CABINET FOR HEALTH AND FAMILY SERVICES
Department for Behavioral Health, Developmental and Intellectual Disabilities
Division of Mental Health
(Amendment)

908 KAR 2:090. Assessment, Transport, and Community-Based Treatment Standards for Adults Experiencing a Behavioral Health Crisis [Decriminalization of mental illness].

RELATES TO: KRS 61.878, 61.884, Chapter[Chapters] 202A, 210.040, 446.010(31), 42 U.S.C. Sec. 1320d et seq.[202B, 645]

STATUTORY AUTHORITY: [KRS 194A.050,] 202A.008, 202A.028(3), (4), 202A.801, [202A.041(1), 202A.051(6),] 202A.101(3)[, 202A.241, 645.120, EO 2004-726]

CERTIFICATION STATEMENT:

NECESSITY, FUNCTION, AND CONFORMITY: KRS 202A.008 authorizes [EO 2004-726, effective July 9, 2004, created] the Cabinet for Health and Family Services to promulgate administrative regulations to carry out the provisions of the chapter. KRS 202A.028(3) and (4) authorize and require the cabinet to establish the administrative procedures for conducting adult emergency evaluations. KRS 202A.101(3) requires the cabinet to prescribe rules for the payment of involuntary transportation costs. KRS 202A.0801 requires the cabinet to promulgate administrative regulation to implement court-ordered community-based outpatient treatment[and placed the Department for Behavioral Health, Developmental and Intellectual Disabilities within the cabinet]. This administrative regulation sets forth the cabinet's services and procedures for[: providing crisis stabilization units;] transporting and holding individuals for involuntary hospitalization evaluations, the rights of[; using restraints; providing privacy to] individuals who are held for evaluation, legal proceedings and requirements,[; identifying rights for individuals held to communicate by phone;] and planning and coordinating the required services.

Section 1. Definitions.

(1) "Community mental[behavioral] health[, developmental and intellectual disabilities] center" or "CMHC[center]" means a center which meets the community mental health center requirements established in 902 KAR 20:091[facility licensed by the cabinet pursuant to KRS Chapter 216B that provides inpatient, outpatient, psychosocial rehabilitation, emergency, consultation, and education services to persons needing behavioral health, developmental and intellectual disabilities, and substance abuse services as provided within KRS 210.410 and 908 KAR 2:010].

(2) "Contract mental health evaluator" is defined by KRS 202A.011(4).

(3) "Danger" or "threat of danger to self, family, or others" is defined by KRS 202A.011(5).

(4) [(2)] "Evaluation" means a mental health evaluation performed by a qualified mental health professional,[as defined in KRS 202A.011 and 600.020,] conducted to determine if an individual meets the criteria for involuntary hospitalization[as defined in KRS 202A.026 or 645.090].

(5) "Evidence-based practice" is defined by KRS 202A.0817(3)(b).

(6) [(3)] "Facility" means any hospital or psychiatric facility[as defined in KRS 202A.011 or a mental health facility as defined in KRS 645.020] used for the purpose of conducting an evaluation pursuant to KRS Chapter[Chapters] 202A[or 202B or 645.120].

(7) "Health Insurance Portability and Accountability Act" or "HIPAA" means:

(a) The Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. Sec. 1320d et seq.), as amended; and

(b) The implementing regulations codified at 45 C.F.R. Parts 160, 162, and 164.

(8) ~~[(4)]~~ "Hold", "held", or "holding" means the detainment of an individual who is reasonably believed to be a danger or threat of danger to self, family, or others:

(a) That is time-limited, not to exceed eighteen (18) hours; and

(b) For an evaluation ~~[by a peace officer or a provider of transportation services authorized by the peace officer]~~.

(9) "Hospital" is defined by KRS 202A.011(7).

(10) ~~[(5)]~~ "Individual" means a person who, pursuant to the provisions of KRS Chapter 202A, is:

(a) Being ~~[being]~~ held or~~[and]~~ evaluated; or

(b) Under observation, care, or treatment in a facility or outpatient setting ~~[under KRS Chapters 202A, 202B or 645]~~.

(11) "Individual with a mental illness" or "mental illness" is defined by KRS 202A.011(8).

(12) "Involuntary hospitalization" means:

(a) An emergency admission authorized by a staff physician pursuant to KRS 202A.031; or

(b) A court ordered admission:

1. For an evaluation pursuant to KRS 202A.051(7) or (9)(b); or

2. To a hospital based on an evaluation that finds an individual meets the criteria of KRS 202A.026.

(13) ~~[(6)]~~ "Peace officer" is~~[means a law enforcement officer as]~~ defined by KRS 446.010(31)~~[in KRS 446.010(24)]~~.

(14) ~~[(7)]~~ "Providers of transportation services"~~[or "providers"]~~ means providers of emergency or nonemergency transportation services that are designated or authorized by the cabinet, including:

(a) Peace ~~[peace]~~ officers and ambulance services; or

(b) Service ~~[designated by the cabinet, service]~~ providers~~[,]~~ or agencies on contract with the cabinet.~~[The providers of emergency or nonemergency transportation services include those service providers or agencies that are approved by the Department for Medicaid Services or the centers.]~~

(15) "Psychiatric facility" is defined by KRS 202A.011.

(16) "Qualified mental health professional" or "QMHP" is defined by KRS 202A.011(14).

(17) "Telehealth" is defined by KRS 211.332(5).

(18) "Voluntary hospitalization" means self-admission to a hospital in accordance with KRS 202A.021.

~~[Section 2.] [Crisis Stabilization Unit.]~~

~~[(1)] [Centers may establish crisis stabilization units for the purpose of reducing hospitalization in the treatment of mental illness. Services shall include:]~~

~~[(a)] [Evaluations;]~~

~~[(b)] [Crisis intervention and emergency mental health services; and]~~

~~[(c)] [Referral for follow-up care.]~~

~~[(2)] [Crisis stabilization units shall be operated as twenty-four (24) hour per day, seven (7) days per week facilities.]~~

~~[(3)] [Crisis stabilization units may admit individuals who voluntarily seek mental health services or who are in need of evaluation pursuant to KRS Chapters 202A or 202B or 645.120.]~~

Section 2. ~~[Section 3.]~~ Transportation.

(1) A provider of transportation services shall transport an individual pursuant to KRS 202A.028, 202A.041, 202A.051, 202A.0803, 202A.0813, 202A.0823, 202A.101, and 202A.181: ~~[A peace officer shall:]~~

(a) For an evaluation, involuntary hospitalization, or transfer; and

~~[(a)] [Transport an individual pursuant to KRS Chapter 202A or 645.120 for evaluation; and]~~

~~[(b)] [Hold the individual until the evaluation is completed, unless the facility agrees to hold the individual.]~~

~~[(2)] [Following the evaluation, the provider shall transport the individual to:]~~

~~[(a)] [A hospital if the evaluation criteria are met and so ordered by the court; or]~~

(b) To the location of the individual's choice in either the individual's home county or county where the holding originated, if:

1. The ~~[the]~~ evaluation criteria are not met; or

2. Upon hospital discharge.

(2) ~~[(3)]~~ The provider of transportation services holding or transporting an individual under KRS Chapter 202A shall:

(a) Not ~~[not]~~ use sirens or emergency lights of any kind except in a bona fide emergency;

(b) Not hold the individual in jail unless criminal charges are pending pursuant to KRS 202A.251;

(c) Use the least restrictive level of restraint necessary as prescribed by KRS 202A.241;

(d) Maintain custody of the individual until:

1. The evaluation is completed;

2. The individual is admitted to the receiving facility; or

3. The facility expressly agrees to assume responsibility for holding the individual; and

(e) If transporting for an emergency admission evaluation ~~[.]~~

~~[(4)] [The peace officer who has taken the individual into custody]~~ under KRS 202A.041, document and provide the following information to the receiving facility~~[shall]~~:

~~[(a)] [Document the behavior of the individual by describing:]~~

1. How the situation was brought to the attention of the provider of transportation services~~[the peace officer]~~;~~[and]~~

2. The behavior that caused the individual to be taken into custody; and

3. The facts supporting the determination that the individual may have a mental illness which caused ~~[of]~~ the individual to present~~[that was considered]~~ a danger or threat of danger to self, family, or others~~[; and]~~

~~[(b)] [Provide this documentation to the qualified mental health professional evaluating the individual]~~.

(3) ~~[(5)]~~ Payment for transportation ~~[Reimbursement of transportation costs may be negotiated by the center in accordance with the center's contract with the cabinet.]~~

~~[(6)] [Reimbursement for the individual transported to a facility shall be paid by the center if:]~~

~~[(a)] [The individual is transported]~~ pursuant to KRS 202A.028, 202A.041, 202A.051, 202A.0803, or 202A.101 shall be made in accordance with this subsection~~[645.120; and]~~

~~[(b)] [A center or a designated subcontractor of the center conducts the evaluation]~~.

(a) If an individual is transported by a provider of transportation services, the provider of transportation services shall be paid by the CMHC, except as provided in paragraphs (b) and (c) of this subsection.

(b) ~~[(7)]~~ If at discharge, or upon a determination that the evaluation criteria are not met, an individual is transported by a person or entity other than those described in paragraph (a) of this subsection, payment ~~[Transportation provided to the individual upon discharge from the hospital to their home county]~~ shall be the responsibility of the:

1. ~~[(a)]~~ Facility, if the respective facility selects and arranges an alternate form ~~[Reimbursed by the center, if a provider is the most appropriate means]~~ of transportation;

2. CMHC, if the respective CMHC selects and arranges an alternate form of transportation; or

3. ~~[(b)]~~ Individual, if the individual declines the offered transportation or selects and arranges ~~[The responsibility of the hospital, if the hospital determines that]~~ an alternate form of transportation~~[is more appropriate]~~.

(c) ~~[(8)]~~ No payment shall be made by the CMHC~~[center]~~ if reimbursement of these costs is otherwise available from private~~[:]~~

~~[(a)]~~ ~~[Private]~~ insurance,~~[;]~~

~~[(b)]~~ ~~[Other source of payment;]~~

~~[(c)]~~ Medicare,~~[; or]~~

~~[(d)]~~ ~~[The Department for]~~ Medicaid, or other sources of payment~~[Services]~~.

(d) ~~[(9)]~~ The authority of the cabinet to negotiate rates of reimbursement and enter into arrangements~~[contracts]~~ with providers of transportation services may be delegated to the CMHC~~[center]~~.

(e) Reimbursement of transportation costs may be negotiated by the CMHC in accordance with the CMHC's contract with the cabinet.

Section 3. ~~[Section 4.]~~ Individual's Rights ~~[Use of Restraints]~~.

(1) Use of restraints by a ~~[peace officer, ambulance]~~ provider of transportation services, physician, facility, or facility staff.

(a) Restraints shall not be used unless ~~[may use restraints only if]~~ the individual exhibits, or is threatening to exhibit, assaultive or self-injurious behavior.

(b) ~~[(2)]~~ Restraints may be applied through physical contact or devices used by ~~[peace officers, ambulance]~~providers of transportation services, or facilities in a manner consistent with the practice of each profession; or~~[. Restraint may also]~~ be applied through the appropriate use of medications ordered by a licensed physician and administered by a qualified health care professional.

(c) ~~[(3)]~~ Use of restraints ~~[The peace officers, ambulance providers, physician or facility]~~ shall be documented~~[document]~~ in writing, and~~[the use of any restraint. The documentation]~~ shall include:

1. ~~[(a)]~~ The reason for using the restraint;

2. ~~[(b)]~~ Type of restraint used;

3. ~~[(c)]~~ When the restraint was initiated; and

4. ~~[(d)]~~ Length of time the restraint was used, or if medication was used, name of medications, dosage, and effect on the individual.

(d) ~~[(4)]~~ Documentation concerning the use of restraint by a provider of transportation services shall be given to:

1. ~~[(a)]~~ The qualified mental health professional who performs the evaluation; and

2. ~~[(b)]~~ The facility~~[, crisis stabilization unit, or intermediate care facility]~~ where the individual is being held or treated.

(2) ~~[Section 5.]~~ Privacy.

(a) ~~[(1)]~~ A provider of transportation services, facility, and~~[or]~~ facility staff shall maintain the individual's privacy during the holding and evaluation period pursuant to KRS 202A.241.

(b) The ~~[not disclose the]~~ psychiatric condition or other medical or personal information regarding the individual shall only be disclosed~~[except]~~ to:

1. ~~[(a)]~~ Persons acting under the provisions of KRS Chapter~~[Chapters]~~ 202A~~[, 202B and 645]~~;

2. ~~[(b)]~~ The individual;

3. [(c)] The individual's legal guardian;

[(d)] [The individual's parent(s) or person exercising custodial control or supervision of the individual, if a minor;] or

4. [(c)] Any person given legal authority to receive that information on the individual's behalf.

[(2)] [Facilities shall maintain the individual's privacy during the holding period.]

(c) [(3)] The qualified mental health professional shall:

1. Ensure compliance with HIPAA; and

2. Make all reasonable efforts to conduct evaluations in private spaces to maintain an individual's privacy [evaluate the individual in an examining room or clinician's office].

(d) [(4)] [The individual or the other persons identified in subsection (1) of this section may receive copies of all documents generated during the transportation and holding as provided in KRS 61.878 and 61.884.]

[(5)] [The qualified mental health professional who performed the evaluation] Pursuant to KRS 61.878 and 61.884, the evaluator or other facility staff shall inform the individual, or his or her legal guardian, of how to request[of the availability of the documents and the opportunity to review] the individual's:

1. Transportation documentation;

2. Holding documentation; and

3. Medical [medical] record.

(3) [Section 6.] Phone calls [Communication].

(a) [(1)] At the time of holding, the provider of transportation services shall allow the individual to make phone calls at the earliest opportunity available or inform the individual that reasonable access to telephone communication shall be offered at the facility pursuant to KRS 202A.241.

(b) [(2)] The facility staff shall:

1. [(a)] Inform the individual of the availability of phone calls;

2. [(b)] Provide telephone communications to the individual at the earliest opportunity available; and

3. [(c)] Assist the individual in completing phone calls, as applicable, to persons of their choice.[; and]

[(d)] [Pay for no more than two (2) completed long distance phone calls, if the individual has insufficient funds.]

Section 4. [Section 7.] CMHCs' and Contract Mental Health Evaluators' [Community Behavioral Health, Developmental and Intellectual Disabilities Centers] Responsibilities.

(1) Under the authority of KRS 210.040[(7) and (8)], the cabinet may delegate to the CMHCs and contract mental health evaluators[community behavioral health, developmental and intellectual disabilities centers] the responsibility to plan, prepare written protocols, and coordinate services as provided within KRS Chapter[Chapters] 202A[and 202B and 645.120].

(2) The CMHC or contract mental health evaluator[center] shall:

(a) Designate:

1. Locations [facilities] for the purpose of conducting evaluations; and

2. How evaluations shall be conducted, including in-person, via telehealth, or both [by qualified mental health professionals];

(b) Ensure evaluations are conducted in private spaces to maintain an individual's privacy;

(c) [(b)] Notify providers of transportation services, district judges, and the cabinet of the identity and locations[location of the facilities] that are designated for the purpose of evaluating individuals;

(d) ~~[(c)]~~ Make qualified mental health professionals available twenty-four (24) hours per day, seven (7) days per week~~[at designated facilities]~~ to perform evaluations; and

(e) ~~[(d)]~~ Conduct evaluations~~[evaluation requested by facilities]~~ within three (3) hours of the time of the request, unless extensions of time are negotiated between the involved parties~~[the facility and the centers; and]~~

~~[(e)] [Assist the facility in referring the individual to a hospital for treatment if the evaluation criteria are met and the individual has not been admitted to the hospital where the evaluation is conducted]~~.

Section 5. Court ordered community-based outpatient treatment (CBOT).

(1) Upon agreement of all parties, the court may enter a consent order for the individual to voluntarily receive CBOT in accordance with KRS 202A.0809.

(2) If a court orders CBOT for a consent order or contested order pursuant to KRS Chapter 202A:

(a) It shall not exceed 360 days; and

(b) The individual shall:

1. Have a treatment plan and multidisciplinary team;

2. Comply with the court order and all reasonable conditions necessary to ensure compliance; and

3. Have the right to request the court to stay, vacate, or modify the order.

(3) The treatment plan shall:

(a) Be developed by a QMHP within forty-eight (48) hours of the court order in accordance with KRS 202A.051(10)(a)2.c.ii. and (b)2.a., 202A.051(11)(a)2.c.ii., and (b)(2)a., and 202A.0805(5)(f)3.b;

(b) Provide reasonable opportunities for the individual to actively participate in its development and any modifications thereafter;

(c) Involve any other persons, as appropriate, including the individual's guardian, family, or natural supports;

(d) Follow any advance directive for mental health treatment executed by the individual in accordance with KRS 202A.422;

(e) Contain a proactive crisis plan that includes access to emergency or crisis services twenty-four (24) hours a day, seven (7) days a week, with the contact information to access such crisis services; and

(f) Include treatment and goals based on evidence-based practices.

(4) The multidisciplinary team assembled by the provider agency shall:

(a) Report to the court and other parties as indicated in the court order pursuant to KRS 202A.0801; and

(b) Ensure the appropriateness of the individual's treatment plan to address the individual's identified needs.

(5) If at any time, a new petition for involuntary hospitalization is filed, the procedures for a new petition for involuntary hospitalization shall be identical to the procedures for the original petition, except if the petition is filed within twelve (12) months of a previous order, the QMHP shall consider the individual's prior order in his or her evaluation in accordance with KRS 202A.028(3)(b) through(d), 202A.029(2)(b) through (d), 202A.061(3)(b) through (d), and 202A.0803(b) through (d).

(6) For Medicaid-eligible individuals, CBOT shall be authorized by the Department for Medicaid Services and its contractors as Medicaid-eligible services and shall be subject to the same medical necessity criteria and reimbursement methodology as for all other covered behavioral health services.

Section 6. Annual report. The annual report to the Legislative Research Commission required by KRS 202A.0807 shall be completed using the data:

(1) Tracked and reported to the cabinet by individuals and agencies who perform evaluations, which shall include the data required by KRS 202A.0807(1); and

(2) Required and provided by the Administrative Office of the Courts pursuant to KRS 202A.0807(3).

COMPILER'S NOTE: 2025 RS HB 6, enacted by the General Assembly on March 27, 2025, altered the information to be provided at the time an administrative regulation is filed. Aside from formatting changes necessary to upload the regulation into the LRC's publication application, this regulation has been published as submitted by the agency.

908 KAR 2:090
KATHERINE R. MARKS, Ph. D., Commissioner
STEVEN J. STACK, MD, MBA, Secretary

APPROVED BY AGENCY: November 12, 2026

FILED WITH LRC: November 13, 2026 at 9:30 a.m.

PUBLIC HEARING AND COMMENT PERIOD: A public hearing on this administrative regulation shall, if requested, be held on January 25 2027, at 9:00 a.m., Eastern Time / 8:00 a.m. Central Time, using the CHFS Office of Legislative and Regulatory Affairs Zoom meeting room. The Zoom invitation will be emailed to each requestor the week prior to the scheduled hearing. Individuals interested in attending this virtual hearing shall notify this agency in writing by January 15, 2027, five (5) workdays prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing is received by that date, the hearing may be canceled. This hearing is open to the public. Any person who attends virtually will be given an opportunity to comment on the proposed administrative regulation. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on this proposed administrative regulation through January 31, 2027. Send written notification of intent to attend the public hearing or written comments on the proposed administrative regulation to the contact person. Pursuant to KRS 13A.280(8), copies of the statement of consideration and, if applicable, the amended after comments version of the administrative regulation shall be made available upon request.

CONTACT PERSON: Krista Quarles, Policy Analyst, Office of Legislative and Regulatory Affairs, 275 East Main Street 5 W-A, Frankfort, Kentucky 40621; Phone: 502-564-7476; Fax: 502-564-7091; CHFSregs@ky.gov.

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Contact Person:Jessica Beaubien, Krista Quarles; Phone Number: (502) 564-4527, (502) 564-7476; Email: jessical.beaubien@ky.gov, CHFSregs@ky.gov

Subject Headings:Behavioral Health, Community-Based Services, Mental Health, Psychological Services

(1) Provide a brief summary of:

(a) What this administrative regulation does:
This administrative regulation sets forth the cabinet's services and procedures for transporting and holding adults for involuntary hospitalization evaluations. It outlines the rights of adults held under KRS Chapter 202A, establishes legal proceeding protocols, and coordinates required community-based outpatient treatment services.

(b) The necessity of this administrative regulation:
This administrative regulation is necessary to establish standard operational frameworks for transporting, evaluating, and holding adults for involuntary psychiatric evaluations. It also provides critical procedural steps to protect individual rights while ensuring safety.

(c) How this administrative regulation conforms to the content of the authorizing statutes:
This administrative regulation directly conforms to KRS Chapter 202A by implementing the statutory criteria for involuntary adult hospitalization holds, patient rights, and the newly established court-ordered community-based outpatient treatment (CBOT) option.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes:
This administrative regulation assists by providing explicit procedures for Regional Community Mental Health Centers (CMHCs), transportation providers, and facilities. It ensures consistent statewide application of adult involuntary evaluations, patient rights protections, and multidisciplinary community outpatient oversight. (2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(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:
This amendment narrows the scope of the regulation exclusively to adults by removing references to children and KRS Chapter 645, which are placed into a new separate regulation. It updates the regulation title to reflect this change. It further adds definitions and establishes clear clinical and legal procedures required to implement court-ordered community-based outpatient treatment (CBOT) and multidisciplinary monitoring teams under KRS Chapter 202A.

(b) The necessity of the amendment to this administrative regulation:
This amendment is necessary to align the regulation with recent statutory changes to KRS Chapter 202A, as a result of SB 122 (2026), governing adult involuntary care. It is also necessary to prevent regulatory conflict and duplication by separating adult involuntary protocols from juvenile-specific processes.

(c) How the amendment conforms to the content of the authorizing statutes:
The amendment conforms to the authorizing statutes by implementing the statutory criteria for involuntary adult hospitalization holds, patient rights, and the newly established court-ordered community-based outpatient treatment (CBOT) option.

(d) How the amendment will assist in the effective administration of the statutes:
This amendment will assist by providing clear, adult-focused procedures for psychiatric transport, evaluation timelines, patient rights, documentation, and the coordination of evidence-based community crisis plans.

(3) Does this administrative regulation or amendment implement legislation from the previous five years?Yes, this amendment addresses legislative updates to KRS Chapter 202A found in SB 122 (2026) by adding details related to transportation, data reporting, and the new court-ordered community-based outpatient treatment program.

(4) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation:
This regulation affects the Cabinet for Health and Family Services (Department for Behavioral Health); Kentucky's fourteen (14) regional community mental health centers (CMHCs); four (4) state psychiatric hospitals; local acute care hospitals with licensed psychiatric units; local law enforcement agencies responsible for psychiatric transport; county attorney offices; district court judges; and adults experiencing a behavioral health crisis who meet involuntary evaluation criteria under KRS Chapter 202A.

(5) Provide an analysis of how the entities identified in question (4) 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 (4) will have to take to comply with this administrative regulation or amendment:
CMHCs and contract evaluators must ensure qualified mental health professionals (QMHPs) are available for 24/7 coverage, complete initial evaluations within three (3) hours of notification, and assemble multidisciplinary teams for court-ordered community-based outpatient treatment. Transportation providers must transport adults under involuntary status utilizing the least restrictive restraint necessary for safety, provide situational documentation to receiving facilities, and maintain continuous custody until formal handover. Psychiatric facilities must ensure adult patient privacy, facilitate telephone access, and provide mandated patient rights disclosures.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (4):
Regulated community providers may incur minimal operational costs to implement and track court-ordered community-based outpatient treatment plans. However, these localized treatment expenditures are anticipated to be fully offset by a corresponding reduction in high-cost, acute inpatient psychiatric hospitalizations. Medicaid-eligible community services will continue to utilize standard authorized reimbursement methodologies within existing regional networks.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (4):
Regulated entities benefit from clear operational and jurisdictional boundaries separating adult and juvenile populations. Adults experiencing a behavioral health

crisis receive standardized protections of their rights, clear pathways to access medical records, and enhanced opportunities to participate in proactive, community-based crisis treatment plans.

(6) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:

(a) Initially:

The Department for Behavioral Health, Developmental, and Intellectual Disabilities estimates no net increase in initial costs to implement the proposed amendment. Any initial administrative oversight costs are absorbed into existing operational structures.

(b) On a continuing basis:

The Department for Behavioral Health, Developmental, and Intellectual Disabilities estimates it will have no impact to net cost on a continuing basis. While the coordination of community-based outpatient treatment pathways requires local resource allocation, these long-term expenditures will be functionally offset by decreased utilization and reduced length of stays in state-operated and state-contracted acute psychiatric facilities.

(7) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation or this amendment:

The implementation and enforcement of this administrative regulation and its amendment are funded through state general funds allocated to the Cabinet for Health and Family Services.

(8) 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:

There is no increase in fees or funding necessary as a result of the proposed amendment because there will be no additional operational costs to the identified entities.

(9) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees:

There are no new or increased fees as a result of the proposed amendment.

(10) TIERING: Is tiering applied?

Tiering is not applied because this administrative regulation will be applied in a like manner statewide.

FISCAL IMPACT STATEMENT

(1) Identify each state statute, federal statute, or federal regulation that requires or authorizes the action taken by the administrative regulation.

KRS 202A.008, 202A.028(3), (4), 202A.0801, and 202A.101(3)

(2) Identify the promulgating agency and any other affected state units, parts, or divisions:

The promulgating agency is the Cabinet for Health and Family Services, Department for Behavioral Health, Developmental and Intellectual Disabilities. The Kentucky Court of Justice (Administrative Office of the Courts) is affected regarding shared data reporting.

(a) Estimate the following for the first year:

Expenditures:Minimal. There is no net increase in expenditures anticipated. Any initial administrative staff time spent establishing the community tracking systems will be absorbed into existing operational structures. It is anticipated that costs for community-based outpatient treatment will be functionally offset by decreased utilization of stays in state-operated and state-contracted acute psychiatric facilities.

Revenues:None.

Cost Savings:Minimal. There are no net cost savings anticipated. Long-term costs for community-based outpatient treatment will be functionally offset by decreased utilization of stays in state-operated and state-contracted acute psychiatric facilities.

(b) How will expenditures, revenues, or cost savings differ in subsequent years?

They will not differ for subsequent years.

(3) Identify affected local entities (for example: cities, counties, fire departments, school districts):

Local law enforcement agencies (sheriff and city police departments) and county attorney offices.

(a) Estimate the following for the first year:

Expenditures:Minimal. The processes for transport coordination, court notification, and reimbursement are already in place and utilized. The details added in this amendment are anticipated to be absorbed into existing operational budgets. Localities may see a stabilizing effect on transport expenditures if robust community-based outpatient monitoring reduces repeat emergency custody pick-ups.

Revenues:N/A

Cost Savings:Minimal. The processes for transport coordination, court notification, and reimbursement are already in place and utilized. The details added in this amendment are anticipated to be absorbed into existing operational budgets. Localities may see a stabilizing effect on transport cost if robust community-based outpatient monitoring reduces repeat emergency custody pick-ups.

(b) How will expenditures, revenues, or cost savings differ in subsequent years?

They will not differ for subsequent years.

(4) Identify additional regulated entities not listed in questions (2) or (3):

Regional Community Mental Health Centers (CMHCs), contract mental health evaluators, and acute care hospitals or psychiatric facilities utilizing involuntary holding protocols.

(a) Estimate the following for the first year:

Expenditures:Minimal. Community providers may see a shift in local operational resource allocations to manage the administrative tracking and multidisciplinary oversight required for court-ordered community outpatient treatment.

Revenues:N/A

Cost Savings:These localized, community-level expenditures are anticipated to be structurally offset for the broader health system by a direct reduction in the length of stay and utilization of expensive acute inpatient hospitalizations.

(b) How will expenditures, revenues, or cost savings differ in subsequent years?

They will not differ for subsequent years.

(5) Provide a narrative to explain the:

(a) Fiscal impact of this administrative regulation:

The overall fiscal impact of this administrative regulation is minimal and neutral. While the regulation implements a new court-ordered community-based outpatient treatment option and structures a new administrative and clinical process for data tracking, these treatment expenditures are anticipated to be functionally offset by a corresponding decrease in high-cost, state-funded acute psychiatric hospital beds.

(b) Methodology and resources used to determine the fiscal impact:

The department evaluated existing psychiatric admission lengths of stay, current CMHC transportation contract structures, and baseline administrative workforce costs required to coordinate regional care.

(6) Explain:

(a) Whether this administrative regulation will have an overall negative or adverse major economic impact to the entities identified in questions (2) - (4). ($500,000 or more, in aggregate)

This administrative regulation will not have an overall negative or adverse major economic impact on the identified entities.

(b) The methodology and resources used to reach this conclusion:

The department reviewed existing staff qualifications, regional service numbers, and current baseline operational capacities compared against the streamlined adult-focused framework.