars, bolt assemblies, spikes, spike plugs, anchors, and any replacement plates.
- All OTM that is removed shall be stacked in an organized manner in Grenola, Kansas, unless otherwise instructed by the railroad representative. Any material deemed non-salvageable shall be disposed of according to all local and state laws and regulations.
- New rail installation will need to be adjusted/heat-treated to obtain the proper rail neutral temperature of or at the minimum of 105°F in compliance with SKOL Rail CWR Policy where not otherwise stated, the minimum AREMA Standards. Refer to Watco's CWR Policy and Procedures for any additional information.
- Additional details concerning the scope of work needing to be done with each portion of the project, will be addressed in the pre-proposal meeting.

Minimum Requirements

MSA and Roadway Worker Protection

- Contractors must complete, and have on file, a current Master Services Agreement with SKOL Railroad prior to starting work. Prior to submitting a proposal.
- Contractors shall always comply with all parts of 49 CFR Part 214 and 219 regarding FRA Roadway Worker Safety. Workers and equipment shall remain clear of the track unless they have gained Roadway Worker Protection from a qualified person.
- Contractor, contractor employees, agents, and/or subcontractors must be enrolled and comply with the FRA 219 approved drug testing program.
- Any sub-contracted work will need to be approved by the SKOL Railroad prior to any work starting.
- All Contractors will be required to complete WATCO Contractor Orientation at <https://watcocontractor.com/>. Any contractor who was previously enrolled in e-SHORTLINE with WATCO in the past, will be required to complete the WATCO Contractor Orientation. A RWIC qualified roadway worker must be on site at all times. This qualification can be obtained through the WATCO contractor website.

Work Windows

Impact to current railroad operations must be kept to a minimum. When work must take place that causes an active track to be taken out of service for the purposes of performing work that pertains to the project, the contractor must pre-arrange a defined work window with the railroad. Contractor can anticipate a maximum work window of 10 hours between the hours of 9:00 and 19:00. Work windows may be arranged seven days a week, if desired. The SKOL will not be operating trains over the weekend in this area. This topic will be further discussed during the pre-proposal meeting, as operations may change.

Standards

All standards referenced by the project plans and specifications, as well as all applicable AREMA standards must be upheld during all phases of the project work, unless certain standards are excluded from the project with written approval by the SKOL Railroad. All rails shall be replaced at standard gauge of 56-1/2".

Submittals

The following documents shall be submitted by the contractor as part of the project at the times listed:

- Schedule of Work – Submitted with proposal.
- Certificate of Insurance – Submitted prior to construction.
- Safety Plan – Submitted prior to construction.
- Proof of Roadway Worker Training – Submitted prior to construction.

Other Responsibilities

- Permits – Contractor is responsible for all federal, state, and local permits required for the work. Additional permit information will be covered at the pre-proposal meeting.
- Utilities – Contractor is responsible to locate and protect site utilities.
- Site Clean-up – Contractor is responsible for proper site restoration and proper disposal of materials, trash, containers, etc., must be disposed of in accordance with all local, state, and federal laws.

Insurance

Contractor shall purchase required coverage and submit for verification a Certificate of Insurance.

Materials

All materials shall meet the requirements found in the project plans and/or specifications as well as applicable AREMA requirements. Material storage is granted on railroad right of way to the contractor. However, no materials shall be stored closer than 15 feet from the centerline of any active track at any time. Material and equipment laydown areas and reclaimed materials stockpiling locations shall be discussed and further clarified at the pre-proposal meeting. All removed materials will be disposed of accordingly by the contractor unless otherwise arranged with the SKOL Railroad.

Non-Project Areas

The SKOL Railroad has secured access to the project through the railroad right of way. Other access may be obtained by the contractor if he/she so chooses. All areas (public, private, and railroad right of way) that are used for access to the project, including parts of the railroad right of way which have no proposed work, shall be maintained and/or remediated, incidental to the project, by the contractor to the satisfaction of the property owner if any damage to these areas occurs.

Pre-Proposal Meeting

The SKOL Railroad (Watco) shall hold a pre-proposal meeting at 9:00 a.m. (Central Time) Tuesday, March 12, 2024, to address any questions or clarify any portions of the project tasks. Please reach out to Mike Mulnix for specific meeting details.

(continued)

Project Completion

It is expected the contractor must start construction no later than 60 days after being awarded the bid (dependent upon material deliveries) and complete the project within an agreed upon timeline. Prior to the completion of the project, there will be a 3rd party final inspection. If there are any issues with the quality of work, the contractor will be responsible for fixing any issues found at cost to them. A NTP is in effect on this project – planned construction timeline is slated for completion in May 2024.

Submission of a Proposal

All proposals must be submitted no later than 4:00 p.m. (Central Time) Thursday April 12, 2024. All submitted proposals shall be reviewed by the SKOL Railroad. Please ensure your proposal includes all required information. All incomplete proposals shall be rejected. The structure of your proposal must be able to be clearly understood, all proposals shall provide the following line items and provide costs as required below:

- Provide a total sum of all line items on the proposal.
- Mobilization and Demobilization – Lump sum.
- Labor (Install) for each line item; include all applicable taxes.
- RRPL Insurance – Lump sum.

For further information or questions regarding the Request for Proposals or submittal of a proposal, please contact:

- Mike Mulnix, SKOL Roadmaster, phone 620-330-7415, email mmulnix@watco.com
- Jerod Gofourth, Assistant SKOL Roadmaster, phone 620-515-1809, email jgofourth@watco.com
- Cody McGee, Division Engineer, phone 217-855-4107, email cody.mcgee@watco.com

Work Reporting

Daily work reports must be filled out and submitted to Mike Mulnix – SKOL Roadmaster, Jerod Gofourth – SKOL Assistant Roadmaster, and Cody McGee – Division Engineer. Those reports should include updates to project schedules, any delays and/or changes in the scope of work. A detailed summary report must be submitted upon the completion of the project.

Cameron Ginther

Director of Rail Infrastructure – Division 1 and 2
Watco Companies

Doc. No. 051894

(Published in the Kansas Register February 29, 2024.)

City of Clearwater, Kansas

Notice of Intent to Seek Private Placement General Obligation Bonds, Series 2024

Notice is hereby given that the City of Clearwater, Kansas (the "Issuer") proposes to seek a private placement of the above-referenced bonds (the "Bonds"). The maximum aggregate principal amount of the Bonds shall not exceed \$1,060,000. The proposed sale of the Bonds is in all respects subject to approval of an appropriate bond purchase agreement between the Issuer and the purchaser of the Bonds and the passage of an ordinance

and adoption of a resolution by the governing body authorizing the issuance of the Bonds and the execution of various documents necessary to deliver the Bonds.

Dated January 9, 2024.

Jaye Poe

Clerk

City of Clearwater, Kansas

Doc. No. 051905

State of Kansas

Legislative Administrative Services

Legislative Bills and Resolutions Introduced

The following numbers and titles of bills and resolutions were introduced February 15th – February 21st during the 2024 session of the Kansas Legislature. Full text of bills, bill tracking, and other information may be accessed at <http://www.kslegislature.org/li/>.

House Bills

HB 2803, AN ACT concerning firearms; creating the Kansas gun rights preservation act; prohibiting the commandeering of state resources to enforce federal gun control against law-abiding citizens; providing civil penalties and a cause of action for violations of the act, by Committee on Federal and State Affairs.

HB 2804, AN ACT concerning income taxation; relating to credits; providing for the preceptor income tax incentive act; establishing a credit for physicians and physician assistants that serve as a community-based faculty preceptor by providing personalized instruction, training and supervision for students, by Committee on Taxation.

HB 2805, AN ACT concerning the open records act; relating to public records; continuing in existence certain exceptions to the disclosure thereof; amending K.S.A. 41-511 and K.S.A. 2023 Supp. 45-229, 50-6,109a and 74-50,227 and repealing the existing sections, by Committee on Taxation.

HB 2806, AN ACT concerning counties; relating to the public right-of-way; authorizing certain telecommunications and video service providers to operate in county public right-of-way; limiting the fees and costs that a county may impose upon such providers for such activities, by Committee on Federal and State Affairs.

HB 2807, AN ACT concerning conventions under article V of the constitution of the United States; prescribing the appointment and qualifications of delegates; duties and responsibilities thereof; providing penalties for violations, by Committee on Federal and State Affairs.

HB 2808, AN ACT concerning crimes, punishment and criminal procedure; creating the crimes of causing harm to a public transportation employee and aggravated causing harm to a public transportation employee, by Committee on Federal and State Affairs.

HB 2809, AN ACT concerning health and healthcare; creating the every mom matters act; establishing the every mom matters program in the department of health and environment; requiring the state treasurer to contract with eligible organizations to provide information and support services to pregnant women and parents considering adoption; establishing the every mom matters program fund, by Committee on Federal and State Affairs.

HB 2810, AN ACT concerning insurance; relating to the Kansas life and health insurance guaranty association; including health maintenance organizations as member insurers therein; broadening the assessment base for long-term care insolvencies; amending K.S.A. 40-3002, 40-3003, 40-3005, 40-3006, 40-3007, 40-3008, 40-3009, 40-3010, 40-3011, 40-3012, 40-3013, 40-3013a, 40-3016 and 40-3018 and repealing the existing sections; also repealing K.S.A. 40-3004, by Committee on Federal and State Affairs.

HB 2811, AN ACT concerning children and families; relating to incarcerated expectant mothers; directing the department of corrections to establish a correctional center nursery; requiring the secretary of corrections to establish correctional center nursery policies and procedures; relating to the Kansas family law code; amending the factors considered in determination of legal custody, residency or parenting time; relating to the revised Kansas code for care of children; amending

K.S.A. 23-3203 and 38-2276 and K.S.A. 2023 Supp. 38-2202 and repealing the existing sections; also repealing K.S.A. 2023 Supp. 38-2202a, by Committee on Appropriations.

HB 2812, AN ACT concerning financial institutions; relating to the Kansas mortgage business act; uniform consumer credit code; pertaining to certain definitions, terms and conditions contained therein; modifying consumer loan finance charges and repayment terms; record requirements; credit card surcharge; definition of earnings and days; increasing the threshold for certain consumer loans and leases; origination fees for non-real estate transactions; clarifying license requirements to make supervised loans; exempting supervised loan license form filing notifications; transferring mortgage provisions contained in the uniform consumer credit code to the Kansas mortgage business act; clarifying entities exempt for licensing; amending K.S.A. 9-2201, 9-2202, 9-2203, 9-2208, 9-2209, 9-2212, 9-2216, 9-2216a, 9-2220, 16-207, 16-207d, 16a-1-101, 16a-1-102, 16a-1-103, 16a-1-104, 16a-1-107, 16a-1-108, 16a-1-109, 16a-1-201, 16a-1-202, 16a-1-301, 16a-2-103, 16a-2-104, 16a-2-201, 16a-2-202, 16a-2-301, 16a-2-302, 16a-2-303, 16a-2-304, 16a-2-308, 16a-2-309, 16a-2-310, 16a-2-401, 16a-2-402, 16a-2-403, 16a-2-404, 16a-2-501, 16a-2-502, 16a-2-504, 16a-2-505, 16a-2-506, 16a-2-507, 16a-2-508, 16a-2-510, 16a-3-201, 16a-3-202, 16a-3-203, 16a-3-204, 16a-3-205, 16a-3-206, 16a-3-208, 16a-3-209, 16a-3-301, 16a-3-302, 16a-3-303, 16a-3-304, 16a-3-305, 16a-3-306, 16a-3-307, 16a-3-308, 16a-3-309, 16a-3-402, 16a-3-403, 16a-3-404, 16a-3-405, 16a-4-102, 16a-4-104, 16a-4-105, 16a-4-106, 16a-4-107, 16a-4-108, 16a-4-109, 16a-4-110, 16a-4-111, 16a-4-112, 16a-4-201, 16a-4-202, 16a-4-203, 16a-4-301, 16a-4-304, 16a-5-103, 16a-5-107, 16a-5-108, 16a-5-111, 16a-5-201, 16a-5-203, 16a-5-301, 16a-6-104, 16a-6-105, 16a-6-106, 16a-6-108, 16a-6-109, 16a-6-110, 16a-6-111, 16a-6-112, 16a-6-113, 16a-6-115, 16a-6-201, 16a-6-202, 16a-6-203, 16a-6-401, 16a-6-403 and 40-1209 and repealing the existing sections; also repealing K.S.A. 16a-1-303, 16a-2-101, 16a-2-102, 16a-2-303a, 16a-2-307, 16a-3-101, 16a-3-102, 16a-3-203a, 16a-3-207, 16a-3-308a, 16a-4-101, 16a-4-103, 16a-5-101, 16a-5-102, 16a-5-110, 16a-5-112, 16a-6-101, 16a-6-102, 16a-6-117, 16a-6-402, 16a-6-404, 16a-6-405, 16a-6-406, 16a-6-407, 16a-6-408, 16a-6-409, 16a-6-410, 16a-6-414, 16a-9-101 and 16a-9-102, by Committee on Appropriations.

HB 2813, AN ACT concerning abortion; relating to unlawful coercion to obtain an abortion; creating the crime of coercion to obtain an abortion; providing the penalties therefor; providing for enhanced criminal penalties for offenses committed with the intent to compel a woman to obtain an abortion; amending K.S.A. 21-6804 and repealing the existing section, by Committee on Federal and State Affairs.

HB 2814, AN ACT concerning abortion; establishing the Kansas ultrasound act; requiring that an obstetric ultrasound be performed on a woman prior to having an abortion; allowing a woman to avert her eyes from such images; establishing civil and criminal penalties for violations of the act; providing an emergency exception to the requirements of the act, by Committee on Federal and State Affairs.

House Resolutions

HR 6039, A RESOLUTION affirming the commitment to freedom of expression with integrity, by Representatives Hill, Bergquist, Blex, Bloom, Bryce, Buehler, Butler, Carpenter, Clifford, Collins, Croft, Dodson, Droge, Ellis, Estes, Fairchild, Garber, Goddard, Goetz, Hawkins, Hoheisel, Houser, Howe, Howerton, Johnson, Lewis, McDonald, Moser, Murphy, Owens, Poskin, Rhiley, Schmoie, Tarwater, Thomas, Thompson, Titus, Turk and Waggoner.

HR 6040, A RESOLUTION commemorating the 150th anniversary of the Great Western Cattle Trail, by Representatives White, Barth, Bergkamp, Bergquist, Blew, W. Carpenter, Clifford, Delperdang, Francis, Goetz, Hoheisel, Hoye, Kessler, McNorton, Moser, Murphy, Rahjes, Roth, Sanders, Smith, Thompson, Titus and L. Williams.

Senate Bills

SB 515, AN ACT concerning sales taxation; relating to exemptions; providing a sales tax exemption for the Dane G. Hansen foundation; amending K.S.A. 2023 Supp. 79-3606 and repealing the existing section, by Committee on Assessment and Taxation.

SB 516, AN ACT concerning elevators; relating to annual inspections under the elevator safety act; exempting elevators owned by nonprofit organizations with a maintenance service contract for such elevator from the inspection requirement; amending K.S.A. 2023 Supp. 44-1815 and repealing the existing section, by Committee on Assessment and Taxation.

SB 517, AN ACT concerning energy; relating to reliability of electric generation facilities; providing guidelines for decommissioning of certain electric generation facilities; requiring a utility to replace a closed or decommissioned facility with an equivalent amount of reliable and readily dispatchable electric generation, by Committee on Federal and State Affairs.

SB 518, AN ACT concerning insurance; relating to complex rehabilitation technology; establishing coverage and reimbursement therefor; providing for the formation of a complex rehabilitation technology reimbursement task force; creating the complex rehabilitation technology coverage act; directing the commissioner of insurance to adopt rules and regulations, by Committee on Ways and Means.

SB 519, AN ACT concerning postsecondary education; requiring technical colleges to affiliate with a state educational institution or municipal university; requirements therefor; amending K.S.A. 71-1802, 72-3810, 74-32,413 and 76-712 and repealing the existing sections, by Committee on Ways and Means.

SB 520, AN ACT concerning sales taxation; relating to exemptions; providing a sales tax exemption for certain not-for-profit organizations that provide public transportation services; amending K.S.A. 2023 Supp. 79-3606 and repealing the existing section, by Committee on Assessment and Taxation.

SB 521, AN ACT concerning insurance; relating to pharmacy benefit managers; imposing restrictions concerning the federal 340B drug pricing program; enacting the defense of affordable prescriptions act to prohibit certain discriminatory actions related to reimbursement of entities participating in the 340B pricing program, by Committee on Assessment and Taxation.

SB 522, AN ACT concerning immigration; creating the crime of unlawful entry into this state; requiring notification of federal immigration authorities upon arrest for such offense; amending K.S.A. 2023 Supp. 60-2102 and repealing the existing section, by Committee on Assessment and Taxation.

SB 523, AN ACT concerning firearms; relating to the possession thereof; clarifying the eligibility requirements to obtain a license to carry a concealed handgun under the personal and family protection act; requiring a license be surrendered to the attorney general upon suspension or revocation of such license; amending K.S.A. 75-7c07 and K.S.A. 2023 Supp. 75-7c04 and repealing the existing sections, by Committee on Federal and State Affairs.

SB 524, AN ACT concerning irrigation districts; relating to the election of members of the board of directors thereof; specifying when such elections may be conducted by mail ballot; authorizing the board of directors to set the term for such elected members; amending K.S.A. 42-706 and repealing the existing section, by Committee on Ways and Means.

SB 525, AN ACT creating the protection against deep fakes act; establishing a cause of action for damages arising from the use of generative artificial intelligence to create an image or likeness of another person for use in obscene material without such person's consent, by Committee on Federal and State Affairs.

SB 526, AN ACT concerning crimes, punishment and criminal procedure; relating to sex offenses; creating the crime of aggravated sexual extortion and providing criminal penalties therefor; adding making a demand for money or other thing of value to the elements of the crime of sexual extortion; amending K.S.A. 21-5515 and repealing the existing section, by Committee on Federal and State Affairs.

SB 527, AN ACT concerning abortion; relating to unlawful coercion to obtain an abortion; creating the crime of coercion to obtain an abortion; providing the penalties therefor; providing for enhanced criminal penalties for offenses committed with the intent to compel a woman to obtain an abortion; amending K.S.A. 21-6804 and repealing the existing section, by Committee on Federal and State Affairs.

SB 528, AN ACT concerning abortion; amending the woman's-right-to-know act; requiring a woman to view an ultrasound image of her unborn child during the 24-hour waiting period prior to the abortion; amending K.S.A. 65-6709 and repealing the existing section, by Committee on Federal and State Affairs.

SB 529, AN ACT creating the Dwayne Peaslee technical training center district act; authorizing submission of the question of creating the Dwayne Peaslee technical training center district to the voters of Douglas county; providing for the establishment of such district, if approved, and the powers and duties of its board of directors; authorizing such district to levy a tax not exceed 0.5 mills on the tangible taxable property of the district, by Committee on Ways and Means.

(continued)

Senate Resolutions

SR 1739, A RESOLUTION recognizing the members of Delta Sigma Theta Sorority, Inc., for their outstanding service to the citizens of our state, our nation and the international community and their promotion of sisterhood, scholarship and service, by Senators Faust-Goudeau and Haley.

SR 1740, A RESOLUTION supporting the admission of Washington, District of Columbia, into the union as a state of the United States of America, by Senators Holscher, Corson, Faust-Goudeau, Francisco, Haley, Pettey, Pittman and Sykes.

SR 1741, A RESOLUTION congratulating and commending Major League Baseball umpire Todd Tichenor for his accomplishments, by Senator Doll.

SR 1743, A RESOLUTION congratulating and commending the award-winning educators of the Milken Educator Awards Program and the Kansas Horizon Award Program, by Senator Dietrich.

Doc. No. 051904

State of Kansas

Board of Mortuary Arts

Permanent Administrative Regulation

Article 2.—FUNERAL DIRECTING

63-2-3. Responsibilities of funeral director. (a) Each Kansas licensed funeral establishment shall at all times be under the charge and personal supervision of a Kansas licensed funeral director. "Personal supervision" means the licensed funeral director takes responsibility for the actions taken by the licensed funeral director and the funeral establishment staff in the conduct of their employment. The licensed funeral director does not need to be present at the funeral establishment to conduct personal supervision.

(b) A Kansas funeral director may be in charge and have personal supervision of more than one funeral establishment.

(c) A funeral, or any portion of it, and all at-need funeral arrangements shall not be conducted without a licensed funeral director or assistant funeral director being present. (Authorized by K.S.A. 74-1704; implementing K.S.A. 65-1713a; effective Jan. 1, 1966; amended Jan. 1, 1967; amended May 1, 1978; amended May 1, 1982; amended May 1, 1983; amended May 1, 1987; amended April 3, 1995; amended March 15, 2024.)

J.W. Carey
Executive Director
Board of Mortuary Arts

Doc. No. 051903

State of Kansas

Department for Aging and Disability Services

Temporary Administrative Regulations

Article 52.— CRISIS INTERVENTION CENTERS

26-52-1. Definitions. Each of the following terms, as used in this article of the department's regulations, shall have the meaning specified in this regulation:

(a) Each of the following terms shall have the meaning specified in K.S.A. 59-29c02 and amendments thereto:

- (1) "Behavioral health professional";
- (2) "crisis intervention center";
- (3) "crisis intervention center service area";
- (4) "domestic partner";
- (5) "head of a crisis intervention center";
- (6) "law enforcement officer";
- (7) "licensed addiction counselor";
- (8) "physician assistant";
- (9) "psychologist";
- (10) "qualified mental health professional"; and
- (11) "treatment".

(b) Each of the following terms shall have the meaning specified in K.S.A. 59-2946 and amendments thereto:

- (1) "Mentally ill person";
- (2) "mentally ill person subject to involuntary commitment for care and treatment"; and
- (3) "lacks capacity to make an informed decision concerning treatment";

(c) Each of the following terms shall have the meaning specified in K.S.A. 59-29b46 and amendments thereto:

- (1) "Person with an alcohol or substance abuse problem";
- (2) "person with an alcohol or substance abuse problem subject to involuntary commitment for care and treatment"; and
- (3) "incapacitated by alcohol or any substance";

(d) Each of the following terms shall have the meaning specified in this subsection:

(1) "Administrative Director" means the person employed by a crisis intervention center who is responsible for the daily operation of the center and who meets the requirements for an administrative director in K.A.R. 26-52-9.

(2) "Applicant" means a governmental entity, governmental subdivision, or private entity registered to do business with the Kansas secretary of state that has applied for a license but which has not yet been granted a license or provisional license to operate a crisis intervention center.

(3) "Authorized medical practitioner" means the following:

- (A) a physician;
- (B) a physician's assistant (PA) licensed by the Kansas board of healing arts, and who is functioning under the general supervision and written protocols of a physician;
- (C) an Advanced Practice Registered Nurse (APRN) licensed by the Kansas state board of nursing, and qualified to evaluate, assess, and treat mental health disorders and alcohol and substance abuse addictions and disorders; or

(D) a professional nurse licensed by the Kansas state board of nursing, and who is functioning under the general supervision and written protocols of a physician.

(4) "Auxiliary staff" or "auxiliary staff member" means a type of staff member working at a crisis intervention center in food services, clerical services, education and training, maintenance, or other similar service that indirectly impacts services provided to patients.

(5) "Case manager" means a person with a behavioral sciences degree who is designated by the head of a crisis intervention center to coordinate specific duties in the patient admission, transfer and discharge planning pro-

cess, location of alternative placement for the patient's treatment pursuant to K.S.A. 59-29c08 and amendments thereto, and other general patient coordination services.

(6) "Center" means the crisis intervention center. If a community mental health center operates a crisis intervention center, the community mental health center shall comply with this article.

(7) "Clinical Director" means the behavioral health professional at a crisis intervention center who is responsible for the evaluation services, mental health services and alcohol and substance abuse services provided by the center.

(8) "Co-occurring condition" means a disorder caused by mental illness and alcohol and substance addiction or abuse.

(9) "Days" means calendar days unless specifically stated otherwise.

(10) "Direct care staff" or "direct care staff member" means a staff member working at a crisis intervention center whose primary responsibility is to implement the daily operations of the center, including providing direct supervision of, interaction with, and protection of the patients.

(11) "Direct supervision" means the physical presence of direct care staff members in proximity of the patients to allow for interaction with patients, observation of the patients' movements, activities, and behaviors to monitor each of the patient's safety and wellbeing, to monitor the general safety and security of the center, and can recognize and report to a professional staff member per the center's policies and procedures when additional safety and security measures should be implemented.

(12) "Discharge" means the final and complete release from treatment, by one of the following:

(A) the head of the crisis intervention center acting pursuant to K.S.A. 59-29c08 and amendments thereto; or

(B) by an order of a court issued pursuant to K.S.A. 59-29c08 and amendments thereto.

(13) "Discharge plan" means the plan that is developed by the crisis intervention center to provide instructions to the patient and, if applicable, their legal representative, upon the patient's discharge from the center. The discharge plan communicates important information about the patient's course of treatment and recommendations for follow-up care with a goal of improving patient outcomes.

(14) "Evacuation" means the process of removing patients from an endangered area to a temporary site as provided in the emergency plan for the crisis intervention center.

(15) "Facility" for purposes of this article only means a residential care facility as defined by K.S.A. 39-2002(n) and amendments thereto.

(16) "Hospital" means either of the following:

(A) a hospital as defined in K.S.A. 65-425 and amendments thereto; or

(B) a psychiatric hospital as defined in K.S.A. 39-2002 and amendments thereto.

(17) "In-service training" means job-related training provided for staff members and volunteers.

(18) "Involuntary patient" means a person admitted and detained by a crisis intervention center pursuant

K.S.A. 59-29c08 and amendments thereto, after receipt of one of the following:

(A) an application for emergency observation and treatment presented by a law enforcement officer pursuant to K.S.A. 59-29c06 and amendments thereto;

(B) an application for emergency observation and treatment presented by an adult pursuant to K.S.A. 59-29c07 and amendments thereto; or

(C) a court order pursuant to K.S.A. 59-29c08 and amendments thereto.

(19) "Licensed beds" means the specific beds within a crisis intervention center which the center is licensed by the department to operate for purposes of providing evaluation and treatment services for patients pursuant to K.S.A. 59-29c08 and amendments thereto.

(20) "Likely to cause harm to self or others" means that the person, by reason of the person's mental disorder pursuant to K.S.A. 59-2946 and amendments thereto, or by reason of the person's use of alcohol or any substance or co-occurring conditions pursuant to K.S.A. 59-29b46 and amendments thereto, meets one of the following:

(A) Is likely, in the reasonably foreseeable future, to cause substantial physical injury or physical abuse to self or others as evidenced by behavior threatening, attempting, or causing such injury, abuse or damage;

(B) is likely, in the reasonably foreseeable future to cause substantial damage to another's property as evidenced by behavior threatening, attempting, or causing such injury, abuse, or damage; except the harm threatened, attempted, or caused must be of such a value and extent that the state's interest in protecting the property from such harm outweighs the person's interest in personal liberty; or

(C) is substantially unable, except for reason of indigency, to provide for any of the person's basic needs, such as food, clothing, shelter, health or safety, causing a substantial deterioration of the person's ability to function on the person's own.

(21) "Patient" means a person who is a voluntary patient, a proposed patient, or an involuntary patient.

(22) "Physician" means a person licensed by the Kansas board of healing arts to practice either medicine and surgery or osteopathy.

(23) "Professional staff" or "Professional staff member" means a staff member who is working at the crisis intervention center or provides consultant services as needed, including the following:

(A) The clinical director;

(B) a behavioral health professional;

(C) a professional nurse licensed by the Kansas state board of nursing;

(D) an advanced practice registered nurse (APRN);

(E) a case manager; and

(F) a dietician licensed by the Department.

(24) "Proposed patient" means a person, 18 years of age or older, for whom an application for emergency observation and treatment is submitted to the center to admit and detain the person for emergency observation and treatment by one of the following:

(A) a law enforcement officer pursuant to K.S.A. 59-29c06 and amendments thereto; or

(continued)

(B) any adult pursuant to K.S.A. 59-29c07 and amendments thereto.

(25) "Secretary" means the secretary of the department for aging and disability services.

(26) "Staff member" means any person who is employed by, or under contract with, a crisis intervention center, including members of auxiliary staff, direct care staff, and professional staff.

(27) "Treatment plan" means the initial diagnoses and treatment goals established for a patient upon admission to a crisis intervention center.

(28) "Tuberculosis test" means either the Mantoux skin test or an interferon gamma release assay (IGRA).

(29) "Voluntary patient" means a person who is admitted and receiving evaluation and treatment at a crisis intervention center pursuant to K.S.A. 59-29c04 and amendments thereto.

(30) "Volunteer" means a person who is unpaid and provides services at the crisis intervention center, which are similar in nature to the services performed by an auxiliary staff member, professional staff, or direct care staff member.

(31) "Wellness Recovery Action Plan" or "WRAP" is a personalized recovery system of wellness tools and action plans developed by a person with a mental disorder and supporters of the person's choice, including peer support counselors, health care professionals, and behavioral health care professionals, to provide planned responses from the person to reduce, modify or eliminate uncomfortable or distressing feelings or behaviors and to provide planned responses from others during periods when the person is unable to function and make decisions for their own health, safety, and welfare. (Authorized by and implementing K.S.A. 39-2004; effective, T-26-2-16-24, Feb. 16, 2024.)

26-52-2. Licensure application process. (a) Each applicant shall submit an application for a license as a crisis intervention center at least 90 days before the center's planned opening date on a form provided by the department. A completed application shall respond to all requests for information, attach all documentation requested by the department, and shall include the following:

(1) The completed application form and all required attachments;

(2) A description of the crisis intervention program to be offered to voluntary patients pursuant to K.S.A. 59-29c04 and amendments thereto, including the following:

(A) The counties served; and

(B) an explanation of the census management system utilized by a center, if applicable, to temporarily cease admissions of voluntary patients for the purpose of the center being able to continue admitting involuntary patients without exceeding the center's licensed beds;

(3) A description of the crisis intervention program to be offered to involuntary patients pursuant to K.S.A. 59-29c06 and 59-29c07, and amendments thereto, including the following:

(A) The counties served; and

(B) a description of how the center will manage referrals and notify law enforcement, local hospitals, and the community mental health center in the crisis intervention center area if the center temporarily cannot continue

admitting involuntary patients without exceeding the center's licensed beds;

(4) the anticipated opening date for the center;

(5) a request for the background checks for staff members and volunteers, pursuant to K.S.A. 39-2009 and amendments thereto, to sufficiently staff and operate the center on a 24-hour, seven days per week basis;

(6) the center's policies and procedures required in subsection (c) of this regulation;

(7) the annual license fee in the amount of \$100.00 plus \$30.00 per licensed bed.

(b) Each applicant shall be one of the following entities:

(1) A government or governmental subdivision; or

(2) a private entity in good standing with the Kansas secretary of state, with a governing board that is responsible for the operation, policies, finances, and general management of the center. The administrative director shall not be a voting member of the governing board.

(c) Each applicant shall develop and maintain policies and procedures for operation of the crisis intervention center to meet the requirements in this article.

(d) Each applicant shall maintain documentation of completion of the training required in K.A.R. 26-52-10 by each staff member and volunteer.

(e) Each applicant shall submit to the department floor plans for each building that will be used as a crisis intervention center. If the crisis intervention center is in the same building as a community mental health center, hospital, or a facility, the floor plans shall show how patient areas of the crisis intervention center are separated from the public access areas of the community mental health center, hospital, or facility, including separate entry and exit doors leading directly to the outside of the building for patients of the crisis intervention center. Each applicant shall submit written approval of the floor plans obtained from the Kansas state fire marshal to the department prior to commencement of construction of a new building or prior to remodel of any existing structure that will be used as a crisis intervention center.

(f) If a crisis intervention center is located on the same campus as a community mental health center, hospital, facility, or a psychiatric residential treatment facility as defined in K.S.A. 39-2002(m) and amendments thereto, each applicant shall submit to the department a planned layout of the campus which reflects the location of the crisis intervention center and the buildings for each service or program provided by the community mental health center, hospital, facility or psychiatric residential treatment facility on the campus, including the planned layout of limited access streets, parking areas, and undeveloped land within the campus grounds.

(g) Each applicant shall maintain documentation of compliance with all local and state building codes, fire safety requirements, and zoning codes.

(h) Each applicant for a license as a crisis intervention center shall maintain liability and medical negligence insurance as required by K.A.R. 26-52-4.

(i) An applicant's failure to comply with the statutes governing operation of a crisis intervention center or failure to comply with the requirements of this article are factors that the secretary may consider in the determination whether to grant an application for a license. (Autho-

ized by K.S.A. 39-2004; implementing K.S.A. 39-2004, 39-2006, 39-2007, 39-2008 and 39-2011; effective, T-26-2-16-24, Feb. 16, 2024.)

26-52-3. License term; license changes; and renewal application process. (a) No government, governmental subdivision, or private entity shall operate a crisis intervention center unless the government, governmental subdivision, or private entity has been issued a provisional license or license to operate a crisis intervention center by the secretary.

(b) A crisis intervention center shall not have the same name or substantially similar name as a community mental health center, hospital, facility, or any other provider defined by K.S.A. 39-2002 and amendments thereto.

(c)(1) Each provisional license shall be valid only for the licensee and for the address specified on the provisional license. A provisional license shall be valid for a period of six months from the date of issuance unless revoked or suspended. A provisional license shall become void immediately upon the effective date of an amended provisional license or issuance of a license.

(2) A new application as required by K.A.R. 26-52-2 and the fee specified in K.A.R. 26-52-2 shall be submitted to the department at least 45 days prior to the expiration of the provisional license.

(3) The maximum number of patients authorized by the licensed beds stated in the current provisional license issued by the department shall not be exceeded.

(4) The current provisional license issued by the department shall be posted in a conspicuous place in a public area of the crisis intervention center.

(d)(1) Each license that is granted shall be valid for the licensee and for the address specified on the license. A license shall be valid for a period of one year from the date of issuance unless revoked or suspended.

(2) The maximum number of patients authorized by the licensed beds stated in the current license issued by the department shall not be exceeded.

(3) The current license issued by the department shall be posted in a conspicuous place in a public area of the crisis intervention center.

(e)(1) On a form approved by the department, each licensee shall submit a completed application for an amended license for any of the following circumstances:

(A) A reduction or increase of licensed bed capacity;
(B) changes in name or address of the crisis intervention center; or

(C) change of the counties or geographical area served by the crisis intervention center.

(2) An application for an amended license and all documentation required by the department shall be submitted to the department at least 45 days prior to the planned effective date of any circumstances specified in paragraph (e)(1) of this regulation.

(3) A certificate of proof of commercial liability insurance required by K.A.R. 26-52-4 shall be provided to the department with the application for an amended license.

(f) An application for a new license as required by K.A.R. 26-52-2 and the fee specified in K.A.R. 26-52-2 shall be submitted to the department at least 45 days prior to a change of percentage of direct or indirect ownership interest which exceeds 25% of the center.

(g) Each licensee shall provide notification to the department within 10 days of the occurrence, which shall be on a form provided by the department, of any change in the following:

- (1) Head of the crisis intervention center;
- (2) clinical director;
- (3) administrative director; and
- (4) change of percentage of direct or indirect ownership which exceeds 5% but is less than 25% of the center.

(h)(1) On a form provided by the department, each licensee shall complete and submit an application for renewal to the department at least 45 days prior to the expiration of the license. A complete renewal application shall include the information and documentation requested by the department, the annual renewal fee in the amount of \$100.00 plus \$30.00 per licensed bed, and the request for background checks required by K.A.R. 26-52-6.

(2) A certificate of proof of commercial liability insurance required by K.A.R. 26-52-4 shall be provided to the department with the application.

(3) The current license or provisional license to operate a crisis intervention center shall be void if one or more of the following occur:

(A) A licensee fails to submit a renewal application and documentation required by the department on or before the expiration date of the license or provisional license;

(B) A licensee fails to submit timely payment of the annual renewal fee required by paragraph (h)(1) of this regulation; and

(C) A licensee fails to submit a timely request for background checks required by K.A.R. 26-52-6.

(i) A licensee's failure to comply with the statutes governing operation of a crisis intervention center or failure to comply with the requirements of this article are factors that the secretary shall consider in the determination whether to grant an application for any of the following:

(1) an amended license as required by paragraph (e) of this regulation;

(2) a new license as required by paragraph (f) of this regulation; or

(3) a license renewal as required by paragraph (h) of this regulation.

(j) Any licensee shall submit to the department a written request to close the crisis intervention center no earlier than 30 days after the date of submission of the notice to the department. The notification received by the department must contain the information required by K.A.R. 26-52-32 and shall void the current or provisional license to operate the crisis intervention center on the requested date of closure of the center or 30 days after the department's receipt of the closure notice, whichever is later. (Authorized by K.S.A. 39-2004; implementing K.S.A. 39-2004, 39-2006, 39-2007, 39-2008, 39-2011, 39-2012 and 39-2014; effective, T-26-2-16-24, Feb. 16, 2024.)

26-52-4. Insurance. Each licensee shall maintain commercial liability insurance, medical negligence insurance, and commercial vehicle insurance if a commercial vehicle is operated. The minimum coverage for general liability insurance shall be \$1,000,000 per occurrence, with \$2,000,000 aggregate. For medical negligence, the

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minimum coverage shall be \$1,000,000 per occurrence, with \$2,000,000 aggregate. For commercial vehicle liability insurance, the minimum bodily injury coverage shall be \$100,000 per person and \$500,000 per accident; and the minimum commercial uninsured motorist bodily injury coverage shall be \$100,000 per person and \$500,000 per accident. (Authorized by and implementing K.S.A. 39-2004; effective, T-26-2-16-24, Feb. 16, 2024.)

26-52-5. Inspections. (a) An inspection of the crisis intervention center shall be conducted by the department upon receipt of an application for any of the following:

- (1) A license to operate a crisis intervention center;
- (2) an amended license to operate a crisis intervention center; or
- (3) renewal of a license to operate a crisis intervention center.

(A) If a licensee submits an application for renewal of a crisis intervention center and the center is accredited by the joint commission on accreditation of healthcare organizations (JCAHO), the council on accreditation of rehabilitative facilities (CARF), or the council on accreditation (COA), the department shall conduct an inspection of the center's premises and records only for the purposes of determining the center's compliance with state law and the requirements of this article.

(B) Each licensee that loses accreditation from JCAHO, CARF, or COA for the crisis intervention center shall notify the department in writing within ten days after the effective date of the loss of accreditation.

(b) Each licensee shall be subject to inspection and investigation at any other time without prior notice by individuals authorized by the department.

(c) Individuals authorized by the department shall be permitted to enter the crisis intervention center without prior notice for the purpose of inspection and investigation during the center's normal hours of operation. Individuals authorized by the department shall be granted access to all areas of the crisis intervention center, including patient areas, public areas, and non-public areas of the center. Individuals authorized by the department shall be granted access to and provided copies of any information, object, or documentation requested, including the following:

- (1) Staff personnel records;
- (2) staff and volunteer training records;
- (3) policies and procedures;
- (4) photographs;
- (5) video surveillance;
- (6) patient medical records;
- (7) patient mental health treatment records;
- (8) patient substance abuse treatment records;
- (9) records of any services required by this article provided by staff, volunteers contractors; and
- (10) any other documentation requested by the department.

(d) Each licensee shall bear the cost of providing copies of records requested by the department during an inspection or investigation. Objects and information requested by the department in paragraph (c) of this regulation shall be provided in a paper or electronic format in accordance with the instructions of the department. Electronic records shall be provided in a format acceptable

to the department. Transmission of electronic patient records, photographs, video surveillance or any other electronic records requested by the department that contain protected health information of patients shall be transmitted by the licensee to the department utilizing appropriate means to maintain confidentiality of the records transmitted. (Authorized by K.S.A. 39-2004; implementing K.S.A. 39-2004, 39-2005, 39-2008, 39-2011 and 39-2014; effective, T-26-2-16-24, Feb. 16, 2024.)

26-52-6. Background checks. (a) Each applicant or licensee shall submit with each application for a license and each renewal application a request to conduct a criminal history check by the Kansas bureau of investigation and to conduct a background check by the department for all staff members and volunteers, pursuant to K.S.A. 39-2009 and amendments thereto. Each request shall be submitted on a form provided by the department, containing the required information for each staff member and volunteer, and signed by the staff member or volunteer.

(b) No licensee shall allow a person to begin working as a staff member or volunteer in a crisis intervention center unless one of the following occurs:

- (1) A pass determination has been issued by the department for the staff member or volunteer;
- (2) a staff member qualifies for provisional employment on a one-time basis for 60 days; or
- (3) a staff member has been the subject of a criminal history check, pursuant to K.S.A. 39-2009 and amendments thereto, within one year immediately prior to the staff member's application for employment with the center, if the staff member has maintained a record of continuous employment and there has been no lapse of employment of over 90 days in any center, hospital, facility, or other provider.

(c) No licensee shall allow a staff member or volunteer who has been disqualified for employment to work in a center as a staff member or volunteer following the criminal history check conducted by the Kansas bureau of investigation and the background check conducted by the department.

(d) Each licensee shall maintain copies of background check documentation for each staff member and volunteer working at the center, including the following:

- (1) Each request to conduct a criminal history check by the Kansas bureau of investigation and a background check conducted by the department;
- (2) any one-time provisional offers of employment issued to a staff member for 60 days; and
- (3) the department's pass or fail determination for each staff member or volunteer. (Authorized by K.S.A. 39-2004; implementing K.S.A. 39-2004 and 39-2009; effective, T-26-2-16-24, Feb. 16, 2024.)

26-52-7. Operations. (a) Each licensee shall be responsible for the operation of the crisis intervention center, including the following:

- (1) Developing an organizational chart designating the hierarchy of authority and ensuring that all staff members and volunteers know the hierarchy of authority;
- (2) developing position descriptions for all staff member positions that describes the qualifications and job duties of each role;

(3) developing and implementing administrative policies and procedures for operation of the crisis intervention center, which shall include the following:

(A) employing or contracting with an administrative director for the center;

(B) employing or contracting with a clinical director for the center;

(C) employing or contracting with sufficient direct care staff members to supervise and meet the needs of the patients;

(D) employing or contracting with sufficient professional staff necessary to provide appropriate medical care, medication management, mental health services, and alcohol and substance abuse services to patients;

(E) employing or contracting with sufficient auxiliary staff to meet the needs of the patients for food services, housekeeping, laundry, infection control, and safety of the patients;

(F) accessing pharmacy services and laboratory services during the normal business hours of the center;

(G) training appropriate for auxiliary staff, direct care staff, professional staff, and volunteers as required by K.A.R. 26-52-10;

(H) developing emergency preparedness plans and disaster training; and

(I) other policies and procedures specifically required by this article.

(b) Each licensee shall ensure that the center's programs and services are separate from any programs and services offered by a community mental health center, hospital, facility or other provider defined in K.S.A. 39-2002 and amendments thereto, if the community mental health center, hospital, facility, or other provider operates programs or services in the same building or on the same campus as the crisis intervention center.

(c) Each licensee shall ensure that each staff member is informed of, and follows, the written policies and procedures necessary to carry out that staff member's job duties;

(d) Each licensee shall ensure that a copy of this article, either in printed or electronic format, is accessible to the center's staff members and volunteers.

(e) Each licensee shall review all contracts, agreements, policies and procedures no later than every two years. Policy and procedure review shall be documented and signed by the crisis intervention center administrative director. (Authorized by K.S.A. 39-2004; implementing K.S.A. 39-2004 and K.S.A. 2022 Supp. 59-29c12; effective, T-26-2-16-24, Feb. 16, 2024.)

26-52-8. Environmental requirements. (a) General building requirements.

(1) Each applicant and each licensee shall comply with the requirement that a crisis intervention center is connected to public water and sewage systems, where available. If public water and sewage systems are not available, each applicant and each licensee shall obtain approval for any private water and sewage systems by the health authorities having jurisdiction over private water and sewage systems where the center is located. Each applicant and each licensee shall submit to the department a certificate of approval and copies of any compliance documentation issued by the public or private

health authorities having jurisdiction over the water and sewage systems where the center is located stating that the crisis intervention center is approved for connection to the public or private water and sewage systems.

(2) Each applicant and each licensee shall use a licensed architect for the plans for any newly constructed building that contains a crisis intervention center or for any addition or substantial alteration to the interior or exterior of an existing building that contains a center.

(A) Each applicant and each licensee shall provide to the department copies of plans and outline specifications, including plot plans, for a new building that contains a crisis intervention center prior to commencement of construction. Each applicant and each licensee shall provide to the department proof of compliance received from the Kansas state fire marshal for any new building which certifies that the building that contains a center complies with the building code requirements in K.A.R. 22-1-2, the adopted codes and national fire protection association (NFPA) standards in K.A.R. 22-1-3, and the code footprint requirements in K.A.R. 22-1-7. Each applicant and each licensee shall provide to the department copies of the certificate of compliance or approval from the appropriate state, county, and local authorities that the new building meets building code requirements, zoning, and ordinance requirements for the intended use as a crisis intervention center.

(B) Each applicant and each licensee shall provide to the department copies of plans and outline specifications for any proposed addition or substantial renovation to an existing building that contains a crisis intervention center prior to initiation of construction. Each applicant and each licensee shall provide to the department proof of compliance received from the Kansas state fire marshal for any proposed addition or substantial alteration to an existing building that contains a center, which certifies that the addition or alteration to the existing building complies with the building code requirements in K.A.R. 22-1-2, the adopted codes and national fire protection association (NFPA) standards in K.A.R. 22-1-3, and the code footprint requirements in K.A.R. 22-1-7. Each applicant and each licensee shall provide to the department copies of the certificate of compliance or approval from the appropriate state, county, and local authorities that certifies the addition or substantial alteration of an existing building meets applicable building code requirements, zoning, and ordinance requirements for the intended use as a crisis intervention center.

(C) If construction on a crisis intervention center is not begun within one year from the date of submission to the department of the documentation required in paragraph (a)(2)(A) or paragraph (a)(2)(B) of this regulation, or there is a substantial change in the plans for the center previously submitted to the department, each applicant and each licensee shall resubmit to the department the following:

(i) the current version of the plans for a new building or an addition or alteration of an existing building prior to initiation of construction of a center;

(ii) a current certificate of compliance from the Kansas state fire marshal required by either paragraph (a)(2)(A) or paragraph (a)(2)(B) of this regulation; and

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(iii) a current certificate of compliance or approval from the appropriate state, county, and local authority required by either paragraph (a)(2)(A) or paragraph (a)(2)(B) of this regulation.

(D) Each applicant and each licensee shall provide the department with copies of the current certificate of compliance from the Kansas state fire marshal that the completed construction of the building that contains a crisis intervention center, or an addition or substantial alteration of an existing building that contains a center complies with the building code requirements in K.A.R. 22-1-2, the adopted codes and national fire protection association (NFPA) standards in K.A.R. 22-1-3, and the code footprint requirements in K.A.R. 22-1-7 prior to occupancy of the new building or an addition or substantial alteration of an existing building that contains a center. Each applicant and each licensee shall provide the department with a certificate of compliance or approval from any other appropriate state, county, or local authority that the completed construction of the building or an addition or substantial alteration of an existing building is approved for occupancy for the intended use as a crisis intervention center.

(b) Location and grounds. Each applicant and each licensee shall comply with the following requirements:

(1) Community resources are available for operation of the crisis intervention center, including access to a hospital, as defined by K.S.A. 65-425 and amendments thereto, police protection, and fire protection required by K.A.R. 22-11-5.

(2) The center shall have a separate entrance and exit point for use of patients if a center is in the same building as a community mental health center, a hospital, a facility, or other provider as defined by K.S.A. 39-2002 and amendments thereto, or in the same building as a hospital defined by K.S.A. 65-425 and amendments thereto, or the center is located in the same building in which a person licensed by the Kansas board of healing arts or the Kansas behavioral sciences regulatory board provides care to persons who are not patients of the center.

(3) The area surrounding the entrance and exit points to a center shall be free of physical hazards.

(c) Structural requirements and use of space. Each applicant and each licensee shall ensure that the crisis intervention center's design, structure, interior and exterior environment, and furnishings promote a safe, comfortable, and therapeutic environment for patients. Each applicant and each licensee shall comply with the following requirements:

(1) Each center shall be accessible to and useable by individuals with disabilities.

(2) Each center shall have a separate area for admission and confidential evaluation of patients to determine whether a patient meets criteria established by K.S.A. 59-29c08, and amendments thereto.

(3) Each center shall have a separate waiting area for patient visitation, and a separate storage space from the visitation area for secure storage of visitor's coats, handbags, backpacks, and any other personal items not allowed in the visitation area.

(4) Each center shall have separate toilet facilities designated for patients, staff, and visitors.

(5) Each center's structural design shall facilitate staff member contact and interaction between staff members and patients.

(6) Patient areas of the center shall be designed to minimize ligature risk points and other hazards that a patient may use for purposes of self-harm or to harm others.

(A) Any item that is attached to the ceiling or wall of the center that patients can access shall have breakaway features to minimize the ability of a patient to attach a cord, rope, or other material for purposes of causing self-harm.

(B) The center shall not have exposed plumbing/pipes in any areas that patients may access.

(C) Light fixtures in patient areas of the center shall be protected to minimize the risk of self-harm or harm to others.

(7) Each patient room in a center shall meet the following requirements:

(A) Each room shall be assigned to and be occupied by a maximum of two patients. No patient rooms shall be located in the basement of a center;

(B) Each room shall have a minimum square footage of floor space of 80 square feet for each patient. If two patients are assigned to each room, the minimum square footage of floor space in each room shall be 160 square feet;

(C) The minimum ceiling height in each room shall be at least seven feet eight inches and shall be designed to be ligature-resistant;

(D) Window coverings for privacy shall be provided in each patient room with a window. All curtains, blinds, or draperies in areas accessible to patients shall be made of materials that are noncombustible and flame-resistant, and all window coverings shall be ligature-resistant and breakaway.

(E) Each patient shall be provided a separate bed with a level, flat mattress in good condition. All beds shall be above the floor level. Each mattress shall be water-repellent. Each mattress shall be cleaned and disinfected when soiled and before each reissuance to a different patient due to a new admission or transfer. The mattress materials and disinfectant shall comply with applicable requirements of the state fire marshal's regulations.

(F) Each patient of a center shall be provided clean bedding. The bedding shall be flame-resistant and adequate for the season. Bed linen shall be changed when soiled and upon discharge of each patient.

(8) The heating, ventilation, and air conditioning system throughout areas of the center accessible by patients, staff, and visitors shall meet the following requirements:

(A) An even temperature of between 68 degrees Fahrenheit and 78 degrees Fahrenheit shall be maintained. Ventilation shall provide for an air exchange of at least four times each hour throughout all patient and staff areas in the center;

(B) Heating, ventilation, and air conditioning supply or return grille shall not be installed within three feet of a smoke detector;

(C) Heating, ventilation, and air conditioning grilles shall not be installed in floors;

(D) Heating, ventilation, and air conditioning intake air ducts shall be filtered to prevent the entrance of dust, dirt, and other contaminating materials. The center shall

maintain a schedule for checking and replacing filters. The center shall maintain records of scheduled maintenance for the heating, ventilation, and air conditioning system, including documentation of filter changes and repairs or replacement of any portion of the system;

(E) Ventilation in the kitchen and dining area shall be adequate to prevent buildup of excessive heat, steam, condensation, vapors, smoke, and fumes; and

(F) Exposed fixtures of the heating, ventilation and air conditioning system, including vents and grilles, shall be ligature-resistant and breakaway.

(9) Each patient in a center shall have access 24 hours a day to a drinking water source and toilet facilities designated for patient use.

(10) Each center shall have adequate central storage that is behind a locked door for storage of cleaning supplies, bedding, and linen.

(11) Each center may have one or more rooms for patient group activities or patient treatment. Each room for group activities or patient treatment shall provide at least 35 square feet for each patient for the maximum number of patients expected to use the room at any one time. Toilets, sinks, showers, and bathtubs are excluded from the determination of the minimum square footage that shall be available to each patient.

(12) A working telephone shall be accessible to staff members in all areas of the center. Emergency numbers, including those for the fire department, the police, a hospital, a physician, the poison control center, and an ambulance, shall be posted at each telephone.

(13) A service sink and a locked storage area for cleaning supplies shall be provided in a well-ventilated room or closet and shall be separate from the kitchen and patient areas. Wet mops shall be hung above the floor to dry and shall be laundered frequently. "Well-ventilated" as used in this regulation shall satisfy all the following:

(A) The Kansas state fire marshal code for storage of cleaning supplies and equipment;

(B) sufficient size to properly allow for storage of cleaning supplies and equipment used by the center; and

(C) include ventilation grilles in the locked door to the storage room or closet.

(14) Sufficient space in the center shall be provided for visitation between patients and visitors.

(15) If a center has a policy and procedure for conducting searches of patients and visitors prior to entry to the areas of the center accessible by patients, sufficient space shall be available in the admissions area for conducting searches. Private space for searches of patients and visitors shall be available as needed.

(16) Sufficient space shall be provided in the center for admission and evaluation of patients as required by K.S.A. 59-29c08 and amendments thereto. The space shall be adequate to maintain the privacy of patients and confidentiality of patient information.

(17) Smoking shall be prohibited in a crisis intervention center. Each applicant or licensee shall post "no smoking" signage, pursuant to K.S.A. 21-6111 and amendments thereto, in conspicuous locations in areas of a center that are accessible by patients, staff, and visitors.

(18) Oxygen equipment and tanks shall be stored in a locked storage area while not in use. Oxygen equipment

and tanks shall not be used near an open flame, or any other source of combustion.

(19) Bathrooms shall be handicapped accessible.

(20) At least one bathroom for each sex for each eight or fewer patients shall be provided. Each patient bathroom shall contain a toilet, one sink, and either a bathtub or a shower. Patient bathrooms that contain a toilet, a sink, and either a bathtub or a shower shall be located adjacent to the patient rooms. All toilets shall be above the floor level. There shall be no exposed pipes or plumbing, and all plumbing fixtures shall be ligature-resistant and breakaway.

(21) Each bathroom shall be ventilated to the outdoors by means of either a window or a mechanical ventilating system. If a bathroom has a window located in an area of the center that is accessible by patients, the window shall be shatter-resistant, and window coverings shall be provided for patient privacy. All curtains, blinds, or draperies in an area of the center accessible by patients shall be ligature-resistant and breakaway.

(22) Drinking water and at least one bathroom for each sex containing a toilet and sink that is handicapped accessible shall be located adjacent to the admissions and visitor areas of the center.

(23) Cold water and hot water, which is thermostatically controlled to a temperature of at least 100 degrees Fahrenheit and not exceeding 120 degrees Fahrenheit, shall be supplied to all bathroom sinks, bathtubs, and showers.

(24) Liquid soap, toilet paper, and paper towels shall be available in all bathrooms.

(25) Emergency exits and hallways leading to emergency exits shall not contain items that would unreasonably impede the ability of patients, staff, or visitors to exit the center in a fire or other emergency.

(26) Use of portable electric heaters or unvented fuel heaters in the center is prohibited.

(27) If a center has a fireplace, fossil-fuel stove or heater, or a wood-burning stove, each gas-burning or wood-burning fireplace, stove, or heater shall be vented to the outside, and shall include reasonably adequate safety measures to minimize the risk of injury from burns to patients, staff, or visitors. Each gas-burning or wood-burning fireplace or stove shall have a remote gas shutoff located in the same room as the fireplace or stove.

(d) Building maintenance. Each licensee shall reasonably maintain the building which contains a center, including compliance with the following:

(1) Each licensee shall maintain records of maintenance and annual inspections conducted on heating, ventilation, and air conditioning systems. Maintenance and inspection of the heating, ventilation, and air conditioning system shall only be conducted by a certified technician.

(2) Each licensee shall keep the building in good repair and operating condition for use as a center. Each licensee shall maintain records of repair or replacement of systems, equipment and building components which are affixed to the building.

(3) Each center shall be clean and free from vermin infestation.

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(4) The interior walls of a center shall be smooth and easily cleanable. Lead-free paint shall be used on all painted surfaces.

(5) The floors and walking surfaces in a center shall be kept free of hazardous substances.

(6) The floors in a center shall not be slippery or cracked.

(7) Each rug or carpet used as a floor covering in a center shall be slip-resistant and reasonably free from tripping hazards. Concrete floors in a center shall be covered by a floor covering, paint, or sealant.

(8) All bare floors in a center shall be swept and mopped at least daily, with spot cleaning to occur more frequently as reasonably necessary for purposes of infection control and safety.

(9) A schedule for cleaning each center shall be established and maintained.

(10) Washing aids, including brushes, dish mops, and other hand aids used for dishwashing activities, shall be clean and used for no other purpose.

(11) Mops and other cleaning tools shall be cleansed and dried after each use and shall be hung on racks in a well-ventilated place.

(12) Pesticides and any other poisons shall be used in accordance with the product instructions. Pesticides and other poisonous substances shall be stored in a locked area.

(13) Toilets, sinks, showers, and bathtubs located in the center shall be cleaned at a minimum of once each day, with additional cleaning occurring more frequently, as needed, for purposes of infection control and safety.

(e) Seclusion rooms. Use of patient seclusion and restraints shall comply with the center's policies and procedures and the requirements of K.S.A. 59-29c11 and amendments thereto. Seclusion rooms in the center shall meet the following requirements:

(1) The locking system shall be approved by the state fire marshal.

(2) No room used for seclusion shall be in a basement.

(3) Each door shall be equipped with a window mounted in a manner that allows for inspection of the entire room.

(4) Each window in a seclusion room shall be impact-resistant and shatterproof.

(5) The walls in a seclusion room shall be free of objects.

(f) Each center's programs and services shall be separate from any programs and services offered by a community mental health center, hospital, facility or other provider defined in K.S.A. 39-2002 and amendments thereto;

(g) Each staff member and volunteer shall receive adequate training to perform their job duties and shall follow the center's written policies and procedures;

(h) A copy of this article, either in printed or electronic format, shall be accessible to the center's staff members and volunteers.

(i) Each of the center's contracts, agreements, and policies and procedures shall be reviewed no later than every two years. The date each center reviewed its policies and procedures shall be documented and signed by the administrative director. (Authorized by and implementing K.S.A. 39-2004; effective, T-26-2-16-24, Feb. 16, 2024.)

26-52-9. Personnel qualifications. (a) Each staff member and volunteer working or volunteering in a cri-

sis intervention center shall be reasonably qualified by the temperament, emotional maturity, judgment, and understanding of adults with mental illness, alcohol and substance abuse, or co-occurring conditions necessary to maintain the health, comfort, safety, and welfare of the patients.

(b) Each staff member performing the duties of more than one position shall meet the minimum qualifications for each position held.

(c) Prior to working in a crisis intervention center, each staff member and each volunteer shall meet the following requirements:

(1) Each staff member and volunteer who will have contact with patients shall provide a statement from an authorized medical practitioner, based upon an in-person examination conducted within the preceding year, on a form provided by the department stating one of the following:

(A) No physical or mental impairment prevents the staff member or volunteer from providing care for patients or would otherwise represent a direct threat to the health, safety, or welfare of others; or

(B) a reasonable accommodation of a physical or mental impairment is required for the staff member to perform their job duties of providing care and supervision of patients, and the accommodation specified is sufficient to enable the staff member to perform their job duties without representing a direct threat to the health, safety, or welfare of others.

(2) Each staff member and volunteer involved in food preparation or food service shall provide a statement from an authorized medical practitioner, based upon an in-person examination conducted within the preceding year, on a form provided by the department stating one of the following:

(A) No physical or mental impairment prevents the staff member or volunteer from preparing or serving food or would otherwise represent a direct threat to the health, safety, or welfare of others; or

(B) a reasonable accommodation of a physical or mental impairment is required for the staff member to perform their job duties of preparing or serving food, and the accommodation specified is sufficient to enable the staff member to perform their job duties without representing a direct threat to the health, safety, or welfare of others.

(3) A record of a tuberculosis test or X-ray obtained not more than two years prior to commencing work or volunteering in the center shall be provided by each staff member and volunteer. If there is a positive tuberculosis test or a history of a previous positive tuberculosis test, a chest X-ray shall be required unless there is documentation of a normal chest X-ray within the last 12 months. Proof of completion of recommended treatment, according to the direction of the Kansas department of health and environment's tuberculosis prevention and control program, shall be required. Documentation of each tuberculosis test, X-ray, and treatment results for each staff member and volunteer shall be kept in a confidential manner separate from personnel records.

(A) Compliance with the Kansas department of health and environment's tuberculosis prevention and control

program shall be required following each exposure of a staff member to an active case of tuberculosis disease. Documentation of the results of tuberculosis tests, X-rays, and treatment for each staff member shall be kept in a confidential manner separate from personnel records.

(B) Each volunteer shall present documentation showing no active tuberculosis before serving in the center.

(4) If an applicant, licensee, or the secretary has a reasonable belief, based on objective evidence, that a staff member has a medical condition that will pose a direct threat to the health, safety, or welfare of patients, a medical examination shall be requested to determine whether the staff member is fit to perform that individual's job duties. The licensee shall pay all costs associated with the medical examination. The licensee shall not permit a staff member to perform the duties of their position in the center until the staff member provides a statement from an authorized medical practitioner on a form provided by the department, based upon an in-person examination conducted after the request, stating one of the following:

(A) No physical or mental impairment prevents the staff member from providing care and treatment for patients or would otherwise represent a direct threat to the health, safety, or welfare of others; or

(B) a reasonable accommodation of a physical or mental impairment is required for the staff member to perform their job duties, and the specified accommodation of a physical or mental impairment is sufficient to enable the staff member to perform their job duties without representing a direct threat to the health, safety, or welfare of others.

(5) Each licensee shall maintain records of all statements by an authorized medical practitioner concerning a staff member's ability or inability to perform the job duties of their position, which shall be kept confidential and maintained separate from personnel records.

(d)(1) Each center shall have a full-time administrative director who is responsible for the overall management and operation of the crisis intervention center, including compliance with this article and the center's policies and procedures.

(2) The administrative director shall meet the following requirements:

- (A) Is at least 21 years of age;
- (B) holds at least a bachelor's degree in nursing, social work or a related field;
- (C) possesses a minimum of three years of supervisory experience;
- (D) possesses the requisite experience serving persons with mental illness, alcohol and substance abuse, or co-occurring conditions;
- (E) possesses the knowledge of the principles, practices, methods, and techniques of administration and management;
- (F) possesses the ability to train, supervise, plan, direct, and evaluate the work of others, as evidenced by experience, training, or a combination of both;
- (G) possesses the ability to establish and maintain effective working relationships with others;
- (H) possesses the ability to establish and maintain effective working relationships with governmental agencies and as defined by K.S.A. 39-2002 and amendments

thereto, community mental health centers, hospitals, facilities or providers located in the crisis intervention center service area;

(I) knowledge of the methods and techniques used in a residential setting for adults with mental illness, alcohol and substance abuse, or co-occurring conditions; and

(J) knowledge of principles and techniques of behavioral and mental health treatment and care of adults;

(3) The administrative director may designate the clinical director to perform the duties of the head of the crisis intervention center required pursuant to K.S.A 59-29c08, 59-29c11, and 59-29c12, and amendments thereto.

(4) Each licensee shall notify the department in writing no later than three days after the occurrence of a change in the administrative director;

(e) Each center shall have a clinical director who is licensed by the Kansas behavioral sciences regulatory board, the Kansas board of healing arts, or the Kansas board of nursing to diagnose and treat mental and behavioral disorders or alcohol and substance abuse addictions and disorders.

(1) Each clinical director shall possess three years of combined experience working in one or more of the following:

(A) A physician's office that provides services to persons with mental and behavioral disorders or persons with alcohol and substance abuse addictions and disorders;

(B) a hospital, as defined by K.S.A. 65-425 and amendments thereto; or

(C) a community health center, hospital, facility, or provider as defined by K.S.A. 39-2002 and amendments thereto.

(2) The clinical director may serve as the designee of the administrative director to perform the duties of the head of the crisis intervention center required pursuant to K.S.A. 59-29c08, 59-29c11, and 59-29c12, and amendments thereto.

(3) If the clinical director is not available to perform the specified duties of the head of the crisis intervention center required pursuant to K.S.A 59-29c08, 59-29c11, and 59-29c12, and amendments thereto, the clinical director shall designate a behavioral health professional who is available to perform those specified duties of the head of the crisis intervention center.

(4) Each licensee shall notify the department no later than three days after the occurrence of a change in the clinical director.

(f) Professional staff or consultants shall be available to provide care and treatment for patients, and shall include licensed physicians, dentists, nurses, clergy, social workers, psychologists, psychiatrists, pharmacists, and dietitians.

(g) Each professional staff member shall maintain current licensure, certification, or registration required for the staff member's job duties.

(h) Each crisis intervention center shall have a social worker or case manager available to assist with the implementation of the treatment and discharge plan for each patient.

(i) Each direct care staff member shall meet the following requirements:

(continued)

- (1) Be 21 years of age or older;
- (2) have a high school diploma or equivalent;
- (3) have completed training required by this article;

and

- (4) have completed annual in-service training as required by this article.

(j)(1) Auxiliary staff members shall be available as needed for the operation of the crisis intervention center and the provision of services to patients.

(2) An auxiliary staff member shall not be included in meeting the minimum ratio of direct care staff members to patients required by this article.

(3) Each auxiliary staff member working in food service shall demonstrate competence with all the following requirements:

- (A) Knowledge of the nutritional needs of patients;
- (B) understanding of food preparation and service;
- (C) sanitary food handling and storage methods; and
- (D) understanding of individual, cultural, and religious food preferences.

(k) Each licensee shall maintain current information for each staff member in the crisis intervention center, including the following:

- (1) Name, address, and telephone number;
- (2) date of hire and date of initial patient contact;
- (3) past employment, experience, and education;
- (4) professional licensure or credentials;
- (5) job description signed by the staff member;
- (6) annual reviews; and
- (7) any disciplinary actions.

(l)(1) If the licensee engages a third party for staffing the center, the licensee shall have a written agreement with the third party describing the manner and time frame in which the services are to be provided, the specific services to be provided, and specification that qualified individuals will provide required services. The licensee shall maintain records on each contract staff person assigned to work in the center, including the following:

- (A) the staff person's name;
- (B) the dates of their contract assignment to the center;
- (C) the staff person's credentials;
- (D) the position held and their job duties;

(2) If there are any discipline issues with the contract staff, the licensee shall address concerns with the third-party staffing agency, which depending on the severity of the concern raised by the center, may include termination of the assignment to continue working as contract staffing for the crisis intervention center. (Authorized by and implementing K.S.A. 39-2004; effective, T-26-2-16-24, Feb. 16, 2024.)

26-52-10. Staff training. (a) Each staff member shall complete at least 10 clock-hours of orientation training within seven days after commencement of employment with, or a contractual relationship with, the crisis intervention center. No staff member shall provide care to patients before completion of the required 10 clock-hours of orientation training. The orientation training shall include the following topics:

- (1) The center's policies and procedures;
- (2) the staff member's job duties and responsibilities;
- (3) confidentiality;
- (4) security procedures;

(5) recognition of harm as a result of physical, mental, or emotional abuse, neglect, or sexual abuse, and the reporting requirements of K.S.A. 39-1431 and amendments thereto;

(6) the symptoms of infectious disease, infection control, and universal precautions;

(7) the statutes governing a crisis intervention center, including the following:

(A) the periodic evaluation process and discharge requirements in K.S.A. 59-29c08 and amendments thereto;

(B) the notice of rights and documentation upon admission required by K.S.A. 59-29c09 and amendments thereto;

(C) the requirements for administration of medication and other treatments in K.S.A. 59-29c10 and amendments thereto;

(D) the requirements for restraints and seclusion in K.S.A. 59-29c11 and amendments thereto;

(E) the patient's rights requirements in K.S.A. 59-29c12 and amendments thereto; and

(F) the restrictions on disclosure of records in K.S.A. 59-29c13 and amendments thereto;

(8) regulations in this article governing a crisis intervention center;

(9) assessment and prevention techniques for self-harming behaviors and suicidal tendencies;

(10) principles of trauma-informed care;

(11) occupational safety and health administration (OSHA) standards regarding blood-borne pathogens;

(12) medication administration policies; and

(13) other training approved by the secretary.

(b) Each direct care staff member shall complete an additional 25 clock-hours of orientation training before the direct care staff member is counted in the ratio of direct care staff members to patients. The additional training shall include the following topics:

(1) care and supervision of adults with mental illness, adults with alcohol and substance abuse addictions or disorders, and adults with co-occurring conditions;

(2) restrictions on seclusion and restraints pursuant to K.S.A. 59-29c11 and amendments thereto;

(3) patient rights pursuant to K.S.A. 59-29c12 and amendments thereto;

(4) crisis management;

(5) security training to prevent harm to staff and elopement of patients;

(6) indicators of self-harming behaviors or suicidal tendencies and knowledge of appropriate intervention measures;

(7) indicators of gang involvement;

(8) indicators of human trafficking;

(9) intervention techniques for problem or conflict resolution, diffusion of anger, and de-escalation methods;

(10) principles of trauma-informed care and trauma-specific intervention;

(11) report writing and documentation methods;

(12) emergency procedures and disaster preparedness;

(13) confidentiality;

(14) use of restraint techniques that promote patient safety, including alternatives to physical restraints;

(15) elopement procedures; and

(16) other training as approved by the secretary.

(c) Each staff member shall complete at least 12 clock-hours of in-service training each calendar year. The 12-clock hours of in-service training is not required during the same calendar year that each staff member completes orientation training required by subsections (a) and (b) of this regulation. In-service training topics shall be based on individual job duties and responsibilities, meet individual learning needs, and shall be designed to maintain the knowledge and skills needed to comply with the center's policies and procedures and the regulations in this article.

(d) At least one staff member who is counted in the ratio of direct care staff members to patients and who has current certification in first aid and current certification in cardiopulmonary resuscitation shall be present in the center at all times.

(e) Each licensee shall designate professional staff members who are authorized to administer prescription medication and other treatments to patients. Prescribed medication and other treatments shall be administered in compliance with the requirements of K.S.A. 59-29c10 and amendments thereto, and the requirements of this article. Each licensee shall designate professional staff members to administer nonprescription medication to patients, as needed.

(f) Each staff member's in-service training shall be documented in that person's personnel file.

(g) Each volunteer shall complete orientation training prior to volunteering at the center. The orientation training shall include the following topics:

(1) statutes governing crisis intervention centers, including:

(A) the requirements for restraints and seclusion in K.S.A. 59-29c11 and amendments thereto;

(B) the patient's rights requirements in K.S.A. 59-29c12 and amendments thereto; and

(C) the restrictions on disclosure of records in K.S.A. 59-29c13 and amendments thereto;

(2) regulations in this article;

(3) the center's policies and procedures; and

(4) confidentiality. (Authorized by and implementing K.S.A. 39-2004; effective, T-26-2-16-24, Feb. 16, 2024.)

26-52-11. Scheduling and direct supervision. (a) Each licensee shall develop and implement a written schedule for professional staff members and shall include requirements for scheduling staff members as follows:

(1) A psychiatrist or advanced practice registered nurse shall be available 24 hours per day, seven days per week.

(2) Nursing staff in numbers sufficient to meet the treatment needs of patients shall be available on-site 24 hours per day, seven days per week.

(3) One or more behavioral health professionals sufficient to meet the evaluation and treatment needs of patients and the requirements of this article shall be available for consultation 24 hours per day, seven days per week and on-site from 8 a.m. to 8 p.m.

(b) Each licensee shall develop and implement a written daily staff member schedule. The schedule shall meet the required staffing ratios of direct care staff members to patients.

(1) The schedule shall provide for a minimum staffing ratio of one direct care staff member for every four patients.

(2) At least one direct care staff member of the same sex as the patients shall be present, awake, and available to the patients. If both male and female patients are present in the center during the scheduled period, at least one male and one female direct care staff member shall be present, awake, and available.

(3) The daily direct care staffing plan shall take into consideration the acuity needs of patients, including any patient requiring one-to-one (1:1) supervision for patient safety, staff safety, elopement risk, or other clinical reasons.

(c) At no time shall there be fewer than two direct care staff members present in the center when one or more patients are admitted to the center. If the center is located on multiple floors or buildings, a minimum of two direct care staff members must be present in each patient area on each floor of each building where one or more patients have been admitted.

(d) Alternate direct care staff members shall be provided for the relief of the scheduled direct care staff members on a one-to-one basis and in compliance with the staffing ratios of direct care staff members to patients.

(e) Only direct care staff members shall be counted in the required staffing ratio.

(f) Policies and practice regarding direct supervision shall provide for adequate staff and shall include the following requirements:

(1) No patient shall be left without direct supervision.

(2) Electronic supervision shall not replace the staff ratio requirements.

(3) Direct care staff members shall always have knowledge of each patient's location.

(4) Each licensee shall implement policies and procedures for determining when the movements and activities of a patient could, for treatment purposes, be restricted or subject to control through increased direct supervision. (Authorized by and implementing K.S.A. 39-2004; effective, T-26-2-16-24, Feb. 16, 2024.)

26-52-12. Emergency plan; safety; security. (a) Emergency plan. Each licensee shall develop and implement an emergency plan to provide for the safety of patients, staff members, volunteers, and visitors in emergencies.

(1) The emergency plan shall include the following information:

(A) Input from local emergency response entities, including fire departments, law enforcement, and local health care providers;

(B) the types of emergencies likely to occur in the center or near the center, including fire, weather-related events, elopement of patients, chemical releases, utility failure, loss of heating or air conditioning, intruders, computer system failure; and an unscheduled closing;

(C) the types of emergencies that could require evacuating the center and the types that could require patients, staff members, volunteers, and visitors to shelter in place;

(D) participation in community practice drills for emergencies;

(E) procedures to be followed by staff members in each type of emergency;

(F) designation of a staff member on each shift to be responsible for each of the following:

(continued)

(i) communicating with emergency response resources, including the fire department, law enforcement, and local health care providers;

(ii) ensuring that all patients, staff members, volunteers, and visitors are accounted for;

(iii) taking the emergency contact numbers and a cell phone;

(iv) accessing back-up systems, as needed, to obtain patient legal documentation, patient medical records and medication administration records; and

(v) contacting the legal guardian of each patient.

(G) the location and means of reaching a shelter-in-place area in the center, including safe movement of any patient, staff member, volunteer, or visitor with special health care or mobility needs; and

(H) the location and means of reaching an emergency site if evacuating the center, including the following:

(i) entering into a written agreement with an emergency site for use as a temporary shelter for patients pending each patient's discharge pursuant to K.S.A. 59-29c08 and amendments thereto, and reviewing the written agreement with the emergency site for any necessary revisions at least once every three years;

(ii) safely transporting the patients, including patients with special health care or mobility needs to the emergency site;

(iii) transporting emergency supplies, including water, food, medication, clothing, and blankets to the emergency site;

(iv) providing necessary staffing and security for patients while using the emergency site;

(v) obtaining emergency medical care; and

(vi) complying with the evaluation and discharge requirements established by K.S.A. 59-29c08 and amendments thereto, while patients are being cared for at the emergency site.

(2) The emergency plan shall be kept on file in the center. The written agreement with the emergency site and any written agreement for pre-arranged transportation services for transporting patients to the emergency site shall be kept on file with the emergency plan.

(3) Each staff member shall be informed of and shall follow the emergency plan.

(4) The emergency plan shall be reviewed annually.

(5) Emergency call information shall be posted in a conspicuous location accessible by staff for the fire and police departments, an ambulance service, and the poison control center. Other emergency call information, including the names and telephone numbers of staff members to be notified in case of emergency, shall be kept on file in the center.

(6) The location of the shelter-in-place area or an emergency site and the means of reaching that area if evacuation is required shall be posted in a conspicuous place in the staff area of the center.

(b) Emergency exits. (1) Each licensee shall develop and implement a plan for evacuation of patients, staff members, volunteers, and visitors, including evacuation routes and procedures, in case of fire or other emergencies. The licensee shall establish evacuation routes and post them in conspicuous patient, staff, and visitor areas throughout the center. Each licensee shall provide emer-

gency electric service in the case of a power outage to all the following:

(A) exit lights;

(B) exit corridor lighting;

(C) illumination of means of egress; and

(D) fire detection and alarm systems.

(2) Each staff member shall receive training on their duties and responsibilities for the reporting of an emergency, and evacuation of patients, staff, volunteers, and visitors in case of fire or other emergencies. Each staff member shall receive training on use of the fire alarm system or other notification system used in an emergency. Each staff member shall receive training on the proper use and the location of fire extinguishers.

(3) After admission, each patient shall receive information on the nearest evacuation route for use in case of a fire and an alternative route if the primary escape route is blocked.

(c) Fire drills. Each licensee shall conduct a fire drill at least quarterly. Fire drills shall be scheduled at a time when patients can participate. The date, time, number of participants, and duration of each drill shall be recorded and kept on file at the center for one calendar year.

(d) Tornado drills. Each licensee shall conduct a tornado drill at least quarterly. Tornado drills shall be scheduled at a time when patients can participate. The date, time, number of participants, and duration of each drill shall be recorded and kept on file at the center for one calendar year.

(e) Direct supervision and reporting. Each licensee shall implement policies and procedures that include the use of a combination of direct supervision, inspection, and accountability to promote safe and orderly operations. The policies and procedures shall be developed with input from local law enforcement and shall include all the following requirements:

(1) Written shift assignments shall designate the general duties and responsibilities for each staff member on duty at the center on each shift and shall provide the contact information for each professional staff member on call for each shift.

(2) A permanent log and a shift report prepared and maintained by supervisory staff members shall document routine and emergency situations that occur in the center each shift.

(3) Security devices, including locking mechanisms on doors and any delayed-exit mechanisms on doors, shall have current written approval from the state fire marshal and shall be regularly inspected and maintained, with any corrective action completed as necessary and recorded.

(4) The use of mace, pepper spray, and other chemical agents shall be prohibited.

(5) Patients shall not have access to any weapons.

(6) Provisions shall be made for the control and use of keys, tools, medical supplies, and culinary equipment.

(7) No patient shall have access to any keys for any door, cabinet, closet, or other device located in the center.

(8) Plans shall be developed for handling patient elopements, including accounting for the location of all patients when a patient cannot be located, and accounting for all staff, volunteers and visitors, and proper reporting when a patient elopement is suspected.

(9) Procedures shall be made for safety and security precautions pertaining to any vehicles used to transport patients, including accounting for, and securing keys to the center's vehicles.

(10) Procedures shall provide for the prompt reporting of any illegal act committed in the center.

(11) Procedures shall provide for the control of prohibited items and goods, including the screening and searches of patients and visitors and searches of rooms, spaces, and belongings.

(12) Procedures shall provide for the documentation and reporting of all critical incidents as required by this article.

(f) Storage and use of hazardous substances and unsafe items. Each licensee shall establish and implement procedures for the storage and use of hazardous substances and unsafe items, including the following requirements:

(1) No patient shall have unsupervised access to poisons, hazardous substances, or flammable materials. These items shall be kept in locked storage when not in use.

(2) Provisions shall be made for the safe and sanitary storage and distribution of personal care and hygiene items. The following items shall be stored in an area that is locked or under the control of staff members:

- (A) Aerosols;
- (B) alcohol-based products;
- (C) any products in glass containers; and
- (D) razors, blades, and any other sharp items.

(3) Policies and procedures shall be developed and implemented for the safe storage and disposal of prescription and nonprescription medications.

(A) All prescription and nonprescription medications shall be stored in a locked cabinet located in a designated area accessible to and supervised by staff members only.

(B) All refrigerated medications shall be stored in a locked refrigerator, in a refrigerator in a locked room, or in a locked medicine box in a refrigerator located in a designated area accessible to and supervised by staff members only.

(C) Medications taken internally shall be kept separate from other medications.

(D) Appropriate policies and procedures shall be developed and implemented to require documentation of medication administered to each patient, tracking of unused medication, and prompt discovery of any missing controlled substances.

(E) All unused medications shall be accounted for and disposed of in a safe manner by one of the following methods:

- (i) returning medication to the pharmacy;
- (ii) sending medication with the patient upon their discharge from the center; or
- (iii) safely discarding the medication.

(4) Each center shall have first-aid supplies, which shall be stored in a locked cabinet located in a designated area accessible to and supervised by staff members only. (Authorized by and implementing K.S.A. 39-2004; effective, T-26-2-16-24, Feb. 16, 2024.)

26-52-13. Admission and retention screenings. (a) Each licensee shall provide admission screening and evaluation services pursuant to K.S.A. 59-29c04, 59-

29c06, 59-29c07, and 59-29c08, and amendments thereto, on a 24 hour per day, seven days per week basis.

(b)(1) A person 18 years of age or older may be admitted to the crisis intervention center if licensed capacity will not be exceeded, and one of the following conditions are met:

(A) Upon submission of a written application on a form approved by the department from a voluntary patient and after consideration of any applicable census management procedures of the center, the clinical director or their designee determines that a voluntary patient has capacity to make application for admission to the center pursuant to K.S.A. 59-29c04 and amendments thereto, for treatment of a mental illness condition, an alcohol or substance abuse problem, or co-occurring conditions.

(B) Upon submission of a written application on a form approved by the department from a law enforcement officer for emergency observation and treatment of the proposed patient pursuant to K.S.A. 59-29c06 and amendments thereto.

(C) Upon submission of a written application on a form approved by the department from an adult for emergency observation and treatment of the proposed patient pursuant to K.S.A. 59-29c07 and amendments thereto.

(2) If a voluntary patient or proposed patient is denied admission, the clinical director or designee shall document in the person's record the rationale for the denial of admission and the referral of the person to other services.

(c) Staff members responsible for admission of each proposed patient shall review the application for emergency observation and treatment submitted pursuant to K.S.A. 59-29c06 and 59-29c07, and amendments thereto, for accuracy and completeness, which shall include all the following:

(1) The name and address of the proposed patient, if known;

(2) the name and address of the proposed patient's spouse, domestic partner, or nearest relative, if known;

(3) the belief of the person submitting the application that the proposed patient may be a mentally ill person subject to involuntary commitment as defined in K.S.A. 59-2946 and amendments thereto, a person with an alcohol or substance abuse problem subject to involuntary commitment as defined in K.S.A. 59-29b46 and amendments thereto, or a person with co-occurring conditions, and that because of the mental illness, alcohol or substance abuse problem, or co-occurring conditions, is likely to cause harm to self or others if not detained by the center;

(4) the factual circumstances in support of the belief by the person submitting the application and the factual circumstances under which the proposed patient was taken into custody, including any known pending criminal charges; and

(5) specification of whether the proposed patient has a wellness recovery action plan, prior psychiatric admissions, medical or substance abuse history, or psychiatric advance directive, if known.

(d) Each licensee shall develop and implement admission and screening policies and procedures of the center that comply with the requirements of K.S.A. 59-29c04, 59-29c06, 59-29c07, and 59-29c08, and amendments thereto.

(continued)

(e)(1) Admission procedures shall include the following conducted by a professional staff member:

(A) completing a health history checklist, which shall be completed on a form approved by the department and shall include a description of any bruises, abrasions, symptoms of illness, and current medications;

(B) assessing the patient's suicide risk potential, assault potential, elopement risk, mental health needs, and alcohol or substance abuse needs; and

(C) conducting an intake interview.

(2) Admission procedures shall include the following conducted by a staff member:

(A) collecting identifying information;

(B) distributing personal hygiene items;

(C) providing for a shower and hair care;

(D) issuing clean, laundered clothing, if necessary;

(E) assigning a patient room; and

(F) providing an orientation to the crisis intervention center in a manner that is understandable to the patient.

(f) Upon admission, a staff member shall inventory and document each patient's clothing, money, and personal possessions. The inventory shall specify whether each patient may access any of the personal possessions while admitted to the center. The center shall provide for safe storage of each patient's clothing, money, and personal possessions, which location shall be documented on each patient's inventory sheet. The inventory shall be signed by each patient and the staff member who admitted the patient and shall be maintained with the patient's record. If a patient refuses to sign the inventory, the refusal shall be documented in the patient's record.

(g) No patient who shows evidence during the screening process of having a contagious disease, or being seriously physically ill or injured, shall be admitted until the patient is examined and approved for admission by a physician. Documentation of the physician's approval shall be kept in the patient's file. If a patient is otherwise approved for admission to the center but is not admitted immediately due to hospitalization for the infectious disease, illness or injury, the center shall accept the patient for admission upon discharge from the hospital unless one of the following occurs:

(1) the clinical director or their designee determines that the person seeking admission pursuant to K.S.A. 59-29c04 and amendments thereto, is no longer in need of treatment in the center;

(2) sufficient time has passed that the statements contained in the application for emergency observation and treatment submitted pursuant to K.S.A. 59-29c06 or 59-29c07, and amendments thereto, may no longer be accurate; or

(3) admission of the patient would cause the center to exceed its licensed bed capacity.

(h)(1) Each licensee shall develop and implement written protocols for screening and evaluating each patient admitted to the center pursuant to K.S.A. 59-29c08 and amendments thereto.

(2) The clinical director or their designee shall evaluate each patient admitted to a crisis intervention center and document the results of the evaluation in the patient's record no later than four hours after admission to the center pursuant to K.S.A. 59-29c08, and amendments

thereto, to determine whether each patient continues to meet criteria for admission to the center, which shall include determining one of the following:

(A) Whether a patient is likely to be a mentally ill person subject to involuntary commitment for care and treatment;

(B) whether a patient is a person with an alcohol and substance abuse problem subject to involuntary commitment for care or treatment; or

(C) whether a patient has co-occurring conditions of mental illness and an alcohol or substance abuse problem, and because of the co-occurring conditions, is likely to cause harm to self or others if the patient is not detained by the center.

(3) If a patient is discharged within four hours of admission, the clinical director or designee shall document the rationale for the discharge in the patient's discharge plan.

(i)(1) A behavioral health professional must conduct an evaluation of each patient to determine if the patient continues to meet the criteria for treatment in the crisis intervention center pursuant to K.S.A. 59-29c08, as follows:

(A) No later than 23 hours after admission; and

(B) another evaluation, after the 23-hour evaluation and not later than 48 hours after admission.

(2) The behavioral health professional who conducts the evaluation required by paragraph (i)(1)(A) of this regulation must be a different behavioral health professional than conducted the evaluation required by paragraph (h)(2) of this regulation.

(3) If a patient no longer meets criteria for admission required by paragraph (b)(1) of this regulation, the patient must be discharged. The clinical director or designee shall document the rationale for the discharge in the patient's discharge plan.

(4) The clinical director or designee shall file an affidavit with the district court where the crisis intervention center is located on a form approved by the department no later than 48 hours after the patient's admission pursuant to K.S.A. 59-29c08 and amendments thereto, if the clinical director or designee determines that a patient continues to meet criteria for admission to the center as required by paragraph (b)(1) of this regulation. The affidavit shall be accompanied by the written application for emergency observation and treatment, and the affidavit shall specify the factual circumstances and the opinion of the behavioral health professional that conducted the evaluation required by paragraph (i)(1)(B) of this regulation.

(A) If the district court where the center is located determines a patient no longer meets admission criteria as required by paragraph (b)(1) of this regulation, the patient shall be discharged.

(B) If the district court where the center is located determines a patient meets admission criteria as required by paragraph (b)(1) of this regulation, the center may continue to detain the patient for evaluation and treatment for up to 72 hours after admission.

(j)(1) Each patient's detention in the center for observation and treatment shall not exceed 72 hours after the patient's admission pursuant to K.S.A. 59-29c08, and amendments thereto, unless the following occur:

(A) The clinical director or designee determines that a patient continues to meet admission criteria required by paragraph (b)(1) of this regulation; and

(B) the clinical director or designee files a petition with the district court where the center is located for a patient's involuntary commitment pursuant to K.S.A. 59-2957 and amendments thereto, or K.S.A. 59-29b57 and amendments thereto.

(2) The center shall find an appropriate placement that accepts involuntary commitments for each patient, including a private psychiatric hospital, a hospital, or a state institution, to continue care and treatment for each patient.

(3) If the 72-hour period ends after 5 p.m., the petition required by this subsection must be filed by the close of business of the first day thereafter that the district court where the center is located is open.

(k) Documentation required by this regulation of each patient's evaluations and a complete copy of any affidavit or petition filed with the district court shall be maintained in each patient's record (Authorized by and implementing K.S.A. 39-2004; effective, T-26-2-16-24, Feb. 16, 2024.)

26-52-14. Records. (a) Each applicant and each licensee shall develop and implement policies and procedures for the creation and maintenance of an organized recordkeeping system for the center, which shall include the following:

(1) Provisions shall be made for the identification, security, confidentiality, control, retrieval, preservation, and disposal of all records for patients, staff members, and volunteers, and for center records.

(2) All records shall be available at the center for review by the department.

(b) Patient records. Each licensee shall assign a unique number to each patient. Each patient's name and patient number shall appear on each center-generated document, which shall be signed and dated by the responsible staff member. Each licensee shall maintain an individual record for each patient, which shall include the following information:

(1) Sufficient information to identify the patient;

(2) any agency or person responsible for the patient;

(3) the request for voluntary admission signed by a voluntary patient submitted pursuant to K.S.A. 59-29c04 and amendments thereto, or the written application for emergency observation and treatment for a proposed patient submitted pursuant to K.S.A. 59-29c06 or 59-29c07, and amendments thereto;

(4) the admission health check completed by a physician;

(5) an inventory of the patient's personal possessions at the time of admission and discharge from the center;

(6) treatment plan;

(7) each evaluation conducted pursuant to K.S.A. 59-29c08 and amendments thereto;

(8) any affidavit or petition filed with the district court where the center is located pursuant to K.S.A. 59-29c08 and amendments thereto;

(9) physical health records relating to a patient's medical history, allergies, immunizations, infectious disease, illness, injury, and any dietary restrictions;

(10) treatment notes;

(11) physician orders;

(12) medication administration records;

(13) nursing notes;

(14) behavioral health professional orders;

(15) laboratory test results;

(16) direct care staff member notes;

(17) progress notes;

(18) consultations related to the patient's treatment, medical care or discharge plan;

(19) critical incident reports;

(20) discharge plan; and

(21) notifications or other correspondence provided to the guardian of a patient.

(c) Each patient record shall be confidential and made available only to the department, staff members and consultants authorized by the center, or as authorized by K.S.A. 59-2979 and amendments thereto, K.S.A. 65-5603 and amendments thereto, K.S.A. 60-427 and amendments thereto, and 42 U.S.C. 290dd-2.

(d) The records of each patient shall be maintained for at least 10 years following the last discharge of the patient.

(e) Before closing of a center for any reason, the licensee shall arrange for preservation of patient records for the mandatory retention period and shall notify the department why the center is closing, and provide the address and contact person for the location where patient records will be maintained.

(f) Staff member records. Each licensee shall maintain an individual record for each staff member, which shall include the following information:

(1) The application for employment or written agreement for the staff member to work at the center, including the staff member's qualifications;

(2) a copy of each applicable current professional license, certificate, or registration;

(3) the staff member's current job responsibilities and job duties;

(4) a health record that meets the requirements of this article, including a record of the results of each health examination and each tuberculosis test;

(5) a copy of a valid driver's license of a type appropriate for the vehicle being used, for each staff member who transports any patient;

(6) documentation of all orientation and in-service training required in this article;

(7) documentation of training in documentation of the patient record;

(8) a copy of each grievance or incident report concerning the staff member, including documentation of the resolution of each report; and

(9) documentation that the staff member has read, understands, and agrees to all of the following:

(A) The requirements of mandatory reporting of suspected patient abuse, neglect, and exploitation;

(B) all statutes and regulations governing crisis intervention centers;

(C) the center's policies and procedures that are applicable to the job responsibilities and job duties of the staff member; and

(continued)

(D) the confidentiality of patient information.

(g) Volunteer records. Each licensee shall maintain an individual record for each volunteer at the center, which shall include the following:

- (1) The application for volunteering at the center;
- (2) the volunteer's responsibilities at the center;
- (3) a health record that demonstrates compliance with this article, including a record of the results of each health examination and each tuberculosis test, for each volunteer in contact with patients;
- (4) documentation of all orientation and in-service training required for volunteers in this article;
- (5) a copy of each grievance or incident report concerning the volunteer, including documentation of the resolution of each report; and
- (6) documentation that the volunteer has read, understands, and agrees to all of the following:

(A) The requirements of mandatory reporting of suspected patient abuse, neglect, and exploitation;

(B) all statutes and regulations governing crisis intervention centers;

(C) the center's policies and procedures that are applicable to the job responsibilities and job duties of the staff member; and

(D) the confidentiality of patient information.

(h) Center records. Each applicant and each licensee shall complete and maintain center records. Center records shall include the following information:

(1) Documentation of the requests submitted to the department for background checks to meet the requirements of this article;

(2) documentation of each approval granted by the department for each change, exception, or amendment;

(3) the current and all past versions of the center's policies and procedures that were effective during the ten-year period immediately preceding the effective date of the current policy;

(4) all documentation required by this article for emergency plans, fire and tornado drills, and written policies and procedures on care and treatment of the patients;

(5) all documentation specified in this article for the inspection and maintenance of security devices, including locking mechanisms and any delayed-exit mechanisms on doors;

(6) documentation of approval of any public or private water, sewage systems, and utilities as specified in this article;

(7) documentation of compliance with all local and state building codes, fire safety requirements, and zoning codes;

(8) all documentation specified in this article for transportation of patients;

(9) documentation of vaccinations and veterinary records for any animal kept on the premises;

(10) a copy of each contract and each agreement; and

(11) information available to the department for each 12-month period commencing on July 1st of each year and ending on June 30th of each year regarding the following:

(A) The number of admissions and discharges and length of stay for each patient admitted to the crisis intervention center;

(B) the number of voluntary patients and proposed patients who were denied admission to the center and the reason for the denial;

(C) the number of voluntary patients admitted pursuant to K.S.A. 59-29c04 and amendments thereto, and whether the admission was for mental health treatment, alcohol or substance abuse treatment, or treatment for co-occurring conditions of mental health and alcohol or substance abuse;

(D) the number of involuntary patients admitted pursuant to K.S.A. 59-29c06 and amendments thereto, and whether the admission was for mental health treatment, alcohol or substance abuse treatment, or treatment for co-occurring conditions of mental health and alcohol or substance abuse;

(E) the number of involuntary patients admitted pursuant to K.S.A. 59-29c07 and amendments thereto, and whether the admission was for mental health treatment, alcohol or substance abuse treatment, or treatment for co-occurring conditions of mental health and alcohol or substance abuse;

(F) the number of voluntary patients who are admitted to the center two or more times, and whether the readmission was for mental health treatment, alcohol or substance abuse treatment, or treatment for co-occurring conditions of mental health and alcohol or substance abuse; and

(G) the number of involuntary patients who are admitted to the center two or more times, and whether the readmission was for mental health treatment, alcohol or substance abuse treatment, or treatment for co-occurring conditions of mental health and alcohol or substance abuse. (Authorized by and implementing K.S.A. 39-2004; effective, T-26-2-16-24, Feb. 16, 2024.)

26-52-15. Treatment plan. (a) The clinical director or designee shall serve as the leader for each patient's treatment team.

(b) The clinical director or designee shall develop an individualized treatment plan for each patient admitted to the crisis intervention center. The treatment plan shall be based on initial and ongoing patient needs and completed within 24 hours after admission. If the patient is discharged less than 24 hours after admission, the treatment plan shall not be required. For patients who have not been discharged within 24 hours after admission, the treatment plan shall be documented in the patient's record and shall include the following:

(1) Patient's name;

(2) diagnosis;

(3) date of treatment plan development;

(4) problems and strengths of the patient;

(5) individual goals that relate to the specific problems identified;

(6) treatment that addresses each specific goal;

(7) projected discharge date and anticipated post-discharge needs, including documentation of resources needed in the community; and

(8) signature of each professional staff member involved in the treatment of the patient and the development of the treatment plan

(c) The clinical director or designee shall provide an explanation of the content of the treatment plan to each

patient, including the treatment goals established for the patient.

(d) The clinical director or designee shall review each patient's treatment plan at least daily or upon completion of the stated goals. (Authorized by and implementing K.S.A. 39-2004; effective, T-26-2-16-24, Feb. 16, 2024.)

26-52-16. Mental health services. (a) A behavioral health professional shall provide assessment, diagnosis and treatment services for each patient admitted to the center for mental health needs, including the following:

(1) Reviewing and assessing the factual circumstances and presenting problems resulting in each patient's admission;

(2) conducting a physical exam of each patient to rule out potential physical problems that may cause the patient's symptoms;

(3) ordering lab tests to check for physical problems that may cause the patient's symptoms or screening for the presence of alcohol and drugs;

(4) conducting a psychological evaluation for each patient about symptoms, thoughts, feelings, and behavior patterns;

(5) assessing each patient's risk for self-harm or harm to others;

(6) reviewing the patient's psychiatric history, history of trauma, and prior psychiatric admissions; and

(7) establishing probable diagnosis or diagnoses for each patient;

(b) A behavioral health professional shall develop a treatment plan for each patient admitted to the center for more than 24 hours, which may include one or more of the following:

(1) medication administration;

(2) crisis assessment, support and intervention;

(3) case management for linkage to other services as needed;

(4) individual, group, and family counseling;

(5) peer support;

(6) alcohol or substance abuse assessment and treatment, if needed;

(7) nursing care services;

(8) medical services, unless the patient requires a higher level of medical care and equipment than can be provided by the center; and

(9) 24-hour observation by direct care staff, including one-to-one supervision, if needed;

(c) A behavioral health professional shall assess each patient to determine if the patient continues to meet criteria pursuant to K.S.A. 59-29c08 and amendments thereto, for admission to the center.

(d) A behavioral health professional, with assistance from the case manager, shall develop a discharge plan for each patient. (Authorized by and implementing K.S.A. 39-2004; effective, T-26-2-16-24, Feb. 16, 2024.)

26-52-17. Alcohol and substance abuse services. (a) Each licensee shall provide crisis intervention services to patients suffering from an alcohol or substance abuse diagnosis. The purpose of substance use disorder (SUD) treatment in a crisis intervention center is to stabilize the patient, provide treatment for acute withdrawal symptoms, and to provide referral sources to reintegrate the

patient back into the community or other appropriate treatment setting. The center shall provide care to patients whose withdrawal signs and symptoms are sufficiently severe to require primary medical and nursing care services. Each licensee shall ensure that 24-hour observation, monitoring, and counseling services are provided.

(b) Each licensee shall develop and implement written policies and procedures for acute detoxification treatment, medication assisted treatment, substance use disorder assessments, and nicotine replacement therapy services, which shall be provided in accordance with Section 3 of the Kansas department for aging and disability services' document titled "standards for licensing crisis intervention center substance use disorder programs," dated March 1, 2022, which is hereby adopted by reference.

(c) Each licensee shall develop and implement written policies and procedures for proper management of SUD and medication-assisted treatment (MAT) services, which shall be based upon the American Society of Addiction Medicine (ASAM) criteria 3.7 "medically monitored intensive inpatient" dated March 9, 2020, or ASAM criteria 4.0 "medically managed intensive inpatient" dated August 21, 2020.

(d) Each patient admitted to the center for more than 24 hours for acute detoxification treatment, medication-assisted treatment, substance use disorder assessment, and nicotine replacement therapy services shall have a treatment plan developed by a behavioral health professional, with assistance from the case manager.

(e) A behavioral health professional shall assess each patient to determine if the patient continues to meet criteria pursuant to K.S.A. 59-29c08, and amendments thereto, for admission to the center.

(f) Each patient admitted to the center for acute detoxification treatment, medication-assisted treatment, substance use disorder assessment, and nicotine replacement therapy services shall have a discharge plan developed by a behavioral health professional, with assistance from the case manager, which provides appropriate referrals for further assessment and treatment following discharge from the center. (Authorized by and implementing K.S.A. 39-2004; effective, T-26-2-16-24, Feb. 16, 2024.)

26-52-18. Case management services. (a) Each licensee shall develop and implement policies and procedures to provide case management services to each patient admitted to the center. A case manager shall facilitate, assist, and coordinate processes and services for the patient, including the following:

(1) assisting the behavioral health professional in development and implementation of the treatment plan for patients admitted to the center for more than 24 hours by establishing goals for the patient while admitted to the center and upon discharge from the center;

(2) identifying services needed by the patient after discharge to support the patient's efforts to meet goals established in the treatment plan;

(3) arranging for transportation of a patient if the clinical director or designee determines the patient's medical needs exceed the level of medical care that can be safely provided at the center;

(continued)

(4) arranging for reasonable accommodation of the patient's transportation needs upon discharge of the patient pursuant to K.S.A. 59-29c08 and amendments thereto; and

(5) arranging for referral of the patient to the appropriate community mental health center and other services for follow-up care upon discharge of the patient. (Authorized by and implementing K.S.A. 39-2004; effective, T-26-2-16-24, Feb. 16, 2024.)

26-52-19. Physical health care. (a) Policies and procedures for patient physical health care. Each licensee, in consultation with a physician, shall develop and implement policies and procedures that include the following:

(1) Completion of a health checklist and review for each patient upon admission for purposes of determining if the patient is in need of medical or dental care and to determine if the patient is taking any prescribed medications, including the following:

(A) Current physical health status, including oral health;

(B) allergies, including medication, food, plant, and animal;

(C) current injuries or pain, including cause, onset, duration, and location;

(D) preexisting medical conditions;

(E) current mood and affect;

(F) history and indicators of self-harming behaviors or suicidal tendencies;

(G) infectious or contagious diseases;

(H) immunization history, if available;

(I) drug or alcohol use;

(J) current medications;

(K) physical disabilities;

(L) sexually transmitted diseases; and

(M) for female patients, menstrual and pregnancy history.

(2) The clinical director or designee shall document the rationale for deferral of any portion of the health assessment required by subsection (a) of this regulation that is not necessary for the center to provide treatment for the patient's mental health needs, alcohol or substance abuse needs, or to provide treatment for the patient's co-occurring needs for mental health treatment and alcohol or substance abuse treatment. A follow-up assessment shall occur when the patient's conduct and behaviors allow for further assessment of potential physical issues or problems.

(3) care for minor illness or injuries, including the use and administration of prescription and nonprescription drugs;

(4) infection-control measures and universal precautions to prevent the spread of blood-borne infectious diseases, including medically indicated isolation;

(5) referrals to an appropriate health care provider for emergency or post-discharge care for care and follow-up of issues or problems identified in the health assessment; and

(6) referrals of female patients for maternity care for emergency or post-discharge care.

(b) Physical health of patient. (1) Each licensee shall develop and implement policies and procedures for referral of patients for emergency and ongoing medical and den-

tal care needs. If medically indicated, a patient shall be diverted or transferred to a hospital for timely access to emergency, specialized medical, and dental care services that exceed the level of care and equipment than can be provided at the center.

(2) Each licensee shall develop and implement policies and procedures to require contact with an authorized physician, physician's assistant, or advanced practice registered nurse at the time of admission for any patient who is taking a prescribed medication to assess the need for continuation of the medication.

(3) Each change of prescription or directions for administering a prescription medication shall be ordered by an authorized medical practitioner with documentation placed in the patient's record as required by this article.

(4) Nonprescription and prescription medications shall be administered only by designated staff and shall be documented in the patient's record as required by this article.

(5) Each licensee shall develop and implement policies and procedures to require timely contact with an authorized physician, physician's assistant, or advanced practice registered nurse for each patient who has acute symptoms of physical illness or who has a chronic physical illness.

(6) Each licensee shall develop and implement policies and procedures for providing tuberculosis tests for patients:

(A) Each patient shall receive a tuberculosis test unless the patient has had a tuberculosis test within the last 12 months.

(B) A chest X-ray shall be taken of each patient who has a positive tuberculosis test or a history of a positive tuberculosis test unless a chest X-ray was completed within the 12 months before the current admission to the crisis intervention center.

(C) The results of the tuberculosis test, X-rays, and treatment shall be recorded in the patient's record, and the county health department shall be informed of the results.

(D) Each licensee shall comply with the Kansas department of health and environment's tuberculosis prevention and control program for the following:

(i) Tuberculosis tests;

(ii) treatment; and

(iii) a patient's exposure to active tuberculosis disease.

(7) If a patient has a communicable disease, the licensee shall obtain advice from a physician or other authorized healthcare provider in order to perform the following:

(A) Ensure that the facility has the capability to provide adequate care and prevent the spread of that condition and that staff members and volunteers are adequately trained; and

(B) transfer the patient to an appropriate facility, if necessary.

(8) Each licensee shall develop and implement policies and procedures that the use of tobacco in any form by a patient while in treatment at the center is prohibited.

(c) Emergency medical treatment. Each licensee shall develop and implement policies and procedures that ensure emergency medical treatment of each patient meets the following requirements:

(1) The patient's medical record and health assessment forms shall be taken to the emergency room with the patient;

(2) A staff member shall accompany the patient to emergency care and shall remain with the patient while the emergency care is being provided or until the patient is admitted. This arrangement shall not compromise the direct supervision of the other patients in the center.

(d) Oral health of patients. Each licensee shall develop and implement policies and procedures for the oral health of patients, including the following:

(1) Each patient shall receive emergency dental care, as needed; and

(2) referral sources shall be included in the discharge plan for non-emergency dental care, as needed.

(e) Personal health and hygiene of patients. Each licensee shall develop and implement policies and procedures to meet the personal health and hygiene needs of the patients, including the following:

(1) Each patient shall have access to drinking water, a sink, and a toilet;

(2) each patient shall be given the opportunity to bathe or shower upon admission and daily;

(3) each patient shall be provided access to toothpaste and an individual toothbrush for brushing teeth daily and after meals with supervision by direct care staff, as necessary;

(4) opportunities shall be available to each patient for daily shaving and haircuts as needed;

(5) each patient's washable clothing shall be changed and laundered at least twice a week. Clean underwear and socks shall be available to each patient on a daily basis;

(6) each female patient shall be provided personal hygiene supplies for use during the patient's menstrual cycle;

(7) each patient shall be issued or have access to clean, individual washcloths and bath towels at least twice each week;

(f) Personal health of staff members and volunteers. Each licensee shall develop and implement policies and procedures to require each staff member and each volunteer to meet the following requirements:

(1) Be free from all infectious or contagious disease requiring isolation or quarantine as specified in K.A.R. 28-1-6 and amendments thereto;

(2) be able to perform the essential job functions of the staff member and volunteer and not pose a direct threat to the health, safety, or welfare of the patients, the staff member or volunteer, or other staff members that cannot be reduced or eliminated by reasonable accommodation;

(3) not possess, use, or be under the influence of illegal drugs;

(4) not use or be impaired by alcohol at the center; and

(5) not be impaired by any substance at the center to the extent that it causes the staff member or volunteer to pose a direct threat to the health, safety, or welfare of others.

(g) Each licensee shall develop and implement policies and procedures to prohibit use of tobacco products inside the center. Tobacco products shall not be used by staff members or volunteers in the presence of patients.

(Authorized by and implementing K.S.A. 39-2004; effective, T-26-2-16-24, Feb. 16, 2024.)

26-52-20. Medication administration; prescribing other treatments. (a) Each licensee shall develop and implement policies and procedures for medication administration and prescribing other treatments for each patient's physical health, mental or behavioral health, and alcohol and substance abuse problems pursuant to K.S.A. 59-29c10 and amendments thereto. Each licensee, in consultation with the clinical director, shall develop and implement policies and procedures that include the following:

(1) Medication and other treatments shall be prescribed, ordered, and administered only in conformity with generally accepted clinical practice;

(2) Medication shall be administered only upon the written order or verbal order of a physician, physician's assistant, or advanced practice registered nurse, and each verbal order for administration of medication shall be noted in the patient's medical records and subsequently signed by the prescribing physician, physician's assistant, or advanced practice registered nurse;

(3) Each patient's medication and treatment regimen shall be regularly monitored by the prescribing physician, physician's assistant, or advanced practice registered nurse for the occurrence of adverse symptoms or harmful side effects;

(4) Each prescription written for psychotropic medication shall contain a termination date not exceeding 30 days following the date of the prescription, but the prescription may be renewed by the prescribing physician, physician's assistant, or advanced practice registered nurse in accordance with the requirements of K.S.A. 59-29c10 and amendments thereto, and this regulation;

(5) documentation and consent required for prescribing medication and other treatments for voluntary patients admitted pursuant to K.S.A. 59-29c04 and amendments thereto;

(6) documentation and consent required for prescribing non-psychotropic medication and other treatments for the physical health of each involuntary patient admitted pursuant to K.S.A. 59-29c06 or K.S.A. 59-29c07, and amendments thereto;

(7) documentation and processes required to prescribe psychotropic medication over the objection of an involuntary patient admitted pursuant to K.S.A. 59-29c06 or K.S.A. 59-29c07, and amendments thereto;

(8) documentation and consent required for each patient for surgery or administration of experimental medications;

(9) documentation of consultations with each patient's guardian or legal representative;

(10) documentation of consideration of views expressed in each patient's wellness recovery action plan or psychiatric advance directive;

(b) Each licensee shall develop and implement policies and procedures to establish requirements for storage of medication, including the following:

(1) Safe storage of prescription and nonprescription medications in a locked cabinet or locked room located in a designated area accessible to and supervised by authorized staff members only;

(continued)

(2) Medications requiring refrigeration shall be stored in a locked refrigerator, in a refrigerator in a locked room, or in a locked medicine box in a refrigerator located in a designated area accessible to and supervised by authorized staff members only.

(3) Medications taken internally shall be kept separate from other medications and in a designated area accessible to and supervised by authorized staff members only.

(c) Each licensee shall develop and implement policies and procedures to establish requirements for accounting for medication, documentation of medication administered to each patient, and proper disposal of medication, including the following:

(1) All unused medications shall be accounted for and disposed of in a safe manner, including being returned to the pharmacy, transferred with the patient upon discharge, or safely discarded;

(2) medication counts of controlled prescription medication shall be conducted no less than daily by two professional staff members;

(3) disposal of unused prescription medication shall be properly documented including the name of the prescription medication disposed, the amount disposed of each prescription medication, and the method of disposal of each prescription medication;

(4) two professional staff members shall be involved in the disposal of controlled substances to deter the opportunity for drug diversion; and

(5) each center shall have policies and procedures on processing patient discharges against medical advice (AMA) or when a patient otherwise discharges without taking prescribed medication with them, including whether any follow-up will occur with the patient or their emergency contact and an explanation how medication left by a patient will be recorded, counted, returned to inventory, or discarded to minimize opportunities for drug diversion.

(d) Professional staff members shall receive training in the proper methods of recording, accounting for, and administration of, prescription and nonprescription medication.

(e) An authorized physician, physician's assistant, or advanced practice registered nurse shall be contacted at the time of admission for any patient who is taking a prescribed medication to assess the need for continuation of the medication.

(f) An authorized physician, physician's assistant, or advanced practice registered nurse shall order each change of prescription medication or directions for administering a prescription or nonprescription medication.

(1) Copies of each written order from an authorized physician, physician's assistant, or advanced practice registered nurse adding a prescription medication, changing a prescription medication, or changing instructions for administration of a prescription or nonprescription medication shall be kept in the patient's record.

(2) A verbal order issued for medication administration or other treatment must be noted in each patient's medical record. The prescribing physician, physician's assistant, or advanced practice registered nurse shall review and sign all notations of verbal orders in the patient's medical record within 48 hours of issuance of the verbal order.

(g) Nonprescription and prescription medications shall be administered only by designated professional staff who have received training on medication administration. Each administration of prescription and nonprescription medication shall be documented in the patient's record with the following information:

(1) The name of the designated staff member who administered the medication;

(2) the name and amount of the medication administered;

(3) the date and time the medication was given;

(4) each change in the patient's behavior, response to the medication, or adverse reaction;

(5) each alteration in the administration of the medication from the instructions on the medication label and documentation of the specific alteration administered; and

(6) each missed dose of medication and documentation of the reason the dose was missed.

(h) Prescription or nonprescription medications or herbal or folk remedies shall not be used to manage or control a patient's behavior unless prescribed for that purpose by an authorized physician, physician's assistant, or advanced practice registered nurse. (Authorized by and implementing K.S.A. 39-2004; effective, T-26-2-16-24, Feb. 16, 2024.)

26-52-21. Ancillary services. (a) Each licensee shall provide laboratory and pharmacy services in each crisis intervention center 24 hours per day, seven days per week. Laboratory and pharmacy services may be provided directly by center staff or through contractual arrangement.

(b) If the crisis intervention center provides its own clinical laboratory services, the following requirements shall be met:

(1) The laboratory performing analytical tests within the center shall hold a valid clinical laboratory improvement amendment (CLIA) certificate for the type and complexity of all tests performed.

(2) A professional staff member shall, through written or electronic means, request all tests performed by the laboratory.

(3) Each individual serving as the laboratory's clinical consultant shall meet the requirements of 42 C.F.R. 493.1417, as in effect on September 2, 2020, which is hereby adopted by reference, and 42 C.F.R. 493.1405(b)(1), (2), or (3)(i), as in effect on September 2, 2020, which is hereby adopted by reference.

(4) The original report or duplicate copies of written tests, reports, and supporting records shall be retained in a retrievable form by the laboratory for at least the following periods:

(A) Two years for routine test reports;

(B) five years for blood banking test reports; and

(C) 10 years for histologic or cytologic test reports.

(5) Resources and space for procurement, safekeeping, and transfusion of blood or blood products, or both, shall be provided or available. If blood products or transfusion services are provided by sources outside the center, the outside sources shall be provided by a CLIA-certified laboratory. The source shall be certified for the scope of testing performed or products provided.

(c) If the crisis intervention center contracts with an outside entity for laboratory services, the following requirements must be met:

(1) The outside entity must be a CLIA-certified, medicare-certified laboratory;

(2) The outside entity shall have resources and space for procurement, safekeeping, and transfusion of blood or blood products, or both, as required by 42 C.F.R. 493.1100, 42 C.F.R. 493.1101 and 42 C.F.R. 493.1103, as in effect on September 2, 2020, which are herein adopted by reference;

(3) A professional staff member shall, through written or electronic means, request all tests performed by the outside entity's laboratory.

(4) The licensee shall have a written agreement with the outside entity that provides CLIA-certified, medicare-certified laboratory services for patients, which is reviewed and updated every three years, and shall meet the following requirements:

(A) Prior to the effective date of the written agreement for laboratory services, the outside entity shall provide the center with a copy of the current CLIA certification and medicare certification for laboratory services;

(B) the outside entity shall maintain CLIA certification and medicare certification for the provision of laboratory services during the term of the contractual agreement with the center;

(C) the outside entity shall notify the department and the center's clinical director within three days of the occurrence if the outside entity receives a notification that its CLIA certification or medicare certification for laboratory services is conditioned, restricted, suspended, or revoked;

(D) the outside entity must be available to accept and process orders for lab tests 24 hours per day, 7 days per week;

(E) each person serving as the clinical consultant for the outside entity's laboratory shall meet the requirements of 42 C.F.R. 493.1417, as in effect on September 2, 2020, which is hereby adopted by reference, and 42 C.F.R. 493.1405(b)(1), (2), or (3)(i), as in effect on September 2, 2020, which is hereby adopted by reference.

(F) the outside entity shall provide to the center, by confidential and secure electronic means, copies of the written results of all tests, reports, and supporting records within two hours of completion of the laboratory test results and reports ordered for each patient;

(G) the outside entity shall maintain copies of all written tests, reports, and supporting records for laboratory services provided for each patient in a retrievable form for the required retention period for CLIA-certified, medicare-certified laboratories established by 42 C.F.R. 493.1105, and in effect on September 2, 2020, which is hereby adopted by reference.

(d) If the crisis intervention center provides its own pharmacy services, the following requirements shall be met:

(1) The pharmacy must employ or contract with a pharmacist who possesses the requisite experience to serve as the pharmacist-in-charge, who shall be responsible for the operation and supervision of the center's pharmacy services.

(2) All pharmacists working in the center's pharmacy must be licensed by the Kansas board of pharmacy.

(3) All pharmacy technicians working in the center shall be appropriately trained and certified by the Kansas board of pharmacy.

(4) Each center's pharmacist-in-charge shall develop and implement policies and procedures for operation and supervision of the center's pharmacy services in compliance with the requirements of the Kansas board of pharmacy, including the following:

(A) Storage of drugs;

(B) security and control of drugs;

(C) distribution of drugs;

(D) supervision and maintenance of emergency kits;

(E) labeling and preparation of drugs;

(F) administration of drugs;

(G) accounting for drugs;

(H) disposal of drugs;

(I) record keeping;

(J) reporting requirements;

(K) training and supervision of pharmacists and pharmacy technicians.

(5) the center shall provide for a confidential and secure method for a prescribing physician, physician's assistant, or advanced practice registered nurse to submit orders for prescriptions to the pharmacy 24 hours per day, 7 days per week;

(6) the pharmacy shall be open at least during the hours of 8 a.m. to 8 p.m. Monday through Friday, and 10 a.m. to 8 p.m. Saturday through Sunday. The pharmacy shall allow for storage on-site at the center and administration of prescription medications commonly ordered by a physician, physician's assistant, or advanced practice registered nurse for patients during any period the pharmacy is closed. The pharmacist-in-charge shall be responsible for accounting for, documenting, and proper disposal of prescription medication kept on-site at the center for use during periods when the pharmacy is closed.

(7) All drugs and biologicals shall be administered pursuant to a written order or properly documented verbal order issued by a physician, physician's assistant, or advanced practice registered nurse pursuant K.S.A. 59-29c10 and amendments thereto, and the requirements of this article. For purposes of this regulation, "biologicals" shall mean medications developed from blood, proteins, viruses, or living organisms.

(8) Each adverse drug reaction for a patient shall be reported to the prescribing physician, physician's assistant, or advanced practice registered nurse and the pharmacist-in-charge and shall be documented in the patient's record.

(e) If the crisis intervention center contracts with an outside entity for pharmacy services, the following requirements must be met:

(1) the crisis intervention center shall enter into a written agreement with an outside entity for pharmacy services which complies with the requirements of this regulation;

(2) the outside entity who provides pharmacy services to the center shall be licensed by the Kansas board of pharmacy in good standing;

(continued)

(3) the outside entity that provides pharmacy services to the center shall maintain its licensure by the Kansas board of pharmacy in good standing;

(4) the outside entity that provides pharmacy services to the center shall provide written notification to the department and the center's clinical director within three days of the outside entity's receipt of any order from the Kansas board of pharmacy that the outside entity's licensure to provide pharmacy services is conditioned, restricted, suspended or revoked.

(5) the pharmacy shall provide for a confidential and secure method for a prescribing physician, physician's assistant, or advanced practice registered nurse to submit orders for prescriptions to the center 24 hours per day, 7 days per week;

(6) the pharmacy shall be open at and provide deliveries to the center during the hours of 8 a.m. to 8 p.m. Monday through Friday, and 10 a.m. to 8 p.m. Saturday through Sunday. The pharmacy shall allow for storage on-site at the center and administration of prescription medications commonly ordered by a physician, physician's assistant, or advanced practice registered nurse for patients during any period the pharmacy is closed. The clinical director or designee shall be responsible for accounting for, documenting, and proper disposal of prescription medication kept on-site at the center for use during periods when the pharmacy is closed.

(7) All drugs and biologicals shall be administered pursuant to a written order or properly documented verbal order issued by a physician, physician's assistant, or advanced practice registered nurse pursuant K.S.A. 59-29c10 and amendments thereto, and the requirements of this article.

(8) Each adverse drug reaction for a patient shall be reported to the prescribing physician, physician's assistant, or advanced practice registered nurse and shall be documented in the patient's record.

(f) Each licensee shall ensure the performance of an ongoing review and evaluation of the quality and scope of laboratory and pharmacy services. (Authorized by and implementing K.S.A. 39-2004; effective, T-26-2-16-24, Feb. 16, 2024.)

26-52-22. Infection control; COVID-19 protections.

(a) Each licensee shall develop and implement policies and procedures for establishing and maintaining an ongoing infection control program for the crisis intervention center, including protections to minimize the spread of COVID-19. The center's infection control program shall be based upon policy and procedures established by the centers for disease control and prevention. The center's infection control program policies and procedures shall include the following:

(1) Measures for the surveillance, prevention, and control of infections;

(2) identification of the staff member positions responsible for the infection control program and review of the findings;

(3) outline infection control measures and aseptic techniques;

(4) orientation and ongoing education provided to all staff members and volunteers on the cause, effect, transmission, and prevention of infections;

(5) require all staff members and volunteers to adhere to universal precautions to prevent the spread of blood-borne infectious diseases;

(6) requirements related to employee health;

(7) review and evaluation of the quality and effectiveness of infection control throughout the center, according to the center's policies and procedures; and

(8) provisions for reporting, to the Kansas department of health and environment, infectious or contagious diseases in accordance with K.A.R. 28-1-2. A duplicate copy of the notification required by K.A.R. 28-1-2 shall be submitted to the department.

(b) Each licensee shall develop policies and procedures for the control of communicable diseases, including maintenance of immunization histories and the provision of educational materials for all staff members and volunteers.

(c) Each licensee shall develop and implement policies and procedures for handling and disposing of medical waste and other biohazard materials for infection control and safety purposes.

(d) Each licensee shall develop and implement policies and procedures to require any staff member or volunteer with a condition detrimental to patient well-being, or suspected of having such a condition, is excluded from work until the requirements of K.A.R. 28-1-6 are met.

(e) Each licensee shall develop and implement written housekeeping procedures that include the following requirements for the crisis intervention center:

(1) Be kept neat, clean, and free of rubbish;

(2) provide hand-washing facilities as required by this article; and

(3) include written policies and procedures for the laundering of linen and washable goods as required by this article.

(f) Each licensee shall ensure that all garbage and waste shall be collected, stored, and disposed of in a manner that does not encourage the transmission of contagious disease. Containers in the food service area shall be washed and sanitized before being returned to work areas, or the containers may be disposable.

(g) Each licensee shall develop and implement policies and procedures that require staff members to make periodic checks throughout the center to enforce sanitation procedures. (Authorized by and implementing K.S.A. 39-2004; effective, T-26-2-16-24, Feb. 16, 2024.)

26-52-23. Laundry; bedding. (a) If laundry is done at the center, each licensee shall develop and implement policies and procedures for patient laundry, including compliance with the following requirements:

(1) The sinks, appliances, and countertops or tables used for laundry are located in an area separate from food preparation areas and are installed and used in a manner that safeguards the health and safety of patients. Adequate space shall be allocated for the laundry room and the storage of laundry supplies, including locked storage for all poisonous chemicals used in the laundry area.

(2) soiled linen that is contaminated with blood or body substances shall be bagged at the site of contamination and transported by cart or chute to the laundry area. Separate carts shall be used for transporting dirty and clean linen.

(3) staff members and volunteers that handle soiled linen should wear adequate personal protective equipment. Staff members and volunteers shall change disposable gloves and wash hands after handling soiled linen.

(4) adequate space shall be available for sorting, folding and storage of clean and dirty linen and clothing. Dirty linen and clothing shall be sorted, folded, and stored separately from clean linen and clothing.

(5) blankets shall be laundered or sanitized before reissue to a different patient, and when soiled.

(b) If laundry is done outside of the center, each licensee shall develop and implement policies and procedures for proper handling of clean and soiled laundry, including compliance with the following requirements:

(1) Soiled linen that is contaminated with blood or body substances shall be bagged at the site of contamination and transported by cart or chute to the laundry area. Separate carts shall be used for transporting dirty and clean linen.

(2) staff members and volunteers that handle soiled linen should wear adequate personal protective equipment. Staff members and volunteers shall change disposable gloves and wash hands after handling soiled linen.

(3) adequate space shall be available for storage of clean and dirty linen and clothing. Soiled linen and clothing shall be stored separately from clean linen and clothing.

(4) blankets shall be laundered or sanitized before reissue to a different patient, and when soiled. (Authorized by and implementing K.S.A. 39-2004; effective, T-26-2-16-24, Feb. 16, 2024.)

26-52-24. Food service; ice and drinking water. (a) Each licensee shall develop and implement food service policies and procedures in each crisis intervention center that comply with this regulation. Food preparation and service shall meet the needs of patients and comply with physician orders regarding dietary plans and restricted diets. For purposes of this regulation, "food" shall include beverages.

(b)(1) Each staff member and volunteer engaged in food preparation and food service shall use sanitary methods of food handling, food service, and storage. Only staff members and volunteers authorized by the administrative director shall be in the food preparation area.

(2) Each staff member and each volunteer who has any symptoms of an illness, including fever, vomiting, and diarrhea, shall be excluded from the food preparation area and shall remain excluded from the food preparation area until the staff member or volunteer has been asymptomatic for at least 24 hours or provides the administrative director with written documentation from a health care provider stating that the symptoms are from a noninfectious condition.

(3) Each staff member and each volunteer who contract any infectious or contagious disease specified in K.A.R. 28-1-6 or COVID-19 shall be excluded from the food preparation area and shall remain excluded from the food preparation area until the isolation period required for that disease is over or until the staff member or volunteer provides the administrative director with written documentation from a health care provider that the staff member or volunteer is no longer a threat to the health and safety of others when preparing or handling food.

(4) Each staff member and each volunteer with an open cut or abrasion on the hand or forearm or with a skin sore shall cover the sore, cut, or abrasion with a waterproof barrier before handling or serving food.

(c) Each staff member and each volunteer who is handling food, shall comply with the following requirements:

(1) The hair of each staff member and each volunteer shall be restrained when the staff member or volunteer is handling food;

(2) Each staff member and each volunteer shall comply with requirements for handwashing, including the following:

(A) washing their hands and exposed portions of their arms before working with food, after using the toilet, and as often as necessary to keep the hands of the staff member or the volunteer clean and to minimize the risk of contamination; and

(B) using an individual towel, disposable paper towels, or an air dryer to dry the hands of the staff member or volunteer.

(3)(A) Each staff member and each volunteer who is preparing or handling food shall minimize bare hand and bare arm contact with exposed food that is not in a ready-to-eat form. Except when washing fruits and vegetables, no staff member or volunteer handling or serving food may contact exposed, ready-to-eat food with their bare hands.

(B) Each staff member and each volunteer shall use single-use gloves, food-grade tissue paper, dispensing equipment, or utensils, including spatulas and tongs, when handling or serving exposed, ready-to-eat food.

(d)(1) If food is prepared on the center's premises, the food preparation area shall be separate from the eating area, activity area, laundry area, and bathrooms and shall not be used as a passageway during the hours of food preparation and cleanup.

(2) All surfaces used for food preparation and tables used for eating shall be made of smooth, nonporous material.

(3) Before and after each use, all food preparation surfaces shall be cleaned with soapy water and sanitized by use of a solution of one ounce of bleach to one gallon of water or a sanitizing solution used in accordance with the manufacturer's instructions.

(4) Before and after each use, the tables used for eating shall be cleaned by washing with soapy water.

(5) All floors shall be swept daily after each meal and whenever spills occur.

(6) Garbage shall be disposed of in a garbage disposal or in a covered container. If a container is used, the garbage shall be removed at the end of each day or more often as needed to prevent overflow or to control odor.

(7) Each food preparation area shall have handwashing fixtures equipped with soap and hot and cold running water with individual towels, paper towels, or air dryers. Each sink used for handwashing shall be equipped to provide water at a temperature of at least 100 degrees Fahrenheit. The water temperature shall not exceed 120 degrees Fahrenheit. If the food preparation sink is used for handwashing, the sink shall be sanitized before using

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it for food preparation by use of a solution of one ounce of bleach to one gallon of water.

(8) Clean linen used for food preparation or service shall be stored separately from soiled linen.

(e)(1) All food shall be stored and served in a way that protects the food from cross-contamination.

(2)(A) All food not requiring refrigeration shall be stored at least six inches above the floor in a clean, dry, well-ventilated storeroom or cabinet in an area with no overhead drain or sewer lines and no vermin infestation.

(B) Dry bulk food that has been opened shall be stored in metal, glass, or food-grade plastic containers with tightly fitting covers and shall be labeled with the contents and the date opened.

(3) Food shall not be stored with poisonous or toxic materials. If cleaning agents cannot be stored in a room separate from food storage areas, the cleaning agents shall be clearly labeled and kept in locked cabinets not used for the storage of food.

(4)(A) All perishables and potentially hazardous foods requiring refrigeration shall be continuously maintained at 41 degrees Fahrenheit or lower in the refrigerator or 0 degrees Fahrenheit in the freezer.

(B) Each refrigerator and each freezer shall be equipped with a visible, accurate thermometer.

(C) Each refrigerator and each freezer shall be kept clean inside and out.

(D) All food stored in the refrigerator shall be covered, wrapped, or otherwise protected from contamination. Unserved, leftover perishable foods shall be dated, refrigerated immediately after service, and eaten or disposed of within three days.

(E) Raw meat shall be stored in the refrigerator in a manner that prevents meat fluids from dripping on other foods.

(F) Ready-to-eat, commercially processed foods, shall be eaten or disposed of within five days after opening the package.

(f)(1) Hot foods that are to be refrigerated shall be transferred to shallow containers in layers less than three inches deep and shall be covered until cool.

(2) All cooked foods shall be cooled in a manner to allow the food to cool within two hours from 135 degrees Fahrenheit to 70 degrees Fahrenheit or within six hours from 135 degrees Fahrenheit to 41 degrees Fahrenheit.

(g) All of the following requirements shall be met when meals or snacks are prepared on the center premises:

(1) All dairy products shall be pasteurized. Powdered milk shall be used for cooking only.

(2) Meat shall be obtained from government-inspected sources.

(3) Raw fruits and vegetables shall be washed thoroughly before being eaten or used for cooking.

(4) Frozen foods shall be defrosted in the refrigerator, under cold running water, in a microwave oven using the defrost setting, or during the cooking process. Frozen foods shall not be defrosted by leaving them at room temperature or in standing water.

(5) Cold foods shall be maintained and served at temperatures of 41 degrees Fahrenheit or less.

(6) Hot foods shall be maintained and served at temperatures of at least 140 degrees Fahrenheit.

(7) The following foods shall not be served or kept:

(A) Home-canned food;

(B) food from dented, rusted, bulging, or leaking cans;

(C) food from cans without labels;

(D) food returned on patients' trays; and

(E) expired food.

(h) The following requirements shall be met for each meal or snack that is not prepared on the center premises:

(1) The snack or meal shall be obtained from a food service establishment or catering service licensed by the Kansas department of agriculture.

(2) If food is transported to the center, only food that has been transported promptly in clean, covered containers shall be served to patients.

(i)(1) All table service, serving utensils, and food cooking or serving equipment shall be stored in a clean, dry location at least six inches above the floor. None of these items shall be stored under an exposed sewer line or a dripping water line or in a bathroom.

(2) Clean table service shall be provided to each patient, including dishes, cup or glasses, and forks, spoons, and knives, as appropriate for the food being served. Any restrictions on table service items provided to a patient shall require an order from a physician, physician's assistant, or advanced practice registered nurse.

(3) Clean cups, glasses, and dishes designed for repeat use shall be made of smooth, durable, and nonabsorbent material and shall be free from cracks and chips.

(4) Disposable, single-use table service shall be of food grade and at least medium weight and shall be disposed of after each use.

(5) If non-disposable table service and cooking utensils are used, the table service and cooking utensils shall be sanitized using either a manual washing method or a mechanical dishwasher.

(6)(A) if using a manual washing method, the following requirements shall be met:

(i) A three-compartment sink with hot and cold running water to each compartment and a drainboard shall be used for washing, rinsing, sanitizing, and air-drying.

(ii) The dishes and utensils shall be washed in water at 140° Fahrenheit and shall be rinsed in water at 180° Fahrenheit.

(iii) An appropriate chemical test kit, a thermometer, or another device shall be used for testing the sanitizing solution and the water temperature.

(B) If using a mechanical dishwasher, the dishwasher shall be installed and operated in accordance with the manufacturer's instructions and shall be maintained in good repair.

(j) The food transportation equipment shall be cleaned and sanitized daily or after each use if uneaten food or unclean dishes are transported.

(k) The meals and snacks served at each center shall meet the nutritional needs of the patients. The meals and snacks shall include a variety of healthful foods, including fresh fruits, fresh vegetables, whole grains, lean meats, and low-fat dairy products. A sufficient quantity of food shall be prepared for each meal to allow each patient second portions of bread, milk, and either vegetables or fruits.

(l) Special diets shall be provided for patients for either of the following reasons:

- (1) Medical indications; or
- (2) accommodation of religious practice.
- (m) Each meal shall be planned, and the menu shall be posted at least one week in advance. A copy of the of the menu of each meal served for the preceding month shall be kept on file and available for inspection.

(n) Each licensee shall ensure that ice and drinking water in the center are provided as follows:

(1) Ice from a water system shall be available and precautions shall be taken to prevent contamination. The ice scoop shall be stored in a sanitary manner outside of the ice container.

(2) Potable drinking water shall always be available to patients.

(3) The usage of common cups shall be prohibited.

(4) Ice delivered to patient areas in bulk shall be in nonporous, covered containers that shall be cleaned after each use or delivered in disposable containers. (Authorized by and implementing K.S.A. 39-2004; effective, T-26-2-16-24, Feb. 16, 2024.)

26-52-25. Transportation. (a) Each licensee shall develop and implement policies and procedures for providing transportation for patients, including the following:

(1) Reasonable accommodations for patients scheduled for discharge from the center shall be provided pursuant to K.S.A. 59-29c08 and amendments thereto.

(2) Transportation services for patients may be provided in a vehicle owned or leased by the center or in a vehicle owned or leased by an outside entity who has a contract with the center to provide transportation services.

(3) If transportation services for patients is provided in a vehicle owned or leased by the center, the center's policies and procedures shall include the following:

(A) Procedures to be followed by center staff members in case of an accident, injury, elopement, or other similar incident that occurs during transportation of a patient;

(B) documentation shall be maintained and kept on file in the center's records of the list of all staff members authorized to transport patients in a vehicle owned or leased by the center; and

(C) documentation shall be maintained and kept in the center's records that each staff member authorized to transport patients has a valid driver's license for the class of vehicle being driven.

(4) If transportation services for patients is provided in a vehicle owned or leased by a contracting outside entity, the center's policies and procedures shall include the following:

(A) Procedures to be followed by the contracting outside entity and center staff members in case of an accident, injury, elopement, or other similar incident that occurs during transportation of a patient; and

(B) documentation shall be maintained by the center for all contracting entities authorized to transport patients. The contracting entity shall ensure that each driver responsible for the transport of patients has a valid driver's license for the class of vehicle used.

(b)(1) Each licensee shall ensure that a safety check is performed on each vehicle that is owned or leased by the center and is used to transport patients before the vehicle is placed in service and annually. A record of each safety check and all repairs and improvements made shall be

kept on file at the center. When any patient is transported in a vehicle owned or leased by the center, the vehicle shall be in safe working condition.

(2) Each outside entity that provides transportation services for patients shall maintain each vehicle in safe working condition and shall maintain documentation of vehicle repairs and safety checks performed on each vehicle used to transport patients before the vehicle is placed in service and annually.

(c) Each vehicle used to transport any patient shall be covered by accident and liability insurance as required by the state of Kansas.

(d) Each transporting vehicle shall have a first-aid kit.

(e) Each vehicle used to transport any patient shall be equipped with an individual seat belt for the driver and an individual seat belt for each passenger. The driver and each passenger shall be secured by a seat belt when the vehicle is in motion.

(f)(1) All passenger doors shall be locked while a vehicle used to transport patients is in motion.

(2) Patients shall neither enter nor exit the vehicle from or into a lane of traffic. When the vehicle is vacated, the driver shall make certain that no patient is left in the vehicle.

(3) Smoking in a vehicle used to transport patients is prohibited.

(g) Each patient shall be transported directly to the location designated by the licensee. No unauthorized stops shall be made along the way, except in an emergency.

(h) Additional staff for patient supervision during transport shall accompany the patient during transport as needed for the safety and security of all occupants of the vehicle.

(i) A transportation log shall be kept that includes date, departure time, number of patients, destination name and address, time of arrival at destination, and, if patients are returning to the center, the date and time of return to the center. (Authorized by and implementing K.S.A. 39-2004; effective, T-26-2-16-24, Feb. 16, 2024.)

26-52-26. Patient rights. (a) Each administrative director shall establish and implement written policies and procedures concerning the rights of patients. The center's policies and procedures shall provide for patient rights available in state and federal law, including the following:

(1) Freedom from mental, physical, sexual, and verbal abuse; neglect; and exploitation by staff members and volunteers of the center;

(2) freedom from sexual remarks or advances by a staff member or volunteer of the center;

(3) freedom from physical intimacies or sexual activities with a staff member or volunteer of the center;

(4) freedom from undue influence or duress, including promoting sales of goods or services, in a manner that would exploit the patient for the purpose of financial gain, personal gratification, or advantage of a staff member or volunteer of the center, or a third party;

(5) freedom from forced participation in any publicity or promotional activities for the center;

(6) freedom from discrimination based on race, color, ancestry, religion, national origin, sex, or disability, in-

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cluding full and equal access to the programs and services provided by the center;

(7) freedom to participate in religious worship and religious counseling on a voluntary basis, subject only to the limitations necessary to maintain order and security; and

(8) reasonable accommodations for religious diets.

(b) The center's policies and procedures relating to patient rights shall comply with the requirements pursuant to K.S.A. 59-29c09 and amendments thereto, including the following:

(1) Each patient who has been involuntarily admitted at the crisis intervention center pursuant to K.S.A. 59-29c06 or K.S.A. 59-29c07, and amendments thereto, shall be advised at the time of admission of the patient's right to contact the patient's legal counsel, legal guardian, personal physician or psychologist, minister of religion, including a christian science practitioner, or immediate family, and upon the patient's request, the center shall immediately make reasonable means available for the patient's requested communication. For purposes of this regulation, "immediate family" shall have the meaning as defined in K.S.A. 59-29c09 and amendments thereto.

(2) Each licensee shall submit written notice to the patient's attorney or legal guardian, or both, immediately upon admission for each patient who is admitted to the center pursuant to K.S.A. 59-29c06 or K.S.A. 59-29c07, and amendments thereto, unless the attorney or legal guardian is the person who signed the application for emergency observation and treatment. A copy of the application for emergency observation and treatment shall be sent to the attorney or legal guardian, or both, with the required notice. If the identity and whereabouts of the patient's attorney or legal guardian, or both, is not known at the time of the patient's admission but is later discovered prior to the patient's discharge, the center shall provide the required notice upon discovery of the information. Each patient must provide written authorization pursuant to K.S.A. 65-5601 through 65-5605, and amendments thereto, for the center to provide notice to an immediate family member.

(c) The center's policies and procedures shall provide each patient notice of the rights pursuant to K.S.A. 59-29c12 and amendments thereto, which can be limited or restricted if the right is not consistent with the center's guidelines for order and security or is not consistent with the patient's treatment plan, including the following:

(1) the right to wear the patient's own clothes, and use the patient's own personal possessions, including toilet articles, and to keep and spend the patient's own money; and

(2) subject to paragraph (d)(4) of this regulation, the right to send and receive unopened mail;

(A) Staff members shall not censor mail or written communication, except to check for contraband, unless censorship is clinically indicated.

(B) Each patient's right to receive mail addressed to the patient, which is restricted by the clinical director or designee for clinically-indicated reasons or suspected contraband, shall be opened, examined, and read in the presence of the patient.

(C) The reason for each occasion of censorship shall be documented and kept in the patient's record as required by subsection (e) of this regulation.

(D) Each patient's right to send mail shall only be restricted if the mail violates postal regulations, which shall be documented and maintained in the patient's record.

(E) First-class letters and packages that are addressed to each patient shall be promptly forwarded to the patient following their transfer or discharge from the center.

(3) subject to paragraph (d)(5) of this regulation, the right to confidential communications by telephone or other reasonable means;

(4) the right to conjugal visits when adequate space is available;

(5) subject to paragraph (d)(6) of this regulation, the right to receive visitors;

(d) The center's policies and procedures shall provide patients notice of the rights available pursuant to K.S.A. 59-29c12 and amendments thereto, which shall not be restricted by the center, including the following:

(1) The right to refuse involuntary labor other than housekeeping of each patient's own room and bathroom. This subsection does not prohibit a patient from performing labor as part of a therapeutic program if the following requirements are met:

(A) The patient has provided written consent for participation in the therapeutic program;

(B) the patient is reasonably compensated for the labor performed; and

(C) the patient's written consent and compensation are recorded in the patient's record.

(2) the right not to be subjected to psychosurgery, electroshock therapy, experimental medication, aversion therapy, or hazardous treatment procedures unless the following requirements are met:

(A) A verbal and written explanation of the benefits, risks, and side effects of the proposed psychosurgery, electroshock therapy, administration of experimental medication, aversion therapy, or hazardous treatment procedure is provided to the patient by the clinical director or designee;

(B) the patient consents in writing to the proposed treatment, medication, or procedure; and

(C) the verbal and written explanation of the benefits, risks, and side effects of the proposed treatment, medication, or procedure and the patient's written consent are recorded in the patient's record;

(3) the right to receive an explanation of all medications prescribed, the reason for the prescription, and the most common side effects of the medication. If requested by a patient or their legal guardian, the ordering physician, physician's assistant, or advanced practice registered nurse shall provide an explanation of the nature of other treatment ordered. The explanation provided to the patient or legal guardian, or both, shall be recorded in the patient's record;

(4) the right to communicate by letter, without examination by staff, with the secretary for aging and disability services, the clinical director or administrative director of the center, and any court, attorney, physician, psychologist, qualified mental health professional, licensed addiction counselor or minister of religion, including a christian science practitioner. The center shall promptly forward, without examination, all patient communication which is addressed to any person listed in this para-

graph, and shall promptly deliver to the patient, without examination, all patient communication received from any person listed in this paragraph;

(5) the right at any time to contact and to confidentially consult with the patient's physician, psychologist, qualified mental health professional, licensed addiction counselor, minister of religion, including a christian science practitioner, legal guardian, or attorney;

(6) the right of visitation at any time by the patient's physician, psychologist, qualified mental health professional, licensed addiction counselor, minister of religion, including a christian science practitioner, legal guardian, or attorney;

(7) the right to be informed orally and in writing of each patient's rights upon admission to the center; and

(8) the right to be treated humanely, consistent with generally accepted ethics and practices.

(e) The center's policies and procedures on patient rights shall meet the following requirements:

(1) The administrative director may establish center guidelines for order and security of the center, which may impose reasonable limitations on each patient's rights provided in subsection (c) of this regulation.

(2) The clinical director or designee may restrict each patient's rights provided in subsection (c) of this regulation in accordance with an order issued by a physician, physician's assistant, or advanced practice registered nurse, and the restriction shall comply with the following requirements:

(A) The clinical director or designee shall write a statement providing the clinically-indicated reasons for a restriction of each patient's rights provided in subsection (c) of this regulation. The statement of the clinical director or designee shall be recorded in the patient's record.

(B) restriction of each patient's rights provided in subsection (c) of this regulation shall be in accordance with an order of a physician, physician's assistant, or advanced practice registered nurse, which order shall identify the specific right that is restricted for the patient, the reason for the restriction, and shall be recorded in the patient's record;

(C) copies of the explanatory statement of the clinical director or designee shall be made available to the patient and the patient's attorney; and

(D) notice of any restriction of each patient's rights in subsection (c) of this regulation shall be timely communicated to the patient in a language the patient can understand. (Authorized by and implementing K.S.A. 39-2004; effective, T-26-2-16-24, Feb. 16, 2024.)

26-52-27. Restraints and seclusion. (a) Each applicant and each licensee shall establish and implement written policies and procedures pursuant to K.S.A. 59-29c11 and amendments thereto, that govern the use of patient restraints at the crisis intervention center. Restraints policies shall include the following requirements:

(1) "Restraints" shall mean the application of any device, other than human force alone, to any part of the body of a patient for the purpose of preventing the patient from causing injury to self or other persons;

(2) restraints used by each center shall be preapproved by the secretary;

(3) subject to subsection (d) of this regulation, restraints shall only be used for a patient if each use of restraints has been approved by the clinical director, the clinical director's designee, a physician, or a psychologist;

(4) restraints shall be used only to prevent immediate substantial bodily harm to each patient or other persons, including other patients, staff members, volunteers, and visitors;

(5) restraints shall be used only if other less restrictive methods are not sufficient to prevent immediate substantial bodily harm to each patient or other persons;

(6) the type of restraints used shall be the least restrictive measure necessary to prevent injury to the patient or other persons;

(7) restraints shall never be used as punishment of a patient or for the convenience of staff members;

(8) the clinical director or designee, a physician, or a psychologist shall sign an order for each patient explaining the treatment necessity for the use of restraints, which shall be filed in the patient's record;

(9) restraints shall not be used for more than three consecutive hours without medical reevaluation of its necessity, except medical reevaluation is not required between the hours of 12:00 midnight and 8:00 a.m. unless determined necessary by the clinical director or designee;

(10) each patient's condition shall be monitored at a frequency determined by the clinical director or designee, a physician, or a psychologist, which shall be no less than once every 15 minutes. For purposes of this regulation, "interactive intervention" shall mean that a staff member or volunteer interacts or communicates with the patient in a manner designed to elicit a verbal or physical response from the patient. At the time of each check of the patient, all of the following requirements shall be met:

(A) Interactive intervention shall be attempted, unless the patient is sleeping;

(B) the result of the interactive intervention shall be recorded in the patient's record; and

(C) the patient's mental and physical condition shall be recorded in the patient's record.

(11) at least one direct care staff member shall be stationed in proximity to each patient in restraints, with direct, physical observation at all times of the patient;

(12) electronic or auditory devices shall not be used to replace the direct supervision of each patient in restraints; and

(13) each outgoing direct care staff member assigned to monitor a patient in restraints and each outgoing professional staff member shall provide a verbal report of the condition and orders relating to each patient in restraints to each oncoming professional staff member and each oncoming direct care staff member during any change of shifts of staff, staff breaks, or at any other time a change of staff members occurs who are assigned to monitor the patient or provide supervision over the patient's care and treatment.

(b) Each applicant and each licensee shall establish and implement written policies and procedures that govern the use of safety intervention programs for use on each patient at the center. Safety intervention program policies shall include the following requirements:

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(1) "Safety intervention program" shall mean use of any other measures than the use of restraints or seclusion for the purpose of preventing the patient from causing injury to self or others. A manual hold of a patient by staff members shall be considered a safety intervention program for purposes of this regulation;

(2) the safety intervention program used by each center shall be preapproved by the secretary;

(3) the safety intervention program shall be used only to prevent immediate substantial bodily harm to a patient or others;

(4) the safety intervention program shall be the least restrictive measure necessary to prevent injury to a patient or others;

(5) the safety intervention program shall not be used for punishment of a patient or for the convenience of staff members;

(6) the patient shall be monitored at all times during the use of the safety intervention program;

(7) the use of the safety intervention program shall cease upon the occurrence of the patient's de-escalation and redirection;

(8) chemical agents, including pepper spray, shall not be used by staff members or volunteers;

(9) psychotropic medications shall be administered only when medically necessary upon order of the clinical director or designee, a physician, a physician's assistant, or an advanced practice registered nurse; and

(10) psychotropic medications shall never be used as punishment of a patient or for the convenience of staff members;

(c) Each applicant and each licensee shall establish and implement written policies and procedures pursuant to K.S.A. 59-29c11 and amendments thereto, that govern the use of patient seclusion at the crisis intervention center. Seclusion policies shall meet all the following requirements:

(1) "Seclusion" means the placement of a patient, alone, in a room, where the patient's freedom to leave is restricted and where the patient is not under continuous observation;

(2) subject to subsection (d) of this regulation, seclusion shall only be used for each patient if approval has been received from the clinical director, the clinical director's designee, a physician, or a psychologist for each occurrence;

(3) seclusion shall be used only to prevent immediate substantial bodily harm to a patient or other persons, including other patients, staff members, volunteers, and visitors;

(4) seclusion shall be used only if other less restrictive methods are not sufficient to prevent immediate substantial bodily harm to the patient or other persons;

(5) seclusion shall be the least restrictive measure necessary to prevent injury to a patient or other persons;

(6) seclusion shall never be used as punishment of a patient or for the convenience of staff members;

(7) no more than one patient is placed in a seclusion room at any one time;

(8) the clinical director or designee, a physician, or a psychologist shall sign an order for each patient explaining the treatment necessity for the use of seclusion, which shall be filed in the patient's record;

(9) a search shall be conducted of each patient and any items removed that could be used to injure the patient or others before admission of a patient to the seclusion room;

(10) appropriate clothing is provided to each patient at all times while in a seclusion room, which may require an order of the clinical director or designee, a physician, a physician's assistant, or an advanced practice registered nurse for the patient to wear a safety smock and other special clothing if the patient has been assessed as a self-harm risk;

(11) a clean mattress is provided to each patient in seclusion;

(12) all meals and snacks normally served shall be provided to each patient in seclusion, and each patient in seclusion shall be allowed time to exercise and use the toilet, sink and shower or bathtub;

(13) prompt access to drinking water shall be provided to each patient in seclusion;

(14) seclusion shall not be used for more than three consecutive hours without medical reevaluation of its necessity, except medical reevaluation is not required between the hours of 12:00 midnight and 8:00 a.m. unless determined necessary by the clinical director or designee;

(15) the condition of each patient in seclusion shall be monitored at a frequency determined by the clinical director or designee, a physician, or a psychologist, which shall be no less than once every 15 minutes and shall be documented in the patient's record. At the time of each check of the patient, all of the following requirements shall be met:

(A) Interactive intervention shall be attempted, unless the patient is sleeping;

(B) the result of the interactive intervention shall be recorded in the patient's record; and

(C) the patient's mental and physical condition shall be recorded in the patient's record.

(16) at least one direct care staff member shall be stationed in proximity to each patient in seclusion, with the ability for direct, physical observation at all times of the patient;

(17) electronic or auditory devices shall not be used to replace the direct supervision of each patient in seclusion; and

(18) each outgoing direct care staff member assigned to monitor a patient in seclusion and each outgoing professional staff member shall provide a report of the condition and orders relating to each patient in seclusion to each oncoming professional staff member and each oncoming direct care staff member during any change of shifts of staff, staff breaks, or at any other time a change of staff members occurs who are assigned to monitor the patient or provide supervision over the patient's care and treatment.

(d) Each center's policies procedures for use of patient restraints and seclusion of patients pursuant to K.S.A. 59-29c11, and amendments thereto, may authorize the use of restraints or seclusion for a period not exceeding two hours without review and approval by the clinical director or designee, a physician, or a psychologist, if the following requirements are met:

(1) The use of restraints as necessary for a patient who is likely to cause physical injury to self or others without the use of restraints;

(2) the use of restraints when needed primarily for examination or treatment of the patient, or to ensure the patient's healing process of a medical condition; or

(3) the use of seclusion as part of a treatment methodology that calls for time out when the patient is refusing to participate in treatment or has become disruptive of a treatment process for the patient or other patients.

(e) Each center that uses seclusion, restraints, and safety intervention programs shall develop and implement policies and procedures that require documentation, staff training, and procedures for appropriate use of seclusion, restraints, and safety intervention programs, including the following:

(1) The forms of restraints used at the center;

(2) the name of the safety intervention program used at the center;

(3) documentation that each staff member and volunteer authorized to use seclusion, restraints and the safety intervention program has been trained on appropriate and safe use of seclusion, and on each form of restraints, and the safety intervention program used by the center;

(4) specific criteria for use of seclusion, restraints, or the safety intervention program used at the center;

(5) documentation of staff members authorized to approve the use of seclusion, restraints or the safety intervention program used at the center;

(6) documentation of staff members authorized and qualified to administer or apply seclusion, each form of restraints, or the safety intervention program used at the center;

(7) the procedures for application or administration of seclusion, each form of restraints, or the safety intervention program used at the center;

(8) the procedures for monitoring any patient placed in seclusion, each form of restraints, or the safety intervention program used at the center;

(9) the procedures for immediate, continual review of restraints placements for each form of restraints used at the center;

(10) the procedures for immediate, continual review for each use of seclusion or the safety intervention program used at the center;

(11) the procedures for assignment of staff members and reports that must occur between staff members to provide for continuation of required monitoring and supervision of care and treatment for each patient in restraints or seclusion during shift changes of staff, staff breaks, or at any other time a change of staff members occurs;

(12) the procedures for safe removal of each form of restraints used at the center;

(13) the procedures for safe cessation of seclusion or the safety intervention program used at the center; and

(14) the procedures for comprehensive recordkeeping and tracking of all incidents involving the use of seclusion, restraints, or the safety intervention program used at the center. (Authorized by and implementing K.S.A. 39-2004; effective, T-26-2-16-24, Feb. 16, 2024.)

26-52-28. Notification and reporting requirements.

(a) Each licensee shall develop and implement policies and procedures for reporting adverse incidents involving a patient, a staff member, or a volunteer. Each licensee shall also develop and implement policies and procedures for reporting an adult in need of protective services or reporting suspected abuse, neglect, or exploitation of an adult.

(b) Each licensee shall notify local law enforcement upon the occurrence or discovery of each incident involving a patient, a staff member, or volunteer, including the following:

(1) suspected abuse, neglect, and exploitation of a patient;

(2) death of a patient at the center;

(3) death of a staff member or volunteer while on duty at the center;

(4) suspected sexual assault involving a patient as victim or perpetrator;

(5) serious injury to any patient, staff member or volunteer, including burns, lacerations, bone fractures, substantial hematomas, and injuries to internal organs;

(6) a riot or the taking of hostages at the center;

(7) suspected illegal act committed at the center by a patient, staff member, or volunteer;

(8) suicide attempt committed at the center by a patient, staff member, or volunteer;

(9) elopement of a patient;

(10) medication error with an adverse reaction of a patient;

(c)(1) Each licensee shall submit to the department an adverse incident report (AIR), using the department's electronic reporting system, no later than 12 hours after the occurrence or discovery of each incident, including the following:

(A) Each incident in subsection (b) of this regulation required to be reported to law enforcement;

(B) medication error with an adverse reaction which did not result in hospitalization or death of a patient;

(C) fire or any natural disaster affecting center operations;

(D) structural damage to the center;

(E) loss of heat, ventilation, or air conditioning ("HVAC"), or utilities at the center exceeding four hours;

(F) evacuation, displacement, or relocation of any patients from the center;

(G) a patient, staff member, or volunteer contracts a reportable infectious or contagious disease specified in K.A.R. 28-1-2; and

(H) outbreak of COVID-19 at the center affecting five or more patients.

(2) The adverse incident report (AIR) submitted to the department shall provide information relating to the incident, including the following:

(A) Incident type;

(B) description of the facts and circumstances relating to the incident;

(C) date of the incident;

(D) location of the incident;

(E) name, address, age, gender, and last four digits of the social security number of each patient harmed in the incident;

(continued)

(F) name, address, age, gender, and last four digits of the social security number of each staff member or volunteer harmed in the incident;

(G) description of any known injuries to each patient, staff member, or volunteer;

(H) name and address, age, gender, and last four digits of the social security numbers of each alleged perpetrator, if known.

(I) name, address, age, gender, and last four digits of the social security number of each patient who witnessed the incident; and

(J) name, address, age, gender, and last four digits of the social security number of each staff member or volunteer who witnessed the incident.

(d) Each licensee shall provide notification of each adverse incident in paragraphs (c)(1)(A) through (c)(1)(H) of this regulation to the patient's attorney or legal guardian, if known, no later than 12 hours after the occurrence or discovery of each adverse incident.

(e) Each licensee shall also submit a report to the department of children and families pursuant to K.S.A. 39-1431 and amendments thereto, when there is reasonable cause to suspect or believe that an adult is in need of protective services or is being harmed as a result of abuse, neglect, or exploitation, no later than 12 hours after the occurrence or discovery of the incident, excluding weekends and state holidays. Documentation shall be maintained at the center of reporting of incidents pursuant to K.S.A. 39-1431 and amendments thereto.

(f) Each licensee shall provide notification of each incident to the emergency contact or other authorized persons listed by the patient, staff member, or volunteer, in accordance with the center's policies and procedures. (Authorized by and implementing K.S.A. 39-2004; effective, T-26-2-16-24, Feb. 16, 2024.)

26-52-29. Quality improvement program. (a) Each licensee shall establish a written quality improvement program that provides effective self-assessment and implementation of changes designed to improve the care and services of any health care provider who is a staff member or volunteer at the crisis intervention center pursuant to K.S.A. 65-4921 through K.S.A. 65-4930, and amendments thereto.

(1) "Health care provider" shall have the meaning in K.S.A. 65-4921 and amendments thereto.

(2) "Reportable incident" shall have the meaning in K.S.A. 65-4921 and amendments thereto.

(b) The written quality improvement program for health care providers shall meet the following requirements:

(1) Establish desired outcomes and the criteria by which policy and procedure effectiveness for health care providers is regularly, systematically, and objectively accomplished;

(2) identify, evaluate, and determine the causes of any deviation by a health care provider from the desired outcomes;

(3) identify the action taken to correct deviations by a health care provider and prevent future deviation and the persons at the center responsible for implementation of these actions;

(4) analyze the appropriateness of individual plans of

care and the necessity of care and services rendered by a health care provider;

(5) analyze all reportable incidents committed by a health care provider;

(6) analyze any infection, epidemic outbreaks, or other unusual occurrences that threaten the health, safety, or well-being of the patients; and

(7) establish a systematic method of obtaining feedback from patients and other interested persons that is annually reviewed.

(c) Each licensee shall complete an investigation of a reportable incident committed by a health care provider and submit a written report of each reportable incident to the appropriate licensing agency that issued the license to the health care provider who is the subject of the report. The written report shall be submitted to the appropriate licensing agency within five days after the occurrence or discovery of any reportable incident, or completion of the investigation of each reportable incident, whichever is earlier. Documentation of investigation and reporting of reportable incidents committed by health care providers shall be kept on file at the center. (Authorized by and implementing K.S.A. 39-2004; effective, T-26-2-16-24, Feb. 16, 2024.)

26-52-30. Discharge; transfer. (a) Each licensee shall ensure that a discharge plan or transfer summary is prepared for each discharged or transferred patient, which shall include the following:

(1) Patient's name;

(2) discharge diagnosis;

(3) reason for discharge or transfer;

(4) medication prescribed post-discharge;

(5) appointments with post-discharge providers, including the following;

(A) date and time of appointment;

(B) name of post-discharge provider; and

(C) address of post-discharge provider

(6) specific instructions for post-discharge or after-transfer care; and

(7) contact information for the patient's community mental health center, other mental health treatment providers, and substance abuse treatment providers for accessing community services.

(b) The center's procedures for the discharge of a patient shall include the following:

(1) Verification of identity of the patient to be discharged;

(2) development of the discharge plan and post-discharge instructions for the patient;

(3) transportation arrangements;

(4) instructions for forwarding mail; and

(5) return of money and personal property to the patient.

(c) A receipt for all money and personal property returned to the patient shall be signed by the patient. If the patient refuses to sign the receipt, the staff member shall note on the receipt "refused to sign" with the staff member's printed name, and the date and time of the patient's refusal.

(d) Any licensee may discharge or transfer a patient if one of the following conditions is met:

(1) The patient's behavioral, substance-related, psychiatric, or comorbid symptoms require a less intensive level of care.

(2) The patient is at imminent risk of causing serious physical harm to self or others and mitigating measures have been ordered by professional staff and have been implemented by staff members, but the mitigating measures are not adequate to protect the patient or others. Mitigating measures include the following:

(A) increased direct care staff to monitor the patient;
(B) assignment of security staff to monitor the patient's conduct for safety and security of the patient, other patients, staff members, and volunteers;

(C) seclusion or restraints, or both, ordered by professional staff for the safety of the patient or others pursuant to K.S.A. 59-29c11 and amendments thereto, and this article; and

(D) medication administered over the patient's objection pursuant to K.S.A. 59-29c10 and amendments thereto, and this article.

(3) The symptoms are a result of or complicated by a medical condition that affects the health, safety and welfare of the patient and warrants admission to a medical care facility defined by K.S.A. 65-425 and amendments thereto, for treatment of the medical condition before the patient's mental health needs, alcohol and substance abuse needs, or co-occurring condition can effectively be treated at the center.

(4) The patient exhibits any other medical condition or behavior that the clinical director deems unsafe for the patient's continued retention in the center following use of mitigating measures without success, including the following:

(A) increased direct care staff to monitor the patient;
(B) assignment of security staff to monitor the patient's conduct for safety and security of the patient, other patients, staff members, and volunteers;

(C) seclusion or restraints, or both, ordered by professional staff for the safety of the patient or others pursuant to K.S.A. 59-29c11 and amendments thereto, and this article;

(D) medication administered over the patient's objection pursuant to K.S.A. 59-29c10 and amendments thereto, and this article;

(E) use of personal protective equipment; and

(F) quarantine or isolation of the patient, if room is available at the center.

(5) the patient has been at the facility for at least 72 hours after admission, and the clinical director or designee determines the patient no longer meets admission criteria for treatment at the center pursuant to K.S.A. 59-29c08 and amendments thereto;

(6) the patient has been at the facility for at least 72 hours, and the following has occurred:

(A) The clinical director or designee determines the patient continues to meet admission criteria for admission to the center pursuant to K.S.A. 59-29c08 and amendments thereto;

(B) the clinical director or designee has filed the petition required by K.S.A. 59-2957 and amendments thereto, or K.S.A. 59-29b57 and amendments thereto, with the district court where the center is located pursuant to K.S.A. K.S.A. 59-29c08 and amendments thereto; and

(C) an appropriate placement for the patient has been found in one of the following:

(i) a hospital defined by K.S.A. 65-425 and amendments thereto, which is equipped to take involuntary commitments;

(ii) the designated state hospital;

(iii) a private psychiatric hospital defined by K.S.A. 39-2002 and amendments thereto;

(iv) or any other available placement which is equipped to take involuntary commitments.

(e) If the patient is discharged or transferred, each licensee shall provide or make reasonable arrangements for transportation services for the patient pursuant to K.S.A. 59-29c08 and amendments thereto, and this article. (Authorized by and implementing K.S.A. 39-2004; effective, T-26-2-16-24, Feb. 16, 2024.)

26-52-31. Animals. Each licensee shall develop and implement policies and procedures for animals kept on the center premises, and shall comply with requirements for any animals on the center premises:

(a) The pet area shall be maintained in a sanitary manner, with no evidence of flea, tick, or worm infestation.

(b) No animal shall be in the food preparation area.

(c) Except for an assistance dog as defined in K.S.A. 39-1113 and amendments thereto, each domesticated dog and each domesticated cat shall have a current rabies vaccination given by a veterinarian. A record of all vaccinations and veterinary care shall be kept on file at the center.

(d) Except for an assistance dog as defined in K.S.A. 39-1113 and amendments thereto, each animal that is in contact with any patient shall meet the following conditions:

(1) Be in good health, with no evidence of disease; and

(2) be friendly and pose no apparent threat to the health, safety, and welfare of patients.

(e) Except for an assistance dog as defined in K.S.A. 39-1113 and amendments thereto, each licensee shall notify patients at the time of admission, existing staff members, new staff members at the time of hire, and volunteers that an animal is being kept on the premises. (Authorized by and implementing K.S.A. 39-2004; effective, T-26-2-16-24, Feb. 16, 2024.)

26-52-32. Closure; zero census. (a) If a licensee permanently closes a crisis intervention center, the licensee shall provide the department with a 30-day notice before the closure. The notice shall include supporting documentation, including the following:

(1) A closure plan which includes implementation steps for the following:

(A) the safe and orderly closure of the center;

(B) the safe and orderly closure of new admissions pending the center's anticipated closure date;

(C) notification of patients and entities in the service area affected by the planned closure of the center, including law enforcement agencies, the community mental health centers, county officials, hospitals, private psychiatric hospitals, and providers of mental health services, alcohol and substance abuse services, and services for co-occurring conditions;

(D) the safe and orderly discharge or transfer of patients of the center after the date of the notice to the department until the center's closure date;

(continued)

(E) identification of each staff member who is responsible for each aspect of the center’s closure plan;

(F) notification shall be provided to the department within 24 hours of any change in staff members responsible for the safe and orderly closure of the center;

(G) identification of the effective date of the center’s planned closure;

(H) identification of each patient who remains at the center 3 days prior to the planned closure date, and the name and address of the entity or location where each patient will be discharged or transferred to on or before the closure date;

(I) the name and address of the person or entity who is responsible for storage of all patient records following the center’s closure as required by this article.

(2) The licensee shall return the license to the department upon the effective date of the center’s closure. If the licensee fails to return the license, the department shall cancel the license effective on the date of the center’s closure.

(b) If a licensee temporarily closes the crisis intervention center, the licensee shall provide the department with a 30-day notice before the closure. The notice shall include the following: the reason for the closure, request to reduce licensed beds to zero, the location of each patient relocated, a record maintenance plan that meets the requirements of this article, and anticipated reopening date. If the crisis intervention center remains closed with zero licensed beds for a period of six months or expiration of the license, whichever occurs first, the licensee shall comply with all requirements of subsection (a) of this regulation, the license will be canceled by the department, and the center will be required to reapply for licensure. (Authorized by and implementing K.S.A. 39-2004; effective, T-26-2-16-24, Feb. 16, 2024.)

Laura Howard
Secretary

Department for Aging and Disability Services

Doc. No. 051910

INDEX TO ADMINISTRATIVE REGULATIONS

This index lists in numerical order the new, amended, and revoked administrative regulations with a future effective date and the *Kansas Register* issue in which the regulation can be found. A complete listing and the complete text of all currently effective regulations required to be published in the *Kansas Administrative Regulations* can be found at https://www.sos.ks.gov/publications/pubs_kar.aspx.

AGENCY 82: CORPORATION COMMISSION

| Reg. No. | Action | Register |
|----------|-------------|----------------|
| 82-4-1 | Amended (T) | V. 43, Issue 2 |
| 82-4-3j | Amended (T) | V. 43, Issue 2 |
| 82-4-30a | Amended (T) | V. 43, Issue 2 |

AGENCY 111: KANSAS LOTTERY

A complete index listing all regulations filed by the Kansas Lottery from 1988 through 2000 can be found in the Vol. 19, No. 52, December 28, 2000 *Kansas Register*. A list of regulations filed from 2001 through 2003 can be found in the Vol. 22, No. 52, December 25, 2003 *Kansas Register*. A list of regulations filed from 2004 through 2005 can be found in the Vol. 24, No. 52, December 29, 2005 *Kansas Register*. A list of regulations filed from 2006 through 2007 can be found in the Vol. 26, No. 52, December 27, 2007 *Kansas Register*. A list of regulations filed from 2008 through November 2009 can be found in the Vol. 28, No. 53, December 31, 2009 *Kansas Register*. A list of regulations filed from December 1, 2009, through December 21, 2011, can be found in the Vol. 30, No. 52, December 29, 2011 *Kansas Register*. A list of regulations filed from De-

ember 22, 2011, through November 6, 2013, can be found in the Vol. 32, No. 52, December 26, 2013 *Kansas Register*. A list of regulations filed from November 7, 2013, through December 31, 2015, can be found in the Vol. 34, No. 53, December 31, 2015 *Kansas Register*. A list of regulations filed from 2016 through 2017, can be found in the Vol. 36, No. 52, December 28, 2017 *Kansas Register*. A list of regulations filed from 2018 through 2019, can be found in the Vol. 38, No. 52, December 26, 2019 *Kansas Register*. A list of regulations filed from 2020 through 2021, can be found in the Vol. 40, No. 52, December 30, 2021 *Kansas Register*. A list of regulations filed from 2022 through 2023 can be found in the Vol. 42, No. 52, December 28, 2023 *Kansas Register*.

| Reg. No. | Action | Register |
|------------|--------|----------------|
| 111-4-3771 | New | V. 43, Issue 5 |
| 111-9-233 | New | V. 43, Issue 5 |
| 111-19-169 | New | V. 43, Issue 5 |
| 111-20-1 | New | V. 43, Issue 5 |
| 111-20-2 | New | V. 43, Issue 5 |
| 111-20-3 | New | V. 43, Issue 5 |
| 111-20-4 | New | V. 43, Issue 5 |
| 111-20-5 | New | V. 43, Issue 5 |
| 111-20-6 | New | V. 43, Issue 5 |
| 111-20-7 | New | V. 43, Issue 5 |
| 111-20-8 | New | V. 43, Issue 5 |
| 111-20-9 | New | V. 43, Issue 5 |
| 111-20-10 | New | V. 43, Issue 5 |
| 111-20-11 | New | V. 43, Issue 5 |
| 111-20-12 | New | V. 43, Issue 5 |
| 111-20-13 | New | V. 43, Issue 5 |
| 111-20-14 | New | V. 43, Issue 5 |
| 111-20-15 | New | V. 43, Issue 5 |
| 111-20-16 | New | V. 43, Issue 5 |
| 111-20-17 | New | V. 43, Issue 5 |
| 111-20-18 | New | V. 43, Issue 5 |
| 111-20-19 | New | V. 43, Issue 5 |
| 111-20-20 | New | V. 43, Issue 5 |
| 111-20-21 | New | V. 43, Issue 5 |
| 111-20-22 | New | V. 43, Issue 5 |
| 111-20-23 | New | V. 43, Issue 5 |

AGENCY 112 RACING AND GAMING COMMISSION

| Reg. No. | Action | Register |
|------------|---------|-----------------|
| 112-201-1 | New (T) | V. 42, Issue 44 |
| 112-201-2 | New (T) | V. 42, Issue 44 |
| 112-201-3 | New (T) | V. 42, Issue 44 |
| 112-201-4 | New (T) | V. 42, Issue 44 |
| 112-201-5 | New (T) | V. 42, Issue 44 |
| 112-201-6 | New (T) | V. 42, Issue 44 |
| 112-201-7 | New (T) | V. 42, Issue 44 |
| 112-201-8 | New (T) | V. 42, Issue 44 |
| 112-201-9 | New (T) | V. 42, Issue 44 |
| 112-201-10 | New (T) | V. 42, Issue 44 |
| 112-201-11 | New (T) | V. 42, Issue 44 |
| 112-201-12 | New (T) | V. 42, Issue 44 |
| 112-201-13 | New (T) | V. 42, Issue 44 |
| 112-201-14 | New (T) | V. 42, Issue 44 |
| 112-201-15 | New (T) | V. 42, Issue 44 |
| 112-201-16 | New (T) | V. 42, Issue 44 |
| 112-201-17 | New (T) | V. 42, Issue 44 |
| 112-201-18 | New (T) | V. 42, Issue 44 |
| 112-201-19 | New (T) | V. 42, Issue 44 |
| 112-201-20 | New (T) | V. 42, Issue 44 |
| 112-201-21 | New (T) | V. 42, Issue 44 |
| 112-201-22 | New (T) | V. 42, Issue 44 |
| 112-201-23 | New (T) | V. 42, Issue 44 |
| 112-202-1 | New (T) | V. 42, Issue 44 |
| 112-202-2 | New (T) | V. 42, Issue 44 |
| 112-203-1 | New (T) | V. 42, Issue 44 |
| 112-203-2 | New (T) | V. 42, Issue 44 |
| 112-203-3 | New (T) | V. 42, Issue 44 |
| 112-203-4 | New (T) | V. 42, Issue 44 |
| 112-203-5 | New (T) | V. 42, Issue 44 |
| 112-203-6 | New (T) | V. 42, Issue 44 |
| 112-203-7 | New (T) | V. 42, Issue 44 |
| 112-203-8 | New (T) | V. 42, Issue 44 |
| 112-204-1 | New (T) | V. 42, Issue 44 |
| 112-204-2 | New (T) | V. 42, Issue 44 |
| 112-204-3 | New (T) | V. 42, Issue 44 |
| 112-204-4 | New (T) | V. 42, Issue 44 |
| 112-204-5 | New (T) | V. 42, Issue 44 |
| 112-204-6 | New (T) | V. 42, Issue 44 |
| 112-204-7 | New (T) | V. 42, Issue 44 |

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