

902 KAR 20:180. Psychiatric hospitals; operation and services.

RELATES TO: KRS 17.500, 198B.260, 200.503, 202A, 202B, 209.032, 210.005, 211.842-211.852, 216.380(7) and (8), 216B.010-216B.131, 216B.175, 216B.990, 309.080, 309.130, 311.560, 311.571, 311.840 – 311.862, 314.011(8), 314.042, 319.050, 319.056, 319.064, 319C.010, 320.240(14), 335.080, 335.100, 335.300, 335.500, 439.3401, 42 C.F.R. Part 2, 45 C.F.R. 160, 164, 20 U.S.C. 1400, 29 U.S.C. 701, 42 U.S.C. 290ee-3, 42 U.S.C. 1320d-2 – 1320d-8

STATUTORY AUTHORITY: KRS 216B.042, 216B.175(4)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 216B.042 requires the Cabinet for Health and Family Services to promulgate administrative regulations to govern health facilities and health services. KRS 216B.175(4) requires the cabinet to promulgate administrative regulations to establish requirements for the history and physical examination performed in an acute or psychiatric hospital. This administrative regulation establishes minimum licensure requirements for the operation and services of psychiatric hospitals and for the provision of psychiatric services in general acute care hospitals or critical access hospitals which have a psychiatric unit. In addition, this administrative regulation establishes requirements for psychiatric hospitals and general acute care hospitals or critical access hospitals that have a psychiatric unit and elect to provide outpatient behavioral health services.

Section 1. Definitions. (1) "Behavioral health professional" means:

(a) A psychiatrist licensed under the laws of Kentucky to practice medicine or osteopathy or a medical officer of the government of the United States while engaged in the performance of official duties who is certified or eligible to apply for certification by the American Board of Psychiatry and Neurology, Inc;

(b) A physician licensed in Kentucky to practice medicine or osteopathy in accordance with KRS 311.571;

(c) A psychologist licensed and practicing in accordance with KRS 319.050;

(d) A certified psychologist with autonomous functioning or licensed psychological practitioner practicing in accordance with KRS 319.056;

(e) A clinical social worker licensed and practicing in accordance with KRS 335.100;

(f) An advanced practice registered nurse licensed and practicing in accordance with KRS 314.042;

(g) A physician assistant licensed under KRS 311.840 to 311.862;

(h) A marriage and family therapist licensed and practicing in accordance with KRS 335.300;

(i) A professional clinical counselor licensed and practicing in accordance with KRS 335.500; or

(j) A licensed professional art therapist as defined by KRS 309.130(2).

(2) "Behavioral health professional under clinical supervision" means a:

(a) Psychologist certified and practicing in accordance with KRS 319.056;

(b) Licensed psychological associate licensed and practicing in accordance with KRS 319.064;

(c) Marriage and family therapist associate as defined by KRS 335.300(3);

(d) Social worker certified and practicing in accordance with KRS 335.080;

(e) Licensed professional counselor associate as defined by KRS 335.500(4); or

(f) Licensed professional art therapist associate as defined by KRS 309.130(3).

(3) "Cabinet" means the Cabinet for Health and Family Services.

(4) "Certified alcohol and drug counselor" is defined by KRS 309.080(2).

- (5) "Chemical restraint" means the use of a drug that:
- (a) Is administered to manage a patient's behavior in a way that reduces the safety risk to the patient or others;
 - (b) Has the temporary effect of restricting the patient's freedom of movement; and
 - (c) Is not a standard treatment for the patient's medical or psychiatric condition.
- (6) "Child with a severe emotional disability" is defined by KRS 200.503(3).
- (7) "Community support associate" means a paraprofessional who meets the application, training, and supervision requirements of 908 KAR 2:250.
- (8) "Governing authority" means the individual, agency, partnership, or corporation in which the ultimate responsibility and authority for the conduct of the hospital is vested.
- (9) "Licensed assistant behavior analyst" is defined by KRS 319C.010(7).
- (10) "Licensed behavior analyst" is defined by KRS 319C.010(6).
- (11) "Licensed clinical alcohol and drug counselor" is defined by KRS 309.080(4).
- (12) "Licensed clinical alcohol and drug counselor associate" is defined by KRS 309.080(5).
- (13) "Mechanical restraint" means any device attached or adjacent to a patient's body that he or she cannot easily remove that restricts freedom of movement or normal access to his or her body.
- (14) "Peer support specialist" means a paraprofessional who meets the application, training, examination, and supervision requirements of 908 KAR 2:220, 908 KAR 2:230, or 908 KAR 2:240.
- (15) "Personal restraint" means the application of physical force without the use of any device for the purpose of restraining the free movement of a patient's body, except for briefly holding a patient, without undue force, in order to calm or comfort him or her or holding a patient's hand to safely escort him or her from one (1) area to another.
- (16) "Professional staff" means psychiatrists and other physicians, psychologists, psychiatric nurses and other nurses, social workers, and other professionals with special education or experience in the care of persons with mental illness and who are involved in the diagnosis and treatment of patients with mental illness.
- (17) "Psychiatric unit" means a department of a critical access hospital with a maximum of ten (10) psychiatric beds or general acute care hospital consisting of eight (8) or more psychiatric beds organized for the purpose of providing psychiatric services.
- (18) "Seclusion" means the involuntary confinement of a patient alone in a room or in an area from which the patient is physically prevented from leaving.
- (19) "Severe mental illness" means the conditions defined by KRS 210.005(2) and (3).

Section 2. Applicability. (1)(a) A general acute care hospital or a critical access hospital with a psychiatric unit shall:

- 1. Designate the location and number of beds for which licensure is sought;
- 2. Meet the requirements of 902 KAR 20:016; and
- 3. Meet the requirements of this administrative regulation.

(b) A facility requesting licensure exclusively as a psychiatric hospital shall be subject to the requirements of this administrative regulation.

(2) A facility shall not be licensed as, or be called, a psychiatric hospital unless the facility:

(a) Provides the full range of services required by Section 5 of this administrative regulation; and

(b) Provides for the treatment of a variety of mental illnesses.

(3) A psychiatric hospital and a general acute care hospital or critical access hospital with a psychiatric unit that has a mean daily census of patients whose primary diagnosis is chemical dependency exceeding ten (10) percent of the licensed bed capacity shall:

(a) Apply for a certificate of need in order to convert the necessary number of beds to chemical dependency services;

(b) Meet the licensure requirements established in 902 KAR 20:160; and

(c) Report the mean daily census in the Annual Hospital Utilization Report.

(4) If a psychiatric hospital or a general acute care hospital or a critical access hospital with a psychiatric unit provides outpatient behavioral health services as described in Section 6 of this administrative regulation:

(a) The outpatient behavioral health services shall be provided:

1. On a separate floor, in a separate wing, or in a separate building on the hospital's campus; or

2. At an extension off the campus of the hospital;

(b) The hospital shall pay a fee in the amount of \$250 per off-campus extension providing outpatient behavioral health services, submitted to the Office of Inspector General at the time of:

1. Initial licensure, if applicable;

2. The addition of a new outpatient behavioral health services extension to the hospital's license; and

3. Renewal;

(c) Each off-campus extension or on-campus program of outpatient behavioral health services shall:

1. Be listed on the hospital's license;

2. Have a program director who shall be a:

a. Psychiatrist;

b. Physician;

c. Certified or licensed psychologist;

d. Licensed psychological practitioner;

e. Psychiatric nurse;

f. Advanced practice registered nurse;

g. Licensed professional clinical counselor;

h. Licensed marriage and family therapist;

i. Licensed professional art therapist;

j. Licensed board certified behavioral analyst; or

k. Licensed clinical social worker; and

3. Employ directly or by contract a sufficient number of personnel to provide outpatient behavioral health services; and

(d) An off-campus extension or a separate building on the campus of the hospital where outpatient behavioral health services are provided shall comply with the physical environment requirements of Section 7 of this administrative regulation and be approved by the State Fire Marshal's office prior to:

1. Initial licensure;

2. The addition of the extension or on-campus program of outpatient behavioral health services in a separate building; or

3. A change of location.

Section 3. Administration and Operation. (1) General requirements. A psychiatric hospital and a general acute care hospital or critical access hospital with a psychiatric unit shall comply with:

(a) This section;

(b) 902 KAR 20:016, Section 3; and

(c) KRS Chapters 202A and 202B.

(2) Professional staff. A facility requesting licensure exclusively as a psychiatric hospital shall comply with the following staffing requirements rather than those in 902 KAR 20:016, Section 3(8):

(a) The psychiatric hospital shall have a professional staff:

1. Organized under bylaws approved by the governing authority;
2. Responsible to the governing authority for the quality of clinical care provided to patients;
3. Responsible for the ethical conduct and professional practice of its members; and
4. Responsible for developing and adopting bylaws, subject to the approval of the governing authority, which shall:
 - a. Require that a licensed physician be responsible for admission, diagnosis, all medical care and treatment, and discharge;
 - b. State the necessary qualifications for professional staff membership;
 - c. Define and describe the responsibilities and duties of each category of professional staff, such as whether staff is active, associate, courtesy, consulting, or honorary;
 - d. Delineate the clinical privileges of staff members;
 - e. Establish a procedure for granting and withdrawing staff privileges, including credentials review;
 - f. Provide a mechanism for appeal of decisions regarding staff membership and privileges;
 - g. Provide a method for the selection of officers of the professional staff;
 - h. Establish requirements regarding the frequency of, and attendance at, general staff and department or service meetings of the professional staff;
 - i. Provide for the appointment of standing and special committees, which may include the following:
 - (i) Executive committee;
 - (ii) Credential committee;
 - (iii) Medicaid audit committee;
 - (iv) Medical records committee;
 - (v) Infections control committee;
 - (vi) Pharmacy and therapeutic committee;
 - (vii) Utilization review committee;
 - (viii) Quality assurance committee; and
 - (ix) Behavioral health committee;
 - j. Establish the composition and organization of the standing and special committees, and assure that the committees' minutes and reports shall be part of the permanent records of the hospital; and
 - k. Establish a policy requiring a physician, or other member of the professional staff permitted to order diagnostic testing and treatment, to sign telephone orders for diagnostic testing and treatment within seventy-two (72) hours of the time the order was given.

(b) A psychiatric hospital shall develop a process of appointment to the professional staff which shall ensure that the individual requesting staff membership is appropriately licensed, certified, registered, or experienced, and qualified for the privileges and responsibilities sought.

(3) Background checks.

(a) All personnel of a state-owned and operated psychiatric hospital and all personnel of a privately operated psychiatric center under contract with the Department for Behavioral Health, Developmental and Intellectual Disabilities who are hired after the effective date of this administrative regulation and have duties that involve or may involve one-on-one contact with a patient or client shall:

1. Have a criminal record check performed upon initial hire through the Administrative Office

of the Courts or the Kentucky State Police;

2. Not have a criminal conviction, or plea of guilty, to a:

- a. Sex crime as specified in KRS 17.500;
- b. Violent crime as specified in KRS 439.3401;
- c. Criminal offense against a minor as specified in KRS 17.500; or
- d. Class A felony; and

3. Not be listed on the following:

- a. Central registry established by 922 KAR 1:470;
- b. Nurse aide or home health aide abuse registry established by 906 KAR 1:100; or
- c. Caregiver misconduct registry required by KRS 209.032 and established by 922 KAR

5:120.

(b) A state-owned and operated psychiatric hospital, or a privately operated psychiatric center under contract with the Department for Behavioral Health, Developmental and Intellectual Disabilities, may use Kentucky's national background check system established by 906 KAR 1:190 to satisfy the background check requirements of paragraph (a) of this subsection.

(c) A state-owned and operated psychiatric hospital and a privately operated psychiatric center under contract with the Department for Behavioral Health, Developmental and Intellectual Disabilities shall perform annual criminal record and registry checks as described in paragraph (a) of this subsection on a random sample of at least fifteen (15) percent of all personnel.

(4) Policies for psychiatric hospitals and general acute care hospitals or critical access hospitals with a psychiatric unit.

(a) Written admission and discharge policies shall be consistent with the requirements of KRS Chapters 202A and 202B.

(b) Written policies pertaining to patient rights and the use of restraints and seclusion shall be consistent with KRS Chapters 202A and 202B.

(c) Written policies concerning the use of special treatment procedures as described in Section 4(3) of this administrative regulation shall specify the qualifications required for professional staff using special treatment procedures.

(5) Patient rights. A psychiatric hospital and a general acute care hospital or critical access hospital with a psychiatric unit shall assure that patient rights are provided for pursuant to KRS Chapters 202A and 202B.

(6) Medical records.

(a) Ownership.

1. Medical records shall be the property of the hospital.

2. The original medical record shall not be removed from the facility except by court order or subpoena.

3. Copies of a medical record or portions of the record may be used and disclosed. Use and disclosure shall be as established in this administrative regulation.

(b) Confidentiality and security: use and disclosure.

1. The psychiatric hospital and general acute care hospital or critical access hospital with a psychiatric unit shall maintain the confidentiality and security of medical records in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d-2 to 1320d-8, and 45 C.F.R. Parts 160 and 164, as amended, including the security requirements mandated by subparts A and C of 45 C.F.R. Part 164, or as provided by applicable federal or state law, including 42 U.S.C. 290ee-3, and the Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2.

2. The psychiatric hospital and general acute care hospital or critical access hospital with a psychiatric unit may use and disclose medical records. Use and disclosure shall be as estab-

lished or required by:

- a. HIPAA, 42 U.S.C. 1320d-2 to 1320d-8, and 45 C.F.R. Parts 160 and 164; or
- b. 42 U.S.C. 290ee-3, and the Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2.

3. This administrative regulation shall not be construed to forbid the hospital from establishing higher levels of confidentiality and security than required by HIPAA, 42 U.S.C. 1320d-2 to 1320d-8, and 45 C.F.R. Parts 160 and 164, or 42 U.S.C. 290ee-3, and the Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2.

(c) Patient information. The medical record shall contain:

1. Appropriate court order or consent of patient, authorized family member or guardian for admission, evaluation, and treatment;
2. A provisional or admitting diagnosis which includes a physical diagnosis, if applicable, and a diagnosis of mental health disorder, substance use disorder, or co-occurring disorder;
3. Results of the psychiatric evaluation;
4. A complete social history;
5. An individualized comprehensive treatment plan;
6. Progress notes, dated and signed by physician, nurse, social worker, psychologist, or other individuals involved in treatment of patient. Progress notes shall document services and treatments provided and the patient's progress in response to the services and treatments;
7. A record of the patient's weight;
8. Special clinical justification for the use of special treatment procedures described in Section 4(3) of this administrative regulation;
9. A discharge summary which includes a:
 - a. Recapitulation of the patient's hospitalization and recommendations from appropriate services concerning follow-up or after care; and
 - b. Brief summary of the patient's condition on discharge;
10. If a patient dies, a summation statement in the form of a discharge summary, including events leading to the death, signed by the attending physician; and
11. If an autopsy is performed, a provisional anatomic diagnosis shall be included in the patient's record within seventy-two (72) hours with the complete summary and pathology report, including cause of death, recorded within three (3) months.

Section 4. Patient Management. (1) Assessment. A psychiatric hospital and a general acute care hospital or critical access hospital with a psychiatric unit shall be responsible for conducting a complete assessment of each patient.

(a) A provisional or admitting diagnosis, which includes the diagnosis of physical diseases, if applicable, and the psychiatric diagnosis, shall be made for each patient at the time of admission.

(b) A history and physical examination shall be conducted according to the requirements of KRS 216B.175(2).

1. The history and physical examination shall include:

- a. A description of the patient's chief complaint, the major reason for hospitalization;
- b. A history of the patient's:
 - (i) Present illness;
 - (ii) Past illnesses;
 - (iii) Surgeries;
 - (iv) Medications;
 - (v) Allergies;
 - (vi) Social history; and

(vii) Immunizations;

c. A review of the patient's anatomical systems and level of function at the time of the exam;

d. A patient's vital signs; and

e. A general observation of the patient's:

(i) Alertness;

(ii) Debilities; and

(iii) Emotional behavior.

2. The results of the history and physical examination shall be recorded, reviewed for accuracy, and signed by the practitioner conducting the examination.

(c) A psychiatric evaluation for each patient shall:

1. Be completed within seventy-two (72) hours of admission; and

2. Include the following:

a. A medical history;

b. A record of mental status;

c. Details regarding onset of illness and circumstances leading to admission;

d. A description of attitudes and behavior;

e. An estimate of intellectual functioning, memory functioning, and orientation; and

f. An inventory of the patient's assets in a descriptive, not interpretative, fashion.

(d) A social assessment of each patient shall be recorded.

(e) An activities assessment of each patient shall be prepared and shall include information relating to the patient's current skills, talents, aptitudes, and interest.

(f) 1. If appropriate, nutritional, vocational, and legal assessments shall be conducted.

2. The legal assessment shall be used to determine the extent to which the patient's legal status will influence progress in treatment.

(2) Treatment plans.

(a) Each patient shall have a written individualized treatment plan that is based on assessments of the patient's clinical needs and approved by the patient's attending physician.

(b) Overall development and implementation of the treatment plan shall be assigned to appropriate members of the professional staff.

(c) Within seventy-two (72) hours following admission, a designated member of the professional staff shall develop an initial treatment plan that is based on an assessment of the patient's:

1. Presenting problems;

2. Physical health;

3. Emotional and behavioral status; and

4. Other relevant factors.

(d) Appropriate therapeutic efforts shall begin before a master treatment plan is finalized. A master treatment plan shall:

1. Be developed by a multidisciplinary team within ten (10) days for any patient remaining in treatment beyond the initial evaluation;

2. Be based on a comprehensive assessment of the patient's needs;

3. Include a substantiated diagnosis;

4. Include short-term and long-range treatment needs;

5. Address the specific treatment modalities required to meet the patient's needs;

6. Include referrals for services not provided directly by the facility;

7. Contain specific and measurable goals for the patient to achieve;

8. Describe the services, activities, and programs to be provided to the patient;

9. Specify staff members assigned to work with the patient and the time and frequency for each treatment procedure;

10. Specify criteria to be met for termination of treatment;
11. Include participation by the patient to the maximum extent feasible in the development of the patient's treatment plan and document patient participation in the patient's record;
12. Include a specific plan for involving the patient's family or significant others in development of the treatment plan if indicated; and
13. Be reviewed and updated through multidisciplinary case conferences as frequently as clinically indicated and in accordance with the following:
 - a. The review and update shall be completed:
 - (i) No later than thirty (30) days following the first ten (10) days of treatment; and
 - (ii) Every sixty (60) days thereafter for the first year of treatment; and
 - b. Following one (1) year of continuous treatment, the review and update may be conducted at three (3) month intervals.
 - (3) Special treatment procedures.
 - (a) Special documentation shall be included in the patient's medical record concerning the use of chemical, personal, or mechanical restraints or seclusion.
 - (b) The documentation shall include:
 1. The written order of a physician, advanced practice registered nurse, or physician's assistant;
 2. Justification for the use of the restraint or seclusion;
 3. The required consent forms;
 4. A description of procedures employed to protect the patient's safety and rights; and
 5. A description of the procedure used.
 - (c) The use of chemical, personal, or mechanical restraints and seclusion shall be governed by the following:
 1. Restraint or seclusion shall be used only to prevent:
 - a. A patient from injuring himself, herself, or others; or
 - b. Serious disruption of the therapeutic program;
 2. A written, time-limited order from a physician, advanced practice registered nurse, or physician assistant shall be required for the use of restraint or seclusion;
 3. The head of the medical staff shall give written approval when restraint or seclusion is utilized for longer than twenty-four (24) hours;
 4. PRN orders shall not be used to authorize the use of restraint or seclusion;
 5. The head of the medical staff or his or her designee shall:
 - a. Review daily all uses of restraint or seclusion; and
 - b. Investigate unusual or possibly unwarranted patterns of utilization;
 6. Restraint or seclusion shall not be used in a manner that causes undue physical discomfort, harm, or pain to the patient;
 - 7.a. Appropriate attention shall be paid every fifteen (15) minutes to a patient in restraint or seclusion, including attention in regard to regular meals, bathing, and use of the toilet; and
 - b. Staff shall document in the patient's record that the attention was given to the patient.
 - (d) Locking mechanical restraints may be used pursuant to subparagraph 5 of this paragraph if the cabinet has previously found that the facility has instituted policies which comply with the provisions of paragraph (c) of this subsection and the following requirements:
 1. Keys. A facility's direct care nursing staff shall:
 - a. Have in their possession at least two (2) keys to a locking restraint so that the restraint can be removed immediately in the case of an emergency;
 - b. Have a plan which designates nursing staff responsible for the keys; and
 - c. Follow written policy which explains how the keys are to be used.
 2. An order for a locking mechanical restraint shall be time-limited as follows:

- a. Four (4) hours for adults eighteen (18) years of age or older up to a maximum of twenty-four (24) hours, during which time the continued need for the restraint shall be evaluated at fifteen (15) minute intervals until the maximum time is reached;
 - b. Two (2) hours for children and adolescents ages nine (9) to seventeen (17) up to a maximum of twenty-four (24) hours, during which time the continued need for the restraint shall be evaluated at fifteen (15) minute intervals until the maximum time is reached;
 - c. One (1) hour for patients under the age of nine (9) up to a maximum of twenty-four (24) hours, during which time the continued need for the restraint shall be evaluated at fifteen (15) minute intervals until the maximum time is reached; and
 - d. Orders pursuant to this paragraph shall specify the restraint type and criteria for release in the patient's medical record.
- 3.a. If, after twenty-four (24) hours, a patient still appears to need restraint, the patient shall receive a face-to-face reassessment by a licensed physician.
- b. If the physician determines that continued restraint is necessary, the physician shall write a time-limited order according to the time frames set out in subparagraph 2 of this paragraph;
4. A facility may reinstitute the use of a restraint that has been discontinued if the time frame limited order for the restraint has not expired; and
5. A facility found to be in compliance with this section may use locking mechanical restraints only under the following circumstances:
- a. For the transport of forensic or other impulsively violent patients;
 - b. For the crisis situation stabilization of forensic and other impulsively violent patients;
 - c. To prevent a patient who has demonstrated the ability to escape from a nonlocking mechanical restraint on one (1) or more occasions; or
 - d. For a patient requiring ambulatory restraints as approved by a behavioral health management team.

Section 5. Provision of Services. (1) Psychiatric and general medical services.

(a) Psychiatric services shall be under the supervision of a clinical director, service chief, or equivalent, who is qualified as follows to provide the leadership required for an intensive treatment program:

- 1. The clinical director, or equivalent, shall be certified by the American Board of Psychiatry and Neurology, or shall meet the training and experience requirements for examination by the board.
- 2. If the psychiatrist in charge of the clinical program is not board certified, there shall be evidence that consultation is given to the clinical program on a continuing basis by a psychiatrist certified by the American Board of Psychiatry and Neurology.

(b) General medical services provided in the psychiatric hospital or general acute care hospital or a critical access hospital with a psychiatric unit shall be under the direction of a physician member of the professional staff in accordance with staff privileges granted by the governing authority.

- 1.a. The attending physician shall assume full responsibility for diagnosis and care of his or her patient.
 - b. Services provided by a physician assistant or advanced practice registered nurse shall be provided within the practitioner's scope of practice and the hospital's protocols and bylaws.
- 2.a. Incidental medical services necessary for the care and support of patients shall be provided by in-house staff or through agreement with outside resources.
- b. If a patient's condition requires services not available in the hospital, the patient, on physician's orders, shall be transferred promptly to an appropriate level of care.
 - c. A physician's order is not necessary in the case of an emergency.

3. There shall be a written plan delineating the manner in which emergency services are provided by the hospital or through clearly defined arrangements with another facility. The plan shall clearly specify the following:

a. The arrangement the hospital has made to assure that the patient being transferred for emergency services to a nonpsychiatric facility will continue to receive further evaluation or treatment of the psychiatric problem, as needed;

b. The policy for referring a patient in need of continued psychiatric care after emergency services back to the referring facility; and

c. The policy for notifying a patient's family of an emergency and arrangements that have been made for referring or transferring the patient to another facility for emergency service.

(c) Physician services shall be available twenty-four (24) hours a day on at least an on-call basis.

(d) There shall be sufficient physician staff coverage for all psychiatric and medical services of the hospital, in keeping with their size and scope of activity.

(e) The attending physician shall state the final diagnosis, complete the discharge summary, and sign the records within fifteen (15) days following the patient's discharge.

(2) Nursing services.

(a) The hospital shall have a nursing department organized to meet the nursing care needs of the patients and maintain established standards of nursing practice.

(b) The psychiatric nursing service shall be under the direction of a registered nurse who:

1. Has a master's degree in psychiatric or mental health nursing, or its equivalent, from a school of nursing accredited by the National League for Nursing; or

2. Has a baccalaureate degree in nursing with two (2) years' experience in nursing administration or supervision and experience in psychiatric nursing.

(c) There shall be a registered nurse on duty twenty-four (24) hours a day.

(d) There shall be an adequate number of registered nurses, licensed practical nurses, and other nursing personnel to provide the nursing care necessary under each patient's active treatment program.

(e) There shall be continuing in-service and staff development programs to prepare nursing personnel for active participation in interdisciplinary meetings affecting the planning or implementation of nursing care plans for patients.

(3) Psychological services.

(a) The hospital shall provide psychological services to meet the needs of patients.

(b) Psychological services shall be provided under the direction of a licensed psychologist.

(c) There shall be an adequate number of psychologists, consultants, and supporting personnel to:

1. Assist in essential diagnostic formulations;

2. Participate in program development;

3. Participate in the evaluation of program effectiveness; and

4. Participate in training activities and in therapeutic interventions.

(4) Therapeutic activities.

(a) The hospital shall provide a therapeutic activities program that shall:

1. Be appropriate to the needs and interests of the patients; and

2. Directed toward restoring and maintaining optimal levels of physical and psychosocial functioning.

(b) The number of qualified therapists, support personnel, and consultants shall be adequate to provide comprehensive therapeutic activities, including occupational, recreational, and physical therapy, consistent with each patient's active treatment program.

(5) Pharmaceutical services. The hospital shall comply with requirements of 902 KAR

20:016, Section 4(5), and the following requirements:

(a) Medication shall be administered by one (1) of the following:

1. Registered nurse;
2. Physician;
3. Dentist;
4. Physician assistant; or

5. Advanced practice registered nurse, except in the case of a licensed practical nurse under the supervision of a registered nurse.

(b)1. Medication shall be given only by written order signed within seventy-two (72) hours by one (1) of the following:

- a. Physician;
- b. Dentist;
- c. Advanced practice registered nurse;
- d. Therapeutically-certified optometrist; or
- e. Physician assistant.

2. A telephone order for medication shall be given to only a:

- a. Licensed practical nurse;
- b. Registered nurse; or
- c. Pharmacist.

3. A telephone order may be given to a licensed physical, occupational, speech, or respiratory therapist in accordance with the therapist's scope of practice and the hospital's protocol.

(6) Laboratory services. A hospital shall comply with 902 KAR 20:016, Section 4(4), concerning the provision of laboratory and pathology services.

(7) Social services.

(a) A hospital shall provide social services to meet the need of the patients.

(b) There shall be a director of social services who has a master's degree from an accredited school of social work.

(c) There shall be an adequate number of social workers, consultants, and other assistants or case aides to perform the following functions:

1. Secure information about a patient's development and current life situation in order to provide psychosocial data for diagnosis and treatment planning and for direct therapeutic services to a patient, patient group, or family;

2. Identify or develop community resources including family or foster care programs;

3. Participate in interdisciplinary conferences and meetings concerning diagnostic formulation, treatment planning and progress reviews; and

4. Participate in discharge planning, arrange for follow-up care, and develop a mechanism for exchange of appropriate information with a source outside the hospital.

(8) Dietary services. A hospital shall comply with 902 KAR 20:016, Section 4(3), pertaining to the provision of dietary services, and requirements contained in this subsection.

(a) Dietary service personnel who have personal contact with the patients shall be made aware that emotional factors may cause patients to change their food habits and shall inform appropriate members of the professional staff of any change.

(b) Meals shall be provided in central dining areas for ambulatory patients.

(9) Radiology services.

(a) If radiology services are provided within the facility, the hospital shall comply with 902 KAR 20:016, Section 4(6), concerning the provision of radiology services.

(b)1. If radiology services are not provided within the facility, the hospital shall have an arrangement with an outside source.

2. The arrangement shall be outlined in a written plan.

3. The outside radiology service shall have a current license or registration pursuant to KRS 211.842 to 211.852 and relevant administrative regulations.

(10) Other services. If surgery, anesthesia, physical therapy or outpatient services are provided within the facility, the hospital shall comply with the applicable sections of 902 KAR 20:016.

(11) Chemical dependency treatment services. A psychiatric hospital providing chemical dependency treatment services shall meet the requirements of 902 KAR 20:160, Sections 3 and 4, and shall designate the location and number of beds to be used for this purpose.

Section 6. Outpatient behavioral health services. (1) A psychiatric hospital or general acute care or critical access hospital with a psychiatric unit may provide one (1) or more of the following outpatient behavioral health services on the campus of the hospital if provided on a separate floor, in a separate wing, in a separate building on the hospital's campus, or at an off-site extension location:

(a) Screening which shall be provided by a behavioral health professional, behavioral health professional under clinical supervision, certified alcohol and drug counselor, licensed clinical alcohol and drug counselor, or licensed clinical alcohol and drug counselor associate practicing within his or her scope of practice to determine the:

1. Likelihood that an individual has a mental health, substance use, or co-occurring disorder; and

2. Need for an assessment;

(b) Assessment which shall:

1. Be provided by a behavioral health professional, behavioral health professional under clinical supervision, licensed behavior analyst, licensed assistant behavior analyst working under the supervision of a licensed behavior analyst, a certified alcohol and drug counselor, licensed clinical alcohol and drug counselor, or licensed clinical alcohol and drug counselor associate practicing within his or her scope of practice who gathers information and engages in a process with the client, thereby enabling the professional to:

a. Establish the presence or absence of a mental health, substance use, or co-occurring disorder;

b. Determine the client's readiness for change;

c. Identify the client's strengths or problem areas which may affect the treatment and recovery processes; and

d. Engage the client in developing an appropriate treatment relationship;

2. Establish or rule out the existence of a clinical disorder or service need;

3. Include working with the client to develop a plan of care if a clinical disorder or service need is assessed; and

4. Not include psychological or psychiatric evaluations or assessments;

(c) Psychological testing which shall:

1. Be performed by a licensed psychologist, licensed psychological associate, or licensed psychological practitioner; and

2. Include a psychodiagnostic assessment of personality, psychopathology, emotionality, or intellectual disabilities and interpretation and written report of testing results;

(d) Crisis intervention which:

1. Shall be a therapeutic intervention for the purpose of immediately reducing or eliminating the risk of physical or emotional harm to the client or another individual;

2. Shall consist of clinical intervention and support services necessary to provide integrated crisis response, crisis stabilization interventions, or crisis prevention activities;

3. Shall be provided:

- a. On-site at the facility;
- b. As an immediate relief to the presenting problem or threat; and
- c. In a face-to-face, one (1) on one (1) encounter;
- 4. May include verbal de-escalation, risk assessment, or cognitive therapy;
- 5. Shall be provided by one (1) or more of the following practicing within his or her scope of practice:
 - a. Behavioral health professional;
 - b. Behavioral health professional under clinical supervision;
 - c. Certified alcohol and drug counselor;
 - d. Licensed clinical alcohol and drug counselor; or
 - e. Licensed clinical alcohol and drug counselor associate;
- 6. Shall be followed by a referral to noncrisis services, if applicable; and
- 7. May include:
 - a. Further service prevention planning, including:
 - (i) Lethal means reduction for suicide risk; or
 - (ii) Substance use disorder relapse prevention; or
 - b. Verbal de-escalation, risk assessment, or cognitive therapy;
 - (e) Mobile crisis services which shall:
 - 1. Be available twenty-four (24) hours a day, seven (7) days a week, every day of the year;
 - 2. Be provided for a duration of less than twenty-four (24) hours;
 - 3. Not be an overnight service; and
 - 4. Be a multi-disciplinary team based intervention that ensures access to acute mental health and substance use services and supports to:
 - a. Reduce symptoms or harm; or
 - b. Safely transition an individual in an acute crisis to the appropriate, least restrictive level of care;
 - 5. Involve all services and supports necessary to provide:
 - a. Integrated crisis prevention;
 - b. Assessment and disposition;
 - c. Intervention;
 - d. Continuity of care recommendations; and
 - e. Follow-up services;
 - 6. Be provided face-to-face in a home or community setting by one (1) or more of the following practicing within his or her scope of practice:
 - a. Behavioral health professional;
 - b. Behavioral health professional under clinical supervision;
 - c. Certified alcohol and drug counselor;
 - d. Licensed clinical alcohol and drug counselor; or
 - e. Licensed clinical alcohol and drug counselor associate; and
 - 7. Ensure access to a board certified or board-eligible psychiatrist twenty-four (24) hours a day, seven (7) days a week, every day of the year;
 - (f) Day treatment which shall:
 - 1. Be a nonresidential, intensive treatment program designed for children who:
 - a. Have a substance use disorder, mental health disorder, or co-occurring disorder;
 - b. Are under twenty-one (21) years of age; and
 - c. Are at high risk of out-of-home placement due to a behavioral health issue;
 - 2. Consist of an organized behavioral health program of treatment and rehabilitative services for substance use disorder, mental health disorder, or a co-occurring disorder;
 - 3. Have unified policies and procedures that address the organization's philosophy, admis-

sion and discharge criteria, admission and discharge process, staff training, and integrated case planning;

4. Include the following:

- a. Individual outpatient therapy, family outpatient therapy, or group outpatient therapy;
- b. Behavior management and social skill training;
- c. Independent living skills that correlate to the age and development stage of the client; and
- d. Services designed to explore and link with community resources before discharge and to assist the client and family with transition to community services after discharge;

assist the client and family with transition to community services after discharge;

5. Be provided as follows:

a. In collaboration with the education services of the local education authority including those provided through 20 U.S.C. 1400 et seq. (Individuals with Disabilities Education Act) or 29 U.S.C. 701 et seq. (Section 504 of the Rehabilitation Act);

b. On school days and during scheduled school breaks;

c. In coordination with the child's individual educational plan or Section 504 plan if the child has an individual educational plan or Section 504 plan;

d. By personnel that includes a behavioral health professional, a behavioral health professional under clinical supervision, a certified alcohol and drug counselor, a licensed clinical alcohol and drug counselor, a licensed clinical alcohol and drug counselor associate, or a peer support specialist practicing within his or her scope of practice; and

e. According to a linkage agreement with the local education authority that specifies the responsibilities of the local education authority and the day treatment provider; and

6. Not include a therapeutic clinical service that is included in a child's individualized education plan;

(g) Peer support which shall:

1. Be provided by a peer support specialist;

2. Be structured and scheduled nonclinical therapeutic activity with a client or group of clients;

3. Promote socialization, recovery, self-advocacy, preservation, and enhancement of community living skills; and

4. Be identified in the client's plan of care;

(h) Intensive outpatient program services which shall:

1. Offer a multi-modal, multi-disciplinary structured outpatient treatment program that is more intensive than individual outpatient therapy, group outpatient therapy, or family outpatient therapy;

2. Be provided at least three (3) hours per day at least three (3) days per week;

3. Include the following:

a. Individual outpatient therapy;

b. Group outpatient therapy;

c. Family outpatient therapy unless contraindicated;

d. Crisis intervention; or

e. Psycho-education during which the client or client's family member shall be:

(i) Provided with knowledge regarding the client's diagnosis, the causes of the condition, and the reasons why a particular treatment might be effective for reducing symptoms; and

(ii) Taught how to cope with the client's diagnosis or condition in a successful manner;

4. Include a treatment plan which shall:

a. Be individualized; and

b. Focus on stabilization and transition to a lower level of care;

5. Be provided by a behavioral health professional, behavioral health professional under clinical supervision, certified alcohol and drug counselor, licensed clinical alcohol and drug

counselor, or licensed clinical alcohol and drug counselor associate practicing within his or her scope of practice;

6. Include access to a board-certified or board-eligible psychiatrist for consultation;

7. Include access to a psychiatrist, other physician, or advanced practice registered nurse for medication prescribing and monitoring; and

8. Be provided in a setting with a minimum client-to-staff ratio of ten (10) clients to one (1) staff person;

(i) Individual outpatient therapy which shall:

1. Be provided to promote the:

- a. Health and wellbeing of the client; or
- b. Recovery from a substance related disorder;

2. Consist of:

- a. A face-to-face encounter with the client; and
- b. A behavioral health therapeutic intervention provided in accordance with the client's plan of care;

3. Be aimed at:

- a. Reducing adverse symptoms;
- b. Reducing or eliminating the presenting problem of the client; and
- c. Improving functioning;

4. Not exceed three (3) hours per day; and

5. Be provided by a behavioral health professional, behavioral health professional under clinical supervision, licensed behavior analyst, licensed assistant behavior analyst working under the supervision of a licensed behavior analyst, certified alcohol and drug counselor, licensed clinical alcohol and drug counselor, or licensed clinical alcohol and drug counselor associate practicing within his or her scope of practice;

(j) Group outpatient therapy which shall:

1. Be provided to promote the:

- a. Health and wellbeing of the client; or
- b. Recovery from a substance related disorder;

2. Consist of a face-to-face behavioral health therapeutic intervention provided in accordance with the client's plan of care;

3. Excluding multi-family group therapy, be provided in a group setting of nonrelated individuals, not to exceed twelve (12) individuals in size. For group outpatient therapy, a nonrelated individual means any individual who is not a spouse, significant other, parent or person with custodial control, child, sibling, stepparent, stepchild, step-brother, step-sister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparent, or grandchild;

4. Focus on the psychological needs of the client as evidenced in the client's plan of care;

5. Center on goals including building and maintaining healthy relationships, personal goals setting, and the exercise of personal judgment;

6. Not include physical exercise, a recreational activity, an educational activity, or a social activity;

7. Not exceed three (3) hours per day per client unless additional time is medically necessary in accordance with 907 KAR 3:130;

8. Ensure that the group has a deliberate focus and defined course of treatment;

9. Ensure that the subject of group outpatient therapy shall be related to each client participating in the group; and

10. Be provided by a behavioral health professional, behavioral health professional under clinical supervision, licensed behavior analyst, licensed assistant behavior analyst working un-

der the supervision of a licensed behavior analyst, certified alcohol and drug counselor, licensed clinical alcohol and drug counselor, or licensed clinical alcohol and drug counselor associate practicing within his or her scope of practice who shall maintain individual notes regarding each client within the group in the client's record;

(k) Family outpatient therapy which shall:

1. Consist of a face-to-face behavioral health therapeutic intervention provided through scheduled therapeutic visits between the therapist, at least one (1) member of the client's family, and the client unless the client's presence is not required in his or her plan of care;

2. Address issues interfering with the relational functioning of the family;

3. Seek to improve interpersonal relationships within the client's home environment;

4. Be provided to promote the health and wellbeing of the client or recovery from a substance use disorder;

5. Not exceed three (3) hours per day per client unless additional time is medically necessary in accordance with 907 KAR 3:130; and

6. Be provided by a behavioral health professional, a behavioral health professional under clinical supervision, certified alcohol and drug counselor, licensed clinical alcohol and drug counselor, or licensed clinical alcohol and drug counselor associate practicing within his or her scope of practice;

(l) Collateral outpatient therapy which shall consist of a face-to-face behavioral health consultation on behalf of a client under the age of twenty-one (21):

1. With a parent, caregiver, person who has custodial control, household member, legal representative, school personnel, or treating professional;

2. Provided by a behavioral health professional, behavioral health professional under clinical supervision, licensed behavior analyst, licensed assistant behavior analyst working under the supervision of a licensed behavior analyst, certified alcohol and drug counselor, licensed clinical alcohol and drug counselor, or licensed clinical alcohol and drug counselor associate practicing within his or her scope of practice; and

3. Provided upon the written consent of a parent, caregiver, or person who has custodial control of a client under the age of twenty-one (21). Documentation of written consent shall be signed and maintained in the client's record;

(m) Service planning which shall be provided by a behavioral health professional, behavioral health professional under clinical supervision, licensed behavior analyst, or licensed assistant behavior analyst working under the supervision of a licensed behavior analyst to:

1. Assist a client in creating an individualized plan for services needed for maximum reduction of the effects of a mental health disorder;

2. Restore a client's functional level to the client's best possible functional level; and

3. Develop a service plan which:

a. Shall be directed by the client; and

b. May include:

(i) A mental health advance directive being filed with a local hospital;

(ii) A crisis plan; or

(iii) A relapse prevention strategy or plan;

(n) Screening, brief intervention, and referral to treatment for substance use disorders which shall:

1. Be an evidence-based early intervention approach for an individual with non-dependent substance use prior to the need for more extensive or specialized treatment;

2. Consist of:

a. Using a standardized screening tool to assess the individual for risky substance use behavior;

b. Engaging a client who demonstrates risky substance use behavior in a short conversation, providing feedback and advice; and

c. Referring the client to therapy or other services that address substance use if the client is determined to need additional services; and

3. Be provided by a behavioral health professional, behavioral health professional under clinical supervision, certified alcohol and drug counselor, licensed clinical alcohol and drug counselor, or licensed clinical alcohol and drug counselor associate practicing within his or her scope of practice;

(o) Assertive community treatment for mental health disorders which shall:

1. Include assessment, treatment planning, case management, psychiatric services, medication prescribing and monitoring, individual and group therapy, peer support, mobile crisis services, mental health consultation, family support, and basic living skills;

2. Be provided by a multidisciplinary team of at least four (4) professionals, including a psychiatrist, nurse, case manager, peer support specialist and any other behavioral health professional or behavioral health professional under clinical supervision; and

3. Have adequate staffing to ensure that no caseload size exceeds ten (10) participants per team member;

(p) Comprehensive community support services which shall:

1. Consist of activities needed to allow an individual with a mental health disorder to live with maximum independence in the community through the use of skills training as identified in the client's treatment plan;

2. Consist of using a variety of psychiatric rehabilitation techniques to:

a. Improve daily living skills;

b. Improve self-monitoring of symptoms and side effects;

c. Improve emotional regulation skills;

d. Improve crisis coping skills;

e. Develop and enhance interpersonal skills; and

f. Be provided by a;

(i) Behavioral health professional;

(ii) Behavioral health professional under clinical supervision;

(iii) Community support associate;

(iv) Licensed behavior analyst; or

(v) Licensed assistant behavior analyst working under the supervision of a licensed behavior analyst;

(q) Therapeutic rehabilitation program for an adult with a severe mental illness or child with a severe emotional disability which shall:

1. Include services designed to maximize the reduction of mental illness or emotional disability and restoration of the client's functional level to the individual's best possible functioning;

2. Establish the client's own rehabilitative goals within the person-centered plan of care;

3. Be delivered using a variety of psychiatric rehabilitation techniques focused on:

a. Improving daily living skills;

b. Self-monitoring of symptoms and side effects;

c. Emotional regulation skills;

d. Crisis coping skills; and

e. Interpersonal skills; and

4. Be provided individually or in a group by a:

a. Behavioral health professional;

b. Behavioral health professional under clinical supervision; or

c. Peer support specialist;

- (r) Targeted case management services which shall:
1. Include services to one (1) or more of the following target groups:
 - a. An adult or a child with substance use disorder;
 - b. An adult or child with co-occurring mental health or substance use disorder and chronic or complex physical health issues;
 - c. A child with a severe emotional disability; or
 - d. An adult with severe mental illness;
 2. Be provided by a case manager as described in subsection (2), (3), or (4) of this section; and
 3. Include the following assistance:
 - a. Comprehensive assessment and reassessment of client needs to determine the need for medical, educational, social, or other services. The reassessment shall be conducted annually or more often if needed based on changes in the client's condition;
 - b. Development of a specific care plan which shall be based on information collected during the assessment and revised if needed upon reassessment;
 - c. Referral and related activities, which may include:
 - (i) Scheduling appointments for the client to help the individual obtain needed services; or
 - (ii) Activities that help link the client with medical, social, or educational providers or other programs and services which address identified needs and achieve goals specified in the care plan;
 - d. Monitoring which shall be face-to-face and occur no less than once every three (3) months to determine that:
 - (i) Services are furnished according to the client's care plan;
 - (ii) Services in the care plan are adequate; and
 - (iii) Changes in the needs or status of the client are reflected in the care plan; and
 - e. Contacts with the client, family members, service providers, or others are conducted as frequently as needed to help the client:
 - (i) Access services;
 - (ii) Identify needs and supports to assist the client in obtaining services; and
 - (iii) Identify changes in the client's needs; or
 - (s) Partial hospitalization which shall:
 1. Be provided by a behavioral health professional, behavioral health professional under clinical supervision, professional equivalent, mental health associate, or certified alcohol and drug counselor;
 2. Be a short-term (average of four (4) to six (6) weeks), less than twenty-four (24)-hour, intensive treatment program for an individual who is experiencing significant impairment to daily functioning due to substance use disorder, mental health disorder, or co-occurring disorder;
 3. Be provided to an adult or a child;
 4. Ensure that admission criteria for partial hospitalization is based on an inability to adequately treat the individual through community-based therapies or intensive outpatient services;
 5. Consist of individual outpatient therapy, group outpatient therapy, family outpatient therapy, or medication management;
 6. Typically be provided for at least four (4) hours per day and focused on one (1) primary presenting problem, which may include substance use, sexual reactivity, or another problem; and
 7. Include the following personnel for the purpose of providing medical care, if necessary:
 - a. An advanced practice registered nurse;
 - b. A physician assistant or physician available on site; and

c. A board-certified or board-eligible psychiatrist available for consultation.

(2) A case manager who provides targeted case management services pursuant to subsection (1)(r) of this section to clients with a substance use disorder shall:

(a) Be a certified alcohol and drug counselor, meet the grandfather requirements of 907 KAR 15:040, Section 4(1)(a)3, or have a bachelor's degree in a human services field, including:

1. Psychology;
2. Sociology;
3. Social work;
4. Family studies;
5. Human services;
6. Counseling;
7. Nursing;
8. Behavioral analysis;
9. Public health;
10. Special education;
11. Gerontology;
12. Recreational therapy;
13. Education;
14. Occupational therapy;
15. Physical therapy;
16. Speech-language pathology;
17. Rehabilitation counseling; or
18. Faith-based education;

(b)1. Have a minimum of one (1) year of full-time employment working directly with adolescents or adults in a human service setting after completion of a bachelor's degree as described in paragraph (a) of this subsection; or

2. Have a master's degree in a human services field as described in paragraph (a) of this subsection;

(c)1. Have successfully completed case management training in accordance with 908 KAR 2:260; and

2. Successfully complete continuing education requirements in accordance with 908 KAR 2:260; and

(d) Be supervised by a behavioral health professional who:

1. Has completed case management training in accordance with 908 KAR 2:260; and

2. Has supervisory contact at least two (2) times per month with at least one (1) of the contacts on an individual, in person basis.

(3) A case manager who provides targeted case management services pursuant to subsection (1)(r) of this section to clients with a mental health or substance use disorder and chronic or complex physical health issues shall:

(a) Meet the requirements of subsection (2)(a) of this section;

(b)1. After completion of a bachelor's degree, have a minimum of five (5) years of experience providing service coordination or referring clients with complex behavioral health needs and co-occurring disorders or multi-agency involvement to community based services; or

2. After completion of a master's degree in a human services field as described in subsection (2)(a) of this section, have a minimum of two (2) years of experience providing service coordination or referring clients with complex behavioral health needs and co-occurring disorders or multi-agency involvement to community based services;

(c)1. Have successfully completed case management training in accordance with 908 KAR

2:260; and

2. Successfully complete continuing education requirements in accordance with 908 KAR 2:260; and

(d) For a bachelor's level case manager, be supervised by a behavioral health professional who:

1. Has completed case management training in accordance with 908 KAR 2:260; and

2. Has supervisory contact at least three (3) times per month with at least two (2) of the contacts on an individual, in person basis.

(4) A case manager who provides targeted case management services pursuant to subsection (1)(r) of this section to children with a severe emotional disability or clients with a severe mental illness shall:

(a) Meet the requirements of subsection (2)(a) of this section;

(b)1. Have a minimum of one (1) year of full-time employment working directly with individuals with behavioral health needs after completion of a bachelor's degree in a behavioral science field as described in subsection (2)(a) of this section; or

2. Have a master's degree in a human services field as described in subsection (2)(a) of this section;

(c)1. Have successfully completed case management training in accordance with 908 KAR 2:260; and

2. Successfully complete continuing education requirements in accordance with 908 KAR 2:260; and

(d) Be supervised by a behavioral health professional who:

1. Has completed case management training in accordance with 908 KAR 2:260; and

2. Has supervisory contact at least two (2) times per month with at least one (1) of the contacts on an individual, in person basis.

(5) Plan of care.

(a) Each client receiving outpatient behavioral health services from a psychiatric hospital or general acute care or critical access hospital with a psychiatric unit shall have an individual plan of care signed by a behavioral health professional.

(b) A plan of care shall:

1. Describe the services to be provided to the client, including the frequency of services;

2. Contain measurable goals for the client to achieve, including the expected date of achievement for each goal;

3. Describe the client's functional abilities and limitations or diagnosis listed in the current edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders;

4. Specify each staff member assigned to work with the client;

5. Identify methods of involving the client's family or significant others if indicated;

6. Specify criteria to be met for termination of treatment;

7. Include any referrals necessary for services not provided directly by the chemical dependency treatment program; and

8. State the date scheduled for review of the plan.

(c) The client shall participate to the maximum extent feasible in the development of his or her plan of care, and the participation shall be documented in the client's record.

(d)1. The initial plan of care shall be developed through multidisciplinary team conferences at least thirty (30) days following the first ten (10) days of treatment.

2. The plan of care for individuals receiving intensive outpatient program services shall be reviewed every thirty (30) days thereafter and updated every sixty (60) days or earlier if clinically indicated.

3. Except for intensive outpatient program services, the plan of care for individuals receiving any other outpatient behavioral health service described in subsection (1) of this section shall be reviewed and updated every six (6) months or earlier if clinically indicated.

4. The plan of care and each review and update shall be signed by the participants in the multidisciplinary team conference that developed it.

(6) Client Records.

(a) A client record shall be maintained for each individual receiving outpatient behavioral health services.

(b) Each entry shall be current, dated, signed, and indexed according to the service received.

(c) Each client record shall contain:

1. An identification sheet, including the client's name, address, age, gender, marital status, expected source of payment, and referral source;
2. Information on the purpose for seeking a service;
3. If applicable, consent of appropriate family members or guardians for admission, evaluation, and treatment;
4. Screening information pertaining to the mental health or substance use disorder;
5. If applicable, a psychosocial history;
6. If applicable, staff notes on services provided;
7. If applicable, the client's plan of care;
8. If applicable, disposition;
9. If applicable, assigned status;
10. If applicable, assigned therapists; and
11. If applicable, a termination study recapitulating findings and events during treatment, clinical impressions, and condition on termination.

Section 7. Physical environment of an off-campus extension or separate building on the campus of the hospital where outpatient behavioral health services are provided. (1) Accessibility. The off-campus extension or separate building on the campus of the hospital shall meet requirements for making buildings and facilities accessible to and usable by individuals with physical disabilities pursuant to KRS 198B.260 and 815 KAR 7:120.

(2) Physical location and overall environment.

(a) The program shall:

1. Comply with building codes, ordinances, and administrative regulations which are enforced by city, county, or state jurisdictions;
2. Display a sign that can be viewed by the public that contains the facility name, hours of operation, and a street address;
3. Have a publicly listed telephone number and a dedicated phone number to send and receive faxes with a fax machine that shall be operational twenty-four (24) hours per day;
4. Have a reception and waiting area;
5. Provide a restroom; and
6. Have an administrative area.

(b) The condition of the physical location and the overall environment shall be maintained in such a manner that the safety and well-being of clients, personnel, and visitors are assured.

(3) Prior to occupancy, the facility shall have final approval from appropriate agencies. (10 Ky.R. 260; eff. 8-3-83; Am. 16 Ky.R. 1024; eff. 1-12-90; 23 Ky.R. 2305; 3049; eff. 2-19-97; 24 Ky.R. 1962; 2401; 25 Ky.R. 333; eff. 8-17-98; 27 Ky.R. 1929; 2472; eff. 3-6-2001; TAm eff. 3-11-2011; 42 Ky.R. 2129; eff. 2-5-2016.)