902 KAR 20:091. Facilities specifications, operation and services; community mental health center.

RELATES TO: KRS 17.500, 198B.260, 202A.011(4), 202B.010(6), 205.6313, 210.370, 210.410, 210.450, 216B.010, 216B.015, 216B.030, 216B.105, 216B.990, 222.211, 309.080, 309.130, 311.560, 314.011(8), 314.042(8), 319.056, 319.064, 319C.010, 320.210(2), 335.080, 335.100, 335.300, 335.500, 439.3401, 645.020(5), 42 C.F.R. Part 2, 45 C.F.R. Parts 160, 164, 42 U.S.C. 1320d-2 – 1320d-8, 42 U.S.C. 290ee-3

STATUTORY AUTHORITY: KRS 210.450(1), 216B.010, 216B.042, 216B.105

NECESSITY, FUNCTION, AND CONFORMITY: KRS 216B.042 and 216B.105 require the Kentucky Cabinet for Health and Family Services to regulate health facilities and services. KRS 210.450(1) requires the secretary to promulgate administrative regulations to establish standards for qualification of personnel, quality of professional service, and personnel management operations. This administrative regulation establishes licensure requirements for the operation and services, and facility specifications of a community mental health center. In addition, this administrative regulation establishes standards for community mental health centers that elect to provide primary care services pursuant to KRS 210.410 and KRS 205.6313.

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. or the American Osteopathic Board of Neurology and Psychiatry;

(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 psychiatric nurse as defined by subsection (22) of this section;

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

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

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

(k) 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) "Center" means a community mental health center.

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

(5) "Certified prevention specialist" means an individual who is currently certified as a certi-

fied prevention specialist by the Kentucky Certification Board for Prevention Professionals.

(6) "Client" means an individual described by KRS 210.410(2).

(7) "Community mental health center" means a program established pursuant to KRS Chapter 210.

(8) "Community support associate" means a paraprofessional who meets the application, training, and supervision requirements of 908 KAR 2:250.

(9) "Crisis stabilization unit" means a community-based facility operated by or under contract with a center to provide emergency services as described in Section 8 of this administrative regulation to clients who require overnight-stays.

(10) "Designated regional service area" means the geographical area to be served by the community mental health center.

(11) "Licensed assistant behavior analyst" is defined by KRS 319C.010(7).

(12) "Licensed behavior analyst" is defined by KRS 319C.010(6).

(13) "Licensed clinical alcohol and drug counselor" is defined by KRS 309.080(4).

(14) "Licensed clinical alcohol and drug counselor associate" is defined by KRS 309.080(5).

(15) "Licensee" means the governing body legally responsible for the community mental health center.

(16) "Mechanical restraint" means any device attached or adjacent to a client's body that he or she cannot easily remove that restricts freedom of movement or normal access to his or her body.

(17) "Mental health associate" means an individual who meets the mental health associate requirements established in the Community Mental Health Center Behavioral Health Services Manual incorporated by reference in 907 KAR 1:044, Section 13.

(18) "Patient" means a client, as described by KRS 210.410(2), or any other individual who seeks primary care services from a community mental health center.

(19) "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.

(20) "Plan of care" means a written plan that delineates the services to be provided to a client, and includes the short- and long-term goals of the plan.

(21) "Professional equivalent" means an individual who meets the professional equivalent requirements established in the Community Mental Health Center Behavioral Health Services Manual incorporated by reference in 907 KAR 1:044, Section 13.

(22) "Psychiatric nurse" means a registered nurse who:

(a) Has a master's of science degree in nursing with a specialty in psychiatric or mental health nursing;

(b) Is a graduate of a four (4) year educational program with a bachelor of science degree in nursing and a minimum of one (1) year of experience in a mental health setting;

(c) Is a graduate of a three (3) year educational program with two (2) years of experience in a mental health setting; or

(d) Is a graduate of a two (2) year educational program with an associate degree in nursing and three (3) years of experience in a mental health setting.

(23) "Time out" means a treatment intervention that separates a client from others in a non-secure area for a time-limited period to permit the client time to regain control over his or her behavior.

Section 2. Scope of Operation and Services. (1) A community mental health center:

(a) Shall provide a comprehensive range of accessible and coordinated behavioral health (mental health and substance abuse services) and services for individuals with an intellectual

or developmental disability, including direct or indirect services to the population of a designated regional service area, as required by KRS 210.370 to 210.480; and

(b) May provide primary care services:

1. As permitted by KRS 210.410; and

2. In accordance with the requirements established in Section 7 of this administrative regulation.

(2) A center's services, including primary care services if provided, shall be available to the client population described by KRS 210.410(2).

Section 3. Administration and Operation. (1) Licensee.

(a) The licensee shall be legally responsible for:

1. The center;

2. The establishment of administrative policy; and

3. Compliance with federal, state, and local law pertaining to the operation of the center.

(b) To obtain or renew a license to operate a center, the licensee shall comply with the requirements of this administrative regulation and the requirements of relevant statutes and administrative regulations.

(2) Executive director. The licensee shall designate an executive director, qualified by training and experience, who shall be responsible for:

(a) The total program of the center and its affiliates in accordance with the center's written policies; and

(b) Evaluation of the program as it relates to the client's needs.

(3) Policies. The licensee shall establish written policies for the administration and operation of the center, which shall be available to staff and which shall include:

(a) A description of the organizational structure specifying the:

1. Responsibility, function, and interrelations of each organizational unit; and

2. Lines of administrative and clinical authority;

(b) The appropriate method and procedure for storage, dispensing, and administering of a drug or biological agent;

(c) Client grievance procedure;

(d) Confidentiality and use of client records in accordance with federal, state, and local statutes and regulations, including subsection (4) of this section; and

(e) Personnel policy, including:

1. A job description and qualifications for each personnel category;

2. Wage scale, hours of work, vacation and sick leave;

3. A plan for orientation of personnel to the policies and objectives of the center, on-the-job training, if necessary, and ongoing in-service training programs related to the employee's job activities; and

4. Annual evaluation of employee performance.

(4) Client records. A client record shall be maintained for each individual receiving services.

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

(b) Ownership.

1. Client records shall be the property of the center.

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

3. Copies of a client record or portions of the record may be used and disclosed as established by paragraph (d) of this subsection.

(c) A client record shall be retained for at least six (6) years or, in the case of a minor, three

(3) years after the client reaches the age of majority, whichever is longer.

(d) Confidentiality and security: use and disclosure.

1. The center shall maintain the confidentiality and security of client records in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d-2 to 1320-8, 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 center may use and disclose client records. Use and disclosure shall be as established 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. A center may establish higher levels of confidentiality and security than required by HIPAA, 42 U.S.C. 1320d-2 to 1320-8, 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.

(e) Each client record shall contain:

1. An identification sheet;
2. Information on the purpose for seeking a service;
3. A history of findings and treatments rendered;
4. Screening information pertaining to the problem;
5. Staff notes on services provided;
6. Pertinent medical, psychiatric, and social information;
7. Disposition;
8. Assigned status;
9. Assigned personnel; and
10. A termination summary recapitulating findings and events during treatment, clinical impressions, and condition on termination.

Section 4. Staff Requirements. (1) A community mental health center shall employ the following full-time personnel:

(a) An executive director as required by Section 3(2) of this administrative regulation who:

1. May serve in a dual role as the center’s program director;

2. Shall meet the education requirements established by the center’s governing board for the executive director, or have a master's degree in business administration or a human services field or a bachelor's degree in a human services field, including:

a. Social work;
b. Sociology;
c. Psychology;
d. Guidance and counseling;
e. Education;
f. Religion;
g. Business administration;
h. Criminal justice;
i. Public administration;
j. Child care administration;
k. Christian education;
l. Divinity;
m. Pastoral counseling;

n. Nursing;
o. Public health; or
p. Another human service field related to working with children with severe emotional disabilities or clients with severe mental illness; and
3.a. Shall have two (2) years of prior supervisory experience in a human services program for an executive director with a master's degree;
b. Shall have a minimum of two (2) years of prior experience in a human services program plus two (2) years of prior supervisory experience in a human services program for an executive director with a bachelor's degree; or
c. Shall meet the experience requirements established by the center's governing board for the executive director;
(b) A program director who:
1. Shall be a:
a. Psychiatrist;
b. Certified psychologist with autonomous functioning, licensed psychological practitioner, or licensed psychologist;
c. Psychiatric nurse;
d. Licensed professional clinical counselor;
e. Licensed marriage and family therapist; or
f. Licensed clinical social worker or certified social worker;
2. May serve as the executive director; and
3. Shall be responsible for maintenance of the center's therapeutic milieu;
(c) A medical director who shall:
1. Be a board certified or board eligible psychiatrist licensed in the state of Kentucky;
2. Be responsible for treatment planning; and
3. Supervise and coordinate the provision of psychiatric services by the center;
(d) A licensed psychologist or licensed psychological practitioner pursuant to KRS 319.050, 319.056, or 319.064;
(e) A sufficient number of personnel to provide services as described in Section 5 of this administrative regulation; and
(f) A records librarian or a designated staff person who shall assure that client records are maintained and that information is immediately retrievable.
(2) Background checks.
(a) The executive director and all personnel of a center 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 established by 922 KAR 5:120.
(b) A center may use the Kentucky national background check program established by 906 KAR 1:190 to satisfy the background check requirements of paragraph (a) of this subsection.
(c) A center 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

who have not been subject to the annual background check during the previous three (3) year period.

(d) A center may use the Kentucky national background check program established by 906 KAR 1:190 to satisfy the annual background check requirements of paragraph (c) of this subsection upon implementation of the continuous assessment service, also referred to as rap back.

Section 5. Services. (1) The center shall provide services in the designated regional service area directly or through contract.

(2) Direct services. The center shall provide services as described in subsection (4) of this section and offer a sufficiently wide range of treatment to meet client needs, which may include behavioral health services described in subsection (5) of this section.

(3) Plan of care.

(a) Each client receiving direct treatment under the auspices of a community mental health center shall have an individual plan of care signed by an independently licensed behavioral health professional.

(b) A medical service, including a change of medication, a diet restriction, or a restriction on physical activity shall be ordered by a physician or other ordering practitioner acting within the limits of his or her statutory scope of practice.

(4) The center shall provide:

(a) Partial hospitalization or psychosocial rehabilitation services pursuant to KRS 210.410(1)(c). A psychiatrist shall be present on a regularly scheduled basis to provide consultant services to staff;

(b)1. Inpatient services pursuant to KRS 210.410(1)(a) through affiliation with a licensed hospital for a person requiring full-time inpatient care; or

2. If the center does not have an affiliation contract in effect, documentation of a good faith effort to enter into an affiliation contract;

(c) Outpatient services pursuant to KRS 210.410(1)(b) on a regularly scheduled basis with arrangements made for a nonscheduled visit during a time of increased stress or crisis. The outpatient service shall provide diagnosis and evaluation of a psychiatric problem and a referral to other services or agencies as indicated by the client's needs;

(d) Emergency services pursuant to KRS 210.410(1)(d) for the immediate evaluation and care of a person in a crisis situation on a twenty-four (24) hour a day, seven (7) day a week basis. All components of the emergency service shall be coordinated into a unified program that enables a client receiving an emergency service to be readily transferred to another service of the center as client needs dictate; and

(e) Consultation and education services pursuant to KRS 210.410(1)(e) for individuals, community agencies, and groups to increase the visibility, identifiability, and accessibility of the center and to promote services for intellectual disabilities and mental health disorders, substance use disorders, or co-occurring disorders.

(5) Rehabilitative mental health and substance use services, which may be provided by a center in accordance with a plan of care, include the following:

(a) Screening that shall be provided by a behavioral health professional, behavioral health professional under clinical supervision, professional equivalent, mental health associate, 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 that 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, professional equivalent, mental health associate, 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 that 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 that shall:

1. Be performed by a licensed psychologist, licensed psychological associate, licensed psychological practitioner, or an individual who meets the requirements of KRS Chapter 319 related to the necessary credentials to perform psychological testing; and

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

(d) Crisis intervention that:

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:

a. Integrated crisis response;

b. Crisis stabilization interventions; or

c. Crisis prevention activities;

3. Shall be provided:

a. On-site at the center;

b. As an immediate relief to the presenting problem or threat; and

c. In a face-to-face, one-on-one encounter;

4. May be provided as a telehealth consultation;

5. May include:

a. Verbal de-escalation;

b. Risk assessment; or

c. Cognitive therapy;

6. Shall be provided by a:

a. Behavioral health professional;

b. Behavioral health professional under clinical supervision;

c. Professional equivalent;

d. Mental health associate;

e. Certified alcohol and drug counselor;

f. Licensed clinical alcohol and drug counselor; or

g. Licensed clinical alcohol and drug counselor associate;

7. Shall be followed by a referral to non-crisis services, if applicable; and
8. 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 that 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;
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 a:
a. Behavioral health professional;
b. Behavioral health professional under clinical supervision;
c. Professional equivalent;
d. Mental health associate;
e. Certified alcohol and drug counselor;
f. Licensed clinical alcohol and drug counselor; or
g. 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 that shall:
1. Be a nonresidential, intensive treatment program designed for youth 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:
a. The program's philosophy;
b. Admission and discharge criteria;
c. Admission and discharge process;
d. Staff training; and
e. 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;

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 the following practicing within his or her scope of practice:

(i) Behavioral health professional;

(ii) Behavioral health professional under clinical supervision;

(iii) Professional equivalent;

(iv) Mental health associate; (v) Certified alcohol and drug counselor;

(vi) Licensed clinical alcohol and drug counselor;

(vii) Licensed clinical alcohol and drug counselor associate; or

(viii) Peer support specialist; 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 that 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 that 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 that shall:

a. Be individualized; and

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

5. Be provided by the following practicing within his or her scope of practice:

a. Behavioral health professional;

b. Behavioral health professional under clinical supervision;

c. Professional equivalent;

d. Mental health associate; or

e. Certified alcohol and drug counselor;

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 that shall:

1. Be provided to promote the:

a. Health and well-being of the client; or

b. Recovery from a substance related disorder;

2. Consist of a face-to-face therapeutic intervention with the client provided in accordance with the client's plan of care, which may be provided as a telehealth consultation;

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 the following personnel practicing within his or her scope of practice:

a. Behavioral health professional;

b. Behavioral health professional under clinical supervision;

c. Licensed behavior analyst;

d. Licensed assistant behavior analyst working under the supervision of a licensed behavior analyst;

e. Professional equivalent;

f. Mental health associate;

g. Certified alcohol and drug counselor;

h. Licensed clinical alcohol and drug counselor; or

i. Licensed clinical alcohol and drug counselor associate;

(j) Group outpatient therapy that shall:

1. Be provided to promote the:

a. Health and well-being 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, and which may be provided as a telehealth consultation;

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:

a. Spouse;

b. Significant other;

c. Parent or person with custodial control;

d. Child;

e. Sibling;

f. Stepparent;

g. Stepchild;

h. Step-brother;

i. Step-sister;

j. Father-in-law;

k. Mother-in-law;

l. Son-in-law;

m. Daughter-in-law;
n. Brother-in-law;
o. Sister-in-law;
p. Grandparent; or
q. 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:
a. Physical exercise;
b. A recreational activity;
c. An educational activity; or
d. 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 one (1) or more of the following personnel practicing within his or her scope of practice, and who shall maintain individual notes regarding each client within the group in the client's record:
a. Behavioral health professional;
b. Behavioral health professional under clinical supervision;
c. Licensed behavior analyst;
d. Licensed assistant behavior analyst working under the supervision of a licensed behavior analyst;
e. Professional equivalent;
f. Mental health associate;
g. Certified alcohol and drug counselor;
h. Licensed clinical alcohol and drug counselor; or
i. Licensed clinical alcohol and drug counselor associate;
(k) Family outpatient therapy that shall:
1. Consist of a face-to-face behavioral health therapeutic intervention, which may be provided as a telehealth consultation, and shall be provided through scheduled therapeutic visits between the therapist, the client unless the corresponding current procedural terminology code establishes that the recipient is not present, and at least one (1) member of the client's family;
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 well-being 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 the following personnel practicing within his or her scope of practice:
a. Behavioral health professional;
b. Behavioral health professional under clinical supervision;
c. Professional equivalent;
d. Mental health associate;
e. Certified alcohol and drug counselor;
f. Licensed clinical alcohol and drug counselor; or

g. Licensed clinical alcohol and drug counselor associate;

(l) Collateral outpatient therapy that shall consist of a face-to-face behavioral health consultation on behalf of a client under the age of twenty-one (21) and may be provided as a telehealth consultation:

1. With a:

a. Parent;

b. Caregiver;

c. Person who has custodial control;

d. Household member;

e. Legal representative;

f. School staff person; or

g. Treating professional;

2. Provided by the following personnel practicing within his or her scope of practice:

a. Behavioral health professional;

b. Behavioral health professional under clinical supervision;

c. Licensed behavior analyst;

d. Licensed assistant behavior analyst working under the supervision of a licensed behavior analyst;

e. Professional equivalent;

f. Mental health associate;

g. Certified alcohol and drug counselor;

h. Licensed clinical alcohol and drug counselor; or

i. Licensed clinical alcohol and drug counselor; 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 that shall 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, professional equivalent, or mental health associate 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 that:

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 that 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 the following personnel practicing within his or her scope of practice:

a. Behavioral health professional;

b. Behavioral health professional under clinical supervision;

c. Professional equivalent;

d. Mental health associate;

e. Certified alcohol and drug counselor;

f. Licensed clinical alcohol and drug counselor;

g. Licensed clinical alcohol and drug counselor associate; or

h. Certified prevention specialist;

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

1. Include:

a. Assessment;

b. Treatment planning;

c. Case management;

d. Psychiatric services;

e. Medication prescribing and monitoring;

f. Individual and group therapy;

g. Peer support;

h. Mobile crisis services;

i. Mental health consultation;

j. Family support; and

k. Basic living skills;

2. Be provided by a multidisciplinary team of at least four (4) professionals, including:

a. A psychiatrist;

b. A nurse;

c. A case manager;

d. A peer support specialist; and

e. Any other behavioral health professional, behavioral health professional under clinical supervision, professional equivalent, or mental health associate; and

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

(p) Comprehensive community support services that 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; and

e. Develop and enhance interpersonal skills; and

3. Be provided by a:

a. Behavioral health professional;

b. Behavioral health professional under clinical supervision;

c. Community support associate;

d. Licensed behavior analyst;

e. Licensed assistant behavior analyst working under the supervision of a licensed behavior analyst;

f. Professional equivalent; or
g. Mental health associate;
(q) Therapeutic rehabilitation program for an adult with a severe mental illness or child with a severe emotional disability that 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;
c. Peer support specialist;
d. Professional equivalent; or
e. Mental health associate;
(r) Partial hospitalization that shall:
1. Be provided by the following practicing within his or her scope of practice:
a. Behavioral health professional;
b. Behavioral health professional under clinical supervision;
c. Professional equivalent;
d. Mental health associate; or
e. 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 prescribing and monitoring;
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;
(s) Residential treatment services for substance use disorders as described in Section 6 of this administrative regulation;
(t) Targeted case management services that 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 who meets the requirements of 908 KAR 2:260; 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 that 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, educational providers, or other programs and services that 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

(u) Pregnant women substance use prevention services or substance use case management services.

(6) Quality assurance and utilization review.

(a) The center shall have an on-going, written quality assurance and utilization review program that:

1. Includes effective mechanisms for reviewing and evaluating client care and, if applicable, patient care in order to identify problems or opportunities to improve care;

2. Provides for appropriate responses to findings;

3. Assigns responsibility for monitoring and evaluating client and, if applicable, patient care;

4. Delineates the scope of care provided by the center;

5. Identifies the aspects of care that the center provides;

6. Identifies indicators and appropriate clinical criteria that can be used to monitor these aspects of care;

7. Collects and organizes data for each indicator;

8. Contains written procedures for taking appropriate corrective action;

9. Assesses the effectiveness of the actions taken to correct problems and documents the improvement in care; and

10. Communicates relevant information to other individuals, departments, or services as to the quality assurance program.

(b) The need for continuing services shall be evaluated immediately upon a change in a client's service needs or a change in the client's condition to ensure that proper arrangements have been made for:

1. Discharge;

2. Transfer; or

3. Referral to another service provider, if appropriate.

(7) Medications.

(a)1. If a center uses electronic prescribing, the center shall maintain a paper copy of each prescription.

2. If a center does not use electronic prescribing, the center shall document each prescription on a form designated specifically for medications.

(b) Documentation of the prescription shall be kept in the client record.

(c) Blood or another laboratory test or examination shall be performed in accordance with accepted medical practice.

(d) Drug supplies shall be stored under proper sanitary, temperature, light, and moisture conditions.

(e) Medication kept by the center shall be properly labeled.

(f) A medication shall be stored in the originally received container unless transferred to another container by a pharmacist or another person licensed to transfer the medication.

(g) Medication kept in the center shall be kept in a locked cabinet.

1. A controlled substance shall be kept under double lock (e.g., in a locked box in a locked cabinet).

2. There shall be a controlled substances record, in which is recorded:

a. The name of the patient;

b. The date, time, dosage, balance remaining, and method of administration of each controlled substance;

c. The name of the prescribing physician or other ordering practitioner acting within the limits of his statutory scope of practice; and

d. The name of the nurse who administered it, or staff who supervised the self-administration.

3. Except for medication to be self-administered in a crisis stabilization unit, access to the locked cabinet shall be restricted to a designated medication nurse or other authorized personnel. Medication to be self-administered in a crisis stabilization unit shall be made available to the patient at the time of administration.

Section 6. Residential Treatment Services for Substance Use Disorders. (1) If a center licensed under this administrative regulation provides residential services to clients with a substance use disorder, the center shall obtain separate licensure as a residential alcohol and other drug abuse treatment program pursuant to 908 KAR 1:370.

(2) In addition to meeting the requirements of 908 KAR 1:370 for residential treatment programs, a center that provides residential services for substance use disorders shall:

(a) Provide intensive treatment and skills building in a structured and supportive environment;

(b) Assist the client in abstaining from alcohol or substance use and in entering alcohol or drug addiction recovery;

(c) Provide services in a twenty-four (24) hour a day, live-in facility that offers a planned and structured regimen of care aimed at treating individuals with addiction or co-occurring mental health and substance use disorders;

(d) Assist the client in making necessary changes to enable the individual to live drug- or alcohol-free;

(e) Provide services under the medical direction of a physician; and

(f) Provide continuous nursing services in which a registered nurse shall be:

1. On-site during traditional first shift hours, Monday through Friday;

2. Continuously available by phone after hours; and

3. On-site as needed in follow-up to telephone consultation after hours.

Section 7. Primary Care Services. (1) Basic services. The center may provide a variety of preventive, medical diagnostic, laboratory, x-ray, treatment, and therapeutic (physical, occupational, and speech therapy) services by appropriately licensed or certified health professionals to meet the usual physical health care needs of:

(a) The center's clients as described by KRS 210.410(2) to help ensure continuity of care; and

(b) Other individuals seeking primary care services from the center.

(2) Referrals. If a center provides primary care services to its clients, the center shall provide appropriate referrals for clients who require services that are above the level of basic primary care services not provided by the center.

(3) Policies.

(a) Administrative policies. A center that provides primary care services shall have written administrative policies in addition to the requirement established in Section 3(3) of this administrative regulation, including:

1. A description of organizational structure for the delivery of primary care services, which may include therapeutic services, staffing, and allocation of responsibility and accountability;

2. A description of referral linkages with inpatient facilities and other providers;

3. Policies and procedures for the guidance and control of personnel performances;

4. A description of primary care and therapeutic services directly provided by the center, which may include the provision of services in a home- or community-based setting;

5. A description of the administrative and patient health records and reports; and

6. A policy to specify the provision of emergency medical services.

(b) Patient care policies.

1. Patient care policies shall be developed by the center's medical director required by subsection (4)(b) of this section and other professional staff for all medical aspects of the center's program, including written protocols for standing orders, rules of practice, and medical directives that apply to services provided by the center.

2. The protocols shall be signed by the medical director.

3. A system shall be established to ensure that, if feasible, the patient shall be always cared for by the same health professional or health team, to assure continuity of care.

(c) Patient rights policies. The center shall adopt written policies regarding the rights and responsibilities of patients. These patient rights policies shall assure that each patient shall be:

1. Informed of these rights and of all rules and requirements of 902 KAR Chapter 20 governing patient conduct and responsibilities, including a procedure for allowing the patient to voice a grievance or recommend changes in policies and services. Upon the patient's request, a grievance or recommendation shall be conveyed within a reasonable time to a decision making level within the organization with the authority to take corrective action;

2. Informed of services available at the center;

3. Informed of his or her medical condition, unless medically contraindicated as documented in his or her health record;

4. Afforded the opportunity to participate in the planning of his or her medical treatment and to refuse to participate in experimental research;

5. Encouraged and assisted to understand and exercise his or her patient rights;

6. Assured confidential treatment of his or her records and shall be afforded the opportunity to approve or refuse release of the records to any individual not involved in the patient's care, except as required by applicable law or third-party payment contract; and

7. Treated with consideration, respect, and full recognition of his or her dignity and individuality, including privacy in treatment and in the care of his or her personal health needs.

(4) Personnel.

(a) Primary care provider team. Each center that provides primary care services shall be staffed with at least:

1. One (1) full-time advanced practice registered nurse or physician assistant;

2. One (1) physician who:

a. Except in extraordinary circumstances as documented in the center's records, shall be present no less than once in every two (2) week period to provide medical direction, medical care services, consultation, and supervision; and

b. Shall be available through direct telecommunication for consultation, assistance with medical emergencies, or patient referral. If a center is staffed with a full-time physician who provides medical care services on-site, the requirement for at least one (1) full-time advanced practice registered nurse or physician assistant shall be waived; and

3. Core staff of appropriately licensed or certified health professionals as necessary to carry out services provided.

(b) Medical Director. A medical director responsible for oversight of a center's primary care services shall:

1. Be a licensed physician;

2. Be responsible for all physical health aspects of the center;

3. Provide direct medical services in accordance with the Medical Practice Act, KRS Chapter 311; and

4. If the medical director responsible for the physical health aspects of the center is not a board certified or board eligible psychiatrist licensed in Kentucky, coordinate care and treatment decisions with the center's psychiatrist for all primary care services delivered to the center's clients.

(c) Physicians. A physician employed by or under contract with the center to perform services as described in paragraph (a)2 of this subsection shall be:

1. Qualified to practice general medicine, including as a general practitioner, family practitioner, obstetrician – gynecologist, pediatrician, or internist; and

2. A member of the medical staff or hold courtesy staff privileges at one (1) or more hospitals with which the center has a formal transfer agreement.

(d) In-service training.

1. All center personnel who provide primary care services shall participate in ongoing in-service training programs relating to their respective job activities.

2. The training programs shall include:

a. Thorough job orientation for new personnel;

b. Regular in-service training emphasizing professional competence and the human relationship necessary for effective health care; and

c. On-the-job training, if necessary.

(5)(a) The confidentiality and retention of client records shall be maintained in accordance with Section 3(4) of this administrative regulation.

(b) The center shall maintain a health record for each patient. The health record shall include:

1. The patient's medical and social history, including data obtained from other providers;

2. A description of each primary care visit or contact, including the condition or reason necessitating the visit or contact, assessment, diagnosis, services provided, medications and treatments prescribed, and disposition made;

3. Reports of all laboratory, x-ray, and other test findings; and

4. Documentation of all referrals made, including the reason for the referral, to whom the patient was referred, and any information obtained from the referral source.

(c) Transfer of records. The center shall:

1. Establish systematic procedures to assist in continuity of care if the patient moves to another source of care; and

2. Upon proper release, transfer health records or an abstract if requested.

(6) Linkage agreements.

(a) The center shall have linkages through written agreements with providers of other levels of care that may be medically indicated to supplement the services available in the center. These linkages shall include:

1. Hospitals; and

2. Emergency medical transportation services in the service area.

(b) Linkage agreements with inpatient care facilities shall incorporate provisions for:

1. Appropriate referral and acceptance of patients from the center;

2. Appropriate coordination of discharge planning with center staff; and

3. The discharge summary for each patient referred to be requested by the center.

(c) The written transfer agreements shall include designation of responsibility for:

1. Transfer of information;

2. Provision of transportation;

3. Sharing of services, equipment, and personnel;

4. Provision of total care or portions thereof in relation to center and agency capability; and

5. Patient record confidentiality pursuant to all applicable federal and state law.

(d) A linkage agreement shall not be required to transfer health records to any other treating health care facility or provider.

(7) Quality assurance program. The center shall have an ongoing, written quality assurance program established in accordance with Section 5(6)(a) of this administrative regulation.

Section 8. Crisis Stabilization. (1) Emergency services provided in a crisis stabilization unit shall include the following:

(a) A mental status evaluation and physical health questionnaire of the client upon admission;

(b) A treatment planning process;

(c) Procedure for crisis intervention; and

(d) Discharge and aftercare planning processes.

(2) A program shall have a written policy concerning the operation of a crisis stabilization unit including:

(a) Staffing.

1. At least one (1) direct-care staff member shall be assigned direct-care responsibility for:

a. Every four (4) clients during normal waking hours; and

b. Every six (6) clients during normal sleeping hours;

2. Administrative oversight of the program shall be provided by a staff member who shall be:

a. A person licensed or certified to provide mental health services independent of clinical supervision;

b. A qualified mental health professional as defined in KRS 202A.011(12); or

c. A person qualified to be program director under Section 4(1)(b) of this administrative regulation; and

3. The center shall provide a training program for direct care staff pertaining to the care of a client in a crisis stabilization unit.

(b) Criteria to assure that each client in a crisis stabilization program shall be:

1. In either one (1) of two (2) separate programs, child or adult, separated by physical location. A children's program may serve a resident up to age twenty-one (21) if it is more developmentally appropriate for that resident;

2. In need of short-term behavior management and at risk of placement in a higher level of care;

3. Able to take care of his own personal needs, if an adult;

4. Medically able to participate in services; and

5. Served in the least restrictive environment available in the community.

(c) Referrals for physical health services to include diagnosis, treatment, and consultation for acute or chronic illnesses occurring during the client's stay in the crisis stabilization unit or for problems identified during the admission assessment.

(d) Rights of a crisis stabilization client, to include:

1. A description of the client's rights and the means by which these rights are protected and exercised.

2. At the point of admission, the program shall provide the statement of rights and responsibilities to the:

a. Client; and

b. In addition to the client, client's parents, guardian, or other legal representative if the client is a minor or incapacitated.

3. The statement shall:

a. Be written in language that is understandable;

b. Be read to the client or if the client is a minor, client's parents, guardian, or other legal representative if requested or if either cannot read; and

c. Cover the following:

(i) The right to treatment, regardless of race, religion, or ethnicity;

(ii) The right to recognition and respect of personal dignity in the provision of all treatment and care;

(iii) The right to be provided treatment and care in the least restrictive environment possible;

(iv) The right to an individualized plan of care;

(v) The right of the client, including the client's parents or guardian if the client is a minor, to participate in treatment planning;

(vi) The nature of care, procedures, and treatment provided;

(vii) The right to an explanation of risks, side effects, and benefits of all medications and treatment procedures used; and

(viii) The right, to the extent permitted by law, to refuse the specific medications or treatment procedures and the responsibility of the facility if the client refuses treatment, to seek appropriate legal alternatives or orders of involuntary treatment, or, in accordance with professional standards, to terminate the relationship with the client upon reasonable notice.

4. The statement of rights and responsibilities shall be posted in appropriate areas of the facility.

5. The written policies and procedures concerning client rights shall assure and protect the client's personal privacy within the constraints of his or her plan of care, including:

a. Visitation by family or significant others in a suitable area of the facility; and

b. Telephone communications with family or significant others at a reasonable frequency.

6. If a privacy right is limited, a full explanation shall be given to the client or the client's parent or guardian if the client is a minor. A limitation to a privacy right shall be documented in the client's record.

7. Information shall be provided to the client, or the client's parent or guardian if the client is a minor, regarding the use and disposition of a product of special observation and audio visual techniques, which may include the following:

a. One (1) way vision mirror;

b. Audio recording;

c. Video tape recording;
d. Television;
e. Movie; or
f. Photograph.
8.a. Written policy and procedure developed in consultation with professional and direct-care staff shall provide for behavior management of a child client, including the use of a time-out room.
b. Behavior management techniques shall be explained fully to each client and the client's parent, or guardian, or other legal representative if the client is a child or otherwise incapacitated.
9. The facility shall prohibit cruel and unusual behavioral management measures, including corporal punishment, the use of a seclusion room, and mechanical restraint.
10. Written policy shall prohibit a client from administering a disciplinary measure upon another client and shall prohibit a person other than professional or direct-care staff from administering a disciplinary measure to a child client.
(e) If therapeutic holds are used as a safe behavioral management technique, the facility shall have a policy that shall describe:
1. Criteria for appropriate use of therapeutic holds;
2. Documentation requirements; and
3. The requirement for completion of a training course approved by the Department for Behavioral Health, Developmental and Intellectual Disabilities prior to using therapeutic holds.
(f) The requirement that a licensed psychiatrist shall be available to evaluate, provide treatment and participate in treatment planning on a regular basis.
(g) The procedure for proper management of pharmaceuticals, consistent with the requirements of Section 5(7) of this administrative regulation.
(h) Except for a program accredited by the Joint Commission or the Commission on Accreditation of Rehabilitation Facilities, general procedures that address the following:
1. Procedures to be followed by staff in the event of a medical emergency of a client;
2. Proper nutrition;
3. Emergency preparedness;
4. Security; and
5. School attendance for children.
(3) Facility requirements for a crisis stabilization unit.
(a) A living unit shall be located within a single building and shall include:
1. Bedrooms.
a. More than four (4) clients shall not sleep in a bedroom.
b. A bedroom shall be equipped with a bed for each client.
c. A bed shall:
(i) Be at least thirty-six (36) inches wide and at least five (5) feet in length;
(ii) Be long and wide enough to accommodate the client's size;
(iii) Have a mattress cover, two (2) sheets, a pillow, and bed covering as is required to keep the client comfortable;
(iv) Be equipped with a support mechanism and a clean mattress; and
(v) Be placed so that a client shall not experience discomfort because of proximity to a radiator or heat outlet, or exposure to a draft.
d. There shall be separate sleeping quarters for males and females.
e. A client shall not be housed in a room, a detached building, or other enclosure that has not previously been inspected and approved for residential use by the licensure agency and the Department of Housing, Buildings and Construction.

2. Bathrooms.

a. For every eight (8) residents, each living unit shall have at least one (1):

(i) Wash basin with hot and cold water;

(ii) Flush toilet; and

(iii) Bath or shower with hot and cold water.

b. If separate toilet and bathing facilities are not provided, males and females shall not be permitted to use those facilities at the same time.

3. Living area.

a. The living area shall provide comfortable seating for all clients housed within the living unit.

b. Each living unit shall be equipped with a:

(i) Working sink; and

(ii) Stove and refrigerator, unless a kitchen is directly available within the same building as the living unit.

c. A living unit shall house a maximum of sixteen (16) clients.

Section 9. Facility Specifications. (1) A facility housing a community mental health center or a crisis stabilization unit shall be a general purpose building of safe and substantial construction and shall be in compliance with applicable state and local laws relating to zoning, construction, plumbing, safety, and sanitation. The following shall apply if relevant and as adopted by the respective agency authority:

(a) Requirements for fire safety pursuant to 815 KAR 10:060; and

(b) Requirements for making a building or facility accessible to and usable by an individual with disabilities, pursuant to KRS 198B.260 and administrative regulations promulgated thereunder.

(2) Prior to occupancy, the facility shall have final approval from appropriate agencies.

(3) A facility shall be currently approved by the Department of Housing, Buildings and Construction in accordance with 815 KAR 10:060, before relicensure is granted by the licensure agency. (8 Ky.R. 418; eff. 1-6-1982; Am. 16 Ky.R. 1001; eff. 1-12-1990; 24 Ky.R. 1788; 2378; eff. 5-18-1998; 25 Ky.R. 2469; 2916; 26 Ky.R. 394; eff. 8-16-1999; 32 Ky.R. 2157; 33 Ky.R. 117; eff., 7-24-2006; 43 Ky.R. 1057, 1752; eff. 5-5-2017.)