Kansas Administrative Regulations

Kansas Department for Aging and Disability Services

Article 52.—Crisis Intervention Centers

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 admissions, medical or substance abuse history, or psychiatric advance directive, if known.

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

(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.

(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.)