Kansas Administrative Regulations

Kansas Department for Aging and Disability Services

Article 52.—Crisis Intervention Centers

26-52-30. Discharge; transfer.

(a) Each licensee shall ensure that a discharge plan or transfer summary is prepared for each discharged or transferred patient, which shall include the following:

(1) Patient's name;

(2) discharge diagnosis;

(3) reason for discharge or transfer;

(4) medication prescribed post-discharge;

(5) appointments with post-discharge providers, including the following:

(A) date and time of appointment;

(B) name of post-discharge provider; and

(C) address of post-discharge provider;

(6) specific instructions for post-discharge or after-transfer care; and

(7) contact information for the patient's community mental health center, other mental health treatment providers, and substance abuse treatment providers for accessing community services.

(b) The center's procedures for the discharge of a patient shall include the following:

(1) Verification of identity of the patient to be discharged;

(2) development of the discharge plan and post-discharge instructions for the patient;

(3) transportation arrangements;

(4) instructions for forwarding mail; and

(5) return of money and personal property to the patient.

(c) A receipt for all money and personal property returned to the patient shall be signed by the patient. If the patient refuses to sign the receipt, the staff member shall note on the receipt "refused to sign" with the staff member's printed name, and the date and time of the patient's refusal.

(d) Any licensee may discharge or transfer a patient if one of the following conditions is met:

(1) The patient's behavioral, substance-related, psychiatric, or comorbid symptoms require a less intensive level of care.

(2) The patient is at imminent risk of causing serious physical harm to self or others and mitigating measures have been ordered by professional staff and have been implemented by staff members, but the mitigating measures are not adequate to protect the patient or others. Mitigating measures include the following:

(A) increased direct care staff to monitor the patient;

(B) assignment of security staff to monitor the patient's conduct for safety and security of the patient, other patients, staff members, and volunteers;

(C) seclusion or restraints, or both, ordered by professional staff for the safety of the patient or others pursuant to K.S.A. 59-29c11, and amendments thereto, and this article; and

(D) medication administered over the patient's objection pursuant to K.S.A. 59-29c10, and amendments thereto, and this article.

(3) The symptoms are a result of or complicated by a medical condition that affects the health, safety and welfare of the patient and warrants admission to a medical care facility defined by K.S.A. 65-425, and amendments thereto, for treatment of the medical condition before the patient's mental health needs, alcohol and substance abuse needs, or co-occurring condition can effectively be treated at the center.

(4) The patient exhibits any other medical condition or behavior that the clinical director deems unsafe for the patient's continued retention in the center following use of mitigating measures without success, including the following:

(A) Increased direct care staff to monitor the patient;

(B) assignment of security staff to monitor the patient's conduct for safety and security of the patient, other patients, staff members, and volunteers;

(C) seclusion or restraints, or both, ordered by professional staff for the safety of the patient or others pursuant to K.S.A. 59-29c11, and amendments thereto, and this article;

(D) medication administered over the patient's objection pursuant to K.S.A. 59-29c10, and amendments thereto, and this article;

(E) use of personal protective equipment; and

(F) quarantine or isolation of the patient, if room is available at the center.

(5) The patient has been at the facility for at least 72 hours after admission, and the clinical director or designee determines the patient no longer meets admission criteria for treatment at the center pursuant to K.S.A. 59-29c08, and amendments thereto;

(6) The patient has been at the facility for at least 72 hours, and the following has occurred:

(A) The clinical director or designee determines the patient continues to meet admission criteria for admission to the center pursuant to K.S.A. 59-29c08, and amendments thereto;

(B) the clinical director or designee has filed the petition required by K.S.A. 59-2957, and amendments thereto, or K.S.A. 59-29b57, and amendments thereto; with the district court where the center is located pursuant to K.S.A. 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.)