

KENTUCKY PUBLIC PENSIONS AUTHORITY

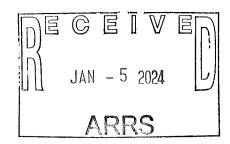
David L. Eager, Executive Director

1260 Louisville Road • Frankfort, Kentucky 40601 kyret.ky.gov • Phone: 502-696-8800 • Fax: 502-696-8822



January 5, 2024

Senator Stephen West, Co-Chair Representative Derek Lewis, Co-Chair c/o Emily Caudill Administrative Regulation Review Subcommittee Legislative Research Commission 083, Capitol Annex Frankfort KY 40601



Re: 105 KAR 1:148 & E Merged, split, new, separate, or separated employers or entities.

Dear Co-Chairs West and Lewis:

After discussions with the Administrative Regulation Review Subcommittee staff of issues raised by 105 KAR 1:148 & E, the Kentucky Public Pensions Authority accepts the proposed attached staff suggested amendment.

Sincerely,

Jessica Beaubien

Jessica Beaubien, Policy Specialist
Kentucky Public Pensions Authority

1270 Louisville Road Frankfort, KY 40601

Final, 1-5-2024

STAFF-SUGGESTED AMENDMENT

FINANCE AND ADMINISTRATION CABINET Kentucky Public Pensions Authority Kentucky Retirement Systems

105 KAR 1:148E. Merged, Split, New, Separate, or Separated Employers or Entities.

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Page 2
STATUTORY AUTHORITY
Line 7
       After "KRS", insert "61.565(1)(d)4.,".
Page 3
Section 1(4)
Line 7
       After "means one", insert "(1)".
Page 3
Section 1(5)(b)
Line 15
       After "an inactive employer and", insert "one (1) or more".
        Delete "another".
       After "distinct", insert "entities".
        Delete "entity is formed and".
Line 16
        After "business", insert the following:
               of the inactive employer or participating employer that has dissolved
Page 4
Section 3(1)(a)
Line 11
        After "of this subsection,", insert "if".
        Delete "when".
Page 5
Section 3(1)(c)
Line 1
        After "(c)", insert "If".
        Delete "In the case of".
        After "department", delete "that".
        After "operate or", delete "that".
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Page 5 Section 3(3)

Line 14

After "including", delete ", but not limited to,". After "actions", insert "such as those".

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Page 6
Section 5(2)
Line 13
       After "(2)", insert "If".
       Delete "When".
Page 6
Section 5(3)(a)
Line 18
       After "(3)(a)", insert "If".
       Delete "When".
Page 7
Section 6(1)
Line 5
       After "whether", insert "one (1) or more".
       Delete "a", immediately following.
       After "separate", insert "employers have".
       Delete "employer has".
Page 7
Section 6(2)
Line 7
       After "(2)", insert the following:
               (a) Except as provided in paragraph (b) of this subsection,
       Lowercase the first letter of "The", immediately following.
Line 9
       After "employer.", insert the following:
               (b) If multiple new or separate employers have been created on or after March 23,
               2021, the actuarially accrued liability calculated for the original participating
               employer shall be divided by the number of new or separate employers and an
               equal portion of the actuarially accrued liability shall be assigned to each new or
               separate employer.
Page 7
Section 6(3)
Line 10
        After "whether", insert "each".
        Delete "a", immediately following.
Page 7
Section 7(3)
Line 18
        After "(3)", insert the following:
                Each split or separated employer shall be assigned a share of
        Lowercase the first letter of "The", immediately following.
Lines 18-19
        After "original participating employer", delete the following:
               shall be split between the split or separated employers
Line 20
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After "employees", insert "of".

Delete "with".

Page 8

Section 8(2)(c)

Line 10

After "If", insert the following:

one (1) or more other entities

Delete the following:

any other participating employer with an actuarially accrued liability

Line 11

After "assign it", insert "all or part of".

Line 13

After "to the other", insert "entities".

Delete the following:

participating employer with an actuarially accrued liability

Page 8 Section 9

Line 20

After "identified section.", insert the following:

Section 10. Enforcement. Any participating employer or non-participating employer that has been assigned an actuarially accrued liability pursuant to this administrative regulation shall be subject to KRS 61.675(4) for the purposes of the actuarially accrued liability.



KENTUCKY PUBLIC PENSIONS AUTHORITY

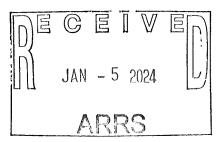
David L. Eager, Executive Director

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January 5, 2024





Re: 105 KAR 1:148 & E Merged, split, new, separate, or separated employers or entities.

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After discussions with the Administrative Regulation Review Subcommittee staff of issues raised by 105 KAR 1:148 & E, the Kentucky Public Pensions Authority accepts the proposed attached staff suggested amendment.

Sincerely,

Jessica Beaubien Policy Spec

Jessica Beaubien, Policy Specialist Kentucky Public Pensions Authority 1270 Louisville Road Frankfort, KY 40601

Final, 1-4-2024

STAFF-SUGGESTED AMENDMENT

FINANCE AND ADMINISTRATION CABINET Kentucky Public Pensions Authority Kentucky Retirement Systems

105 KAR 1:148. Merged, Split, New, Separate, or Separated Employers or Entities.

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RIA attached



KENTUCKY PUBLIC PENSIONS AUTHORITY

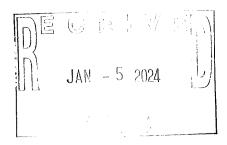
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January 5, 2024

Senator Stephen West, Co-Chair Representative Derek Lewis, Co-Chair c/o Emily Caudill Administrative Regulation Review Subcommittee Legislative Research Commission 083, Capitol Annex Frankfort KY 40601



Re: 105 KAR 1:270 Federal tax withholding or direct rollover of eligible distributions.

Dear Co-Chairs West and Lewis:

After discussions with the Administrative Regulation Review Subcommittee staff of issues raised by 105 KAR 1:270, the Kentucky Public Pensions Authority accepts the proposed attached staff suggested amendment.

Sincerely,

Jessica Beaubien

Jessica Beaubien, Policy Specialist Kentucky Public Pensions Authority 1270 Louisville Road Frankfort, KY 40601

Final, 1-5-2024

SUGGESTED SUBSTITUTE

FINANCE AND ADMINISTRATION CABINET Kentucky Public Pensions Authority

105 KAR 1:270. Federal tax withholding or direct rollover of [funds for]eligible distributions.

RELATES TO: KRS 16.505, 16.578, <u>16.601,</u> 16.645, 61.505(1)(g)[(f)], 61.510, <u>61.542, 61.621,</u> 61.625, 61.635, 61.640, <u>61.685,</u> 61.690, <u>61.705,</u> 78.510, 78.545, <u>78.5534, 78.5538, 395.455,</u> 26 U.S.C. 72(t), 401(a), 402

STATUTORY AUTHORITY: KRS 61.505(1)(g)[(f)]

NECESSITY, FUNCTION, AND CONFORMITY: KRS 61.505(1)(g[f])authorizes the Kentucky Public Pensions Authority to promulgate administrative regulations on behalf of the Kentucky Retirement Systems and the County Employees Retirement System that are consistent with KRS 16.505[16.510] to 16.652, 61.505, 61.510[61.515] to 61.705, [16.510 to 16.652,] and 78.510[78.520] to 78.852. 26 U.S.C. 402 establishes the federal taxation requirements regarding direct rollovers of distributions and the withholding of federal income tax on distributions that are not rolled over to an IRA or other qualified plan. This administrative regulation establishes the procedure for informing affected members, beneficiaries, and alternate payees of their rights with regard to federal taxation rules and provides forms for members, beneficiaries, and alternate payees to indicate their preference for federal tax withholding or direct rollover of eligible distributions[funds]. This administrative regulation also establishes a procedure to issue a check to an alternate payee of a qualified domestic relations order if the alternate payee does not file the form required for federal income tax purposes [at the retirement office-] within a reasonable time, and a procedure iffin the event that] an alternate payee cannot be located.

Section 1. Definitions.

- (1) "Beneficiary" means:
- (a) A person designated by the member in accordance with KRS 61.542 and 78.545 to receive any available benefits in the event of the member's death; or
- (b) A person to whom the member's assets are ordered to be transferred pursuant to KRS 395.455.[The "beneficiary" may be different from the person designed as the death benefit beneficiary.]
- (2) "Death benefit beneficiary" means:
- (a) A person designated by the member in accordance with KRS 61.705 and 78.5538 to receive the [five thousand dollar (]\$5,000[)] death benefit in the event of the member's death; or
- (b) A person to whom the member's assets are ordered to be transferred pursuant to KRS 395.455.[The "death benefit beneficiary" may be different from the person designated as the beneficiary.]
- (3) "Eligible beneficiary" means a person who:
- (a) Meets the eligibility qualifications for in-line-of-duty death benefits as provided by KRS 16.601(1)-
- (3) and 78.5534(1)-(3) or duty-related death benefits as provided by KRS 61.621(3) and 78.545; and
- (b) Elects, or has a parent or guardian who elects on his or her behalf, the payment option for benefits that includes the one-time payment of *[ten thousand dollars {]*\$10,000*[}]* in accordance with:
 - 1. KRS 16.601(1)(b) or (3) and 78.5534(1)(b) or (3); or
- 2. KRS 61.621(3)(b) and 78.545.[Definitions contained in KRS 16.505, 61.510, and 78.510 shall apply to this administrative regulation.]
- [(2)] [Prior to April 1, 2021, "the Agency" means the Kentucky Retirement Systems, which administers the State Police Retirement System, the Kentucky Employees Retirement System, and the County Employees Retirement System. Effective April 1, 2021, "the Agency" means the Kentucky Public Pensions Authority, which is authorized to carry out the day-to-day administrative needs of the Kentucky Retirement Systems (comprised of the State Police Retirement System and the Kentucky Employees Retirement System) and the County Employees Retirement System.]

[(3)] ["File" means the following methods for delivering or submitting a form to the retirement office: mail, fax, secure email, in-person delivery, and upload via Self Service on the Web site maintained by the agency (if available).]

[(4)] ["Provide" means the following methods for the agency to make a form available to a member, beneficiary, or alternate payee: mail, fax, secure email, and upload via Self Service on the Web site maintained by the agency (if available).]

Section 2. Application for Refund of Accumulated Account Balance.

(1)

- (a) To apply for [receive] a refund of an accumulated account balance in accordance with KRS 61.625 and 78.545, a member shall complete and file [apply for a refund on]a valid Form 4525, Application for Refund of Member Contributions and Direct Rollover/Direct Payment Selection, selecting the option for payment.
- (b) If the member intends to have the funds from the refund of an accumulated account balance rolled over directly into an IRA or other qualified plan, the member shall have the trustee or institution relevant to the IRA or other qualified plan complete the applicable section of the Form 4525, Application for Refund of Member Contributions and Direct Rollover/Direct Payment Selection, certifying that the rollover will be accepted.

(c) The **employer or employers**[**employer**(s)] may complete the applicable portion of the Form 4525, Application for Refund of Member Contributions and Direct Rollover/Direct Payment Selection, verifying termination of employment.

(2) Upon request by the member, the agency shall provide the Form 4525, Application for Refund of Member Contributions and Direct Rollover/Direct Payment Selection, <u>and[along with]</u> a copy of the Special Tax Notice Regarding Payments, to the member.

[(c)] [Additionally, the agency may make the Form 4525, Application for Refund of Member Contributions and Direct Rollover/Direct Payment Selection, along with a copy of the Special Tax Notice Regarding Payments, available on its Web site.]

[(2)]

- [(a)] [The member shall complete the Form 4525, Application for Refund of Member Contributions and Direct Rollover/Direct Payment Selection, and file it at the retirement office.]
- [(b)] [If the member intends to have the funds rolled over directly into an IRA or other plan, the member shall have the trustee or institution complete the applicable section of the Form 4525, Application for Refund of Member Contributions and Direct Rollover/Direct Payment Selection, certifying that the rollover will be accepted.]
- [(e)] [The employer(s) participating in the agency from which the member has terminated employment may complete the applicable portion of the Form 4525, Application for Refund of Member Contributions and Direct Rollover/Direct Payment Selection, verifying termination of employment.]
- (a) The refund of the accumulated account balance[contributions] shall not be processed unless the member is eligible to receive a refund pursuant to KRS 61.625 and 78.545 and the valid Form 4525, Application for Refund of Member Contributions and Direct Rollover/Direct Payment Selection, is filed[by the member at the retirement office].
- (b) The refund of the accumulated account balance[contributions] shall not be processed earlier than forty-five (45) <u>calendar</u> days from the date of the member's termination of employment with the participating <u>employer or employers[employer(s)]</u> that previously employed the member. (c)
 - 1. The member's refund of the accumulated account balance shall not be processed if within forty-five (45) calendar days of the date of the member's termination of employment with the **employer** or **employers**.
 - a. The member reemploys in any position, including a full-time, part-time, seasonal, temporary, emergency, interim, probationary, or intermittent position with one (1) or more employers[employer(s)] through which he or she has participated; or
 - <u>b.</u> The member participates in the **system or systems[system(s)]** from which his or her accumulated account balance refund has been requested.

- 2. A member whose accumulated account balance refund is not processed pursuant to subparagraph 1. of this paragraph may reapply for a refund in accordance with subsection (1) of this section if the member again becomes eligible to receive a refund of his or her accumulated account balance pursuant to KRS 61.625 and 78.545.
- (4) The member shall be required to repay the accumulated account balance refund to the systems in compliance with KRS 61.685(1) and 78.545 if, at the time of the member's receipt of the accumulated account balance refund, the member is:
 - (a) Reemployed in any position, including a full-time, part-time, seasonal, temporary, emergency, interim, probationary, or intermittent position, with one (1) or more **employers[employer(s)]** through which he or she participated; or
 - (b) Participating in the system from which the accumulated account balance refund **has[was]** been requested.

Section 3. Required Form <u>for</u>[following] Member Selection of an Actuarial Refund Retirement Payment Option, Lump-sum Refund of <u>the accumulated account balance</u>[Contributions], or Partial Lump-sum Retirement Payment Option.

(1)

- [(a)] Along with each [blank-]Form 6010, Estimated Retirement Allowance, the agency shall provide the member with the Form 6025, Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution, and [along with] the Special Tax Notice Regarding Payments[, to the member].
- [(b)] [Additionally, the agency may make the Form 6025, Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution, along with a copy of the Special Tax Notice Regarding Payments, available on its Web site.]
- (2)
- (a) If the member <u>files a valid[completes the]</u> Form 6010, Estimated Retirement Allowance, <u>on which[and selects]</u> an actuarial refund retirement payment option, lump-sum refund of <u>the accumulated account balance[contributions]</u>, or partial lump-sum retirement payment option <u>is selected</u>, the member shall also <u>file a valid[complete the]</u> Form 6025, Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution, <u>selecting the option for payment[, and file both completed forms at the retirement office]</u>. (b) If the member intends to have the funds rolled over directly into an IRA or other <u>qualified plan</u>, the member shall have the trustee or institution <u>relevant to the IRA or other qualified plan</u> complete the applicable section of the Form 6025, Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution, certifying that the rollover will be accepted.
- (3) The agency shall not process payment of an actuarial refund retirement payment option, lump-sum refund of the accumulated account balance, or partial lump-sum retirement payment option to the member unless the following are on file:
- (a) A valid Form 6010, Estimated Retirement Allowance, with the actuarial refund retirement payment option, lump-sum refund of the accumulated account balance, or partial lump-sum retirement option for payment selected; and
- (b) A valid[The payment option selected by the member on the completed and filed Form 6010, Estimated Retirement Allowance, shall not be processed unless the completed] Form 6025, Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution[, is filed at the retirement office].

Section 4. Required Form <u>for</u>[following] Beneficiary Selection of Lump-sum Payment Option or Sixty (60) Months Certain Payment Option, or if Beneficiary Eligible for Lump-sum Refund of <u>the Accumulated</u> Account Balance[Centributions] Only.

(1) Single beneficiary.

(a)

1. Along with each Form 6010, Estimated Retirement Allowance, the agency shall provide the beneficiary with the Form 6025, Direct Rollover/Direct Payment Election Form for a Member,

Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution, and the Special Tax Notice Regarding Payments. [Upon receipt of a completed Form 6010, Estimated Retirement Allowance, on which the beneficiary of the deceased member has selected the lump-sum actuarial refund, lump-sum refund of the deceased member's accumulated account balance, or sixty (60) months certain payment option, the agency shall provide the Form 6025, Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution, along with the Special Tax Notice Regarding Payments, to the beneficiary of the deceased member.]

<u>2.[(b)]</u> If the beneficiary[-of the deceased member] is only eligible for a lump-sum refund of the deceased member's accumulated account balance, the agency shall provide the Form 6025, Direct Rollover, Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding Eligible Rollover Distribution, <u>and[along with]</u> the Special Tax Notice Regarding Payments, to the beneficiary[-of the deceased member].

[(e)] [Additionally, the agency may make the Form 6025, Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution, along with a copy of the Special Tax Notice Regarding Payments, available on its Web site.]

<u>(b)</u>

1.[(2)]

- [(a)] If the beneficiary files a valid Form 6010, Estimated Retirement Allowance, on which a lump-sum actuarial refund, lump-sum refund of the deceased member's accumulated account balance, or sixty (60) months certain payment option is selected, or if the beneficiary is only eligible for a lump-sum refund of the deceased member's accumulated account balance, the beneficiary shall also file a valid[The beneficiary of the deceased member shall complete the] Form 6025, Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution, selecting the option for payment[, and file it at the retirement office].
 - 2.[(b)] If the beneficiary[of the deceased member] intends to have the funds rolled over directly into an IRA or other <u>qualified</u> plan, the beneficiary[of the deceased member] shall have the trustee or institution <u>relevant to the IRA or other qualified plan</u> complete the applicable section of the Form 6025, Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution, certifying that the rollover will be accepted.
- (c) The agency shall not process payment to the beneficiary of a lump-sum actuarial refund, lump-sum refund of the deceased member's accumulated account balance, or sixty (60) months certain payment option unless the following are on file:
- 1. A valid Form 6010, Estimated Retirement Allowance, with the actuarial refund retirement payment option, lump-sum refund of the accumulated account balance, or partial lump-sum retirement payment option selected; and
- 2. A valid Form 6025, Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution.
- (2) Multiple beneficiaries.
 - (a) If there are multiple beneficiaries and the beneficiaries have elected a lump-sum actuarial refund, lump-sum refund of the deceased member's accumulated account balance, or sixty (60) months certain payment option, all beneficiaries **shall[must]** agree to the option for payment selected and file a single valid Form 6010, Estimated Retirement Allowance, indicating the selection agreed upon, and signed by all beneficiaries. Each beneficiary shall also file a valid Form 6025, Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution.
 - (b) If there are multiple beneficiaries and the beneficiaries are only eligible for a lump-sum refund of the deceased member's accumulated account balance, each beneficiary shall file a valid Form 6025, Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution.
 - (c) Any beneficiary that intends to have his or her portion of the funds rolled over directly into an IRA or other qualified plan shall have the trustee or institution relevant to the IRA or other qualified plan complete the applicable section of the Form 6025, Direct Rollover/Direct Payment Election Form for a

Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution, certifying that the rollover will be accepted.

- (d) The agency shall not process payment of a lump-sum actuarial refund, lump-sum refund of the deceased member's accumulated account balance, or sixty (60) months certain payment option to a beneficiary unless the following are on file for all beneficiaries:
- 1. A single valid Form 6010, Estimated Retirement Allowance, completed in accordance with paragraph (a) of this subsection, if applicable; and
- 2. A valid Form 6025, Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution, for each beneficiary completed in accordance with paragraphs (b) and (c) of this subsection.
- (3) This section solely establishes the forms and requirements for beneficiaries related to direct rollovers of distributions and the withholding of federal income tax on distributions that are not rolled over to an IRA or other qualified plan. Beneficiaries subject to this section may also be subject to additional requirements under 105 KAR 1:180 and 105 KAR 1:240.
 - [(a)] [The payment option selected by the beneficiary of the deceased member on a Form 6010, Estimated Retirement Allowance shall not be processed unless the completed Form 6025, Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution, is filed at the retirement office].
 - [(b)] [If the beneficiary of the deceased member is only eligible for a lump-sum refund of the deceased member's accumulated account balance, payment to the beneficiary of the deceased member shall not be processed unless the completed Form 6025, Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution, is filed at the retirement office].]

Section 5. Required Form for Death Benefit Beneficiaries.

- (1) <u>Upon a member's death, the agency shall provide the Form 6025, Direct Rollover, Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding Eligible Rollover Distribution, and the Special Tax Notice Regarding Payments, to the death benefit beneficiary.</u>
 (2)
 - (a) The death benefit beneficiary shall file a valid Form 6025, Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution.
 - (b) If the death benefit beneficiary intends to have the funds rolled over directly into an IRA or other qualified plan, the death benefit beneficiary shall have the trustee or institution relevant to the IRA or other qualified plan complete the applicable section of the Form 6025, Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution, certifying that the rollover will be accepted.
- (3) Payment to the death benefit beneficiary shall not be processed unless the member is deceased and the valid Form 6025, Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution, is filed.
- (4) This section solely establishes the forms and requirements for death benefit beneficiaries related to direct rollovers of distributions and the withholding of federal income tax on distributions that are not rolled over to an IRA or other qualified plan. Death benefit beneficiaries subject to this section may also be subject to additional requirements under 105 KAR 1:240.

Section 6. Required Form for Eligible Beneficiaries.

(2)

- (1) The agency shall provide the Form 6025, Direct Rollover, Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding Eligible Rollover Distribution, and the Special Tax Notice Regarding Payments, to the eligible beneficiary.
 - (a) The eligible beneficiary shall file a valid Form 6025, Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution.
 - (b) If the eligible beneficiary intends to have the funds rolled over directly into an IRA or other qualified plan, the eligible beneficiary shall have the trustee or institution relevant to the IRA or other qualified

plan complete the applicable section of the Form 6025, Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution, certifying that the rollover will be accepted.

(3) Payment to the eligible beneficiary shall not be processed unless the member is deceased and the valid Form 6025, Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate

Payee Regarding an Eligible Rollover Distribution, is filed.

(4) This section solely establishes the forms and requirements for eligible beneficiaries related to direct rollovers of distributions and the withholding of federal income tax on distributions that are not rolled over to an IRA or other qualified plan. Eligible beneficiaries subject to this section may also be subject to additional requirements under 105 KAR 1:457.

<u>Section 7.</u>[Section 5.] Required Form for Alternate Payee who is Eligible for Actuarial Refund or Partial Lump-sum Payment Option, or Eligible for a Portion of the Lump-sum Refund, Partial Lump-sum, or Actuarial Refund Retirement Payment Option selected by the Member.

(1)

- [(a)] If the alternate payee is eligible for a lump-sum portion of the member's accumulated <u>account balance</u>[eentributions], actuarial refund, or partial lump-sum payment option pursuant to a qualified domestic relations order, <u>or an actuarial refund or partial lump-sum payment option pursuant to a qualified domestic relations order,</u> the agency shall provide the Form 6025, Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution, <u>and[along with]</u> the Special Tax Notice Regarding Payments, to the alternate payee.
- [(b)] [If the alternate payee is eligible for an actuarial refund or partial lump-sum payment option pursuant to a qualified domestic relations order, the agency shall provide a Form 6025, Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution, along with the Special Tax Notice Regarding Payments, to the alternate payee.]

[(e)] [Additionally, the agency may make the Form 6025, Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution, along with

a copy of the Special Tax Notice Regarding Payments, available on its Web site.]

(2)

- (a) To receive a lump-sum portion of the member's accumulated account balance, actuarial refund, or partial lump-sum payment option pursuant to a qualified domestic relations order, or to receive an actuarial refund or partial lump-sum payment pursuant to a qualified domestic relations order, the [The] alternate payee shall file a valid [complete the] Form 6025, Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution [, and file it at the retirement office].
- (b) If the alternate payee intends to have the funds described in paragraph [(2)](a) of this subsection rolled over directly into an IRA or other <u>qualified</u> plan, the alternate payee shall have the trustee or institution <u>relevant to the IRA or other qualified plan</u> complete the applicable section of the Form 6025, Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution, certifying that the rollover will be accepted.
- (3) The payment to an alternate payee of an actuarial refund or lump-sum refund <u>pursuant to a qualified domestic relations order</u>, or a portion of the member's accumulated account balance, actuarial refund, or partial lump-sum payment option[,] pursuant to the qualified domestic relations order shall not be processed until the <u>valid[eompleted]</u> Form 6025, Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution, is filed[<u>at the retirement office</u>].

(4)

(a) If the alternate payee does not file[<u>at the retirement office</u>] the <u>valid</u> Form 6025, Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution, <u>by the end of day[within]</u> thirty (30) <u>calendar</u> days <u>from[of receipt of]</u> the <u>date the</u> form and the Special Tax Notice Regarding Payments <u>were provided to the alternate payee</u>, the alternate payee's payment shall be processed and treated for federal income tax purposes as if

the alternate payee had made an election to directly receive the funds instead of rolling over the payment to an IRA or other <u>qualified</u> plan.

(b)

1. The agency shall hold the amount payable to the alternate payee under this section for at least 180 calendar days after the payment becomes payable.

2.[4-] The agency shall make all reasonable efforts to locate the alternate payee during the 180 calendar days, and shall make payment to the alternate payee if he or she is located within that period.

3.[2-] If the alternate payee has not been located during the time period described in subparagraph 1. of this paragraph[within 180 days after the alternate payee's payment becomes payable] and the agency has exhausted all reasonable efforts to locate the alternate payee, the agency shall pay the payment held to the member and shall assign the federal tax liability for this payment to the member. Interest shall not accrue on this lump-sum payment during the 180 calendar day period or thereafter. If the alternate payee is subsequently located, any amounts already paid to the member shall no longer be payable to the alternate payee.

<u>Section 8.[Section 6.]</u> Optional Form for Qualified Public Safety Employee electing to receive an Actuarial Refund Retirement Payment Option, Lump-sum Refund, Partial Lump-sum Refund, or Ten (10) Year Certain Retirement Payment Option.

- (1) A member who was last employed as a "qualified public safety employee" as defined in 26 U.S.C. Internal Revenue Code, Section 72(t), and who is electing to receive an actuarial refund, lump-sum refund of the accumulated account balance, partial lump-sum refund, or the ten (10) years certain option, shall not be subject to the ten (10) percent early distribution tax penalty [if electing to receive an actuarial refund, lump-sum refund, partial lump-sum refund, or the ten (10) years certain option-]if the member files the following valid[completed] forms[-at the retirement office]:
 - (a) The Form 4527, Certification by a "Qualified Public Safety Employee" and Request for an Exception to the 10% Early Distribution Penalty in IRC 72(t); and
 - (b) The Form 4525, Application for Refund of Member Contributions and Direct Rollover/Direct Payment Selection, or the Form 6025, Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution.

(2)

(a) Upon request by the member, the agency shall provide the Form 4527, Certification by a "Qualified Public Safety Employee" and Request for an Exception to the 10% Early Distribution Penalty in IRC 72(t), to the member.

[(b)] [Additionally, the agency may make the Form 4527, Certification by a "Qualified Public Safety Employee" and Request for an Exception to the 10% Early Distribution Penalty in IRC 72(t), available on its Web site.]

Section 9. Optional Form for Greater Federal Tax Withholding.

(1)

- (a) If the member does not elect to have the refund of the accumulated account balance rolled over directly into an IRA or other qualified plan, except as provided in paragraph (b) of this subsection, twenty (20) percent for federal taxes shall be withheld from funds paid to a member who files a valid Form 4525, Application for Refund of Member Contributions and Direct Rollover/Direct Payment Selection, in accordance with Section 2 of this administrative regulation.
- (b) If the member wants to withhold more than the mandatory twenty (20) percent of the funds for federal taxes, the member shall file a valid Form 6028, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions.

(2)

(a) If the member, beneficiary, death benefit beneficiary, eligible beneficiary, or alternate payee does not elect to have the funds rolled over directly into an IRA or other qualified plan, except as provided in paragraph (b) of this subsection, twenty (20) percent for federal taxes shall be withheld from funds paid to the member, beneficiary, or alternate payee who files a valid Form 6025, Direct Rollover/Direct

<u>Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution, in accordance with Sections 3 through 7 of this administrative regulation.</u>

- (b) If the member, beneficiary, death benefit beneficiary, eligible beneficiary, or alternate payee wants to withhold more than the mandatory twenty (20) percent of the funds for federal taxes, the member, beneficiary, or alternate payee shall file a valid Form 6028, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions.
- (c) If an invalid, incomplete, or incorrect Form 6028, ["] Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, ["] is filed, the agency shall notify the person who filed the incomplete or incorrect Form 6028 that he or she has until the end of day forty-five (45) calendar days from the date of notification to file a corrected valid Form 6028, or the funds will be paid with the regular twenty (20) percent withholding for federal taxes.

Section 10.[Section 7.] Incorporation by Reference.

- (1) The following material is incorporated by reference:
 - (a) "Special Tax Notice Regarding Payments", July 2023;
 - (b) Form 4525, "Application for Refund of Member Contributions and Direct Rollover/Direct Payment Selection", April[February] 2021;
 - [(b)] ["Special Tax Notice Regarding Payments", February 2021;]
 - (c) Form 4527, "Certification by a "Qualified Public Safety Employee" and Request for an Exception to the 10% Early Distribution Penalty in IRC 72(t)", September 2023;
 - (d) Form 6010, "Estimated Retirement Allowance", April[February] 2021;
 - (e)[(d)] Form 6025, "Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution", <u>June 2023[April][February][-2021]</u>; and (f) Form 6028, "Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions", November 2022.
 - [(e)] [Form 4527, "Certification by a "Qualified Public Safety Employee" and Request for an Exception to the 10% Early Distribution Penalty in IRC 72(t)", February 2021.]
- (2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Public Pensions Authority, 1260 Louisville Road, Frankfort, Kentucky 40601, Monday through Friday, from 8 a.m. to 4:30 p.m., or on the agency's Web site at kyret.ky.gov.

CONTACT PERSON: Jessica Beaubien, Policy Specialist, Kentucky Public Pensions Authority, 1260 Louisville Road, Frankfort, Kentucky 40601, phone (502) 696-8800 ext. 8570, fax (502) 696-8615, email Legal.Non-Advocacy@kyret.ky.gov.

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

At the time that the agency files this staff suggested amendment, the agency needs to file <u>one (1) clean copy</u> of an updated RIA paginated as pages 20-21, that provides a complete answer to Q9 on explaining why tiering is not applied.

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Regulation number: 105 KAR 1:270 Contact person: Jessica Beaubien

Phone number: 502-696-8800 ext. 8570 Email: Legal.Non-Advocacy@kyret.ky.gov

(1)Provide a brief summary of:

- (a) What this administrative regulation does: This administrative regulation establishes the procedure for informing affected members, beneficiaries, and alternate payees of their rights with regard to federal taxation rules and provides forms for members, beneficiaries, and alternate payees to indicate their preference for federal tax withholding and/or direct rollover of funds. This administrative regulation also establishes a procedure to issue a check to an alternate payee of a qualified domestic relations order if the alternate payee does not file the form required for federal income tax purposes within a reasonable time, and a procedure for the event that an alternate payee cannot be located.
- (b) The necessity of this administrative regulation: This administrative regulation is necessary to establish the procedure for informing affected members, beneficiaries, and alternate payees of their rights with regard to federal taxation rules and provides forms for members, beneficiaries, and alternate payees to indicate their preference for federal tax withholding or direct rollover of funds. This administrative regulation also is necessary to establish a procedure to issue a check to an alternate payee of a qualified domestic relations order if the alternate payee does not file the form required for federal income tax purposes within a reasonable time, and a procedure for the event that an alternate payee cannot be located.
- (c) How this administrative regulation conforms to the content of the authorizing statutes: This administrative regulation conforms to the authorizing statute because it is necessary to carry out the provisions of KRS 16.510 to 16.652, 61.515 to 61.705, and 78.520 to 78.852 in accordance with KRS 61.505(1)(g).
- (d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation establishes the procedures and forms necessary to carry out the provisions of KRS 16.510 to 16.652, 61.515 to 61.705, and 78.520 to 78.852, and assists the Kentucky Public Pensions Authority, Kentucky Retirement Systems, and County Employees Retirement System with ensuring compliance with federal law.
- (2) If this is an amendment to an existing administrative regulation, provide a brief summary of:
- (a) How the amendment will change this existing administrative regulation: The amendment removes language stating that the material incorporated by reference is available on the Kentucky Public Pensions Authority's website, as this is redundant in light of the current KRS Chapter 13A requirement that all material incorporated by reference be available on an agency's website. Additionally, the amendment incorporates a new form (Form 6028, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions), an updated notice (Special Tax Notice), and an updated form (Form 4527, Certification by a "Qualified Public Safety Employee" and Request for an Exception to the 10% Early Distribution Penalty in IRC 72(t)). The amendment also clarifies the existing administrative regulation.
- (b) The necessity of the amendment to this administrative regulation: The amendment is necessary to incorporate a new form (Form 6028, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions), an updated notice (Special Tax Notice), and an updated form (Form 4527, Certification by a "Qualified Public Safety Employee" and Request for an Exception to the 10% Early Distribution Penalty in IRC 72(t)). The amendment also is necessary to clarify the existing administrative regulation.

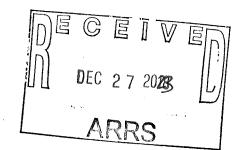
- (c) How the amendment conforms to the content of the authorizing statutes: The amendment conforms to the authorizing statute because it is necessary to carry out the provisions of KRS 16.510 to 16.652, 61.515 to 61.705, and 78.520 to 78.852 in accordance with KRS 61.505(1)(g).
- (d) How the amendment will assist in the effective administration of the statutes: The amendment establishes the procedures and forms necessary to carry out the provisions of KRS 16.510 to 16.652, 61.515 to 61.705, and 78.520 to 78.852, and assists the Kentucky Public Pensions Authority, Kentucky Retirement Systems, and County Employees Retirement System with ensuring compliance with federal law.
- (3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: Three (3) state government entities are affected: the Kentucky Public Pensions Authority, the Kentucky Retirement Systems, and the County Employees Retirement System. An unknown number of individuals (the members, beneficiaries, and alternate payees of the Kentucky Retirement Systems and the County Employees Retirement System) are affected.
- (4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:
- (a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment: None. The Kentucky Public Pensions Authority, the Kentucky Retirement Systems, and the County Employees Retirement System are each already compliant with this amendment.
- (b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): There will be no additional cost of compliance with this amendment. The Kentucky Public Pensions Authority, the Kentucky Retirement Systems, and the County Employees Retirement System are each already compliant with this amendment.
- (c) As a result of compliance, what benefits will accrue to the entities identified in question (3): The benefit accruing to the Kentucky Public Pensions Authority, the Kentucky Retirement Systems, and the County Employees Retirement System through this amendment is continued compliance with state and federal law.
 - (5) Provide an estimate of how much it will cost to implement this administrative regulation:
 - (a) Initially: None.
 - (b) On a continuing basis: Negligible.
- (6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: Administrative expenses of the Kentucky Public Pensions Authority are paid from the Retirement Allowance Account (trust and agency funds).
- (7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: No increase in fees or funding required.
- (8) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees: No fees are established or increased.
- (9) TIERING: Is tiering applied? (Explain why or why not) Tiering is not applied. All entities have the same taxation requirements.

502-429-3300 800-305-2042 Fax: 502-429-1245

KENTUCKY BOARD OF NURSING

Andy Beshear Governor

312 Whittington Parkway, Suite 300 Louisville, Kentucky 40222-5172 kbn.ky.gov



December 27, 2023

Senator Stephen West, Co-Chair Representative Derek Lewis, Co-Chair c/o Emily Caudill, Regulation Complier Adminstrative Regulation Review Subcommittee Legislative Research Commission 029, Captiol Annex Frankfort, KY 40601

Re: 201 KAR 20:700. Medication aide training programs and credentialing of medication aides.

Dear Co-Chairs West and Lewis:

After discussions with Adminstrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 20:700, the Kentucky Board of Nursing proposes the attached suggested substitute to 201 KAR 20:700.

Sincerely,

Jeffred R. Lather, General Counsel

Kentucky Board of Nursing

312 Whittington Parkway, Suite 300

Louisville, KY 40222

Phone: (502) 338-2851

Email: Jeffrey.prather@ky.gov

Final, 11-20-2023

SUGGESTED SUBSTITUTE

BOARDS AND COMMISSIONS Board of Nursing

201 KAR 20:700. Medication aide training programs and credentialing of medication aides.

RELATES TO: KRS 194A.705(2)(c), 216.510(1), 216.590, 314.011, 314.133

STATUTORY AUTHORITY: KRS 314.131(1), 314.133

NECESSITY, FUNCTION, AND CONFORMITY: KRS 314.131(1) and 314.133 require[requires] the [Kentucky-] board [of Nursing (KBN)] to promulgate administrative regulations to establish requirements for the credentialing of medication aides, including educational requirements, standards for training programs including delegation of the administration of oral or topical medications and preloaded insulin injection, credentialing requirements, and fees for initial, renewal, and reinstatement of credentials, and any other necessary fees. This administrative regulation establishes requirements for board[KBN] approval of medication aide training programs and requirements for the credentialing of medication aides.

Section 1. Definitions.

- (1) "Board" is defined by KRS 314.011(1)[means the Kentucky Board of Nursing].
- (2)["Certified medication aide I" or "CMA I" means a person who:
- (a) Has received specialized training under the supervision of a nurse; and
- (b) Is permitted to administer oral or topical medications under the delegation of a nurse upon successful completion of a board approved examination.
- (3) "Certified medication aide II" or "CMA II" means a person who:
 - (a) Meets the requirements of a CMA I; and
- (b) Receives additional specialized training under the supervision of a nurse to administer only insulin via preloaded insulin pen upon successful completion of a board approved examination.
- (4)] "Didactic" means the component of a medication aide training program that includes lecture, verbal instruction, or other means of exchanging theoretical information between the instructor and students, including a classroom setting or distance learning technology.
- (3)[(5) "Kentucky medication aide" means a state registered nurse aide (SRNA) who:
 - (a) Has successfully completed the medication aide examination administered by the Kentucky Community and Technical College System (KCTCS);
 - (b) Administers oral or topical medications under the delegation of a nurse to a resident of a long-term care facility; and
 - (c) Is accepted by the board as having a credential that shall be equivalent to a CMA I.
- (6)] "Long-term care facility" is defined by KRS 216.510(1).
- (4)[(7)] "Mentor" means a didactic instructor with teaching experience.
- (5) "Nursing facility" means a facility defined by 42 C.F.R. 483.5.
- (6)[(8)] "Training program" means formal specialized medication aide training provided by an individual, facility, third party vendor[vender], college, or school.

Section 2. Certified Medication Aide Requirements.

- (1) A Certified Medication Aide (CMA) I:
 - (a) Shall have met the requirements of Section 7(2), (3), (4), and (5) of this administrative regulation; and
 - (b) May administer oral or topical medications under the delegation of a nurse upon successful completion of a board approved examination that validates the competency of the topics covered by the CMA curriculum under Section 7(5) of this administrative regulation.

(2) A Certified Medication Aide (CMA) II:

- (a) Shall have met the requirements of Section 7(6), (7), and (8) of this administrative regulation; and
- (b) May administer only insulin via preloaded insulin pen upon successful completion of a board approved examination that validates the competency of administration of insulin via preloaded insulin pen and the topics covered by the CMA II curriculum under Section 7(7) of this administrative regulation.
- (3) A Kentucky Medication Aide (KMA) shall:
 - (a) Be a State Registered Nurse Aide (SRNA);
 - (b) Successfully complete the medication aide examination administered by the Kentucky Community and Technical College System (KCTCS);
 - (c) Administer oral or topical medications under the delegation of a nurse to a resident of a long-term care facility; and
 - (d) Be accepted by the board as having a credential that shall be equivalent to a CMA I.

Section 3. Medication Aide Training Program Approval.

- (1) A KMA medication aide training and testing program administered by a college within KCTCS shall:
- (a) Be determined as[deemed] compliant with the requirements of this administrative regulation; and
- (b) Not be required to submit an application to the board unless the KMA program provides training to individuals seeking a CMA II credential.
- (2) Unless exempt under subsection (1) of this section, a training program shall not admit an individual until the program has been approved by the board.
- (3) <u>A training program that[The following]</u> may request approval from the board to provide medication aide training for <u>an individual[individuals]</u> seeking a CMA I or CMA II credential <u>shall be</u>:
 - (a) A long-term care facility that has a license in good standing and offers medication aide training to:
 - 1. Its own employees; or
 - 2. Employees of a long-term care facility owned by the same company;
 - (b) A Kentucky university or college program; or
 - (c) Other proprietary education program located in Kentucky.
- (4) In-state training programs.
 - (a) An in-state entity seeking board approval of its training program shall:
 - 1. Submit a completed Application for Medication Aide Training Program (CMA I) or an Application for Medication Aide Training Program (CMA I or CMA II) via the portal at www.kbn.ky.gov accompanied by a fee of:
 - a. \$200 for initial approval of a CMA I training program; or
 - b. \$300 for initial approval of a CMA I and CMA II training program;
 - 2. Prepare each candidate seeking a CMA I credential to pass:
 - a. The Medication Aide Competency Examination (MACE) administered by National Council of State Boards of Nursing; or
 - b. Other competency examination approved by the board; and
 - 3. If the training program prepares a candidate seeking a CMA II credential, it shall prepare the candidate to pass a competency examination approved by the board.
- (b) If the training program administers a proprietary competency examination to candidates seeking a CMA I or CMA II credential, the program shall submit a copy of the examination to the board for prior approval.
- (5) Out-of-state training.
- (a) An individual who completes a medication aide training program provided by an out-of-state training provider shall:
- 1. As a condition of obtaining the CMA I credential, pass the MACE or other competency examination approved by the board; or
- 2. As a condition of obtaining the CMA II credential:
- a. Complete an out-of-state training program that meets the requirements of Section **7[6]**(7) and (8) of this administrative regulation; and
- b. Pass a competency examination approved by the board.

(b) An out-of-state medication aide training program shall be exempt from the application requirements of subsection (4)1. of this section.

Section 4.[3.] Medication aide training program administration.

- (1) The training program shall:
- (a) Appoint a program administrator who shall be responsible for the administrative oversight of the program; and

(b)[(2)] Submit the following in writing to the board:

- 1.[(a)] Name of the program administrator:
- **2.[(b)]** Date the program administrator will assume responsibility for administrative oversight of the program; and
- 3.[(c)] A copy of the program administrator's curriculum vitae.[;]
- (2)[(3)](a) The training program shall notify the board in writing of a change of <u>a</u> program <u>administrator[administrators]</u> within thirty (30) days of the personnel change; and
- (b)[(4)] Develop and implement a plan of organization and administration that clearly establishes the lines of authority, accountability, and responsibility for each training program location.[; and]
- (3)[(5)] <u>The program administrator shall</u> maintain a system of official records and reports essential to the operation of the training program according to the program's written policies that [-shall]:
- (a) <u>Addresses[Address]</u> how the program's records <u>shall[will]</u> be maintained in a secure manner to protect from loss or unauthorized distribution or use;
- (b) **Ensures**[Ensure] that all records shall be retained for at least five (5) years;
- (c) **Ensures**[**Ensure**] that each trainee roster includes:
 - 1. The nurse instructor's name and licensure information;
 - 2. Each trainee's:
 - a. Name:
 - b. Date of birth;
 - c. Last four (4) digits of the trainee's Social Security number; and
 - d. Program activity and completion dates;
- (d) **Documents[Document]** how the program will conduct a periodic and systematic plan of evaluation; and
- (e) Ensures [Ensure] that a list of successful graduates of the training program is maintained.

Section 5.[4.] Program administrator. The program administrator shall be:

- (1) The facility administrator on record for each facility; or
- (2) A registered nurse who has the following qualifications:
- (a) An unencumbered Kentucky nursing license or multistate privilege to practice; or
- (b) A temporary work permit as nurse in Kentucky.

Section 6.[5.] Instructors.

- (1) The number of instructors shall be adequate to implement the training program as determined by:
 - (a) Program outcomes;
 - (b) Instruction objectives; and
- (c) The educational technology utilized.
- (2) The program administrator shall be responsible for approving the instructors.
- (3) Didactic instructors.
 - (a) The training program's didactic instructor shall have the following qualifications:
 - 1. An unencumbered Kentucky nursing license or multistate privilege to practice; or
 - 2. A temporary work permit as nurse in Kentucky.
- (b) If the didactic instructor does not have prior teaching experience, the program administrator shall assign a mentor to the didactic instructor for the purpose of assisting with implementation of an educational development plan.
- (4) Clinical instructors and preceptors.
- (a) A clinical instructor shall hold a current:
 - 1. Unencumbered Kentucky nursing license or multistate privilege to practice; or

- 2. Temporary work permit as nurse in Kentucky.
- (b) A preceptor shall:
 - 1. Meet the clinical instructor requirements in paragraph (a) of this subsection:[f] or[f]
- 2.a. Hold a current medication aide certification; and
- <u>b.[3-]</u> Have a minimum of six (6) months experience <u>administering[passing]</u> medications.
- (5) Each training program shall maintain records in accordance with Section **4[3]** of this administrative regulation to document that each clinical instructor has been oriented to the:
 - (a) Course;
 - (b) Program outcomes;
 - (c) Student learning objectives;
 - (d) Evaluation methods used by the instructors; and
 - (e) Role expectations.

Section 7.[6-] Standards for Training Programs and Medication Aide Certification.

- (1) A training program shall conduct an evaluation as required by Section <u>4(3)[3(5)](d)</u> of this administrative regulation to:
 - (a) Validate that identified program outcomes have been achieved; and
 - (b) Provide evidence of improvement based on an analysis of the results.
- (2) As a condition of admission to a training program for a CMA I credential, the applicant shall:
 - (a) Be able to read, write, and speak English;
 - (b) Have basic math skills;
 - (c) Have a high school diploma or equivalent; and
 - (d)
 - 1. Have at least six (6) months of continuous work experience as a State registered nurse aide (SRNA) in a nursing facility [-that is certified under Title XVIII or XIX of the Social Security Act]; or
 - 2. Be a direct care staff member of a:
 - a. Long-term care facility that is not certified under <u>42 C.F.R. Part 483[Title XVIII or XIX of the Social Security Act];</u>
 - b. Facility operated by the Department of Juvenile Justice; or
 - c. Residential facility licensed by the Cabinet for Health and Family Services if authorized under the facility's scope of licensure.
- (3) A training program that prepares an individual for a CMA I credential shall:
 - (a) Include at least:
 - 1. Forty (40) clock hours of didactic course work;
 - 2. Twenty (20) clock hours of skills laboratory; and
 - 3. Forty (40) clock hours of direct patient contact with a clinical instructor;
 - (b) Ensure that the didactic course work and skills laboratory shall be completed in no shorter than a two (2) week course;
 - (c) Ensure that the candidate is precepted for a minimum of sixty (60) clock hours; and
 - (d) Maintain a log of clinical hours for each trainee in which the instructor and preceptor document completion of the clock hours required by <u>paragraphs</u> (a) through (c) of this <u>subsection[subparagraphs 1. to 3. of this paragraph]</u>.
- (4)
- (a) Upon completion of CMA I training, a candidate shall complete the MACE or other board approved examination within sixty (60) days.
- (b) If the candidate does not pass the examination after two (2) attempts or if more than sixty (60) days have elapsed since completion of the CMA I training, the candidate shall provide documentation of repeating the CMA I training to be eligible to retake the examination.
- (5) The curriculum for a CMA I training program shall include the following topics:
- (a) Medication orders, documentation, storage, and disposal;
- (b) Mathematics, weights, and measures;
- (c) Forms of medications;
- (d) Medication basics, including terms, abbreviations, dosage, and actions;

- (e) Safety and rights of medication administration;
- (f) Preparation and actual medication administration;
- (g) Prevention of medication errors;
- (h) Causes and reporting of medication errors;
- (i) Building of relationships;
- (j) Reporting of symptoms or side effects;
- (k) Reporting of changes from the resident's normal condition, status, or routine;
- (I) Documentation of medication administration;
- (m) Routes of administration:
- (n) Factors affecting how the body uses medication;
- (o) Classes of medications related to body systems and common actions;
- (p) Location of resources and references;
- (q) Rights of individuals:
- (r) Specific legal and ethical issues;
- (s) Knowledge of infection control related to medication administration;
- (t) Roles of the supervising nurse;
- (u) Role of the medication aide; and
- (v) Responsibility of the medication aide when accepting delegated tasks.
- (6) As a condition of admission to a training program for a CMA II credential, the applicant shall have successfully completed the CMA I [specialized]training and passed the board approved CMA I examination.
- (7) A training program that prepares an individual for a CMA II credential shall include:
- (a) A minimum of sixteen (16) clock hours of didactic course work in insulin administration via a prefilled insulin pen;
- (b) A minimum of eight (8) clock hours of clinical training with continuous, direct, on-site supervision by a nurse to be completed within sixty (60) days of completion of the didactic course work;
- (c) A minimum of twenty (20) documented insulin injections via prefilled insulin pen that shall be:
- 1. Directly supervised by a nurse; and
- 2. Completed within sixty (60) days of completion of the didactic course work; and
- (d) A board approved competency examination.
- 1. Upon completion of the CMA II training, a candidate shall complete a board approved examination within sixty (60) days.
- 2. If the candidate does not pass the examination after two (2) attempts or if more than sixty (60) days have elapsed since completion of the CMA II training, the candidate shall provide documentation of repeating the CMA II training to be eligible to retake the examination.
- (8) The curriculum for a CMA II training program shall include the following topics:
 - (a) Pathophysiology of diabetes;
 - (b) Diabetes disease management;
 - (c) Blood glucose testing and use of equipment;
 - (d) Understanding the meaning of glucose levels;
 - (e) Insulin administration procedure;
 - (f) Potential complications and adverse reactions; and
- (g) Role and responsibility.
- (9) Implementation of the curriculum.
 - (a) A training program shall be developed to include outcomes, planned instruction, learning activities, and methods of evaluation.
 - (b) The instruction methods and activities of both instructor and trainee shall be specified. The activities shall be congruent with stated objectives, and content shall reflect adult learning principles.
 - (c) A copy of the training program's curriculum shall be on file and available to the board upon request.
- (d) Didactic instruction may be offered through distance learning technologies. The instruction offered through the use of distance learning technologies shall be comparable to that offered in an in-person program.
- (10) Substantive changes to the training program's standards for medication training or certification shall be:

- (a) Submitted to the board portal at www.kbn.ky.gov with a completed Application for Medication Aide Training Program (CMA 1) and Application for Medication Aide Training Program (CMA I and II) within thirty (30) days of implementation; and
- (b) Subject to a change of status fee of:
- 1. \$200 for a CMA I training program; or
- 2. \$300 for a CMA II training program.
- (11) A training program shall respond to a written request from the board for documentation within thirty (30) days of the date of the board's request.
- (12) The board <u>may[shall have the authority to]</u> amend a program's standards for medication training or certification if it fails to comply with the requirements of the administrative regulation. Upon written notification, the training provider shall comply with the requirements within thirty (30) days.
- (13) The board may deny, suspend, or revoke approval or the change of status of a medication aide training program, based upon the following:
 - (a) Failure to meet or maintain the requirements set forth in this administrative regulation; or
 - (b) Submitting false, misleading or deceptive statements, information, or documentation to the board or its designees.
- (14) If approval of the training program is denied, suspended, or revoked, the board shall do so in writing stating the reasons for the adverse action.

Section 8.[7.] Program Completion Requirements and Recertification.

- (1) Each individual who successfully completes a board approved medication aide training program and passes the medication aide training and competency evaluation shall register <u>for certification</u> via the board's nursing portal at www.kbn.ky.gov.
- (2) The training program shall submit to the board:
 - (a) The name of the certified individual;
 - (b) Title of training program, date of completion, and location;
 - (c) A program code number issued by the board; and
 - (d) Name and signature of the program administrator;
- (3) A training program shall:
 - (a) Maintain a record of graduates for at least five (5) years; and
- (b) Provide a copy of the training program's graduate records to the board upon request.
- (4) Recertification.
- (a) The credential for a CMA I or CMA II shall expire one (1) year from the date of initial certification or recertification.
- (b) To recertify as a CMA I or CMA II, the medication aide shall provide the board with:
- 1. Documentation of a yearly evaluation and validation of competency;
- 2. Proof of at least four (4) clock hours of medication-specific education; and
- 3. A minimum of forty (40) hours worked prior to expiration of certification. [; and]
- (5) The [4. A certification | fee for initial certification and recertification shall be -of] twenty-five (25) dollars.

Section 9.[8.] Incorporation by Reference.

- (1) The following material is incorporated by reference:
 - (a) "Application for Medication Aide Training Program (CMA I)", 09/23[05/23]; and
- (b) "Application for Medication Aide Training Program (CMA I and II)", 09/23[05/23].
- (2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Board of Nursing, 312 Whittington Parkway, Suite 300, Louisville, Kentucky 40222-5172, Monday through Friday, 8 a.m. to 4:30 p.m. This material is also available on the board's Web site at: https://kbn.ky.gov/document-library/Pages/default.aspx

[https://kbn.ky.gov/General/Pages/Document-Libary.aspx].

CONTACT PERSON: Jeffrey R. Prather, General Counsel, Kentucky Board of Nursing, 312 Whittington Parkway, Suite 300, Louisville, Kentucky 40222, (502) 338-2851, Jeffrey.Prather@ky.gov.

MATERIAL INCORPORATED BY REFERENCE

At the time that it files this staff suggested amendment, the agency needs to file <u>one (1) clean copy</u> of each of the following forms:

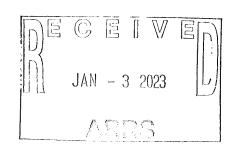
- "Application for Medication Aide Training Program (CMA I)
 - o Updates the edition date to 09/23
 - Add reference to initial approval fee of \$200 for CMA I Training program & note Identical fee if substantially changes program
 - o Adds the federal citations to 42 C.F.R. Part 483
 - o Corrects that citation at bottom of last page to 201 KAR 20:700 § 7(3) and (5)
- "Application for Medication Aide Training Program (CMA I and II)
 - Updates the edition date to 09/23
 - Add reference to initial approval fee of \$300 for CMA I and CMA II Training program
 & note identical fee if substantially changes program
 - Adds the federal citations to 42 C.F.R. Part 483
 - Page 4 Correct citation to 201 KAR 20:700 to § 3(1) and that reference § 3(1) exemption
 - Correct citation to 201 KAR 20:700 §7(3 and 5)
 - Page 5 correct citation to 201 KAR 20:700 § 7 (7 and 8)



KENTUCKY BOARD OF SOCIAL WORK

125 Holmes Street, Suite 310 Frankfort, Kentucky 40601 (502) 564-2350

Andy Beshear Governor



Marc Kelly
Executive Director

Jan 3, 2024

Senator Stephen West Representative Derek Lewis Legislative Research Commission 083, Capitol Annex 702 Capitol Avenue Frankfort, Kentucky 40601

Dear Co-Chairs:

After consideration of the issues raised by 201 KAR 23:160, the Kentucky Board of Social Work proposes the attached agency amendment to this ordinary regulation.

Sincerely

Marc Kelly

Executive Director

Marc Kelly

Agency Amendment

BOARDS AND COMMISSIONS Board of Social Work

201 KAR 23:160. Temporary permission to practice.

Page 3

Section 1(8)

Line 1

After "and any renewal" insert "fee as established by 201 KAR 23:020".

Page 4

Section 2(6)

Line 3

After "hour of individual", delete the following:

, face-to-face, or virtual

After "supervision per week" insert "and in compliance with 201 KAR 23:070".

Page 5

Section 2(11)

Lines 4 and 5

After "action by the board.", return and insert the following:

(12) A temporary permit holder and his or her supervisor shall comply with the supervision requirements of 201 KAR 23:070.

Page 6

Section 4

Line 18

After "Out-of-State", insert the following:

Independent Non-Clinical License Holders

Delete "Social Workers".

Page 8 Section 4(11) Line 5 and 6

After "the board for improper practice.", return and insert the following:

- (12) A temporary permit holder shall not practice clinical social work.
- (13) The temporary permit holder shall be allowed to practice telehealth in Kentucky if the permit holder:
- (a) Provides evidence to the board of appropriate training for telehealth practice;
- (b) Is complying with all telehealth laws and regulations of Kentucky; and
- (c) Has written consent for telehealth with clients.

Page 8 Section 5(1)(b) Line 9

Delete 6/15/23 and insert 12/27/23

Section 5(1)(c)

Line 10

Delete 6/15/23 and insert 12/27/23

Section 5(1)(c)

Line 11

Delete 6/15/23 and insert 12/27/23

Kentucky Board of Social Work Temporary Clinical Social Work Application

FOR OFFICE USE ONLY:	Date received	Date reviewed:	
	Approved:	Incomplete:	to Administrative programs
	Temporary permit lic	ense number	Issued date
	Reason(s) incomplete	e / comments:	

- 1. 201 KAR 23:160 Section 2 A temporary permit to engage in the practice of clinical social work shall be granted, if requested, to an applicant who has completed all of the requirements for licensure except the examination and has applied for licensure under the provisions of KRS 335.080.
- 2. A temporary permit shall extend for 180 days with one renewal for 180 days for a maximum of 360 days.
- 3. A person practicing under a temporary permit as a certified social worker practicing clinical social worker shall not accumulate hours towards the supervision requirements of KRS 335.100(1)(b).
- 4. A certified social worker practicing clinical social work under a temporary permit shall be under the supervision of an approved licensed clinical social worker (LCSW) supervisor as directed by the board and set forth in 201 KAR 23:070.
- 5. No more than one (1) temporary permit shall not be granted to any applicant for licensure.
- 6. Any changes to the terms of the temporary permit shall be submitted to the board and approved by the board before the temporary permit holder continues the practice of clinical social work.
- 7. The temporary permit holder shall remain under supervision until a new contract shall be approved by the KY Board of Social Work after the CSW is issued or until the contract is terminated in writing to the board or the temporary permit expires, whichever occurs first.
- 8. A new contract is required when: 1) the CSW is issued or 2) the clinical workplace setting changes, or 3) the supervisor of record changes. Any job changes or supervisor changes shall be reported to the board immediately; otherwise, it could result in a violation of the temporary permit to practice clinical social work.
- 9. This application and contract shall be approved or disapproved within forty-five (45) days of its submission.
- 10. The temporary permit holder shall not begin clinical social work practice until this application and contract are approved by the board.
- 11. Receipt of the application, contract, and notifications of approval or denial can be done electronically.

DEFINITIONS: 201 KAR 23:070, Section 1

- (1) "Practice of clinical social work" means the practice of social work that focuses on the evaluation, diagnosis, and treatment of an emotional disorder and mental illness as related to the total health of the individual and that meets the requirements of Section 3 of this administrative regulation.
- (2) "Supervision" means the educational process of utilizing a partnership between a supervisor and a supervisee aimed at enhancing the professional development of the supervisee in providing clinical social work services.
- (3) "Supervisor of record" means the supervisor who assumes responsibility for the practice of a certified social worker pursuant to KRS 335.080(3) and 335.100(3).

ANSWER ALL QUESTIONS - IF THE ANSWER IS NO OR NONE, PLEASE EXPLAIN.

SECTION I. INFORMATION ABOUT THE TEMPORARY PERMIT APPLICANT

Applicant Name:	Email Address:	Date of Initial Application for Licensure	/	/

Temporary Clinical Social Work Application

Address: Street	City	State	Zip	BEST DAYTIME	TELEPHONE NUMBER:
SECTION II. EMPLOYM	ENT / CLINIC	AL SOCIAL WO	ORK SETTING:		
The Temporary Certification licensee(s) listed below		ker will be em	ployed at the	location listed b	elow and under the supervision of the
Name of Employer/ Fa	cility:			Phone:	
Facility Address:					
Street	Address	C	ity	State	Zip Code
Name of Employer Cor	ntact:			Phone:	
SECTION III. JOB DESC	RIPTION				
☐ ATTACH a copy of	the applicant	s JOB DESCRI	PTION on com	pany letterhead	, signed by HR or agency director.
SECTION IV. SUPERVIS	OR OF RECO	<u>RD</u>			
Name: KY LCS	W license #	Origina	l Issue Date:		
Address:					
Street	City	S	tate	Zip	
Email Address:		Phone: I	lome:		Office:
Date of <u>the supervisor</u> ☐ ATTACH a copy of	,		•		ate of attendance.
	AL SUPERVIS	OR(S) (If you	are receiving	supervision fror	n another supervisor, please list each
one) Name: KY LCS\	N license #	Original	Issue Date:		
	Wilcelise #	Original	issue Date.		
Address: Street	City	S	tate	Zip	
Email Address:	,	Phone: I			Office:
Date of the additional ATTACH a copy of	200		•	•	ate of attendance.
ADDITIONAL SUPERVISION Name: KY LCS\	SOR W license #	Original	Issue Date:		
Address:					·
Street	City	State	Zip		
Email Address:		Р	hone: Home:		Office:
Date of the additional ATTACH a copy of			•	-	attendance.

Temporary Clinical Social Work Application

SECTION VI. PLAN OF CLINICAL SOCIAL WORK ACTIVITIES:

	Describe the nature of this clinical	al practice
--	--------------------------------------	-------------

- (1) What age and type of clients will be treated by the Temporary permit holder?
- (2) What therapies and treatment modalities will be used?
- (3) What is the estimated length and duration of therapy?
 - a. Will the Temporary permit holder be performing client assessments/evaluations?

If not, explain:

b. Will the Temporary permit holder be diagnosing mental illness or emotional disorders?

If not, explain:

c. Describe the type of therapy will the Temporary permit holder be providing?

B. Frequency, duration, and nature of the clinical supervision.

- (1) We agree that the frequency of individual supervision shall not be less than one hour each week of clinical social work practice until this contract is terminated or the temporary permit holder is licensed as a CSW with a new contract;
- (2) We agree to the following virtual supervision arrangement:

C. Conditions or procedures for termination of the supervision.

□ Please describe the conditions or procedures for termination of the supervision contract:

SECTION VII. SIGNATURES AND AFFIRMATIONS

<u>SUPERVISOR OF RECORD</u>: I agree to serve as the supervisor of record for the above-named Temporary permit applicant, who is a candidate for licensure as a certified social worker, and I affirm that:

- (1) I have discussed this contract with the temporary permit applicant/holder and accept responsibility for its implementation;
- (2) I shall be held accountable to the board for the services given to this Temporary permit applicant's clients should the permit be issued;
- (3) I am providing clinical supervision for no more than six(6) supervisees;
- (4) The temporary permit applicant/holder is an employee of the facility listed in the clinical practice setting in accordance with KRS 335.080(3), that is, not a contract employee;
- (5) When the temporary permit holder has passed the exam to be licensed as a CSW or terminates this contract, I will promptly and accurately document the hours under supervision, and comment on the temporary permit holder's ethical behavior, therapeutic competency, and ability to practice if requested or required by the board;
- (6) I will immediately notify the board in writing if the conditions of this contract are changed, or this contract is terminated;
- (7) As an approved supervisor of record, I certify that I meet the criteria in 201 KAR 23:070, Section 4, and I:
 - do not have an unresolved citation filed against me by the board;
 - o do not have a suspended or probated license;
 - do not have a previous or existing personal relationship with the temporary permit holder.
 - have been in the practice of clinical social work for two (2) years following licensure in Kentucky or another
 jurisdiction as an independent licensed clinical social worker; and
 - have completed a board-approved training course on supervisory practices and methods for clinical social workers.

Supervisor of Record		Date
	(SIGN HERE)	

Temporary Clinical Social Work Application

TEMPORARY PERMIT APPLICANT: I, the Temporary Permit Applicant, have read and agree to comply with the provisions of this contract, and I further state:

- (1) I shall remain under supervision as long as I am practicing clinical social work as a temporary permit holder;
- (2) I state that I am an **employee** of the facility listed in the clinical practice setting and have no direct or indirect financial interest other than my employment;
- (3) I state that I am an employee and have Social Security and income tax deducted from my salary as required by 201 KAR 23:070 Section 5 (9) (b).
- (4) I state I shall complete the CSW supervision one (1) hour training on the KBSW website; and,
- (5) I understand that the supervision hours under this contract for temporary clinical practice do not count toward the required hours to take the independent licensing exam.

the required hours to take the independent licensing exam.	
Temporary permit applicant	Date
(SIGN HERE)	
ADMINISTRATIVE SUPERVISOR — Signature needed for this section If permit holder's agency/employment supervisor. I am the agency supervisor for the Temporary permit applica I have reviewed the proposed contract and affirm the agency described in Sections A-C of the Plan of Clinical Social Work A The temporary permit applicant/holder is an employee of the has no direct or indirect financial interest other than my emp deducted from the applicant's salary during the term of the p	nt/holder; will support the proposed practice experience as activities; and e facility listed in the clinical practice setting and ployment, and Social Security and income tax are
Employer Supervisor	Date
(SIGN HERE)	
	. 19 30000011 100000000000000000000000000
COMPLETE SECTION VIII BELOW ONLY IF THE TEMPORARY PE ARE NOT EMPLOYED BY THE SAME A	
SECTION VIII. SHARED RESPONSIBILITY FOR SUPERVISION RECEIVED	O OUTSIDE OF THE EMPLOYMENT SETTING
SHARED RESPONSIBILITY FOR QUALITY OF SERVICES: We, the under professional responsibility for the clinical social work services provide are jointly accountable for the quality of the services provided. The subscriptions are supervisee's client records and shall abide by the employer's docume	ed to clients by the temporary permit holder and upervisor of record shall have access to the
CONFIDENTIALITY OF RECORDS : We further acknowledge that since of employment and that agency cases will be used in this supervisory shall be maintained by all parties in accordance with federal and state	relationship, the confidentiality of patient records
Supervisor of Record:	Date:
(SIGN HERE)	
Temporary permit applicant/holder:	Date:
(SIGN HERE)	
Agency/Employer Representative: Printed or typed Name:	
	Date
(SIGN HERE)	Date:
(~~ ~~ · ~~ ~~ ~~ ~~ ~~ /	

The applicant and supervisor will receive notice of approval of the permit and the supervision contract.

Temporary Clinical Social Work Non-Resident Application

F	0	F	?	O	F	F	ı	C	E	U	S	E	0	N	L	γ	:

Applicant Name:

Approved:	Incomplete:	
emporary permit license	number	
ssued date	Expiration date	
Reason(s) incomplete / co	omments:	

Phone:

- 1. 201 KAR 23:160 Section 3 A temporary permit to engage in the practice of clinical social work shall be granted, if requested, to an applicant who has applied for the permit and is licensed under the provisions of KRS 335.100 or equivalent.
- 2. The applicant has paid the application fee.
- 3. The applicant has provided verification of independent license from another jurisdiction.
- 4. The applicant will maintain licensure in the other jurisdiction during the time period of this temporary license.

<u>DEFINITIONS</u>: 201 KAR 23:070, Section 1 (1) "Practice of clinical social work" means the practice of social work that focuses on the evaluation, diagnosis, and treatment of an emotional disorder and mental illness as related to the total health of the individual and that meets the requirements of Section 3 of this administrative regulation.

Email Address:

				2 22022
Date of Application/	/ .			
Address: Street	City	State	Zip	
below and is validly lic permit shall not extend subject to the laws and regulations will be report. The Kentucky Board of	censed in (Sate and I more than 90 calendar regulations of the Kent corted to the board and results.)	nd license num days. During the ucky Board of eported to the just right to resci	ber) until the expiratine period of this temposcial Work. Any vicurisdiction listed as the	equivalent at the location listed fon of this permit. The temporary orary permit, the social worker is plations of the Kentucky laws and the issuer of the license to practice. In reportable violations within
Current physical Offi	ice address Sta	ate Zi	p	
Providing telehealth?	Yes No If yes, H	IIPAA-compl	iant platform utilize	d for telehealth
Copy of telehealth co				
I hereby attest by my my license in the issu	_	ormation is co	rrect and that I have	e no complaints registered against
Signature of Applica	nt:		Date: /	/

The applicant will receive notice of approval of the permit.

Temporary Non-Clinical Social Work Application

FOR OFFICE USE ONLY:	Data vassivad		Determentaries				
			Date reviewed:Incomplete				
			mber				
			Expiration d				
		omplete / comm					
	()	, , , , , , , , , , , , , , , , , , , ,					
A temporary permit can	be issued for	social work pr	ractice in Kentucl	ky is for not	more than ninety conse	cutive days	s in any
one calendar year as pre	escribed, when	:			·	·	•
					pursuant to another juri ial work services withi		
scope of practic	ee,		•	•		•	
(2) The person seel(3) The person is n			iai work within ti	ne state of K	entucky,		
(4) The person pay	s the required	fee,	. 11				
(5) The person con(6) The person cease				ice			
(7) The person has	no complaints	filed against t	heir license in the				
(8) The person info	orms the client	of the limited	nature of their se	rvices and th	nat the person is not cur	rently licen	sed in
Applicant Name:			Email Address:		Pho	nai	
Date of Initial App	aligation for I		/ /			Address:	Street
Date of filtrar App					. <i>P</i>	auress:	Street
	City	State	Zip				
The applicant will be the location listed be temporary permit, the Any violations of the listed as the issuer of permit due to any repo	low and shal social worke Kentucky lav the license to	l be valid for r is subject to vs and regular practice. The	r 90 days from the laws and re tions will be rep e Kentucky Boa	the date of egulations of orted to the ard of Social	f approval. During the Kentucky Board board and reported the Work retains the right	he period of Social to the juriso	of this Work. diction
SOCIAL WORK SETTIN	<u>G</u>						
Facility Name where	social work	practice will	occur:				
Phone:		Date	of Hire:				
Facility Address: St	reet	City	State	Zip	Code		
Providing teleheal	th? Yes No	If yes, HI	PAA-compliant	platform ut	tilized for telehealth		
Copy of telehealth Copy of current lie							

I hereby attest by my signature that all information is correct and that I have no complaints registered against

	The applicant will receive notice of approval of the permit.			
Signature of Applicant:		Date:	/	/
my license in the issuing	g jurisdiction.			



KENTUCKY BOARD OF SOCIAL WORK

125 Holmes Street, Suite 310 Frankfort, Kentucky 40601 (502) 564-2350 DECEIVED

JAN - 3 2023

ARRS

Marc Kelly
Executive Director

Andy Beshear Governor

Jan 3, 2024

Senator Stephen West Representative Derek Lewis Legislative Research Commission 083, Capitol Annex 702 Capitol Avenue Frankfort, Kentucky 40601

Dear Co-Chairs:

After consideration of the issues raised by 201 KAR 23:170, the Kentucky Board of Social Work proposes the attached agency amendment to this ordinary regulation.

Sincerely

Marc Kelly

Executive Director

Marc Kelly

Agency Amendment

BOARDS AND COMMISSIONS Board of Social Work

201 KAR 23:170. Telehealth and social work practice.

Page 2

Section 1(3)(a)

Line 2

After "to the public", insert the following:

when the activities are a professional service

Page 3

Section 1(6)

Lines 3 and 4

After "defined by", delete "KRS 335.020 and".

After "201 KAR 23:070", insert the following:

using telehealth as defined by KRS 335.158

Page 3

Section 2(1)

Line 6

After "the client", insert "periodically"

After "to deliver telehealth", insert "services".

Page 5

Section 2(1)(k)

Line 4

After "client's record that a", insert "telehealth".

Page 5

Section 2(4)

Line 15

After "and originating site.", return and insert the following:

- (5) All licensees shall make reasonable attempts to provide accurate information to the public.
- (6) All licensees shall make reasonable attempts to protect client identifiers in financial transactions.

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Page 5
Section 3(1)
```

Line 17

After "A", insert "<u>licensee</u>". Delete "social worker".

Page 6

Section 3(2)(b)

Line 15

After "Comply with", insert "all statutes and administrative regulations". Delete "the directives".

Page 6

Section 3(3)

Line 18

After "at the time of", insert "a telehealth".

Page 7

Section 4(3)

Line 5

After "the board by", insert "<u>December 31</u>". Delete "June 30".



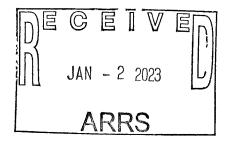
Andy Beshear GOVERNOR

Jacqueline Coleman LIEUTENANT GOVERNOR Department of Professional Licensing Kentucky Board of Licensed Professional Counselors P.O. Box 1360 Frankfort, KY 40602

Phone: (502) 782-8803 Fax: (502) 564-4818

January 2, 2024

Senator Stephen West, Co-Chair Representative Derek Lewis, Co-Chair c/o Emily Caudill, Regulation Compiler Administrative Regulation Review Subcommittee Legislative Research Commission 029, Capitol Annex Frankfort, KY 40601 Ray A. Perry SECRETARY



Re: 201 KAR 36:005, 201 KAR 36:030, 201 KAR 36:040, 201 KAR 36:045, 201 KAR 36:050, 201 KAR 36:060, 201 KAR 36:065, 201 KAR 36:070, 201 KAR 36:072, 201 KAR 36:075 and 201 KAR 36:090

Dear Co-Chairs:

After consideration of the issues raised by 201 KAR 36:005, 36:030, 36:040, 36:045, 36:050, 36:060, 36:065, 36:070, 36:072, 36:075 and 36:090, the Board of Licensed Professional Counselors proposes the attached suggested substitutes to these ordinary regulations.

Sincerely,

/s/ Sara Boswell Janes



12/27/2023 GENERAL GOVERNMENT CABINET Board of Licensed Professional Counselors

201 KAR 36:005. Definitions for 201 KAR Chapter 36.

```
Page 2
Section 1(7)(a)
Line 8
       After "appointed by the", insert "chair".
       Delete "chairman".
Page 2
Section 1(9)
Line 16
       After "and the client", insert "using".
Page 2
Section 1(9)(a)
Line 17
       After "(a)", delete "Provided using".
Page 3
Section 1(10)(i)
Line 7
       After "mail;", delete "or".
Page 3
Section 1(10)(j)
Line 8
       After "blueprints;", insert "or".
       Delete "and".
Page 6
Section 1(20)
Line 6
       After "agency", insert ",".
       After "commercial entity", delete "who is".
```

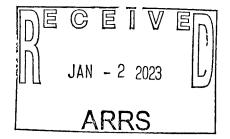
After "supervisor", insert ",".

After "201 KAR 36:005", insert ",".



Department of Professional Licensing Kentucky Board of Licensed Professional

Counselors P.O. Box 1360 Frankfort, KY 40602 Phone: (502) 782-8803 Fax: (502) 564-4818 Ray A. Perry SECRETARY



January 2, 2024

Andy Beshear

Jacqueline Coleman

LIEUTENANT GOVERNOR

GOVERNOR

Senator Stephen West, Co-Chair Representative Derek Lewis, Co-Chair c/o Emily Caudill, Regulation Compiler Administrative Regulation Review Subcommittee Legislative Research Commission 029, Capitol Annex Frankfort, KY 40601

Re: 201 KAR 36:005, 201 KAR 36:030, 201 KAR 36:040, 201 KAR 36:045, 201 KAR 36:050, 201 KAR 36:060, 201 KAR 36:065, 201 KAR 36:070, 201 KAR 36:072, 201 KAR 36:075 and 201 KAR 36:090

Dear Co-Chairs:

After consideration of the issues raised by 201 KAR 36:005, 36:030, 36:040, 36:045, 36:050, 36:060, 36:065, 36:070, 36:072, 36:075 and 36:090, the Board of Licensed Professional Counselors proposes the attached suggested substitutes to these ordinary regulations.

Sincerely,

<u>/s/ Sara Boswell Janes</u>



12/27/2023 GENERAL GOVERNMENT CABINET Board of Licensed Professional Counselors

201 KAR 36:030. Continuing education requirements.

Page 1 NECESSITY, FUNCTION, AND CONFORMITY paragraph Lines 8, 10, and 11

After "KRS 335.515(3)", insert "and". Delete ",".

After "(6)", delete ", and 335.535(8)".

After "renewal of his", insert "or her license". Delete "licensee".

After "regulation", insert "establishes". Delete "delineates".

Page 3 Section 1(6)

Lines 15 and 16

After "shall be submitted", insert "to the board". After "for approval", delete "to the board".

Page 3 Section 2

Line 19 and 20

After "professional counseling.", insert "The hours". Delete "They".

After "educational activities", delete "as".

Page 3 Section 2(1) Line 22

After "education program", delete the following:

from any of the following providers

```
Page 5
Section 3
```

Lines 17, 18, and 19

After "by a Licensee.", insert the following:

To obtain board approval, a licensee shall submit

Delete the following:

In order to submit the course to the board for approval, the following shall be submitted

Page 6

Section 3(7)

Line 8

After "review fee", insert "established".

Delete "set forth".

Page 6

Section 3(8)

Line 9

After "copy of the", insert "course".

Page 6

Section 4(1)

Lines 14 and 15

After "shall provide", delete "the following information".

Page 7

Section 4(1)(g)

Line 2

After "copy of the", insert "course".

Page 7

Section 4(1)(h)

Line 3

After "review fee", insert "established".

Delete "set forth".

```
Page 8
Section 5(4)
Lines 18 and 19
```

After "(4)", delete the following:

 $\label{lem:compliance} \mbox{Compliance with the provisions of this administrative regulation.}$

After "Failure to comply", insert "with this administrative regulation".

Page 9 Section 6(1)

Lines 3 and 4

After "documentation", insert "directly to the licensee".

After "regulation", delete ", directly to the licensee".

Page 9

Section 8(1)(b)

Line 20

After "family member;", insert "or".

Delete "and".

Page 11

Section 11(1)

Lines 1 and 2

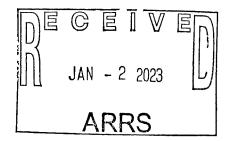
Before "July 2023", insert "December 2023".

Delete "July 2023".



Department of Professional Licensing Kentucky Board of Licensed Professional

Counselors P.O. Box 1360 Frankfort, KY 40602 Phone: (502) 782-8803 Fax: (502) 564-4818 Ray A. Perry SECRETARY



January 2, 2024

Andy Beshear

Jacqueline Coleman

LIEUTENANT GOVERNOR

GOVERNOR

Senator Stephen West, Co-Chair Representative Derek Lewis, Co-Chair c/o Emily Caudill, Regulation Compiler Administrative Regulation Review Subcommittee Legislative Research Commission 029, Capitol Annex Frankfort, KY 40601

Re: 201 KAR 36:005, 201 KAR 36:030, 201 KAR 36:040, 201 KAR 36:045, 201 KAR 36:050, 201 KAR 36:060, 201 KAR 36:065, 201 KAR 36:070, 201 KAR 36:072, 201 KAR 36:075 and 201 KAR 36:090

Dear Co-Chairs:

After consideration of the issues raised by 201 KAR 36:005, 36:030, 36:040, 36:045, 36:050, 36:060, 36:065, 36:070, 36:072, 36:075 and 36:090, the Board of Licensed Professional Counselors proposes the attached suggested substitutes to these ordinary regulations.

Sincerely,

/s/ Sara Boswell Janes



12/27/2023

GENERAL GOVERNMENT CABINET Board of Licensed Professional Counselors

201 KAR 36:040. Code of ethics.

```
Page 2
Section 1(2)(c)2.a.
Line 5
```

After "dual relationships", insert ";". Delete ":".

Page 10 Section 3(10) Lines 10 and 11

After "determine client care", insert ",".

After "type of treatment,", insert "and".

Pages 24 and 25 Section 6(12) Lines 22 and 1

After "same physical space", delete the following:

(e.g., lives in another state)

Page 26

Section 7(2)(c)1.

Line 7

After "professional judgment;", insert "or". Delete "and".

Page 28 Section 7(10)(b)

Line 16

After "kinds of situations", delete "then no".

After "notice", insert "shall not be". Delete "is".

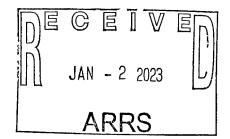
Page 29 Section 9(1)(b) Line 19

After "deceptive, including", delete "the following".



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January 2, 2024

Andy Beshear

Jacqueline Coleman

LIEUTENANT GOVERNOR

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Dear Co-Chairs:

After consideration of the issues raised by 201 KAR 36:005, 36:030, 36:040, 36:045, 36:050, 36:060, 36:065, 36:070, 36:072, 36:075 and 36:090, the Board of Licensed Professional Counselors proposes the attached suggested substitutes to these ordinary regulations.

Sincerely,

/s/ Sara Boswell Janes



12/27/2023 GENERAL GOVERNMENT CABINET Board of Licensed Professional Counselors

201 KAR 36:045. Distance counseling.

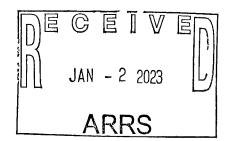
```
Page 1
Section 1
Line 15
       After "in person as", insert "established".
       Delete "set forth".
Page 1
Sections 1(2) and (3)
Lines 19 and 21
       After "other than electronically", insert "".
Page 2
Section 1(4)
Line 2
       After "purposes", insert ",".
Page 2
Section 1(9)(e)
Line 17
       After "(e)", insert "The".
       Delete "In what".
       After "circumstances", insert "in which".
Page 4
Section 4(1)
Line 5
```

After "statutes and", insert "administrative".



Department of Professional Licensing Kentucky Board of Licensed Professional

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January 2, 2024

Andy Beshear

Jacqueline Coleman

LIEUTENANT GOVERNOR

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Senator Stephen West, Co-Chair Representative Derek Lewis, Co-Chair c/o Emily Caudill, Regulation Compiler Administrative Regulation Review Subcommittee Legislative Research Commission 029, Capitol Annex Frankfort, KY 40601

Re: 201 KAR 36:005, 201 KAR 36:030, 201 KAR 36:040, 201 KAR 36:045, 201 KAR 36:050, 201 KAR 36:060, 201 KAR 36:065, 201 KAR 36:070, 201 KAR 36:072, 201 KAR 36:075 and 201 KAR 36:090

Dear Co-Chairs:

After consideration of the issues raised by 201 KAR 36:005, 36:030, 36:040, 36:045, 36:050, 36:060, 36:065, 36:070, 36:072, 36:075 and 36:090, the Board of Licensed Professional Counselors proposes the attached suggested substitutes to these ordinary regulations.

Sincerely,

/s/ Sara Boswell Janes



12/27/2023 GENERAL GOVERNMENT CABINET Board of Licensed Professional Counselors

201 KAR 36:050. Complaint management process.

Page 1 Section 1(1)(b)1. and 2. Lines 16 and 17

After "provided on the", insert "Complaint". Delete "Complaints".

After "by the person", insert "submitting". Delete "offering".

Page 2 Section 1(3)(a) Line 2

After "of his", insert "or her".



Andy Beshear GOVERNOR

Jacqueline Coleman LIEUTENANT GOVERNOR

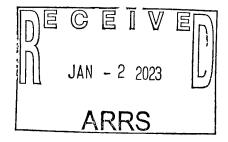
PUBLIC PROTECTION CABINET

Department of Professional Licensing
Kentucky Board of Licensed Professional
Counselors
P.O. Box 1360
Frankfort, KY 40602

Phone: (502) 782-8803 Fax: (502) 564-4818

January 2, 2024

Senator Stephen West, Co-Chair Representative Derek Lewis, Co-Chair c/o Emily Caudill, Regulation Compiler Administrative Regulation Review Subcommittee Legislative Research Commission 029, Capitol Annex Frankfort, KY 40601 Ray A. Perry SECRETARY



Re: 201 KAR 36:005, 201 KAR 36:030, 201 KAR 36:040, 201 KAR 36:045, 201 KAR 36:050, 201 KAR 36:060, 201 KAR 36:065, 201 KAR 36:070, 201 KAR 36:072, 201 KAR 36:075 and 201 KAR 36:090

Dear Co-Chairs:

After consideration of the issues raised by 201 KAR 36:005, 36:030, 36:040, 36:045, 36:050, 36:060, 36:065, 36:070, 36:072, 36:075 and 36:090, the Board of Licensed Professional Counselors proposes the attached suggested substitutes to these ordinary regulations.

Sincerely,

/s/ Sara Boswell Janes



12/27/2023 GENERAL GOVERNMENT CABINET Board of Licensed Professional Counselors

201 KAR 36:060. Qualifying experience under supervision.

Page 1 STATUTORY AUTHORITY paragraph Line 5

After "KRS 335.515(1), (3)", insert ", 335.525".

Page 1 NECESSITY, FUNCTION, AND CONFORMITY paragraph Lines 6, 7, 8, 10, and 11

After "KRS 335.505(4)", insert "<u>authorizes</u>". Delete "allows".

After "use the title of", delete the quotation marks from the following:

professional counselor intern

student in training

After "335.525(1)(e)", insert "requires". Delete "provides that".

After "the board", insert "to". Delete "shall".

After "issue a", delete the quotation marks from "professional clinical counselor".

Page 2 Section 2(3)(b)

Line 21

After "available;", insert "and".

Page 3 Section 2(4) Line 4

After "observations in", insert "his or her".

Page 4 Section 3(1)(g)1.a. and b. Lines 6 and 8

After "meeting for a", insert a hyphen in "full time".

After "contact for a", insert a hyphen in "part time".

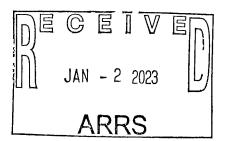
Page 4 Section 3(1)(i)2. Line 17

After "regulation;", delete "and".



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January 2, 2024

Andy Beshear

Jacqueline Coleman

LIEUTENANT GOVERNOR

GOVERNOR

Senator Stephen West, Co-Chair Representative Derek Lewis, Co-Chair c/o Emily Caudill, Regulation Compiler Administrative Regulation Review Subcommittee Legislative Research Commission 029, Capitol Annex Frankfort, KY 40601

Re: 201 KAR 36:005, 201 KAR 36:030, 201 KAR 36:040, 201 KAR 36:045, 201 KAR 36:050, 201 KAR 36:060, 201 KAR 36:065, 201 KAR 36:070, 201 KAR 36:072, 201 KAR 36:075 and 201 KAR 36:090

Dear Co-Chairs:

After consideration of the issues raised by 201 KAR 36:005, 36:030, 36:040, 36:045, 36:050, 36:060, 36:065, 36:070, 36:072, 36:075 and 36:090, the Board of Licensed Professional Counselors proposes the attached suggested substitutes to these ordinary regulations.

Sincerely,

/s/ Sara Boswell Janes



12/27/2023 GENERAL GOVERNMENT CABINET

Board of Licensed Professional Counselors

201 KAR 36:065. Licensed professional clinical counselor supervisor.

Page 1

NECESSITY, FUNCTION, AND CONFORMITY paragraph

Lines 6 and 7

After "KRS 335.525(1)(e)", insert "requires".

Delete "provides that".

After "counselor license", insert "to".

Delete "shall".

Page 1

Section 1(1)

Line 15

After "counselor", insert the following:

who is subject to disciplinary action

Delete "under discipline".

Page 1

Section 1(1)(a)2.

Line 21

After "years of board", delete "approved".

Page 3

Section 1(2)(a)1.

Line 10

Before "e.g.", insert "including".

Delete "e.g.".

Page 4 Section 1(4) Line 17

Delete the quotation marks from the following:

licensed professional clinical counselor supervisor

LPCC-S

Page 4

Section 2

Line 22

After "supervisees until", delete "such time as".

Page 5

Section 3

Line 3

After "as a supervisor", delete "no".

Page 5

Section 4(1)

Line 13

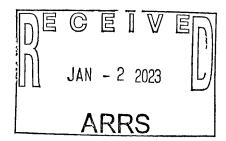
Before "July 2023", insert "<u>December 2023</u>". Delete "July 2023".



Andy Beshear **Department of Professional Licensing** Kentucky Board of Licensed Professional Counselors

P.O. Box 1360 Frankfort, KY 40602 Phone: (502) 782-8803 Fax: (502) 564-4818

Ray A. Perry SECRETARY



January 2, 2024

Jacqueline Coleman

LIEUTENANT GOVERNOR

GOVERNOR

Senator Stephen West, Co-Chair Representative Derek Lewis, Co-Chair c/o Emily Caudill, Regulation Compiler Administrative Regulation Review Subcommittee Legislative Research Commission 029, Capitol Annex Frankfort, KY 40601

201 KAR 36:005, 201 KAR 36:030, 201 KAR 36:040, 201 KAR 36:045, 201 KAR 36:050, 201 KAR 36:060, 201 KAR 36:065, 201 KAR 36:070, 201 KAR 36:072, 201 KAR 36:075 and 201 KAR 36:090

Dear Co-Chairs:

After consideration of the issues raised by 201 KAR 36:005, 36:030, 36:040, 36:045, 36:050, 36:060, 36:065, 36:070, 36:072, 36:075 and 36:090, the Board of Licensed Professional Counselors proposes the attached suggested substitutes to these ordinary regulations.

Sincerely,

/s/ Sara Boswell Janes



12/28/2023 BOARDS AND COMMISSIONS Board of Licensed Professional Counselors

201 KAR 36:070. Application, education, and examination requirements.

Page 1

Section 1(1)(b)

Line 21

Delete the quotation marks from "counseling".

Page 4

Section 2(3)

Line 6

After "additional hours,", insert "the hours". Delete "they".

Page 4

Section 4(1)(a)4.

Line 18

After "content areas", delete "as".

Page 4

Section 4(1)(a)4.a.

Line 20

After "and includes", delete "the following".

Page 5

Section 4(1)(a)4.c.

Line 18

After "Coursework", insert "shall include". Delete "includes the following".

Page 6

Section 4(1)(a)4.d.

Line 13

After "work approaches", insert ". Coursework shall include". Delete ", and includes the following".

```
Page 7
```

Section 4(1)(a)4.e.

Lines 4 and 5

After "Coursework", insert "shall include".

Delete "includes the following".

Page 7

Section 4(1)(a)4.f.

Line 21

After "counseling profession", insert ". Coursework shall include".

Delete ", and includes the following".

Page 8

Section 4(1)(a)4.g.

Line 10

After "Coursework shall include", delete "the following".

Page 8

Section 4(1)(a)4.h.

Line 22

After "h.", insert "A".

After "evaluation", delete "is a".

Page 9

Section 4(1)(a)4.h.

Lines 1 and 2

After "Coursework", insert "shall include".

Delete "includes the following".

Page 9

Section 4(1)(a)4.i.

Line 11

After "Coursework", insert "shall include".

Delete "includes the following".

```
Page 9
Section 4(1)(a)4.i.(iv)
Lines 19 and 20
       After "professional activities", insert the following:
               , including appraisals or group work
       Delete the following:
               (e.g., appraisal, group work)
Page 10
Section 4(1)(a)4.j.
Lines 5 and 6
       After "setting, which", insert "shall include".
       Delete "includes the following".
Page 10
Section 4(1)(a)4.j.(v)
Lines 16 and 17
       After "direct service", insert ", including".
       Delete "(e.g.,".
       After "and referral,", insert "and".
       After "in-service and staff meetings", delete ")".
Page 11
```

Section 4(1)(a)5.

Line 9

After "officially expunged", insert "shall". Delete "do".

Page 12

Section 4(2)(e)

Line 10

After "officially expunged", insert "shall". Delete "do".

Page 12

Section 5(2)

Lines 20 and 21

After "relevant evidence", insert "including". Delete "such as".

```
Page 13
Section 6(1)
Line 6
       After "state", insert ";".
       Delete ".".
Page 13
Section 6(2)
Line 7
       After "convicted of", delete "the following".
Page 13
Section 6(5)
Line 19
       After "proceedings;", insert "or".
Page 14
Section 8(1)(a) and (b)
Lines 10 through 13
       Before "July 2023", insert "December 2023".
       Delete "July 2023".
```



Andy Beshear GOVERNOR

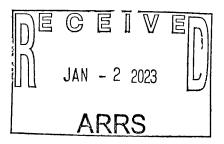
Jacqueline Coleman LIEUTENANT GOVERNOR PUBLIC PROTECTION CABINET

Department of Professional Licensing Kentucky Board of Licensed Professional Counselors P.O. Box 1360 Frankfort, KY 40602

Phone: (502) 782-8803 Fax: (502) 564-4818

January 2, 2024

Senator Stephen West, Co-Chair Representative Derek Lewis, Co-Chair c/o Emily Caudill, Regulation Compiler Administrative Regulation Review Subcommittee Legislative Research Commission 029, Capitol Annex Frankfort, KY 40601 Ray A. Perry SECRETARY



Re: 201 KAR 36:005, 201 KAR 36:030, 201 KAR 36:040, 201 KAR 36:045, 201 KAR 36:050, 201 KAR 36:060, 201 KAR 36:065, 201 KAR 36:070, 201 KAR 36:072, 201 KAR 36:075 and 201 KAR 36:090

Dear Co-Chairs:

After consideration of the issues raised by 201 KAR 36:005, 36:030, 36:040, 36:045, 36:050, 36:060, 36:065, 36:070, 36:072, 36:075 and 36:090, the Board of Licensed Professional Counselors proposes the attached suggested substitutes to these ordinary regulations.

Sincerely,

/s/ Sara Boswell Janes



12/27/2023

GENERAL GOVERNMENT CABINET Board of Licensed Professional Counselors

201 KAR 36:072. Reciprocity requirements for applicants licensed or certified in another state.

```
Page 2
Section 1(1)(g)2.
Line 3
       After "Is", insert "not".
Page 2
Section 1(2)
Line 5
       After "(2)", insert "A".
       Delete "No".
       After "person shall", insert "not".
Page 2
Section 2(4)
Line 21
       After "expunged", insert "shall".
       Delete "do".
Page 3
Section 5(1)
Line 15
       Before "July 2023", insert "December 2023".
       Delete "July 2023".
```

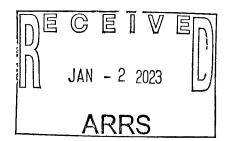
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Department of Professional Licensing Kentucky Board of Licensed Professional

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Phone: (502) 782-8803 Fax: (502) 564-4818 Ray A. Perry SECRETARY



January 2, 2024

Andy Beshear

Jacqueline Coleman

LIEUTENANT GOVERNOR

GOVERNOR

Senator Stephen West, Co-Chair Representative Derek Lewis, Co-Chair c/o Emily Caudill, Regulation Compiler Administrative Regulation Review Subcommittee Legislative Research Commission 029, Capitol Annex Frankfort, KY 40601

Re: 201 KAR 36:005, 201 KAR 36:030, 201 KAR 36:040, 201 KAR 36:045, 201 KAR 36:050, 201 KAR 36:065, 201 KAR 36:070, 201 KAR 36:072, 201 KAR 36:075 and 201 KAR 36:090

Dear Co-Chairs:

After consideration of the issues raised by 201 KAR 36:005, 36:030, 36:040, 36:045, 36:050, 36:060, 36:065, 36:070, 36:072, 36:075 and 36:090, the Board of Licensed Professional Counselors proposes the attached suggested substitutes to these ordinary regulations.

Sincerely,

/s/ Sara Boswell Janes



12/27/2023 GENERAL GOVERNMENT CABINET Board of Licensed Professional Counselors

201 KAR 36:075. Renewal, late renewal, and reinstatement of license.

Page 1

Section 2(2)

Line 18

After "grace period,", delete "in order".

Page 2

Section 3(2)(a)

Line 13

After "license," delete "in order".

Page 4

Section 5(3)

Lines 4 and 5

After "consider evidence", insert "including". Delete "such as".

Page 4

Section 6(1)(a) through (d)

Lines 16 through 19

Before "July 2023", insert "<u>December 2023</u>". Delete "July 2023".



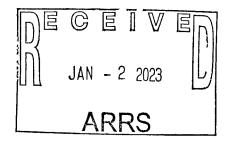
Andy Beshear GOVERNOR

Jacqueline Coleman LIEUTENANT GOVERNOR Department of Professional Licensing Kentucky Board of Licensed Professional Counselors P.O. Box 1360 Frankfort, KY 40602

Phone: (502) 782-8803 Fax: (502) 564-4818

January 2, 2024

Senator Stephen West, Co-Chair Representative Derek Lewis, Co-Chair c/o Emily Caudill, Regulation Compiler Administrative Regulation Review Subcommittee Legislative Research Commission 029, Capitol Annex Frankfort, KY 40601 Ray A. Perry SECRETARY



Re: 201 KAR 36:005, 201 KAR 36:030, 201 KAR 36:040, 201 KAR 36:045, 201 KAR 36:050, 201 KAR 36:060, 201 KAR 36:065, 201 KAR 36:070, 201 KAR 36:072, 201 KAR 36:075 and 201 KAR 36:090

Dear Co-Chairs:

After consideration of the issues raised by 201 KAR 36:005, 36:030, 36:040, 36:045, 36:050, 36:060, 36:065, 36:070, 36:072, 36:075 and 36:090, the Board of Licensed Professional Counselors proposes the attached suggested substitutes to these ordinary regulations.

Sincerely,

/s/ Sara Boswell Janes



12/27/2023 GENERAL GOVERNMENT CABINET Board of Licensed Professional Counselors

201 KAR 36:090. Administrative hearings for denials and revocation of probation.

Page 1 NECESSITY, FUNCTION, AND CONFORMITY paragraph Lines 7 and 12

After "FUNCTION", insert ",".

After "revocation of", insert "probation". Delete "a probated sanction".

Page 1

Section 1(2)

Line 22

After "excluding the day", insert "the applicant". Delete "he or she".

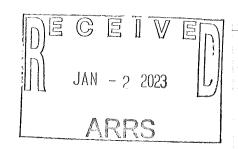
Page 2

Section 2(2)

Line 22

After "excluding the day", insert "the probationee". Delete "he or she".





January 1, 2024

Senator Stephen West, Co-Chair Representative Derek Lewis, Co-Chair c/o Emily Caudill, Regulations Compiler Administrative Regulation Review Subcommittee Legislative Research Commission 029, Capitol Annex Frankfort, KY 40601

Re: 202 KAR 7:030

Dear Co-Chairs West and Lewis:

After consideration of the issues raised by 202 KAR 7:030, the Kentucky Board of Emergency Medical Services proposes the attached agency amendment to this ordinary administrative regulation.

Sincerely,

John R. Holder, Chair

Kentucky Board of Emergency Medical Services

500 Mero Street, 5th Floor 5SE32

Frankfort, KY 40601



Agency Amendment (ARRS – January 2024)

Kentucky Board of Emergency Medical Services

202 KAR 7:030. Fees of the board.

Page 4 Section 6(2) Line 20

After "shall be", insert "twenty-five (25)". Delete "\$100".





January 1, 2024

Senator Stephen West, Co-Chair Representative Derek Lewis, Co-Chair c/o Emily Caudill, Regulations Compiler Administrative Regulation Review Subcommittee Legislative Research Commission 029, Capitol Annex Frankfort, KY 40601

Re: 202 KAR 7:030

Dear Co-Chairs West and Lewis:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 202 KAR 7:030, the Kentucky Board of Emergency Medical Services proposes the attached amendment to 202 KAR 7:030.

Sincerely,

John R. Holder, Chair

Kentucky Board of Emergency Medical Services

500 Mero Street, 5th Floor 5SE32

Frankfort, KY 40601



Staff-suggested Amendment

KENTUCKY BOARD OF EMERGENCY MEDICAL SERVICES

202 KAR 7:030. Fees of the board.

Page 1 Section 1(1) Lines 10 and 11

1

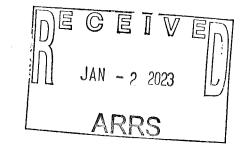
After "Definitions.", delete the following:

As used in this administrative regulation, the following terms have the following meanings:

Page 2
Section 2(3)(c)
Line 8
After "\$200;", insert "or".
Delete "and".

Page 3
Section 5(1)
Line 23
After "202 KAR 7:501", insert ",".





January 1, 2024

Senator Stephen West, Co-Chair Representative Derek Lewis, Co-Chair c/o Emily Caudill, Regulations Compiler Administrative Regulation Review Subcommittee Legislative Research Commission 029, Capitol Annex Frankfort, KY 40601

Re: 202 KAR 7:410

Dear Co-Chairs West and Lewis:

After consideration of the issues raised by 202 KAR 7:410, the Kentucky Board of Emergency Medical Services proposes the attached agency amendment to this ordinary administrative regulation.

Sincerely,

John R. Holder, Chair

Kentucky Board of Emergency Medical Services

500 Mero Street, 5th Floor 5SE32

Frankfort, KY 40601



Agency Amendment (ARRS – January 2024)

Kentucky Board of Emergency Medical Services

202 KAR 7:410. Advanced Practice Paramedics.

Page 7 Section 9(f) Line 17

Replace document previously incorporated by reference as the "EMS Advanced Practice Paramedic Scope of Practice" document with the revised version of that document attached hereto.

SUMMARY OF CHANGES TO MATERIAL INCORPORATED BY REFERENCE

In the attached revised version of the "Advanced Practice Paramedic Scope of Practice" document, the row titled "Care for working K9 and Equine under veterinary oversight" on page 5 of the previous version has been deleted.

The first document attached hereto shows the changes to the previous version of the "Advanced Practice Paramedic Scope of Practice" document. The second document attached hereto is a clean version of the revised document.



EMS Advanced Practice Paramedic Scope of Practice

	<u>LEGEND</u> X = Skill that may be performed	d by provider
Airway and Breathing	WILL DEDNIESS BAR ANGELO	CORANALINITY/ NAUL DA DA NASSAS
Bag-valve-mask (BVM)	WILDERNESS PARAMEDIC	COMMUNITY/ MIH PARAMEDIC
Cricoid pressure-Sellick's maneuver	X X	X X
Manual airway maneuvers-CL,HTCL,JT,MJT	x	×
Foreign body airway obstruction-Manual	x	×
Foreign body airway obstruction-Forcepts & Laryngoscope direct visulation	x	×
Oxygen therapy-Mouth-to-barrier devices	×	×
Oxygen therapy-Nasal cannula	x	x
Oxygen therapy-Non-rebreather face mask	х	×
Oxygen therapy-Partial rebreather face mask	х	x
Oxygen therapy-Venturi face mask	х	x
Oxygen humidifier equipment application and monitoring	х	x
Oxygen heating equipment application and monitoring	X	×
Lower airway suctioning-Advanced (tracheobronchial)	X	X
Upper airway suctioning-Basic (soft & rigid)	×	×
Manually triggerred ventilator (MTV)	X	×
Automatic transport ventilator (ATV)	X	X X
Ventilators-Variable setting Oropharyngeal airways	x x	x x
Nasopharyngeal airways	X	x X
Supraglottic airway laryngopharyngeal tube-(SALT)	x	×
Nasotracheal intubation	x	×
Orotracheal Intubation	x	×
Rapid sequence and drug assisted intubation-Adult	x	×
Rapid sequence and drug assisted intubation-Pediatric	x	×
Blind insertion airway device-Combitube, King, LMA, I-gel	x	×
Bi-level positive airway pressure and continous positive airway pressure devices	x	×
Needle chest decompression	x	×
Thoracostomy tube insertion	x	
Simple (Finger) thoracostomy for traumatic out of hospital cardiac arrest	x	×
Thoracostomy tube monitoring and management	x	x
Endotracheal tube introducer-Bougle	X	x
Cricothyrotomy-Needle or other approved percutaneous device	х	x
Cricothyrotomy-Surgical	X	×
Percutaneous guide-wire assisted cricothyrotomy	X	×
End tidal CO2 monitoring and detecting/Capnography-colormetric & waveform	X	х
Esophageal intubation detector (EID) device	X	×
Tracheostomy tube replacement and care	X	×
Feeding tube insertion/replacement		x x
Gastric tube replacement Gastric decompression/monitoring & management-NG & OG tubes	x	. x
Nasogastric (NG) tube placement	x	x
Orogastric (NG) tube placement	x	×
Positive end-expiratory pressure (PEEP) (on BVM)	×	×
Perform tracheal tube suctioning on endotracheal intubated patient	x	×
Transtracheal jet insufflation which may by used when no other mechanism is available for establishing an airway	×	X
Assessment	WILDERNESS PARAMEDIC	COMMUNITY/ MIH PARAMEDIC
Pulse oximetry	x	x
Carbon monoxide monitoring	x	×
Vital Signs	×	x
Manual and auto blood pressure measurement	x	х
Body temperature measurement (oral, axillary, skin, tympanic)	х	х
Body temperature measurement (rectal)	х	х
Body temperature measurement (esophageal)	x	х
Blood glucose analysis	x	×
ECG interpretation (Cardiac Monitoring)	X	×
Interpretive 12 lead EKG	x	×
EKG acquisition (any number of leads)	×	×
Utilize computer interpretation of 12 lead EKG for transport decision	X	х
Patient care report (PCR) documentation	X	×
Blood chemistry analysis (Point of Care)	x	x

Body substance isolation precautions/administration	x	×
Decontamination	×	×
Drug interaction assessment		x
Patient safety risk (e.g. falls)		×
Well baby checks		x
Assessment and referral including injury risk and home safety, oral health, mental health, fall prevention, ear nose and throat (ENT), social services		x
Ultrasound	X	x
Pharmacological Intervention	WILDERNESS PARAMEDIC	COMMUNITY/ MIH PARAMEDIC
Unit dose auto-injectors	x	x
Mark I auto-injector administration	×	X .
Infusion pump application	X	X
Infusion pump monitoring & management	X	x
Assisting a pt in admin of his/her Rx meds	×	X
Provide aspirin for chest pain of suspected ischemic orgin	X	×
Provide oral glucose for suspected hypoglycemia	X	X
Prep procedure site with alcohol/betadine	X	×
Constricting/lymphband	×	×
Peripheral IV insertion	X	×
External jugular access	X	X
Umbilical vein cannulation Saline lock care and maintenance	X X	x x
Saine lock care and maintenance Administer (medicated) intravenous fluids	x x	X X
Administer (medicated) intravenous fluids Administer (nonmedicated) intravenous fluids	X X	x
Intraosseous infusion-Adult	x x	×
Intraosseous infusion-Padutric		×
SL NTG for CP of ischemic origin	×	×
SQ or IM epinephrine for anaphylaxis	x	×
Glucagon and IV D50 for hypoglycemia	x	×
Inhaled beta agonist for dyspnea and wheezing	x	×
Intranasal administration of narcotic antagonist for suspected narcotic overdose	x	×
Nitrous oxide for pain relief	x	x
CNS catheter-Epidural catheter maintenance		
CNS catheter-Ventricular catheter maintenance		
Central line- Pulmonary artery catheter maintenance		
IO insertion	X	×
Venous blood sampling	x	x
Venous blood preparation and processing		X
Urine sampling, preparation, and processing		×
Stool sampling, preparation, and processing		×
Sputum sampling, preparation, and processing		X
IV fluid warming/cooling equipment application and monitoring	×	×
IV medication administration bolus IV medication administration infusion	X	×
Accessing indwelling catheters and implanted central IV port	X X	X X
Arterial line-Maintenance	^	^
Administration & Maintenance of blood/blood products	×	×
Fibrinolytics initiation and monitoring	x	×
Administer activated charcoal	x	×
IV antibiotics for open fracture	х	X
Administration of antivenom	х	
Immunizations		×
Prepare and administer immunizations in the event of an outbreak or epidemic as declared by the Governor of the state of Kentucky or the President of the United States, as part of an emergency immunization program, under the agency's supervising physician's standing order.	х	×
Prepare and administer immunizations for seasonal and pandemic influenza vaccinations according to the CDC Advisory Committee on Immunization Practices (ACIP), and/or the Kentucky State Department of Public Health Officer's recommended immunization guidelines as directed by the agency's supervising physician's standing order.	х	x
Distribute medications at the direction of the Kentucky Department of Public Health as a component of an emergency and/or disaster declaration by the Governor of Kentucky, or the President of the United States in a mass		x
medication distribution effort to protect the public health.	х	^
medication distribution effort to protect the public health. Maintain during transport any intravenous medication infusions or other procedures which were initiated in a medical facility, if clear and understandable written and verbal instructions for such maintenance have been provided by the physician, NP or PA at the sending medical facility.	x x	×
Maintain during transport any intravenous medication infusions or other procedures which were initiated in a medical facility, if clear and understandable written and verbal instructions for such maintenance have been		
Maintain during transport any intravenous medication infusions or other procedures which were initiated in a medical facility, if clear and understandable written and verbal instructions for such maintenance have been provided by the physician, NP or PA at the sending medical facility.		x
Maintain during transport any intravenous medication infusions or other procedures which were initiated in a medical facility, if clear and understandable written and verbal instructions for such maintenance have been provided by the physician, NP or PA at the sending medical facility. Polypharmacy intervention	x	x x
Maintain during transport any intravenous medication infusions or other procedures which were initiated in a medical facility, if clear and understandable written and verbal instructions for such maintenance have been provided by the physician, NP or PA at the sending medical facility. Polypharmacy intervention Medication administration routes:	X WILDERNESS PARAMEDIC	X X COMMUNITY/ MIH PARAMEDIC

Buccal	×	×
Endotracheal Tube (ET)	x	×
Intramuscular (IM)	x	x
Intranasal (IN)	×	x
Intraosseous (IO)	×	×
Intravenous (IV)	×	×
NG/OG tube	×	×
Oral (PO)	x	×
Rectal	×	×
Subscutaneous (SQ)	×	×
Sub-Lingual (SL)	x	x
Topical	×	x

Topical	X	х
Prepare and initiate or administer the below medications:		
	WILDERNESS PARAMEDIC	COMMUNITY/ MIH PARAMEDIC
Activated Charcoal	x	×
Acetaminophen	x	×
Adenosine	x	×
Albuterol	x	×
Amiodarone Hydrochloride	x	x
Amyl Nitrite	x	×
Asprin	x	×
Atenolol	×	×
Cefazoline	x	×
Atropine sulfate	x	×
Combivent	×	×
Calcium Chloride/Calcium Gluconate	x	x
Dexamethasone Sodium Phosphate	X	x
Dextrose (D50)	x	×
Dextrose solutions (5%, 10% etc) in water	x x	X X
Diazepam Dirayla	X X	X X
Digoxin	x x	X X
Digoxin Immune FAB (Digibind) Diazoxide		x X
	x	
Diltiazem HCL	X	×
Diphenhydramine	X	×
Dobutamine	X	
Dopamine	X	×
Doxycycline	×	x
Droperidol (Inapsine)	X	x
Epinephrine for anaphylactic reaction	X	×
Epinephrine	x	×
Epoprostenol (inhaled)	X	x
Epoprostenol (Long-term on stable home dose)	×	×
Etomidate	X	×
Fentanyl Citrate	×	×
Flumazenil (Romazicon)	x	x
Fosphenytoin (Cerebyx)	X	х
Furosemide	Х	X
Glucagon	X	×
Glucose-Oral	X	X
Glycoprotein IIb/IIIa Inhibitors	Х	X
Haloperidol (Haldol)	X	х
Heparin Sodium	X	x
Hydroxocobalamin	X	x
Insulin	Х	×
Ibuprofen (OTC for fever and pain)	X	×
Intraosseous: Lidocaine	×	×
Ipratroprium Bromide	X	×
Ketamine	х	×
Ketorolac Tromethamine	x	×
Labetolol (Normodyne)	х	x
Lidocaine HCL 2%	X	×
Levalbuterol	×	х
Lactated Ringers	x	×
Lorazepam	×	X
Lovenox	×	×
Methylprednisone (Solu-Medrol)	x	х
Magnesium Sulfate	x	×
Mannitol 20%	x	x
Metoprolol (Lopressor)	х	x
Methylene Blue	x	х
Meperidine (Demerol)	x	×
L. Company of the Com	•	•

Milrinone	IAA: JI		
Milliones (Long-forms on schale howe death)	Midazolam	X	X
Marchant Submit (1970)		×	X
Normal Soliton (1976)	Milrinone (Long-term on stable home dose)	×	×
Normal Soliton (1976)	Morphine Sulfate	×	x
Net New Agent Analysis (Auto-injectors)		v	×
New Agent Anniboties (Michaelpectors)			
New Agent Andobtes Auto-bejectors)		×	W. W
Nacorgiones (cardenes)	Naloxone (Narcan)	×	x
Nacorgiones (cardenes)	Nerve Agent Antidotes (Auto-Injectors)	×	X
Nitroglycenth CDI			
Nicegards			
Nitrographen Nitr	Nitroglycerin (SL)	х	x
Nitrographen Nitr	Nitroglycerin (SL) if patient is prescribed NTG Chest Pain	x	x
Nitrogranish Indiana		v	v
Nitrogranter (Filterials)			
Non-pinespheric (Levergheed)			
Obbdomine Chioride X X Congen X X Persouronium (Productor) X X Phenoylan (Distance) X X Phenoylan (Distance) X X Phenoylan (Distance) X X Phenoparte and Initiate or administer the below medications: X X Programment (Control of Control of	Nitroprusside (Nipride)	x	x
Obbdomine Chioride X X Congen X X Persouronium (Productor) X X Phenoylan (Distance) X X Phenoylan (Distance) X X Phenoylan (Distance) X X Phenoparte and Initiate or administer the below medications: X X Programment (Control of Control of	Norepinephrine (Levophed)	x	x
Ondsatron X X Pascuronim (Peulon) X X Phenylenghring (launth) X X Phenylenghring (launth) X X Phenylenghring (launth) X X Phenylenghring (launth) X X Prepare and initiate or administer the below medications: WILDERNESS PARMATION. COMMUNITY (MIRI PARMATION). Prepare and initiate or administer the below medications: WILDERNESS PARMATION. X X Pradictioner X X X X Pradictioner X X X X Pradictioner X X X X Processalamide X X X X Processalamide X X X X Processalamide X			
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Personangen	Ondasetron	×	X
Partury Part	Oxygen	×	x
Phenylate (Distance)		· ·	ν
Propose and initiate or administer the below medications: Propose and initiate or administer the below medications:			
Proper and initiate or administer the below medications: VILIDERIUSS PARAMEDIC COMMUNITY MIN PARAMEDIC PARAMEDIC COMMUNITY MIN PARAMEDIC PARAMEDIC COMMUNITY MIN PARAMEDIC	Phenylenephrine (Neosynephrine)	X	X
Proper and initiate or administer the below medications: VILIDERIUSS PARAMEDIC COMMUNITY MIN PARAMEDIC PARAMEDIC COMMUNITY MIN PARAMEDIC PARAMEDIC COMMUNITY MIN PARAMEDIC	Phenytoin (Dilantin)	×	X
Potastium Chloride		×	
Pollassium Chloride	Thehobal bitor		
Pendistonie Chloride	Prepare and initiate or administer the below medications:		
Predictione x <td< td=""><td></td><td></td><td></td></td<>			
Pyridoxine	Pralidoxime Chloride	х	х
Pyridoxine	Prednisone	×	×
Procestimatine x x Promethazine x x Proparaciane x x Proparaciane x x Proparaciane x x Proparaciane x x Proparaciane (Indusion) x x Proparacial (Indusion) x x Proparacial (Indusion) x x Proparacial (Indusion) x x Reteplace (Retavase) x x Sodium Industric x x Succinylicholine (Anectine) x x Succinylicholine (Anectine) x x Terrectagine (Tituse) x x Terrectagine (Tituse) x x Terrectagine (Tituse) x x Terretutaline x x			
Promethalizer			
Prochloprezazine (Compazine) X X Propoparcacine X X Propopfol (Diprivan) (Infusion) X X Reteplase (Retavase) X X Sodium Bioactival X X Sodium Strict X X Sodium Historial X X Sodium Historial X X Sceptibility X X Streptokinase X X Streptokinase X X Streptokinase X X Terrectagine (TiMase) X X Terrectagine (TiMase) X X Terrectagine (TiMase) X X Terretagine (Timase and Acid of (TPA) X X	Procainamide	x	X
Prochloperazine (Compazine) X X Proporateacine X X Proporate (Diprivan) (Infusion) X X Proporate) (Diprivan) (Infusion) X X Proporate) (Inderal) X X Proventil X X Reteplase (Retavase) X X Sodium Bioarbonate 8.4% X X Sodium Bioarbonate 8.4% X X Sodium Bioarbonate 8.4% X X Sodium Historia X X Sodium Bioarbonate 8.4% X X Sodium Historia X X Sodium Historia X X Scotium-ficiality (Austicument) X X Streptoklinase X X Tenecticalize (TiMase) X X Terractaine X X X Terractaine X X X Time tellular (Time) X X X Veractaine X X X	Promethazine	×	x
Propare Prop		¥	¥
Proporation Community Co			
Propend		····	
Reciplace (Retavase)	Propofol (Diprivan) (Infusion)	×	x
Reciplace (Retavase)	Propranolo (Inderal)	x	x
Reteplase (Retavase)			
Securonium (Zemuron)			
Sodium Bicarbonate 8.4% X X Sodium Thiosulfate X X Succinycholine (Anectine) X X Succitycholine (Anectine) X X Streptokinase X X Fenetceplase (TNKase) X X Terbutaline X X Tetracarine X X Thiamine X X Tissue Plasminogen Activator (TPA) X X Vertcolin X X Varapamil X X Vacuronium X X Veruronium X X Vacuronium X X Nulter-facility transport allowable medication classifications of medications infusina: X X Anticonvulsants X X Anticoprylymmics X X Anticoprylymmics X X Antiloprylymmics X X Antiloprylymmics X X Antiloprylymmics X	Reteplase (Retavase)	X	X
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Sodium Nitrite			
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X	Sodium Nitrite	x	×
X	Succinvictaline (Anectine)	x	x
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Tetracaine Thiamine Tissue Plasminogen Activator (TPA) Tranexamic Acid Ventolin Verapamil Vasopressin Verapamil Vasopressin Vecuronium Vasopressin Vax			
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Tissue Plasminogen Activator (TPA) X X X X X Vertanamic Acid X X X Vertapamil X X X Vecurolim X X X Vecuronium X X X Vecuronium Anticoagulants Anticonvulsants Anticonvulsants Antidiabetics Antidiabetics Antidysrhythmics X X Antihypertensives Antipypertensives Antipypertensives Antipypertensives Antipypertensives X X X Antipypertensives X X X Antipypertensives X X X X Antipypertensives X X X X X X X X X X X X X	Tenecteplase (TNKase) Terbutaline	x x	x x
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Inter-facility transport allowable medication classifications of medications infusing: WILDERNESS PARAMEDIC COMMUNITY/ MIH PARAMEDIC Anticonvulsants x x Antidostrics x x Antidyshythmics x x Antipsychotics x x Cardiac Glycosides x x Corticosteroids x x Gastrointestinal Agents (including Hz blockers, PPl's, antiemetics, and somatostain or its analogues) x x IV fluids, Electrolytes (including Dextran, Albumin, and Hetastarch) x x IV fluid (Saline, LR, Normosol, Plasmalyte, etc) x x Pitocin x x Opiolds (including all routes except epidural) x x Parenteral nutrition and Vitamins x x OTC Medications (other than pain/ fever) x x Platelet Aggregation Inhibitors (including lib/lila inhibitors) x x Respiratory Medications (Mucolytics and Steroids) x x	Tenecteplase (TNKase) Terbutaline Tetracaine Thiamine Tissue Plasminogen Activator (TPA) Tranexamic Acid Ventolin Verapamil	x x x x x x x x x	x x x x x x x
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Anticonvulsants Antidiabetics Antidysrhythmics Antihypertensives Antihypertensives Antipychotics Cardiac Glycosides Corticosteroids Ax Ax X X Corticosteroids Ax Ax X X X X X X X X X X X X X	Tenecteplase (TNKase) Terbutaline Tetracaine Thiamine Tissue Plasminogen Activator (TPA) Tranexamic Acid Ventolin Verapamil Vasopressin Vecuronium	x x x x x x x x x x x x x x x x x x x	x x x x x x x x x x x x x x
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Sedatives (Benzodiazepines and Barbiturates)	l x	x
Vasoactive Agents (Antihypertensives, Pressors/Sympathomimetics)	×	×
Trauma Care	WILDERNESS PARAMEDIC	COMMUNITY/ MIH PARAMEDIC
Manual cervical stabilization	x	x
Manual extremity stabilization	x	x
Ocular irrigation	x	x
Morgan Lens	×	x
Direct pressure	×	×
Obtain temperature	x	×
Hemorrhage control (direct pressure)	x	×
Hemorrage control (pressure point)	x	×
Hemorage control (tourniquet)	x	×
Hemorage control (Hemostatic agents)	×	×
	×	×
Hemorage control (closure devices) Helmet removal	×	×
	X	
Wound care	* ×	
Dressing changes		×
Emergency moves for endangered patients	X	×
Cervical immobilization devices	X .	×
Spinal immobilization	x	×
Seated spinal immobilization	x	×
Long board	x	×
Extremity splinting (rigid, soft, traction, vacuum)	x	×
Extrimity splinting (manual)	X	×
Mechanical patient restraint	X	x
MAST/PASG	X	×
Active cooling	X	x
Active warming	×	x
Care for dental fractures and avulsions	х	
Placement and removal of wound closure devices (sutures, staples, surgical strip, megaderms, Dermabond)		х
Closure of open wounds by suturing	x	
Closure of open wounds by stapling	x	
Closure of open wounds by tissue adhesive	×	
Evacuation of subungual hematoma	x	
Application of Pittsburgh Knee Rules	×	
Application of Ottowa Ankle Rules	x	
Reduction of dislocated shoulders, fingers, and patella	×	
en		
	x	×
Application of heat and cold Escharotomy	×	×
Application of heat and cold Escharotomy	x	×
Application of heat and cold Escharotomy Pelvic stabilization devices		
Application of heat and cold Escharotomy Pelvic stabilization devices Cervical Collar	×	×
Application of heat and cold Escharotomy Pelvic stabilization devices Cervical Collar Rapid extrication	X X	x x
Application of heat and cold Escharotomy Pelvic stabilization devices Cervical Collar Rapid extrication Trauma triage determination	X X X	x x x
Application of heat and cold Escharotomy Pelvic stabilization devices Cervical Collar Rapid extrication Trauma triage determination Provide care for suspected shock	x x x x	x x x x x
Application of heat and cold Escharotomy Pelvic stabilization devices Cervical Collar Rapid extrication Trauma triage determination Provide care for suspected shock Medical/Cardiac Care	X X X X X WILDERNESS PARAMEDIC	X X X X X COMMUNITY/ MIH PARAMEDIC
Application of heat and cold Escharotomy Pelvic stabilization devices Cervical Collar Rapid extrication Trauma triage determination Provide care for suspected shock Medical/Cardiac Care Cardiopulomary resuscitation	X X X X X X WILDERNESS PARAMEDIC X	X X X X X X COMMUNITY/ MIH PARAMEDIC X
Application of heat and cold Escharotomy Pelvic stabilization devices Cervical Collar Rapid extrication Trauma triage determination Provide care for suspected shock Medical/Cardiac Care Cardiopulomary resuscitation Automated external defibrillation (AED)	X X X X X X WILDERNESS PARAMEDIC X X	X X X X X X COMMUNITY/ MIH PARAMEDIC X X
Application of heat and cold Escharotomy Pelvic stabilization devices Cervical Collar Rapid extrication Trauma triage determination Provide care for suspected shock Medical/Cardiac Care Cardiopulomary resuscitation Automated external defibrillation (AED) Assisted childbirth	X X X X X X WILDERNESS PARAMEDIC X	X X X X X X COMMUNITY/ MIH PARAMEDIC X
Application of heat and cold Escharotomy Pelvic stabilization devices Cervical Collar Rapid extrication Trauma triage determination Provide care for suspected shock Medical/Cardiac Care Cardiopulomary resuscitation Automated external defibrillation (AED) Assisted childbirth Foley catheter insertion	X X X X X X WILDERNESS PARAMEDIC X X X	X X X X X X COMMUNITY/ MIH PARAMEDIC X X X
Application of heat and cold Escharotomy Pelvic stabilization devices Cervical Collar Rapid extrication Trauma triage determination Provide care for suspected shock Medical/Cardiac Care Cardiopulomary resuscitation Automated external defibrillation (AED) Assisted childbirth Foley catheter insertion Foley catheter maintenance and care	X X X X X X WILDERNESS PARAMEDIC X X X X X	X X X X X X COMMUNITY/ MIH PARAMEDIC X X X X X X X
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Application of heat and cold Escharotomy Pelvic stabilization devices Cervical Collar Rapid extrication Trauma triage determination Provide care for suspected shock Medical/Cardiac Care Cardiopulomary resuscitation Automated external defibrillation (AED) Assisted childbirth Foley catheter insertion Foley catheter maintenance and care Mechanical CPR devices Isolette Monitoring of IABP Monitoring and transport of Impella-type devices Transport of patient with LVAD Monitoring of Swan-Ganz/ Pulmonary artery catheter Assisted complicated delivery	X X X X X X X WILDERNESS PARAMEDIC X X X X X X X X X X X X X X X X X X X	X X X X X X X COMMUNITY/ MIH PARAMEDIC X X X X X X X X X X X X X X X X X X
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Application of heat and cold Escharotomy Pelvic stabilization devices Cervical Collar Rapid extrication Trauma triage determination Provide care for suspected shock Medical/Cardiac Care Cardiopulomary resuscitation Automated external defibrillation (AED) Assisted childbirth Foley catheter insertion Foley catheter maintenance and care Mechanical CPR devices Isolette Monitoring of IABP Monitoring and transport of Impella-type devices Transport of patient with LVAD Monitoring of Swan-Ganz/ Pulmonary artery catheter Assisted complicated delivery Cardioversion Vagal maneuvers Cardiac monitoring device-Electrode placement 12- Lead Electrocardiogram (ECG) - interpretation	X X X X X X X X WILDERNESS PARAMEDIC X X X X X X X X X X X X X X X X X X X	X X X X X X X X COMMUNITY/ MIH PARAMEDIC X X X X X X X X X X X X X X X X X X X
Application of heat and cold Escharotomy Pelvic stabilization devices Cervical Collar Rapid extrication Trauma triage determination Provide care for suspected shock Medical/Cardiac Care Cardiopulomary resuscitation Automated external defibrillation (AED) Assisted childbirth Foley catheter insertion Foley catheter maintenance and care Mechanical CPR devices Isolette Monitoring of IABP Monitoring and transport of impella-type devices Transport of patient with LVAD Monitoring of Swan-Ganz/ Pulmonary artery catheter Assisted complicated delivery Cardioversion Vagal maneuvers Cardiac monitoring device-Electrode placement 12- Lead Electrocardiogram (ECG) - interpretation Manual defibrillation	X X X X X X X WILDERNESS PARAMEDIC X X X X X X X X X X X X X X X X X X X	X X X X X X X X X COMMUNITY/ MIH PARAMEDIC X X X X X X X X X X X X X X X X X X X
Application of heat and cold Escharotomy Pelvic stabilization devices Cervical Collar Rapid extrication Trauma triage determination Provide care for suspected shock Medical/Cardiac Care Cardiopulomary resuscitation Automated external defibrillation (AED) Assisted childbirth Foley catheter insertion Foley catheter maintenance and care Mechanical CPR devices Isolette Monitoring of IABP Monitoring and transport of Impella-type devices Transport of patient with LVAD Monitoring of Swan-Ganz/ Pulmonary artery catheter Assisted complicated delivery Cardioversion Vagal maneuvers Cardiac monitoring device-Electrode placement 12- Lead Electrocardiogram (ECG) - Acquisition 11- Lead Electrocardiogram (ECG) - interpretation Manual defibriliation Transcutaneous cardiac pacing	X X X X X X X X WILDERNESS PARAMEDIC X X X X X X X X X X X X X X X X X X X	X X X X X X X X COMMUNITY/ MIH PARAMEDIC X X X X X X X X X X X X X X X X X X X
Application of heat and cold Escharotomy Pelvic stabilization devices Cervical Collar Rapid extrication Trauma triage determination Provide care for suspected shock Medical/Cardiac Care Cardiopulomary resuscitation Automated external defibrillation (AED) Assisted childbirth Foley catheter insertion Foley catheter maintenance and care Mechanical CPR devices Isolette Monitoring of IABP Monitoring and transport of Impella-type devices Transport of patient with LVAD Monitoring of Swan-Ganz/ Pulmonary artery catheter Assisted complicated delivery Cardioversion Vagal maneuvers Cardiac monitoring device-Electrode placement 12- Lead Electrocardiogram (ECG) - Acquisition Manual defibrillation Transcutaneous cardiac pacing Enteral tube maintenance	X X X X X X X X X WILDERNESS PARAMEDIC X X X X X X X X X X X X X X X X X X X	X X X X X X X X COMMUNITY/ MIH PARAMEDIC X X X X X X X X X X X X X X X X X X X
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Application of heat and cold Escharotomy Pelvic stabilization devices Cervical Collar Rapid extrication Trauma triage determination Provide care for suspected shock Medical/Cardiac Care Cardiopulomary resuscitation Automated external defibrillation (AED) Assisted childbirth Foley catheter insertion Foley catheter maintenance and care Mechanical CPR devices Isolette Monitoring of IABP Monitoring and transport of Impella-type devices Transport of patient with LVAD Monitoring of Swan-Ganz/ Pulmonary artery catheter Assisted complicated delivery Cardioversion Vagal maneuvers Cardiac monitoring device-Electrode placement 12- Lead Electrocardiogram (ECG) - Acquisition 12- Lead Electrocardiogram (ECG) - interpretation Manual defibrillation Transcutaneous cardiac pacing Enteral tube maintenance Colostomy, Ureterostomy, Nephrostomy or Foley Catheter maintenance Transport stable patients with saline locks, heparin locks, foley catheters or indwelling vascular devices Assemble and prime IV fluids for AEMT and Paramedic	X X X X X X X WILDERNESS PARAMEDIC X X X X X X X X X X X X X X X X X X X	X X X X X X X X COMMUNITY/ MIH PARAMEDIC X X X X X X X X X X X X X X X X X X X
Application of heat and cold Escharotomy Pelvic stabilization devices Cervical Collar Rapid extrication Trauma triage determination Provide care for suspected shock Medical/Cardiac Care Cardiopulomary resuscitation Automated external defibrillation (AED) Assisted childbirth Foley catheter insertion Foley catheter maintenance and care Mechanical CPR devices Isolette Monitoring of IABP Monitoring of IABP Monitoring and transport of Impella-type devices Transport of patient with LVAD Monitoring of Swan-Ganz/ Pulmonary artery catheter Assisted complicated delivery Cardioversion Vagal maneuvers Cardiac monitoring device-Electrode placement 12- Lead Electrocardiogram (ECG) - Acquisition 12- Lead Electrocardiogram (ECG) - interpretation Manual defibrillation Transcutaneous cardiac pacing Enteral tube maintenance Colostomy, Ureterostomy, Nephrostomy or Foley Catheter maintenance Transport stable patients with saline locks, foley catheters or indwelling vascular devices Assemble and prime IV fluids for AEMT and Paramedic Administration of oral rehydration solutions (ORS)	X X X X X X X WILDERNESS PARAMEDIC X X X X X X X X X X X X X X X X X X X	X X X X X X X X COMMUNITY/ MIH PARAMEDIC X X X X X X X X X X X X X X X X X X X
Application of heat and cold Escharotomy Pelvic stabilization devices Cervical Collar Rapid extrication Trauma triage determination Provide care for suspected shock Medical/Cardiac Care Cardiopulomary resuscitation Automated external defibrillation (AED) Assisted childbirth Foley catheter insertion Foley catheter maintenance and care Mechanical CPR devices Isolette Monitoring of IABP Monitoring of IABP Monitoring and transport of impella-type devices Transport of patient with LVAD Monitoring of Swan-Ganz/ Pulmonary artery catheter Assisted complicated delivery Cardioversion Vagal maneuvers Cardiac monitoring device-Electrode placement 12- Lead Electrocardiogram (ECG) - Acquisition 11- Lead Electrocardiogram (ECG) - Interpretation Manual defibrillation Transcutaneous cardiac pacing Enteral tube maintenance Colostomy, Ureterostomy, Nephrostomy or Foley Catheter maintenance Transport stable patients with saline locks, heparin locks, foley catheters or indwelling vascular devices Assemble and prime IV fluids for AEMT and Paramedic Administration of oral rehydration solutions (ORS) [Care for working K9 and Equine under veterinary oversight]	X X X X X X X WILDERNESS PARAMEDIC X X X X X X X X X X X X X X X X X X X	X X X X X X X X COMMUNITY/ MIH PARAMEDIC X X X X X X X X X X X X X X X X X X X
Application of heat and cold Escharotomy Pelvic stabilization devices Cervical Collar Rapid extrication Trauma triage determination Provide care for suspected shock Medical/Cardiac Care Cardiopulomary resuscitation Automated external defibrillation (AED) Assisted childbirth Foley catheter insertion Foley catheter maintenance and care Mechanical CPR devices Isolette Monitoring of IABP Monitoring and transport of impella-type devices Transport of patient with LVAD Monitoring of Swan-Ganz/ Pulmonary artery catheter Assisted complicated delivery Cardioversion Vagal maneuvers Cardiac monitoring device-Electrode placement 12- Lead Electrocardiogram (ECG) - Acquisition Manual defibrillation Transcutaneous cardiac pacing Enteral tube maintenance Colostomy, Ureterostomy, Nephrostomy or Foley Catheter maintenance Transport stable patients with saline locks, heparin locks, foley catheters or indwelling vascular devices Assemble and prime IV fluids for AEMT and Paramedic Administration of oral rehydration solutions (ORS) [Care- for working K9 and Equine under veterinary oversight] Arrange mental health/substance abuse referrals	X X X X X X X WILDERNESS PARAMEDIC X X X X X X X X X X X X X X X X X X X	X X X X X X X X COMMUNITY/ MIH PARAMEDIC X X X X X X X X X X X X X X X X X X X
Application of heat and cold Escharotomy Pelvic stabilization devices Cervical Collar Rapid extrication Trauma triage determination Provide care for suspected shock Medical/Cardiac Care Cardiopulomary resuscitation Automated external defibrillation (AED) Assisted childbirth Foley catheter insertion Foley catheter maintenance and care Mechanical CPR devices Isolette Monitoring of IABP Monitoring and transport of Impella-type devices Transport of patient with LVAD Monitoring of Swan-Ganz/ Pulmonary artery catheter Assisted complicated delivery Cardioversion Vagal maneuvers Cardiac monitoring device-Electrode placement 12- Lead Electrocardiogram (ECG) - Acquisition 12- Lead Electrocardiogram (ECG) - interpretation Manual defibrillation Transcuttaneous cardiac pacing Enteral tube maintenance Colostomy, Ureterostomy, Nephrostomy or Foley Catheter maintenance Transport stable patients with saline locks, heparin locks, foley catheters or indwelling vascular devices Assemble and prime IV fluids for AEMT and Paramedic Administration of oral rehydration solutions (ORS) [Care for working K9 and Equine under vectorinary oversight] Arrange mental health/substance abuse referrals Arrange primary care provider follow-up appointments	X X X X X X X WILDERNESS PARAMEDIC X X X X X X X X X X X X X X X X X X X	X X X X X X X COMMUNITY MIH PARAMEDIC X X X X X X X X X X X X X X X X X X X
Application of heat and cold Escharotomy Pelvic stabilization devices Cervical Collar Rapid extrication Trauma triage determination Provide care for suspected shock Medical/Cardiac Care Cardiopulomary resuscitation Automated external defibrillation (AED) Assisted childbirth Foley catheter insertion Foley catheter maintenance and care Mechanical CPR devices Isolette Monitoring of IABP Monitoring and transport of impella-type devices Transport of patient with LVAD Monitoring of Swan-Ganz/ Pulmonary artery catheter Assisted complicated delivery Cardioversion Vagal maneuvers Cardiac monitoring device-Electrode placement 12- Lead Electrocardiogram (ECG) - Acquisition Manual defibrillation Transcutaneous cardiac pacing Enteral tube maintenance Colostomy, Ureterostomy, Nephrostomy or Foley Catheter maintenance Transport stable patients with saline locks, heparin locks, foley catheters or indwelling vascular devices Assemble and prime IV fluids for AEMT and Paramedic Administration of oral rehydration solutions (ORS) [Care- for working K9 and Equine under veterinary oversight] Arrange mental health/substance abuse referrals	X X X X X X X WILDERNESS PARAMEDIC X X X X X X X X X X X X X X X X X X X	X X X X X X X X COMMUNITY/ MIH PARAMEDIC X X X X X X X X X X X X X X X X X X X

Assist pt apply for insurance		x
Assist pt in interpretation of discharge instructions		x
Social services referrals		x
Diet evalution		x
Chronic disease care		x
Perform care as directed through Telemedicine provider		×
Prescription drug compliance monitoring		×
Education	WILDERNESS PARAMEDIC	COMMUNITY/ MIH PARAMEDIC
Harm reduction programs and education		X
Asthma education		x
Diet education		х



Patient care report (PCR) documentation Blood chemistry analysis (Point of Care)

EMS Advanced Practice Paramedic Scope of Practice

Psychomotor Skill Set LEGEND X = Skill that may be performed by provider Airway and Breathing WILDERNESS PARAMEDIC COMMUNITY/ MIH PARAMEDIC Bag-valve-mask (BVM) X Cricoid pressure-Sellick's maneuver х Manual airway maneuvers-CL,HTCL,JT,MJT x Foreign body airway obstruction-Manual х Foreign body airway obstruction-Forcepts & Laryngoscope direct visulation х х Oxygen therapy-Mouth-to-barrier devices Oxygen therapy-Nasal cannula Oxygen therapy-Non-rebreather face mask х Oxygen therapy-Partial rebreather face mask Oxygen therapy-Venturi face mask × Oxygen humidifier equipment application and monitoring Oxygen heating equipment application and monitoring х Lower airway suctioning-Advanced (tracheobronchial) Upper airway suctioning-Basic (soft & rigid) Manually triggerred ventilator (MTV) х х Automatic transport ventilator (ATV) Ventilators-Variable setting х Oropharyngeal airways x x Nasopharyngeal airways Supraglottic airway laryngopharyngeal tube-(SALT) Nasotracheal intubation х х Orotracheal intubation Rapid sequence and drug assisted intubation-Adult × Rapid sequence and drug assisted intubation-Pediatric х Blind insertion airway device-Combitube, King, LMA, I-gel Bi-level positive airway pressure and continous positive airway pressure devices Needle chest decompression х х Thoracostomy tube insertion Simple (Finger) thoracostomy for traumatic out of hospital cardiac arrest х х Thoracostomy tube monitoring and management x Endotracheal tube introducer-Bougie Cricothyrotomy-Needle or other approved percutaneous device х х Cricothyrotomy-Surgical Percutaneous guide-wire assisted cricothyrotomy x End tidal CO2 monitoring and detecting/Capnography-colormetric & waveform х х Esophageal intubation detector (EID) device Tracheostomy tube replacement and care х Feeding tube insertion/replacement х Gastric tube replacement Gastric decompression/monitoring & management-NG & OG tubes Nasogastric (NG) tube placement х х Orogastric (OG) tube placement x Positive end-expiratory pressure (PEEP) (on BVM) х х Perform tracheal tube suctioning on endotracheal intubated patient x Transtracheal jet insufflation which may by used when no other mechanism is available for establishing an airway WILDERNESS PARAMEDIC COMMUNITY/ MIH PARAMEDIC Assessment Pulse oximetry Carbon monoxide monitoring Vital Signs х х Manual and auto blood pressure measurement Body temperature measurement (oral, axillary, skin, tympanic) х Body temperature measurement (rectal) x х Body temperature measurement (esophageal) Blood glucose analysis ECG interpretation (Cardiac Monitoring) x х Interpretive 12 lead EKG EKG acquisition (any number of leads) х х Utilize computer interpretation of 12 lead EKG for transport decision

Body substance isolation precautions/administration	×	x
Decontamination	X	X
Drug interaction assessment	^	
		X
Patient safety risk (e.g. falls)		x
Well baby checks		x
Assessment and referral including injury risk and home safety, oral health, mental health, fall prevention, ear nose		×
and throat (ENT), social services		^
Ultrasound	×	x
Pharmacological Intervention	WILDERNESS PARAMEDIC	COMMUNITY/ MIH PARAMEDIC
Unit dose auto-injectors	х	x
Mark I auto-injector administration	×	х
Infusion pump application	x	х
Infusion pump monitoring & management	×	×
Assisting a pt in admin of his/her Rx meds	×	×
Provide aspirin for chest pain of suspected ischemic orgin	×	X
Provide oral glucose for suspected hypoglycemia	×	X
Prep procedure site with alcohol/betadine	x	x
Constricting/lymphband	×	x
Peripheral IV insertion	х	×
External jugular access	X	x
Umbilical vein cannulation	x	x
Saline lock care and maintenance	×	x
Administer (medicated) intravenous fluids	x	x
Administer (nonmedicated) intravenous fluids	x	×
Intraosseous infusion-Adult	x	×
intraosseous infusion-Pediatric	х	X
SL NTG for CP of ischemic origin	x	X
SQ or IM epinephrine for anaphylaxis	×	x
Glucagon and IV D50 for hypoglycemia	×	×
Inhaled beta agonist for dyspnea and wheezing	×	x
Intranasal administration of narcotic antagonist for suspected narcotic overdose		
	X	X
Nitrous oxide for pain relief	×	x
CNS catheter-Epidural catheter maintenance		
CNS catheter-Ventricular catheter maintenance		
Central line- Pulmonary artery catheter maintenance		
IO insertion	X	x
	x	×
Venous blood sampling	* * * * * * * * * * * * * * * * * * *	
Venous blood preparation and processing	17.00	x
Urine sampling, preparation, and processing	Appearance of the second	×
Stool sampling, preparation, and processing		x
Sputum sampling, preparation, and processing		×
IV fluid warming/cooling equipment application and monitoring	×	×
IV medication administration bolus	×	×
IV medication administration infusion	×	X
Accessing indwelling catheters and implanted central IV port	x	X
Arterial line-Maintenance		
Administration & Maintenance of blood/blood products	x	×
Fibrinolytics initiation and monitoring	x	×
Administer activated charcoal		×
	X	
IV antibiotics for open fracture	x	×
Administration of antivenom	×	
Immunizations		x
Prepare and administer immunizations in the event of an outbreak or epidemic as declared by the Governor of the state of Kentucky or the President of the United States, as part of an emergency immunization program, under the		
agency's supervising physician's standing order.	×	x
agency's supervising physician's standing order. Prepare and administer immunizations for seasonal and pandemic influenza vaccinations according to the CDC Advisory Committee on Immunization Practices (ACIP), and/or the Kentucky State Department of Public Health	x	x
agency's supervising physician's standing order. Prepare and administer immunizations for seasonal and pandemic influenza vaccinations according to the CDC	х	x
agency's supervising physician's standing order. Prepare and administer immunizations for seasonal and pandemic influenza vaccinations according to the CDC Advisory Committee on Immunization Practices (ACIP), and/or the Kentucky State Department of Public Health Officer's recommended immunization guidelines as directed by the agency's supervising physician's standing order. Distribute medications at the direction of the Kentucky Department of Public Health as a component of an	x	
agency's supervising physician's standing order. Prepare and administer immunizations for seasonal and pandemic influenza vaccinations according to the CDC Advisory Committee on Immunization Practices (ACIP), and/or the Kentucky State Department of Public Health Officer's recommended immunization guidelines as directed by the agency's supervising physician's standing order. Distribute medications at the direction of the Kentucky Department of Public Health as a component of an emergency and/or disaster declaration by the Governor of Kentucky, or the President of the United States in a mass	х	х
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agency's supervising physician's standing order. Prepare and administer immunizations for seasonal and pandemic influenza vaccinations according to the CDC Advisory Committee on Immunization Practices (ACIP), and/or the Kentucky State Department of Public Health Officer's recommended immunization guidelines as directed by the agency's supervising physician's standing order. Distribute medications at the direction of the Kentucky Department of Public Health as a component of an emergency and/or disaster declaration by the Governor of Kentucky, or the President of the United States in a mass medication distribution effort to protect the public health. Maintain during transport any intravenous medication infusions or other procedures which were initiated in a medical facility, if clear and understandable written and verbal instructions for such maintenance have been provided by the physician, NP or PA at the sending medical facility.	x x	x x
Prepare and administer immunizations for seasonal and pandemic influenza vaccinations according to the CDC Advisory Committee on Immunization Practices (ACIP), and/or the Kentucky State Department of Public Health Officer's recommended immunization guidelines as directed by the agency's supervising physician's standing order. Distribute medications at the direction of the Kentucky Department of Public Health as a component of an emergency and/or disaster declaration by the Governor of Kentucky, or the President of the United States in a mass medication distribution effort to protect the public health. Maintain during transport any intravenous medication infusions or other procedures which were initiated in a medical facility, if clear and understandable written and verbal instructions for such maintenance have been provided by the physician, NP or PA at the sending medical facility. Polypharmacy intervention Medication administration routes:	X X WILDERNESS PARAMEDIC	X X X COMMUNITY/ MIH PARAMEDIC
agency's supervising physician's standing order. Prepare and administer immunizations for seasonal and pandemic influenza vaccinations according to the CDC Advisory Committee on Immunization Practices (ACIP), and/or the Kentucky State Department of Public Health Officer's recommended immunization guidelines as directed by the agency's supervising physician's standing order. Distribute medications at the direction of the Kentucky Department of Public Health as a component of an emergency and/or disaster declaration by the Governor of Kentucky, or the President of the United States in a mass medication distribution effort to protect the public health. Maintain during transport any intravenous medication infusions or other procedures which were initiated in a medical facility, if clear and understandable written and verbal instructions for such maintenance have been provided by the physician, NP or PA at the sending medical facility. Polypharmacy intervention	x x	x x x

Buccal	×	×
Endotracheal Tube (ET)	×	×
Intramuscular (IM)	x	×
Intranasal (IN)	×	×
Intraosseous (IO)	×	×
Intravenous (IV)	×	×
NG/OG tube	×	×
Oral (PO)	×	×
Rectal	×	×
Subscutaneous (SQ)	×	×
Sub-Lingual (SL)	x	x
Topical	×	×

Topical	Х	X
Prepare and initiate or administer the below medications:		
'	WILDERNESS PARAMEDIC	COMMUNITY/ MIH PARAMEDIC
Activated Charcoal	х	×
Acetaminophen	×	x
i		
Adenosine	X	x
Albuterol	x	x
Amiodarone Hydrochloride	×	x
Amyl Nitrite	×	x
Asprin	x	х
Atenoiol	x	х
Cefazoline	x	×
Atropine sulfate	×	×
Combivent	×	×
Calcium Chloride/Calcium Gluconate	x	×
Dexamethasone Sodium Phosphate	x	×
Dextrose (D50)	×	×
Dextrose solutions (5%, 10% etc) in water	×	×
Diazepam	X	×
Digoxin	×	х
Digoxin Immune FAB (Digibind)	×	x
Diazoxide	×	x
Diltiazem HCL	х	x
Diphenhydramine	×	x
Dobutamine	×	
Dopamine	x	×
Doxycycline	x	×
Droperidol (Inapsine)	×	×
Epinephrine for anaphylactic reaction	×	×
Epinephrine Epinephrine	×	×
	×	
Epoprostenol (inhaled)		х
Epoprostenol (Long-term on stable home dose)	×	x
Etomidate	×	×
Fentanyl Citrate	x	×
Flumazenil (Romazicon)	×	X
Fosphenytoin (Cerebyx)	x	×
Furosemide	x	x
Glucagon	x	x
Glucose-Oral	×	×
Glycoprotein IIb/IIIa Inhibitors	×	×
Haloperidol (Haldol)	×	x
Heparin Sodium	×	x
Hydroxocobalamin	×	×
Insulin	x	X
Ibuprofen (OTC for fever and pain)	×	×
Intraosseous: Lidocaine	x	×
Ipratroprium Bromide	x	×
Ketamine	x	x
Ketorolac Tromethamine	×	x
Labetolol (Normodyne)	x	×
Lidocaine HCL 2%	x	×
Levalbuterol	×	×
Lactated Ringers	×	×
Lorazepam	x	x
Lovenox	x	×
		X X
Methylprednisone (Solu-Medrol)	×	
Magnesium Sulfate	X	×
Mannitol 20%	X	×
Metoproloi (Lopressor)	x	×
Methylene Blue	×	x
Meperidine (Demerol)	×	×

Midazolam	x	×
Milrinone		
	X	
Milrinone (Long-term on stable home dose)	×	Х
Morphine Sulfate	×	x
Normal Saline (0.9%)	x	×
Nalbuphine Hydrochloride	X	X
Naloxone (Narcan)	x	X
Nerve Agent Antidotes (Auto-Injectors)	×	×
Nicardipine (Cardene)	×	x
Nitroglycerin (SL)	×	х
Nitroglycerin (SL) if patient is prescribed NTG Chest Pain	×	x
Nitropaste	×	×
Nitroglycerin Infusion	x	×
Nitroprusside (Nipride)	х	×
Norepinephrine (Levophed)	х	×
Obidoxime Chloride	x	X
Ondasetron	×	x
Oxygen	x	x
Pancuronium (Pavulon)	×	x
Phenylenephrine (Neosynephrine)	x	×
		
Phenytoin (Dilantin)	×	X
Phenobarbitol	×	
Prepare and initiate or administer the below medications:	WILDERNESS PARAMEDIC	COMMUNITY/ MIH PARAMEDIC
Potassium Chloride	×	х
Pralidoxime Chloride	×	x
Prednisone	x	x
Pyridoxine	×	×
		
Procainamide	х	x
Promethazine	×	x
Prochlorperazine (Compazine)	×	×
Proparacaine	×	×
Propofol (Diprivan) (Infusion)	x	x
Propranolol (Inderal)	×	x
Proventil	x	X
		
Reteplase (Retavase)	x	x
Rocuronium (Zemuron)	×	×
Sodium Bicarbonate 8.4%	×	x
		x
Sodium Thiosulfate	х	
Sodium Nitrite	х	х
Succinylcholine (Anectine)	х	x
Streptokinase	x	×
Tenecteplase (TNKase)	х	x
Terbutaline	×	×
Tetracaine	х	x
74,444119		
Thisming		l v
Thiamine	×	×
Thiamine Tissue Plasminogen Activator (TPA)		x x
	×	
Tissue Plasminogen Activator (TPA) Tranexamic Acid	X X X	x x
Tissue Plasminogen Activator (TPA) Tranexamic Acid Ventolin	х х х	x x x
Tissue Plasminogen Activator (TPA) Tranexamic Acid Ventolin Verapamil	x x x x	x x x x
Tissue Plasminogen Activator (TPA) Tranexamic Acid Ventolin	х х х	x x x
Tissue Plasminogen Activator (TPA) Tranexamic Acid Ventolin Verapamil	x x x x	x x x x
Tissue Plasminogen Activator (TPA) Tranexamic Acid Ventolin Verapamil Vasopressin Vecuronium	x x x x x x	x x x x x x x x x
Tissue Plasminogen Activator (TPA) Tranexamic Acid Ventolin Verapamil Vasopressin Vecuronium Inter-facility transport allowable medication classifications of medications infusing:	X X X X X X X WILDERNESS PARAMEDIC	X X X X X X COMMUNITY/ MIH PARAMEDIC
Tissue Plasminogen Activator (TPA) Tranexamic Acid Ventolin Verapamil Vasopressin Vecuronium Inter-facility transport allowable medication classifications of medications infusing: Anticoagulants	X X X X X X X WILDERNESS PARAMEDIC X	X X X X X X COMMUNITY/ MIH PARAMEDIC X
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Tissue Plasminogen Activator (TPA) Tranexamic Acid Ventolin Verapamil Vasopressin Vecuronium Inter-facility transport allowable medication classifications of medications infusing: Anticoagulants Anticonvulsants	X X X X X X X X X X X X X X X X X X X	X X X X X X COMMUNITY/ MIH PARAMEDIC X
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Tissue Plasminogen Activator (TPA) Tranexamic Acid Ventolin Verapamil Vasopressin Vecuronium Inter-facility transport allowable medication classifications of medications infusing: Anticoagulants Anticonvulsants Antidiabetics Antidysrhythmics	X X X X X X X X X WILDERNESS PARAMEDIC X X X	X X X X X X X COMMUNITY/ MIH PARAMEDIC X X
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Tissue Plasminogen Activator (TPA) Tranexamic Acid Ventolin Verapamil Vasopressin Vecuronium Inter-facility transport allowable medication classifications of medications infusing: Anticoagulants Anticonvulsants Anticonvulsants Antidiabetics Antidysrhythmics Antihypertensives Antibiotics	X X X X X X X WILDERNESS PARAMEDIC X X X X X X X X	X X X X X X X COMMUNITY/ MIH PARAMEDIC X X X X
Tissue Plasminogen Activator (TPA) Tranexamic Acid Ventolin Verapamil Vasopressin Vecuronium Inter-facility transport allowable medication classifications of medications infusing: Anticoagulants Anticonvulsants Antidotics Antidysrhythmics Antihypertensives Antibotics Antipoychotics	X X X X X X X WILDERNESS PARAMEDIC X X X X X X X X X X	X X X X X X X COMMUNITY/ MIH PARAMEDIC X X X X X X X X X X X X X X
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Trissue Plasminogen Activator (TPA) Tranexamic Acid Ventolin Verapamil Vasopressin Vecuronium Inter-facility transport allowable medication classifications of medications infusing: Anticoagulants Anticonvulsants Antidiabetics Antidysrhythmics Antidysrhythmics Antibyertensives Antibiotics Cardiac Glycosides Corticosteroids Gastrointestinal Agents (including H2 blockers, PPI's, antiemetics, and somatostain or its analogues) IV fluids, Electrolytes (including Dextran, Albumin, and Hetastarch) IV fluid (Saline, LR, Normosol, Plasmalyte, etc) Pitocin Opioids (including all routes except epidural) Parenteral nutrition and Vitamins OTC Medications (other than pain/ fever) Platelet Aggregation Inhibitors (including lib/Illa inhibitors) Respiratory Medications (Mucolytics and Steroids)	X X X X X X X X X X X WILDERNESS PARAMEDIC X X X X X X X X X X X X X X X X X X X	X X X X X X X X X COMMUNITY/ MIH PARAMEDIC X X X X X X X X X X X X X X X X X X X
Tissue Plasminogen Activator (TPA) Tranexamic Acid Ventolin Verapamil Vasopressin Vecuronium Inter-facility transport allowable medication classifications of medications infusing: Anticoagulants Anticonvulsants Antidiabetics Antidyerhythmics Antihypertensives Antibiotics Antibyertensives Antibiotics Cardiac Glycosides Corticosteroids Gastrointestinal Agents (including H2 blockers, PPI's, antiemetics, and somatostain or its analogues) IV fluid (Saline, LR, Normosol, Plasmalyte, etc) Pitocin Opioids (including all routes except epidural) Parenteral nutrition and Vitamins OTC Medications (other than pain/ fever) Platelet Aggregation Inhibitors (including Ib/IIIa inhibitors)	X X X X X X X X X X X X WILDERNESS PARAMEDIC X X X X X X X X X X X X X X X X X X X	X X X X X X X X X COMMUNITY/ MIH PARAMEDIC X X X X X X X X X X X X X X X X X X X

Sedatives (Benzodiazepines and Barbiturates)	x	×
Vasoactive Agents (Antihypertensives, Pressors/Sympathomimetics)	x x	X X
Trauma Care	WILDERNESS PARAMEDIC	COMMUNITY/ MIH PARAMEDIC
Manual cervical stabilization	х	x
Manual extremity stabilization	х	x
Ocular irrigation	×	×
Morgan Lens	×	х х
Direct pressure	×	x
Obtain temperature	x	×
Hemorrhage control (direct pressure)	х	X
Hemorrage control (pressure point)	x	X X
Hemorage control (tourniquet)	x x	X
Hemorage control (Hemostatic agents) Hemorage control (closure devices)		^ x
Helmet removal	T x	×
Wound care	×	×
Dressing changes		×
Emergency moves for endangered patients	x	×
Cervical immobilization devices	х	×
Spinal immobilization	x	x
Seated spinal immobilization	×	x
Long board	×	X
Extremity splinting (rigid, soft, traction, vacuum)	×	X
Extrimity splinting (manual)	<u> </u>	X
Mechanical patient restraint MAST/PASG	×	X
MASI/PASG Active cooling	X X	X X
Active cooling Active warming	X X	X X
Care for dental fractures and avulsions	x x	
Placement and removal of wound closure devices (sutures, staples, surgical strip, megaderms, Dermabond)		×
Closure of open wounds by suturing	X	
Closure of open wounds by stapling	×	
Closure of open wounds by tissue adhesive	×	
Evacuation of subungual hematoma	×	
Application of Pittsburgh Knee Rules	×	
Application of Ottowa Ankle Rules	x	
Reduction of dislocated shoulders, fingers, and patella	×	
Application of heat and cold	l x	×
	^	
Escharotomy		V
Escharotomy Pelvic stabilization devices	x	X v
Escharotomy Pelvic stabilization devices Cervical Collar	x x	x
Escharotomy Pelvic stabilization devices Cervical Collar Rapid extrication	x	
Escharotomy Pelvic stabilization devices Cervical Collar	x x x	x x
Escharotomy Pelvic stabilization devices Cervical Collar Rapid extrication Trauma triage determination	x x x x	X X X
Escharotomy Pelvic stabilization devices Cervical Collar Rapid extrication Trauma triage determination Provide care for suspected shock	x x x x	x x x x
Escharotomy Pelvic stabilization devices Cervical Collar Rapid extrication Trauma triage determination Provide care for suspected shock Medical/Cardiac Care Cardiopulomary resuscitation Automated external defibrillation (AED)	X X X X X X WILDERNESS PARAMEDIC X X	X X X X COMMUNITY/ MIH PARAMEDIC X X
Escharotomy Pelvic stabilization devices Cervical Collar Rapid extrication Trauma triage determination Provide care for suspected shock Medical/Cardiac Care Cardiopulomary resuscitation Automated external defibrillation (AED) Assisted childbirth	X X X X X X WILDERNESS PARAMEDIC X X X	X X X X COMMUNITY/ MIH PARAMEDIC X X X
Escharotomy Pelvic stabilization devices Cervical Collar Rapid extrication Trauma triage determination Provide care for suspected shock Medical/Cardiac Care Cardiopulomary resuscitation Automated external defibrillation (AED) Assisted childbirth Foley catheter insertion	X X X X X X WILDERNESS PARAMEDIC X X X X X	X X X X COMMUNITY/ MIH PARAMEDIC X X X X
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Assist pt in interpretation of discharge instructions		x
Social services referrals		×
Diet evalution		×
Chronic disease care		x
Perform care as directed through Telemedicine provider		x
Prescription drug compliance monitoring		×
Education	WILDERNESS PARAMEDIC	COMMUNITY/ MIH PARAMEDIC
Harm reduction programs and education		×
Asthma education		x
Diet education		×





January 1, 2024

Senator Stephen West, Co-Chair Representative Derek Lewis, Co-Chair c/o Emily Caudill, Regulations Compiler Administrative Regulation Review Subcommittee Legislative Research Commission 029, Capitol Annex Frankfort, KY 40601

Re: 202 KAR 7:410

Dear Co-Chairs West and Lewis:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 202 KAR 7:410, the Kentucky Board of Emergency Medical Services proposes the attached amendment to 202 KAR 7:410.

Sincerely,

John R. Holder, Chair

Kentucky Board of Emergency Medical Services

500 Mero Street, 5th Floor 5SE32

Frankfort, KY 40601



Staff-suggested Amendment

KENTUCKY BOARD OF EMERGENCY MEDICAL SERVICES

202 KAR 7:410. Advanced practice paramedic.

Page 1 NECESSITY, FUNCTION, AND CONFORMITY paragraph Line 8

After "KRS", insert "311A.025(2)". Delete "311A.070".

Page 1

Section 1

Lines 12 through 14

After "Advanced Practice Paramedics.", insert the following:

In accordance with this administrative regulation,

After "an individual certified", delete the following:

in accordance with this administrative regulation

Page 2

Section 2(2)(c)

Lines 8 and 9

After "Specialty Certification (IBSC);", return and insert "(d) If". Delete "1. Individuals".

After "paramedic pilot program", insert ",". Delete "shall".

Page 2

Section 2(2)(d)

Line 11

Before "(d) Submit", insert "(e)". Delete "(d)".

Page 3

Section 2(3)(d)2.e.

Line 7

After "education for patient", insert "or". Delete "/".

Page 5 Section 3(4)(b) Line 6

After "disciplinary action", insert "that". Delete "the".



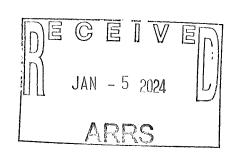
200 Mero Street Frankfort, Kentucky 406 01

Andy Beshear GOVERNOR

Jim Gray
SECRETARY

January 5, 2024

Senator Stephen West Representative Derek Lewis Legislative Research Commission Capitol Annex, Room 083 702 Capitol Avenue Frankfort, KY 40601



Dear Co-Chairs:

After discussions with Administrative Regulations Review Subcommittee staff of the issues raised by 603 KAR 005:155, the Transportation Cabinet proposes the attached suggested amendment to 603 KAR 005:155.

Sincerely,

Jon 74. Johnson

Jon H. Johnson Assistant General Counsel Office of Legal Services Transportation Cabinet 200 Mero Street Frankfort, Kentucky 40622 (502) 564-7650



Staff-suggested Amendment

12/15/2023 TRANSPORTATION CABINET Department of Highways Division of Maintenance

603 KAR 5:155. Vegetation management.

Page 2
Section 2(1)
Line 1
After "Transportation Cabinet", delete ",".

Page 7 Section 7(1)(a) Line 4

After "TC 99-1", delete the parenthesis around "A".



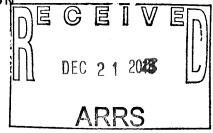
Jamie Link Secretary, Education and Labor Cabinet

Robin Fields Kinney Interim Commissioner of Education

KENTUCKY DEPARTMENT OF EDUCATION

300 Sower Boulevard • Frankfort, Kentucky 40601 Phone: (502) 564-3141 · www.education.ky.gov

December 18, 2023



Senator Stephen West, Co-Chair Representative Derek Lewis, Co-Chair c/o Emily Caudill, Regulation Compiler Administrative Regulation Review Subcommittee Capitol Annex 083 Frankfort, KY 40601

Re: 702 KAR 3:330. Liability insurance

Dear Co-Chairs West and Lewis:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 702 KAR 3:330, the Kentucky Board of Education proposes the attached amendment to 702 KAR 3:330.

Sincerely,

Todd G. Allen General Counsel

Subcommittee Substitute

EDUCATION AND LABOR CABINET Board of Education Department of Education (As Amended at ARRS)

702 KAR 3:330. Liability insurance.

RELATES TO: KRS 161.212

STATUTORY AUTHORITY: KRS 156.070, 156.160, 160.105, 161.212

NECESSITY, FUNCTION, AND CONFORMITY: KRS 156.160 and 156.070 require the Kentucky Board of Education to promulgate administrative regulations concerning the management of the school districts. KRS 160.105 requires the Kentucky Board of Education to promulgate administrative regulations to require school districts to provide each certified employee with primary liability insurance coverage. KRS 161.212 requires the Kentucky Board of Education to promulgate administrative regulations to implement requirements for the Educators Employment Liability Insurance Program.

Section 1. School District Certified Employee Liability Insurance. Beginning with the 2024-2025 school year, each school district shall provide each certified district employee with primary liability insurance coverage <u>in an amount not less than \$1 million</u> for the protection of the employee from liability arising in the course and scope of pursuing the duties of <u>his or her</u> employment [in an amount not less than one million dollars (\$1,000,000)].

Section 2. Educators Employment Liability Insurance Program.

- (1) By October 1 of each year, <u>and in the format determined by the department</u>, each school district shall provide the Kentucky Department of Education[, in the format determined by the department,] with [the following]:
- (a) The name of the district's insurance carrier providing primary liability insurance coverage for each certified employee for liability arising in the course and scope of employment;
- (b) Verification that the amount of liability coverage provided to each certified employee is at least equal to \$1 million [one million dollars (\$1,000,000)];
- (c) The number of covered certified employees under the district's primary liability insurance policy;
 - (d) [Whether there has been] Any change in coverage from the previous reporting year; and
- (e) If the district has excess liability insurance to the primary liability insurance for certified employees, the name of the carrier and the amount of excess coverage.
- (2) The school district shall immediately notify the Kentucky Department of Education if the district's primary liability insurance policy that provides coverage to certified employees is cancelled during the policy term.
- (3) If [In the event,] the school district's primary liability insurance policy that provides coverage to certified employees is canceled during the policy term, the district shall procure alternative liability insurance coverage for each certified employee and shall notify the Kentucky

Department of Education of the terms of the replacement liability insurance, including the name of the carrier, the amount of coverage, and the number of certified employees covered under the policy.

[This is to certify that the chief state school officer has reviewed and recommended this administrative regulation prior to its adoption by the Kentucky Board of Education, as required by KRS 156.070(5).]

CONTACT PERSON: Todd G. Allen, General Counsel, Kentucky Department of Education, 300 Sower Boulevard, 5th Floor, Frankfort, Kentucky 40601, phone 502-564-4474, fax 502-564-9321, email regcomments@education.ky.gov.

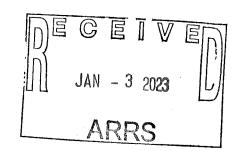


Jamie Link Secretary, Education and Labor Cabinet

Robin Fields Kinney Interim Commissioner of Education

KENTUCKY DEPARTMENT OF EDUCATION

300 Sower Boulevard ◆ Frankfort, Kentucky 40601 Phone: (502) 564-3141 · www.education.ky.gov



January 2, 2024

Senator Stephen West, Co-Chair Representative Derek Lewis, Co-Chair c/o Emily Caudill, Regulation Compiler Administrative Regulation Review Subcommittee Capitol Annex 083 Frankfort, KY 40601

Re: 705 KAR 4:231. General program standards for secondary career and technical education programs

Dear Co-Chairs West and Lewis:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 705 KAR 4:231, the Kentucky Board of Education proposes the attached amendment to 705 KAR 4:231.

Sincerely,

Todd G. Allen

General Counsel

SUGGESTED SUBSTITUTE

Final Version: 01/02/23 at 2:56 p.m.

EDUCATION AND LABOR CABINET Kentucky Board of Education Department of Education

705 KAR 4:231. General program standards for secondary career and technical education programs.

RELATES TO: KRS 156.029, 156.802, 158.6455, 20 U.S.C. 2301-2414[2474]

STATUTORY AUTHORITY: KRS 156.029, 156.070(2)(a), (4), 156.802, 156.852, 20 U.S.C. 2301-2414[2471] NECESSITY, FUNCTION, AND CONFORMITY: KRS 156.802 requires the Kentucky Board of Education to establish program standards for [secondary area vocational education and technology centers. This administrative regulation establishes standards for]secondary career and technical education programs in local school districts and area centers essential for compliance with the Strengthening Career and Technical Education for the 21st Century Act, 20 U.S.C. 2301 2414 (Perkins V). Federal funds may be withheld from a local district for noncompliance with Perkins V law[Carl D. Perkins Career and Technical Education Improvement Act of 2006, 20 U.S.C. 2301-2471]. This administrative regulation establishes requirements for secondary career and technical education programs.

Section 1.

- (1) Secondary career and technical education programs shall be designed to serve students enrolled in the following middle school and secondary program areas:
 - (a) Agricultural education;
 - (b) Business and marketing education;
 - (c) Computer science;
 - (d) Construction technology;
 - (e) Education and training;
 - (f)[(d)] Engineering [and-]technology education;
 - (g)[(e)] Family and consumer sciences education;
 - (h)[(f)] Government and homeland security;
 - (i)[(g)] Health science education;
 - (j)[(h)] [Information technology;]
 - [(i)] Law and public safety;
 - (k)((i)) Manufacturing technology;
 - (<u>I)</u>[(k)] Media arts;
 - (m)[(l)] Transportation education; and
 - [(m)] [Pathway to careers; and]
 - (n) Other new and emerging business and industry needs.
- (2) Instructional programs shall not discriminate on the basis of race, color, national origin, age, religion, marital status, sex, or disability, in violation of state or federal statutes.

Section 2.

- [(1)] Instruction shall be designed to:
- (1)[(a)] Assist students preparing for [school to work] transition into[in] recognized occupations and new or emerging occupations[, including high technology industries];

- (2)[(b)] Prepare students for advanced or highly skilled postsecondary technical education programs; or entrance into community and technical colleges or universities; and]
- (3)[(e)] Provide career guidance and academic counseling in the development of the individual learning plan as established in 704 KAR 3:305.
- [(2)] [If needed, instruction shall be provided to upgrade and update individuals in their present occupations and to retrain existing workers.]

Section 3. The content of the instruction in secondary career and technical education programs shall be:

- (1) Aligned with state or national occupational skill standards that have been recognized by business and industry to include an understanding of all aspects of an industry;
- (2) Developed and conducted in consultation with employers and other individuals having skills and knowledge of the occupational fields or industry included in the instruction;
- (3) Developed to include a coherent sequence of academic and career <u>and[or]</u> technical <u>education</u> courses for each program, aligned with career clusters and pathways;
- (4) Sufficiently extensive in duration and intensive within a scheduled unit of time to enable students to achieve the objectives of the instruction;
- (5) Structured to provide for the integration of technology and rigorous academic content relevant to the career area and aligned with the Kentucky Academic Standards, 704 KAR 3:303; and
- (6) Linked to postsecondary education [in-order-]to provide a[smooth and] seamless transition to postsecondary education in related technical fields. If possible, articulation of credit from secondary to postsecondary education shall be provided for students, as well as dual credit opportunities.

[Section 4.] [A student completing the requirements for a career pathway may receive a Career Pathway Certificate. Requirements for a Career Pathway Certificate shall include the following:]

- [(1)] [Successful completion of high school graduation requirements to include four (4) career-related credits relevant to a career cluster or pathway;]
- [(2)] [Participation in a structured work-based learning experience related to the career cluster or pathway; and]
- [(3)] [A culminating project related to the career cluster or pathway.]

<u>Section 4.[Section 5.]</u> A secondary career and technical education program shall provide opportunities for students to participate in <u>high-quality.[high-quality]</u> work-based learning experiences related to the program in which they are enrolled and shall comply with 705 KAR 4:041. These work-based learning experiences may include *[the following]*:

- (1) Job shadowing;
- (2) Mentoring;
- (3) Service learning;
- (4) School-based enterprises;
- (5) Entrepreneurship;
- (6) Internships;
- (7) Cooperative education; or
- (8) Registered apprenticeship[Pre-apprenticeship].

<u>Section 5.[Section 6.]</u> A secondary career and technical education program shall be designed to accommodate students with special learning needs, <u>such as[i.e.,</u>] the disadvantaged, the disabled, and individuals with limited English proficiency.

<u>Section 6.[Section 7.]</u> A secondary career and technical education program shall provide a variety of learning experiences.

- (1) Programs in grades six (6) through eight (8) shall be designed to allow students to become aware of and explore clusters of occupations.
- (2) Programs in grades nine (9) through twelve (12) shall provide in-depth exploration, specialized skill development, and preparation for advanced education.
- (3) Students enrolled in public or private schools shall be <u>allowed[permitted]</u> to enroll in a state-operated career and technical program consistent with that school district's enrollment quota.

<u>Section 7.[Section 8.]</u> A career and technical preparation program shall provide a curriculum of sufficient length to <u>allow[permit]</u> students to secure entry level skills in the occupation for which they are training.

<u>Section 8.[Section 9.]</u> Recognized career and technical student organizations shall be <u>a co-curricular component[an integral part]</u> of a career and technical education program and shall be supervised by qualified career and technical education personnel. <u>All career and technical education programs shall be aligned to the appropriate career and technical student organization as identified by the Kentucky Department of Education Office of Career and Technical Education *in accordance with KRS* <u>156.802(6)(a)</u>. All students shall be provided an opportunity to participate in leadership development activities.</u>

<u>Section 9.[Section 10.]</u> Instructional and administrative personnel shall meet the certification requirements as <u>established[specified]</u> by the Education Professional Standards Board in <u>KAR</u> Title 16[-KAR].

<u>Section 10.[Section 11.]</u> Opportunities in secondary career and technical education programs shall be provided for students to receive an industry-recognized [skill standard-]certificate or credential approved by the Kentucky Workforce Innovation Board (KWIB) or a Kentucky Department of Education (KDE) Career and Technical Education End-of-Program Assessment pursuant to KRS 158.6455.[based on skill standards and assessments.]

<u>Section 11.[Section 12.]</u> A career and technical education program area shall have an active program advisory committee comprised of business and industry representatives, a parent(s), a student, a teacher, a school administrator[education representatives], and, if applicable to the program area, a labor <u>organization[organizations]representative[representatives]</u> to assist in planning, implementing, and evaluating programs.

Section 12.[Section 13.] Career and technical education pathways shall comply with the state-approved four (4)-course sequence, *included in the Kentucky Department of Education Career and Technical Education program of studies*. Requests for exceptions to pathway course sequencing or to any standards for career and technical instructional programs shall be submitted in writing by the local educational agency to the Office of Career and Technical Education[chief state school officer].

Section 13.[Section 14.]

(1) Assessment of [the-]career and technical education programs shall be conducted in accordance with requirements and instruments approved by the Office of Career and Technical Education, which are based upon indicators of quality programming including curriculum and assessment alignment with industry standards, the academic and technical skill attainment of students, work-based learning opportunities, career and technical student organizations, active advisory committees and industry partnerships, and the successful transition of students to postsecondary opportunities.

(2) Staff from the Office of Career and Technical Education shall conduct annual evaluations of career and technical education programs, based on state and federal accountability data, and identify programs for technical assistance and continuous improvement visits.

Section 14.[Section 15.]

- (1) The maximum number of students per class shall be based on the class setting.
 - (a) For a classroom setting, the maximum enrollment shall be thirty-one (31).
 - (b) For a laboratory or shop setting, the maximum enrollment shall not exceed the appropriate number of students that the laboratory or shop can safely maintain, based upon the number of available workstations, dimensions of the room, and safety protocols[the number of students enrolled in a class shall not exceed the number of work stations available in the facility].

(2)

- (a) A program shall provide classrooms, laboratories, and other facilities including instructional equipment, supplies, teaching aids, and other materials in sufficient quantity and quality to meet the objectives of the instructional programs.
- (b) Equipment used in career and technical education programs shall be similar to that used in business and industry.
- (c) An inventory of all equipment with an original purchase price of \$500 or more shall be maintained by the local school district or area technology center.
- (d) The facilities for each program shall be[+
 - 4.] in compliance with 702 KAR 4:180 and be of adequate size to accommodate the activities and the number of work stations unique to the program [; and
 - 2. Approved by the chief state school officer or designee].

Section 15.[Section 16.]

- (1) A career and technical education program shall meet the performance indicators in accordance with the requirements of the <u>Strengthening Career and Technical Education for the 21st Century Act, 20 U.S.C. 2301 2414 (Perkins V)[Carl Perkins Career and Technical Education Improvement Act of 2006, 20 U.S.C. 2301-2471]</u>, which include *[the following]*:
 - (a) [State established-]Academic attainment[and vocational technical skill achievement];
 - (b) <u>Graduation rate[Attainment of a secondary diploma];</u>
 - (c) Placement in postsecondary education, military, or employment;
 - (d) Nontraditional training[-and-employment]; and
- (e) <u>Achievement of a postsecondary credential, such as a valid industry certification or Kentucky Department of Education End-of-Program assessment.[Issuance of a Career Pathway Certificate or Career and Technical Certificate of Achievement to students.]</u>
- (2) The performance indicators shall be used to determine the effectiveness of the program in terms of its objectives and shall include annual follow-up data as well as annual enrollment reports.
- (3) <u>Monitoring[An audit]</u> of the utilization of federal and state funds shall be conducted by the Kentucky Department of Education to assure that eligible recipients meet the requirements for each approved career and technical education program.

[Section 17.] [Federal funds to be received by a local school district under the Carl D. Perkins Career and Technical Education Improvement Act of 2006, 20 U.S.C. 2301-2471, may be withheld for noncompliance with this administrative regulation or with the Carl D. Perkins Career and Technical Education Improvement Act of 2006.]



PUBLIC PROTECTION CABINET

Andy Beshear Ker

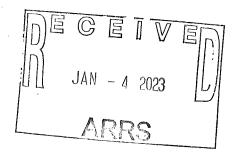
Jacqueline Coleman LIEUTENANT GOVERNOR Kentucky Department of Financial Institutions 500 Mero Street, 2SW19

Frankfort, KY 40601 Phone: (502) 573-3390 KFI@ky.gov

January 3, 2024

Ms. Emily Caudill, Regulations Compiler Legislative Research Commission 083, Capitol Annex Frankfort KY 40601 Ray A. Perry SECRETARY

Marni Rock Gibson ACTING COMMISSIONER



Re:

808 KAR 10:501. Required forms, fees, filing procedures, and recordkeeping requirements for persons operating pursuant to KRS 292.411 and KRS 292.412, the Kentucky Intrastate Crowdfunding Exemption; and notice filing requirements for federal crowdfunding offerings.

Dear Ms. Caudill:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 808 KAR 10:501, the Kentucky Department of Financial Institutions proposes the attached amendment to 808 KAR 10:501.

Sincerely,

Mami Rock Gibson, Acting Commissioner

Kentucky Department of Financial Administration

500 Mero St., 2SW19 Frankfort, KY 40601

REVISED: 12/5/23

SUGGESTED SUBSTITUTE

PUBLIC PROTECTION CABINET Department of Financial Institutions

808 KAR 10:501. Required forms, fees, filing procedures, and recordkeeping requirements for persons operating pursuant to KRS 292.411 and KRS 292.412, the Kentucky Intrastate Crowdfunding Exemption; and notice filing requirements for federal crowdfunding offerings.

RELATES TO: KRS <u>292.327</u>, 292.330<u>-292.390</u>, [292.410, **]**292.411, 292.412, <u>15 U.S.C. 77d, 15 U.S.C.</u> 77r, 17 C.F.R. Part 227

STATUTORY AUTHORITY: KRS 292.500(3)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 292.500(3) authorizes the commissioner to promulgate administrative regulations necessary to carry out the provisions of KRS Chapter 292. KRS 292.411(1)(f) and (s) require the commissioner to prescribe the notice filing form to be used, the filing fee to be paid, and the records to be kept by an issuer. KRS 292.412(2) requires the commissioner to prescribe the filing procedure and form to be used by registered broker-dealers operating an Internet Web site pursuant KRS 292.411(1)(r). KRS 292.412(3), (5), (6), (7), and (8) require the commissioner to prescribe filing procedures and forms for applications and renewal applications, the filing fees to be paid, the records to be kept, and the examination fees for Internet Web site operators. This administrative regulation establishes the required forms, fees, filing procedures, and recordkeeping requirements for persons operating pursuant to KRS 292.411 and KRS 292.412, the Kentucky Intrastate Crowdfunding Exemption, and notice filing requirements for federal crowdfunding offerings. [-KRS 292.410(1)(q) allows for exemptions from registration by rule or order of the commissioner.]

Section 1. Definitions.

- (1) "Commissioner" is defined by KRS 292.310(4).
- (2) "Completion of an offering" means the occurrence of one (1) of the following:
 - (a) The date upon which the offering deadline expires;
 - (b) The date upon which the transaction becomes void pursuant to KRS 292.411(1)(i); or
- (c) If the offering is closed prior to the offering deadline pursuant to KRS 292.411(k), the date of early closing.
- (3) "Internet Web site operator" means a person registered as an Internet Web site operator pursuant to KRS 292.412.

Section 2. Issuer Notice Filings. An issuer making a <u>submission[notice filing]</u> pursuant to KRS 292.411(1)(f) shall complete and submit the following:

- (1) Form CF 1, Kentucky Intrastate Crowdfunding Exemption Issuer Notice Filing Form with all required attachments;
- (2) Form CF 2, Final Report of Sales Form no later than thirty (30) days after the completion of an offering conducted pursuant to KRS 292.411; and
- (3) A filing fee of \$500.

Section 3. Registration of Internet Web Site Operators.

- (1) A person applying for registration as an Internet Web site operator shall complete and submit the following:
 - (a) Form CF 3, Internet Web Site Operator Registration Form with all required attachments;
 - (b) Form CF 4, Internet Web Site Operator Surety Bond Form; and
 - (c) A filing fee of \$250.

- (2) An Internet Web site operator applying to renew its registration for the following calendar year pursuant to KRS 292.412(6) shall complete and submit the following between December 1 and December 15 of the preceding calendar year:
 - (a) Form CF 3, Internet Web Site Operator Registration Form with all required attachments; and
 - (b) A renewal fee of \$250.
- (3) Except as provided in subsection (4) of this section, an initial registration shall be effective until December 31 of the year in which the initial registration is approved by the commissioner.
- (4) An initial registration approved after November 30 shall be effective until December 31 of the following calendar year.

Section 4. Broker-dealer Notice Filings.

- (1) Form CF 5, Broker-Dealer Internet Web Site Operator Notice Filing Form shall be completed by a broker-dealer making a notice filing pursuant to KRS 292.412(2).
- (2) <u>The[A]</u> notice filing shall be filed before the broker-dealer operates an Internet Web site pursuant to KRS 292.411(1)(r).
- (3) Except as provided in subsection (4) of this section, a notice filing made pursuant to this section shall be effective until December 31 of the year in which the filing is made.
- (4) A notice filing made between December 1 and December 31 of the year in which a previous notice filing expires shall be effective for the subsequent calendar year.

Section 5. Recordkeeping Requirements.

- (1) An issuer shall accurately make and keep the following books and records relating to any offer or sale made pursuant to KRS 292.411:
 - (a) All forms and documents that are required by KRS 292.411 or this administrative regulation to be filed with the commissioner;
 - (b) Evidence of residency from each purchaser in any offering made by the issuer as required by KRS 292.411(1)(o);
 - (c) Evidence of accredited investor status for each purchaser making an investment exceeding \$10,000 as required by KRS 292.411(1)(e) and (o);
 - (d) Evidence reflecting all offers made by the issuer;
 - (e) Evidence reflecting all sales made by the issuer;
 - (f) Manually or electronically signed copies of all purchaser certifications as required by KRS 292.411(1)(n);
 - (g) All limited notices distributed in accordance with KRS 292.411(1)(r)7.;
 - (h) All notices of cancellation of commitment to invest pursuant to KRS 292.411(1)(j);
 - (i) All notices of closing of an offering prior to the offering deadline delivered pursuant to KRS 292.411(1)(k);
 - (j) Quarterly reports made pursuant to KRS 292.411(1)(t); and
 - (k) All other communications with purchasers in the offering.
- (2) An Internet Web site operator shall accurately make and keep the following books and records:
 - (a) Records of fees received pursuant to KRS 292.412(4)(a);
 - (b) All agreements with issuers offering securities through the Internet Web site operator's Web site;
- (c) All information provided to the Internet Web site operator by an issuer to establish that the issuer is organized under the laws of Kentucky and authorized to do business in Kentucky as required by KRS 292.411(1)(r)1.;
- (d) Evidence reflecting the limitation of Web site access as required by KRS 292.411(1)(r)3.;
- (e) All correspondence or other communications with issuers, prospective purchasers, or purchasers;
- (f) All information made available through the Internet Web site relating to an offering; and
- (g) Any other information provided by or through the Internet Web site operator to issuers, prospective purchasers, or purchasers.

Section 6. Kentucky Intrastate Crowdfunding Examination Fees. The fee for a routine examination of an Internet Web site operator shall be fifty (50) dollars per working hour. A fee shall not be charged for examination work by an examiner-trainee.

Section 7. Federal Crowdfunding Notice Filing Provisions.

- (1) The following provisions apply to offerings made under <u>the</u> federal Regulation Crowdfunding (17 C.F.R <u>Part[§]</u> 227) and Sections 4(a)(6) and 18(b)(4)(C) of the Securities Act of 1933_(15 U.S.C.77d(a)(6) and 15 U.S.C.77r(b)(4)(C)):
- (a) For an issuer that either (1) has its principal place of business in this state or (2) sells fifty (50) percent or greater of the aggregate amount of the offering to residents of this state, the issuer shall file the following with the commissioner:
 - 1. A completed Form U-CF, Uniform Notice of Federal Crowdfunding Offering form, or copies of all documents filed with the Securities and Exchange Commission;
 - 2. A consent to service of process on Form U-2 if not filing on Form U-CF; and
 - 3. A filing fee of \$250[300];
- (b) For an issuer that has its principal place of business in this state, the filings required under paragraph (a) of this subsection shall be filed with the commissioner when the issuer makes its initial Form C filing concerning the offering with the Securities and Exchange Commission; and
- (c) For an issuer that does not have its principal place of business in this state, but where residents of this state have purchased fifty (50) percent or greater of the aggregate amount of the offering, the filing required under paragraph (a) of this subsection shall be filed when the issuer becomes aware that such purchases have met this threshold, and in no event later than thirty (30) days from the date of completion of the offering.
- (2) The initial notice filing required under subsection (1) of this section is effective for twelve months from the date of the filing with the commissioner.
- (3) For each additional twelve-month period in which the same offering is continued, an issuer conducting an offering under 17 C.F.R <u>Part[§]</u> 227 and Sections 4(a)(6) and 18(b)(4)(C) of the Securities Act of 1933 (15 U.S.C.77d(a)(6) and 15 U.S.C.77r(b)(4)(C)) shall renew the initial notice filing required under subsection (1) of this section by filing the following on or before the expiration of the initial notice filing:
 - (a) A completed Form U-CF marked "renewal" or[;
 - (b)] a cover letter requesting renewal; and
 - (b)[(c)] A renewal fee of \$250[300].

Section 8. Incorporation by reference.

- (1) The following material is incorporated by reference:
- (a) "Form CF 1, Kentucky Intrastate Crowdfunding Exemption Issuer Notice Filing Form", September 2023;
- (b) "Form CF 2, Final Report of Sales Form", September, 2023;
- (c) "Form CF 3, Internet Web Site Operator Registration Form", September 2023;
- (d) "Form CF 4, Internet Web Site Operator Surety Bond Form", September 2023; and
- (e) "Form CF 5, Broker-Dealer Internet Web Site Operator Notice Filing Form", September 2023.
- (f) "Form U-2, Uniform Consent to Service of Process, September 2023
- (g) "Form U-CF, Uniform Notice of Federal Crowdfunding Offering", September 2023
- (2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Department of Financial Institutions, 500 Mero St 2SW19, Frankfort, Kentucky 40601, Monday through Friday, 8 a.m. to 4:30 p.m. This material may also be obtained at kfi.ky.gov.

FEDERAL MANDATE ANALYSIS COMPARISON

808 KAR 10:501

Contact Person: Marni Gibson

Phone: (502) 782-9053

Email: Marni.gibson@ky.gov

(1) Federal statute or regulation constituting the federal mandate.

17 C.F.R. § 227- Federal Regulation Crowdfunding

The Securities Act of 1933- Section 4(a)(6) and Section 18(b)(4)(C)

(2) State compliance standards.

For an issuer that either has its principle place of business in Kentucky or sells 50% or greater of the aggregate amount of the offering to residents of Kentucky, the issuer must notify the Commissioner and pay a fee of \$250.

(3) Minimum or uniform standards contained in the federal mandate.

Certain covered securities are exempt from registration at the state level. However, federal law specifically permits state securities commissioners to require notice filings and fees. Securities commissioners are specifically permitted to require filings and fees for crowdfunded securities that meet either of the standards outlined in number two.

(4) Will this administrative regulation impose stricter requirements, or additional or different responsibilities or requirements, than those required by the federal mandate?

No.

(5) Justification for the imposition of the stricter standard, or additional or different responsibilities or requirements.

N/A



Andy Beshear

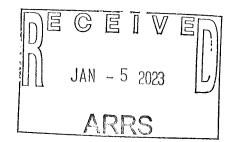
CABINET FOR HEALTH AND FAMILY SERVICES

Eric Friedlander

275 East Main Street, 5W-A Frankfort, Kentucky 40621 Phone: (502) 564-7042

Phone: (502) 564-7042 Fax: (502) 564-7091

January 4, 2024



Ms. Emily Caudill, Regulations Compiler Legislative Research Commission 083, Capitol Annex Frankfort KY 40601

Re: 906 KAR 1:190. Kentucky National Background Check Program (NBCP)

Dear Ms. Caudill:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 906 KAR 1:190, the Cabinet for Health and Family Services, Office of Inspector General proposes the attached amendment to 906 KAR 1:190. If you have any questions, please contact Valerie Moore at valeriek.moore@ky.gov.

Sincerely,

Stacy Carey

Stacy Carey

Executive Staff Advisor

Office of Legislative and Regulatory Affairs



Revised: 1/4/24

SUGGESTED AMENDMENT

CABINET FOR HEALTH AND FAMILY SERVICES Office of Inspector General

906 KAR 1:190. Kentucky National Background Check Program (NBCP)

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Page 1
RELATES TO
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Lines 5-6

After "42 U.S.C. 1320", delete the space before "a-71". After "a-71,", insert "34 U.S.C. 40102, 40104". Delete the following:
42 U.S.C. 5119a(a)(1), 42 U.S.C. 5119c

Page 5

Section 1(4)(b)10.

Line 11

After "Forgery", insert "and related offenses".

Page 12

Section 5(5)(b)

Line 17

After "Section", insert "<u>15</u>". Delete "14".

Page 21

Section 15(2)

Line 4

After "4:30 p.m.", insert the following:

This material may also be viewed on the Office of Inspector General's Web site at: https://www.chfs.ky.gov/agencies/os/oig/Pages/kares.aspx.



Andy Beshear

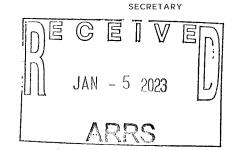
CABINET FOR HEALTH AND FAMILY SERVICES

Eric Friedlander

275 East Main Street, 5W-A Frankfort, Kentucky 40621 Phone: (502) 564-7042

Fax: (502) 564-7091

January 4, 2024



Senator Stephen West, Co-Chair Representative Derek Lewis, Co-Chair c/o Emily Caudill Administrative Regulation Review Subcommittee Legislative Research Commission 029, Capitol Annex Frankfort KY 40601

Re: 907 KAR 9:010. Reimbursement for non-outpatient Level I and II psychiatric residential treatment facility services.

Dear Co-Chairs West and Lewis:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 907 KAR 9:010, the Department for Medicaid Services proposes the attached suggested substitutes to 907 KAR 9:010.

If you have any questions, please feel free to contact Jonathan Scott, Regulatory and Legislative Advisor with the Department for Medicaid Services at (502) 564-4321 ext. 2015.

Sincerely,

Stacy Carey

Stacy Carey

Executive Staff Advisor

Office of Legislative and Regulatory Affairs

Revised: 1/4/24

SUGGESTED SUBSTITUTE

CABINET FOR HEALTH AND FAMILY SERVICES Department for Medicaid Services Division of Health Care Policy

907 KAR 9:010. Reimbursement for non-outpatient Level I and II psychiatric residential treatment facility services.

RELATES TO: KRS 205.520, 216B.450, 216B.455, 42 U.S.C. 1395u[216B.459]

STATUTORY AUTHORITY: KRS 194A.030(2), 194A.050(1), 205.520(3), 42 C.F.R. 440.160, 42 U.S.C. 1396a-d

NECESSITY, FUNCTION, AND CONFORMITY: The Cabinet for Health and Family Services, Department for Medicaid Services has responsibility to administer the Medicaid Program. KRS 205.520(3) <u>authorizes[empowers]</u> the cabinet, by administrative regulation, to comply with any requirement that may be imposed or opportunity presented by federal law to qualify for federal Medicaid funds. This administrative regulation establishes Medicaid reimbursement policies for non-outpatient Level I and Level II psychiatric residential treatment facility services provided to a Medicaid recipient who is not enrolled in a managed care organization.

Section 1. Definition

- (1) "Department" means the Department for Medicaid Services or its designee.
- (2) "Federal financial participation" is defined by 42 C.F.R. 400.203.
- (3) "Level I PRTF" means a psychiatric residential treatment facility that meets the criteria established in KRS 216B.450(5)(a).
- (4) "Level II PRTF" means a psychiatric residential treatment facility that meets the criteria established in KRS 216B.450(5)(b).
- (5) "Managed care organization" means an entity for which the department has contracted to serve as a managed care organization as defined **by[in]** 42 C.F.R. 438.2.
- (6) "Medicare Economic Index" or "MEI" means the economic index referred to in 42 U.S.C. 1395u(b)(3)(L).
- (7) "Percentage increase in the MEI" is defined by [in] 42 U.S.C. 1395u(i)(3).
- (8) "Per diem rate" means a Level I or II PRTF's total daily reimbursement as calculated by the department.
- (9)[(7)] "Recipient" is defined by KRS 205.8451(9).

Section 2. Reimbursement for Level I PRTF Services and Costs.

- (1) To be reimbursable under the Medicaid Program, Level I PRTF services and associated costs, respectively, shall be provided to or associated with a recipient receiving Level I PRTF services in accordance with 907 KAR 9:005.
- (2) The department shall reimburse for Level I PRTF services and costs referenced in subsection (4) of this section for a recipient not enrolled in a managed care organization:
 - (a) At the lesser of:
 - 1. A per diem rate of \$500[\$274.01]; or
 - 2. The usual and customary charge; and
 - (b) An amount not to exceed the prevailing charges, in the locality where the Level I PRTF is located, for comparable services provided under comparable circumstances.
- (3) The per diem rate referenced in subsection (2) of this section shall be increased <u>annually[each biennium]</u> by the percentage increase in the MEI[2.22 percent].

- (4) The reimbursement referenced in subsection (2) of this section shall represent the total Medicaid reimbursement for Level I PRTF services and costs:
 - (a) Including all care and treatment costs;
 - (b) Including costs for all ancillary services;
 - (c) Including capital costs;
 - (d) Including room and board costs; and
 - (e) Excluding the costs of drugs as drugs shall be:
 - 1. Covered in accordance with 907 KAR 23:010; and
 - 2. Reimbursed via the department's pharmacy program in accordance with 907 KAR 23:020.

Section 3. Reimbursement for Level II PRTF Services and Costs.

- (1) To be reimbursable under the Medicaid program, Level II PRTF services and associated costs, respectively, shall be provided to or associated with a recipient receiving Level II PRTF services in accordance with 907 KAR 9:005.
- (2) The department shall reimburse at the lesser of the usual and customary charge or a per diem rate of \$600[as follows] for Level II PRTF services and costs for a recipient not enrolled in a managed care organization[:]
- [(a)] [\$345 for Level II PRTF services to a recipient who meets the rate group one (1) criteria established in subsection (3)(a) of this section;]
- [(b)] [\$365 for Level II PRTF services to a recipient who meets the rate group two (2) criteria established in subsection (3)(b) of this section;
- [(c)] [\$385 for Level II PRTF services to a recipient who meets the rate group three (3) criteria established in subsection (3)(c) of this section; or]
- [(d)] [\$405 for Level II PRTF services to a recipient who meets the rate group four (4) criteria established in subsection (3)(d) or (e) of this section.]

[(3)]

- [(a)] [Rate group one (1) criteria shall be for a recipient who:]
 - [1.] [Is twelve (12) years of age or younger; and]

 $\left[\frac{2}{2}\right]$

- [a.] [Is sexually reactive; or]
- [b.]
 - [(i)] [Has a severe and persistent aggressive behavior;]
 - [(ii)] [Does not have an intellectual or a developmental disability; and]
 - [(iii)] [Has an intelligence quotient higher than seventy (70).]
- [(b)] [Rate group two (2) criteria shall be for a recipient who:]
 - [1.] [Is twelve (12) years of age or younger; and]
 - [2.]
 - [a.] [Is sexually reactive; and]
 - [b.]
 - [(i)] [Has a severe and persistent aggressive behavior;]
 - [(ii)] [Does not have an intellectual or a developmental disability; and]
 - [(iii)] [Has an intelligence quotient higher than seventy (70).]
- [(c)] [Rate group three (3) criteria shall be for a recipient who:]
 - [1.] [Is thirteen (13) years of age or older; and]
 - [2.]
 - [a.] [Is sexually reactive; or]
 - [b.]
 - [(i)] [Has a severe and persistent aggressive behavior;]
 - [(ii)] [Does not have an intellectual or a developmental disability; and]
 - [(iii)] [Has an intelligence quotient higher than seventy (70).]
- [(d)] [Rate group four (4) criteria shall be for a recipient who:]
 - [1.] [Is thirteen (13) years of age or older; and]

- [2-]
 [a-] [Is sexually reactive; and]
 [b-]
 [(ii)] [Has a severe and persistent aggressive behavior;]
 [(iii)] [Does not have an intellectual or a developmental disability; and]
 [(iii)] [Has an intelligence quotient higher than seventy (70).]
 [(e)] [Rate group four (4) criteria shall be for a recipient who:]
 [1-] [Is under twenty-two (22) years of age; and]
 [2-]
 [a-] [Is sexually reactive; or]
 [b-]
 [(ii)] [Has a severe and persistent aggressive behavior;]
 [(iii)] [Has an intellectual or a developmental disability; and]
 - [(iii)] [Has an intelligence quotient lower than seventy (70)].
- (3)[(4)] The per diem <u>rate[rates]</u> referenced in subsection (2) of this section, or the usual and customary charge if less than the per diem rate, shall represent the total Medicaid reimbursement for Level II PRTF services and costs:
 - (a) Including all care and treatment costs;
 - (b) Including costs for all ancillary services;
 - (c) Including capital costs;
 - (d) Including room and board costs; and
 - (e) Excluding the costs of drugs as drugs shall be:
 - 1. Covered in accordance with 907 KAR 23:010; and
- 2. Reimbursed via the department's pharmacy program in accordance with 907 KAR 23:020. (4)[(5)]
 - [(a)] The per diem rate referenced in subsection (2) of this section shall be increased annually by the percentage increase in the MEI[The department shall annually evaluate each per diem rate for Level II PRTF services and costs by reviewing the most recent, reliable claims data and cost report data to analyze treatment patterns, technology, and other factors that may alter the cost of efficiently providing Level II PRTF services.]
- [(b)] [The department shall use the evaluation, review, and analysis referenced in paragraph (a) of this subsection to determine if an adjustment to the Level II PRTF reimbursement would be appropriate].

Section 4. Cost Reports and Audits.

(1)

- (a) A Level I or II PRTF shall annually submit to the department, within ninety (90) days of the closing date of the facility's fiscal year end, a legible and completed Form CMS 2552-96.
- (b) The department shall grant a thirty (30) day extension for submitting a legible and completed Form CMS 2552-96 to the department if an extension is requested by a Level I or II PRTF.

(2)

- (a) A Form CMS 2552-96 shall be subject to review and audit by the department.
- (b) The review and audit referenced in paragraph (a) of this subsection shall be to determine if the information provided is accurate.

Section 5. Access to Level I and II PRTF Fiscal and Services Records. A Level I or II PRTF shall provide, upon request, all fiscal and service records relating to services provided to a Kentucky recipient, to the:

- (1) Department;
- (2) Cabinet for Health and Family Services, Office of Inspector General;
- (3) Commonwealth of Kentucky, Office of the Attorney General;
- (4) Commonwealth of Kentucky, Auditor of Public Accounts;
- (5) Secretary of the United States Department of Health and Human Services; or
- (6) United States Office of the Attorney General.

Section 6. Bed Reserve and Therapeutic Pass Reimbursement.

- (1) The department's reimbursement for a bed reserve day which qualifies as a bed reserve day pursuant to 907 KAR 9:005 for a recipient not enrolled in a managed care organization shall be:
 - (a) Seventy-five (75) percent of the rate established in Section 2 or 3 of this administrative regulation if the Level I or II PRTF's occupancy percent is at least eighty-five (85) percent; or
 - (b) Fifty (50) percent of the rate established in Section 2 or 3 of this administrative regulation if the Level I or II PRTF's occupancy percent is less than eighty-five (85) percent.
- (2) The department's reimbursement for a therapeutic pass day which qualifies as a therapeutic pass day pursuant to 907 KAR 9:005 for a recipient not enrolled in a managed care organization shall be:
- (a) 100 percent of the rate established in Section 2 or 3 of this administrative regulation if the Level I or II PRTF's occupancy percent is at least fifty (50) percent; or
- (b) Fifty (50) percent of the rate established in Section 2 or 3 of this administrative regulation if the Level I or II PRTF's occupancy percent is below fifty (50) percent.
- (a) A Level I or II PRTF's occupancy percent shall be based on a midnight census.
- (b) An absence from a Level I or II PRTF that is due to a bed reserve day for an acute hospital admission, a state mental hospital admission, a private psychiatric hospital admission, or an admission to a psychiatric bed in an acute care hospital shall count as an absence for census purposes.
- (c) An absence from a Level I or II PRTF that is due to a therapeutic pass day shall not count as an absence for census purposes.

Section 7. Outpatient Services Reimbursement Established in 907 KAR 9:020. The department's reimbursement provisions and requirements regarding outpatient behavioral health services provided by a Level I or II PRTF shall be as established in 907 KAR 9:020.

Section 8. Federal Financial Participation. The department's reimbursement for services pursuant to this administrative regulation shall be contingent upon:

- (1) Receipt of federal financial participation for the reimbursement; and
- (2) Centers for Medicare and Medicaid Services' approval for the reimbursement.

Section 9. Appeals. A provider may appeal a decision by the department regarding the application of this administrative regulation in accordance with 907 KAR 1:671.

Section 10. Not Applicable to Managed Care Organizations. A managed care organization shall not be required to reimburse in accordance with this administrative regulation for a service covered pursuant to:

- (1) This administrative regulation; or
- (2) 907 KAR 9:005.

Section 11. Incorporation by Reference.

- (1) "Form CMS 2552-96", August 2010 edition, is incorporated by reference.
- (2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Department for Medicaid Services, 275 East Main Street, Frankfort, Kentucky 40621, Monday through Friday, 8:00 a.m. to 4:30 p.m.
- (3) This material may also be viewed at https://www.cms.gov/data-research/statistics-trends-and-reports/cost-reports.

CONTACT PERSON: Krista Quarles, Policy Analyst, Office of Legislative and Regulatory Affairs, 275 East Main Street 5 W-A, Frankfort, Kentucky 40621; phone 502-564-6746; fax 502-564-7091; email CHFSregs@ky.gov.



Andy Beshear GOVERNOR

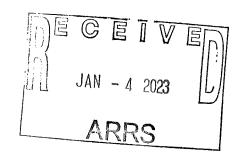
CABINET FOR HEALTH AND FAMILY SERVICES

Eric Friedlander

SECRETARY

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Jan. 4, 2024



Senator Stephen West, Co-Chair Representative Derek Lewis, Co-Chair c/o Emily Caudill Administrative Regulation Review Subcommittee Legislative Research Commission 029, Capitol Annex Frankfort KY 40601

Re: 921 KAR 3:027 suggested substitute

Dear Co-Chairs West and Lewis:

After discussions with Administrative Regulation Review Subcommittee staff of issues raised by 921 KAR 3:027, the Department for Community Based Services proposes the attached LRC suggested substitute. If you have any questions, please contact Laura Begin at Laura.Begin@ky.gov.

Sincerely,

Stacy Carey

Stary Carry

Executive Staff Advisor

Office of Legislative and Regulatory Affairs



SUGGESTED SUBSTITUTE

Final Version: 01/02/23 at 2:02 p.m.

CABINET FOR HEALTH AND FAMILY SERVICES Department for Community Based Services Division of Family Support

921 KAR 3:027. Technical requirements.

RELATES TO: KRS 205.2005, 7 C.F.R. Parts 271 - 285, 273.4, 273.5, 273.7, 273.11, 45 C.F.R. 261.2, 7 U.S.C. 2011, 2014, 2015(d), 2015(o)(3)(A), 19 U.S.C. 2296, 20 U.S.C. 28 <u>Subchapter III</u> Part F, 21 U.S.C. 862a(a), (d)(1)[862(a)], 42 U.S.C. 681, Pub.L. 116-260 Section 702[(e)], Pub.L. 118-5 Section 311 STATUTORY AUTHORITY: KRS 194A.050(1), 7 C.F.R. 271.4, Parts[Part] 272, [Part-]273

NECESSITY, FUNCTION, AND CONFORMITY: KRS 194A.050(1) requires the secretary of the Cabinet for Health and Family Services to promulgate 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. 7 C.F.R. 271.4 requires the cabinet to administer a Supplemental Nutrition Assistance Program (SNAP) within the state. 7 C.F.R. Parts 272 and 273 establish requirements for the cabinet to participate in the SNAP. [In addition,]7 U.S.C. 2014 establishes that an otherwise-qualified immigrant who is blind or receiving a disability benefit, who has lived in the United States for at least five (5) years, or who is under eighteen (18) years of age shall be eligible to participate in SNAP regardless of the date he or she entered the United States. This administrative regulation establishes the technical eligibility requirements used by the cabinet in the administration of SNAP. [Pursuant to-]Section 702[(e)] of Pub.L. 116-260, the Consolidated Appropriations Act of 2021, authorized[SNAP eligibility was] temporarily expanded eligibility for qualifying students. [Pursuant to-]Section 311 of Pub.L. 118-5, the Fiscal Responsibility Act of 2023, authorized modification of[was made to] time limits of work requirement exemptions applicable to individuals of specific ages, homeless individuals, veterans, and former foster youth.

Section 1. Definitions.

- (1) "Exempt" means excused by the department from participation in the Supplemental Nutrition Assistance Program Employment and Training Program (E&T).
- (2) "Qualified immigrant" has the same meaning as "qualified alien", as defined by 7 C.F.R. 273.4.
- (3) "Student" means a person who is between the ages of eighteen (18) and forty-nine (49), physically and mentally fit, and enrolled at least half-time in an institution of higher education.

Section 2. Technical Eligibility. In accordance with 7 C.F.R. Parts 271 through 285 promulgated by the Food and Nutrition Service (FNS), of the United States Department of Agriculture, the cabinet shall utilize national uniform requirements of technical eligibility for SNAP.

Section 3. Technical Eligibility Criteria. Technical eligibility requirements shall apply to all households and consist of the criteria established in this section.

- (1) Residency. A household:
 - (a) Shall reside in the county in which the household receives benefits; and
 - (b) May apply for benefits in any county. *Benefit application shall be* in accordance with 921 KAR 3:030, Section 3.
- (2) Identity.

- (a) The applicant's identity shall be verified; and
- (b) If an authorized representative applies for the household, the applicant's and the authorized representative's identities shall be verified.
- (3) Citizenship and immigration status.
 - (a) An individual shall satisfy the citizenship and immigration status requirement if the individual is a:
 - 1. Citizen of the United States;
 - 2. U.S. noncitizen national; or
 - 3. Qualified immigrant who is lawfully residing in Kentucky.
 - (b) Except as <u>established[provided]</u> in paragraph (c) of this subsection, an individual whose status is questionable shall be ineligible to participate until verified.
 - (c) An individual whose status is pending verification from a federal agency shall be eligible to participate for up to six (6) months from the date of the original request for verification.
 - (d) A single household member shall attest in writing to the citizenship or immigration status requirements as established in 921 KAR 3:030 for each household member.
- (4) Household size. If information is obtained by the Department for Community Based Services (DCBS) that household size differs from the household's stated size, the size of household shall be verified through readily available documentary evidence or through a collateral contact.
- (5) Students. A student shall be ineligible to participate unless the student is:

(a)

- 1. Engaged in paid employment for an average of twenty (20) hours per week; or
- 2. If self-employed, employed for an average of twenty (20) hours per week and receiving weekly earnings at least equal to the federal minimum wage multiplied by twenty (20) hours;
- (b) Participating in a state or federally financed work study program during the regular school year;
- (c) Responsible for the care of a dependent household member under the age of six (6);
- (d) Responsible for the care of a dependent household member who has reached the age of six (6), but is under age twelve (12) and for whom the cabinet has determined that adequate child care is not available to enable the individual to attend class and to satisfy the work requirements of paragraphs (a) or (b) of this subsection;
- (e) Receiving benefits from the Kentucky Transitional Assistance Program (KTAP)[(K-TAP)];
- (f) Assigned to or placed in an institution of higher learning through a program pursuant to:
 - 1. 7 C.F.R. 273.5(a);
 - 2. 45 C.F.R. 261.2; or
 - 3. 19 U.S.C. 2296;
- (g) Enrolled in an institution of higher learning as a result of participation in a work incentive program pursuant to 42 U.S.C. 681;
- (h) Enrolled in an institution of higher learning as a result of participation in E&T in accordance with 921 KAR 3:042;
- (i) A single parent with responsibility for the care of a dependent household member under age twelve (12); or
- (j) Enrolled at least half-time in an institution of higher education and:
- 1. Eligible to participate in a state or federally financed work study program during the regular school year; or
- 2. Has an expected family contribution of \$0 in the current academic year pursuant to 20 U.S.C. 28 Part F.
- (6) Social Security number (SSN).

- (a) Households applying for or participating in SNAP shall comply with SSN requirements by providing the SSN of each household member or applying for a number prior to certification.
- (b) Failure to comply without good cause shall be determined for each household member and shall result in an individual's disqualification from participation in SNAP until this requirement is met.
- (7) Work registration. All household members, unless exempt, shall be required to comply with the work registration requirements established in Section 4 of this administrative regulation.
- (8) Work requirement.
- (a) Except for individuals who may be eligible for up to three (3) additional months in accordance with paragraph (e) of this subsection, an individual shall not be eligible to participate in SNAP as a member of a household if the individual received SNAP for more than three (3) countable months during any three (3) year period, during which the individual did not:
 - 1. Work eighty (80) hours or more per month;
- 2. Participate in and comply with the requirements of the E&T component pursuant to 7 U.S.C. 2015(d) for twenty (20) hours or more per week;
- 3. Participate in and comply with the requirements of a program pursuant to:
- a. 7 C.F.R. 273.5(a); or
- b. 19 U.S.C. 2296;
- 4. Participate in and comply with the requirements established in 921 KAR 3:042; or
- 5. Receive SNAP benefits pursuant to paragraph (b), (c), or (d) of this subsection.
- (b) Paragraph (a) of this subsection shall not apply to an individual if the individual is:
 - 1. Within the age ranges established in 7 U.S.C. 2015(o)(3)(A)[Under eighteen (18) or fifty (50) years of age or older];
 - 2. Physically or mentally unfit for employment as determined by the cabinet, *pursuant to 7 C.F.R.* 273.7(b)(1)(ii);
 - 3. A parent or other adult member of a household containing a dependent child under the age of eighteen (18);
- 4. Exempt from work registration pursuant to Section 4(4) of this administrative regulation;[-or]
- 5. Pregnant;
- 6. A homeless individual;
- 7. A veteran; or
- 8. An individual who is twenty-four (24) years of age or younger and was in foster care on the date of attaining eighteen (18) years of age.
- (c) Paragraph (a) of this subsection shall not apply if, pursuant to an approved waiver by FNS, the county or area in which the individual resides:
 - 1. Has an unemployment rate of over ten (10) percent; or
 - 2. Does not have a sufficient number of jobs to provide employment.
- (d) Subsequent eligibility.
- 1. An individual denied eligibility pursuant to paragraph (a) of this subsection shall regain eligibility to participate in SNAP if, during a thirty (30) day period, the individual meets one (1) of the conditions of paragraph (a)1. through 4. of this subsection, or the individual was not meeting the work requirements in accordance with paragraph (b) of this subsection.
- 2. An individual who regains eligibility pursuant to subparagraph 1. of this paragraph shall remain eligible as long as the individual meets the requirements of subparagraph 1. of this paragraph.
- (e) Loss of employment or training.
- 1. An individual who regains eligibility pursuant to paragraph (d)1. of this subsection and who no longer meets the requirements of paragraph (a)1. through 4. of this subsection shall remain eligible

for a consecutive three (3) month period, beginning on the date the individual first notifies the cabinet that the individual no longer meets the requirements of paragraph (a)1. through 4. of this subsection.

- 2. An individual shall not receive benefits pursuant to subparagraph 1. of this paragraph for more than a single three (3) month period in any three (3) year period.
- (f) If the individual does not meet all other technical and financial eligibility criteria pursuant to 7 U.S.C. 2011, nothing in this section shall make an individual eligible for SNAP benefits.
- (9) Quality control. Refusal to cooperate in completing a quality control review shall result in termination of the participating household's benefits.
- (10) Drug felons. An individual convicted under federal or state law of an offense classified as a felony by the law of the jurisdiction involved and that has an element of possession, use, or distribution of a controlled substance as defined in 21 U.S.C. 862(a), may remain eligible for SNAP benefits if the individual meets the requirements established in KRS 205.2005.
- (11) Child support arrears.
- (a) In accordance with 7 C.F.R. 273.11(q) to disqualify a noncustodial parent for refusing to cooperate, a noncustodial parent of a child under the age of eighteen (18) shall not be eligible to participate in SNAP if the individual is delinquent in payment of court-ordered support as determined by the Department for Income Support, Child Support Enforcement, unless the individual:
 - 1. Is enrolled in a drug treatment program;
 - 2. Is participating in a state or federally funded employment training program;
 - 3. Meets good cause for nonpayment. Good cause shall include temporary situations resulting from illness, job change, or pendency of unemployment benefits;
 - 4. Is a member of a household containing a child under the age of eighteen (18);
 - 5. Is a member of a household containing an individual who is pregnant or three (3) months post-partum; or
 - 6. ls:
 - a. Within twelve (12) months of incarceration for a period of at least thirty (30) days; and
 - b. Cooperating with the Department for Income Support, Child Support Enforcement.
- (b) The disqualification of an individual in accordance with paragraph (a) of this subsection shall be in place as long as the individual remains delinquent as determined by Department for Income Support, Child Support Enforcement.
- (c) The income, expenses, and resources of an individual disqualified in accordance with paragraph (a) of this subsection shall be processed in accordance with 921 KAR 3:035, Section 5(4).

Section 4. Work Registration.

- (1) Unless a household member is exempt from work requirements as established in subsection (4) of this section, a household member shall register for work:
- (a) At the time of initial application for SNAP; and
- (b) Every twelve (12) months following the initial application.
- (2) Work registration shall be completed by the:
- (a) Member required to register; or
- (b) Person making application for the household.
- (3) Unless otherwise exempt, a household member excluded from the SNAP case shall register for work during periods of disqualification. An excluded person shall be an:
- (a) Ineligible immigrant; or
- (b) Individual disqualified for:

- 1. Refusing to provide or apply for a Social Security number; or
- 2. An intentional program violation.
- (4) An individual meeting the criteria of 7 C.F.R. 273.7(b)(1) shall be exempt from work registration requirements.
- (5) A household member who loses exemption status due to a change in circumstances shall register for work in accordance with 7 C.F.R. 273.7(b)(2).
- (6) After registering for work, a nonexempt household member shall:
 - (a) Respond to a cabinet request for additional information regarding employment status or availability for work;
- (b) In accordance with 7 C.F.R. 273.7(a)(1)(vi), accept a bona fide offer of suitable employment pursuant to 7 C.F.R. 273.7(h), at a wage not lower than the state or federal minimum wage; or
- (c) In accordance with 7 C.F.R. 273.7(a)(1)(ii), participate in the E&T Program if assigned by the cabinet.
- (7) A household member making a joint application for SSI and SNAP in accordance with 921 KAR 3:035 shall have work requirements waived in accordance with 7 C.F.R. 273.7(a)(6).
- (8) The cabinet's E&T worker shall explain to the SNAP applicant the:
 - (a) Work requirements for each nonexempt household member;
 - (b) Rights and responsibilities of the work-registered household members; and
 - (c) Consequences of failing to comply.

Section 5. Determining Good Cause.

- (1) A determination of good cause shall be undertaken if a:
- (a) Work registrant has failed to comply with work registration requirements as established in Section 4 of this administrative regulation; or
- (b) Household member has, pursuant to Section 7 of this administrative regulation, voluntarily:
- 1. Quit a job; or
- 2. Reduced the household member's work effort.
- (2) In accordance with 7 C.F.R. 273.7(i)(2), good cause shall be granted for circumstances beyond the control of the individual, such as:
 - (a) Illness of the individual:
 - (b) Illness of another household member requiring the presence of the individual;
 - (c) A household emergency;
 - (d) Unavailability of transportation; or
 - (e) Lack of adequate care for a child who is six (6) to twelve (12) years of age for whom the individual is responsible.
- (3) Good cause for leaving employment shall be granted if:
 - (a) A circumstance established in subsection (2) of this section exists;
 - (b) The employment became unsuitable in accordance with 7 C.F.R. 273.7(h); or
 - (c) A circumstance established in 7 C.F.R. 273.7(i)(3) exists.

Section 6. Disqualification.

- (1) A participant shall be disqualified from the receipt of SNAP benefits if the participant:
 - (a) Fails to comply with the work registration requirements; or
- (b) Is determined to have voluntarily, without good cause, quit a job or reduced the work effort as established in Section 5 of this administrative regulation.
- (2) An individual disqualified from participation in SNAP shall be ineligible to receive SNAP benefits until the latter of the:
 - (a) Date the individual complies; or

- (b) Lapse of the following time periods:
 - 1. Two (2) months for the first violation;
 - 2. Four (4) months for the second violation; or
 - 3. Six (6) months for the third or a subsequent violation.
- (3) Ineligibility shall continue until the ineligible member:
 - (a) Becomes exempt from the work registration; or
 - (b)
- 1. Serves the disqualification period established in subsection (2)(b) of this section; and
 - 2. Complies with the work registration requirements.

 - (a) Remain ineligible for the remainder of the disqualification period established in subsection (2)(b) (4) A disqualified household member who joins a new household shall:
 - (b) Have income and resources counted with the income and resources of the new household; and
 - (c) Not be included in the household size in the determination of the SNAP allotment.

- (1) Within thirty (30) days prior to application for SNAP or any time after application, an individual shall Section 7. Disqualification for Voluntary Quit or Reduction in Work Effort. not be eligible to participate in SNAP if the individual voluntarily, without good cause:

 - (a) Quits a job:
- 2. With weekly earnings at least equal to the federal minimum wage times thirty (30) hours; or
 - (b) Reduces the individual's work effort:
- 2. So that after the reduction, weekly earnings are less than the federal minimum wage times thirty 1. To less than thirty (30) hours per week; and
 - (2) The cabinet shall impose a disqualification period established in Section 6(2)(b) of this administrative regulation on an individual meeting subsection (1)(a) or (1)(b) of this section.

Section 8. Curing Disqualification for Voluntary Quit or Reduction in Work Effort.

- (1) Eligibility and participation may be reestablished by:

 - (a) Securing new employment with salary or hours comparable to the job quit; (b) Increasing the number of hours worked to the amount worked prior to the work effort reduction
 - (c) Serving the minimum period of disqualification imposed pursuant to Section 6(2)(b) of this
 - (2) If the individual applies again and is determined to be eligible, an individual may reestablish
 - (3) If an individual becomes exempt from work registration, the disqualification period shall end, and the individual shall be eligible to apply to participate in SNAP.

Section 9. Hearing Process. If aggrieved by a cabinet action or inaction that affects participation, a SNAP participant may request a hearing in accordance with 921 KAR 3:070.

CONTACT PERSON: Krista Quarles, Policy Analyst, Office of Legislative and Regulatory Affairs, 275 East Main Street 5 W-A, Frankfort, Kentucky 40621; phone 502-564-6746; fax 502-564-7091; email CHFSregs@ky.gov.