

Kansas Register

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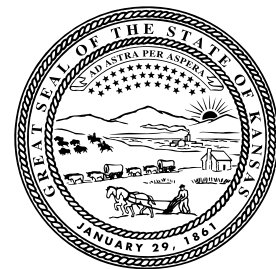
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Photo by Todd Caywood

State of Kansas

Legislative Administrative Services

Interim Committee Schedule

The Legislative Research Department gives notice that the following legislative committees plan to meet on the dates listed below based on current information and subject to change. Requests for accommodation to participate in committee meetings should be made at least two working days in advance of the meeting by contacting Legislative Administrative Services at 785-296-2391 or TTY 711, or email legserv@las.ks.gov.

June 10 – June 28, 2024

Date	Room	Time	Committee	Agenda
June 18	546-S	TBD	Legislative Post Audit Committee	Agenda Not Available
June 20	582-N	9:00 a.m.	Joint Committee on Administrative Rules and Regulations	Review of proposed rules and regulations from the Department of Agriculture, Division of Animal Health; Kansas Department of Health and Environment, Division of Health Care Finance; Kansas State Board of Examiners in Optometry; State Board of Pharmacy; and Office of the State Bank Commissioner.
June 26	112-N	10:00 a.m.	Joint Committee on Child Welfare System Oversight	Agenda Not Available

Tom Day
Director

Legislative Administrative Services

Doc. No. 052214

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 6-10-24 through 6-16-24	
Term	Rate
1-89 days	5.33%
3 months	5.32%
6 months	5.28%
12 months	5.08%
18 months	4.92%
2 years	4.74%

Joel Oliver
Executive Director
Chief Investment Officer
Pooled Money Investment Board

Doc. No. 052204

(Published in the Kansas Register June 13, 2024.)

**Southeast Kansas Education Service Center
(Greenbush)**

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: RFP 24.6 ESC-PLAYGROUND-REC2024;

RFP 24.7 ESC-FACILITY SOLUTIONS2024; and RFP 24.8 ESC-STATIC SIGNAGE2024. 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 4:00 p.m. (Central Time) July 10, 2024. Late proposals will not be considered.

Tina Smith
Director of Business Relations
Greenbush

Doc. No. 052206

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 perform professional services for the Southwest Kansas Highway Mobility and Expansion Strategy as described. Interested consultants must submit a summary of the proposed approach by 12:00 p.m. (Central Time) June 26, 2024, to be considered for selection. The summary of the proposed approach shall not exceed 15 pages in length.

Consultant Prequalification

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

(continued)

- 161 – Corridor/Project Feasibility Studies
- OR 201 – Location and Design Concept Studies/Corridor Studies
- AND 162 – Long Range Planning

If a firm is not currently prequalified by KDOT in any of the required categories, 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 solicitation 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.

Background and Scope of Project

The Eisenhower Legacy Transportation Program (IKE) features an innovative and robust public involvement process, known as Local Consult. This process takes place every two years to get input on potential expansion and modernization projects across the State of Kansas.

During the past three (3) rounds of Local Consult, KDOT has heard a clear and consistent message from southwest Kansas, that there is substantial local desire to improve and expand various highway corridors in this part of the state.

Approximately \$1.4B worth of potential expansion and modernization projects were discussed in District Six during the most recent round of Local Consult (October of 2023). This dollar amount far exceeds available resources; therefore, investments will need to be made strategically and over time.

By way of this solicitation, KDOT invites qualified firms to provide planning, engineering, and associated professional services to prepare a long-range highway expansion strategy for southwest Kansas. This strategic document will better inform investment decisions and help stakeholders understand the thresholds for investments to be made, along with the safety, mobility, and economic benefits of an improved highway system.

Anticipated Consultant Scope

KDOT anticipates the following to be included in the consultant's scope:

- Planning/Engineering Study Service
- Discovery Phase Services
- Public Involvement Services

Potential Scope Items

Key elements to be considered include but are not necessarily limited to:

1. Creation of a public and stakeholder involvement plan.
2. Grant Application Support
 - Data collection and review.
 - Identify strategies for maximum points.
 - Prepare cost estimates as needed.
 - Coordinate with KDOT for required information.
 - Draft support letters for public, elected and ap-

pointed officials, stakeholders and other relevant entities as identified by KDOT and advance the application.

- Establish application schedule.
 - Coordinate and lead meetings.
 - Consultant shall prepare the grant application based on NOFO requirements.
 - Provide tables and graphics as necessary.
 - Provide final draft grant documents for review that will be coordinated with the Grant Lead, project team and others that are relevant in the process.
3. Assessment of existing/future traffic, and travel characteristics along key highway corridors.
 - Existing and projected safety experience; the safety analysis must consider crash history and risk factors and link desired safety outcomes to improvement recommendations.
 - High-level origin/destination study to understand travel patterns.
 - Analysis of intrastate vs. interstate travel along subject corridors.
 - Considerations surrounding freight mobility and accessibility; including emergent freight technologies, such as CAV, platooning, and the US-83 Advanced Technology Project.
 - Oversize/Overweight freight traffic and super loads.
 - Existing/future traffic projections.
 - Capacity analysis, etc.
 - Vehicle type and classification.
 - Baseline (high-level) land use and future (probable) development patterns.
 - Consideration of economic development opportunities within the study area.
 4. Identify reasonable corridor-level improvements and thresholds or "triggers" for implementation. Recommendations must consider:
 - The relative statewide and regional benefit of 4-lane corridors, versus 2-lane corridors and 2-lane "Super 2" corridors with passing lanes.
 - Safety, regional economic development, and travel reliability/efficiency.
 - Costs associated with the various alternatives; this includes initial costs along with long-term maintenance/preservation costs.
 5. Comprehensive implementation strategy
 - Establish thresholds or "triggers" for improvements.
 - Identification of funding opportunities and strategies.
 - Federal (i.e. Bipartisan Infrastructure Law, etc.)
 - State and local programs.
 - Partnership opportunities with the private sector.
 - The implementation strategy should be forward-thinking and practical.
 - Recommendations should be future-proofed, to the extent possible.
 - Maximize value and service life of previous investments.

This will be a comprehensive planning effort and we

are seeking and encouraging innovative ideas for delivery of the plan.

KDOT, at the Secretary’s discretion, reserves the right to retain for subsequent phases of design and consulting services the consultant selected to provide services associated with the Request for Proposals. Scope in subsequent phases will likely include, but is not limited to, plan development through preliminary and final design as well as traffic engineering.

Anticipated Schedule and Key Dates

1. Proposals are due by or before 12:00 PM Central Time June 26, 2024.
2. Ranking of proposals is expected to occur on or around July 1, 2024. Negotiations with the most highly ranked firm are expected to begin on or around July 15, 2024. An executed agreement is anticipated around July 29, 2024.
3. The program fiscal year for this project is FY2025 (July 2024–June 2025).
4. DRAFT report by Spring/Summer of 2025.

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 5 pages total (including any cover letter, index, etc.). All pages shall be standard letter size (8.5” x 11”). Any page larger than standard letter size will be counted as two or more pages depending on size.
3. A single PDF (10 MB 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 proposal PDF file name must read:
 - a. “106 P-1804-24 -SW KS Hwy Mobility and Expansion Strategy 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. Both 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. Depending on the number and quality of responses received, KDOT anticipates shortlisting (based on proposals) and holding interviews prior to final selection (which may be based on both proposal and interview content). If KDOT deems interviews to be necessary, interview details and requirements and evaluation criteria for the interview will be distributed to shortlisted consultant teams in advance.
8. Table 2 lists the evaluation criteria and associated weights which will be used to shortlist respondents and may be considered in final selection.

Table 1: Proposal Content

Section	Description of Intent	Page Limit
Cover Letter		1 Page
Project Approach	Demonstrate a unique approach to accomplish the design efficiently and to a high standard. Include cost-effective and optimized solutions to address the anticipated improvements in the design. Include unique qualifications or experience related to the project approach.	
Approach to Schedule	Describe the approach to accomplish the scope of services within the schedule requirements. Include anticipated key milestone dates and availability of staff.	
Approach to Quality Control	Describe methods or procedures your firm will use to provide all drawings, reports and other services with professional quality and technical accuracy.	
Qualifications and Experience	For key personnel to be assigned to the project provide names, office location, 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 design process and standards. Describe familiarity with the project area and any identified special site conditions.	

Table 2: Evaluation Factors

Evaluation Factor	Weight
Qualifications and experience of project manager and other key project team members proposed for services	20%
Proposed Project approach	15%
Approach and commitment to meet advertised schedule	10%
Past performance history for similar projects/services for KDOT	10%
Understanding of the project area – Relevant planning experience in Southwest Kansas	15%
Availability to respond to the work described in this solicitation	15%
Unique qualifications of the consultant team	10%
Degree to which proposed approach incorporates innovative practices	5%

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
(continued)

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”)

Special Contract Conditions

Schedule: DRAFT report by Spring/Summer of 2025.

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 June 13, 2024; answers will be provided to all prequalified consultants on June 20, 2024.

Calvin Reed
Secretary

Department of Transportation

Doc. No. 052192

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 perform construction inspection services on multiple projects in various counties. Summary information for each project is provided below in Table 1.

Interested consultants must upload a proposal by 12:00 p.m. (Central Time) June 26, 2024, to the Bid Express page to be considered for selection.

Consultant Prequalification

Consulting firms interested in providing service on any project listed below must be prequalified by KDOT in 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.

Background and Scope of Projects

With this single solicitation, KDOT is requesting consulting services for construction inspections on the projects listed in Table 1. This table provides summary information for each project. One consultant will be selected to perform services associated with each group listed. Firms can express interest in the groups for which they would like to be considered by submitting a response as indicated below. There is no guarantee that a firm which has expressed interest will be selected for any project(s).

Table 1: Summary of Project Information

Group	RT-CO	Project #	Scope, County	Anticipated Start	Working Days or CCD	Office	Comments
24118	K007-022	KA-5722-01	Grading, Bridge, and Surfacing Doniphan	July 31, 2024	205	Horton	
24120	I070-106	KA-7195-01	Resurfacing Multiple	September 30, 2024	70	Topeka/Emporia	
24506	K002-004	KA-5706-01	Grading, Bridge, and Surfacing Barber	September 2, 2024	175	Pratt	
24309	U283-098	KA-7171-01	Resurfacing Trego	August 15, 2024	30	Hays	

Additional project information including construction scope to be inspected, a detailed description of the project location, and resources and inspection scope specifically requested from consultants in this request can be viewed in an online table at <https://ike.ksdot.gov/about/construction-inspection-rfps>. Upon publication of this Request for Proposals, KDOT anticipates each of these inspection efforts will require full teams (project manager and inspectors, as opposed to single role staff augmentation as is occasionally request) for various types of construction inspection except as noted in the table. Watch the website linked above for updated information. Tabulated information (both in this Request for Proposals and on the website) shall not be relied upon during

inspections. It is provided for the convenience of consultants, specifically to aid in making decisions about which projects they are interested in performing.

Specific project needs are subject to modification and/or cancellation at KDOT’s discretion.

Anticipated Consultant Scope

The scope of construction inspection services and certifications required will vary for each project and are listed in the table available on the website noted above. Inspection efforts will be managed out of the offices listed. Also included for the convenience of consultants are indications of which grouped projects are currently slated to be performed by the same contractors.

Anticipated Schedule and Key Dates

1. Proposals are due by or before 12:00 p.m. (Central Time) June 26, 2024.
2. Ranking of proposals is expected to occur on or around June 28, 2024. Negotiations with the most highly ranked firm are expected to begin on or around July 5, 2024. An executed agreement is anticipated shortly thereafter.
3. Anticipated scope starts dates and working days or anticipated calendar completion dates are shown in the table. All dates are subject to change.

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 the page limit laid out in Table 2 below (including any cover letter, index, etc.). All pages shall be standard letter size (8.5” x 11”). Any page larger than standard letter size will be counted as two or more pages depending on size.
3. A single PDF (10MB maximum size) of the proposal including all attachments must be uploaded to the appropriate bid form on Bid Express by the proposal due date and time.
4. The proposal PDF file name must read:
 - a. “ConstInsp Multiple Projects_2024.06 Release 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 2 below describes the expected proposal organization, content sections, and limits on number of pages.
 - a. Each team is limited to a single, one-page cover letter.
 - b. Consultants may indicate interest in any and all projects, indicate preference (s) for up to three projects, and shall both indicate interest and preferences on the “June 2024 Construction Inspections Interest & Preference Form is provided on the Bid Express page to complete and upload. Also, consultants are to use the bottom of that form to indicate any capacity limitations that need to be taken into account when making selections.
 - c. Thereafter, each team is limited to two pages per project in which they express interest. In these pages, consultants shall:
 - i. Describe the approach they plan to execute to deliver success on the project.
 - ii. Present the relevant qualifications and experience of the people they are proposing will provide the services.

- iii. Provide the firm’s familiarity with KDOT and the project area.
 - d. Finally, consultants are limited to a single, on-page descriptions of general qualifications (“Past Performance” selection plus “Approach to Quality Control” section) regardless of the number of projects in which they are expressing interest.
7. Table 3 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 2: Proposal Content

Section	Description of Intent	Page Limit
Cover Letter		1 Page
Consultant Project Interest and Preference	Fill out “June 2024 Construction Inspections Interest & Preference Form” and submit with your proposal.	1 Page
Project Approach	Describe how your firm will meet the fluctuating inspection needs of the project.	2 Pages per project in which team is interested
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.	
Familiarity with KDOT and Project Area	Describe team’s familiarity with KDOT’s inspection processes and standards. Describe familiarity with the project area and any identified special site conditions.	
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.	1 Page total
Approach to Quality Control	Describe methods or procedures your firm will use to provide all services with professional quality and technical accuracy.	

Table 3: Evaluation Factors

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

(continued)

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”)

Special Contract Conditions

Batch Request for Proposals.

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 June 13, 2024; answers will be provided to all prequalified consultants on June 20, 2024.

Calvin Reed
Secretary

Department of Transportation

Doc. No. 052193

State of Kansas**Department of Administration
Office of Accounts and Reports****Public Notice**

Under requirements of K.S.A. 65-34,117(c), as amended, records of the Office of Accounts and Reports show the unobligated balances are \$4,787,009.83 in the Underground Petroleum Storage Tank Release Trust Fund and \$6,025,498.04 in the Aboveground Petroleum Storage Tank Release Trust Fund at May 31, 2024.

Jocelyn Gunter
Director

Office of Accounts and Reports
Department of Administration

Doc. No. 052207

State of Kansas**Board of Examiners in Optometry****Notice of Licensure Exam**

The Kansas State Board of Examiners in Optometry will be holding its annual exam for licensure at 8:00 a.m. July 12 and July 13, 2024. For additional information contact the board office at 785-832-9986 or kssbeo@ks.gov.

Jan Murray
Executive Officer
Board of Examiners in Optometry

Doc. No. 052208

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 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. 052106

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 partner-

ship 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. 052107

State of Kansas

Department of Health and Environment

Notice of Proposed Kansas Air Quality Construction Permit

Notice is hereby given that the Kansas Department of Health and Environment (KDHE) is soliciting comments regarding a proposed air quality construction permit. Neodesha Municipal Power Generation has applied for an air quality construction permit in accordance with the provisions of K.A.R. 28-19-300. Emissions of volatile organic compounds (VOC), particulate matter (PM), particulate matter with less than or equal to 10 microns in aerodynamic diameter (PM₁₀), particulate matter with less than or equal to 2.5 microns in aerodynamic diameter (PM_{2.5}), carbon monoxide (CO), oxides of nitrogen (NO_x), oxides of sulfur (SO_x), and hazardous air pollutants (HAPs) were evaluated during the permit review process.

Neodesha Municipal Power Generation, 1407 N. 8th St., PO Box 336, Neodesha, KS 66757, owns and operates a fossil fuel electric power generation facility located at N. 4th St. and Tank Ave., Neodesha, Wilson County, KS

66757, at which four engines and one fuel storage tank are to be installed at a new facility.

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 from the date of publication during normal business hours at the KDHE, Bureau of Air (BOA), 1000 SW Jackson, Suite 310, Topeka, KS 66612-1366 and at the Southeast District Office, 308 W. 14th St., Chanute, KS 66720. To obtain or review the proposed permit and supporting documentation, contact Meaghan Conant at the central office of KDHE at 785-296-8142 or Ryan Jack at the Southeast District Office at 620-431-2390. 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 <http://www.kdheks.gov/413/Public-Notices>.

Please direct written comments or questions regarding the proposed permit to Meaghan Conant, 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, July 15, 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 Meaghan Conant, KDHE, BOA, 1000 SW Jackson, Suite 310, Topeka, KS 66612-1366, no later than 12:00 p.m. Monday, July 15, 2024, in order for the Secretary of Health and Environment to consider the request.

The preceding notice refers to the air permit for Neodesha Municipal Power Generation located at N. 4th St. and Tank Ave., Neodesha, Wilson County, KS 66757. If you want more information or you have other questions, please contact the KDHE Non-Discrimination coordinator and call 785-296-5156 or send an email to: KDHE.NonDiscrimination@ks.gov. [El aviso anterior se refiere al permiso de aire para Neodesha Municipal Power Generation ubicado en N. 4th St. and Tank Ave., Neodesha, Wilson County, KS 66757. Si desea obtener más información en español o tiene otras preguntas, por favor, comuníquese con el Coordinador de No Discriminación de KDHE y llame al 785-296-5156 o envíe un correo electrónico a: KDHE.NonDiscrimination@ks.gov.]

Janet Stanek
Secretary

Department of Health and Environment

Doc. No. 052213

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

(continued)

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.

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-24-155
Applications for New or Expansion
of Existing Swine Facilities

Name and Address of Applicant	Owner of Property Where Facility Will Be Located	Receiving Water
N. Terry Nelson 1324 W. Granite Long Island, KS 67647	Husky Hogs, LLC 1304 W. Fox Rd. Long Island, KS 67647	Upper Republican River Basin
Legal Description		
SW/4 of Section 34 T01S, R20W & NW/4 of Section 03 T02S, R20W Phillips County		
Kansas Permit No. A-URPL-H013 Federal Permit No. KS0101389		

This is notification KDHE has received a complete permit application for the operation of a swine waste management facility capable of housing 15,000 head (6,000 animal units) of swine weighing more than 55 pounds each, and 20,000 head (2,000 animal units) of swine weighing less than 55 pounds each; for a facility total of 8,000 animal units. The complete application can be viewed at the office of the Phillips County Clerk, the KDHE District Office in Hays, Kansas or the KDHE Main Office in Topeka, KS. A permit to operate the proposed swine waste management system will not be issued without additional public notice.

Public Notice No. KS-AG-24-156/166
Pending Permits for Confined Feeding Facilities

Name and Address of Applicant	Legal Description	Receiving Water
Rathmourne Land Company, LLC - Rathmourne Dairy 17505 23 Rd. Cimarron, KS 67835	All of Section 27 & SW/4 of Section 22 T26S, R27W Gray County	Upper Arkansas River Basin

Kansas Permit No. A-UAGY-D003
Federal Permit No. KS0099325

The proposed action is to modify and reissue the existing State/NPDES permit with the maximum capacity of 48,000 head (53,700 animal units) of cattle, including mature dairy cattle and cattle less than 700 pounds. The total animal units after this and prior approved expansions are complete will be 33,000 head (46,200 animal units) of mature dairy cattle and 15,000 head (7,500 animal units) of cattle weighing less than 700 pounds. The proposed modification is for a Calf Hutch area of about 72 acres is located in the southeast quarter of section 27. The Calf Hutch area is proposed to drain into existing RCS #3 and a new RCS #3B. The dairy facility, when complete, will include: two milking parlors, 143 acres of confinement pens, a commodity storage area, a waste storage pad/compost area, one anaerobic waste retention structure, six wastewater retention structures, and 76.5 acres of access roads and extraneous area.

Name and Address of Applicant	Legal Description	Receiving Water
CP Feeders, LLC 327 CR F Brewster, KS 67732	SW/4 of Section 04 & NW/4 of Section 09 T10S, R36W Thomas County	Saline River Basin

Kansas Permit No. A-SATH-C002
Federal Permit No. KS0093220

The proposed action is to reissue an existing NPDES permit for an existing facility for 5,000 head (5,000 animal units) of cattle weighing more than 700 pounds, and 4 head (8 animal units) of horses; for a total of 5,008 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 Nutrient Management Plan on file with KDHE.

Name and Address of Applicant	Legal Description	Receiving Water
L.B. Feeders 9010 Water Mill Rd. Wamego, KS 66547	SW/4 of Section 03 & NW/4 of Section 10 T09S, R10E Pottawatomie County	Kansas River Basin

Kansas Permit No. A-KSPT-B004

The proposed action is to reissue an existing state permit for an existing facility for 700 head (700 animal units) of cattle weighing more than 700 pounds and 250 head (125 animal units) of cattle weighing 700 pounds or less; for a total of 825 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
Randall Yost Farm Randall Yost 413 29th Ave. Moundridge, KS 67107	SE/4 of Section 11 T21S, R01W McPherson County	Little Arkansas River Basin

Kansas Permit No. A-LAMP-S026

The proposed action is to reissue an existing state permit for an existing facility for 2,400 head (960 animal units) of swine weighing greater than 55 pounds and 39 head (39 animal units) of cattle weighing less than 700 pounds; for a total of 999 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
Bar M Bar Ranch, LLC 4780 CR 4600 Cherryvale, KS 67335	NE/4 of Section 26 T32S, R16E Montgomery County	Verdigris River Basin

Kansas Permit No. A-VEMG-B001
The proposed action is to reissue an existing state permit for an existing facility for 720 head (360 animal units) of cattle weighing less than 700 pounds and 4 head (8 animal units) of horses; for a total of 368 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
Theodore R. Setzkorn 10137 110 Rd. Dodge City, KS 67801	NE/4 of Section 10 T25S, R25W Ford County	Upper Arkansas River Basin

Kansas Permit No. A-UAFO-B009
The proposed action is to reissue an existing state permit for an existing facility for 900 head (450 animal units) of cattle weighing less than 700 pounds and 4 head (8 animal units) of horses; for a total of 458 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
Steven and Margo Chartier 1360 Kingfisher Rd. Horton, KS 66439	NW/4 of Section 17 T04S, R17E Brown County	Kansas River Basin

Kansas Permit No. A-KSBR-S026
The proposed action is to reissue an existing state permit for an existing facility for 2499 head (999.6 animal units) of swine weighing greater 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
BG Feeders 2910 Tipton Rd. Beloit, KS 67420	SW/4 of Section 20 T07S, R07W Mitchell County	Solomon River Basin

Kansas Permit No. A-SOMC-B001
The proposed action is to reissue an existing state permit for an existing facility for 999 head (999 animal units) of cattle more than 700 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
Doll Land & Cattle, Inc. 5830 N. Haflich Rd. Garden City, KS 67846	SW/4 of Section 18 T23S, R29W & NE/4 of Section 24 & SE/4 of Section 13 T23S, R30W Finney County	Upper Arkansas River Basin

Kansas Permit No. A-UAFI-C010
Federal Permit No. KS0117714
The proposed action is to approve an update to the Nutrient Management Plan (NMP) received for this existing facility currently permitted for 7,500 head (7,500 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. The application rate limitations for six fields have 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.

Name and Address of Applicant	Legal Description	Receiving Water
Rio Vista Farms, LLC 9801 W. US-50 Hwy., Road F Coolidge, KS 67836	SE/4 of Section 20 & W/2 of Section 21 T23S, R42W Hamilton County	Upper Arkansas River Basin

Kansas Permit No. A-UAHM-D001
Federal Permit No. KS0093343

The proposed action is to approve an update to the Nutrient Management Plan (NMP) received for this existing facility currently permitted for 6,850 head (9,590 animal units) of mature dairy cows and 2,800 head (2,800 animal units) of cattle weighing more than 700 pounds; for a total of 12,390 animal units of cattle. The facility's NMP was updated to include a change in the application rate limitation for their fields. The application rate limitation for four fields have 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.

Name and Address of Applicant	Legal Description	Receiving Water
Davis Family Livestock, LLC 1194 Road 250 Lakin, KS 67860	N/2 of Section 02 T23S, R37W Kearny County	Upper Arkansas River Basin

Kansas Permit No. A-UAKE-H001
Federal Permit No. KS0094943

The proposed action is to approve an update to the Nutrient Management Plan (NMP) received for this existing facility currently permitted for 16,200 head (6,480 animal units) of swine weighing greater than 55 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 permit. 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.

Public Notice No. KS-Q-24-105/115

The requirements of the draft permit public noticed below are pursuant to the Kansas Surface Water Quality Standards, K.A.R. 28-16-28(b-g), and Federal Surface Water Criteria.

Name and Address of Applicant	Receiving Stream	Type of Discharge
Quenemo, City of 109 E. Maple PO Box 90 Quenemo, KS 66528	Marais des Cygnes River	Treated Domestic

Permit No. M-MC39-0001
Federal Permit No. KS0046035
Legal Description: SW¹/₄, SE¹/₄, SW¹/₄, Section 10, Township 17S, Range 17E, Osage County, Kansas
Location: 38.58078, -95.52209

The proposed action consists of reissuance of a Kansas/NPDES Water Pollution Control permit for an existing facility. The existing facility is a three-cell wastewater stabilization lagoon system with a minimum of 120 days detention time. The facility receives domestic wastewater from residential and commercial areas. This permit contains limits for Biochemical Oxygen Demand, Total Suspended Solids, and Ammonia. The permit contains monitoring for pH, and E. coli. Facility has a schedule of compliance to retain a certified operator.

(continued)

Name and Address of Applicant **Receiving Stream** **Type of Discharge**
 Osborne, City of South Fork Treated Domestic
 128 N. 1st Solomon River
 Osborne, KS 67473
 Permit No. M-SO29-OO02
 Federal Permit No. KS0092398
 Legal Description: SW¼, SW¼, NE¼, Section 20, Township 7S, Range 12W, Osborne County, Kansas
 Location: [39.43227](#), [-98.68394](#)

The proposed action consists of reissuance of a Kansas/NPDES Water Pollution Control permit for an existing facility. The existing facility is a four-cell wastewater stabilization lagoon system with a minimum of 120 days detention time. The facility receives domestic wastewater from residential and commercial areas. This permit contains limits for Biochemical Oxygen Demand, Total Suspended Solids, and E. coli. The permit contains monitoring for pH, Ammonia, Nitrates, Total Kjeldahl Nitrogen, Total Nitrogen, and Total Phosphorus.

Name and Address of Applicant **Receiving Stream** **Type of Discharge**
 Kincaid, City of North Folk Little Treated Domestic
 PO Box 56 Osage River
 Kincaid, KS 66039 via Unnamed
 Tributary
 Permit No. M-MC17-OO01
 Federal Permit No. KS0080578
 Legal Description: SW¼, Section 31, Township 22S, Range 21E, Anderson County, Kansas
 Location: [38.08341](#), [-95.14805](#)

The proposed action consists of reissuance of a Kansas/NPDES Water Pollution Control permit for an existing facility. The existing facility is a four-cell wastewater stabilization lagoon system with a minimum of 120 days detention time. The facility receives domestic wastewater from residential and commercial areas. This permit contains limits for Biochemical Oxygen Demand, Total Suspended Solids, Ammonia, and E. coli. The permit contains monitoring for pH.

Name and Address of Applicant **Receiving Stream** **Type of Discharge**
 Fulton, City of Little Osage River Treated Domestic
 214 W. Osage
 Fulton, KS 66738
 Permit No. M-MC12-OO01
 Federal Permit No. KS0081701
 Legal Description: NW¼, NW¼, SE¼, Section 25, Township 23S, Range 24E, Bourbon County, Kansas
 Location: [38.01534](#), [-94.72227](#)

The proposed action consists of reissuance of a Kansas/NPDES Water Pollution Control permit for an existing facility. The existing facility is a three-cell wastewater stabilization lagoon system with a minimum of 120 days detention time. The facility receives domestic wastewater from residential and commercial areas. This permit contains limits for Biochemical Oxygen Demand, Total Suspended Solids, Ammonia, and E. coli. The permit contains monitoring for pH.

Name and Address of Applicant **Receiving Stream** **Type of Discharge**
 APA-Kansas, Inc., Blue River Process Wastewater
 Kansas City via Unnamed
 Division Tributary
 PO Box 23910
 Overland Park, KS
 66223
 Permit No. I-MO26-PO04
 Federal Permit No. KS0083976
 Legal Description: SE¼, Section 18, Township 14S, Range 25E, Johnson County, Kansas
 Location: [38.82939](#), [-94.67224](#)

The proposed action consists of reissuing the above referenced NPDES permit. Several parameters were removed from the permit at the request of the permittee and since there was a considerable amount of historical data to evaluate. Initially, the permittee was required to monitor for an extensive list of parameters, since it was not known what materials were disposed of in the landfill in the past. The data submitted in discharge monitoring reports has provided a better idea what the pollutants of concern are now. This facility is an active C and D Landfill situated on a 140-acre site. The site consists of a C and D Landfill (82 acres), a composting operation, a roofing and asphalt recycling operation, regional business office, a heavy equipment shop and construction storage yard. Outfall 001 discharges on the east side of the property to a drainage ditch, which runs along the east side of the property in the amount of 0-120 gallons per minute. Outfall 002 is pumped at a rate of 0-120 gallons per minute and discharged to the west property limits from the upper pond. In addition, a gravity fed overflow pipe is also located at Outfall 002. This permit contains limits for Dissolved Oxygen, Total Recoverable Chromium, Total Recoverable Copper, Total Zinc, and pH. The permit contains monitoring for Flow-MGD, Total Kjeldahl Nitrogen, Nitrate, Nitrite, Total Nitrogen, Sulfates and Sulfide.

Name and Address of Applicant **Receiving Stream** **Type of Discharge**
 Sterling, City of Arkansas River Process Wastewater
 114 N. Broadway and Cow Creek
 Sterling, KS 67579 via Bull Creek
 via Silver Lake
 via 11th Street Ditch
 Permit No. I-AR85-CO01
 Federal Permit No. KS0084905
 Legal Description: NW¼ Section 21, Township 21S, Range 8W, Rice County, Kansas
 Location: [38.21410](#), [-98.20740](#)

The proposed action consists of reissuance of a Kansas/NPDES Water Pollution Control permit for an existing facility. This facility is used as a standby electrical generating station used for peaking and emergency power. Power is generated through a combination of seven (7) combustion engines. These engines can run off diesel or natural gas. Municipal water from two public water supply wells is used for non-contact, once-through cooling of the combustion engine air intakes for Engines 1, 2, 5, 6, and 7. This permit contains limits for pH. The permit contains monitoring for Flow, and Total Residual Chlorine.

Name and Address of Applicant **Receiving Stream** **Type of Discharge**
 Spirit Aerosystems Lower Arkansas Process Wastewater
 Holdings, Inc. River
 PO Box 780008 via Unnamed
 Wichita, KS 67278 Tributary
 Permit No. I-AR94-PO20
 Federal Permit No. KS0000396
 Legal Description: SE¼, Section 11, Township 28S, Range 01E, Sedgwick County, Kansas
 Location: [37.62597](#), [-97.28835](#)

The proposed action consists of changes to the facility description and reissuance of an existing Kansas/NPDES Water Pollution Control Permit for an existing facility. The proposed permit description modifications include elimination of photographic services, elimination of aircraft fueling and deicing, addition of composites to components manufacturing, and elimination of aircraft modification. This facility is engaged in the manufacture of aircraft components and subassembly of certain body structures and components. Manufacturing operations include metal finishing and electroplating (40 CFR Part 433), and composites. Some foundry operations exist but do not generate sources of wastewater. Support operations include automotive and railcar repairs and maintenance, hazardous waste collection and short-term storage, analytical and engineering laboratories, and cafeteria, medical and firefighting services. This permit contains limits for Chronic Whole Effluent Toxicity, Oil and Grease, pH, and Total Suspended Solids. The permit contains monitoring for Chloride, Total Phosphorus, Total Recoverable Metals, Priority Pollutant Scan, and pH.

Name and Address of Applicant	Receiving Stream	Type of Discharge
City of Humboldt 14 Bridge St. Humboldt, KS 66748	Neosho River via City Stormwater Drainage System	Process Wastewater

Permit No. I-NE36-PO08
Federal Permit No. KS0098159

Legal Description: SW¼ of Section 4, Township 26S, Range 18E, Allen County, Kansas

Location: [37.8117, -95.44570](#)

The proposed action consists of reissuance of an existing Kansas/NPDES Water Pollution Control permit for an existing facility. This is an existing water treatment plant. Raw river water is treated inside the plant with chlorine dioxide, chlorine and ammonia, before being pumped to storage for distribution. Sodium permanganate is added seasonally to the intake water to control zebra mussels. Waste streams generated from this facility consists of filter back wash and sedimentation basin blowdown water. Residual solids are directed to a two-cell lagoon treatment system. The two cells can be operated in parallel or in series. Discharge from the lagoons (Outfall 001A) is then discharged to the Neosho River via the City's stormwater drainage system. Estimated flow of the discharge from the lagoon system is 0.0042 MGD. The site has an existing septic system for treatment of bathroom, sink and floor drain waste streams. The discharge from the septic tanks is directed to a lateral field for disposal. This permit contains limits for Total Residual Chlorine, Total Suspended Solids, and pH.

Name and Address of Applicant	Receiving Stream	Type of Discharge
Mulberry Limestone Company 1608 W. 4th St. Pittsburg, KS 66762	Neosho River via Limestone Creek	Process Wastewater

Permit No. I-NE12-PO03
Federal Permit No. KS0093084

Legal Description: NW¼, of Section 30, Township 30S, Range 24E, Crawford County, Kansas

Location: [37.40595, -94.82593](#)

The proposed action consists of reissuing the above referenced NPDES permit. No significant changes were made to the permit. This facility is engaged in a limestone quarry operation with no washing. Rock is crushed and processed to meet specifications. The Outfall 001A consists of pit de-watering and stormwater run-off. This permit contains generic language to protect water quality.

Name and Address of Applicant	Receiving Stream	Type of Discharge
McConnell Air Force Base 57830 Pittsburg St., Suite 120 McConnell Air Force Base, KS 67221-3617	McConnell Creek	Process Wastewater

Permit No. F-AR94-PO26
Federal Permit No. KS0200024

Legal Description: NE¼ Section 7, Township 28S, Range 2E, Sedgwick County, Kansas

Location: [37.63181, -97.25151](#)

The proposed action consists of issuance a new Kansas/NPDES Water Pollution Control Permit for an existing facility. To date, this discharge has been permitted under the Airforce permit F-AR94-PO25. This outfall is being separated from the main (individual) NPDES permit for the facility for administrative purposes and being issued a stand-alone permit for this discharge. There is no change in requirements from previous permitting. This is a federally owned air force base. The activities generating wastewater at Outfall 032A consist of facilities for housing, training, and supporting 22nd Air Refueling Wing. Domestic wastes are connected to the city sewer. The following stormwater and wastewater discharges are authorized under this permit. This permit contains limits for Benzene, and pH. The permit contains monitoring for Flow.

Name and Address of Applicant	Receiving Stream	Type of Discharge
El Paso, LLC 1515 Des Prese Rd., Suite 300 St. Louis, MO 63131	Arkansas River via Chisholm Creek via Storm Sewer	Process Wastewater

Permit No. I-AR94-PO78
Federal Permit No. KS0092118

Legal Description: W¼, SE¼, Section 4, Township 27S, Range 1E, Sedgwick County, Kansas

Location: [37.72712, -97.31889](#)

The proposed action consists of modification and renewal of an existing NPDES/Kansas Water Pollution Control (KWPC) Permit for an existing facility. The site is a former petroleum refinery and asphalt blending plant. Refinery operations at the site were discontinued in July 1993 and asphalt operations were discontinued in 2004. KDHE BER manages the site investigation and remediation. In May, 2020, RRM Properties LLC purchased the site and is redeveloping the site as an Industrial District. This permit contains limits for Benzene, TPH LRH, TPH MRH, Oil and Grease, cis-1,2 Dichloroethene, Dichloromethne, Trichloroethylene, Vinyl Chloride, TSS, pH, and TPH HRH. The permit contains monitoring for Flow, Total Phosphorus, VOC Scan – Influent and Effluent, and Rainfall.

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 July 13, 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-24-155/166, KS-Q-24-105/115) 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

(continued)

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. 052209

State of Kansas

Department of Health and Environment

Notice of Water Quality Certification

The Kansas Department of Health and Environment (KDHE) has drafted a water quality certification per Section 401 of the Clean Water Act (CWA) requested by The Watershed Institute representing Arndt Land, LLC per Public Notice Permit No. NWK-2024-00136 for streambank rehabilitation projects found at <https://usace.contentdm.oclc.org/utills/getfile/collection/p16021coll15/id/5800>. The applicant proposes to place fill within the Cottonwood River for the purpose of bank erosion protection and stabilization and to increase aquatic and terrestrial habitat along 1,425 feet of river in Lyon County, Kansas. An estimated 1,704 cubic yards of limestone rock to be placed below the OHWM of the river. A total of 1,150 feet of Longitudinal Peaked Stone Toe Protection (LPSTP). The LPSTP would be keyed into the bank at each end with a 66-foot-wide native vegetation buffer along the bank where barbs and vanes would be anchored as well. The draft certification and additional information containing the link to the USACE Public Notice will be posted on the KDHE website at <https://www.kdhe.ks.gov/1095/Section-401-Water-Quality-Certification> on or before June 13, 2024. Persons wishing to comment on the referenced draft document must submit their comments in writing by email to KDHE at KDHE.NPS@ks.gov by July 13, 2024, if they wish to have their comments considered in the formulation of final determinations for 401 regarding this public notice.

For more information, contact Scott Satterthwaite, Watershed Management Section, Bureau of Environmental Field Services, KDHE at Scott.Satterthwaite@ks.gov.

Janet Stanek
Secretary

Department of Health and Environment

Doc. No. 052210

State of Kansas

Department of Health and Environment

Notice of Water Quality Certification

The Kansas Department of Health and Environment (KDHE) has drafted a water quality certification per Section 401 of the Clean Water Act (CWA) requested by The Watershed Institute representing Chris Mushrush per Public Notice Permit No. NWK-2024-00301 for streambank rehabilitation projects found at <https://usace.contentdm.oclc.org/utills/getfile/collection/p16021coll15/id/5800>. The applicant proposes to place fill within the Cottonwood River for the purpose of bank erosion protection and stabilization and to increase aquatic and terrestrial habitat along 1,650 feet of river in Lyon County, Kansas. An estimated 2,785 cubic yards of limestone rock to be placed below the OHWM of the river. A total of 1,082 feet of Longitudinal Peaked Stone Toe Protection (LPSTP) and 334 feet of wood toe revetment would be placed along the toe of the bank. The LPSTP would be keyed into the bank at each end with a 66-foot-wide native vegetation buffer along the bank. The draft certification and additional information containing the link to the USACE Public Notice will be posted on the KDHE website at <https://www.kdhe.ks.gov/1095/Section-401-Water-Quality-Certification> on or before June 13, 2024. Persons wishing to comment on the referenced draft document must submit their comments in writing by email to KDHE at KDHE.NPS@ks.gov by July 13, 2024, if they wish to have their comments considered in the formulation of final determinations for 401 regarding this public notice.

For more information, contact Scott Satterthwaite, Watershed Management Section, Bureau of Environmental Field Services, KDHE at Scott.Satterthwaite@ks.gov.

Janet Stanek
Secretary

Department of Health and Environment

Doc. No. 052211

State of Kansas

Department of Health and Environment

Notice of Water Quality Certification

The Kansas Department of Health and Environment (KDHE) has drafted a water quality certification per Section 401 of the Clean Water Act (CWA) requested by The Watershed Institute representing Wingert Land, LLC, per Public Notice Permit No. NWK-2024-00328 for streambank rehabilitation projects found at <https://usace.contentdm.oclc.org/utills/getfile/collection/p16021coll15/id/5750>. The applicant proposes to place fill within the Cottonwood River for the purpose of bank erosion protection and stabilization and to increase aquatic and terrestrial habitat along 1,500 of river in Lyon County, Kansas. An estimated 2,086 cubic yards of limestone rock to be placed below the OHWM of the river. A total of 765 feet of Longitudinal Peaked Stone Toe Protection (LPSTP) and 268 feet of wood toe revetment would be placed along the toe of the bank. The LPSTP would be keyed into the bank at each end with a 66-foot-wide na-

tive vegetation buffer along the bank. The draft certification and additional information containing the link to the USACE Public Notice will be posted on the KDHE website at <https://www.kdhe.ks.gov/1095/Section-401-Water-Quality-Certification> on or before June 13, 2024. Persons wishing to comment on the referenced draft document must submit their comments in writing by email to KDHE at KDHE.NPS@ks.gov by July 13, 2024, if they wish to have their comments considered in the formulation of final determinations for 401 regarding this public notice.

For more information, contact Scott Satterthwaite, Watershed Management Section, Bureau of Environmental Field Services, KDHE at Scott.Satterthwaite@ks.gov.

Janet Stanek
Secretary

Department of Health and Environment

Doc. No. 052212

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.

07/17/2024 EVT0009769 Temporary Nurse Staffing Services; Office of Procurement and Contracts – KDOA

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>

06/28/2024 A-015003 Roof Replacement; Dickens Hall – Kansas State University

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 Health and Environment

Doc. No. 052216

State of Kansas

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

Notice of Bids to Bidders

Notice is hereby given for the receipt of subcontractor bids for the A-014565 Kansas Department of Transportation (KDOT) District One Headquarters-Office project. This project is being delivered using procedures established under the Kansas alternate project delivery building construction procurement act (K.S.A 75-37,141 et seq.) for KDOT. Crossland Construction Company, Inc. is the construction manager. Contact person is Kenny Hartter at khartter@crossland.com or 785-230-6107.

Subcontractor bids will be received for the following scopes of work:

- General requirements
- Cast-in-place concrete
- Polished concrete
- Unit masonry
- Stone masonry
- Structural steel framing
- Steel decking
- Cold-formed metal framing
- Cold-formed metal trusses
- Metal fabrications
- Pipe and tube railings
- Miscellaneous rough carpentry
- Sheathing
- Thermal insulation
- Fluid-applied membrane air barriers
- Standing seam metal roof panels
- Metal wall panels
- TPO roofing
- Sheet metal flashing and trim
- Roof accessories
- Snow guards
- Penetration firestopping
- Joint firestopping
- Joint sealants
- Expansion joints
- Hollow metal doors and frames
- Access doors and frames
- Overhead coiling counter doors
- Sectional overhead doors
- Aluminum-framed entrances and storefronts
- Glazed aluminum curtainwall
- Aluminum windows
- Door hardware
- Glazing
- Non-structural metal framing
- Gypsum board
- Tiling
- Acoustical panel ceilings
- Specialty ceilings
- Resilient base and accessories
- Resinous flooring and wall coatings
- Carpet tile
- Wall covering
- Sound absorbing units
- Exterior painting
- Interior painting
- Visual display units
- Signage
- Phenolic toilet compartments
- Wash bay curtains
- Wire mesh partitions
- Wall and door protection
- Toilet, bath, and laundry accessories
- Fire extinguisher cabinets
- Fire extinguishers
- Metal lockers
- Delivery specialties
- Fixed awnings
- Flagpoles
- Equipment screen
- Loading dock bumpers
- Loading dock equipment
- Projection screen
- Roller window shades
- Plastic laminate clad manufactured casework
- Solid surfacing sill
- Aprons and countertops
- Pre-engineered metal building systems
- Overhead bridge cranes
- Automatic fire sprinkler system
- Plumbing systems
- HVAC systems
- Electrical systems
- Communication systems
- Safety and security systems
- Earthwork
- Exterior improvements, including: asphalt paving, concrete paving, aggregate surfacing, chain link fencing, turfs and grasses, landscaping, and utilities

Bids will be received until 3:00 p.m. (Central Time) June 27, 2024.

All bidders should advise their intent to bid on BuildingConnected. Invitations to bid will be sent through BuildingConnected and iSF 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 online bid solicitation software Building Connected at <https://www.buildingconnected.com> and ISquare Foot at <https://projects.constructconnect.com>. Any messages, addendum, notice of changes will be sent through this system. Please contact the project contact above to be added to the distribution list.

Construction manual including instructions to bidders, preliminary schedule, site logistics, scopes of work, bid form, insurance requirements, etc. will be issued via Building Connected. Notice of addendums and any bid date changes will be sent through BuildingConnected.

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

Doc. No. 052223

State of Kansas

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

Notice of Requested Architectural Services

Notice is hereby given of the commencement of the selection process for architectural services for the Fort Hays State University Stroup Hall Building Addition. Project provides for an approximate 24,000 gross square foot building addition to Stroup Hall, which is home to the departments of Nursing and Allied Health, limited interior renovation will also be required in the existing, single story, 26,000 gross square foot facility. The project is contingent on Kansas Board of Regents approval of the Architectural Program Statement at the June 2024 meeting.

The project construction budget is \$12,750,000.

An architectural/engineering program is available at <http://admin.ks.gov/offices/ofpm/dcc/arch-eng-programs>. For more information contact Dana Cunningham at dcunning@fhsu.edu or 785-628-4424.

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 the State Building Advisory Commission by 2:00 p.m. on or before June 28, 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. 052218

State of Kansas

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

Notice of Requested Architectural Services

Notice is hereby given of the commencement of the selection process for architectural services for Kansas State University – Salina for the Aerospace Education Hub which will encompass 50,000 – 65,000 gross square feet of classroom, office, lab, and hangar space. The Aviation Maintenance Training Center will use approximately 43,993 gross square feet, the Applied Aerospace Research Center will be housed in approximately 12,768 gross square feet, and the Advanced Composites Lab will utilize approximately 5,211 gross square feet. The Applied Aerospace Research Center (AARC) is at the forefront of UAS research that influences and enhances UAS regulations and increases capabilities, founded on crewed aviation's culture of safety. The AARC staff is comprised of subject-matter experts, connecting with industry to provide training, consulting, collaboration, and research. The Aviation Maintenance Training Center provides hands-on training of the most up-to-date maintenance procedures in order to produce graduates prepared to obtain FAA licensure and begin lucrative careers at the major airlines or maintenance, repair, and overhaul (MRO) facilities around the country. The Advance Composites Lab not only trains students in the art and science of composite repair and fabrication, but also conducts research on future composite technologies. Taken together, the Aerospace Education Hub will be the most advanced training and research facility of its kind in the country.

The project construction budget is \$20,526,000,000.

An architectural/engineering program is available at <http://admin.ks.gov/offices/ofpm/dcc/arch-eng-programs>. For more information contact Rene Leiker at renef@ksu.edu, or 785-342-9946.

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 Advi-

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sory 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 the State Building Advisory Commission by 2:00 p.m. on or before June 28, 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. 052219

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 Emporia State University. 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 Peter Hauff at phauff@emporia.edu or 620-341-5331.

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 shall 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>.

Proposals should be sent to professional.qualifications@ks.gov. Please reference the project title in the subject line of the email. 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 June 28, 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. 052220

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 Commission on Veteran's Affairs. 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 Rob Leicht at rob.leicht@kcvva.ks.gov or 785-296-7765.

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 June 28, 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. 052221

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 (MEP) engineering services for Department of Administration – Office of Facilities and Property Management. Services are required for restricted (small) projects with a project budget of \$1,500,000 or less. Contracts will be for the Capitol Complex and statewide work. Multiple firms will be selected. The contracts will be for three years with two one-year renewal options.

For more information, contact Mark Wendland at mark.wendland@ks.gov or 785-296-0155.

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 June 28, 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. 052222

State of Kansas

Department of Administration Office of Facilities and Property Management

Notice of Commencement of Negotiations for Design-Build Services

Notice is hereby given for the seeking of interest and qualifications for Design-Build (DB) services for the Pittsburg State University Gorilla Crossing – School of Business. Gorilla Rising will build on the success of Block 22 to create a Downtown Educational Enterprise District, anchored by a new home for the Kelce College of Business. The facility will allow for expanded programming and the flexibility to implement active learning strategies and experiential pedagogies used in modern business education. The location will grow and enhance the university's relationships with corporations, manufacturers, city, community, and other partners in educating the next generation of business leaders in a rapidly changing environment.

Construction costs are estimated at \$27,600,000.

Design-Build team design and construction services shall be furnished within one contract and selected based on a three-stage approach. UPON Phase I (Qualifications) State Building Advisory Commission's selection of three (3) to five (5) qualified teams will advance to a Request for Proposal (RFP) process to be conducted by the Procurement Negotiating Committee. Phase II (Technical Proposal and Design) and Phase III (Cost Proposal) will evaluate firms to determine greatest value to the owner. Phases I and II shall not reference cost.

Responses to initial phase, Request for Qualifications (Phase I), shall minimally present the following for evaluation and consideration of award: (1) ability to perform projects of comparable design, scope and complexity; (2) references from owners for whom building-design projects have been performed; (3) qualifications of personnel who will manage the design and construction aspect of the project; (4) names and qualifications of primary design consultants and contractors with whom the building design-builder proposes to subcontract and understanding not to replace identified subcontractor(s) without written approval of state agency; and (5) capable of providing public works bond and present evidence of such bonding capability within statement of qualifications.

To be considered, one (1) PDF file of the following should be provided: Letter of Interest; and State of Kansas Professional Qualifications DCC Forms 051, 052, 053

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and 054 (40-maximum total readable surfaces formatted to 8.5" x 11") indicating (1) similar project experience; (2) experience in type of project delivery system; (3) description of project approach; (4) bonding capacity; (5) references from design professionals and Owners from previous project and financial statements (10-maximum total readable surfaces formatted to 8.5 " x 11"); and updated State of Kansas Professional Qualifications DCC Form 050 for each consulting firm included at the end of each proposal. Forms may be found at <https://admin.ks.gov/offices/facilities-property-management/design-construction--compliance/forms-and-documents>. Please include your firm name or acronym, agency abbreviation, and an abbreviated project name in the title of the PDF document. Proposals should be less than 5MB. Paper copies and flash drives containing copies of the proposals are not required.

Project program documentation is available at <https://admin.ks.gov/offices/facilities-property-management/design-construction--compliance/architectural-engineering-programs>.

Qualifications submittals should be sent to professional.qualifications@ks.gov no later than 2:00 p.m. Friday June 28, 2024.

Proposals received after the specified time and date will not be forwarded to the State Building Advisory Commission for review. For questions regarding Qualifications submittal contact Randy Riveland at 785-296-0749 or randy.riveland@ks.gov.

Stipend agreement will be established with each prospective team following Phase I shortlist selection. Following contract award to Design-Build team, stipend shall be extended for prequalified substantially responsive unsuccessful Phase II and III proposers.

Questions about the scope of project should be submitted to Lindell Haverstic at lhaverstic@pittstate.edu or 620-235-4974.

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, 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. 052224

State of Kansas

Office of the Governor

Executive Directive No. 24-583 Authorizing Expenditure of Federal Funds

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

Pursuant to the authority of the Secretary of the Kansas Department of Health and Environment to receive and expend federal funds, and pursuant to the authority

granted the Governor by Section 193 of Chapter 82 of *The 2023 Session Laws of Kansas*, approval is hereby granted to the Kansas Department of Health and Environment for expenditure in FY 2024 of monies in the federal fund entitled "Falls Prevention Fund."

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

Dated May 30, 2024.

Laura Kelly
Governor

Doc. No. 052205

State of Kansas

Office of the Governor

Executive Directive No. 24-584 Authorizing Personnel Transactions and Authorizing Expenditure of Federal Funds

(Editor's Note: The attachments referred to in this directive may be obtained by contacting the Secretary of State's Office at 785-296-2034.)

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

The Kansas Civil Service Pay Plan that took effect on June 11, 2023, is hereby modified and the new pay matrix for the classified service is hereby adopted, effective June 9, 2024.

2024 Senate Bill No. 28, Sec. 145, provides that upon recommendation of the Director of the Budget, the State Finance Council is authorized to approve increases in expenditure limitations on special revenue funds and accounts and increase the transfers between special revenue funds as necessary to pay for salary increases.

The State Finance Council approved expenditure limitation increases and transfers between special revenue funds for state agencies in SFC Resolution No. 24-769 on June 3, 2024.

The pay plan is modified to the extent provided for in the rules and regulations promulgated by the Secretary of Administration under the authority of K.S.A. 75-3706 or as hereafter modified by executive directives, and such modifications may be effective on the date of the rules and regulations or executive directives in accordance with K.S.A. 75-2938. The two attached pay matrices are hereby incorporated in and made part of the executive directive. No employee may be moved to Step 25 or Step 26 unless authorized to do so by executive directive or as otherwise approved by the Director of Personnel Services.

The request of Kraig Knowlton, Director of Personnel Services, to assign any classified employee assigned to a step with a rate of pay less than \$15.03 to the step of the pay grade to which the employee's job classification is assigned with a pay rate of \$15.03 is hereby approved, effective June 9, 2024.

The request of Kraig Knowlton, Director of Personnel Services, to increase the pay of any unclassified employee whose rate of pay is approved by the Governor mak-

ing less than \$15.03 to a rate of pay of \$15.03 is hereby approved, effective June 9, 2024.

The request of Kraig Knowlton, Director of Personnel Services, to assign the following job classifications to the pay grades set out below and place benefits-eligible employees on the same step of the new pay grade as the step to which they are assigned in the current pay grade is hereby approved, effective June 9, 2024.

<u>Job Classification</u>	<u>Pay Grade</u>
Accountant I	29
Accountant II	30
Accountant III	32
Accountant IV	35
Accountant V	38
Accounting Specialist	21
Administrative Assistant	20
Activity Specialist I	23
Activity Specialist II	25
Activity Therapist I	24
Activity Therapist II	26
Administrative Law Judge	38
Administrative Specialist	23
Agricultural Inspector II	25
Appeals Referee	34
Applications Developer I	28
Applications Developer II	30
Applications Developer III	32
Applications Development Supervisor	34
Applications Support Technician	22
Archeologist II	25
Archeologist III	28
Assistive Technology Specialist	18
Building Systems Engineer III	38
Building Systems Technician	21
Capitol Area Guard I	21
Capitol Area Guard II	22
Capitol Area Guard Supervisor	24
Carpenter	20
Carpenter Senior	23
Certified Nurse Aide I	23
Certified Nurse Aide II	24
Chemist II	29
Chemist III	31
Client Training Supervisor	25
Clinical Chaplain	28
Collector	20
Collector Senior	22
Communications Specialist I	25
Communications Specialist II	27
Communications Specialist Supervisor	30
Cook Senior	17
Coordinator of Children’s Services	29
Correctional Facilities Specialist II	27
Correctional Industries Manager	23
Correctional Industries Manager Senior	28
Corrections Counselor I	31
Corrections Counselor II	33
Corrections Manager I	33
Corrections Manager II	35
Corrections Officer I (A)	27
Corrections Officer I (B)	28
Corrections Officer II	30

<u>Job Classification</u>	<u>Pay Grade</u>
Corrections Specialist	32
Corrections Supervisor I	32
Corrections Supervisor II	34
Corrections Supervisor III	36
Custodial Specialist	17
Custodial Supervisor Senior	22
Database Administrator II	32
Developmental Disability Specialist	21
Dietitian II	28
Dietitian III	30
Disability Examiner I	26
Disability Examiner II	29
Disability Examiner Reviewer	30
Disability Examiner Supervisor	31
Disability Examiner Trainee	25
EAI Investigator	31
EAI Supervisor	33
Education Program Consultant	34
Educational/Informational Representative I	21
Educational/Informational Representative II	24
Electronics Technician	24
Electronics Technician Senior	26
Electronics Technologist	28
Emergency Medical Services Specialist	24
Enforcement Agent	29
Engineering Associate III	32
Engineering Technician	23
Engineering Technician Senior	27
Engineering Technician Specialist	30
Environmental Associate	27
Environmental Compliance and Regulatory Specialist I	29
Environmental Compliance and Regulatory Specialist II	31
Environmental Program Administrator I	35
Environmental Specialist	32
Equipment Body Mechanic	25
Equipment Mechanic	25
Equipment Mechanic Senior	27
Equipment Mechanic Specialist	28
Equipment Operator	20
Equipment Operator Senior	23
Equipment Operator Specialist	25
Equipment Planning Technician I	30
Facilities Maintenance Supervisor	27
Facilities Specialist	22
Fisheries/Wildlife Biologist I	28
Fisheries/Wildlife Biologist II	30
Food Service Supervisor Senior	20
Food Service Worker	17
Food, Drug and Lodging Surveyor I	24
Food, Drug and Lodging Surveyor II	26
General Maintenance and Repair Technician	19
General Maintenance and Repair Technician Senior	22
Geology Specialist	29
Graphic Designer Specialist	28
Grounds Maintenance Supervisor II	22
Health Care Technician II	23
Health Facility Surveyor I	29

(continued)

<u>Job Classification</u>	<u>Pay Grade</u>	<u>Job Classification</u>	<u>Pay Grade</u>
Health Facility Surveyor II	32	Program Consultant I	25
Health or Environmental Program Analyst	30	Program Consultant II	28
Historic Preservation Specialist II	29	Program Specialist I	21
Historic Site Curator I	26	Program Specialist II	23
Human Resource Professional I	25	Program Specialist III	26
Human Resource Professional II	28	Psychologist II	31
Human Resource Professional III	31	Psychologist III	33
Human Services Assistant	22	Public Health Educator	28
Human Services Counselor	28	Public Information Officer I	28
Industrial Hygienist	28	Public Information Officer II	30
Investigative Agent	28	Public Service Administrator I	25
IS Manager II	38	Public Service Administrator II	28
Juvenile Corrections Officer I (A)	27	Public Service Administrator III	30
Juvenile Corrections Officer I (B)	28	Public Service Executive I	30
Juvenile Corrections Officer II	30	Public Service Executive II	33
Juvenile Corrections Officer III	33	Public Service Executive III	35
Laboratory Technician II	22	Public Service Executive IV	37
Laboratory Technician III	25	Publications Writer I	23
Laundry Supervisor	18	Publications Writer II	26
Laundry Worker	17	Qualified Intellectual Disabilities Professional	27
Law Clerk	26	Radiologic Technologist	27
Legal Assistant	25	Refrigeration & A/C Service Technician	22
Library Assistant II	19	Refrigeration & A/C Service Technician Senior	24
Licensed Mental Health Technician	21	Research Analyst I	22
Lock System Specialist Senior	22	Research Analyst III	27
Long-Term Care Ombudsman	26	Research Analyst IV	30
Machinist	21	Resident Training Coordinator	25
Mechanic Senior	24	Revenue Customer Representative	20
Media Production Director	30	Revenue Customer Representative Senior	22
Media Production Technician	26	Revenue Customer Representative Specialist	25
Mental Health/Developmental Disability Technician	20	Right-of-Way Property Appraiser I	27
Network Control Supervisor	33	Right-of-Way Property Supervisor	31
Network Control Technician I	27	Safety and Health Specialist	25
Network Control Technician II	30	Safety and Security Chief	24
Network Control Technician III	32	Safety and Security Officer I	20
Network Service Technician II	27	Safety and Security Officer II	23
Network Service Technician III	29	Seasonal Worker Senior	17
Nutritionist	28	Senior Administrative Assistant	22
Painter	19	Senior Administrative Specialist	24
Painter Senior	22	Social Worker Supervisor	30
Parole Officer I	32	Social Worker Specialist	29
Parole Officer II	33	Special Investigator I	23
Parole Supervisor	34	Special Investigator II	25
Pharmacy Compliance Inspector	25	Staff Development Specialist I	29
Plumber	20	Staff Development Specialist II	32
Plumber Senior	23	State Auditor I	28
Policy and Program Analyst	30	State Auditor II	30
Power Plant Operator Senior	23	State Auditor III	33
Printing Services Coordinator	21	State Auditor IV	36
Procurement Officer I	24	Storekeeper Specialist	19
Procurement Officer II	27	Surplus Property Agent	24
Procurement Officer III	31	System Software Analyst I	28
Procurement Officer IV	34	System Software Analyst II	30
Professional Civil Engineer I	35	System Software Analyst III	32
Professional Civil Engineer II	37	Tax Specialist	33
Professional Environmental Engineer I	36	Tourist Counselor	17
Professional Environmental Engineer II	37	Unit Team Manager	35
Professional Environmental Engineer III	39	Unit Team Supervisor	33
Professional Geologist	35	Utility Worker	17
Professional Geologist Senior	37	VIN Inspector	20
		VIN Inspector Lead	21

<u>Job Classification</u>	<u>Pay Grade</u>
VIN Inspector Supervisor	24
Volunteer Services Coordinator	22
Water Resource Planner	33
Welder	21

The request of Kraig Knowlton, Director of Personnel Services, to assign the following job classifications to the pay grades set out below and place benefits-eligible employees eligible to receive the \$1.50 and \$4.50 pay differentials authorized in Executive Directive 21-547 on the same step of the new pay grade as the step to which they are assigned in the current pay grade, and all other employees on the step of the new pay grade equivalent to a two-step increase is hereby approved, effective June 9, 2024.

<u>Job Classification</u>	<u>Pay Grade</u>
Licensed Practical Nurse	28
Licensed Practical Nurse Senior	29
Registered Nurse	37
Registered Nurse Administrator	42
Registered Nurse Senior	38
Registered Nurse Specialist	41

The request of Kraig Knowlton, Director of Personnel Services, to assign the following job classifications to the pay grades set out below and place benefits-eligible employees one step higher on the new pay grade than the step to which they are assigned in the current pay grade is hereby approved, effective June 9, 2024.

<u>Job Classification</u>	<u>Pay Grade</u>
Attorney II	35
Attorney IV	39
Driver License Examiner	23
Driver License Examiner Coordinator	26
Driver License Examiner Specialist	25
Electrician	22
Electrician Senior	24
Fire Investigator	32
Highway Maintenance Superintendent	29
Highway Maintenance Supervisor	26
Human Services Consultant	27
Human Services Specialist	26
Human Services Supervisor	30
Librarian I	27
Librarian II	30
Librarian III	32
Management Systems Analyst I	29
Management Systems Analyst II	32
Management Systems Analyst III	35
Museum Specialist	24
Physical Plant Supervisor	27
Physical Plant Supervisor Senior	29
Physical Plant Supervisor Specialist	32
Property Appraiser I	25
Property Appraiser II	28
Property Appraiser III	31
Technology Support Consultant I	26
Technology Support Consultant II	28
Technology Support Consultant III	30
Technology Support Supervisor	31

The request of Kraig Knowlton, Director of Personnel Services, to provide a one-step pay increase to all

benefits-eligible classified employees in the Veterinarian job classification is hereby approved, effective June 9, 2024.

The request of Kraig Knowlton, Director of Personnel Services, to provide a two-step pay increase to all benefits-eligible classified employees in the following job classifications is hereby approved, effective June 9, 2024.

- Administrative Officer
- Bookbinder
- Bookbinder Senior
- Chief Engineer/Director of Water Resources
- Pre-Press Technician

The request of Kraig Knowlton, Director of Personnel Services, to provide a five-step pay increase to all benefits-eligible classified employees in the Forensic Scientist III job classification is hereby approved, effective June 9, 2024.

The request of Kraig Knowlton, Director of Personnel Services, to provide a 2.5% pay increase to all benefits-eligible unclassified employees in the following job titles is hereby approved, effective June 9, 2024.

- Advanced Practice Registered Nurse
- Economic Development Representative
- Veterinarian

The request of Kraig Knowlton, Director of Personnel Services, to provide a 7.5% pay increase to all benefits-eligible unclassified employees in the following job titles is hereby approved, effective June 9, 2024.

- Driver License Examiner
- Driver License Examiner Coordinator
- Driver License Examiner Specialist
- Driver License Examiner Supervisor
- Electrician
- Epidemiologist
- Fire Investigator
- Highway Maintenance Superintendent
- Highway Maintenance Supervisor
- Human Services Consultant
- Human Services Specialist
- Human Services Supervisor
- Property Appraiser
- Technology Support Consultant
- Technology Support Supervisor
- Technology Support Technician

The request of Kraig Knowlton, Director of Personnel Services, to provide a 10.0% pay increase to all benefits-eligible unclassified employees in the following job titles is hereby approved, effective June 9, 2024.

- Accountant
- Accounting Manager
- Administrative Assistant
- Administrative Specialist
- Chemist
- Cook
- Facilities Maintenance Supervisor
- General Maintenance & Repair Technician
- Law Clerk
- Protection Specialist
- Right-of-Way Property Appraiser

(continued)

Senior Administrative Assistant
Senior Administrative Specialist
Social Worker Specialist

The request of Kraig Knowlton, Director of Personnel Services, to provide a 12.5% pay increase to all benefits-eligible unclassified employees in the following job titles is hereby approved, effective June 9, 2024.

Attorney
Food Service Manager
Food Service Supervisor
Food Service Worker
Forensic Scientist
Management Analyst
Microbiologist
Physical Plant Supervisor

The request of Kraig Knowlton, Director of Personnel Services, to provide a 15% pay increase to all benefits-eligible unclassified employees in the Human Services Assistant job title is hereby approved, effective June 9, 2024.

The request of Kraig Knowlton, Director of Personnel Services, to provide a 17.5% pay increase to all benefits-eligible unclassified employees in the following job titles is hereby approved, effective June 9, 2024.

Building Construction Inspector
Librarian

The request of Kraig Knowlton, Director of Personnel Services, to provide a 5.0% pay increase to all benefits-eligible unclassified employees in the Executive Branch whose rates of pay are approved by the Governor and who are not in one of the job titles referenced above or expressly excluded below is hereby approved, effective June 9, 2024.

The request of Kraig Knowlton, Director of Personnel Services, to establish the Technical Special Agent – KBI job classification, assign the job classification to pay grade 36 and place all employees in the job classification on the steps of pay grade 36 indicated below is hereby approved, effective June 9, 2024.

<u>Years in Rank</u>	<u>Step</u>
Probation Year	8
Year 2	9
Year 3	10
Year 4	11

The request of Kraig Knowlton, Director of Personnel Services, to assign the Special Agent – KBI job classification to pay grade 38 and place all current employees in the job classification on the steps of pay grade 38 indicated below is hereby approved, effective June 9, 2024.

<u>Years in Rank</u>	<u>Step</u>
1-2	9
3-5	11
6-7	13
8-10	15
11-12	17
13-15	19
16-17	21
18+	23

In accordance with the provisions of Kansas Administrative Regulation 1-5-8 (b)(1), if an eligible candidate

for a Special Agent – KBI position has exceptional qualifications directly related to the position and the agency cannot employ the person at step 9 of pay grade 38, the KBI may approve beginning pay for the individual at a higher step in the pay grade. Exceptional qualifications shall be based on the candidate’s education, training, experience, skills, and other job-related qualifications. Employees appointed in such a manner will progress on the schedule above based on the number of years spent on each step as opposed to overall years in rank.

The request of Kraig Knowlton, Director of Personnel Services, to assign the Assistant Special Agent in Charge – KBI job classification to pay grade 41 and place all current employees in the job classification on the steps of pay grade 41 indicated below is hereby approved, effective June 9, 2024.

<u>Years in Rank</u>	<u>Step</u>
1-2	17
3-5	18
6-7	19
8-10	20
11-12	21
13-15	22
16+	23

The request of Kraig Knowlton, Director of Personnel Services, to assign the Special Agent in Charge – KBI job classification to pay grade 42 and place all current employees in the job classification on the steps of pay grade 42 indicated below is hereby approved, effective June 9, 2024.

<u>Years in Rank</u>	<u>Step</u>
1-2	21
3-5	22
6-7	23
8-10	24
11+	25

The request of Kraig Knowlton, Director of Personnel Services, to assign the Highway Patrol Trooper Trainee job classification to pay grade 29 and establish step 16 of pay grade 29 as the entry rate for the job classification is hereby approved, effective June 9, 2024.

The request of Kraig Knowlton, Director of Personnel Services, to assign the Highway Patrol Trooper and Law Enforcement Officer I job classifications to pay grade 32 and place all current benefits-eligible employees in the job classifications on the steps of pay grade 32 indicated below is hereby approved, effective June 9, 2024.

<u>Years in Rank</u>	<u>Step</u>
0-3	14
4-5	16

The request of Kraig Knowlton, Director of Personnel Services, to assign the Highway Patrol Master/Technical Trooper and Law Enforcement Officer II job classifications to pay grade 37 and place all current employees in the job classifications on the steps of pay grade 37 indicated below is hereby approved, effective June 9, 2024.

<u>Years in Rank</u>	<u>Step</u>
0-3	10
4-5	12

<u>Years in Rank</u>	<u>Step</u>
6-8	14
9-10	16
11+	18

The request of Kraig Knowlton, Director of Personnel Services, to assign the Highway Patrol Lieutenant and Law Enforcement Officer III job classifications to pay grade 40 and place all current employees in the job classifications on the steps of pay grade 40 indicated below is hereby approved, effective June 9, 2024.

<u>Years in Rank</u>	<u>Step</u>
0-3	15
4-5	16
6-8	17
9-10	18
11+	19

The request of Kraig Knowlton, Director of Personnel Services, to assign the Highway Patrol Captain and Law Enforcement Officer IV job classifications to pay grade 42 and place to place all current employees in the job classifications on the steps of pay grade 42 indicated below is hereby approved, effective June 9, 2024.

<u>Years in Rank</u>	<u>Step</u>
0-3	18
4-5	19
6-8	20
9-10	21
11+	22

The request of Kraig Knowlton, Director of Personnel Services, if, after application of the above referenced increases, any benefits-eligible classified employee who has been eligible to receive the \$1.50, \$2.00, and/or \$4.50 pay differentials authorized in Executive Directive 21-547 is not being paid at a rate at least 5.0% greater than the employee's net hourly rate of pay when factoring in all of said differential for which the employee is eligible, the employee's rate of pay shall be increased to the nearest step of the pay grade to which the employee's job classification is now assigned that is at least equal to that amount, is hereby approved, effective June 9, 2024.

The request of Kraig Knowlton, Director of Personnel Services, if, after application of the above referenced increases, any benefits-eligible unclassified employee who has been eligible to receive the \$1.50, \$2.00, and/or \$4.50 pay differentials authorized in Executive Directive 21-547 is not being paid at a rate at least 5.0% greater than the employee's net hourly rate of pay when factoring in all of said differential for which the employee is eligible, the employee's rate of pay shall be increased to an amount equal to that rate, is hereby approved, effective June 9, 2024.

The request of Kraig Knowlton, Director of Personnel Services, to eliminate the \$1.50, \$2.00, and/or \$4.50 pay differentials authorized in Executive Directive 21-547 is hereby approved, effective June 9, 2024.

The following employees are excluded from receiving any of the increases referenced above:

- Members of the Kansas Legislature;
- State officers elected on a statewide basis;
- Employees of the Judicial or Legislative Branches;

- Employees of the Kansas Board of Regents and Universities;
- Teachers and licensed personnel and employees at the Kansas State School for the Deaf or Kansas State School for the Blind; and
- Any other employees on a formal, written career progression plan implemented by Executive Directive.

The request of Kraig Knowlton, Director of Personnel Services, to establish step 11 of pay grade 23 as the entry rate for the Activity Specialist I job classification is hereby approved, effective June 9, 2024.

The request of Kraig Knowlton, Director of Personnel Services, to establish step 7 of pay grades 21, 22 and 24 as the entry rate for the Capitol Area Guard I, Capitol Area Guard II and Capitol Area Guard Supervisor job classifications is hereby approved, effective June 9, 2024.

The request of Kraig Knowlton, Director of Personnel Services, to establish step 11 of pay grade 25 as the entry rate for the Client Training Supervisor job classification is hereby approved, effective June 9, 2024.

The request of Kraig Knowlton, Director of Personnel Services, to establish step 17 of pay grades 25, 27 and 30 as the entry rate for the Communications Specialist I, Communications Specialist II and Communications Specialist Supervisor job classifications is hereby approved, effective June 9, 2024.

The request of Kraig Knowlton, Director of Personnel Services, to establish step 10 of the pay grade as the entry rate for all of the job classifications referenced below is hereby approved, effective June 9, 2024.

- Corrections Counselor I
- Corrections Counselor II
- Corrections Manager I
- Corrections Manager II
- Corrections Officer I (A)
- Corrections Officer I (B)
- Corrections Officer II
- Corrections Specialist
- Corrections Supervisor I
- Corrections Supervisor II
- Corrections Supervisor III
- EAI Investigator
- EAI Supervisor
- Juvenile Corrections Officer I (A)
- Juvenile Corrections Officer I (B)
- Juvenile Corrections Officer II
- Juvenile Corrections Officer III
- Parole Officer I
- Parole Officer II
- Parole Supervisor
- Unit Team Manager
- Unit Team Supervisor

The request of Kraig Knowlton, Director of Personnel Services, to establish step 19 of pay grade 21 as the entry rate for the Developmental Disability Specialist job classification is hereby approved, effective June 9, 2024.

The request of Kraig Knowlton, Director of Personnel Services, to establish step 10 of pay grades 25, 26, 29, 30 and 31 as the entry rate for the Disability Examiner Trainee, Disability Examiner I, Disability Examiner II, Disabil-

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ity Examiner Reviewer and Disability Examiner Supervisor job classifications is hereby approved, effective June 9, 2024.

The request of Kraig Knowlton, Director of Personnel Services, to establish step 10 of pay grade 23 as the entry rate for the Driver License Examiner job classification, step 10 of pay grade 25 as the entry rate for the Driver License Examiner Specialist job classification, and step 16 of pay grade 26 for the Driver License Coordinator job classification is hereby approved, effective June 9, 2024.

The request of Kraig Knowlton, Director of Personnel Services, to establish step 12 of pay grade 29 as the entry rate for the Enforcement Agent job classification at the Kansas Department of Revenue is hereby approved, effective June 9, 2024.

The request of Kraig Knowlton, Director of Personnel Services, to establish step 17 of pay grade 32 as the entry rate for the Engineering Associate III job classification is hereby approved, effective June 9, 2024.

The request of Kraig Knowlton, Director of Personnel Services, to establish step 14 of pay grades 23 and 27 as the entry rate for the Engineering Technician and Engineering Technician Senior job classifications is hereby approved, effective June 9, 2024.

The request of Kraig Knowlton, Director of Personnel Services, to establish step 12 of pay grade 30 as the entry rate for the Engineering Technician Specialist job classifications is hereby approved, effective June 9, 2024.

The request of Kraig Knowlton, Director of Personnel Services, to establish step 16 of pay grades 25, 27 and 28 as the entry rate for the Equipment Body Mechanic, Equipment Mechanic, Equipment Mechanic Senior and Equipment Mechanic Specialist job classifications is hereby approved, effective June 9, 2024.

The request of Kraig Knowlton, Director of Personnel Services, to establish step 18 of pay grades 20 and 23 as the entry rate for the Equipment Operator and Equipment Operator Senior job classifications, and step 16 of pay grade 25 as the entry rate for the Equipment Operator Specialist job classification is hereby approved, effective June 9, 2024.

The request of Kraig Knowlton, Director of Personnel Services, to establish step 16 of pay grade 29 as the entry rate for the Geology Specialist job classification is hereby approved, effective June 9, 2024.

The request of Kraig Knowlton, Director of Personnel Services, to establish step 11 of pay grades 29 and 32 as the entry rate for the Health Facility Surveyor I and Health Facility Surveyor II job classifications is hereby approved, effective June 9, 2024.

The request of Kraig Knowlton, Director of Personnel Services, to establish step 19 of pay grade 26 as the entry rate for the Highway Maintenance Supervisor and step 21 of pay grade 29 as the entry rate for the Highway Maintenance Superintendent job classifications is hereby approved, effective June 9, 2024.

The request of Kraig Knowlton, Director of Personnel Services, to establish step 18 of pay grade 21 as the entry rate for the Licensed Mental Health Technician job classification is hereby approved, effective June 9, 2024.

The request of Kraig Knowlton, Director of Personnel Services, to establish step 8 of pay grades 28 and 29 as

the entry rate for the Licensed Practical Nurse and Licensed Practical Nurse Senior job classifications is hereby approved, effective June 9, 2024.

The request of Kraig Knowlton, Director of Personnel Services, to establish step 18 of pay grade 20 as the entry rate for the Mental Health/Developmental Disability Technician job classification is hereby approved, effective June 9, 2024.

The request of Kraig Knowlton, Director of Personnel Services, to establish step 19 of pay grades 35 and 37 as the entry rate for the Professional Civil Engineer I and Professional Civil Engineer II job classifications is hereby approved, effective June 9, 2024.

The request of Kraig Knowlton, Director of Personnel Services, to establish step 17 of pay grade 36 as the entry rate for the Professional Environmental Engineer I job classification and step 19 of pay grades 37 and 39 as the entry rate for the Professional Environmental Engineer II and Professional Environmental Engineer III job classifications is hereby approved, effective June 9, 2024.

The request of Kraig Knowlton, Director of Personnel Services, to establish step 7 of pay grades 35 and 37 as the entry rate for the Professional Geologist and Professional Geologist Senior job classifications is hereby approved, effective June 9, 2024.

The request of Kraig Knowlton, Director of Personnel Services, to establish step 7 of pay grades 37 and 38 as the entry rate for the Registered Nurse and Registered Nurse Senior job classifications is hereby approved, effective June 9, 2024.

The request of Kraig Knowlton, Director of Personnel Services, to establish step 15 of pay grade 20 as the entry rate for the Safety and Security Officer I job classification is hereby approved, effective June 9, 2024.

The request of Kraig Knowlton, Director of Personnel Services, to establish step 9 of pay grade 29 as the entry rate for the Social Worker Specialist job classification is hereby approved, effective June 9, 2024.

The request of Kraig Knowlton, Director of Personnel Services, to establish step 10 of pay grades 20, 21 and 24 as the entry rate for the Vehicle Identification Number Inspector, Vehicle Identification Number Inspector Lead and Vehicle Identification Number Inspector Supervisor job classifications is hereby approved, effective June 9, 2024.

The request of Kraig Knowlton, Director of Personnel Services, to abolish the following job classifications is hereby approved, effective June 9, 2024.

- Activity Therapy Technician
- Automotive Driver
- Beauty Shop Inspector
- Chemical Dependency Counselor
- Computer Operations Facility Technician
- Computer Operations Supervisor
- Foster Grandparent (Federal)
- Foster Grandparent (State)
- Funeral Home-Crematory Inspector
- Highway Patrol Lieutenant Colonel
- Laboratory Improvement Specialist
- Laborer Supervisor
- Laundry Manager
- Licensed Pharmacy Inspector

Photographic Platemaker
 Prepress Apprentice
 Printer – Electronic Photocomp
 Printing Press Operator
 Printing Press Supervisor
 Rehabilitation Instructor
 Service Assistant
 System Software Staff Consultant
 Technology Support Technician I
 Technology Support Technician II

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

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

Pursuant to the authority of the Secretary of the Kansas Department of Health and Environment to receive and expend federal funds, and pursuant to the authority granted the Governor by Section 193 of Chapter 82 of the *2023 Session Laws of Kansas*, approval is hereby granted to the Kansas Department of Health and Environment for expenditure in FY 2024 of monies in the federal fund entitled the “Self-Management Education Fund.”

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

Dated June 4, 2024.

Laura Kelly
 Governor

Doc. No. 052215

State of Kansas

Department for Aging and Disability Services

Permanent 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”;
- (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”;
- (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 process, 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.

(continued)

(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 to 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

(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; effective, T-26-6-10-24, June 10, 2024; effective June 28, 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; and

(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. (Authorized 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; effective, T-26-6-10-24, June 10, 2024; effective June 28, 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.

(continued)

(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; effective, T-26-6-10-24, June 10, 2024; effective June 28, 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 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; effective, T-26-6-10-24, June 10, 2024; effective June 28, 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, or 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; effective, T-26-6-10-24, June 10, 2024; effective June 28, 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; effective, T-26-6-10-24, June 10, 2024; effective June 28, 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;

(continued)

(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. 2023 Supp. 59-29c12; effective, T-26-2-16-24, Feb. 16, 2024; effective, T-26-6-10-24, June 10, 2024; effective June 28, 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

(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 visitors' 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.

(continued)

nance 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.

(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.

(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; effective, T-26-6-10-24, June 10, 2024; effective June 28, 2024.)

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

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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, fa-

cilities 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:

(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; and
- (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; effective, T-26-6-10-24, June 10, 2024; effective June 28, 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;

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(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; effective, T-26-6-10-24, June 10, 2024; effective June 28, 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; effective, T-26-6-10-24, June 10, 2024; effective June 28, 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:

(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 emergency 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.

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(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. (Au-

thorized by and implementing K.S.A. 39-2004; effective, T-26-2-16-24, Feb. 16, 2024; effective, T-26-6-10-24, June 10, 2024; effective June 28, 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 hours 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 is 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 admis-

sions, 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.

(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, and amendments thereto, 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.

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(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; effective, T-26-6-10-24, June 10, 2024; effective June 28, 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

(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 volunteer; 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; effective, T-26-6-10-24, June 10, 2024; effective June 28, 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;

(continued)

(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 and upon completion of the stated goals. (Authorized by and implementing K.S.A. 39-2004; effective, T-26-2-16-24, Feb. 16, 2024; effective, T-26-6-10-24, June 10, 2024; effective June 28, 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; effective, T-26-6-10-24, June 10, 2024; effective June 28, 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; effective, T-26-6-10-24, June 10, 2024; effective June 28, 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;

(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; effective, T-26-6-10-24, June 10, 2024; effective June 28, 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 illnesses 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 dental 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) 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.

(7) 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; and

(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.

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(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 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; and

(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;

(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; effective, T-26-6-10-24, June 10, 2024; effective June 28, 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; and

(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;

(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; effective, T-26-6-10-24, June 10, 2024; effective June 28, 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;

(continued)

(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; and

(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, as 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; and

(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;

(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 to 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; effective, T-26-6-10-24, June 10, 2024; effective June 28, 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 effective-

ness of infection control throughout the center, according to the center's policies and procedures;

(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; and

(9) provisions for isolation of a proposed patient or a patient who exhibits symptoms of any suspected infectious or contagious disease which is reportable in accordance with K.A.R. 28-1-2 or symptoms of COVID-19. Staff and volunteers shall adhere to standard precautions and use of personal protective equipment recommended by the centers for disease control to prevent the spread of infection. The proposed patient or patients shall be promptly examined by the center's physician or other authorized healthcare provider in accordance with K.A.R. 26-52-19, to determine whether their medical condition can be managed by the center's resources and staff or transfer of the proposed patient or patients to an appropriate facility for medical treatment is warranted.

(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; effective, T-26-6-10-24, June 10, 2024; effective June 28, 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

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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 designated 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; effective, T-26-6-10-24, June 10, 2024; effective June 28, 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 gar-

bage 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 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's 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's 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, cups 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 degrees Fahrenheit and shall be rinsed in water at 180 degrees 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.

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(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 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; effective, T-26-6-10-24, June 10, 2024; effective June 28, 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; effective, T-26-6-10-24, June 10, 2024; effective June 28, 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, including 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 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; and

(4) 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, an explanation of the nature of other treatment ordered shall be provided by the ordering physician, physician's assistant, or advanced

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practice registered nurse. 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 paragraph, 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; effective, T-26-6-10-24, June 10, 2024; effective June 28, 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:

(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

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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 and 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 se-

clusion 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; effective, T-26-6-10-24, June 10, 2024; effective June 28, 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; and

(8) elopement 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 of a patient which resulted in an emergency room visit, hospitalization, or death;

(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;

(H) outbreak of COVID-19 at the center affecting five or more patients; and

(I) suicide attempt committed at the center by a patient, staff member, or volunteer.

(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;
- (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, 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)(I) 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; effective, T-26-6-10-24, June 10, 2024; effective June 28, 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 specified in K.S.A. 65-4921, and amendments thereto.

(2) "Reportable incident" shall have the meaning specified 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; effective, T-26-6-10-24, June 10, 2024; effective June 28, 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;

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- (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. 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; or

(iv) 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; effective, T-26-6-10-24, June 10, 2024; effective June 28, 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; effective, T-26-6-10-24, June 10, 2024; effective June 28, 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;

(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; effective, T-26-6-10-24, June 10, 2024; effective June 28, 2024.)

Laura Howard
Secretary

Department for Aging and Disability Services

Doc. No. 052217

INDEX TO ADMINISTRATIVE REGULATIONS

7-47-1 Amended V. 43, Issue 22
7-47-1 Amended (T) V. 43, Issue 11

26-52-32 New (T) V. 43, Issue 9

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 6: STATE ELECTION BOARD

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6-1-1	Amended	V. 43, Issue 22
6-1-2	Amended	V. 43, Issue 22

AGENCY 7: SECRETARY OF STATE

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7-21-1	Amended	V. 43, Issue 22
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7-23-2	Amended	V. 43, Issue 22
7-23-4	Amended	V. 43, Issue 22
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7-36-6	Amended	V. 43, Issue 22
7-38-1	Amended	V. 43, Issue 22

AGENCY 26: DEPARTMENT FOR AGING AND DISABILITY SERVICE

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AGENCY 102: BEHAVIORAL SCIENCES REGULATORY BOARD

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102-3-3a	Amended	V. 43, Issue 23
102-4-3a	Amended	V. 43, Issue 23
102-5-3	Amended	V. 43, Issue 23
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102-5-10	Amended	V. 43, Issue 23
102-7-3	Amended	V. 43, Issue 23
102-7-4	Amended	V. 43, Issue 23
102-7-5	Amended	V. 43, Issue 23
102-7-7	Amended	V. 43, Issue 23
102-7-8	Amended	V. 43, Issue 23

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*.

Register. A list of regulations filed from December 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*.

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111-9-234	New	V. 43, Issue 12
111-18-5	Amended	V. 43, Issue 12
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111-501-113	Amended	V. 43, Issue 11
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AGENCY 112 RACING AND GAMING COMMISSION

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