

KRS T. XVII, Ch. 194A, Refs & Annos

KRS § 194A.001

194A.001 Use of Kentucky Public Health Improvement Plan

(1) Public health stakeholders can be expected to use the Kentucky Public Health Improvement Plan in the following ways:

(a) As a guide for public health and local public health departments to plan their activities and budget their resources.

(b) As a guide for public health to educate the public about the activities and goals of the Department, its resource needs, and the progress it has made in achieving public health goals.

(c) As a guide for health-planning purposed by public and private health providers, such as hospitals, nursing homes, by provider associations, such as hospital associations, professional associations; and by health and social service organizations, including funding sources, and nonprofit human services agencies.

(d) As a guide for local groups and coalitions of health and health-related providers, and by local human services and other agencies, as for example, public schools, in the development of innovative efforts to provide community assessment, policy development, and assurance.

(e) As a resource for health policy analysts and academicians to devise and evaluate innovative health programs and services.

(2) The Kentucky Public Health Improvement Plan will be considered in health budget decisions.

(3) The Kentucky Public Health Improvement Plan will be used as a measure of the adequacy of funding available for public health purposes.

KRS § 194A.005

194A.005 Definitions for chapter

As used in this chapter, unless the context requires otherwise:

(1) “Cabinet” means the Cabinet for Health and Family Services; and

(2) “Secretary” means the secretary for health and family services.

KRS § 194A.010

194A.010 Cabinet for Health and Family Services; functions

Current with emergency effective legislation through the 2014 Regular Session.

Effective: July 12, 2012

(1) The cabinet is the primary state agency for operating the public health, Medicaid, certificate of need and licensure, and mental health and intellectual disability programs in the Commonwealth. The function of the cabinet is to improve the health of all Kentuckians, including the delivery of population, preventive, reparative, and containment health services in a safe and effective fashion, and to improve the functional capabilities and opportunities of Kentuckians with disabilities. The cabinet is to accomplish its function through direct and contract services for planning and through the state health plan and departmental plans for program operations, for program monitoring and standard setting, and for program evaluation and resource management.

(2) The cabinet is the primary state agency responsible for leadership in protecting and promoting the well-being of Kentuckians through the delivery of quality human services. Recognizing that children are the Commonwealth's greatest natural resource and that individuals and their families are the most critical component of a strong society, the cabinet shall deliver social services to promote the safety and security of Kentuckians and preserve their dignity. The cabinet shall administer child welfare programs that promote collaboration and accountability among local, public, and private programs to improve the lives of families and children, including collaboration with the Council on Accreditation for Children and Family Services or its equivalent in developing strategies consistent with best practice standards for delivery of services. The cabinet also shall administer income-supplement programs that protect, develop, preserve, and maintain individuals, families, and children in the Commonwealth.

**KRS § 194A.025**

**194A.025 Power and authority of secretary**

(1) The secretary for health and family services and the secretary's designated representatives in the discharge of the duties of the secretary may administer oaths and affirmations, take depositions, certify official acts, and issue subpoenas to compel the attendance of witnesses and production of books, papers, correspondence, memoranda, and other records considered necessary and relevant as evidence at hearings held in connection with the administration of the cabinet.

(2) The secretary may delegate any duties of the office of secretary to employees of the cabinet as the secretary deems necessary and appropriate, unless otherwise prohibited by statutes.

(3) The secretary may enter into any contracts and agreements with individuals, colleges, universities, associations, corporations, municipalities, and other units of government as may be deemed necessary to carry out the general intent and purposes of the cabinet.

**KRS § 194A.030**

**194A.030 Major organizational units of cabinet**

Effective: July 12, 2012

The cabinet consists of the following major organizational units, which are hereby created:

Current with emergency effective legislation through the 2014 Regular Session.

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(1) Office of the Secretary. Within the Office of the Secretary, there shall be an Office of Communications and Administrative Review, an Office of Legal Services, an Office of Inspector General, an Office of the Ombudsman, and the Governor's Office of Electronic Health Information.

(a) The Office of Communications and Administrative Review shall include oversight of administrative hearings and communications with internal and external audiences of the cabinet. The Office of Communications and Administrative Review shall be headed by an executive director who shall be appointed by the secretary with the approval of the Governor under KRS 12.050.

(b) The Office of Legal Services shall provide legal advice and assistance to all units of the cabinet in any legal action in which it may be involved. The Office of Legal Services shall employ all attorneys of the cabinet who serve the cabinet in the capacity of attorney, giving legal advice and opinions concerning the operation of all programs in the cabinet. The Office of Legal Services shall be headed by a general counsel who shall be appointed by the secretary with the approval of the Governor under KRS 12.050 and 12.210. The general counsel shall be the chief legal advisor to the secretary and shall be directly responsible to the secretary. The Attorney General, on the request of the secretary, may designate the general counsel as an assistant attorney general under the provisions of KRS 15.105.

(c) The Office of Inspector General shall be responsible for:

1. The conduct of audits and investigations for detecting the perpetration of fraud or abuse of any program by any client, or by any vendor of services with whom the cabinet has contracted; and the conduct of special investigations requested by the secretary, commissioners, or office heads of the cabinet into matters related to the cabinet or its programs;

2. Licensing and regulatory functions as the secretary may delegate;

3. Review of health facilities participating in transplant programs, as determined by the secretary, for the purpose of determining any violations of KRS 311.1911 to 311.1959, 311.1961, and 311.1963; and

4. The notification and forwarding of any information relevant to possible criminal violations to the appropriate prosecuting authority.

The Office of Inspector General shall be headed by an inspector general who shall be appointed by the secretary with the approval of the Governor. The inspector general shall be directly responsible to the secretary.

(d) The Office of the Ombudsman shall provide professional support in the evaluation of programs, including but not limited to quality improvement and information analysis and reporting, contract monitoring, program monitoring, and the development of quality service delivery, and a review and resolution of citizen complaints about programs or services of the cabinet when those complaints are unable to be resolved through normal administrative remedies. The Office of the Ombudsman shall place an emphasis on research and best practice and program accountability and shall monitor federal compliance. The Office of the Ombudsman shall be headed by an executive director who shall be appointed by the secretary with the approval of the Governor in accordance with KRS 12.050.

(e) The Governor's Office of Electronic Health Information shall provide leadership in the redesign of the health care delivery system using electronic information technology as a means to improve patient care and reduce medical errors and duplicative services. The Governor's Office of Electronic Health Information shall

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be headed by an executive director who shall be appointed by the secretary with the approval of the Governor in accordance with KRS 12.050;

(2) Department for Medicaid Services. The Department for Medicaid Services shall serve as the single state agency in the Commonwealth to administer Title XIX of the Federal Social Security Act.<sup>1</sup> The Department for Medicaid Services shall be headed by a commissioner for Medicaid services, who shall be appointed by the secretary with the approval of the Governor under KRS 12.050. The commissioner for Medicaid services shall be a person who by experience and training in administration and management is qualified to perform the duties of this office. The commissioner for Medicaid services shall exercise authority over the Department for Medicaid Services under the direction of the secretary and shall only fulfill those responsibilities as delegated by the secretary;

(3) Department for Public Health. The Department for Public Health shall develop and operate all programs of the cabinet that provide health services and all programs for assessing the health status of the population for the promotion of health and the prevention of disease, injury, disability, and premature death. This shall include but not be limited to oversight of the Division of Women's Health. The Department for Public Health shall be headed by a commissioner for public health who shall be appointed by the secretary with the approval of the Governor under KRS 12.050. The commissioner for public health shall be a duly licensed physician who by experience and training in administration and management is qualified to perform the duties of this office. The commissioner shall advise the head of each major organizational unit enumerated in this section on policies, plans, and programs relating to all matters of public health, including any actions necessary to safeguard the health of the citizens of the Commonwealth. The commissioner shall serve as chief medical officer of the Commonwealth. The commissioner for public health shall exercise authority over the Department for Public Health under the direction of the secretary and shall only fulfill those responsibilities as delegated by the secretary;

(4) Department for Behavioral Health, Developmental and Intellectual Disabilities. The Department for Behavioral Health, Developmental and Intellectual Disabilities shall develop and administer programs for the prevention of mental illness, intellectual disabilities, brain injury, developmental disabilities, and substance abuse disorders and shall develop and administer an array of services and support for the treatment, habilitation, and rehabilitation of persons who have a mental illness or emotional disability, or who have an intellectual disability, brain injury, developmental disability, or a substance abuse disorder. The Department for Behavioral Health, Developmental and Intellectual Disabilities shall be headed by a commissioner for behavioral health, developmental and intellectual disabilities who shall be appointed by the secretary with the approval of the Governor under KRS 12.050. The commissioner for behavioral health, developmental and intellectual disabilities shall be by training and experience in administration and management qualified to perform the duties of the office. The commissioner for behavioral health, developmental and intellectual disabilities shall exercise authority over the department under the direction of the secretary, and shall only fulfill those responsibilities as delegated by the secretary;

(5) Commission for Children with Special Health Care Needs. The duties, responsibilities, and authority set out in KRS 200.460 to 200.490 shall be performed by the commission. The commission shall advocate the rights of children with disabilities and, to the extent that funds are available, shall provide the services and facilities for children with disabilities as are deemed appropriate by the commission. The commission shall be composed of seven (7) members appointed by the Governor to serve a term of office of four (4) years. The commission may promulgate administrative regulations under KRS Chapter 13A as may be necessary to implement and administer its responsibilities. The duties, responsibilities, and authority of the Commission for Children with Special Health Care Needs shall be performed through the office of the executive director of the commission. The executive director shall be appointed by the Governor under KRS 12.040, and the commission may at any time recommend the removal of the executive director upon filing with the Governor a full written statement of its reasons for removal. The executive director shall report directly to the Commission for Children with Special Health Care Needs and serve as the commission's secretary;

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(6) Office of Health Policy. The Office of Health Policy shall lead efforts to coordinate health care policy, including Medicaid, behavioral health, developmental and intellectual disabilities, mental health services, services for individuals with an intellectual disability, public health, certificate of need, and health insurance. The duties, responsibilities, and authority pertaining to the certificate of need functions and the licensure appeal functions, as set out in KRS Chapter 216B, shall be performed by this office. The Office of Health Policy shall be headed by an executive director who shall be appointed by the secretary with the approval of the Governor pursuant to KRS 12.050;

(7) Department for Family Resource Centers and Volunteer Services. The Department for Family Resource Centers and Volunteer Services shall streamline the various responsibilities associated with the human services programs for which the cabinet is responsible. This shall include, but not be limited to, oversight of the Division of Family Resource and Youth Services Centers and the Kentucky Commission on Community Volunteerism and Services. The Department for Family Resource Centers and Volunteer Services shall be headed by a commissioner who shall be appointed by the secretary with the approval of the Governor under KRS 12.050. The commissioner for family resource centers and volunteer services shall be by training and experience in administration and management qualified to perform the duties of the office, shall exercise authority over the department under the direction of the secretary, and shall only fulfill those responsibilities as delegated by the secretary;

(8) Office of Administrative and Technology Services. The Office of Administrative and Technology Services shall develop and maintain technology, technology infrastructure, and information management systems in support of all units of the cabinet. The office shall have responsibility for properties and facilities owned, maintained, or managed by the cabinet. The Office of Administrative and Technology Services shall be headed by an executive director who shall be appointed by the secretary with the approval of the Governor under KRS 12.050. The executive director shall exercise authority over the Office of Administrative and Technology Services under the direction of the secretary and shall only fulfill those responsibilities as delegated by the secretary;

(9) Office of Human Resource Management. The Office of Human Resource Management shall coordinate, oversee, and execute all personnel, training, and management functions of the cabinet. The office shall focus on the oversight, development, and implementation of quality personnel services; curriculum development and delivery of instruction to staff; the administration, management, and oversight of training operations; health, safety, and compliance training; and equal employment opportunity compliance functions. The office shall be headed by an executive director appointed by the secretary with the approval of the Governor in accordance with KRS 12.050;

(10) The Office of Policy and Budget shall provide central review and oversight of budget, contracts, legislation, policy, grant management, boards and commissions, and administrative regulations. The office shall provide coordination, assistance, and support to program departments and independent review and analysis on behalf of the secretary. The office shall be headed by an executive director appointed by the secretary with the approval of the Governor in accordance with KRS 12.050;

(11) Department for Community Based Services. The Department for Community Based Services shall administer and be responsible for child and adult protection, violence prevention resources, foster care and adoption, permanency, and services to enhance family self-sufficiency, including child care, social services, public assistance, and family support. The department shall be headed by a commissioner appointed by the secretary with the approval of the Governor in accordance with KRS 12.050;

(12) Department for Income Support. The Department for Income Support shall be responsible for child support enforcement and disability determination. The department shall serve as the state unit as required by Title II and Title XVI of the Social Security Act,<sup>2</sup> and shall have responsibility for determining eligibility for disability for those citizens of the Commonwealth who file applications for disability with the Social Security Administration.

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The department shall be headed by a commissioner appointed by the secretary with the approval of the Governor in accordance with KRS 12.050; and

(13) Department for Aging and Independent Living. The Department for Aging and Independent Living shall serve as the state unit as designated by the Administration on Aging Services under the Older Americans Act<sup>3</sup> and shall have responsibility for administration of the federal community support services, in-home services, meals, family and caregiver support services, elder rights and legal assistance, senior community services employment program, the state health insurance assistance program, state home and community based services including home care, Alzheimer's respite services and the personal care attendant program, certifications of adult day care and assisted living facilities, the state Council on Alzheimer's Disease and other related disorders, the Institute on Aging, and guardianship services. The department shall also administer the Long-Term Care Ombudsman Program and the Medicaid Home and Community Based Waivers Consumer Directed Option (CDO) Program. The department shall serve as the information and assistance center for aging and disability services and administer multiple federal grants and other state initiatives. The department shall be headed by a commissioner appointed by the secretary with the approval of the Governor in accordance with KRS 12.050.

**KRS § 194A.040**

**194A.040 Internal organization of offices and departments; secretary's power to create positions; election of coverage under unemployment insurance**

(1) The secretary shall, subject to the provisions of KRS Chapter 12, establish the internal organization of the offices and departments not established in 1974 Ky. Acts ch. 74, Art. VI, or 1998 Ky. Acts ch. 426, and shall organize the cabinet into offices, divisions, regions, districts, and other administrative units as the secretary deems necessary to perform the functions, exercise the powers, and fulfill the duties of the cabinet.

(2) The secretary shall have any and all necessary powers and authority subject to appropriate provisions of the statutes to create positions that enable the cabinet to fulfill all functions assigned to it. The secretary shall designate a person to act as deputy to exercise the duties of the office in case of absence.

(3) The secretary shall, with the approval of the Governor, elect coverage for employees of the cabinet under the unemployment insurance law when required by federal law.

**KRS § 194A.050**

**194A.050 Execution of policies, plans, and programs; administrative regulations; fees**

(1) The secretary shall formulate, promote, establish, and execute policies, plans, and programs and shall adopt, administer, and enforce throughout the Commonwealth all applicable state laws and all administrative regulations necessary under applicable state laws to protect, develop, and maintain the health, personal dignity, integrity, and sufficiency of the individual citizens of the Commonwealth and necessary to operate the programs and fulfill the responsibilities vested in the cabinet. The secretary shall promulgate, administer, and enforce those administrative regulations necessary to implement programs mandated by federal law, or to qualify for the receipt of federal funds and necessary to cooperate with other state and federal agencies for the proper administration of the cabinet and its programs.

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(2) The secretary may utilize the Public Health Services Advisory Council to review and make recommendations on contemplated administrative regulations relating to initiatives of the Department for Public Health. No administrative regulations issued under the authority of the cabinet shall be filed with the Legislative Research Commission unless they are issued under the authority of the secretary, and the secretary shall not delegate that authority.

(3) The secretary may utilize the Council for Families and Children to review and make recommendations on contemplated administrative regulations relating to initiatives of the Department for Community Based Services. No administrative regulations issued under the authority of the cabinet shall be filed with the Legislative Research Commission unless issued under the authority of the secretary, and the secretary shall not delegate this authority.

(4) Except as otherwise provided by law, the secretary shall have authority to establish by administrative regulation a schedule of reasonable fees, none of which shall exceed one hundred dollars (\$100), to cover the costs of annual inspections of efforts regarding compliance with program standards administered by the cabinet. All fees collected for inspections shall be deposited in the State Treasury and credited to a revolving fund account to be used for administration of those programs of the cabinet. The balance of the account shall lapse to the general fund at the end of each biennium. Fees shall not be charged for investigation of complaints.

**KRS § 194A.055**

**194A.055 Kentucky Health Care Improvement Fund; purpose; source of moneys; strategic plan for fund distribution; annual report and audit**

There is established in the State Treasury a fund to be known as the “Kentucky Health Care Improvement Fund.” This fund shall exist for the purpose of receipt and expenditure of moneys to improve health care and access to health insurance residents of the Commonwealth. The fund may receive state appropriations, gifts, grants, and federal funds and shall be disbursed by the State Treasury upon the warrant of the secretary of the Cabinet for Health and Family Services. Beginning July 1, 2000, twenty-five percent (25%) of the proceeds from the tobacco settlement agreement fund shall be deposited in this fund as provided under KRS 248.654. All investment income earned from moneys deposited in the fund shall accrue to the fund. The moneys in the fund shall not lapse at the close of any fiscal year but shall be carried forward in the next fiscal year for the purpose of the fund. The board shall develop and oversee the implementation of a strategic plan. The strategic plan shall identify both short-term and long-term goals and the appropriate oversights to measure progress toward achievement of those goals, and it shall be updated every two (2) years. The board shall submit an annual report to the Governor and the Legislative Research Commission by September 1 of each year for the preceding fiscal year, outlining its activities and expenditures. The Auditor of Public Accounts, on an annual basis, shall conduct a thorough review of all expenditures from the fund and, if necessary in the opinion of the Auditor, an audit of the operations of the fund. No money in the fund shall be allocated until the board has adopted a strategic plan.

**KRS § 194A.060**

**194A.060 Confidentiality of record and reports**

(1) The secretary shall develop and promulgate administrative regulations that protect the confidential nature of all records and reports of the cabinet that directly or indirectly identify a client or patient or former client or patient of the cabinet and that insure that these records are not disclosed to or by any person except as, and insofar as:

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(a) The person identified or the guardian, if any, shall give consent; or

(b) Disclosure may be permitted under state or federal law.

(2) The cabinet shall share pertinent information from within the agency's records on clients, current and former clients, recipients, and patients as may be permitted by federal and state confidentiality statutes and regulations governing release of data with other public, quasi-public, and private agencies involved in providing services to current or former clients or patients subject to confidentiality agreements as permitted by federal and state law if those agencies demonstrate a direct, tangible, and legitimate interest in the records. In all instances, the individual's right to privacy is to be respected.

**KRS § 194A.065**

**194A.065 Recording of data elements for centralized criminal history record information system;  
definition of front-line staff**

**Effective: April 5, 2007**

(1) For the purposes of this section, "front-line staff" means an employee of the Division of Service Regions of the Department for Community Based Services or the immediate supervisor of an employee whose professional duties include ongoing adult or child protective services, protective services investigations or assessments, or regularly conducting interviews, visits, contacts, or providing transportation services or other services in the homes of family members involved in adult or child protective services.

(2) The Cabinet for Health and Family Services, the Department of Juvenile Justice, the Department of Corrections, the Administrative Office of the Courts, and the Department of Kentucky State Police shall be responsible for the recording of those data elements that are needed for the development of the centralized criminal history record information system.

(3) The database shall at a minimum contain the information required in KRS 27A.310 to 27A.440.

(4) The Cabinet for Health and Family Services shall provide access to the Department of Kentucky State Police, the Department of Corrections, the Department of Juvenile Justice, and the Administrative Office of the Courts to its database.

(5) The cabinet secretary and the secretary of the Justice and Public Safety Cabinet shall establish communications, policies, and procedures to enable designated cabinet staff of the Department for Community Based Services who are working on a protective services investigation or an ongoing protective services case to request a state criminal background check, and within a reasonable time frame, but no later than one (1) hour after receipt of a request, to have the state criminal background check sent to designated cabinet staff. Designated cabinet staff may request a state criminal background check at any time for a protective services investigation and may use the state criminal background check to assess staff safety concerns.

(6) The Cabinet for Health and Family Services shall prioritize the safety needs of the front-line staff of the Department for Community Based Services and provide improvements in accordance with this section and KRS 194A.562, 194A.564, and 605.170.

**KRS § 194A.070**

Current with emergency effective legislation through the 2014 Regular Session.

**194A.070 Utilizing community resources for delivery of services**

The cabinet is authorized to utilize and promote available or potential community resources for the delivery of services and shall, when it deems appropriate, contract for services with local, community, and private agencies when services would not otherwise be available without cost. The cabinet and local, community, and private agencies operating on contract with the cabinet may charge for services rendered when this would be in accordance with applicable state law.

**KRS § 194A.080**

**194A.080 Cost-allocation plan**

The secretary shall arrange for the development of a cost allocation plan by the cabinet. The cost allocation shall be developed in accordance with generally recognized accounting practices and shall make provisions for the distribution of operational and administrative costs of all organizational units of the cabinet to all programs operated by the cabinet that receive services or are otherwise benefited by the operations of those organizational units.

**KRS § 194A.085**

**194A.085 Governor's Office of Wellness and Physical Activity; duties, rights, and responsibilities--  
Repealed**

Effective: July 12, 2012

**KRS § 194A.090**

**194A.090 Citizen advisory bodies; Public Health Services Advisory Council; Institute for Aging; Council  
for Families and Children**

(1) The cabinet shall include citizen advisory bodies within its structure to provide independent advice from the general public.

(2) A Public Health Services Advisory Council is created within the cabinet.

(a) The council may advise the secretary for health and family services, the commissioner for public health, and officials of the Commonwealth on policy matters concerning the delivery of health services, including the assessment of needs, the development of program alternatives, the determination of priorities, the formulation of policy, the allocation of resources, and the evaluation of programs. The council shall be utilized by the cabinet to fulfill federal requirements for citizen's advisory councils associated with programs designed to provide health services and to advise the cabinet on the development and content of the state health plan.

(b) The council shall be composed of no more than nineteen (19) citizen members appointed by the Governor. Six (6) members of the council shall be chosen to broadly represent public interest groups concerned with health services, recipients of health services provided by the Commonwealth, minority groups, and the general public. Thirteen (13) members of the council shall represent providers of health care and not less than one-half (1/2) of the providers shall be direct providers of health care. At least one (1) of the direct providers of health

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care shall be a person engaged in the administration of a hospital, and one (1) shall be a physician in active practice. At least one (1) member shall be a registered sanitarian or sanitary engineer, one (1) a public health nurse, one (1) a member of the current minority advisory council, and one (1) a practicing public health physician. Nominations for health care provider members of the council shall be solicited from recognized health care provider organizations. Membership of the council shall be geographically distributed in order that area development districts are represented. Members shall serve for terms of three (3) years. If a vacancy occurs, the person appointed as a replacement shall serve only for the remainder of the vacated term. Members shall serve until the term begins for their appointed successors. No member shall serve more than two (2) consecutive terms. The chair of the council shall be appointed by the Governor. The secretary for health and family services and the commissioner for public health shall be nonvoting, ex officio members of the council, and the commissioner for public health shall be a staff director for, and secretary to, the council. The council shall meet at least quarterly and on other occasions as may be necessary on the call of the secretary for health and family services or the commissioner for public health. A majority of the appointed members shall constitute a quorum.

(3) An Institute for Aging is created within the cabinet.

(a) The institute shall advise the secretary for health and family services and other officials of the Commonwealth on policy matters relating to the development and delivery of services to the aged.

(b) The institute shall be composed of no more than fifteen (15) citizen members appointed by the Governor. Members of the institute shall be chosen to broadly represent public interest groups concerned with the needs of the aged, professionals involved in the delivery of services to the aged, minority groups, recipients of state-provided services to the aged, and the general public. The Governor shall appoint a chair of the institute. The secretary for health and family services shall be a nonvoting, ex officio member of, staff director for, and secretary to the institute. The institute shall meet at least quarterly and on other occasions as may be necessary, on the call of the secretary for health and family services. A majority of the appointed members shall constitute a quorum.

(4) A Council for Families and Children is created within the cabinet.

(a) The council may advise the secretary for health and family services, the commissioner for community based services, and other officials of the Commonwealth on policy matters relating to the human service needs.

(b) The council shall be composed of no more than twenty-one (21) citizen members appointed by the Governor. Members of the council shall be chosen to broadly represent public interest groups concerned with social insurance and social service programs operated by the Commonwealth, professionals involved in the delivery of human services, minority groups, the poor, the disadvantaged, recipients of human services provided by the state, and the general public. The Governor shall appoint the chair of the council. The secretary for health and family services and the commissioner for community based services shall be nonvoting, ex officio members of the council, and the commissioner for community based services shall be staff director for, and secretary to, the council. The council shall meet at least quarterly and on other occasions as may be necessary, on call of the secretary for health and family services. A majority of appointed members shall constitute a quorum.

(c) When the Council for Families and Children is assigned a responsibility for qualifying the Commonwealth for federal programs with representations and membership formulas that conflict with the council's membership, the secretary may create special subcommittees to this citizens' body that meet federal requirements.

**KRS § 194A.092**

**194A.092 Division of Child Abuse and Domestic Violence Services--Repealed**

**Effective: July 12, 2012**

**KRS § 194A.095**

**194A.095 Division of Women's Health; receipt of gifts, grants, and bequests**

**Effective: July 12, 2012**

(1) There is created in the Cabinet for Health and Family Services a Division of Women's Health for the purpose of:

(a) Serving as a repository for data and information affecting women's physical and mental health issues;

(b) Analyzing and communicating trends in women's health issues and mental health;

(c) Recommending to the Cabinet for Health and Family Services and to any advisory committees created under KRS 216.2923, data elements affecting women's physical and mental health. The division shall advise and direct which data elements should be collected, analyzed, and reported in a timely manner under KRS 216.2920 to 216.2929;

(d) Cooperating and collaborating with the Cabinet for Health and Family Services in receiving and disseminating through all forms of media including the Internet relevant aggregate data findings under KRS 216.2920 to 216.2929 which affect women; and

(e) Planning, developing, and administering a Women's Health Resource Center within the Cabinet for Health and Family Services to focus on targeted preventive care and comprehensive health education.

(2) The division may accept gifts, grants, and bequests in support of its mission and duties specified in subsection (1) of this section. All money received shall be administered by the cabinet, which shall administer these funds through appropriate trust and agency accounts.

**KRS § 194A.097**

**194A.097 Division of Family Resource and Youth Services Centers; administrative regulations**

**Effective: July 15, 2008**

The Division of Family Resource and Youth Services Centers shall promulgate administrative regulations to:

(1) Implement requirements for applications for continuation funding of a family resource or youth services center; and

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(2) Establish a continuing education program for coordinators and staff.

**KRS § 194A.110**

**194A.110 Advisory Council for Medical Assistance attached for administrative and support purposes**

The Advisory Council for Medical Assistance, established by KRS 205.540, and its associated bodies are attached to the Department for Medicaid Services for administrative and support purposes. The Advisory Council for Medical Assistance shall advise the secretary for health and family services and the commissioner for Medicaid services on the administration and operation of the Medical Assistance Program.

**KRS § 194A.120**

**194A.120 Bodies attached to cabinet with statutory authority to issue administrative regulations**

The Commission for Children with Special Health Care Needs and the State Interagency Council for Services to Children with an Emotional Disability shall be the only statutory bodies attached to the cabinet that shall have the authority to issue administrative regulations. No other corporate body or instrumentality of the Commonwealth, advisory committee, interstate compact, or other statutory body, presently attached to the cabinet, shall issue administrative regulations but shall operate only in an advisory capacity.

**KRS § 194A.125**

**194A.125 Telehealth Board; members; chair; scope of administrative regulations; board to make recommendations following consultation with Governor's office; Universities of Kentucky and Louisville to report to General Assembly; receipt and dispensing of funds**

**Effective: July 12, 2012**

(1) The Telehealth Board is created and placed for administrative purposes under the cabinet. This ten (10) member board shall consist of the:

- (a) Chancellor, or a designee, of the medical school at the University of Kentucky;
- (b) Chancellor, or a designee, of the medical school at the University of Louisville;
- (c) Commissioner, or a designee, of the Department for Public Health;
- (d) Executive director, or a designee, of the Commonwealth Office of Technology;
- (e) Executive director, or a designee, of the Office of Administrative and Technology Services, Cabinet for Health and Family Services; and
- (f) Five (5) members at large, appointed by the Governor, who are health professionals or third parties as those

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terms are defined in KRS 205.510. To ensure representation of both groups, no more than three (3) health professionals or two (2) third parties shall be members of the board at the same time. These members shall serve a term of four (4) years, may serve no more than two (2) consecutive terms, and shall be reimbursed for their costs associated with attending board meetings.

(2) The members shall elect a chair and hold bimonthly meetings or as often as necessary for the conduct of the board's business.

(3) The board shall promulgate administrative regulations in accordance with KRS Chapter 13A to:

(a) Establish telehealth training centers at the University of Kentucky, University of Louisville, the pediatric-affiliated hospitals at the University of Kentucky and the University of Louisville, and one (1) each in western Kentucky and eastern Kentucky, with the sites to be determined by the board;

(b) Develop a telehealth network, to coordinate with the training centers, of no more than twenty-five (25) rural sites, to be established based on the availability of funding and in accordance with criteria set by the board. In addition to these rural sites, the board may identify, for participation in the telehealth network, ten (10) local health departments, five (5) of which shall be administered by the University of Kentucky and five (5) of which shall be administered by the University of Louisville, and any other site that is operating as a telemedicine or telehealth site and that demonstrates its capability to follow the board's protocols and standards;

(c) Establish protocols and standards to be followed by the training centers and rural sites; and

(d) Maintain the central link for the network with the Kentucky information highway.

(4) The board shall, following consultation with the Commonwealth Office of Technology, recommend the processes and procedures for the switching and running of the telehealth network.

(5) The University of Kentucky and the University of Louisville shall report semiannually to the Interim Joint Committee on Health and Welfare on the following areas as specified by the board through an administrative regulation promulgated in accordance with KRS Chapter 13A.

(a) Data on utilization, performance, and quality of care;

(b) Quality assurance measures, including monitoring systems;

(c) The economic impact on and benefits to participating local communities; and

(d) Other matters related to telehealth at the discretion of the board.

(6) The board shall receive and dispense funds appropriated for its use by the General Assembly or obtained through any other gift or grant.

**KRS § 194A.130**

**194A.130 Limitation on administrative processes**

No corporate body or instrumentality of the Commonwealth, advisory committee, interstate compact, or other statutory body, attached to or within the cabinet, shall expend funds, hire employees, issue grants, or otherwise engage in the normal administrative process of the cabinet. All of these bodies shall be provided administrative and support services by the cabinet.

**KRS § 194A.135**

**194A.135 Commonwealth Council on Developmental Disabilities; members; Executive Director; duties;  
Autism Spectrum Disorders Subcommittee**

**Effective: July 12, 2012**

- (1) The Commonwealth Council on Developmental Disabilities is created within the cabinet.
  
- (2) The Commonwealth Council on Developmental Disabilities is established to comply with the requirements of the Developmental Disabilities Act of 1984 and any subsequent amendment to that act.
  
- (3) The members of the Commonwealth Council on Developmental Disabilities shall be appointed by the Governor to serve as advocates for persons with developmental disabilities. The council shall be composed of twenty-six (26) members.
  - (a) Ten (10) members shall be representatives of: the principal state agencies administering funds provided under the Rehabilitation Act of 1973<sup>1</sup> as amended; the state agency that administers funds provided under the Individuals with Disabilities Education Act (IDEA)<sup>2</sup>; the state agency that administers funds provided under the Older Americans Act of 1965<sup>3</sup> as amended; the single state agency designated by the Governor for administration of Title XIX of the Social Security Act<sup>4</sup> for persons with developmental disabilities; higher education training facilities, each university-affiliated program or satellite center in the Commonwealth; and the protection and advocacy system established under Public Law 101-496. These members shall represent the following:
    1. Office of Vocational Rehabilitation;
  
    2. Office for the Blind;
  
    3. Division of Exceptional Children, within the Department of Education;
  
    4. Department for Aging and Independent Living;
  
    5. Department for Medicaid Services;

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6. Department of Public Advocacy, Protection and Advocacy Division;
7. University-affiliated programs;
8. Local and nongovernmental agencies and private nonprofit groups concerned with services for persons with developmental disabilities;
9. Department for Behavioral Health, Developmental and Intellectual Disabilities; and
10. Department for Public Health, Division of Maternal and Child Health.

(b) At least sixty percent (60%) of the members of the council shall be composed of persons with developmental disabilities or the parents or guardians of persons, or immediate relatives or guardians of persons with mentally impairing developmental disabilities, who are not managing employees or persons with ownership or controlling interest in any other entity that receives funds or provides services under the Developmental Disabilities Act of 1984 as amended and who are not employees of a state agency that receives funds or provides services under this section. Of these members, five (5) members shall be persons with developmental disabilities, and five (5) members shall be parents or guardians of children with developmental disabilities or immediate relatives or guardians of adults with mentally impairing developmental disabilities who cannot advocate for themselves. Six (6) members shall be a combination of individuals in these two (2) groups, and at least one (1) of these members shall be an immediate relative or guardian of an institutionalized or previously institutionalized person with a developmental disability or an individual with a developmental disability who resides in an institution or who previously resided in an institution.

(c) Members not representing principal state agencies shall be appointed for a term of three (3) years. Members shall serve no more than two (2) consecutive three (3) year terms. Members shall serve until their successors are appointed or until they are removed for cause.

(d) The council shall elect its own chair, adopt bylaws, and operate in accordance with its bylaws. Members of the council who are not state employees shall be reimbursed for necessary and actual expenses. The cabinet shall provide personnel adequate to insure that the council has the capacity to fulfill its responsibilities. The council shall be headed by an executive director. If the executive director position becomes vacant, the council shall be responsible for the recruitment and hiring of a new executive director.

(4) The Commonwealth Council on Developmental Disabilities shall:

(a) Develop, in consultation with the cabinet, and implement the state plan as required by Part B of the Developmental Disabilities Act of 1984, as amended, with a goal of development of a coordinated consumer and family centered focus and direction, including the specification of priority services required by that plan;

(b) Monitor, review, and evaluate, not less often than annually, the implementation and effectiveness of the state plan in meeting the plan's objectives;

(c) To the maximum extent feasible, review and comment on all state plans that relate to persons with developmental disabilities;

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(d) Submit to the secretary of the cabinet, the commissioner of the Department for Behavioral Health, Developmental and Intellectual Disabilities, and the Secretary of the United States Department of Health and Human Services any periodic reports on its activities as required by the United States Department of Health and Human Services and keep records and afford access as the cabinet finds necessary to verify the reports;

(e) Serve as an advocate for individuals with developmental disabilities and conduct programs, projects, and activities that promote systematic change and capacity building;

(f) Examine, not less than once every five (5) years, the provision of and need for federal and state priority areas to address, on a statewide and comprehensive basis, urgent needs for services, supports, and other assistance for individuals with developmental disabilities and their families; and

(g) Prepare, approve, and implement a budget that includes amounts paid to the state under the Developmental Disabilities Act of 1984, as amended, to fund all programs, projects, and activities under that Act.

(5) The Commonwealth Council on Developmental Disabilities shall appoint a subcommittee, which shall include members of the Kentucky Commission on Autism Spectrum Disorders, to monitor the implementation of the state plan as developed by the commission beginning October 1, 2006. The subcommittee shall prepare, and the council shall submit, the report as required under KRS 194A.622(10).

**KRS § 194A.140**

**194A.140 Special subcommittees of the Public Health Services Advisory Council or of the Institute for Aging**

When the Public Health Services Advisory Council or the Institute for Aging is assigned responsibility for qualifying the Commonwealth for federal programs with representation and membership formulas that conflict with a particular council's membership, the secretary shall have the authority to create special subcommittees to these citizens' councils that meet federal requirements.

**KRS § 194A.145**

**194A.145 Legislative findings and declarations**

The Kentucky General Assembly finds that the various departments, agencies, and entities providing care and treatment to children in placement and their families often do so without appropriate collaboration of policies and services or appropriate and necessary sharing of relevant information. The General Assembly declares that the purpose of KRS 194.146 is to establish a structure for coordinated strategic planning, policy development, and information reporting and sharing among and across departments, agencies, and entities that provide care and services to children in placement.

**KRS § 194A.146**

**194A.146 Statewide Strategic Planning Committee for Children in Placement; membership; plans; review; information systems; study of changes in child welfare delivery; annual report**

**Effective: July 12, 2012**

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(1) There is hereby created the “Statewide Strategic Planning Committee for Children in Placement” which is administratively attached to the Department for Community Based Services. The committee shall be composed of the following:

(a) Members who shall serve by virtue of their positions: the secretary of the Cabinet for Health and Family Services or the secretary’s designee, the commissioner of the Department for Public Health, the commissioner of the Department for Behavioral Health, Developmental and Intellectual Disabilities, the commissioner for the Department for Medicaid Services, the commissioner of the Department for Community Based Services, the commissioner of the Department of Juvenile Justice, the commissioner of the Department of Education, the executive director of the Administrative Office of the Courts, the Senate co-chair of the Interim Joint Committee on Health and Welfare of the General Assembly, the House co-chair of the Interim Joint Committee on Health and Welfare of the General Assembly, or their designees; and

(b) One (1) foster parent selected by the statewide organization for foster parents, one (1) District Judge selected by the Chief Justice of the Kentucky Supreme Court, one (1) parent of a child in placement at the time of appointment to be selected by the secretary of the Cabinet for Health and Family Services, one (1) youth in placement at the time of the appointment to be selected by the secretary of the Cabinet for Health and Family Services, one (1) private child care provider selected by the statewide organization for private child care providers, and one (1) private child-placing provider selected by the secretary of the Cabinet for Health and Family Services. These members shall serve a term of two (2) years, and may be reappointed.

(2) The Statewide Strategic Planning Committee for Children in Placement shall, by July 1, 2013, develop a statewide strategic plan for the coordination and delivery of care and services to children in placement and their families. The plan shall be submitted to the Governor, the Chief Justice of the Supreme Court, and the Legislative Research Commission on or before July 1, 2013, and each July 1 thereafter.

(3) The strategic plan shall, at a minimum, include:

(a) A mission statement;

(b) Measurable goals;

(c) Principles;

(d) Strategies and objectives; and

(e) Benchmarks.

(4) The planning horizon shall be three (3) years. The plan shall be updated on an annual basis. Strategic plan updates shall include data and statistical information comparing plan benchmarks to actual services and care provided.

(5) The Statewide Strategic Planning Committee for Children in Placement shall, in consultation with the commissioner and the statewide placement coordinator as provided for in KRS 199.801, establish a statewide

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facilities and services plan that identifies the location of existing facilities and services for children in placement, identifies unmet needs, and develops strategies to meet the needs. The planning horizon shall be three (3) years. The plan shall be updated on an annual basis. The plan shall be used to guide, direct, and, if necessary, restrict the development of new facilities and services, the expansion of existing facilities and services, and the geographic location of placement alternatives.

(6) The Statewide Strategic Planning Committee for Children in Placement may, through the promulgation of administrative regulations, establish a process that results in the review and approval or denial of the development of new facilities and services, the expansion of existing facilities and services, and the geographic location of any facilities and services for children in placement in accordance with the statewide facilities and services plan. Any process established shall include adequate due process rights for individuals and entities seeking to develop new services, construct new facilities, or expand existing facilities, and shall require the involvement of local communities and other resource providers in those communities.

(7) As a part of the statewide strategic plan, and in consultation with the Commonwealth Office of Technology, the Statewide Strategic Planning Committee for Children in Placement shall plan for the development or integration of information systems that will allow information to be shared across agencies and entities, so that relevant data will follow a child through the system regardless of the entity or agency that is responsible for the child. The data produced shall be used to establish and monitor the benchmarks required by subsection (3) of this section. The data system shall, at a minimum, produce the following information on a monthly basis:

- (a) Number of placements per child;
- (b) Reasons for placement disruptions;
- (c) Length of time between removal and establishment of permanency;
- (d) Reabuse or reoffense rates;
- (e) Fatality rates;
- (f) Injury and hospitalization rates;
- (g) Health care provision rates;
- (h) Educational achievement rates;
- (i) Multiple placement rates;
- (j) Sibling placement rates;
- (k) Ethnicity matching rates;
- (l) Family maintenance and preservation rate; and

(m) Adoption disruption rates.

(8) The Statewide Strategic Planning Committee for Children in Placement shall ensure that a study is conducted to evaluate the extent to which changes in the child welfare delivery model, to include contracting for a continuum of care and shared decision-making with private child-caring and child placing agencies, would enhance the effectiveness and outcomes for children served in the foster care system. The Statewide Strategic Planning Committee shall develop a report of its findings and recommendations which shall be included in the annual report due on or before July 1, 2013.

(9) The Statewide Strategic Planning Committee for Children in Placement shall publish an annual report no later than December 1 of each year that includes, but is not limited to, the information outlined in subsection (7) of this section. The annual report shall be filed with the Governor and the Legislative Research Commission.

**KRS § 194A.150**

**194A.150 State officials as voting members of citizens' councils**

**Effective: July 15, 2010**

When federal programs require a particular citizens' council within or attached to the cabinet to include state officials as voting members, the secretary shall, for the specific purposes of those federal programs, be authorized to vote in those council meetings and shall further be authorized to call upon either the secretary of the Cabinet for Health and Family Services, the secretary of the Finance and Administration Cabinet, the chief state school officer, the secretary of the Justice and Public Safety Cabinet, the secretary of the Public Protection Cabinet, the secretary of the Energy and Environment Cabinet, the secretary of the Labor Cabinet, the secretary of the Cabinet for Economic Development, the executive director of the Council on Higher Education, or any combination of the above as may be appropriate, to be voting members of expanded citizens' councils for the purposes of these federal programs. The secretary shall exercise this prerogative only when the federal programs specifically require that state officials be voting members of the citizens' councils.

**KRS § 194A.160**

**194A.160 Alternates or representatives for boards, commissions, and similar bodies**

The secretary and other state officials with the approval of the secretary may designate alternatives or representatives to serve in their capacity as members of all boards, commissions, councils, institutes, and other similar bodies within or attached to the cabinet. The secretary or the secretary's designee shall be an ex officio member of all boards, committees, councils, institutes, and other similar bodies within or attached to the cabinet.

**KRS § 194A.170**

**194A.170 Secretary's authority to create special task forces, advisory committees, and other citizens' panels**

The secretary is authorized to create special task forces, technical advisory committees, and other citizens' panels as may be necessary to support the operations of the cabinet. No other officials of the cabinet shall be authorized to

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create citizens' panels associated with the cabinet, its programs, or suborganizational units, and the secretary shall not delegate this authority.

**KRS § 194A.180**

**194A.180 Administrative regulations and decisions of various bodies transferred to Public Health Services Advisory Council and Advisory Council for Medical Assistance**

All administrative regulations, acts, determinations, and decisions of and by the corporate bodies or instrumentalities of the Commonwealth, advisory committees, interstate compacts, or other statutory bodies, transferred in whole or in part to the Public Health Services Advisory Council and the Advisory Council for Medical Assistance, shall remain in effect as the administrative regulations, acts, determinations, and decisions of the cabinet unless duly modified or repealed by the secretary.

**KRS § 194A.182**

**194A.182 Continued viability of administrative regulations and decisions of predecessor bodies of the Institute for Aging**

All administrative regulations, acts, determinations, and decisions of or by the corporate bodies or instrumentalities of the Commonwealth, advisory committees, interstate compacts, or other statutory bodies transferred in whole or in part to the Institute for Aging shall remain in effect as administrative regulations, acts, determinations, and decisions of the cabinet unless duly modified or repealed by the secretary.

**KRS § 194A.190**

**194A.190 Gifts and grants to the Public Health Services Advisory Council, the Council for Families and Children, the Advisory Council for Medical Assistance, and the Institute for Aging**

The Public Health Services Advisory Council, the Council for Families and Children, the Advisory Council for Medical Assistance, and the Institute for Aging shall be empowered to accept gifts and grants, but all of these moneys shall be administered by the cabinet, which shall administer these funds through appropriate trust and agency accounts.

**KRS § 194A.200**

**194A.200 Compensation and expenses of members of the Council for Families and Children, the Public Health Services Advisory Council, and the Institute for Aging; members of citizens' councils not public officers**

The members of the Council for Families and Children, the Public Health Services Advisory Council, and the Institute for Aging shall receive no compensation for their services, but shall be allowed the necessary expenses incurred through the performance of their duties as members of this citizens' council. No member of a citizens' council shall be held to be a public officer by reason of membership on a council.

**KRS § 194A.350**

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**194A.350 Liability insurance for physicians, hospital administrators, and directors employed by cabinet**

(1) The secretary of the cabinet is authorized to purchase liability insurance for the protection of physicians, hospital administrators, and directors employed by the cabinet to protect them from liability for acts, omissions, and claims of medical malpractice arising in the course and scope of their employment of service to the cabinet.

(2) The secretary may purchase the type and amount of liability coverage deemed appropriate to best serve the cabinet's interest.

**KRS § 194A.360**

**194A.360 Update of database**

The Cabinet for Health and Family Services shall update its database within thirty (30) days of receipt of information. The update shall include information from the:

- (1) Offender records;
- (2) Institutional records; and
- (3) Administrative records.

**KRS § 194A.365**

**194A.365 Annual report on committed children; contents**

The cabinet shall make an annual report to the Governor, the General Assembly, and the Chief Justice. The report shall be tendered not later than December 1 of each year and shall include information for the previous fiscal year. The report shall include, but not be limited to, the following information:

- (1) The number of children under an order of dependent, status, public, or voluntary commitment to the cabinet, according to: permanency planning goals, current placement, average number of placements, type of commitment, and the average length of time children remain committed to the cabinet;
- (2) The number of children in the custody of the cabinet in the following types of residential placements, the average length of stay in these placements, and the average number of placements experienced by these children: family foster homes, private child care facilities, and placement with biological parent or person exercising custodial control or supervision;
- (3) The number of children in the custody of the cabinet eligible for adoption, the number placed in an adoptive home, and the number ineligible for adoption and the reasons therefor;

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(4) The cost in federal and state general funds to care for the children defined in subsections (1) and (2) of this section, including the average cost per child for each type of placement, direct social worker services, operating expenses, training, and administrative costs; and

(5) Any other matters relating to the care of foster children that the cabinet deems appropriate and that may promote further understanding of the impediments to providing permanent homes for foster children.

**KRS § 194A.370**

**194A.370 Professional development for staff on child development and abuse**

The Cabinet for Health and Family Services shall provide professional development for staff employed by the cabinet or by local public agencies in child development, the dynamics of physical and sexual abuse, the impact of violence on child development, the treatment of offenders, and related issues. Each staff person who is employed by the cabinet or by a local public agency and who works with children or with families shall successfully complete the professional development program in order to remain assigned to child or family programs. The cabinet shall specify the manner of professional development and related matters by administrative regulation.

**KRS § 194A.400**

**194A.400 Definitions for KRS 194A.400 and 194A.410**

As used in this section and KRS 194A.410:

(1) “Bioterrorism” means the intentional use, to cause or attempt to cause death, disease, or other biological malfunction in any living organism, of any of the following:

(a) Microorganism;

(b) Virus;

(c) Infectious substance; or

(d) Biological product that may be engineered as a result of biotechnology or any naturally occurring or bioengineered component of any microorganism, virus, infectious substance, or biological product;

(2) “Commissioner” means the commissioner of the Department for Public Health within the Cabinet for Health and Family Services;

(3) “Department” means the Department for Public Health within the Cabinet for Health and Family Services;

(4) “Disaster location” means any geographical location where a bioterrorism attack, terrorist attack, catastrophic event, natural disaster, or emergency occurs; and

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(5) “Emergency responder” means state or local law enforcement personnel, fire department personnel, corrections officers, and emergency medical personnel who may be deployed to a bioterrorism attack, terrorist attack, catastrophic event, natural disaster, or emergency.

**KRS § 194A.410**

**194A.410 Vaccination programs for emergency responders**

(1) The department shall offer a vaccination program for emergency responders who may be exposed to infectious diseases when deployed to a disaster location. The program shall include, but not be limited to, vaccinations for hepatitis A, hepatitis B, diphtheria-tetanus, influenza, pneumococcal, and any other diseases for which vaccinations are recommended by the United States Public Health Service and in accordance with Federal Emergency Management Director’s Policy. Immune globulin shall be made available when necessary.

(2) (a) Participation in the vaccination program shall be voluntary by emergency responders.

(b) Participation in the vaccination program shall be mandatory for emergency responders who are:

1. Classified as having “occupational exposure” to bloodborne pathogens as defined by the United States Occupational Safety and Health Administration Standard in 29 C.F.R. sec. 1910.1030, who shall be required to take the designated vaccinations; and

2. Otherwise required by law to take the designated vaccinations.

(3) An emergency responder shall be exempt from receiving a vaccination when a written statement from a licensed physician is presented to the department indicating that a vaccine is medically contraindicated for that person or the emergency responder signs a written statement that the administration of a vaccination conflicts with his or her religious tenets.

(4) In the event of a vaccine shortage, the commissioner, in consultation with the Governor and the United States Centers for Disease Control and Prevention, shall use federal recommendations to determine the priority for emergency responders.

(5) The department shall notify emergency responders of the availability of the vaccination program and shall provide educational materials to emergency responders on ways to prevent exposure to infectious diseases.

(6) The department may contract with county and local health departments, not-for-profit home health care agencies, hospitals, physicians, or other licensed health care organizations to administer the vaccination program for emergency responders.

(7) This program shall be implemented upon receipt of federal funding or grants for administering an emergency responders vaccination program. Upon receipt of funding, the department shall make vaccines available to emergency responders as provided in this section.

**KRS § 194A.450**

**194A.450 Definitions for KRS 194A.450 to 194A.458**

For the purposes of KRS 194A.450 to 194A.458:

- (1) “Controlled substance” has the same meaning as in KRS 218A.010;
- (2) “Dispense” has the same meaning as in KRS 217.015;
- (3) “Health care provider” has the same meaning as in KRS 304.17A-005;
- (4) “Health facility” has the same meaning as in KRS 216B.015;
- (5) “Legend drug” has the same meaning as in KRS 217.015;
- (6) “Pharmacist” has the same meaning as in KRS 315.010; and
- (7) “Prescription drug” has the same meaning as in KRS 315.010.

**KRS § 194A.452**

**194A.452 Legend Drug Repository Program to be established; purpose; permitted donations; voluntary participation; handling fee; distribution**

- (1) The Cabinet for Health and Family Services shall establish and maintain a legend drug repository program to support the donation of a legend drug or supplies needed to administer a legend drug for use by an individual who meets the eligibility criteria specified by an administrative regulation promulgated by the cabinet. The repository program shall not accept any controlled substance.
- (2) Donations may be made on the premises of a health facility or pharmacy that elects to participate in the program and meets requirements specified by the cabinet by an administrative regulation promulgated by the cabinet.
- (3) The health facility may charge a handling fee to an individual who received a legend drug or supplies under the program established under this section, except that the fee shall not exceed the amount established by an administrative regulation promulgated by the cabinet.
- (4) A health facility or pharmacy that receives a donated legend drug under this section may distribute the legend drug or supplies to another eligible health facility or pharmacy for use under the program created under this section.
- (5) Nothing in this section or KRS 194A.454 shall require a health facility, pharmacy, pharmacist, or practitioner

to participate in the program established in this section.

**KRS § 194A.454**

**194A.454 Requirements for accepting and dispensing legend drug or administration supplies**

**Effective: July 15, 2010**

(1) A legend drug or supplies used to administer a legend drug may be accepted and dispensed under the program established in KRS 194A.452 only if the following requirements are met:

(a) The legend drug or supplies needed to administer the legend drug is in its original, unopened, sealed, and tamper-evident unit dose packaging or, if packaged in single-unit doses, the single-unit dose packaging is unopened;

(b) The legend drug is not classified as a controlled substance;

(c) The legend drug or supplies needed to administer a legend drug is not adulterated or misbranded, as determined by a pharmacist employed by, or under contract with, the health facility or pharmacy, who shall inspect the drug or supplies needed to administer a legend drug before the drug or supplies are dispensed; and

(d) The legend drug or supplies needed to administer a legend drug are prescribed by a physician, advanced practice registered nurse, or physician assistant and dispensed by a pharmacist.

(2) No legend drug or supplies needed to administer a legend drug that are donated for use under this section may be resold.

**KRS § 194A.456**

**194A.456 Immunity from civil liability; exceptions**

(1) Unless the manufacturer of a legend drug or supply needed to administer a legend drug exercises bad faith or fails to exercise ordinary care, the manufacturer of a legend drug or supply shall not be subject to criminal or civil liability for injury, death, or loss to a person or property for matters related to the donation, acceptance, or dispensing of the drug or supply under the legend drug repository created under KRS 194A.452, including liability for failure to transfer or communicate product or consumer information or the expiration date of the donated drug or supply.

(2) Health facilities, pharmacies, and health care providers shall be immune from civil liability for injury to or the death of an individual to whom a legend drug or supply is dispensed and shall not be subject to disciplinary action for unprofessional conduct for their acts or omissions related to donating, accepting, distributing, or dispensing a legend drug or supply under KRS 194A.450 to 194A.458, unless the act or omission involves reckless, wanton, or intentional misconduct or the act or omission results from failure to exercise ordinary care.

**KRS § 194A.458**

**194A.458 Required administrative regulations**

The Cabinet for Health and Family Services shall promulgate administrative regulations to establish:

(1) The requirements for health facilities and pharmacies to accept and dispense donated legend drugs or supplies needed to administer legend drugs under KRS 194A.452 and 194A.454, including all of the following:

(a) Eligibility criteria for health facilities;

(b) Standards and procedures for accepting, safely storing, and dispensing donated legend drugs or supplies needed to administer legend drugs;

(c) Standards and procedures for inspecting donated legend drugs or supplies needed to administer legend drugs to determine if these are in their original, unopened, sealed, and tamper-evident unit dose packaging or, if packaged in single-unit doses, the single-unit dose packaging is unopened; and

(d) Standards and procedures for inspecting donated legend drugs or supplies needed to administer legend drugs to determine that these are not adulterated or misbranded;

(2) Eligibility criteria for individuals to receive donated legend drugs or supplies needed to administer legend drugs dispensed under KRS 194A.452 and 194A.454;

(3) Standards for prioritizing the dispensation to individuals who are uninsured or indigent, or to others if an uninsured or indigent individual is unavailable;

(4) A means by which an individual who is eligible to receive a donated legend drug or supplies needed to administer a legend drug may indicate that eligibility;

(5) Necessary forms for administration of the legend drug repository program;

(6) The maximum handling fee that a health facility may charge for accepting, distributing, or dispensing donated legend drugs or supplies needed to administer legend drugs;

(7) A list of legend drugs and supplies needed to administer legend drugs that the legend drug repository program may accept for dispensing; and

(8) A list of legend drugs and supplies needed to administer legend drugs that the legend drug repository program shall not accept for dispensing, including the reason why the legend drug or supply is ineligible for donation.

**KRS § 194A.500**

**194A.500 Definitions for KRS 194A.505**

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As used in KRS 194A.505:

- (1) “Assistance program” means any program administered by the cabinet;
- (2) “Benefit” means receipt of money, goods, or anything of pecuniary value from an assistance program;
- (3) “False statement or misrepresentation” means a statement or representation knowingly made by a person to be false; and
- (4) “Provider” means an individual, corporation, association, facility, or institution that is providing or has been approved to provide medical assistance to recipients under the Medical Assistance Program.

**KRS § 194A.505**

**194A.505 Prohibited activities; commencement of proceedings for enforcement**

- (1) No person shall, with intent to defraud, knowingly make a false statement or misrepresentation or by other means fail to disclose a material fact used in determining the person’s qualification to receive benefits under any assistance program.
- (2) No person shall, with intent to defraud, fail to report a change in the factors affecting the person’s eligibility for benefits.
- (3) No person shall, with intent to defraud, knowingly use, attempt to use, acquire, transfer, forge, alter, traffic, counterfeit, or possess a medical identification card, food stamp or food stamp identification card, or unique electronic authorization codes or numbers or electronic personal identification numbers in any manner not authorized by law.
- (4) No person having responsibility for the administration of an assistance program shall, having knowledge that it is in violation of the law, knowingly aid or abet any person in obtaining benefits to which the person is not legally entitled, or in obtaining a benefit amount greater than that to which the person is fully entitled.
- (5) No person shall misappropriate or attempt to misappropriate a food stamp authorization-to-purchase card, food stamp identification card, or Medicaid identification card or misappropriate other benefits from any program with which the person has been assigned responsibility, nor shall the person knowingly fail to report any of these activities when it is clearly in violation of the law.
- (6) No person shall, with intent to defraud or deceive, devise a scheme or plan a scheme or artifice to obtain benefits from any assistance program by means of false or fraudulent representations or intentionally engage in conduct that advances the scheme or artifice.
- (7) No person shall aid and abet another individual in acts prohibited in subsections (1) to (6) of this section knowing it to be in violation of the law.

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(8) The Attorney General on behalf of the Commonwealth of Kentucky may commence proceedings to enforce this section, and the Attorney General shall in undertaking these proceedings exercise all powers and perform all duties that a prosecuting attorney would otherwise perform or exercise.

**KRS § 194A.510**

**194A.510 Defense in prosecution**

In any prosecution for the violation of KRS 194A.505, it shall be a defense if the person relied on the advice of an employee or agent of the cabinet.

**KRS § 194A.515**

**194A.515 Access to criminal records by cabinet's agents**

For the purpose of enforcing the provisions of KRS 194A.505 and KRS 205.8451 to 205.8483 and of investigating any assistance program administered by the cabinet, the designated agents of the cabinet shall have the same access as peace officers to records maintained under KRS 17.150.

**KRS § 194A.540**

**194A.540 Cabinet's manner of addressing child abuse, child neglect, domestic violence, rape, and sexual assault; coordination, consultation, recommendations, and training**

**Effective: July 12, 2012**

The cabinet shall address child abuse, child neglect, domestic violence, rape, and sexual assault in a manner that includes but is not limited to:

- (1) Providing coordinative functions so that no services funded or provided by state government agencies are duplicative to ensure the greatest efficiency in the use of resources and funding, and to ensure that a consistent philosophy underlies all efforts undertaken by the administration in initiatives related to child abuse, child neglect, domestic violence, and rape or sexual assault;
- (2) Providing training and consultation to programs provided or funded by the state which provide services to victims of child abuse, child neglect, domestic violence, rape or sexual assault, and other crimes;
- (3) Working in conjunction with staff from the Justice and Public Safety Cabinet and other staff within the Cabinet for Health and Family Services, and with input from direct service providers throughout Kentucky, to develop standards of care for victim and offender services provided or funded by the state;
- (4) Designing and implementing research programs which attend to the quality of victim-related services;
- (5) Providing consultation on the development of budgets for the rape crisis, child abuse, child neglect, and domestic violence programs funded by the state;

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(6) Providing recommendations to the Governor and to the secretaries of the Justice and Public Safety Cabinet and the Cabinet for Health and Family Services, related to the improvement and expansion of victim services provided or funded by those agencies;

(7) Undertaking new and progressive initiatives to improve and enhance the delivery of services to victims of child abuse, child neglect, domestic violence, and rape or sexual assault;

(8) Establishing that the commissioner of the Department for Community Based Services may, at the request of the Governor or any secretary, serve as a designee on boards, commissions, task forces, or other committees addressing child abuse, domestic violence, and rape or sexual assault;

(9) Establishing that the secretary for health and family services shall, in consultation with the applicable licensure boards, develop elder abuse, neglect, and exploitation-related and domestic violence-related training courses that are appropriate for the following professions:

(a) Mental health professionals licensed or certified under KRS Chapters 309, 319, and 335;

(b) Alcohol and drug counselors certified under KRS Chapter 309;

(c) Physicians who practice primary care, as defined in KRS 164.925, or who meet the definition of a psychiatrist under KRS 202A.011, and who are licensed under KRS Chapter 311;

(d) Nurses licensed under KRS Chapter 314;

(e) Paramedics certified under KRS Chapter 311;

(f) Emergency medical technicians certified under KRS Chapter 211; and

(g) Coroners as defined in KRS 72.405 and medical examiners as defined in KRS 72.240;

(10) Establishing that the courses identified in subsection (9) of this section shall include the dynamics of domestic violence and elder abuse, neglect, and exploitation; effects of domestic violence and elder abuse, neglect, and exploitation on adult and child victims; legal remedies for protection; lethality and risk issues; model protocols for addressing domestic violence and elder abuse, neglect, and exploitation; available community resources and victim services; and reporting requirements. The training shall be developed in consultation with legal, victim services, victim advocacy, and mental health professionals with an expertise in domestic violence and elder abuse, neglect, and exploitation; and

(11) Establishing that any health-care or mental health professional identified in subsection (9) of this section shall successfully complete a three (3) hour training course that meets the requirements of subsection (10) of this section. Health care or mental health professionals identified in subsection (9) of this section who are granted licensure or certification after July 15, 1996, shall successfully complete the training within three (3) years of the date of initial licensure or certification.

**KRS § 194A.545**

**194A.545 Training and continuing education courses for staff of Department for Community Based  
Services**

**Effective: July 15, 2010**

(1) The secretary for health and family services shall develop an initial training course and continuing education courses for employees of the Department for Community Based Services concerning the dynamics of domestic violence and elder abuse, neglect, and exploitation; effects of domestic violence and elder abuse, neglect, and exploitation on adult and child victims; legal remedies for protection; lethality and risk issues; model protocols for addressing domestic violence; available community resources and victim services; and reporting requirements. The training shall be developed in consultation with legal, victim services, victim advocacy, and mental health professionals with an expertise in domestic violence.

(2) Each person employed by the Department for Community Based Services who provides supervisory or direct service at the local, district, or state level shall successfully complete the initial training course and, at least once every two (2) years, the continuing education course developed under subsection (1) of this section.

(3) The secretary is encouraged to include an educational component covering the recognition and prevention of pediatric abusive head trauma, as defined in KRS 620.020, as part of the initial training and continuing education for Department for Community Based Services front-line child protection staff.

**KRS § 194A.550**

**194A.550 Training requirements for staff of agencies providing shelter services for victims**

(1) The secretary for health and family services shall promulgate administrative regulations under KRS Chapter 13A setting forth the requirements for initial training courses and continuing education courses for staff of agencies providing protective shelter services for victims of domestic violence. The components of the training shall include the dynamics of domestic violence, effects of domestic violence on adult and child victims, legal remedies for protection, lethality and risk issues, model protocols for addressing domestic violence, available community resources and victims services, and reporting requirements. The training shall be developed in consultation with legal, victim services, victim advocacy, and mental health professionals with an expertise in domestic violence.

(2) Each agency providing protective shelter services for victims of domestic violence shall develop and provide initial training courses and, at least once every two (2) years, continuing education courses which comply with the requirements developed pursuant to subsection (1) of this section, for staff of the agency.

**KRS § 194A.560**

**194A.560 Sections and amendments to be known as “Boni Frederick Bill”**

**Effective: April 5, 2007**

In honor of Boni Frederick who lost her life in the performance of her official duties, KRS 194A.560, 194A.562, 194A.564, 194A.566, and 605.170, and the amendments made to KRS 194A.065 in 2007 Ky. Acts ch. 140, shall be

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known as the “Boni Frederick Bill.”

**KRS § 194A.562**

**194A.562 Risk assessments on local offices of Division of Service Regions; remediation where staff  
safety inadequate**

**Effective: April 5, 2007**

The cabinet shall conduct risk assessments on all local offices of the Division of Service Regions of the Department for Community Based Services and remediate the office environments that do not provide adequate safety and protection for cabinet staff to the extent possible with consideration of office space lease arrangements and availability of funding for office renovations.

**KRS § 194A.564**

**194A.564 Study group to make recommendations on personnel classifications for state agency social  
workers; safety training; report**

**Effective: April 5, 2007**

The cabinet secretary shall designate a study group composed of personnel within the Department for Community Based Services’ field services staff and any other persons deemed necessary to make recommendations regarding personnel classifications for state agency social workers. The study group shall include in its deliberations, but is not limited to, special personnel designations that would permit or require specialized personal safety training and other requirements that reflect the sometimes dangerous nature of official job duties of state agency social workers. The study group shall report its recommendations by November 15, 2007, to the Governor and the Interim Joint Committees on Appropriations and Revenue and Health and Welfare.

**KRS § 194A.566**

**194A.566 Risk or safety assessment upon request of front-line staff; accompaniment by local law  
enforcement officer**

**Effective: April 5, 2007**

Front-line staff may request a risk or safety assessment prior to an investigation or delivery of services in a community setting. The direct supervisor of the requesting front-line staff and the safety liaison officer if a safety liaison officer position is designated for the county shall conduct the safety or risk assessment. If the situation warrants the accompaniment of front-line staff by a local law enforcement officer, the supervisor shall make the request to the local law enforcement agency.

**KRS § 194A.570**

**194A.570 Kentucky Commission on Community Volunteerism and Service**

(1) As used in KRS 194A.570 to 194A.578, “commission” means the Kentucky Commission on Community Volunteerism and Service.

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(2) The Kentucky Commission on Community Volunteerism and Service is created and shall be attached to the Cabinet for Health and Family Services for oversight, technical, and administrative support purposes. A director and other appropriate staff shall be hired by the commission when federal funds become available.

**KRS § 194A.572**

**194A.572 Commission membership; term limits**

The commission shall initially consist of twenty-five (25) voting members who shall be appointed by the Governor. Membership on the commission shall be for a three (3) year term, with the exception that initially one third (1/3) of the members shall serve for a term of one (1) year, one-third (1/3) of the members shall serve for a term of two (2) years, and one-third (1/3) of the members shall serve for a term of three (3) years. After the first six (6) months of operations, the Governor reserves the option to request the commission to submit recommendations for any additional members deemed necessary to balance the commission's perspective, provided that the commission's membership does not exceed twenty-five (25). The commission shall annually select from its membership a chair to serve for a term of one (1) year.

**KRS § 194A.575**

**194A.575 Purpose of commission**

The purpose of the commission is to engage in statewide strategic planning, establish relevant policies, provide administrative oversight, and promote programs and strengthen the service ethic among the Commonwealth's citizens by facilitating the development of strategic programs that enable citizens to address serious societal problems including, but not limited to, education reform through service to local communities.

**KRS § 194A.578**

**194A.578 Duties of commission; authority for administrative regulations**

The commission shall:

- (1) Develop a strategic plan for service in Kentucky which covers a three (3) year period, and supporting efforts to achieve the goals of this plan. The plan shall be updated annually;
- (2) Oversee and submit Kentucky's annual applications to the Corporation for National Service, the federal funding authority, and other funding sources for the continuation and any expansion of the current KentuckyServe initiative;
- (3) Conduct a competitive application process to determine the organizations that will be awarded subgrants to operate national service programs;
- (4) Fulfill any other responsibilities required by the Corporation for National Service and other funding sources; and

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(5) Promulgate administrative regulations pursuant to KRS Chapter 13A to establish operational guidelines for the commission.

**KRS § 194A.600**

**194A.600 Definitions for KRS 194A.600 to 194A.609**

As used in KRS 194A.600 to 194A.609:

- (1) "Council" means the Alzheimer's Disease and Related Disorders Advisory Council;
- (2) "Dementia" means Alzheimer's disease and related dementia illnesses and disorders; and
- (3) "Office" means the Office on Alzheimer's Disease and Related Disorders.

**KRS § 194A.601**

**194A.601 Office on Alzheimer's Disease and Related Disorders; purpose, director, and duties**

(1) The Office on Alzheimer's Disease and Related Disorders is established within the cabinet. The purpose of the office is to oversee information and resources related to policy and services affecting the sixty thousand (60,000) residents of Kentucky with dementia, and the caregivers and families of the residents.

(2) The director of the office shall be a full-time, permanent employee and shall be responsible for the staffing and operational details of the office. A report on the start-up and implementation of the office shall be made to the Interim Joint Committee on Health and Welfare by September 30, 2000, and on a quarterly basis thereafter.

(3) The office shall:

(a) Enhance the quality of life for persons affected by dementia and for their caregivers;

(b) Recommend the delivery of services in the most effective and efficient manner possible to facilitate the needs of people with dementia and their caregivers, after consultation with other agencies of state government that work with dementia-related illness;

(c) Determine ways the Commonwealth may secure additional federal and private funding to provide additional services and programs through a coordinated effort;

(d) Apply for any public or private funding relating to dementia that will enhance the office's abilities to perform its duties under this section;

(e) Promote public and professional awareness and education of dementia and access to needed services and

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programs;

(f) Oversee and receive reports from the Alzheimer's Disease and Related Disorders Advisory Council; and

(g) Coordinate and oversee the implementation of the recommendations of the 1995 Governor's Task Force on Alzheimer's Disease and Related Disorders.

**KRS § 194A.603**

**194A.603 Alzheimer's Disease and Related Disorders Advisory Council; membership, duties, and personnel**

(1) The Alzheimer's Disease and Related Disorders Advisory Council is created. The council shall report directly to the office.

(2) The council shall be composed of a minimum of fifteen (15) members appointed by the Governor. Three (3) members shall represent agencies of state government dealing with dementia, three (3) shall represent local health departments, one (1) shall represent the University of Kentucky Alzheimer's Disease Research Center at the Sanders-Brown Center on Aging, at least one (1) shall be appointed from each of the chapters of the Alzheimer's Disease and Related Disease Association that serve the Commonwealth, and the remainder shall represent consumers, health-care providers, and the medical research community. Members who are not state employees shall be reimbursed for necessary and actual expenses. The council shall meet quarterly. A majority of the members shall constitute a quorum for the transaction of the council's business.

(3) The council shall:

(a) Elect its own chairperson and establish other officers and subcommittees as needed to execute the duties of the council;

(b) Adopt bylaws and operate under its bylaws;

(c) Select the director of the office;

(d) Establish and evaluate goals and outcomes for the office that may facilitate treatment and care of persons with dementia;

(e) Assist with the dissemination of information about the availability of program materials, education materials, and curriculum guides; and

(f) Prepare a report of its activities, at least annually, for submission to the office.

(4) The office shall provide requested personnel to assist the council in fulfilling its responsibilities.

**KRS § 194A.609**

**194A.609 Promulgation of administrative regulations to implement KRS 194A.600 to 194A.609**

The cabinet shall promulgate administrative regulations under KRS Chapter 13A sufficient to implement KRS 194A.600 to 194A.609.

**KRS § 194A.620**

**194A.620 Legislative findings; purpose; definition**

(1) The Kentucky General Assembly finds that the various departments, agencies, and entities providing care and treatment to individuals with an autism spectrum disorder, otherwise known as ASD, often do so without the necessary collaboration or sharing of information on training, treatments, and services. The General Assembly declares that the purpose of this section and KRS 194A.622 is to establish:

(a) A commission to develop and monitor the implementation of a comprehensive state plan for an integrated system of training, treatments, and services for individuals of all ages with an ASD; and

(b) A timeline for implementing and monitoring the recommendations of the plan, as appropriate, in all geographic regions of the state.

(2) As used in this section and KRS 194A.622, “autism spectrum disorders” or “ASD” has the same meaning as “pervasive developmental disorders” in the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV). The term includes five (5) diagnostic subcategories:

(a) Autistic disorder;

(b) Asperger’s disorder;

(c) Pervasive disorder not otherwise specified;

(d) Rett’s disorder; and

(e) Childhood disintegrative disorder.

**KRS § 194A.622**

**194A.622 Kentucky Commission on Autism Spectrum Disorders; membership; administrative support; meetings; comprehensive state plan on training, treatments, and services; advisory and monitoring functions**

**Effective: July 12, 2012**

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(1) There is hereby created the Kentucky Commission on Autism Spectrum Disorders, which shall consist of the following twenty-two (22) members who shall be initially appointed by July 1, 2005:

(a) The secretary of the Cabinet for Health and Family Services or his or her designee;

(b) The commissioner of the Department for Medicaid Services or his or her designee;

(c) The director of the Kentucky Early Intervention System, Department for Public Health, or his or her designee;

(d) The commissioner of the Department for Behavioral Health, Developmental and Intellectual Disabilities or his or her designee;

(e) The commissioner of the Department for Aging and Independent Living or his or her designee;

(f) The chair of the Council on Postsecondary Education or his or her designee;

(g) The director of the Division of Exceptional Children Services or his or her designee;

(h) The commissioner of the Department of Vocational Rehabilitation or his or her designee;

(i) The commissioner of the Department of Insurance or his or her designee;

(j) Two (2) nonvoting ex officio members from the House of Representatives, one (1) representing the majority party and one (1) representing the minority party, who shall be appointed by and serve at the pleasure of the Speaker of the House;

(k) Two (2) nonvoting ex officio members from the Senate, one (1) representing the majority party and one (1) representing the minority party, who shall be appointed by and serve at the pleasure of the President of the Senate;

(l) Four (4) professional ASD treatment providers, including at least one (1) mental health provider, one (1) physical health provider, and one (1) complex needs consultant from a special education cooperative, to be appointed by the Governor; and

(m) Five (5) parents, including three (3) who, at the time of their appointment to the commission, have a child with an ASD who is under eighteen (18) years of age and two (2) who, at the time of their appointment to the commission, have a child with an ASD who is eighteen (18) years of age or older, to be appointed by the Governor.

(2) In making appointments to the commission, the Governor shall ensure broad representation of Kentucky's

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citizens who are concerned with the health and quality of life of individuals with an ASD, may appoint individuals who are also members of the Commonwealth Council on Developmental Disabilities, and shall consider candidates recommended by the Autism Spectrum Disorders Advisory Consortium of Kentucky.

(3) Members shall serve without compensation but shall be reimbursed for their actual expenses incurred in the performance of commission duties in accordance with KRS 45.101 and administrative regulations promulgated thereunder. Members of the commission shall serve until the commission ceases to exist, a successor has been appointed, or until removed for good cause.

(4) The Cabinet for Health and Family Services shall provide staff and administrative support for the commission.

(5) The chair of the commission shall be designated by the Governor and may be a member in addition to those listed in subsection (1) of this section. The chair of the commission shall establish procedures for the commission's internal procedures.

(6) The commission shall meet at least three (3) times per year. The commission shall also meet as often as necessary to accomplish its purpose upon the call of the chair, the request of four (4) or more members, or the request of the Governor.

(7) The commission shall develop a comprehensive state plan for creating an integrated system of training, treatments, and services for individuals of all ages with an ASD. The commission shall utilize relevant data and research and consult with appropriate professionals, agencies, institutions, and organizations representing the private and public sectors, including the Kentucky Autism Training Center, to develop the state plan. The state plan shall include the following:

(a) An assessment of the diverse needs for services and supports for individuals with an ASD;

(b) Identification of state, federal, private, and any other appropriate funding sources;

(c) Development of a comprehensive training plan, which shall include the Kentucky Autism Training Center, to meet training needs;

(d) An analysis of standards for provider training and qualifications, best practice standards for services, and the need for additional service providers;

(e) An evaluation of health benefit plans and insurance coverage for the treatment of ASD;

(f) A plan for the identification of individuals of all ages with an ASD and for the creation of a statewide ASD registry;

(g) An analysis of program and service eligibility criteria;

(h) An assessment of the need for coordinated, enhanced, and targeted special education and treatment programs for children with an ASD; and

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(i) A timeline for implementing and monitoring the recommendations of the plan statewide. The timeline shall include input from the following:

1. The Cabinet for Health and Family Services;
2. The Department for Medicaid Services;
3. The Department for Public Health;
4. The Department for Behavioral Health, Developmental and Intellectual Disabilities;
5. The Kentucky Early Intervention System;
6. The Division of Exceptional Children Services;
7. The Department of Vocational Rehabilitation;
8. The Department of Insurance;
9. The Department of Education;
10. The Council on Postsecondary Education; and
11. Other appropriate agencies, professionals, institutions, and organizations representing the public and private sectors, including the Kentucky Autism Training Center.

(8) Based upon the comprehensive state plan for an integrated system of training, treatment, and services for individuals of all ages with an ASD, the commission shall make recommendations regarding legislation, administrative regulations, and policies to the Governor and the General Assembly on the following:

- (a) Needs for services and supports for individuals who have an ASD;
- (b) Funding needs and sources, including state, federal, private, and any other appropriate funding sources;
- (c) Training needs and a plan to implement a comprehensive training system, which shall include the Kentucky Autism Training Center;
- (d) Standards for provider training and qualifications, best practice standards for services, and the need for additional providers;
- (e) Goals for developing health benefit plans that provide insurance coverage for the treatment of ASD;

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(f) A plan for the identification of individuals of all ages with an ASD and for the creation of a statewide ASD registry;

(g) Consistent program and service eligibility criteria;

(h) The need for coordinated, enhanced, and targeted special education and treatment programs for individuals with an ASD; and

(i) Strategies and timelines for establishing an accountable, cost-efficient, and cooperative system of services that integrates and builds upon existing public and private agencies, programs, and resources.

(9) The commission shall submit the comprehensive state plan and recommendations to the Governor, the Commonwealth Council on Developmental Disabilities, and the Legislative Research Commission by October 1, 2006, at which time the commission shall cease to exist unless reauthorized by the General Assembly.

(10) The Commonwealth Council on Developmental Disabilities shall appoint a subcommittee, which shall include members of the commission, to monitor the implementation of the state plan as developed by the commission beginning October 1, 2006. The subcommittee shall prepare, and the council shall submit, a report to the Governor and Legislative Research Commission that assesses progress in the implementation of the state plan and that makes recommendations on the need for modifications to the state plan as developed by the Kentucky Commission on Autism Spectrum Disorders. The subcommittee shall prepare, and the council shall submit, the report as it deems appropriate, but no less than biennially, until October 1, 2015.

**KRS § 194A.700**

**194A.700 Definitions for KRS 194A.700 to 194A.729**

**Effective: July 15, 2010**

As used in KRS 194A.700 to 194A.729:

(1) “Activities of daily living” means normal daily activities, including bathing, dressing, grooming, transferring, toileting, and eating;

(2) “Assistance with activities of daily living and instrumental activities of daily living” means any assistance provided by the assisted-living community staff with the client having at least minimal ability to verbally direct or physically participate in the activity with which assistance is being provided;

(3) “Assistance with self-administration of medication,” unless subject to more restrictive provisions in an assisted-living community’s policies that are communicated in writing to clients and prospective clients, means:

(a) Assistance with medication that is prepared or directed by the client, the client’s designated representative, or a licensed health care professional who is not the owner, manager, or employee of the assisted-living community. The medication shall:

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1. Except for ointments, be preset in a medication organizer or be in a single dose unit;
2. Include the client's name on the medication organizer or container in which the single dose unit is stored; and
3. Be stored in a manner requested in writing by the client or the client's designated representative and permitted by the assisted-living community's policies;

(b) Assistance by an assisted-living community staff person, which includes:

1. Reminding a client when to take medications and observing to ensure that the client takes the medication as directed;
2. Handing the client's medication to the client, or if it is difficult for the client or the client requests assistance, opening the unit dose or medication organizer, removing the medication from a medication organizer or unit dose container, closing the medication organizer for the client, placing the dose in a container, and placing the medication or the container in the clients hand;
3. Steadying or guiding a client's hand while the client is self-administering medications; or
4. Applying over-the-counter topical ointments and lotions;

(c) Making available the means of communication by telephone, facsimile, or other electronic device with a licensed health care professional and pharmacy regarding a prescription for medication;

(d) At the request of the client or the client's designated representative, facilitating the filling of a preset medication container by a designated representative or licensed health care professional who is not the owner, manager, or employee of the assisted living community; and

(e) None of the following:

1. Instilling eye, ear, or nasal drops;
2. Mixing compounding, converting, or calculating medication doses;
3. Preparing syringes for injection or administering medications by any injection method;
4. Administrating medications through intermittent positive pressure breathing machines or a nebulizer;
5. Administrating medications by way of a tube inserted in a cavity of the body;
6. Administrating parenteral preparations;

7. Administrating irrigations or debriding agents used in the treatment of a skin condition; or
8. Administrating rectal, urethral, or vaginal preparations
- (4) “Assisted-living community” means a series of living units on the same site certified under KRS 194A.707 to provide services for five (5) or more adult persons not related within the third degree of consanguinity to the owner or manager;
- (5) “Client,” “resident,” or “tenant” means an adult person who has entered into a lease agreement with an assisted-living community;
- (6) “Danger” means physical harm or threat of physical harm to one’s self or others;
- (7) “Department” means the Department for Aging and Independent Living;
- (8) “Health services” has the same meaning as in KRS 216B.015;
- (9) “Instrumental activities of daily living” means activities to support independent living including but not limited to housekeeping, shopping, laundry, chores, transportation, and clerical assistance;
- (10) “Living unit” means a portion of an assisted-living community occupied as the living quarters of a client under a lease agreement;
- (11) “Mobile nonambulatory” means unable to walk without assistance, but able to move from place to place with the use of a device including but not limited to a walker, crutches, or wheelchair;
- (12) “Plan of correction” means a written response from the assisted-living community addressing an instance cited in the statement of noncompliance;
- (13) “Statement of danger” means a written statement issued by the department detailing an instance where a client is a danger; and
- (14) “Statement of noncompliance” means a written statement issued by the department detailing an instance when the department considers the assisted-living community to have been in violation of a statutory or regulatory requirement.

**KRS § 194A.703**

**194A.703 Requirements for living units**

**Effective: July 15, 2010**

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- (1) Each living unit in an assisted-living community shall:
  - (a) Be at least two hundred (200) square feet for single occupancy, or for double occupancy if the room is shared with a spouse or another individual by mutual agreement;
  - (b) Include at least one (1) unfurnished room with a lockable door, private bathroom with a tub or shower, provisions for emergency response, window to the outdoors, and a telephone jack;
  - (c) Have an individual thermostat control if the assisted-living community has more than twenty (20) units; and
  - (d) Have temperatures that are not under a client's direct control at a minimum of seventy-one (71) degrees Fahrenheit in winter conditions and a maximum of eighty-one (81) degrees Fahrenheit in summer conditions if the assisted-living community has twenty (20) or fewer units.
- (2) Each client shall be provided access to central dining, a laundry facility, and a central living room.
- (3) Each assisted-living community shall comply with applicable building and life safety codes as determined by the building code or life safety code enforcement authority with jurisdiction.

**KRS § 194A.705**

**194A.705 Services to be provided to assisted-living community clients**

**Effective: July 15, 2010**

- (1) The assisted-living community shall provide each client with access to the following services according to the lease agreement:
  - (a) Assistance with activities of daily living and instrumental activities of daily living;
  - (b) Three (3) meals and snacks made available each day;
  - (c) Scheduled daily social activities that address the general preferences of clients; and
  - (d) Assistance with self-administration of medication.
- (2) Clients of an assisted-living community may arrange for additional services under direct contract or arrangement with an outside agent, professional, provider, or other individual designated by the client if permitted by the policies of the assisted-living community.
- (3) Upon entering into a lease agreement, an assisted-living community shall inform the client in writing about policies relating to the contracting or arranging for additional services.

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(4) A client issued a move-out notice shall receive the notice in writing and the assisted-living community shall assist each client upon a move-out notice to find appropriate living arrangements. Each assisted-living community shall share information provided from the department regarding options for alternative living arrangements at the time a move-out notice is given to the client.

(5) An assisted-living community shall complete and provide to the client:

(a) Upon move-in, a copy of a functional needs assessment pertaining to the client's ability to perform activities of daily living and instrumental activities of daily living; and

(b) After move-in, a copy of an updated functional needs assessment pertaining to the client's ability to perform activities of daily living and instrumental activities of daily living.

**KRS § 194A.707**

**194A.707 Certification; administrative regulations; accreditation by other organizations; fees; compliance**

**Effective: July 15, 2010**

(1) The Cabinet for Health and Family Services shall establish by the promulgation of administrative regulation under KRS Chapter 13A, an initial and annual certification review process for assisted-living communities. This administrative regulation shall establish procedures related to applying for, reviewing, and approving, denying, or revoking certification, as well as the conduct of hearings upon appeals as governed by KRS Chapter 13B.

(2) An on-site visit of an assisted-living community shall be conducted by the cabinet:

(a) As part of the initial certification review process;

(b) On a biennial basis as part of the certification review process if during or since the previous certification review an assisted-living community has not received:

1. Any statement of danger, unless withdrawn by the cabinet; or

2. A finding substantiated by the cabinet that the assisted-living community delivered a health service; and

(c) Within one (1) year of the date of the previous certification review if during or since the last certification review an assisted-living community has received:

1. Any statement of danger that was not withdrawn by the cabinet; or

2. A finding substantiated by the cabinet that the assisted-living community delivered a health service.

(3) No business shall market its service as an assisted-living community unless it has:

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- (a) Filed a current application for the business to be certified by the department as an assisted-living community; or
  - (b) Received certification by the department as an assisted-living community.
- (4) No business that has been denied or had its certification revoked shall operate or market its service as an assisted-living community unless it has:
- (a) Filed a current application for the business to be certified by the department as an assisted-living community; and
  - (b) Received certification as an assisted-living community from the department. Revocation of certification may be grounds for the department to not reissue certification for one (1) year if ownership remains substantially the same.
- (5) No business shall operate as an assisted-living community unless its owner or manager has:
- (a) Filed a current application for the business to be certified as an assisted-living community by the department; and
  - (b) Received certification as an assisted-living community from the department.
- (6) The department shall determine the feasibility of recognizing accreditation by other organizations in lieu of certification from the department.
- (7) Individuals designated by the department to conduct certification reviews shall have the skills, training, experience, and ongoing education to perform certification reviews.
- (8) Upon receipt of an application for certification, the department shall assess an assisted-living community certification fee in the amount of twenty dollars (\$20) per living unit that in the aggregate for each assisted-living community is no less than three hundred dollars (\$300) and no more than one thousand six hundred dollars (\$1,600). The department shall submit to the Legislative Research Commission, by June 30 of each year, a breakdown of fees assessed and costs incurred for conducting certification reviews.
- (9) The department shall submit to the Legislative Research Commission and make available to any interested person at no charge, by June 30 of each year, in summary format, all findings from certification reviews conducted during the prior twelve (12) months.
- (10) Notwithstanding any provision of law to the contrary, the department may request any additional information from an assisted-living community or conduct additional on-site visits to ensure compliance with the provisions of KRS 194A.700 to 194A.729.
- (11) Failure to follow an assisted-living community's policies, practices, and procedures shall not result in a finding of noncompliance unless the assisted-living community is out of compliance with a related requirement under KRS 194A.700 to 194A.729.

Current with emergency effective legislation through the 2014 Regular Session.

**KRS § 194A.709**

**194A.709 Delivery of health services by staff; abuse, neglect, and exploitation of clients, policies and reporting**

**Effective: July 12, 2012**

(1) The department shall report to the Division of Health Care any alleged or actual cases of health services being delivered by the staff of an assisted-living community.

(2) An assisted-living community shall have written policies on reporting and recordkeeping of alleged or actual cases of abuse, neglect, or exploitation of an adult under KRS 209.030. The only requisite components of a recordkeeping policy are the date and time of the report, the reporting method, and a brief summary of the alleged incident.

(3) Any assisted-living community staff member who has reasonable cause to suspect that a client has suffered abuse, neglect, or exploitation shall report the abuse, neglect, or exploitation under KRS 209.030.

**KRS § 194A.711**

**194A.711 Criteria to be met by clients**

**Effective: July 15, 2010**

A client shall meet the following criteria:

- (1) Be ambulatory or mobile nonambulatory, unless due to a temporary condition; and
- (2) Not be a danger.

**KRS § 194A.713**

**194A.713 Contents of lease agreement**

**Effective: July 15, 2010**

A lease agreement, in no smaller type than twelve (12) point font, shall be executed by the client and the assisted-living community and shall include but not be limited to:

- (1) Client data, for the purpose of providing service, to include:
  - (a) Emergency contact person's name;
  - (b) Name of responsible party or legal guardian, if applicable;
  - (c) Attending physician's name;

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- (d) Information regarding personal preferences and social factors; and
- (e) Advance directive under KRS 311.621 to 311.643, if desired by the client.
- (2) Assisted-living community's policy regarding termination of the lease agreement;
- (3) Terms of occupancy;
- (4) General services and fee structure;
- (5) Information regarding specific services provided, description of the living unit, and associated fees;
- (6) Provisions for modifying client services and fees;
- (7) Minimum thirty (30) day notice provision for a change in the community's fee structure;
- (8) Minimum thirty (30) day move-out notice provision for client nonpayment, subject to applicable landlord or tenant laws;
- (9) Provisions for assisting any client that has received a move-out notice to find appropriate living arrangements prior to the actual move-out date;
- (10) Refund and cancellation policies;
- (11) Description of any special programming, staffing, or training if an assisted-living community is marketed as providing special programming, staffing, or training on behalf of clients with particular needs or conditions;
- (12) Other community rights, policies, practices, and procedures;
- (13) Other client rights and responsibilities, including compliance with KRS 194A.705(2) and (3); and
- (14) Grievance policies that minimally address issues related to confidentiality of complaints and the process for resolving grievances between the client and the assisted-living community.

**KRS § 194A.715**

**194A.715 Duty of assisted-living community to provide copy of KRS 194A.700 to 194A.729 and relevant administrative regulations to interested persons**

**Effective: July 15, 2010**

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An assisted-living community shall provide any interested person with a copy of KRS 194A.700 to 194A.729 and relevant administrative regulations.

**KRS § 194A.717**

**194A.717 Staffing requirements; prohibition against employing staff member with active communicable disease**

**Effective: July 15, 2010**

- (1) Staffing in an assisted-living community shall be sufficient in number and qualification to meet the twenty-four (24) hour scheduled needs of each client pursuant to the lease agreement and functional needs assessment.
- (2) One (1) awake staff member shall be on site at all times.
- (3) An assisted-living community shall have a designated manager who is at least twenty-one (21) years of age, has at least a high school diploma or a General Educational Development diploma, and has demonstrated management or administrative ability to maintain the daily operations.
- (4) No employee who has an active communicable disease reportable to the Department for Public Health shall be permitted to work in an assisted-living community if the employee is a danger to the clients or other employees.

**KRS § 194A.719**

**194A.719 In-service education for staff and management**

**Effective: July 15, 2010**

- (1) Assisted-living community staff and management shall receive orientation education on the following topics as applicable to the employee's assigned duties:
  - (a) Client rights;
  - (b) Community policies;
  - (c) Adult first aid;
  - (d) Cardiopulmonary resuscitation unless the policies of the assisted-living community state that this procedure is not initiated by its staff, and that clients and prospective clients are informed of the policies;
  - (e) Adult abuse and neglect;
  - (f) Alzheimer's disease and other types of dementia;
  - (g) Emergency procedures;

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(h) Aging process;

(i) Assistance with activities of daily living and instrumental activities of daily living;

(j) Particular needs or conditions if the assisted-living community markets itself as providing special programming, staffing, or training on behalf of clients with particular needs or conditions; and

(k) Assistance with self-administration of medication.

(2) Assisted-living community staff and management shall receive annual in-service education applicable to their assigned duties that addresses no fewer than four (4) of the topics listed in subsection (1) of this section.

#### **KRS § 194A.721**

#### **194A.721 Exemptions from space and bathing facilities requirements for living units of certain assisted-living communities**

(1) Any assisted-living community that was open or under construction on or before July 14, 2000, shall be exempt from the requirement that each living unit have a bathtub or shower.

(2) Any assisted-living community that was open or under construction on or before July 14, 2000, shall have a minimum of one (1) bathtub or shower for each five (5) clients.

(3) Any assisted-living community that was open or under construction on or before July 14, 2000, shall be exempt from the requirement that each living unit shall be at least two hundred (200) square feet for single occupancy, or for double occupancy if the room is shared with a spouse or another individual by mutual agreement.

#### **KRS § 194A.723**

#### **194A.723 Penalties for operating without certification**

**Effective: July 15, 2010**

Any business that operates or markets its services as an assisted-living community without filing a current application with the department or receiving certification by the department may be fined up to five hundred dollars (\$500) per day.

#### **KRS § 194A.724**

#### **194A.724 Statements of danger; penalty for receipt**

**Effective: July 15, 2010**

An assisted-living community that is issued more than two (2) statements of danger on separate dates within a six (6) month period that are not withdrawn by the department may be fined up to five hundred dollars (\$500).

**KRS § 194A.725**

**194A.725 Religious orders exempt from KRS 194A.700 to 194A.729**

Religious orders providing assistance with activities of daily living, instrumental activities of daily living, and self-administration of medication to vowed members residing in the order's retirement housing shall not be required to comply with the provisions of KRS 194A.700 to 194A.729.

**KRS § 194A.727**

**194A.727 Ineligibility for certification of businesses not in full compliance with KRS 194A.700 to 194A.729**

Any business, not licensed or certified in another capacity, that complies with some provisions of KRS 194A.700 to 194A.729 but does not provide assistance with any activities of daily living or assistance with self-administration of medication shall not be eligible for certification as an assisted-living community under KRS 194A.700 to 194A.729.

**KRS § 194A.729**

**194A.729 Requirement for division to provide information to lending institutions relative to financing for assisted-living community projects; fee**

**Effective: June 26, 2007**

If a person or business seeks financing for an assisted-living community project, the department shall provide written correspondence to the lender, upon request, to denote whether the architectural drawings and lease agreement conditionally comply with the provisions of KRS 194A.700 to 194A.729. The department may charge a fee of no more than two hundred fifty dollars (\$250) for the written correspondence to the lender.

**KRS § 194A.735**

**194A.735 Homelessness prevention pilot project; location of offices; goals; support; timetables; participation; discharge plan; administrative regulations; data collection; reports**

**Effective: July 15, 2010**

(1) Subject to sufficient funding, the Cabinet for Health and Family Services and the Justice and Public Safety Cabinet, in consultation with any other state agency as appropriate, shall develop and implement a homelessness prevention pilot project that offers institutional discharge planning on a voluntary basis to persons exiting from state-operated or supervised institutions involving mental health and foster care programs, and persons serving out their sentences in any state-operated prison in Oldham County.

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(2) The primary goal of the project shall be to prepare a limited number of persons in a foster home under supervision by the Cabinet for Health and Family Services, state-operated prison in Oldham County under supervision by the Justice and Public Safety Cabinet, and mental health facility under supervision by the Cabinet for Health and Family Services for return or reentry into the community, and to offer information about any necessary linkage of the person to needed community services and supports.

(a) The pilot project shall be jointly supported by each of the cabinets. One (1) office for the pilot project shall be located in a family resource center or Department for Community Based Services building in Jefferson County, due to its urban population, and one (1) office shall be located in Clinton, Cumberland, McCreary, or Wayne County, due to its rural population. The pilot project office in Jefferson County shall serve persons intending to locate in Jefferson County who are being released from a mental health facility under supervision by the Cabinet for Health and Family Services and persons intending to locate in Jefferson County who are being released after serving out their sentences from any state-operated prison in Oldham County. The pilot project office in Clinton, Cumberland, McCreary, or Wayne County shall serve persons intending to locate in Clinton, Cumberland, McCreary, or Wayne County who are aging out of the foster care program following placement in Clinton, Cumberland, McCreary, or Wayne County.

(b) Within thirty (30) days following July 13, 2004, the cabinets shall supply each pilot project director with the collection of information on available employment, social, housing, educational, medical, mental health, and other community services in the county. The information shall include but not be limited to the service area of each public and private provider of services, the capacity of each provider to render services to persons served by the pilot project, the fees of each provider, contact names and telephone numbers for each provider, and an emergency contact for each provider.

(c) Within thirty (30) days following July 13, 2004, the cabinets and directors shall begin a program of education for each of the cabinet and foster home and mental health and appropriate state-operated prison facility staff who will participate in the development of a discharge plan for volunteer participants under this section.

(3) The pilot project shall operate on a voluntary basis. One (1) of each five (5) persons eligible for discharge or completing their sentence shall be offered the opportunity to participate in the pilot program. This offer shall be made at least six (6) months prior to discharge. There shall be a cap on the number of persons served in each office, to be determined by available funding and staffing requirements.

(a) The staff member designated as the homelessness prevention coordinator for each foster home or mental health facility shall maintain a file for each volunteer participant in the foster home or mental health facility, relating to the participant's employment, social, housing, educational, medical, and mental health needs. This file shall be updated from time to time as appropriate and pursuant to an administrative regulation promulgated by the cabinet in accordance with KRS Chapter 13A that establishes standards for the discharge summary. The staff member designated as the homelessness prevention coordinator for the appropriate state-operated prison participating in the pilot project shall maintain a file containing appropriate forms completed and updated by each person voluntarily participating in the pilot project, relating to the information provided under subsection (6) of this section. All applicable privacy and confidentiality laws shall be followed in assembling and maintaining this file.

(b) Six (6) months prior to the expected date of discharge, the discharge coordinator for each foster home and mental health and state-operated prison facility shall contact the homelessness prevention director for Jefferson County or the homelessness prevention director for Clinton, Cumberland, McCreary, or Wayne County, as appropriate, about the pending release of the volunteer participant who is eligible for discharge from a foster home or mental health facility or who will have served out his or her sentence in a state-operated prison facility that is participating in the pilot project. The director shall visit the home or facility, as appropriate, to assist

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with the preparation of the final comprehensive discharge plan.

(c) The director and the discharge coordinator for each participating foster home and mental health and state-operated prison facility shall work together to develop a final comprehensive discharge plan that addresses the employment, health care, educational, housing, and other needs of the person to be released, subject to the consent of the person and the funding and staffing capabilities of the director. Information provided by the coordinator may include and be limited to, subject to the staffing and funding capabilities of the coordinator, information provided by the person to be released on a form or forms made available by the foster home or mental health or state-operated prison facility. The discharge plan shall contain but not be limited to the following:

1. Estimated discharge date from the foster home, state-operated prison facility, or mental health facility;
2. Educational background of the person to be released, including any classes completed or skills obtained by the person while in the foster home, state-operated prison facility, or mental health facility;
3. The person's medical and mental health needs;
4. Other relevant social or family background information;
5. A listing of previous attempts to arrange for post-release residence, employment, medical and mental health services, housing, education, and other community-based services for the person; and
6. Other available funding and public programs that may reimburse any services obtained from a provider listed in the discharge plan. Every effort shall be made in the discharge plan to refer the person to a provider that has agreed to an arranged public or private funding arrangement.

No discharge plan shall be completed unless the written consent, consistent with state and federal privacy laws, to compile the information and prepare the plan has been given by the person eligible for release who has volunteered to participate in the pilot program.

(4) The director shall assist with the completion of a final comprehensive discharge plan that may include but need not be limited to the following:

(a) Availability of appropriate housing, including but not limited to a twenty-four (24) month transitional program, supportive housing, or halfway house. Planning discharge to an emergency shelter is not appropriate to meet the housing needs of the person being discharged from foster care, a state-operated prison facility, or a mental health facility;

(b) Access to appropriate treatment services for participants who require follow-up treatment;

(c) Availability of appropriate employment opportunities, including assessment of vocational skills and job training; and

(d) Identification of appropriate opportunities to further education.

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(5) Discharge planning shall be individualized, comprehensive, and coordinated with community-based services.

(a) Each discharge plan shall create a continuous, coordinated, and seamless system that is designed to meet the needs of the person.

(b) Staff of the foster home or facility and staff of community-based services providers shall be involved in the planning.

(c) Each facility shall utilize, wherever possible, community-based services within the facility to establish familiarity of the person residing in the facility with the community services.

(6) The Department of Corrections shall, through an administrative regulation promulgated in accordance with KRS Chapter 13A, develop a discharge plan that addresses the education; employment, technical, and vocational skills; and housing, medical, and mental health needs of a person who is to be released after serving out his or her sentence in a state-operated prison facility participating in the pilot project.

(7) Appropriate data about discharge placements and follow-up measures shall be collected and analyzed. The analysis shall be included in the interim and final reports of the pilot program specified in subsection (8) of this section.

(8) Each homelessness prevention director shall have regular meetings with appropriate state cabinet and agency staff to review the pilot project and make recommendations for the benefit of the program. Each director shall be assisted by a local advisory council composed of local providers of services and consumer advocates who are familiar with homelessness prevention issues. Priority for membership on the advisory council shall be given to existing resources and regional mental health and substance abuse advisory councils at the discretion of the director.

(9) Each cabinet shall collect data about the discharge plans, referrals, costs of services, and rate of recidivism related to the homelessness prevention program, and shall submit an annual report to the Governor and the Legislative Research Commission no later than October 1 that summarizes the data and contains recommendations for the improvement of the program. The annual report also shall be forwarded to the Kentucky Commission on Services and Supports for Individuals with an Intellectual Disability and Other Developmental Disabilities, Kentucky Commission on Services and Supports for Individuals with Mental Illness, Alcohol and Other Drug Abuse Disorders, and Dual Diagnoses, and the Kentucky Housing Corporation Homelessness Policy Council.

**KRS § 194A.750**

**194A.750 Statewide electronic registry for organ and tissue donations; collaboration among agencies; strategies for operation--Repealed**

**Effective: July 15, 2010**

**KRS § 194A.990**

**194A.990 Penalties**

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(1) Any person who violates the provisions of KRS 194A.505(1), (2), or (7) shall be guilty of a Class A misdemeanor, unless the sum total of benefits received in excess of that to which the person was entitled at the time of the offense was committed is valued at or over one hundred dollars (\$100), in which case it is a Class D felony.

(2) Any person who violates KRS 194A.505(3) shall be guilty of a Class D felony.

(3) Any person who violates the provisions of KRS 194A.505(4) or (5) shall be guilty of a Class C felony.

(4) Any person who violates the provisions of KRS 194A.505(6) shall be guilty of a Class D felony, unless the purpose of the violation is to obtain ten thousand dollars (\$10,000) or more, in which case it shall be a Class C felony.

(5) Any person who violates KRS 194A.505(1) to (6) shall, in addition to any other penalties provided by law, forfeit and pay a civil penalty of payment to the cabinet in the amount of all benefits and payments to which the person was not entitled.

(6) Any provider who violates KRS 194A.505(1) to (6) shall, in addition to any other penalties provided by law, including the penalty set forth in subsection (5) of this section, forfeit and pay civil penalties of:

(a) Payment to the State Treasury's general revenue fund in an amount equal to three (3) times the amount of the benefits and payments to which the person was not entitled; and

(b) Payment to the State Treasury's general revenue fund of all reasonable expenses that the court determines have been necessarily incurred by the state in the enforcement of this section.