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LEGISLATIVE RESEARCH COMMISSION FRANKFORT, KENTUCKY

VOLUME 7, NUMBER 4
SATURDAY, NOVEMBER 1, 1980



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NOTE: The November meeting will be held in Room A, Capitol Annex Basement, Thursday, November 6, 1980 starting at 10 a.m.

This is an official publication of the Commonwealth of Kentucky, Legislative Research Commission, giving public notice of all proposed regulations filed by administrative agencies of the Commonwealth pursuant to the authority of Kentucky Revised Statutes Chapter 13.

Persons having an interest in the subject matter of a proposed regulation published herein may request a public hearing or submit comments within 30 days of the date of this issue to the official designated at the end of each proposed regulation.

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Title		Chapter		Regulation
806	KAR	50	:	155
Cabinet Department, Board or Agency		Bureau, Division or Major Function		Specific Area of Regulation

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### Public Hearings Scheduled

### DEPARTMENT FOR NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION

A public hearing will be held at 10 a.m. EST October 31, 1980, in the State Office Building Auditorium, Frankfort, Kentucky on the following regulations:

401 KAR 2:070. Recordkeeping, operating standards, and reporting procedures. [7 Ky.R. 315]
401 KAR 2:085. Hazardous waste transportation. [7 Ky.R. 364]

A public hearing will be held from 10 a.m. to 5 p.m. EST November 5 and 6, 1980, in the auditorium of the Department for Human Resources, 275 East Main Street, Frankfort, Kentucky on the following regulations:

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401 KAR 59:005. General provisions. [7 Ky.R. 320]
        401 KAR 59:048. Leaks from new petroleum refinery equipment. [7 Ky.R. 366] 401 KAR 59:050. New storage vessels for petroleum liquids. [7 Ky.R. 323]
        401 KAR 59:125. New primary aluminum reduction plants. [7 Ky.R. 326]
        401 KAR 59:185. New solvent metal cleaning equipment. [7 Ky.R. 328]
        401 KAR 59:212. New graphic arts facilities using rotogravure flexography. [7 Ky.R.
3671
        401 KAR 59:214. New factory surface coating operations of flat wood paneling.
[7 Ky.R. 369]
        401 KAR 59:225. New miscellaneous metal parts and products surface coating
opera tions. [7 Ky.R. 370]
401 KAR 59:230. New synthesized pharmaceutical product manufacturing operations.
[7 Ky.R. 372]
401 KAR 59:235. New pneumatic rubber tire manufacturing plants. [7 Ky.R. 373]
401 KAR 59:240. New perchloroethylene dry cleaning systems. [7 Ky.R. 374]
        401 KAR 61:005. General provisions. [7 Ky.R. 330]
401 KAR 61:050. Existing storage vessels for petroleum liquids. [7 Ky.R. 335]
401 KAR 61:095. Existing solvent metal cleaning equipment. [7 Ky.R. 337]
         401 KAR 61:122. Existing graphic arts facilities using rotogravure flexography.
[7 Ky. R. 375]
         401 KAR 61:124. Existing factory surface coating operations of flat wood paneling.
[7 Ky.R. 376]
         401 KAR 61:132. Existing miscellaneous metal parts and products surface coating
operations. [7 Ky.R. 378]
         401 KAR 61:137. Leaks from existing petroleum refinery equipment. [7 Ky.R. 379] 401 KAR 61:150. Existing synthesized pharmaceutical product manufacturing opera-
 [7 Ky.R. 381]
         401 KAR 61:155. Existing pneumatic rubber tire manufacturing plants. [7 Ky.R. 382] 401 KAR 61:160. Existing perchloroethylene dry cleaning systems. [7 Ky.R. 383]
         401 KAR 61:165. Existing primary aluminum reduction plants. [7 Ky. R. 384]
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#### DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION

A public hearing will be held at 1 p.m. EST November 20, 1980, in the Conference Room of the Department of Housing, Buildings and Construction, The 127 Building, U.S. 127 South, Frankfort, Kentucky on the following regulation:

815 KAR 7:040. Manufactured dwelling systems. [7 Ky.R. 423]

#### DEPARTMENT FOR HUMAN RESOURCES

A public hearing will be held at 9 a.m. EST November 3, 1980, in the Health Services Board Room, Second Floor—Health Building, 275 East Main Street, Frankfort, Kentucky on the following regulation:

902 KAR 20:126. Licensure hearings. [7 Ky.R. 389]

### Emergency Regulations Now In Effect

JOHN Y. BROWN, JR., GOVERNOR Executive Order 80-837 October 6, 1980

### EMERGENCY REGULATION Department of Revenue

WHEREAS, House Bill 968 passed by the	General
Assembly on April 1, 1980, levies a 4½ percent s	everance
tax on persons severing and/or processing mineral	s in Ken-
tucky, effective June 1, 1980; and	J III IXCII-
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WHEREAS, House Bill 968 failed to make an allowance for the tax on stone, sand, gravel, etc., severed on and after June 1, 1980, and used in the performance of contracts with the Kentucky Department of Transportation which were executed prior to the enactment of the severance tax; and

WHEREAS, both the House and Senate adopted resolutions requesting the Department of Transportation to adjust prices on contracts which were bid and awarded prior to the enactment of the tax so as to reimburse suppliers for the additional cost of the severance tax; and

WHEREAS, the entire process of adjusting contracts by the Department of Transportation and collection of the severance tax by the Department of Revenue from producers on Department of Transportation contracts executed prior to April 1, 1980, for delivery on and after June 1, 1980, will result in excessive administrative costs to the Department of Transportation, Department of Revenue, contractors, sub-contractors, suppliers, and producers; and

WHEREAS, the purposes of Resolutions HR 152 and SR 81 may be accomplished in a simple manner without incurring such costs by requiring the Department of Transportation to remit the tax directly to the Department of Revenue on behalf of the producers; and

WHEREAS, the first tax return required by House Bill 968 to be filed by the producers is due October 31, 1980:

NOW, THEREFORE, I, John Y. Brown, Jr., Governor of the Commonwealth of Kentucky, pursuant to the authority vested in me by KRS 13.085, do hereby acknowledge the finding of the Commissioner of the Department of Revenue that an emergency exists and direct that the attached regulation shall become effective upon filing with the Legislative Research Commission.

JOHN Y. BROWN, JR., Governor FRANCES JONES MILLS, Secretary of State

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### DEPARTMENT OF REVENUE Bureau for Enforcement

103 KAR 35:020E. DOT contracts.

RELATES TO: KRS Chapter 143A PURSUANT TO: KRS 13.082 EFFECTIVE: October 6, 1980

EXPIRES: Sine Die adjournment of 1982 regular session of the General Assembly, or upon being replaced through regular procedure.

NECESSITY AND FUNCTION: The 1980 Kentucky General Assembly enacted House Bill 968 which, effective June 1, 1980, levies a four and one-half (4½) percent tax on persons severing and/or processing minerals in Kentucky. The bill made no allowance for tax on crushed stone, sand, gravel, etc., severed on or after June 1 and used in the performance of contracts with the Kentucky Department of Transportation which were entered into prior to the passage of HB 968 by the Legislature on April 1, 1980. Both the House and Senate subsequently adopted resolutions requesting the Department of Transportation to adjust contract prices to compensate recipients of such bid awards for the amount of this tax. This indicates a clear intent on the part of the legislature not to require recipients of such bid awards to absorb the tax on existing contracts involving the Department of Transportation. However, the processing of change orders on existing contracts would mean added expense for both the taxpayer and the state, and the net effect would be the payment of the tax to a taxpayer by one (1) agency of state government (Transportation) and the collection of the tax from the same taxpayer by another agency of state government (Revenue). The purpose of this regulation is to eliminate the expense of processing such change orders by requiring the Department of Transportation to remit the tax directly to the Department of Revenue.

Section 1. The Department of Transportation shall remit directly to the Department of Revenue on behalf of mineral producers, the tax levied by House Bill 968 applicable to Department of Transportation contracts executed prior to April 1, 1980. The tax to be remitted shall be computed on the gross value of such stone, sand, gravel, etc., to the extent that the gross value exceeds the gross value of the producers' inventory of such minerals as of May 31, 1980.

Section 2. Minerals producers shall report and compute the tax due on all transactions involving contracts referred to in Section 1 in the same manner as all other transactions. However, such producers shall be entitled to compute a credit for the tax applicable to Department of Transportation contracts for minerals to be delivered on or after June 1, 1980 under contracts executed prior to April 1, 1980.

Section 3. The Department of Revenue shall provide appropriate forms and instructions for administering the provisions of this regulation.

ROBERT ALLPHIN, Commissioner ADOPTED: October 3, 1980 RECEIVED BY LRC: October 6, 1980 at 4 p.m.

JOHN Y. BROWN, JR., GOVERNOR Executive Order 80-768 Sepember 18, 1980

EMERGENCY REGULATION
Department of Finance
Model Procurement Code

WHEREAS, the 1980 Legislature recognized the need to modernize the Small Purchases Procedures of the Model Procurement Code in regard to the universities, enacted by Senate Bill 163, and authorized its use upon promulgation of regulations by the Secretary of Finance; and

WHEREAS, the Secretary of the Department of Finance finds that said regulation needs to be effective as soon as possible in order to reduce administrative costs and delays for the universities and requests that an emergency regulation be filed for that purpose:

NOW, THEREFORE, I, JOHN Y. BROWN, JR., Governor of the Commonwealth of Kentucky, by virtue of the authority vested in me by KRS 13.085(2), do hereby acknowledge the finding of the Secretary of the Department of Finance that an emergency exists, and direct that said regulation with respect to Small Purchases Procedures by the universities shall be effective upon filing with the Legislative Research Commission, as provided by Chapter 13 of the Kentucky Revised Statutes.

JOHN Y. BROWN, JR., Governor FRANCES JONES MILLS, Secretary of State

#### DEPARTMENT OF FINANCE

200 KAR 5:308E. Small purchase procedures.

RELATES TO: KRS Chapter 45A PURSUANT TO: KRS 45A.035 EFFECTIVE: September 19, 1980

EXPIRES: Sine Die adjournment of 1982 regular session of the General Assembly, or upon being replaced

through regular procedure.

NECESSITY AND FUNCTION: The Secretary of the Department of Finance is authorized by KRS 45A.055 to publish state purchasing regulations for the implementation of the Kentucky Model Procurement Code (KRS Chapter 45A). This regulation implements the provisions of KRS 45A.035(2)(c) and 45A.100. This amendment extends application of such procedures to purchases of commodities and services of \$5,000 and less by state institutions of higher education as authorized by KRS 45A.100, as amended by the 1980 regular session of the General Assembly.

Section 1. Small purchase procedures may be used by all agencies without prior approval by the Department of Finance where procurement for a total requirement is estimated not to exceed an aggregate amount of \$5,000 for construction services, and \$1,000 for all other categories of purchases, except that state institutions of higher education may purchase an aggregate amount not to exceed \$5,000. Procurement requirements shall not be parceled, split, divided or purchased over a period of time in order to meet the dollar limitations for use of small purchase procedures.

Section 2. (1) Agencies shall informally obtain three (3) or more price quotations from qualified sources of supply for all small purchases between \$1,500 and \$5,000 [exceeding \$1,500] for construction services and between \$500 and \$1,000 [\$500] for all other purchases, except state institutions of higher education shall obtain three (3) or more

price quotations from qualified sources of supply for construction services and other categories of small purchases between \$1,500 and \$5,000 [as otherwise delegated]. The price quotations received, a tabulation of prices offered, and comments by the agency handling the small purchase concerning the basis selected for placing the order, shall be recorded in writing and shall be filed in a small purchase order file to be maintained by the agency.

(2) Small purchases may be made by agencies from any available source of supply, without first obtaining quotations from other sources [,] for construction services costing \$1,500 or less, and \$500 or less for all other purchases except state institutions of higher education may make small purchases of construction service and other categories not to exceed \$1,500 without quotations.

GEORGE L. ATKINS, Secretary ADOPTED: September 17, 1980 RECEIVED BY LRC: September 19, 1980 at 3:30 p.m.

JOHN Y. BROWN, JR., GOVERNOR Executive Order 80-869 October 13, 1980

EMERGENCY REGULATIONS
Department for Human Resources
Bureau for Health Services
Emergency Medical Services Branch

WHEREAS, the 1980 General Assembly enacted Senate Bill 66 establishing a matching grant program for counties and cities for the purchases of ambulances and equipment and for salaries of trained emergency medical services personnel; and

WHEREAS, Senate Bill 66 directs the Department for Human Resources to promulgate rules and regulations relating to emergency medical services throughout the State; and

WHEREAS, Senate Bill 66 became effective July 15, 1980, and it is imperative that funding assistance be expediently allocated to Kentucky's counties and cities facing discontinuance of ambulance services due to lack of adequate funding; and

WHEREAS, emergency medical services are necessary to save the lives of persons acutely sick or injured; and

WHEREAS, the Secretary of the Department for Human Resources has found that an emergency exists with respect to the said proposed regulations, and that, therefore, such proposed regulations should, pursuant to the provision of law, be effective immediately upon filing with the Legislative Research Commission:

NOW, THEREFORE, I, John Y. Brown, Jr., Governor of the Commonwealth of Kentucky, by virtue of the authority vested in me by KRS 13.085(2), do hereby acknowledge the finding of an emergency by the Secretary of the Department for Human Resources with respect to the attached regulations and direct that said regulations shall be effective upon filing with the Legislative Research Commission.

JOHN Y. BROWN, JR., Governor FRANCES JONES MILLS, Secretary of State

# DEPARTMENT FOR HUMAN RESOURCES Bureau for Health Services Emergency Medical Services Branch

902 KAR 14:005E. Ambulance and equipment purchase assistance.

RELATES TO: KRS 211.950 to 211.958 PURSUANT TO: KRS 13.082, 211.952 EFFECTIVE: October 14, 1980

EXPIRES: Sine Die adjournment of 1982 regular session of the General Assembly, or upon being replaced

through regular procedure.

NECESSITY AND FUNCTION: KRS 211.952 authorizes the Department for Human Resources to maintain a program for the planning, development, and improvement of emergency medical services throughout the state utilizing, among other factors, the system components described in Public Law 93-154, the Emergency Medical Services Act of 1973. The function of this regulation is to establish standards and criteria governing the allocation of funding assistance to local governments for the purchase of ambulances and equipment to maintain essential services in accordance with KRS 211.954.

Section 1. Application for Funding Assistance. Any city or county may apply to the Department for Human Resources, Emergency Medical Services Branch, with the assistance of the applicable emergency medical services system for funding assistance toward the purchase of an ambulance or for essential equipment to be used solely in the operation of its respective ambulance service in accordance with KRS 211.954. Application forms may be obtained from the department.

Section 2. Ambulance Criteria; Equipment. (1) All ambulances purchased pursuant to this regulation shall meet Federal Ambulance Design Criteria (GSA KKK-A-1822).

(2) Major items of equipment fundable under this regulation shall include, but need not be limited to:

(a) Portable infant transport incubators;

(b) Mobile radio, UHF or VHF;(c) Portable radio, UHF or VHF;(d) Pagers for on-call personnel;

(e) Portable monitor/defibrillator, complete;

(f) Anti-shock trousers;

(g) "Jaws of Life;"

(h) Any other essential equipment required by 902 KAR 20:115.

Section 3. Title, Use, and Disposition of Ambulances and Equipment. Legal title to ambulances and equipment purchased pursuant to this regulation shall vest in the grantee. The grantee shall maintain property records for each ambulance and item of equipment for which funds were provided by the Department for Human Resources and shall notify the department of any changes in its intended use or current status. In the event the grantee desires to dispose of an ambulance or item of equipment, prior approval shall be obtained from the department.

Section 4. Priorities for Allocation of Funds. Priorities for allocation of funds for ambulances and equipment shall be based on the following criteria:

(1) First priority. Cities or counties which have met the regional emergency medical services transportation plan, but have need for replacement of ambulances which are totally inoperable or at least seven (7) years old or driven in

excess of 70,000 miles or for replacement of essential

(2) Second priority. Cities or counties in which additional ambulances are required to meet the regional emergency medical services transportation plan; or additional equipment to upgrade a basic or advanced life support ambulance service.

(3) Third priority. Cities or counties in which a new ambulance service is being established to fulfill a need iden-

tified in the regional transportation plan.

DAVID T. ALLEN, Commissioner ADOPTED: October 10, 1980 W. GRADY STUMBO, Secretary APPROVED: RECEIVED BY LRC: October 14, 1980 at 4 p.m.

### DEPARTMENT FOR HUMAN RESOURCES Bureau for Health Services Emergency Medical Services Branch

902 KAR 14:015E. Salary payment assistance.

RELATES TO: KRS 211.950 to 211.958 PURSUANT TO: KRS 13.082, 211.952 EFFECTIVE: October 14, 1980

EXPIRES: Sine Die adjournment of 1982 regular session of the General Assembly, or upon being replaced

through regular procedure.

NECESSITY AND FUNCTION: KRS 211.952 authorizes the Department for Human Resources to maintain a program for the planning, development, and improvement of emergency medical services throughout the state utilizing, among other factors, the system components described in Public Law 93-154, the Emergency Medical Services Act of 1973. The function of this regulation is to establish standards and criteria governing the allocation of funding assistance for payment of salaries of trained emergency medical services personnel to maintain essential services in accordance with KRS 211.956.

Section 1. Application for Personnel Funding Assistance. Any city or county may apply to the Department for Human Resources with the assistance of the applicable emergency medical services system for funding assistance to maintain an adequate number of trained personnel to staff its ambulance service in accordance with KRS 211.956. The application shall include the total ambulance service operating budget, a summary of the total city or county general fund budget, and itemization of sources and amounts of city or county revenues utilized in the provision of ambulance services. Application forms may be obtained from the Department for Human Resources.

Section 2. Funding Criteria and Prioritization. To qualify for funding assistance pursuant to KRS 211.956, the applicant city or county must budget a minimum of five percent (5%) of its available general fund dollars as budgeted and reported to the Department for Local Government toward the cost of ambulance service operations, except that revenues raised by an ambulance service district tax may be applied to reduce the amount of general funds necessary on a one-for-one direct reduction basis.

- (1) The maximum amount of matching funds for which the city or county may qualify shall be determined as follows:
- (a) The first five percent (5%) of city or county general funds budgeted and any other funds earmarked for ambulance service, shall be deducted from the total ambulance service operating budget.
- (b) The percentage of actual personnel costs to the total ambulance service budget shall be determined, and this percentage applied to the total ambulance service operating cost remaining after deductions in paragraph (a) of this subsection.
- (c) The city or county shall be eligible for fifty percent (50%) of the amount derived from paragraphs (a) and (b) of this subsection up to a maximum of \$40,000 per county, including grants to cities within counties.

(d) Eligible applications shall be ranked in descending order (high to low) by the ratio of the amounts derived from paragraphs (a) and (b) of this subsection to the ap-

plicants' general funds.

(2) Eligible applicants shall be allocated funds based on their priority ranking, the number of eligible applicants,

and the amount of funds available.

(3) Allocations from the personnel funds to cities or counties where at least fifty percent (50%) of ambulance personnel are volunteers (non-compensated) or in which at least fifty percent (50%) of the ambulance services are operated by volunteers on a twenty-four (24) hour basis elect to apply funding for equipment pursuant to KRS 211.958 shall be prioritized utilizing criteria contained in 902 KAR 14:005E.

Section 3. Funding Limitations. Allocations from the personnel funds to cities or counties pursuant to Section 2(3) shall not exceed ten percent (10%) of the total amount available in this fund.

Section 4. Matching Requirement. The matching requirement of fifty percent (50%) for personnel salaries shall be budgeted from city or county general funds or from ambulance district tax revenues only.

DAVID T. ALLEN, Commissioner

ADOPTED: October 10, 1980 W. GRADY STUMBO, Secretary APPROVED: RECEIVED BY LRC: October 14, 1980 at 4 p.m.

> JOHN Y. BROWN, JR., GOVERNOR Executive Order 80-836 October 6, 1980

**EMERGENCY REGULATION** Department for Human Resources Bureau for Social Insurance

WHEREAS, the Secretary of the Department for Human Resources is responsible for promulgating, by regulation, the policies of the Department with respect to the provision of assistance under the Emergency Heat Assistance Program; and

WHEREAS, the Secretary has found the extreme heat suffered by the citizens of the Commonwealth to be

detrimental to the health of some citizens, and that relief measures should be implemented as quickly as possible;

WHEREAS, the Secretary has promulgated a regulation providing for implementation of the Emergency Heat

Assistance Program; and

WHEREAS, the Secretary has found that an emergency exists with respect to the said proposed regulation, and that, therefore, such proposed regulation should, pursuant to the provision of law, be effective immediately upon fil-

ing with the Legislative Research Commission:

NOW, THEREFORE, I, John Y. Brown, Jr., Governor of the Commonwealth of Kentucky, by virtue of the authority vested in me by KRS 13.085(2), do hereby acknowledge the finding of emergency by the Secretary of the Department for Human Resources with regard to the filing of said regulation of the Department for Human Resources providing for the Emergency Heat Assistance Program, and direct that said regulation shall be effective upon filing with the Legislative Research Commission as provided in Chapter 13 of Kentucky Revised Statutes.

JOHN Y. BROWN, JR., Governor FRANCES JONES MILLS, Secretary of State

### DEPARTMENT FOR HUMAN RESOURCES Bureau for Social Insurance

904 KAR 1:091E. Emergency heat assistance program.

RELATES TO: KRS 194.050

PURSUANT TO: KRS 13.082, 194.050

EFFECTIVE: October 6, 1980

EXPIRES: Sine Die adjournment of 1982 regular session of the General Assembly, or upon being replaced

through regular procedure.

NECESSITY AND FUNCTION: The Department for Human Resources is authorized by KRS 194.050 to administer a program to provide assistance to low income people suffering from the effects of high temperature due to their vulnerability to the heat. This regulation sets forth the eligibility and payments criteria for assistance under the Emergency Heat Assistance Program (EHAP) and provides that such program shall be implemented by a program administration contract with Kentucky Association of Community Action Agencies (KACAA).

Section 1. Implementation. Pursuant to a program administration contract between the Kentucky Association of Community Action Agencies and the department, the KACAA shall accept and process applications and provide benefits in accordance with the terms of the contract.

Section 2. Eligible Groups. The following groups are considered eligible:

(1) Households with an income at or below 125 percent of the Community Services Administration poverty guidelines and having one (1) or more members who are either aged sixty (60) or older or whose health is endangered by the heat; and

(2) Private non-profit, or public health facilities in which persons reside for congregate care, provided the majority of persons in the facility meet the criteria in subsection (1) of this section.

Section 3. Types of Assistance That May Be Provided. The following types of assistance may be provided:

(1) Purchase or loan of fans or rental or loan of other cooling equipment;

(2) Payments for establishing and operating heat relief

- (3) Payments for provision of transportation to heat relief centers, alternate living arrangements, or medical facilities:
- (4) Payment of utility costs when necessary to assure availability of utilities for cooling;
- (5) Payments necessary to obtain treatment of heat related medical bills; and
- (6) Payments for other measures deemed necessary (by KACAA) for providing cooling assistance to people suffering from the effects of extreme high temperatures over long periods of time.

Section 4. Payment Restrictions. The maximum amount of assistance which may be provided to a household is \$200. Direct payments may not be made to individuals.

Section 5. Fiscal Accountability. The KACAA, and the local community action agencies and affiliates implementing EHAP by subcontract with KACAA, shall maintain and provide such records and reports as may be required pursuant to the agreement between the KACAA and the department, so as to account for the expenditures made in EHAP.

Section 6. Program Funding and Terminations. Funds for this program are provided by the Community Services Administration, Department of Health and Human Services, and the program shall terminate when such funds are expended. However, no funds for benefits are to be authorized for applications received after October 31, 1980. Funds allocated for this program may be used by the community action agencies to replace funds diverted from other programs areas to meet heat-related emergencies which occurred on or after June 21, 1980, provided the household was an eligible household as shown in Section 2, and the type of benefits are permissible as shown in Section

WILLIAM L. HUFFMAN, Commissioner ADOPTED: September 26, 1980 APPROVED: W. GRADY STUMBO, Secretary RECEIVED BY LRC: October 6, 1980 at 4. p.m.

## Amended Regulations Now In Effect

DEPARTMENT OF FINANCE
Division of Occupations and Professions
Board of Nursing
Reprint

201 KAR 20:200. Definitions for mandatory continuing education.

RELATES TO: KRS 314.011(11), 314.073 PURSUANT TO: KRS 314.021, 314.131(1)

NECESSITY AND FUNCTION: The Kentucky Board of Nursing is charged with administering a continuing education requirement for relicensure of nurses beginning in 1982. In order to implement a statewide system of mandatory continuing education, it is necessary for nurses, providers, and the board to use common terminology for communication about continuing education. For the purposes of mandatory continuing education, and regulations pertaining thereto:

Section 1. Definitions. (1) "Approved" means board

recognized.

(2) "Completed" means for the purpose of KRS 314.073(2) that contact hours have been earned, reported to and recorded by the board.

(3) "Contact hour" means that which is defined in KRS

314.073(1).

(4) "Continuing education" means that which is defined

in KRS 314.011(11).

(5) "Educational unit" means a structural entity with designated administrative and nursing personnel, budget, financial support, facilities, and resources to administer and coordinate continuing education functions.

(6) "Individual nurse participant record" means an approved form submitted by the nurse for reporting contact

hours.

(7) "Inservice education" means that part of an employing agency's staff development program designed to provide information related to the work setting such as philosophy, policies, procedures, on-the-job training, orientation, and equipment demonstration as distinguished from an offering designed to meet the approved standards and criteria for continuing education.

(8) "Offering" means an organized learning experience, planned and evaluated to meet behavioral objectives based on assessed learning needs of nurse participants; an offering may be presented in one (1) session or a series of ses-

sions.

(9) "Participants' evaluation summary" means the approved form which summarizes participants' evaluations of an offering.

(10) "Participant roster" means the approved atten-

dance record submitted by the provider.

- (11) "Program" means the overall organized effort of a provider directed towards accomplishing objectives of a planned continuing education curriculum which consists of offerings.
- (12) "Provider" means an entity which conducts continuing education program/offering(s).
- (13) "Provider number" means the permanent, non-transferable number assigned by the board to a provider.

(14) "Self-study" means a self-directed learning experience under the guidance of, and monitored by, an approved provider.

(15) "Successful completion" means the participant has satisfactorily met the specific requirements of an offering.

SHARON M. WEISENBECK, Executive Director

# DEPARTMENT OF FINANCE Division of Occupations and Professions Board of Nursing As Amended

201 KAR 20:205. Standards for continuing education offerings.

RELATES TO: KRS 314.011(11), 314.073
PURSUANT TO: KRS 314.021, 314.031(1), 314.131(1)
NECESSITY AND FUNCTION: In order to implement
a statewide system of mandatory continuing education for
relicensure of nurses, it is necessary for the board to set
standards for continuing education offerings.

Section 1. An Approved Offering. An approved offering shall comply with the board's administrative and offering standards. The applicant for approval of an offering shall submit evidence of:

(1) [Faculty/] Instructor(s) qualifications. The [faculty/]instructor(s) shall have academic preparation equal to, or greater than, that of the target audience, and shall have expertise in the subject matter, and experience in presenting content to adult learners.

(2) Assessment of learning needs. The justification for approved continuing education shall reflect planning in response to a current, systematic assessment of the learning

needs of nurses.

(3) Behavioral objectives. The content, learning activities, teaching methodology, space provided, time allotted, and evaluation shall be based on, and congruent with, the identified behavioral objectives which shall clearly identify the particular skills, attitudes, and knowledge which the learner can expect to acquire as an outcome of participating in the learning activity.

(4) Content of continuing education. The content shall be designed to present current theoretical knowledge to enhance and expand nursing skills, and to promote the development, or change in attitudes necessary to make

competent judgments and decisions in nursing.

(5) Principles of adult education. An educational offering [activity] shall be based on principles of adult education which shall include, but are not limited to: content meaningful to the target audience, provision for learner participation and utilization of a variety of formats and teaching techniques.

(6) Records and reports. The provider shall have a system for maintaining and retrieving the records of offer-

ing(s) and participant attendance.

(a) The system shall provide for the submission of required attendance and evaulation records to the board

within four (4) weeks after the completion of the offering and for the maintenance and retrieval of reports and records for a minimum of three (3) years.

- (b) Records shall be maintained in a confidential manner.
- (c) The nurse shall have access to personal record(s) and be provided with two (2) copies of the nurse participant record at the completion of the offering.
- (7) Evaluation of continuing education. The method of evaluation shall be identified during the planning phase.

Section 2. Applications for approval of an offering shall be submitted in accordance with requirements at least ninety (90) days prior to the scheduled date of presentation.

- (1) Approval, if granted, shall be until January 1 of the succeeding year.
- (2) An approved offering may be presented as many times as desired during the approval period as long as the board's standards are maintained.
- (3) The provider shall notify the board of any change in the administration of the educational unit or planned offering which occurs after approval is granted; failure to do so is grounds for revocation of approval.

SHARON M. WEISENBECK, Executive Director

# DEPARTMENT OF FINANCE Division of Occupations and Professions Board of Nursing Reprint

201 KAR 20:210. Standards for a program of continuing education.

RELATES TO: KRS 314.011(11), 314.073 PURSUANT TO: KRS 314.021, 314.131(1)

NECESSITY AND FUNCTION: It is necessary for the board to develop standards for approval of programs of continuing education for nurses.

Section 1. Program Standards. A program shall comply with the board's administrative, program, and offering standards as defined by the board's criteria for approval. Applications for approval shall be submitted in accordance with the board's requirements, and shall provide evidence of:

(1) Facilities and resources. Facilities and resources shall meet the board's administrative standards and criteria.

- (2) Nurse administrator. The nurse administrator of the provider's educational unit shall meet the board's educational requirements, and shall have documented evidence of ability to develop and implement a planned continuing education curriculum.
- (3) Curriculum. The planned curriculum identifies each offering and/or session of an offering with the topics listed, and the level and scope of the content planned for each target audience. For each offering and/or session of an offering, the justification for the continuing education activity, the number of contact hours planned, and the proposed faculty and dates shall be identified.

(4) The provider shall immediately notify the board of any change in the administration of the educational unit,

and of any substantial change in the planned curriculum. Major changes shall subject the program to another review process.

Section 2. The board shall annually review, revise, and/or adopt policies and guidelines, not inconsistent with the nursing law and regulations, to facilitate the administration of the continuing education requirement for relicensure of nurses.

SHARON M. WEISENBECK, Executive Director

# DEPARTMENT OF FINANCE Division of Occupations and Professions Board of Nursing As Amended

201 KAR 20:215. Contact hours.

RELATES TO: KRS 314.011(11), 314.073 PURSUANT TO: KRS 314.021, 314.131(1)

NECESSITY AND FUNCTION: In implementing the continuing education requirement, it is necessary for the board to develop standards for awarding contact hour(s).

Section 1. To earn contact hour approval, the nurse shall successfully complete the requirements specified by the provider, or as prescribed by the board for an approved continuing education activity. To satisfy the continuing education requirement for an active Kentucky license, contact hours shall be earned in an approved continuing education activity(s).

- (1) An approved offering shall consist of at least one (1) contact hour.
- (a) An offering may be presented in one (1) session (one (1) contact hour), or a series of sessions, each of which shall provide at least one (1) contact hour.
- (b) Fractional parts of a contact hour shall not be approved for an offering.
- (2) Academic credit in nursing may satisfy the continuing education requirement. Academic credit may be converted to contact hours as follows:
- (a) One (1) semester academic credit hour = fifteen (15) contact hours.
- (b) One (1) quarter academic credit hour = twelve (12) contact hours.
- (3) Clinical practice which is part of an approved offering that requires the demonstration of specific skills to meet stated behavioral objectives shall satisfy the criteria for one (1) contact hour allowed for two (2) hours of clinical practice as prescribed in KRS 314.073(1).
- (4) Self-study may be approved for relicensure beginning in 1984. Prior to 1984, approval of self-study may be considered on an individual basis for those licensees employed or living outside the United States.
- (5) Contact hours awarded by another organization may be recognized by the board as equivalent, or comparable provided the organization's standards and criteria for continuing education and the approval mechanism have been reviewed and approved by the board.

Section 2. The following types of courses will not satisfy the continuing education requirements for licensure:

- (1) Courses in nursing which were a part of the nurse's prelicensure preparation. (This does not preclude approval of nursing electives or other courses in nursing science beyond the basic nursing program.) [prescribed curriculum for the licensee's original license.]
  - (2) Courses in other auxillary training programs.
- (3) Inservice education as defined in 201 KAR 20:200, Section 1(7).

SHARON M. WEISENBECK, Executive Director

# DEPARTMENT OF FINANCE Division of Occupations and Professions Board of Nursing As Amended

201 KAR 20:220. Provider approval.

RELATES TO: KRS 314.011(11), 314.073
PURSUANT TO: KRS 314.021, 314.031(1), 314.131(1)
NECESSITY AND FUNCTION: Only those contact
hours earned in approved programs/offerings conducted
by approved providers shall satisfy the requirements for
relicensure.

Section 1. To administer the continuing education requirement, the board adopts the following standards: Administrative standards. An approved provider shall comply

with the following administrative standards:

- (1) Educational unit. There shall be within the provider's organizational structure an identifiable educational unit with designated personnel and resources for conducting an organized schedule of continuing education for nurses and for reporting and recording of contact hours according to the requirements of the board's standards and criteria.
- (2) Philosophy and objectives. The unit's philosophy and objectives for continuing education shall be consistent with those of the provider organization.
- (3) Nurse administrator of continuing education. A nurse, holding a current, active Kentucky nurse license, with experience in adult and continuing education shall be administratively responsible for the provider's educational unit for continuing education for nurses. [When deemed necessary to assure the quality of the learning experiences, an approved nurse consultant shall be actively involved in the planning, implementation, and evaluation of continuing education offerings.] The educational qualifications of the nurse administrator shall be as follows:

(a) For the licensed practical nursing groups' educational units, the nurse administrator of continuing education shall hold a diploma, or its equivalent, from an ap-

proved school of practical nursing.

(b) Other providers' educational units shall have a nurse administrator who holds a baccalaureate or higher degree in nursing or a nurse consultant who meets the nurse administrator qualifications.

(4) Policies and procedures. Written policies and procedures of the provider shall facilitate the efficient opera-

tion of the planned continuing education activities and shall clearly define the provider's accountability, financial support, and administrative control necessary to maintain the board's standards and criteria for continuing education and to achieve the objectives of the planned program/offering(s).

(5) Educational facilities and resources. The provider shall have accessible and available, or arrange for, [appropriate] educational facilities, human resources, necessary instructional aids, and equipment for the planners, faculty/instructor(s), and/or learners consistent with the educational content, format, teaching methodology, and behavioral objectives of each continuing education of

fering.

(6) Continuing education planners/committee. A committee composed of nurses holding current, active nurse licenses and qualified by education and expertise in the subject matter, and experience in planning adult and continuing education shall be used in planning and evaluating board approved program/offerings; other advisors or consultants may be used as appropriate.

Section 2. Initial Provider Approval. The potential provider shall request an application for consideration as a provider and the board shall assign the potential provider a permanent, nontransferable number. The provider number shall be used to identify all communications, offering announcements, records, and reports.

(1) Applications for consideration as a provider may be

submitted at any time during the year.

(2) Application for provider approval should be submit-

ted no later than September 1.

(3) If the potential provider meets the board's standards and criteria, approval shall be granted. An approved provider shall apply for approval of program/offering(s) in accordance with board requirements.

(4) The approval period shall be from January 1 of a year to January 1 of the succeeding year for both providers

and continuing education activities.

[(a) The approval period will depend upon when the applications are submitted and the review process is completed.]

- (a) [(b)] When the review process is not completed to grant approval by January 1, the approval period shall begin on the first day of the month following the completion of the review process.
  - (b) [(c)] Retroactive approval shall not be granted.

Section 3. Continued Approval of a Provider. Applications for continued approval as a provider shall be submitted by July 1 for the succeeding year.

(1) Continued approval of the provider shall be based on the past year's performance and compliance with board

standards.

(2) The provider's past year performance may be evaluated by participant evaluations, provider evaluation, on-site visits, and/or an audit of the provider's reports and records.

Section 4. The board may deny, revoke, suspend, or probate approval of any provider, continuing education activity, or other approved entity for just cause.

Section 5. Appeal. If a provider is dissatisfied with a board decision concerning approval and wishes a review of the decision, the following procedure shall be followed:

(1) Written requests for the review must be filed with the

board within thirty (30) days after the date of notification of the board action which the provider contests.

(2) The board, or its designee, shall conduct a review in which the provider may appear in person and present reasons why the board's decision should be set aside or modified.

SHARON M. WEISENBECK, Executive Director

### DEPARTMENT OF FINANCE Division of Occupations and Professions Board of Nursing Reprint

201 KAR 20:225. Reinstatement of a lapsed license.

RELATES TO: KRS 314.071, 314.073 PURSUANT TO: KRS 314.021, 314.031(1), 314.131(1) NECESSITY AND FUNCTION: A license that is not renewed shall lapse and relicensure shall be by reinstate-

Section 1. Lapsed License. A lapsed license may occur for any of the following reasons:

- (1) Failure to apply for license renewal for any reason.
- (2) Failure to meet the continuing education requirement as prescribed by law and regulations.
- (3) Failure to submit adequate data to enable the board to complete processing an application.
  - (4) Failure to submit current fee.

Section 2. If a licensee fails to renew an active license as prescribed by law and regulation, the license shall lapse on the last day of the licensed year. The board may issue an active license by reinstatement if the nurse submits an application and fee, meets the continuing education requirements for the current year and completes additional contact hours as prescribed herein:

- (1) One (1) year: no additional contact hours.
- (2) Two (2) years: five (5) additional contact hours.(3) Three (3) years: ten (10) additional contact hours.
- (4) Four (4) or more years: fifteen (15) contact hours.

Section 3. If a license has been suspended or revoked by the board in a disciplinary action, the terms of reinstatement of the license shall be prescribed by the board. In addition, the nurse shall comply with the requirements prescribed in Section 2 for reinstatement of an active license.

SHARON M. WEISENBECK, Executive Director

#### DEPARTMENT OF FINANCE Board of Physical Therapy As Amended

201 KAR 22:040. Procedure for renewing licenses. [License renewal.]

RELATES TO: KRS 327.050 PURSUANT TO: KRS 327.040

NECESSITY AND FUNCTION: Provides specific directions for the annual renewal of the physical therapy license. The billfold license is a means of identifying those persons holding themselves out as a licensed physical therapist. This mechanism may be beneficial upon the visitation of a board member to the clinic setting.

Section 1. The licensed physical therapist will automatically receive renewal of licensure upon payment on or before January 31, of each year of a renewal fee of thirty dollars (\$30) [twenty dollars (\$20)] by money order. [or] certified or cashiers check made payable to the Kentucky State Treasurer and current complete home and business addresses and telephone numbers and sent to the executive secretary of the board. If payment and complete information is not received by the executive secretary by January 31, the license shall lapse.

Section 2. Upon initial licensing and each subsequent renewal, all licensed physical therapists will be furnished a [billfold license with a tear-out] validation that must be posted to the original [wall] [license] certificate and [displayed []kept[]] at the primary business address. [The billfold license must be in his possession when on duty and shall be exhibited by the holder upon request of any member of the board or its official representative.]

MICKEY BARON, Chairman

### DEPARTMENT OF FINANCE Board of Physical Therapy As Amended

201 KAR 22:110. Renewal of assistant's certification.

RELATES TO: KRS 327.040 PURSUANT TO: KRS 327.040

NECESSITY AND FUNCTION: This regulation provides specific directions for the annual renewal of the assistant's certification. The billfold certificate is a means of identifying those persons holding themselves out as a certified physical therapist's assistant. This mechanism may be beneficial upon the visitation of a board member to the clinic setting.

Section 1. The assistant will automatically receive a renewal certificate upon payment on or before January 31 of each year a renewal fee of twenty dollars (\$20) [ten dollars (\$10)] by money order, [or] certified or cashiers check made payable to the Kentucky State Treasurer and current complete home and business addresses and telephone numbers and sent to the executive secretary of

the board. If payment and complete information is not received by the executive secretary by January 31, the certificate shall lapse.

Section 2. Upon initial certification and each subsequent renewal, all certified physical therapist's assistants will be furnished a [billfold certificate with a tear-out] validation that must be posted to the original [wall] certificate and [displayed []kept[]] at the primary business address. [The billfold license must be in his possession when on duty and shall be exhibited by the holder upon request of any member of the board or its official representative.]

MICKEY BARON, Chairman

## DEPARTMENT FOR HUMAN RESOURCES Bureau for Social Insurance As Amended

904 KAR 1:038. Hearing and vision services.

RELATES TO: KRS 205.520

PURSUANT TO: KRS 13.082, 194.050

EFFECTIVE: October 1, 1980

NECESSITY AND FUNCTION: The Department for Human Resources has responsibility to administer the program of Medical Assistance in accordance with Title XIX of the Social Security Act. KRS 205.520(3) empowers the department, by regulation, to comply with any requirement that may be imposed or opportunity presented by federal law for the provision of medical assistance to Kentucky's indigent citizenry. This regulation sets forth the provisions relating to the hearing services and vision care services for which payment shall be made by the medical assistance program in behalf of both categorically needy and medically needy [children under age twenty-one (21)].

Section 1. Hearing Services: (1) Audiological benefits: Coverage shall be limited to the following services provid-

ed to children under age twenty-one (21) by certified audiologists:

(a) Complete hearing evaluation;

(b) Hearing aid evaluation;

(c) A maximum of three (3) follow-up visits within the six (6) month period immediately following fitting of a hearing aid, such visits to be related to the proper fit and adjustment of that hearing aid;

(d) One (1) follow-up visit six (6) months following fitting of a hearing aid, to assure patient's successful use of

the aid.

(2) Hearing aid benefits: Coverage shall be provided to children under age twenty-one (21) on a pre-authorized basis for any hearing aid model recommended by a certified audiologist so long as that model is available through a participating hearing aid dealer.

Section 2. Vision Care Services: Coverage for all age groups shall be limited to [diagnostic services,] prescription services, [and] services to frames and lenses, and diagnostic services provided by ophthalmologists and optometrists, to the extent the optometrist is licensed to perform the services and to the extent the services are covered in the ophthalmologist portion of the physician's program. [All eyeglasses other than those prescribed for amblyopic or post-surgical patients, and certain replacement of frames and lenses, shall be pre-authorized by the Division for Medical Assistance.] Eyeglasses are provided only to children under age twenty-one (21).

Section 3. If the funds allocated in the budget for eye examinations, prescriptions (for glasses), and other services are exhausted for the group aged twenty-one (21) and over [over age twenty-one (21) group], vision care services provided by ophthalmologists and optometrists will be terminated for that age group; this limitation shall not be interpreted to limit treatment of diseases of the eye by ophthalmologists. Vision care services for the group aged twenty-one (21) and over [over age twenty-one (21) group] if terminated, shall be reinstituted at such time as funds again become available.

Section 4. The provisions of this regulation, as amended, shall become effective July 1, 1980.

### Proposed Amendments

DEPARTMENT OF FINANCE Kentucky Board of Pharmacy (Proposed Amendment)

201 KAR 2:020. Examinations.

RELATES TO: KRS Chapter 315

PURSUANT TO: KRS 13.082, 315.050(2), 315.191(1),

(2), (4)

NECESSITY AND FUNCTION: The Kentucky Board of Pharmacy is directed by KRS 315.191(4) to prescribe the time, place, method, manner, scope and subjects of examination of applicants for license to practice pharmacy in the Commonwealth. This regulation will establish continued fair and impartial examinations.

Section 1. No license to practice pharmacy, other than one issued by reciprocity in accordance with the provisions of this regulation, shall be issued except upon the successful passage of an examination prescribed by the Kentucky Board of Pharmacy.

Section 2. All examinations held by the Kentucky Board of Pharmacy shall be conducted at such locations within the state as may be designated by the board, and shall be held at least twice annually. Detailed information as to the time and place of examinations may be procured from the secretary of the board.

Section 3. Examinations shall be adequate to test the knowledge, education and competency [training] of ap-

plicants [in the following subjects: (a) Chemistry, (b) Pharmacy, (c) Pharmacology, (d) Pharmaceutical Mathematics, (e) Operative Pharmacy and (f) Pharmaceutical Jurisprudence].

Section 4. No person shall be deemed to have successfully passed an examination conducted by the Kentucky Board of Pharmacy unless he or she obtains the following scores:

(1) General average of seventy-five (75) on all examinations;

(2) At least seventy-five (75) on any operative/practical examination;

(3) At least eighty-five (85) on jurisprudence;

(4) No less than sixty (60) on any other subject; provided, however, that the jurisprudence, oral and operative examination grades shall not be used in computing the average of the applicant. [makes an average grade of at least seventy-five (75) and a grade of at least sixty (60) in the following subjects: Chemistry, Pharmacy, Pharmacology, and Pharmaceutical Mathematics. In addition, applicants must make at least a grade of seventy-five (75) in Operative Pharmacy and a grade of at least eighty-five (85) in Pharmaceutical Jurisprudence; provided, however, that the Pharmaceutical Jurisprudence grade shall not be used in computing the average score of the applicant.]

Section 5. In the event an applicant fails one (1) or two (2) sections or subjects or fails to obtain a general average of seventy-five (75), he may upon proper application, retake such subject or subjects upon the payment of a fee of forty dollars (\$40). [twenty dollars (\$20) per subject. Otherwise, an additional fee equal to the original examination fee shall be paid for each re-examination.] An applicant for re-examination must sit for such examination within one (1) year from the date he first fails the examination. An applicant shall be permitted only one (1) partial re-examination. An additional fee equal to the original examination fee shall be submitted with the application for each subsequent re-examination.

Section 6. All results of examinations (including one (1) set of questions) shall be preserved. The questions shall be prepared or approved by the board [who shall grade all papers]. Written examinations shall be conducted in such manner that the results shall be entirely fair and impartial, the applicant [candidate] being known only by numbers so that no examiner or member of the board may identify the paper of the applicant [candidate] until after the examiners certify [have graded and certified] the results thereof.

Section 7. An examination fee shall not be refunded after an application has been accepted by the board.

J. H. VOIGE, Executive Secretary ADOPTED: September 17, 1980 RECEIVED BY LRC: October 15, 1980 at 10:20 a.m. SUBMIT COMMENTS OR REQUEST FOR HEAR-ING TO: Executive Secretary, Kentucky Board of Pharmacy, P.O. Box 553, Frankfort, Kentucky 40602.

EDUCATION AND ARTS CABINET Department of Education Bureau of Administration and Finance [Instruction] (Proposed Amendment)

702 KAR 1:005. Textbook program plan. (Recodified from 704 KAR 2:020.)

RELATES TO: KRS 156.400 to 156.476, 157.100 to 157.190

PURSUANT TO: KRS 13.082, 156.410, 156.437, 156.447, 156.474, 156.476, 157.100, 157.110, 157.120, 157.130, 157.140, 157.150, 157.160 [156.010(3), 156.070,

NECESSITY AND FUNCTION: KRS 156.400 to 156.476 set up [require that] the Kentucky Textbook Commission and the statutory policies and procedures for the adoption, purchase, use and distribution of [select] textbooks to be utilized [for use] in the schools of the Commonwealth. KRS 157.100 to 157.190 require that the Department of Education purchase textbooks for certain grades and set up management procedures for the textbook program. This regulation establishes the standards and procedures which are necessary to carry out such [the] statutory requirements dealing [of KRS Chapters 156 and 157 that deal] with textbooks.

Section 1. Pursuant to the statutory authority placed upon the Superintendent of Public Instruction, the State Board of [for Elementary and Secondary] Education, and the Kentucky Textbook Commission under KRS 156.400 to 156.476 and 157.100 to 157.190 [Chapters 156 and 157], there is hereby adopted [devised, created,] and incorporated by reference the [a] Kentucky State Plan for Administering the Textbook Program, as revised July, 1980, by the Department of Education which plan shall include the standards and procedures for the management of the textbook program in relation to the selection, listing, adopting, use, distribution, and purchasing of textbooks and related media materials for grades kindergarten through twelve (12) in the schools of the Commonwealth. The Kentucky State Plan for Administering the Textbook Program shall be published by the Superintendent of Public Instruction and copies furnished to each local school district and upon request to [approved] private schools.

> RAYMOND BARBER Superintendent of Public Instruction

ADOPTED: September 10, 1980 RECEIVED BY LRC: September 17, 1980 at 2:30 p.m. SUBMIT COMMENT OF REQUEST FOR HEARING TO: Fred Schultz, Secretary, Kentucky State Board of Education, 17th Floor, Capital Plaza Tower, Frankfort, Kentucky 40601.

**EDUCATION AND ARTS CABINET** Department of Education Bureau of Administration and Finance (Proposed Amendment)

702 KAR 5:100. Handicapped, reimbursement for.

RELATES TO: KRS 156.160, (57.370], 157A.090] PURSUANT TO: KRS 13.082, 156.070, 156.160,

NECESSITY AND FUNCTION: KRS 157.370(9) provides that the State Board of Education, by regulation, shall determine the type of handicapped pupil that qualifies for special type transportation to and from school, and KRS 156.160 requires the State Board to regulate the transportation of children to and from school. This regulation implements those duties relative to special type transportation. [To establish the terms under which the school districts will receive a weighted amount in their Minimum Foundation Program allotment to help defray the added cost of providing special transportation for pupils with specified handicaps.]

Section 1. When a student is handicapped as recognized by the categories of exceptionality set forth in KRS 157.200(1) and to the extent that transportation needs require special arrangements, special equipment, or a special vehicle, the school district's admissions and release committee shall qualify the student for special transportation. [In determining those handicapped pupils that qualify to have their average daily attendance multiplied by 5.0 and added to that part of the district's aggregate days attendance that is multiplied by the district's adjusted cost per pupil per day in determining the district's pupil transportation program cost for allotment purposes, one (1) or more of the following criteria shall apply: the pupil shall be certified to be physically handicapped, visually handicapped, or trainable mentally handicapped to the extent that it would not be reasonable to expect the pupil to ride the regular school bus to and from school along with nonqualifying pupils.]

[Section 2. A district shall be considered as providing special transportation for qualifying handicapped pupils if at some time during the pupils transportation to or from school, the pupil is transported by a vehicle on which only pupils qualifying for special transportation are passengers.

Section 2. [3.] No school district shall certify the attendance of any qualifying handicapped pupil for weighted attendance as described in Section 1 unless special transportation is provided for the pupil and is paid for from local district funds.

Section 3. [4.] The driver of a school bus that transports qualifying handicapped pupils to and from school shall meet the same requirements as the district's drivers that transport non-qualifying pupils to the district's public schools.

RAYMOND BARBER

Superintendent of Public Instruction ADOPTED: September 10, 1980

RECEIVED BY LRC: September 17, 1980 at 2:30 p.m. SUBMIT COMMENT OR REQUEST FOR HEARING TO: Secretary, Kentucky State Board of Education, 17th Floor, Capital Plaza Office Tower, Frankfort, Kentucky 40601.

**EDUCATION AND ARTS CABINET** Department of Education Bureau of Instruction (Proposed Amendment)

703 KAR 3:010. Guidance counseling services [personnel functions].

RELATES TO: KRS 156.030, 156.070 [156.130] PURSUANT TO: KRS 13.082, 156.070

NECESSITY AND FUNCTION: KRS 156.030(6) sets forth the primary function of the State Board of Education as the development and adoption of policies and regula-tions by which the Department of Education is to be governed in planning, coordinating, administering, supervising, operating, and evaluating the education programs, services, and activities within the public elementary and secondary programs; and KRS 156.070 gives the State Board the management and control of the common schools. This regulation implements those duties in the areas of guidance counseling services [is needed to establish appropriate functions of State Department of Education Personnell.

Section 1. Department of Education personnel assigned to its Division of Student Services [Guidance Division personnel functions] shall [be]:

(1) Assist local schools in the establishing, development and evaluation of local programs of guidance and counsel-

(2) Study and recommend standards for guidance services in local schools relative to [:] personnel, functions, facilities, supplies and equipment.

(3) Work with the the department's Division of Accreditation and Program Audit [Supervision-Accreditation and Organization] in evaluating programs of guidance services as outlined in the state plans for accrediting elementary and secondary schools.

[(4) Approve applications for counselor units.]

RAYMOND BARBER Superintendent of Public Instruction

ADOPTED: September 10, 1980

RECEIVED BY LRC: September 17, 1980 at 2:30 p.m. SUBMIT COMMENT OR REQUEST FOR HEARING TO: Mr. Fred Schultz, Secretary, Kentucky State Board of Education, 17th Floor, Capital Plaza Tower, Frankfort, Kentucky 40601.

> **EDUCATION AND ARTS CABINET** Department of Education Bureau of Instruction (Proposed Amendment)

703 KAR 3:030. Counselor units.

RELATES TO: KRS 157.360 [156.130]

PURSUANT TO: KRS 13.082, 156.070 NECESSITY AND FUNCTION: KRS 157.360 mandates the Superintendent of Public Instruction, under the Foundation Program, to allot classroom units for administrative and special instructional services. This regulation establishes criteria and responsibility for approval [of

counselor units] in local school[s] districts of guidance counselor units, which are recognized as administrative and special instructional units by 703 KAR 3:010.

Section 1. School systems desiring counselor units or partial units must provide evidence satisfactory to the State Department of Education that:

(1) Office space is being provided;

(2) Money has been budgeted for supplies and equipment:

(3) Duties and responsibilities of the guidance counselor are in agreement with those recommended by the *Division of Student Services* [Division of Guidance Services], Department of Education; and

(4) For a counselor to work in more than one (1) school, the following shall be submitted to the *Division of Student Services* [Division of Guidance Services] prior to approval

of the unit:

(a) Allocation of time to each school; and

(b) Pupil-counselor ratio for each school.

Section 2. Only the time which the guidance counselor devotes to activities approved by the *Division of Student Services* [Division of Guidance Services] upon submission of a guidance plan shall be considered toward a counselor unit.

Section 3. Only personnel who meet state certification requirements shall function as school counselors.

RAYMOND BARBER

Superintendent of Public Instruction

ADOPTED: September 10, 1980

RECEIVED BY LRC: September 17, 1980 at 2:30 p.m. SUBMIT COMMENT OR REQUEST FOR HEARING TO: Fred Schultz, Secretary, Kentucky State Board of Education, 17th Floor, Capital Plaza Tower, Frankfort, Kentucky 40601.

# EDUCATION AND ARTS CABINET Department of Education Bureau of Instruction (Proposed Amendment)

704 KAR 3:304. Required program of studies.

RELATES TO: KRS 156.160
PHRSHANT TO: KRS 13.082, 156.070

PURSUANT TO: KRS 13.082, 156.070, 156.160

NECESSITY AND FUNCTION: KRS 156.160 requires the State Board of Education to establish minimum courses of study and the scope of instruction that may be offered in the different classes of common schools, and to establish the minimum requirements of graduation from the courses offered. This regulation implements that duty.

Section 1. Pursuant to the authority vested in the State Board of [for Elementary and Secondary] Education by KRS 156.070 and 156.160, the "Program of Studies for Kentucky Schools, Grades K-12," as adopted on January 10, 1979, and the various addenda thereto, namely, "Military Science Education," December, 1979, "CETA In-School Youth Programs," May, 1980, and "Procedures Concerning the Offering of Enrichment Courses," June,

1980, are [is] hereby promulgated and filed with the Legislative Research Commission and incorporated herein by reference. Copies may be obtained from the Department of Education.

RAYMOND BARBER Superintendent of Public Instruction

ADOPTED: September 10, 1980

RECEIVED BY LRC: September 17, 1980 at 2:30 p.m. SUBMIT COMMENT OR REQUEST FOR HEARING TO: Mr. Fred Schultz, Secretary, Kentucky State Board of Education, 17th Floor, Capital Plaza Tower, Frankfort, Kentucky 40601.

# EDUCATION AND ARTS CABINET Department of Education Bureau of Instruction (Proposed Amendment)

704 KAR 15:080. Paraprofessional employees and volunteer personnel.

RELATES TO: KRS 161.010, 161.030, 161.044 PURSUANT TO: KRS 13.082, 156.070, 161.044

[156.160]

NECESSITY AND FUNCTION: KRS 161.010 defines a paraprofessional, KRS 161.030 vests the certification of all teachers and other school personnel with the State Board of Education, and KRS 161.044 directs the State Board [of Education] to establish a plan for the qualification and utilization of adult paraprofessional employees and adult volunteer personnel in the schools. This regulation prescribes the guidelines by which local school districts may utilize [employ] and supervise adult paraprofessional employees and adult volunteer personnel.

Section 1. Local boards of education may utilize [employ] adult volunteer and adult paraprofessional employees [personnel] in accordance with KRS 161.044 and 161.010(4), (5) [(6)(7)] and subject to the following

provisions [these regulations]:

(1) For each paraprofessional employee the local school district shall prepare and maintain an up-to-date job description which outlines the duties that the individual is authorized to perform and which further describes the formal preparation or professional judgments of competency that corroborate the qualifications of the individual to perform those duties. The professional administrative and teaching staff may establish formal evaluation procedures to arrive at the professional judgments of competency that are to be entered into the written job description.

(2) The professional administrative and teaching staff, as well as the paraprofessional *employees* [personnel], shall have copies of the job descriptions of the paraprofessional personnel under their direction and shall limit the work assignment of the paraprofessional personnel to the duties

outlined in the job descriptions.

(3) Paraprofessional employees and volunteer personnel may be assigned within the limitations of their competency to assist with classroom instruction as personally supervised by the professional administrative and teaching staff. Such assistance shall not include the continuing day-to-day responsibility for teaching a particular academic subject or group of pupils in the role ordinarily ascribed to a teacher.

Section 2. In the event a local board of education is unable to staff an athletic program with certified personnel, the local district superintendent may request annual approval from the Superintendent of Public Instruction for an alternative staffing arrangement. Appropriate justification shall be submitted in writing on forms provided by the head of the Bureau of Instruction. As long as a paraprofessional is acting within the scope of authority as set forth in this regulation and KRS 161.010 and 161.044, he/she may assist coaches.

RAYMOND BARBER

Superintendent of Public Instruction ADOPTED: September 10, 1980 RECEIVED BY LRC: September 17, 1980 at 2:30 p.m.

SUBMIT COMMENT OF REQUEST FOR HEARING TO: Fred Schultz, Secretary, Kentucky State Board of Education, 17th Floor, Capital Plaza Tower, Frankfort, Kentucky 40601.

### DEPARTMENT FOR HUMAN RESOURCES Bureau for Social Insurance (Proposed Amendment)

904 KAR 1:003. Technical eligibility.

RELATES TO: KRS 205.520

PURSUANT TO: KRS 13.082, 194.050

NECESSITY AND FUNCTION: The Department for Human Resources has responsiblity to administer the program of Medical Assistance in accordance with Title XIX of the Social Security Act. KRS 205.520(3) empowers the department by regulation to comply with any requirement that may be imposed or opportunity presented by federal law for the provision of Medical Assistance, hereinafter referred to as MA, to Kentucky's indigent citizenry. This regulation sets forth the technical eligibility requirements of the MA Program.

Section 1. The Categorically Needy: All individuals receiving Aid to Families with Dependent Children, Supplemental Security Income or Optional or Mandatory State Supplementation are eligible for MA as categorically needy individuals. In addition, the following classifications of needy persons are included in the program as categorically needy and thus eligible for MA participation.

(1) Children in foster family care or private non-profit child caring institutions dependent in whole or in part on a

governmental or private agency;

(2) Children in psychiatric hospitals or medical institutions for the mentally retarded;

- (3) Unborn children deprived of parental support due to death, absence, incapacity or unemployment of the father;
  - (4) Children of unemployed parents; [.]

(5) Children in subsidized adoptions dependent in whole

or in part on a governmental agency;

- (6) Families terminated from the Aid to Families with Dependent Children (AFDC) program because of increased earnings or hours of employment.
- Section 2. The Medically Needy: Other individuals, meeting technical requirements comparable to the

categorically needy group, but with sufficient income to meet their basic maintenance needs may apply for MA with need determined in accordance with income and resource standards prescribed by regulation of the Department for Human Resources.

Section 3. Technical Eligibility Requirements: Technical eligibility factors of families and individuals included as categorically needy under subsections (1) through (6) of Section 1, or as medically needy under Section 2 are:

(1) Children in foster care, private institutions, psychiatric hospitals or mental retardation institutions must be under twenty-one (21) years of age[;], except that a child eligible for and receiving inpatient psychiatric services on his twenty-first birthday may be eligible until he reaches his twenty-second birthday or the inpatient treatment ends, whichever comes first;

(2) Unborn children are eligible only upon medical proof

of pregnancy;

- (3) Unemployment relating to eligibility of both parents and children is defined as:
- (a) Employment of less than 100 hours per month, except that the hours may exceed that standard for a particular month if the work is intermittent and the excess is of a temporary nature as evidenced by the fact that the individual was under the 100 hour standard for the prior two (2) months and is expected to be under the standard during the next month:
- (b) The individual has prior labor market attachment consisting of earned income of at least fifty dollars (\$50) during six (6) or more calendar quarters ending on March 31, June 30, September 30, or December 31, within any thirteen (13) calendar quarter period ending within one (1) year of application, [;] or the individual within twelve (12) months prior to application received unemployment compensation;

(c) The individual is currently receiving or has been found ineligible for unemployment compensation;

- (d) The individual is currently registered for employment at the state employment office, and available for full-time employment;
- (e) The unemployed parent must not have refused suitable employment without good cause as determined in accordance with 45 CFR section 233.100(a)(3)(ii).
- (4) Children, but not parents, may be eligible if both [the] parents meet[s] a more liberal definition of unemployment defined as:
- (a) Employment of less than thirty (30) hours per week;
- (b) Regular attendance, at public expense, in a formalized full-time training course, below the college level. A public work project[s] in which a real wage is paid, that is, subject to standard payroll deductions, is [are] not considered a training course; or

(c) Receipt of unemployment compensation; and

(d) Requirements of subsection (3)(d) [and (e)] are met in that at least one (1) parent is registered and available for employment unless both parents are unemployed pursuant to paragraph (b) of this subsection; and the requirements of subsection (3)(e) are met for both parents.

(5) Under the definitions contained in subsections (3) and (4) of this section, a parent shall not be considered as

unemployed if he is:

(a) Temporarily unemployed due to weather conditions or lack of work when it is anticipated he can return to work within thirty (30) days; or

(b) On strike, or unemployed as a result of involvement

in a labor dispute when such involvement would disqualify the individual from eligibility for unemployment insurance in accordance with KRS 341.360; or

(c) Unemployed because he voluntarily quit his most re-

cent work for the purpose of attending school; or

(d) A farm owner or tenant farmer, unless he has previously habitually required and secured outside employment and currently is unable to secure outside employ-

(e) Self-employed and not available for full-time

employment.

(6) [(5)] An aged individual must be at least sixty-five

(65) years of age.

(7) [(6)] A blind individual must meet the definition of blindness as contained in Title II and XVI of the Social

Security Act relating to RSDI and SSI.

- (8) [(7)] A disabled individual must meet the definition of permanent and total disability as contained in Title II and XVI of the Social Security Act relating to RSDI and
- (9) For families losing AFDC eligibility solely because of increased earnings or hours of employment, medical assistance shall continue for four (4) months to all such family members as were included in the family grant (and children born during the four (4) month period) if the family received AFDC in any three (3) or more months during the six (6) month period immediately preceding the month in which it became ineligible for AFDC. The four (4) month period begins on the date AFDC is terminated. If AFDC benefits are paid erroneously for one (1) or more months in such a situation, the four (4) month period begins with the first month in which AFDC was erroneously paid, i.e., the month in which the AFDC should have heen terminated.
- (10) Parents may be included for assistance in the cases of families with children (except as shown in subsection (4) of this section) including adoptive parents and alleged fathers where circumstances indicate the alleged father has admitted the relationship prior to application for assistance. Other relatives who may be included in the case (one (1) only) are caretaker relatives to the same extent they may be eligible in the aid to families with dependent children program.

(11) An applicant who is deceased may have eligibility determined in the same manner as if he was alive, in order

to pay medical bills during the terminal illness.

(12) Children of the same parent, i.e., a "common" parent, residing in the same household shall be included in the same case unless this acts to preclude eligibility of an

otherwise eligible household member.

- (13) To be eligible, an applicant or recipient must be a citizen of the United States, or an alien legally admitted to this country or an alien who is residing in this country under color of law. The applicant or recipient must also be a resident of Kentucky. Generally, this means the individual must be residing in the state for other than a temporary purpose; however, there are exceptions with regard to recipients of a state supplementary payment and institutionalized individuals. The conditions for determining state residency are specified in federal regulations at 42 CFR 435.403, which are hereby incorporated by reference.
- (14) An individual may be determined eligible for medical assistance for up to three (3) months prior to the month of application if all conditions of eligibility are met. The effective date of medical assistance is generally the first day of the month of eligibility. For individuals eligible on the basis of unemployment, eligibility may not exist for

the thirty (30) day period following the starting date of the unemployment. In these cases, the effective date of eligibility may be as early as the first day following the end of the thirty (30) day period if all other conditions of eligibility are met. For individuals eligible on the basis of desertion, a period of desertion must have existed for thirty (30) days, and the effective date of eligibility may not precede the first day of the month in which the thirty (30) day period ends. For individuals eligible on the basis of utilizing their excess income for incurred medical expenses, the effective date of eligibility is the day the spend-down liability is met.

(15) "Child" means a needy dependent child under the age of twenty-one (21), including the unborn child, who is not otherwise emancipated, self supporting, married, or a member of the armed forces of the United States, and who is a recipient of or applicant for public assistance. Included within this definition is an individual(s) under the age of twenty-one (21), previously emancipated, who has returned to the home of his parents, or to the home of another relative, so long as such individual is not thereby residing

with his spouse.

Section 4. Institutional Status: No individual shall be eligible for MA if a resident or inmate of a non-medical public institution. No individual shall be eligible for MA while a patient in a state tuberculosis hospital unless he has reached age sixty-five (65). No individual shall be eligible for MA while a patient in a state institution for mental illness unless he is under age twenty-one (21) (except as provided for in Section 3(1) or is [over] sixty-five (65) years of age or over.

Section 5. Application for Other Benefits: As a condition of eligibility for medical assistance, applicants and recipients must apply for all annuities, pensions, retirement and disability benefits to which they are entitled, unless they can show good cause for not doing so. Good cause is considered to exist when such benefits have previously been denied with no change of circumstances, or the individual does not meet all eligibility conditions. Annuities, pensions, retirement and disability benefits include, but are not limited to, veterans' compensations and pensions, retirement and survivors disability insurance benefits, railroad retirement benefits, and unemployment compensation. Notwithstanding the preceding, no applicant or recipient shall be required to apply for federal benefits when the federal law providing for such benefits shows the benefit to be optional and that the potential applicant or recipient for such benefit need not apply for such benefit when to do so would, in his opinion, act to his disadvantage.

Section 6. Transferred Resources. When an applicant or recipient is suspected of transferring a resource(s) for the purpose of becoming eligible for medical assistance, the value of the transferred resource(s) will be considered a resource only to the extent provided for by this section.

(1) For family related cases, the following actions must

be taken:

(a) The department shall be responsible for determining whether the resource was transferred for the sole purpose of the applicant or recipient becoming or remaining eligible for medical assistance. If the purpose of the transfer is for some other reason (in whole or in part), or cannot be determined, the value of the transferred resource is disregarded.

(b) After determining that the purpose of the transfer

was to become or remain eligible, the department shall first add the equity value of the transferred resource to remaining resources to determine if retention of the property would have resulted in ineligibility. For this purpose, the resource considered available shall be the type of resource it was prior to transfer, e.g., if non-homestead property was transferred, the equity value of the transferred property would be counted against the permissible amount for non-homestead property. If retention of the resource would not have resulted in ineligibility, the value of the transferred resource would thereafter be disregarded.

(c) If retention would result in ineligibility, the department will compute the period the transferred resource will be considered available by dividing the total excess resources (including the transferred resource) by the medically needy scale shown in 904 KAR 1:004. The derived numbers shall be the number of months the resource is considered available; however, the resource shall not be considered available for a period of time in excess of twelve (12) months. For an applicant meeting all other conditions of eligibility, the period the transferred resource is to be considered available shall begin with the first month the applicant would be eligible except for the fact the transferred resource is counted as an available resource, or the month of application if earlier. For a recipient whose care must be discontinued due to excess resources, the period shall begin with the month of discontinuance. For an applicant also ineligible for another reason, the period shall begin with the month of application. In none of the preceding, however, shall the period begin prior to the month in which the resource was transferred.

(2) For supplemental security income recipients and related adult category cases (medical assistance only cases based on age, blindness or disability) disposal of resources prior to application shall not be a factor in determining eligibility. If, after application, the applicant wishes to establish conditional eligibility by disposing of excess property, this may be done within the following limits and

guidelines:

(a) The total estimated value of the excess amount (the amount by which the value of the resource exceeds the applicable resource limit(s)) to be disposed of shall not be more than \$1,500 per individual, and such resource must be non-liquid assets not readily disposed of, i.e., real pro-

perty such as land, buildings, etc.

(b) The applicant must enter into a written contract or agreement whereby the applicant agrees to dispose of the excess property within six (6) months, to be potentially liable for medical assistance expenditures made on his behalf during the period of conditional eligibility, to repay the department as required for those expenditures up to the full amount of the excess (with liability for repayment computed in accordance with subsection (2)(f) of this section), to sell the property at the assessed or fair market value, and to notify the department within five (5) days of the sale of the property.

(c) When a conditionally eligible recipient alleges that he has been unable to sell the property within the six (6) month period, a three (3) month extension of the period for disposition will be granted at the request of the client.

(d) The period of conditional eligibility shall begin with the month the contract to dispose of the excess property is signed by the applicant and may continue thereafter for eight (8) additional months. The period of conditional eligibility shall also end (within the upper limit) whenever the conditionally eligible recipient disposes of the property and the determination of eligibility is made in the usual manner, or whenever the recipient advises the department that he no longer wishes to dispose of the property.

(e) When the period for disposition (including any extension) ends and the client has not sold the property, he is liable for medical expenses paid by the program on his behalf (during the period of conditional eligibility) up to the amount of the estimated excess. No sale is considered to have occurred, for purposes of this program, if the recipient disposes of the property by sale, trade, gift or other method without receiving the assessed or fair market value.

(f) When the recipient sells the property, the client liability for repayment is to be computed as follows:

1. Determine gross sale amount of the property;

2. Deduct all encumbrances and costs of sale;

3. Add the remainder (but not more than the actual excess amount which is the difference between the applicable resource limit and the actual selling price when the property value is sold at the assessed or fair market value) to liquid assets available at the time the contract was signed;

4. Subtract the allowable liquid resources amount for the appropriate family size (\$1,500 for family size of one

(1), \$3,000 for a family size of two (2)); and

5. Compare the remainder with the amount of conditional medical assistance payments made on behalf of the recipient. The conditional recipient's liability is the lesser of the two (2) amounts.

- (g) For purposes of conditional eligibility, an applicant shall not be permitted to enter into a contract to dispose of the same property more than once, or to enter into a contract to dispose of property purchased with the proceeds of a sale under a disposal of property contract, or to enter into a contract when the terms of an earlier contract were not met by the applicant.
- (h) It is the department's intent that the estimated excess amount referenced in subsection (2)(a) of this section shall be the critical amount in determining eligibility of the applicant to enter into a disposal of property agreement for conditional eligibility purposes. Determination, by sale, at a later time that the actual excess in fact exceeded the upper limit of \$1,500 will not negatively affect the conditional eligibility; however, any additional amount of excess must also be considered in determining the recipient's liability for repayment.

(3) The provisions of this section shall be effective on December 16, 1980.

WILLIAM L. HUFFMAN, Commissioner ADOPTED: October 14, 1980

APPROVED: W. GRADY STUMBO, Secretary RECEIVED BY LRC: October 15, 1980 at 3:15 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING TO: Secretary for Human Resources, DHR Building, 275 East Main Street, Frankfort, Kentucky 40621.

## DEPARTMENT FOR HUMAN RESOURCES Bureau for Social Insurance (Proposed Amendment)

904 KAR 1:034. Early and periodic screening, diagnosis and treatment.

RELATES TO: KRS 205.520

PURSUANT TO: KRS 13.082, 194.050

NECESSITY AND FUNCTION: The Department for Human Resources has responsibility to administer the pro-

gram of Medical Assistance in accordance with Title XIX of the Social Security Act. KRS 205.520 empowers the department, by regulation, to comply with any requirement that may be imposed or opportunity presented by federal law for the provision of medical assistance to Kentucky's indigent citizenry. This regulation sets forth the provisions relating to the early and periodic screening, diagnosis and treatment service for which payment shall be made by the medical assistance program in behalf of both categorically needy and medically needy children under age twenty-one (21).

Section 1. Participation Requirements. Any health care provider meeting the requirements set forth below may be eligible to participate in the Kentucky Medical Assistance (Medicaid) Program as a screening provider:

(1) A physician must be duly-licensed in the State of

Kentucky;

(2) Any early and periodic screening clinic or other organization qualified to provide screening services, including local health departments, shall be under the direction of a duly-licensed physician or registered professional nurse currently licensed by the State of Kentucky who shall be responsible for assuring that the requirements of participation are met and that the procedure established by the Medicaid Program are carried out;

(3) Screening clinics conducted under the direction of a registered professional nurse must have a duly-licensed

physician acting as medical consultant; and

(4) Sreeening examinations and tests performed by licensed professional staff, or supportive staff under the direct supervision of such licensed professional, shall be in accordance with the professional practices act.

Section 2. Screening. Services directed toward the early detection of diseases and abnormalities shall be appropriate for the age and health history of the child. These services include, but are not necessarily [be] limited to, the following:

(1) Health and development history [Medical history];

(2) Unclothed physical examination [Assessment of physical growth];

(3) Effective January 1, 1981, development assessment

[Inspection for obvious physical defects];

- (4) Immunizations which are appropriate for age and health history [Inspection of ears, nose, mouth, teeth and throat];
- (5) Assessment of nutritional status [Visual screening, audiometric testing];
- (6) Vision testing [Screening for anemia, including sickle cell anemia];
  - (7) Hearing testing [Screening for urinary problems];
- (8) Laboratory procedures appropriate for age and population groups [Assessment of immunization status and updating immunization];
- (9) For children three (3) years of age and over, dental services furnished by direct referral to a dentist for diagnosis and treatment. [Tuberculin skin test;]

[(10) Blood pressure on all patients over six (6) years of

age and others when indicated;]

[(11) Venereal disease testing of post-puberty patients when indicated.]

Section 3. Immunizations: Effective November 1, 1978 each screening *clinic* provider shall be required to make available, at the time of screening, immunizations appropriate for age and health history of the recipient being screened.

Section 4. Diagnosis and Treatment: If, as a result of screening, referral for additional service is indicated, further diagnosis and medical treatment shall be provided for any service which is considered a covered service under the Medical Assistance Program.

Section 5. Periodicity: The following is the policy of the department with regard to periodicity:

(1) Definition: Periodicity means the frequency with which an individual may be screened or re-screened.

(2) Periodicity limitations: Each eligible recipient may be screened or re-screened within the time frames shown on the periodicity schedule, with additional medical and dental assessments permitted when medically indicated.

#### Periodicity Schedule

Age:	Medical 2-4 weeks 2-3 months 5-6 months 9-10 months 12-15 months 16-19 months	Dental
	23-25 months 3 4 5 6	3
	6 7-8 9-10	6 7-8 9-10
	11-12 13-14 15-16 17-2 <i>0</i> [1]	11-12 13-14 15-16 17-20[1]

WILLIAM L. HUFFMAN, Commissioner

ADOPTED: October 15, 1980

APPROVED: W. GRADY STUMBO, Secretary RECEIVED BY LRC: October 15, 1980 at 1:30 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING TO: Secretary for Human Resources, DHR Building, 275 East Main Street, Frankfort, Kentucky 40621.

# DEPARTMENT FOR HUMAN RESOURCES Bureau for Social Insurance (Proposed Amendment)

904 KAR 1:035. Payments for screening services.

RELATES TO: KRS 205.520 PURSUANT TO: 13.082, 194.050

NECESSITY AND FUNCTION: The Department for Human Resources has responsibility to administer the program of Medical Assistance in accordance with Title XIX of the Social Security Act. KRS 205.520 empowers the department by regulation, to comply with any requirement that may be imposed, or opportunity presented, by federal law for the provision of medical assistance to Kentucky's indigent citizenry. This regulation sets forth the method for determining amounts payable by the department for screening services.

Section 1. Physicians and primary care centers will be reimbursed for screening services in accordance with the payment provisions set forth by regulations 904 KAR 1:010 and 904 KAR 1:055 for those service providers. [Reimbursement of Screening Clinics. The department shall reimburse participating screening clinics or agencies on the basis of a pre-established fee based on cost of service.]

Section 2. Reimbursement of Screening Clinics: The department shall reimburse participating screening clinics or agencies on the basis of a pre-established fee which shall be related to the cost of service. The amounts payable shall be in accordance with the following: [Amount of Payment: A flat fee of twenty dollars (\$20) shall be paid for each individual screened, effective July 1, 1978.]

(1) For a complete screening which includes all items or procedures appropriate to age and health history of the child, the fee shall be twenty dollars (\$20) per individual

screened;

(2) For a partial screening, with some items or procedures appropriate to age and health history of the child not completed, but at no fault of the screening clinic or agency, the fee shall be twelve dollars (\$12) per individual screened when preauthorized by the department; and

(3) For completion of a partial screening with some items or procedures approriate to age and health history of the child provided as a followup to a partial screening (whether the partial screening is provided by a physician, primary care center, or screening clinic or agency), the fee shall be eight dollars (\$8) per individual screened.

(4) In no instance may the fee paid in accordance with subsection (1) to (3) of this section exceed the usual and

customary fee of the provider for the service.

WILLIAM L. HUFFMAN, Commissioner ADOPTED: October 13, 1980
APPROVED: W. GRADY STUMBO, Secretary RECEIVED BY LRC: October 15, 1980 at 1:30 p.m. SUBMIT COMMENT OR REQUEST FOR HEARING TO: Secretary for Human Resources, DHR Building, 275 East Main Street, Frankfort, Kentucky 40621.

# DEPARTMENT FOR HUMAN RESOURCES Bureau for Social Insurance (Proposed Amendment)

904 KAR 5:120. Duration of unemployment [defined].

RELATES TO: KRS 341.370
PURSUANT TO: KRS 13.082, 194.050, 341.115
NECESSITY AND FUNCTION: This regulation sets
the criteria for relieving a duration of unemployment
disqualification. [defines the phrase "duration of any
period of unemployment."]

Section 1. The "duration of any period of unemployment," as that term is used in KRS 341.370(1) [(2)], shall be the period of time beginning with the worker's discharge, [or] voluntary quitting or failure to apply for or accept suitable work and running until such worker has again obtained bona fide full-time employment and [or] has earned six (6) times his weekly benefit rate in covered employment under the provisions of KRS Chapter 341 or a similar law of another state or of the United States. Employment which is temporary or intermittent in nature, or which was secured or furnished for the sole purpose of

terminating the disqualification provided for in KRS 341.370(1) [(2)], shall not be deemed bona fide employment for the purpose of this regulation.

Section 2. This regulation shall apply to all claims in which the "act" resulting in the disqualification for the duration of any period of unemployment occurred on or after July 15, 1980.

WILLIAM L. HUFFMAN, Commissioner ADOPTED: October 15, 1980 APPROVED: W. GRADY STUMBO, Secretary RECEIVED BY LRC: October 15, 1980 at 1:30 p.m. SUBMIT COMMENT OR REQUEST FOR HEARING TO: Secretary for Human Resources, DHR Building, 275 East Main Street, Frankfort, Kentucky 40621.

# DEPARTMENT FOR HUMAN RESOURCES Bureau for Social Insurance (Proposed Amendment)

904 KAR 5:130. Appeals.

RELATES TO: KRS 341.440
PURUSANT TO: KRS 13.082, 194.050, 341.115
NECESSITY AND FUNCTION: This regulation sets
up the appeals process and general rules for the conduct of
hearings.

Section 1. Appeals to Referee. (1) The presentation of an appeal to a referee:

(a) Any interested party wishing to appeal to a referee from a notice of determination may do so by filing with the Division for Unemployment Insurance or its authorized representative a written statement clearly indicating the party's intention to appeal.

(b) An appeal to a referee shall be considered filed at the time it is delivered to a representative of the division or deposited in the mail as indicated by the postmark thereon.

(2) Notification of hearings: All hearings shall be scheduled promptly and notices thereof shall be mailed to all interested parties at least seven (7) days before the date of hearing specifying the time and place of hearing, except that, the referee may, when the exigencies of the situation in his judgment require, set a case for hearing before the expiration of seven (7) days, only then, however, upon agreement of all interested parties.

(3) Disqualification of referees: No referee shall participate in the hearing of an appeal in which he has an interest. Challenges to the interest of any referee shall be

heard and decided by the commission.

(4) Hearing of appeals:

(a) The claimant and any other party to the appeal may present such evidence as may be pertinent and may question the opposite party and his witnesses. The referee shall, if he deems it necessary to secure full information on the issues, examine each party who appears and his witnesses. The referee may take any additional evidence which he deems necessary; but, if additional evidence is taken, all interested parties shall be afforded an apportunity of examining and refuting the same.

(b) The parties to an appeal, with the consent of the referee, may stipulate the facts involved, in writing. The referee may decide the appeal on the basis of such stipulation or may schedule a hearing and take such further

evidence as he deems necessary.

(c) The hearing shall be scheduled and held at a place where the claimant can attend without undue expense or inconvenience, giving conisderation to the claimant's place of employment.

(d) The referee may in his discretion grant a continuance

of a hearing in order to secure necessary evidence.

(5) Decisions:

- (a) After the hearing is concluded the referee shall promptly set forth in writing his finding of facts on the issues involved, his decision and the reasons therefor; provided, however, that if the appellant fails to appear and prosecute his appeal, the referee may summarily affirm the determination.
- (b) Copies of the decision shall be mailed to the claimant and other parties to the appeal, and a copy shall be retained in the division's files.

Section 2. Appeals to the Commission. (1) Presentation of an appeal to the commission:

- (a) Any interested party wishing to appeal to the commission from a decision of a referee may make written application with the commission, the division or its authorized representative for leave to appeal in any form which clearly indicates the party's intention to appeal. A notice of such application for leave to appeal shall be mailed by the division to other interested parties.
- (b) An application for leave to appeal shall be considered initiated and filed at the time it is delivered to an authorized representative of the commission or the division or deposited in the mail, as indicated by the postmark thereon.
- (c) The commission may grant or deny the application for leave to appeal without a hearing or may notify the parties to appear at a specified place and time for argument on the application.

(2) Hearing of appeals:

(a) Except in instances where the commission orders cases removed to it from a referee, all appeals to the commission may be heard upon the records of the division and the evidence and exhibits introduced before the referee. In the hearing of an appeal on the record, the parties may, if they desire, present written arguments and, at the commission's discretion be allowed to present oral arguments.

(b) The commission may, however, direct the taking of additional evidence before it, if needed, in order to determine the appeal. If, in the discretion of the commission, additional evidence is necessary to determine the appeal, the parties shall be notified of the time and place such evidence shall be taken at least seven (7) days prior to the

date on which the evidence will be taken.

(c) The commission, at its discretion, may return any case or issue to a referee for the taking of such additional evidence as it desires. The referee shall take the testimony in the manner prescribed for the hearing of appeals before referees and shall thereupon return the record to the commission for its decision thereon.

(3) The hearing of appeals by the commission on cases ordered removed to it from any referee: The procedure on any case before a referee, ordered by the commission to be removed to it, shall be presented, heard and decided by the entire commission in the manner as prescribed for the hearing of other cases before the referee.

(4) The determination of appeals before the commis-

(a) Following the conclusion of a hearing the commission shall promptly announce its decision, which may be either an affirmation of the decision of the referee, or a separate finding of facts, decision and reasons therefor. The decision shall be in writing and shall be signed by the

members of the commission who heard the appeal.

(b) If a decision of the commission is not unanimous, the decision of the majority shall control. The minority may file a dissent from such decision of the majority setting forth the reasons why it fails to agree with the majority.

(c) Copies of the decision shall be mailed to all interested

parties.

Section 3. General Rules for Both Appeal Stages. (1) Issuance of subpoenas: Subpoenas requested by a claimant or an employer to compel the attendance of witnesses and/or the production of records for any hearing of an appeal shall be issued only on a sworn statement by the party applying for the issuance thereof setting forth the substance of the anticipated proof to be obtained and the need therefor.

(2) Appeal record: All reports, forms, letters, transcripts, communications, statements, determinations, decisions, orders, and other matters, written or oral, from the worker, employer, or personnel or representative of the division which have been written, sent, or made in connection with an appealed claim shall constitute the record with

respect to such claim.

(3) Supplying information from the records of the division for unemployment insurance: Information from the records of the division shall be furnished to an interested party or his representative to the extent necessary for the proper presentation of the party's case, only upon written request therefor. All requests for such information shall state, as clearly as possible, the nature of the information desired. Nothing in this regulation shall prevent an interested party or his representative from examining a record in the hands of a referee at a hearing.

(4) Conduct of hearings: All hearings shall be conducted informally without regard to common law, statutory or technical rules or procedure and in such manner as to determine the substantial rights of the parties. The parties and their witnesses shall testify under oath or affirmation. All issues relevant to the claim shall be considered and

passed upon.

(5) Reopening hearings: Any party to an appeal who fails to appear at the scheduled hearing may, within seven (7) days from the date thereof, request a rehearing. The request shall be granted if such party has shown good cause for his failure to appear. The request shall be in writing and shall set forth the reasons for his failure to attend the scheduled hearing. The request shall be mailed or delivered to the office where the appeal was filed or the Appeals Branch, the Division for Unemployment Insurance, Frankfort, Kentucky. Upon the rehearing being granted, notice of the time and place of the reopened hearing shall be given to the parties or to their representatives.

Section 4. Representation Before Referee and Commission. A worker or employer may represent himself or may be represented by an attorney or other authorized representative in a proceeding before a referee or in an appeal to the commission. An authorized representative may be any individual who has the necessary qualifications to enable him to render valuable assistance to the worker or the employer in the proceeding.

WILLIAM L. HUFFMAN, Commissioner

ADOPTED: October 15, 1980

APPROVED: W. GRADY STUMBO, Secretary RECEIVED BY LRC: October 15, 1980 at 1:30 p.m. SUBMIT COMMENT OR REQUEST FOR HEARING

TO: Secretary for Human Resources, DHR Building, 275 East Main Street, Frankfort, Kentucky 40621.

### Proposed Regulations

### LEGISLATIVE RESEARCH COMMISSION

1 KAR 3:005. Capitol Construction and Equipment Purchase Oversight Committee; procedure; records.

RELATES TO: KRS 45.750 to 45.800, Executive Order 80-285, HB 931 (1980 Regular Session)

PURSUANT TO: KRS 7.320, 13.082 NECESSITY AND FUNCTION: Implementation of review procedure established under KRS 45.750 to 45.800, Executive Order 80-285, HB 931 of the 1980 Regular Ses-

Section 1. The following governs only those capital construction projects estimated to cost \$200,000 or more, and those major items of equipment estimated to cost \$50,000 or more, as provided by KRS 45.750 to 45.800.

Section 2. A permanent subcommittee of the Legislative Research Commission, to be known as the Capital Construction and Equipment Purchase Oversight Committee (hereinafter, "committee"), shall be composed of seven (7) members which shall include members of the minority party as nearly proportional to their membership in the General Assembly as mathematically possible.

(1) The Legislative Research Commission shall appoint from the membership of the General Assembly to the com-

mittee:

- (a) Four (4) members from the House of Representatives; and
  - (b) Three (3) members from the Senate.
- (2) A quorum shall require at least four (4) members present and the vote shall be by majority.
- (3) The committee shall meet at least monthly at such time and place as the chairman may determine.
- (4) The members of the committee shall serve a term of two (2) years.
- (5) The members so appointed shall elect one (1) of their members to serve as chairman.
- (6) A vacancy shall be filled by the Legislative Research Comission at its next regularly scheduled meeting after the occurence of the vacancy.
- Section 3. Within thirty (30) days after the transfer of an amount equal to fifteen (15) percent or less of the estimated cost of an authorized project from the capital construction and equipment purchase contingency fund to the allotment account of that project, the Department of Finance shall report the transfer to the committee. This report shall include documentation of:
  - The amount transferred;
- (2) The amount expended on the project prior to the cur-
- (3) The amount expended on the project during the current biennium;
- (4) All alterations made in the project since its consideration by the General Assembly during the most recent regular session; and
- (5) All alterations planned for the project since its consideration by the General Assembly during the most recent regular session.

Section 4. Transfers from the capital construction and equipment purchase contingency fund to the allotment account of an authorized project of an amount greater than fifteen (15) percent but not greater than twenty-five (25) percent of the estimated cost of that project shall comply with the following procedure:

(1) Prior to the transfer the Department of Finance shall present the proposed transfer to the committee for review.

(2) Information presented to the committee for its review of the proposed transfer shall include:

(a) The amount of the proposed transfer;

- (b) Documentation of the necessity for the proposed
- (c) The amount expended on the project prior to the current biennium:
- (d) The amount expended on the project during the current biennium;
- (e) All alterations made in the project since its consideration by the General Assembly during the most recent regular session; and
- (f) All alterations planned for the project since its consideration by the General Assembly during the most recent
- (3) Within thirty (30) days after submission to the committee of a proposed transfer under Section 3, the committee shall determine whether the amount of the proposed
  - (a) Is reasonable;
  - (b) Is consistent with KRS 45.770;
  - (c) Is necessary;
- (d) Whether alterations made in the project materially change the project as considered and authorized by the General Assembly; and
- (e) Whether alterations planned for the project will materially change the project as considered and authorized by the General Assembly.
- (4) The Legislative Research Commission shall promptly transmit the committee's findings and determination concerning a proposed transfer under Section 3 to the Department of Finance.
- (5) The Department of Finance shall promptly inform the committee in writing of its action on the proposed transfer in light of the committee's findings and determina-
- (6) A determination or finding by the committee that a proposed transfer under Section 3:
  - (a) Is not reasonable;
  - (b) Is inconsistent with KRS 45.770;
  - (c) Is unnecessary; or
- (d) That an alteration already made in or planned for a project materially changes the project as considered and approved by the General Assembly, shall be transmitted, along with the written response to the committee's findings or determination by the Department of Finance to the appropriate interim joint committee, and to the General Assembly when it next convenes, by the Legislative Research Commission.

Section 5. Transfer of an amount greater than twentyfive (25) percent of the estimated cost of a project from the capital construction and equipment purchase contingency fund to the allotment account of that project shall not be made unless the cost overrun is due to an unforeseen decision by a federal or state court or regulatory agency.

(1) Prior to the transfer the Department of Finance shall present the proposed transfer to the committee for review.

(2) Information presented to the committee for its review of the proposed transfer shall include:

(a) The amount of the proposed transfer;

- (b) Documentation of the necessity for the proposed transfer;
- (c) The amount expended on the project prior to the current biennium;
- (d) The amount expended on the project during the current biennium;
- (e) All alterations made in the project since its consideration by the General Assembly during the most recent regular session;
- (f) All alterations planned for the project since its consideration by the General Assembly during the most recent
- regular session; and
  (g) Written certification by the Commissioner of the Bureau of Facilities Management of the Department of Finance that the cost overrun was due to an unforeseen

decision by a federal or state court or regulatory agency.

Section 6. An amount no greater than ten (10) percent of the estimated cost of a major item of equipment as approved by the General Assembly may be transferred from the capital construction and equipment purchase contingency fund to the allotment account of that item of equipment.

(1) Prior to the transfer the Department of Finance shall present the proposed transfer to the committee for review.

(2) Information presented to the committee for its review of the proposed transfer shall include:

(a) The amount of the proposed transfer;

- (b) Documentation of the necessity for the proposed transfer;
- (c) The amount expended on the project prior to the current biennium;
- (d) The amount expended on the project during the current biennium;
- (e) All alterations made in the item of equipment since its consideration by the General Assembly during the most recent regular session; and
- (f) All alterations planned for the item of equipment since its consideration by the General Assembly during the most recent regular session.
- (3) Within thirty (30) days after submission to the committee of a proposed transfer under Section 3, the committee shall determine whether the amount of the proposed transfer:
  - (a) Is reasonable;
  - (b) Is consistent with KRS 45.770;

(c) Is necessary;

- (d) Whether alterations made in the item of equipment materially change the project as considered and authorized by the General Assembly; and
- (e) Whether alterations made in the item of equipment will materially change the item of equipment as considered and authorized by the General Assembly;
- (4) The Legislative Research Commission shall promptly transmit the committee's findings and determination concerning a proposed transfer under Section 3 to the Department of Finance.
- (5) The Department of Finance shall promptly inform the committee in writing of its action on the proposed

transfer in light of the committee's findings and determination.

(6) A determination or finding by the committee that a proposed transfer under Section 3:

(a) Is not reasonable;

(b) Is inconsistent with KRS 45.770;

(c) Is unnecessary; or

(d) That an alteration already made in or planned for an item of equipment materially changes the item of equipment as considered and approved by the General Assembly, shall be transmitted, along with the written response of the Department of Finance to the committee's findings or determination, to the appropriate interim joint committee and to the General Assembly when it next convenes by the Legislative Research Commission.

Section 7. An amount in excess of ten (10) percent of the estimated cost of a major item of equipment shall not be transferred unless it is due to an unforeseen decision by a federal or state court or regulatory agency.

(1) Prior to the transfer the Department of Finance shall present the proposed transfer to the committee for review.

(2) Information presented to the committee for its review of the proposed transfer shall include:

(a) The amount of the proposed transfer;

- (b) Documentation of the necessity for the proposed transfer;
- (c) The amount expended on the project prior to the current biennium;
- (d) The amount expended on the project during the current biennium;
- (e) All alterations made in the project since its consideration by the General Assembly during the most recent regular session;
- (f) All alterations planned for the project since its consideration by the General Assembly during the most recent regular session; and
- (g) Written certification by the Commissioner of the Bureau of Facilities Management of the Department of Finance that the cost overrun is due to an unforeseen decision by a federal or state court or regulatory agency.

Section 8. A transfer from emergency repair, maintenance and replacement fund to the allotment account of an emergency repair, maintenance or replacement project shall be reported to the committee by the Department of Finance within thirty (30) days of the transfer. This report shall include certification and explanation of the emergency by the Secretary of the Department of Finance.

Section 9. Each purchase of a major item of equipment to be used for medical, scientific or research purposes that is not specifically listed in the biennial budget report and an appropriation act shall be reported to the committee within thirty (30) days after the purchase. Each report shall include:

(1) A description of the item;

(2) The purpose for which the item is to be used;

- (3) A statement of the reasons the purchase was necessary;
- (4) The amount expended for the purchase of the item; and
- (5) The source or sources of the funds expended for the purchase of the item.

Section 10. The committee shall make findings and

recommendations on the costs of state capital construction projects based upon a review of:

(1) Charges to the state by contractors;

(2) Land acquisition costs;

(3) Costs and availability of materials;(4) Cost and availability of labor; and

(5) Laws, regulations and purchasing procedures governing state projects, but not applicable to private sector construction project.

Section 11. The Legislative Research Commission shall maintain reports of:

(1) Purchases of major items of equipment used for medical, scientific or research equipment;

(2) Transfers under Section 8;

- (3) Transfers from the emergency repair, maintenance and replacement fund; and
- (4) Committee findings or recommendations relating to these purchases and transfers.

Section 12. Within thirty (30) days after the final acceptance of a project or major item of equipment, the available balance in the project or equipment account shall be transferred to the appropriate but unallotted account within the capital construction fund. The account shall be closed and within thirty (30) days following the closing of the account the Department of Finance shall report to the committee:

(1) Project or item account number and a brief description of the project or item;

(2) Date of final acceptance;

- (3) Available balance in account on date of final acceptance;
- (4) Amount transferred from account to appropriate but unallotted account; and
  - (5) The date account was closed.

Section 13. Within thirty (30) days after purchase or other acquisition of a major item of equipment under a lease-purchase contract or agreement, or any arrangement equivalent to a lease-purchase contract or agreement, the Department of Finance or any agency division, bureau or other unit of state government involved in such a purchase, shall report to the committee:

(1) A description of the equipment purchased;

(2) Date of purchase;

(3) Unit of state government for which the equipment was purchased, will be used, or by which the equipment was purchased;

(4) Copies of the voucher, dealer invoice, department in-

ventory log number; and

(5) Where the equipment will be used or its permanent location.

Section 14. Upon the completion of the initial draft of a prospectus for the issuance of bonds to be funded by the Economic Development Bond Authorization established by HB 931 (Part V, 1980 regular session), the prospectus shall be submitted to the committee.

(1) Information submitted to the committee under this section shall include a list of projects to be covered by the

issuance of bonds.

(2) Notice of the termination of a project or substitution of a project reviewed by the committee under this section shall be forwarded to the committee.

Section 15. Capital construction projects at institutions of higher education that do not involve state or federal

funds, and are proposed to be authorized between regular sessions of the General Assembly, shall be submitted to the committee within thirty (30) days of the approval of these projects by the Council on Higher Education and the Department of Finance. Information submitted under this section shall include:

(i) Complete description of the project;

(2) Source of funding; and

(3) Source of operating and maintenance expenses after completion.

Section 16. Funds advanced to projects authorized to be financed by bond proceeds and funds advanced to finance feasibility studies for projects as provided by HB 931 shall be reported to the committee. Within thirty (30) days of the advancement of these funds a report shall be made to the committee to include:

(1) Copy of the agency request;

- (2) Estimated cost of the feasibility study or project;
- (3) Amount of bond issue and date of issue; and
- (4) Method of financing operating costs of projects.

Section 17. The following information concerning projects within the Governor's recommended program approved by the General Assembly shall be forwarded to the committee within thirty (30) days of determination by the appropriate agency and the Department of Finance.

(1) The scope, estimated cost, starting date for construction, completion date, and the date set for bids on the pro-

ject; and

(2) Quarterly reports stating the percentage of completion of each project and the cost to date.

VIC HELLARD, JR., Director

ADOPTED: September 17, 1980

RECEIVED BY LRC: October 9, 1980 at 1 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING TO: Director, Legislative Research Commission, Capitol Building, Frankfort, Kentucky 4060l.

### DEPARTMENT OF JUSTICE Bureau of Corrections Kentucky Parole Board

501 KAR 1:011. Parole eligibility.

RELATES TO: KRS 439.340(3)

PURSUANT TO: KRS 13.082, 439.340

NECESSITY AND FUNCTION: KRS 439.340 requires the Kentucky Parole Board to promulgate regulations setting forth the time an incarcerated felon is to serve before he will be eligible for parole. It was determined that certain fundamental changes should be made to make the parole board's regulations more fair and equitable and less subject to abuse by agencies other than the board. The adoption of a uniform percentage before an inmate would be eligible for review, with specific minimums, is the most fair and equitable system available.

Section 1. All persons confined who have been convicted of an offense committed after the effective date of this regulation shall have their cases reviewed by the board

in accordance with the schedule set out below. This schedule shall not apply to persons who committed the offense for which they are presently incarcerated prior to the effective date of this regulation; those cases shall be reviewed in accordance with 501 KAR 1:010. Fractional months shall be rounded to the nearest month.

Sentence Being Served	Time Service Required Before First Review
1 year, up to but not including 2 years	4 months
2 years, up to and including 39 years	20% of sentence received
More than 39 years, up to and including life	8 years

Section 2. After the initial review for parole, subsequent reviews, so long as confinement continues, shall be at the discretion of the board; except that the maximum deferment given at any one time shall be eight (8) years.

Section 3. A sentence on conviction of a felony imposed upon a confined prisoner for a crime committed prior to the date of his instant commitment, if designated to be served consecutively, shall be added to the sentence or sentences being served to determine eligibility for parole review. However, the aggregate amount of time to be served for parole review eligibility shall not exceed that set out in Section 1. If the additional sentence is designated to be served concurrently or the commitment is silent, he shall be considered as having started to accrue parole review eligibility on the day he was committed on the first sentence.

Section 4. (1) A person receiving a sentence or sentences for a crime or crimes committed while confined in the institution or while on escape from the institution shall not begin accruing eligibility time toward parole review on the latter sentence or sentences until he has become eligible for parole on the sentence or sentences, including a life sentence, for which he was originally confined.

(2) In determining parole eligibility for an inmate who has received a sentence or sentences for a crime or crimes committed while on escape or while confined in the institution, the board will require, in addition to the amount of time required to be served for parole review on the original sentence or sentences, the service of additional time in accordance with the requirements set out in Section 1.

(3) In determining parole eligibility for an inmate who has received a sentence for an escape, the board will require, in addition to the amount of time to be served for parole review on the original sentence or sentences, and the time required to be served for any crime or crimes committed while in the institution or while on escape, the service of additional time equal to the time to be served on the chart in Section 1 for any additional sentence or sentences received for such escape.

(4) In the event the escape sentence and the sentence or sentences received for a crime or crimes committed while on escape or while confined in the institution are specified to be served concurrently with each other, the sentence requiring the longest time service in accordance with subsections (2) and (3) of this section will be the controlling factor.

(5) Even though an inmate has received a serve-out or

deferment on his original sentence or sentences prior to receiving an escape sentence or any other sentence which he might subsequently receive after being given the serve-out or deferment, he will automatically be brought before the board again when, and not until, he becomes eligible for parole consideration on the additional sentence or sentences.

Section 5. A parole violator having received a sentence for a crime committed while on parole shall start accruing jail time credit for all purposes on the day he was arrested for either the parole violation or the new charge, whichever is earlier.

Section 6. In keeping with the intent of the act, the Parole Baord may with the consent of the majority of the board review the case of any inmate for parole consideration prior to his eligibility date if it appears advisable to do so. This will not be done until the reason for such action is submitted to all members in writing, along with all supporting documents, and all members will note in writing as to their desire to grant a hearing. This will then be filed in the record of the person in question and made a permanent part of his file in the central office of the Bureau of Corrections.

Section 7. The parole hearing will consist of an interview by the board, or a quorum of the board, with the inmate involved. In instances when the inmate is too ill to appear before the board, the board may, at its discretion, appoint one (1) member to interview the inmate in the hospital where he is confined and report back to the remaining members. In this instance, as in all cases, a majority vote by a quorum is required before action is taken. In reaching their decision, the board shall consider:

- (1) Current offense;
- (2) Prior record;
- (3) Institutional adjustment and conduct:
- (a) Disciplinary reports;
- (b) Loss of good time;
- (c) Work and program involvement, and performance;
- (4) Attitude toward authority:
- (a) Before incarceration:
- (b) During incarceration;
- (5) History of alcohol or drug involvement;
- (6) History of prior probation, shock probation or parole violations;
  - (7) Educational and job skills;
  - (8) Prior employment history;
  - (9) Emotional stability;
  - (10) Mental capacities;
  - (11) Terminal illness;
  - (12) History of deviant behavior;
- (13) Official and community attitudes toward accepting inmate back in the county of conviction;
  - (14) Review of parole plan:
  - (a) Housing;
  - (b) Employment;
- (c) Need for community treatment and follow-up resources such as:
  - 1. Halfway houses and residential treatment centers;
  - 2. Comprehensive care centers;
  - 3. Service centers;
- 4. Individual counseling with private social agencies and private treatment resources such as psychiatrists and psychologists;
- (15) Any other factors involved that would relate to the inmate's needs and the safety of the public.

Section 8. In all cases where parole is recommended, it is based upon continued good institutional conduct through the actual release date.

Section 9. (1) On or as soon after the effective date of this regulation as it is logistically practicable, the board shall schedule the initial parole hearings as follows:

(a) For those institutions that have hearings scheduled once per month, the inmates will be seen during the month

they are eligible;

(b) For those institutions that have hearings scheduled bimonthly, the inmates will be seen during the month eligible or one (1) month prior to the month they are eligible.

(2) This section shall apply to eligibility dates calculated pursuant to all prior regulations as well as those dates calculated pursuant to this regulation.

Section 10. 501 KAR 1:010 is hereby repealed.

BURNETT NAPIER, Chairman

ADOPTED: September 25, 1980

APPROVED: NEIL J. WELCH, Secretary RECEIVED BY LRC: October 14, 1980 at 4 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING TO: Charles D. Weaver, Jr., Executive Director, Kentucky Parole Board, State Office Building, Frankfort, Kentucky 40601.

### DEPARTMENT OF JUSTICE Bureau of Corrections Kentucky Parole Board

501 KAR 1:015. Final discharge from parole.

RELATES TO: KRS 439.354, 439.356 PURSUANT TO: KRS 13.082, 439.340

NECESSITY AND FUNCTION: KRS 439.340 and 439.354 requires the Kentucky Parole Board to promulgate regulations setting forth the conditions for parole and discharge from parole when the obligations of parole have been met. This regulation establishes a set time period for the issuance of a final discharge from parole as well as specific criteria for its issuance. The purpose of this regulation is to continue to encourage lawful activity on the paroled inmate's part and to provide successful reintegration back into society.

Section 1. All matters relating to the granting of final discharge from parole shall be conducted in the following manner:

(1) No final discharge from parole shall be granted to a parolee who received a sentence ranging from one (1) to five (5) years until the expiration of twenty-four (24) months clear conduct from the date of parole and receipt by the board of a full report of the parolee's activities while on parole from the parole officer or the maximum expiration date, or ten (10) years, whichever is shorter?

(2) On sentences greater than five (5) years up to and including a life sentence, the parolee shall be entitled to a final discharge from parole upon the receipt, by the board, of a full report of the parolee's activities while on parole from the parole officer, assuming clear conduct from the date of parole release, upon service on parole of one-half

(½) of the time remaining from his parole release date to his maximum expiration date, or ten (10) years, whichever is shorter.

Section 2. Upon receipt of evidence that a parolee has satisfied all requirements of Section 1, the chairman shall issue, or cause to be issued, a certificate of final discharge from parole.

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#### DEPARTMENT OF JUSTICE Bureau of Corrections Kentucky Parole Board

501 KAR 1:020. Parole revocation hearings.

RELATES TO: KRS 439.341, 439.390, 439.430 PURSUANT TO: KRS 13.082, 439.340

NECESSITY AND FUNCTION: KRS 439.340 requires the Kentucky Parole Board to promulgate regulations setting forth the procedure for conducting parole revocation hearings. This regulation contains the procedures for the revocation of parole and the issuance of warrants by the board.

Section 1. All matters relating to parole revocation shall be conducted in the following manner:

be conducted in the following manner: (1) Following a preliminary hearing by a hearing officer of the Parole Board in which it has been established that there are reasonable grounds to believe a parole violation has taken place, a copy of the findings, together with the supporting evidence, is submitted to the Director or Assistant Director of Probation and Parole of the Division of Community Services, or their designee, who reviews the findings. If he concurs with the findings of the preliminary hearing, he then submits the findings and a request for a warrant to the Chairman of the Parole Board who is authorized to issue warrants for parole violations. If upon review, a majority of the board concurs that reasonable grounds exist to believe a parole violation has taken place, then the chairman shall issue a warrant. In the absence or disability of the chairman, the signature of three (3) board members shall be sufficient to issue a warrant. In the event there is no quorum of the board present to concur that probable cause exists, the chairman is authorized to issue a warrant for parole violation if he, upon review, concurs that reasonable grounds exist to issue said warrant. In cases where the person is being charged with a parole violation in that he has absconded from supervision and his whereabouts are unknown, a warrant is issued upon a sworn affidavit by the supervising parole officer with the approval of his supervisor and the approval of either the Director or Assistant Director of Probation and Parole, Division of Community Services. Upon apprehension, the preliminary hearing is held; and if the hearing officer finds reasonable grounds to believe a violation has occurred,

then the procedure is the same as in all other types of preliminary hearings conducted by the hearing officers of

the Parole Board, Department of Justice.

- (2) Final parole revocation hearings will be held within thirty (30) days after the return of the parolee to either the Kentucky State Reformatory or the Kentucky Correctional Institution for Women, as appropriate. At this hearing, the parolee will have the charges specified in the warrant explained to him and he will be given the opportunity to admit or deny them. If the inmate admits to the charges, then the board shall receive proof in mitigation of the charges. Should the defendant's proof be extensive in nature or require outside witnesses, then a short deferment shall be given so a special hearing can be scheduled in the central office. If the defendant denies the charges or wishes to be represented by counsel, then the board will also give a short deferment for the dual purpose of setting up a special hearing and permitting the defendant to secure defense counsel.
- (3) Special hearings. All special hearings will be scheduled to be heard in the central office of the Parole Board. In cases so heard, where either the parole officer or the defendant requests the issuance of subpoenas to compel the attendance of a witness or production of documents, the board will issue them pursuant to KRS 439.390, providing no claims for expenses incurred by these witnesses will be submitted to the board, as it has no authorization to pay such expenses.

Section 2. At the special hearing, the following order of proceedings shall be followed:

(1) The board will present a short statement of the

charges against the defendant.

(2) The parole officer will be called on to present his proof to substantiate the charges, subject to cross-examination by the defendant.

- (3) The defendant will then be permitted to put on proof to rebut the parole officer's charges, subject to cross-examination by the parole officer.
- (4) The parole officer may put on any rebuttal proof subject to cross-examination.

(5) The board will then make a determination as to whether the defendant has violated his/her parole.

- (6) If the defendant is found in violation or if he admits the violation and has proof in mitigation, then the board will receive proof from the defendant in mitigation of the violation subject to cross-examination.
- (7) The board will then make a determination as to the disposition of the case and the defendant is either notified in person immediately or in writing as soon as practicable.

BURNETT NAPIER, Chairman

ADOPTED: July 25, 1980

APPROVED: NEIL J. WELCH, Secretary RECEIVED BY LRC: October 14, 1980 at 4 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING TO: Charles D. Weaver, Jr., Executive Director, Kentucky Parole Board, State Office Building, Frankfort, Kentucky 40601.

## EDUCATION AND ARTS CABINET Department of Education Bureau of Instruction

704 KAR 3:005. Implementation plan.

RELATES TO: KRS 158.650 to 158.740 PURSUANT TO: KRS 13.082, 156.070, 158.670, 158.700, 158.730

NECESSITY AND FUNCTION: KRS 158.650 to 158.740, the Educational Improvement Act of 1978, mandates a program of assessment, testing, and educational improvement plans to insure the right of public school students to acquire the basic knowledge and learning skills necessary to complete high school, pursue post secondary education, or assure such students access to programs and services appropriate to their educational needs in the areas of basic academic and learning skills development, with the Department of Education to administer the act pursuant to regulations of the State Board of Education and to develop a comprehensive implementation plan. This regulation implements the duties and functions of the Educational Improvement Act of 1978 by adopting the Department of Education's implementation plan.

Section 1. Pursuant to the authority vested in the State Board of Education by KRS 158.570, the "Educational Improvement Implementation Manual," as adopted on September 6, 1978, is hereby promulgated and filed with the Legislative Research Commission and incorporated herein by reference. Copies of this manual may be obtained from the Department of Education.

RAYMOND BARBER

Superintendent of Public Instruction

ADOPTED: September 10, 1980

RECEIVED BY LRC: September 17, 1980 at 2:30 p.m. SUBMIT COMMENT OR REQUEST FOR HEARING TO: Fred Schultz, Secretary, Kentucky State Board of Education, 17th Floor, Capital Plaza Tower, Frankfort, Kentucky 40601.

### PUBLIC PROTECTION AND REGULATION CABINET Department of Insurance

806 KAR 17:060. Minimum standards for medicare supplement policies.

RELATES TO: KRS 304.17-400

PURSUANT TO: KRS 304.2-110, 304.17-400

NECESSITY AND FUNCTION: This regulation applies to all individual Medicare supplement and accident and sickness insurance policies and Medicare supplement subscriber contracts delivered or issued for delivery in this state on and after the effective date hereof. KRS 304.17-400 provides that the Commissioner of Insurance may make reasonable rules or regulations to establish minimum standards for Medicare supplement insurance policies delivered or issued for delivery to any person in this state. This regulation establishes the minimum standards for Medicare supplement insurance.

Section 1. Definitions. For purposes of this regulation, the following terms shall have the meanings herein provid-

ed. No policy subject to this regulation shall contain definitions or terms which do not conform to the requirements of this section.

(1) "Policy" means an individual Medicare supplement accident and sickness policy or an individual Medicare supplement hospital and medical service plan or contract.

(2) "Medicare supplement coverage" is a policy which is designed primarily to supplement Medicare, or is advertised, marketed, or otherwise purported to be a supplement to Medicare and which meets the requirements of this regulation applicable to any such policy sold to a person eligible for Medicare by reason of age.

(3) "Benefit period" shall not be defined as more

restrictive than defined in the Medicare program.

(4) "Hospital" may be defined in relation to its status, facilities and available services or to reflect its accreditation by the Joint Commission on Accreditation of Hospitals.

(a) The definition of the term "hospital" shall not be more restrictive than one requiring that the hospital:

1. Be an institution operated pursuant to law; and

- 2. Be primarily and continuously engaged in providing or operating, either on its premises or in facilities available to the hospital on a pre-arranged basis and under the supervision of a staff of duly licensed physicians, medical, diagnostic and major surgical facilities for the medical care and treatment of sick or injured persons on an in-patient basis for which a charge is made; and
- 3. Provide twenty-four (24) hour nursing service by or under the supervision of registered graduate professional

nurses (R.N.'s).

- (b) The definition of the term "hospital" may exclude:
- 1. Convalescent homes, convalescent, rest, or nursing facilities; or
- 2. Facilities primarily affording custodial, educational or rehabilitory care; or
  - 3. Facilities for the aged, drug addicts, or alcoholics; or
- 4. Any military or veterans' hospital or soldiers' home or any hospital contracted for or operated by any national government or agency thereof for the treatment of members or ex-members of the armed forces, except for services rendered on an emergency basis where a legal liability exists for charges made to the individual for such services.
- (5) "Convalescent nursing home," "extended care facility," or "skilled nursing facility" shall be defined in relation to its status, facilities, and available services.
- (a) A definition of such home or facility shall not be more restrictive than one requiring that it:

1. Be operated pursuant to law;

2. Be approved for payment of Medicare benefits or be qualified to receive such approval, if so requested;

3. Be primarily engaged in providing, in addition to room and board accommodations, skilled nursing care under the supervision of a duly licensed physician;

- 4. Provide continuous twenty-four (24) hour nursing service by or under the supervision of a registered graduate professional nurse; and
  - 5. Maintain a daily medical record on each patient.
  - (b) The definition of such home or facility may exclude:
- 1. Any home, facility or part thereof used primarily for rest;
- 2. A home or facility for the aged or for the care of drug addicts or alcoholics; or
- 3. A home or facility primarily used for the care and treatment of mental diseases, or disorders, or custodial or educational care.

- (6) "Accident," "accidental injury," "accidental means," shall be defined to employ "result" language and shall not include words which establish an accidental means test or use words such as "external, violent, visible wounds" or similar words of description or characterization.
- (a) The definition shall not be more restrictive than the following: Injury or injuries, for which benefits are provided, means accidental bodily injury sustained by the insured person which is the direct cause of the claim, independent of disease or bodily infirmity or any other cause, and occurs while the insurance is in force.

(b) Such definition may provide that injuries shall not include injuries for which benefits are provided under any workers' compensation, employer's liability or similar law, or motor vehicle no-fault plan, unless prohibited by law.

(7) "Sickness" shall not be defined to be more restrictive than the following: Sickness means sickness or disease of an insured person which first manifests itself after the effective date of insurance and while the insurance is in force. The definition may be further modified to exclude sickness or disease for which benefits are provided under any workers' compensation, occupational disease, employer's liability or similar laws.

(8) "Physician" may be defined by including words such as "duly qualified physician" or "duly licensed physician." The use of such terms requires an insurer to recognize and to accept, to the extent of its obligation under the contract, all providers of medical care and treatment when such services are within the scope of the provider's licensed authority and are provided pursuant to ap-

plicable laws.

(9) "Nurse" may be defined so that the description of nurse is restricted to a type of nurse, such a registered graduate professional nurse (R.N.), a licensed practical nurse (L.P.N.), or a licensed vocational nurse (L.V.N.). If the words "nurse," "trained nurse" or "registered nurse" are used without specific instruction, then the use of such terms requires the insurer to recognize the services of any individual who qualifies under such terminology in accordance with the applicable statutes or administrative rules of the licensing or registry board of the state.

(10) "Medicare" shall be defined in the policy. Medicare may be substantially defined as "The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as Then Constituted or Later Amended," or "Title I, Part I of Public Law 89-97, as enacted by the Eighty-Ninth Congress of the United States of America and popularly known as the Health Insurance for the Aged Act," "as then constituted and any later amendments or substitutes thereof," or words of similar import.

(11) "Mental or emotional disorders" shall not be defined more restrictively than a definition including neurosis, psychoneurosis, psychopathy, psychosis, or mental or

emotional disease or disorder of any kind.

Section 2. Prohibited Policy Provisions. (1) No policy or contract shall contain a probationary period.

- (2) No policy shall limit or exclude coverage by type of illness, accident, treatment or medical condition, except as follows:
- (a) Foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain, or symptomatic complaints of the feet;

(b) Mental or emotional disorders, alcoholism and drug

addiction (except when purchased as an option);

(c) Pregnancy, except for complications of pregnancy;

- (d) Illness, treatment or medical condition arising out of:
- 1. War or act of war (whether declared or undeclared); participation in a felony, riot or insurrection; service in the armed forces or units auxiliary thereto;

2. Suicide (sane or insane), attempted suicide or intentionally self-inflicted injury;

- 3. Inter-scholastic sports with respect to short-term nonrenewable policies.
- (e) Cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part;
- (f) Care in connection with the detection and correction by manual or mechanical means of structural imbalance, distortion, or subluxation in the human body for purposes of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of, or in the vertebral column (insured must be offered this benefit as an option);
- (g) Treatment provided in a government hospital; benefits provided under Medicare or other governmental program (except Medicade), any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law; services rendered by employees of hospitals, laboratories or other institutions, services performed by a member of the covered person's immediate family and services for which no charge is normally made in the absence of insurance;

(h) Dental care or treatment;

- (i) Eye glasses, hearing aids and examination for the prescription or fitting thereof;
- (j) Rest cures, custodial care, transportation and routine physical examinations;

(k) Territorial limitations:

provided, however, policies may not contain, when issued, limitations or exclusions of the type enumerated in paragraphs (a), (f), (j), or (k) above that are more restrictive than those of Medicare. Policies may exclude coverage for any expense to the extent of any benefit available to the insured under Medicare.

Section 3. Minimum Standards. No policy shall be delivered or issued for delivery in this state which does not meet the following minimum standards. These are minimum standards and do not preclude the inclusion of other provisions or benefits which are not inconsistent with these standards.

(1) Policy minimum standards:

- (a) Premiums charged for Medicare supplement policies shall be presumed unreasonable in relation to the benefits provided if the anticipated credible loss ratio for the policy is less than sixty-five percent (65%). In determining the credibility of the anticipated loss ratio, due consideration shall be given to all relevant factors, including:
  - 1. Statistical credibility of premiums and benefits;

2. Experience and projected trends;

3. Concentration of experience at early policy duration;

4. Expected claim fluctuations;

5. Refunds, adjustments, or dividends;

6. Renewability features;

7. All appropriate expense factors.

- (b) The term "Medicare benefit period" shall mean the unit of time used in the Medicare program to measure use of services and availability of benefits under Part A, Medicare hospital insurance;
- (c) The term "Medicare eligible expenses" shall mean health care expenses of the kinds covered by Medicare, to

the extent recognized as reasonable by Medicare. Payment of benefits by insurers for Medicare eligible expenses may be conditioned upon the same or less restrictive payment conditions, including determinations of medical necessity as are applicable to Medicare claims;

(d) Coverage, when issued, shall not be subject to any exclusions, limitations, or reductions (other than as permitted in this regulation and other applicable laws and regulations) which are inconsistent with the exclusions, limitations, or reductions permissible under Medicare, other than a provision that coverage is not provided for any expenses to the extent of any benefit available to the insured person under Medicare;

(e) Coverage shall not indemnify against losses resulting from sickness on a different basis than losses resulting

from accidents; and

- (f) Coverage shall provide that benefits designed to cover cost sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible amount and co-payment percentage factors. Premiums may be changed to correspond with such changes.
- (g) All policy language and solicitation materials shall be printed on a flesch scale of not less than fifty (50).
- (2) Minimum benefit standards. Medicare supplement coverages shall provide at least the following benefits:
- (a) Coverage of Part A Medicare eligible expenses for hospitalization to the extent not covered by Medicare from the sixty-first (61st) day through the ninetieth (90th) day in any Medicare benefit period;

(b) Coverage of Part A Medicare eligible expenses incurred as daily hospital charges during use of Medicare's lifetime hospital in-patient reserve days;

- (c) Upon exhaustion of all Medicare hospital in-patient coverage including the lifetime reserve days, coverage of ninety percent (90%) of all Medicare Part A eligible expenses for hospitalization not covered by Medicare, subject to a lifetime maximum benefit of an additional 365 davs
- (d) Coverage of twenty percent (20%) of the amount of Medicare eligible expenses under Part B regardless of hospital confinement, subject to a maximum calendar year out-of-pocket deductible of \$200 of such expenses and to a maximum benefit of at least \$5,000 per calendar year.

Section 4. Required Disclosure Provisions. (1) General rules:

- (a) Each policy shall include a renewal, continuation, or nonrenewal provision. The language or specifications of such provision must be consistent with the type of contract to be issued. Such provision shall be appropriately captioned, shall appear on the first page of the policy, and shall clearly state the duration, where limited, or renewability and the duration of the term of coverage for which the policy is issued and for which it may be renewed.
- (b) A policy which provides for the payment of benefits based on standards described as "usual and customary," "reasonable and customary," or words of similar import, shall include a definition of such terms and an explanation of such terms in its accompanying outline of coverage.

(c) If a policy contains any limitations with respect to preexisting conditions, such limitations must appear as a separate paragraph of the policy and be labeled as "Preex-

isting Condition Limitations.

(d) Insurers issuing Medicare supplement coverage shall provide to the policyholder a Medicare supplement buyers's guide entitled "Guide to Health Insurance for People with Medicare" developed jointly by the National Association of Insurance Commissioners and the Health Care Financing Administration of the U. S. Department of Health, Education, and Welfare, Code No. HCFA-02110, December 1979, or as thereafter amended, available from the Health Care Financing Administration of the U. S. Department of Health, Education and Welfare, Washington, D. C., 20202. Delivery of the buyer's guide shall be made no later than at the time the policy is delivered.

(2) Coverage requirements:

(a) No policy subject to this regulation shall be delivered or issued for delivery in this state unless the outline of coverage is delivered to the applicant at the time application is made and, except for the direct response policy, acknowledgment of receipt or certification of delivery of such outline of coverage is provided to the insurer; and

- (b) If an outline of coverage was delivered at the time of application and the policy or contract is issued on a basis which would require revision of the outline, a substitute outline of coverage properly describing the policy or contract must accompany the policy or contract when it is delivered and contain the following statement, in no less than twelve (12) point type, immediately above the company name: "Notice: Read this outline of coverage carefully. It is not identical to the outline of coverage provided upon application and the coverage originally applied for has not been issued."
- (3) Outline of coverage. An outline of coverage, in the form prescribed below, shall be issued in connection with policies that meet the standards of Section 3. The items included in the outline of coverage must appear in the sequence prescribed:

## (Company Name) Medicare Supplement Coverage Outline of Coverage

- (a) Read your policy carefully. This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you read your policy carefully!
- (b) Medicare supplement coverage. Policies of this category are designed to supplement Medicare by covering some hospital, medical, and surgical services which are partially covered by Medicare. Coverage is provided for hospital in-patient charges and some physician charges, subject to any deductibles and co-payment provisions which may be in addition to those provided by Medicare, and subject to other limitations which may be set forth in the policy. The policy does not provide benefits for custodial care such as help in walking, getting in and out of bed, eating, dressing, bathing and taking medicine (delete if such coverage is provided).
- (c) Neither (insert company's name) nor its agents are connected with Medicare.
- (d) A brief summary of the major benefit gaps in Medicare Parts A and B with a parallel description of supplemental benefits, including dollar amounts, provided by the Medicare supplement coverage is as follows:

Service	Benefit	Medicare Pays	This Policy Pays	You Pay
Hospitalization: Semi-	First	All but	1 4 3 3	
private room and board.	60 days			
general nursing and	oo days	\$(160)		
miscellaneous hospital	61st to	All but	•	
services and supplies. In-	90th day			
cludes meals, special care	70th day	\$(40) a day		
units, drugs, lab tests.	91st to	All but		
diagnostic x-rays,				
medical supplies,	150th day	\$(80) a day		
operating and recovery	Daniand	Market		
room, anesthesia and	Beyond	Nothing		
rehabilitation services.	150 days			
renaumation services.				
Posthospital Skilled Nur-	First	100%		
sing Care: In a facility	20 days	of costs		
approved by Medicare,	20 uays	or costs		
you must have been in a	Additional	All but		
hospital for at least three	80 days			
(3) days and enter the	ov uays	\$(20) a day		
facility within fourteen	Davond	Mashina		
(14) days after hospital	Beyond 100 days	Nothing		
discharge.	100 days			
Medical Expense Physic		80% of		
	in-patient	reasonable		
	ut-patient	charge (after		
medica		\$(60)		
	pplies at a	deductible)		
	l, physical			
	ech therapy			
and a	nbulance.			

- (e) Statement that the policy does or does not cover the following:
  - 1. Private duty nursing.
- 2. Skilled nursing home care costs (beyond what is covered by Medicare).
  - 3. Custodial nursing home care costs.
  - 4. Intermediate nursing home care costs.
- 5. Home health care (above number of visits covered by Medicare).
- 6. Physician charges (above Medicare's reasonable charge).
- 7. Drugs (other than prescription drugs furnished during a hospital or skilled nursing facility stay).
  - 8. Care received outside of U.S.A.
- 9. Dental care of dentures, checkups, routine immunizations, cosmetic surgery, routine foot care, examinations for and the cost of eyeglasses or hearing aids.
- (f) A description of any policy provision which excludes, eliminates, resists, reduces, limits, delays, or in any other manner operates to qualify payment of the benefits described in paragraph (d) of this subsection, including conspicuous statements:
- 1. That the chart summarizing Medicare benefits only briefly describes such benefits.
- 2. That the Health Care Financing Administration or its Medicare publications should be consulted for further details and limitations.
- (g) A description of policy provisions respecting renewability or continuation of coverage, including any reservation of right to change premium.
  - (h) The amount of premium for this policy.

Section 5. Replacement of Existing Medicare Supplement or Other Health Care Insurance by a Medicare Supplement Policy. The new Medicare supplement insurance policy issued by the replacing insurer will not be contestable by it in the event of the insured presenting a claim to any greater extent than the existing health insurance policy would have been contestable by the existing insurer had such replacement not taken place.

Section 6. Requirements for Replacement. (1) Application forms shall include a question designed to elicit information as to whether the insurance to be issued is intended to replace any other accident and sickness insurance policy(s) presently in force. A supplemental application or other form to be signed by the applicant containing such a question may be used.

(2) Upon determining that a sale will involve replacement, an insurer, other than a direct response insurer, or its agent, shall furnish the applicant, prior to issuance or delivery of the policy, the notice described in subsection (3) of this section. One (1) copy of such notice shall be retained by the applicant and an additional copy signed by the applicant shall be retained by the insurer. A direct response insurer shall deliver to the applicant upon issuance of the policy, the notice described in subsection (4) of this section. In no event, however, will such a notice be required in the solicitation of the following types of policies: accident only and single premium nonrenewable policies.

(3) The notice required by subsection (2) of this section for an insurer, other than a direct response insurer, shall

provide, in substantially the following form:

### Notice to Applicant Regarding Replacement of Accident and Sickness Insurance

According to (your application) (information you have furnished), you intend to lapse or otherwise terminate existing accident and sickness insurance and replace it with a policy to be issued by (Company Name) Insurance Company. You may return your new policy within ten (10) days and have your entire premium refunded. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy.

(a) Health conditions which you may presently have (pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.

(b) The new policy will be issued at a higher age than your present policy; therefore, the cost of the new policy, depending upon the benefits, may be higher than your present policy.

(c) The renewal provisions of the new policy should be examined to determine whether you have the right to periodically renew.

(d) You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present policy. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.

(e) If you still wish to terminate your present policy and replace it with new coverage, be certain to accurately and completely answer all questions on the application concerning your medical/health history. Failure to include all important medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, re-read it carefully to be certain that all information has been properly recorded.

The above "Notice to Applicant" was delivered to me on:

(Date)
(Applicant's Signature
(Agent's Signature)

A copy is to be given to the applicant and a copy retained by the agent and/or company.

(4) The notice required by subsection (2) of this section for a direct response insurer shall be as follows:

### Notice to Applicant Regarding Replacement of Accident and Sickness Insurance

According to (your application) (information you have furnished), you intend to lapse or otherwise terminate existing accident and sickness insurance and replace it with the policy delivered herewith issued by (Company Name) Insurance Company. You may return your new policy within ten (10) days and have your entire premium refunded. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy.

(a) Health conditions which you may presently have (pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.

(b) The new policy will be issued at a higher age than your present policy; therefore, the cost of the new policy, depending upon the benefits, may be higher than your present policy.

(c) The renewal provisions of the new policy should be examined to determine whether you have the right to periodically renew.

periodically renew.

(d) You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present policy. This is not only your right, but it is

also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.

(e) (To be included only if the application is attached to the policy.) If you still wish to terminate your present policy and replace it with new coverage, read the copy of the application attached to your new policy and be sure that all questions are answered fully and correctly. Omissions or misstatements in the application could cause an otherwise valid claim to be denied. Carefully check the application and write to (company name and address) within ten (10) days if any information is not correct and complete, or if any past medical history has been left out of the application.

(Company Name)

Section 7. Severability. If any provision of this regulation or the application thereof to any person or circumstance is for any reason held to be invalid, the remainder of the regulation and the application of such pro-

vision to other persons or circumstances shall not be affected thereby.

DANIEL D. BRISCOE, Commissioner

ADOPTED: October 7, 1980

RECEIVED BY LRC: October 9, 1980 at 2 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING TO: Daniel D. Briscoe, Commissioner, Department of Insurance, P.O. Box 517, 151 Elkhorn Court, Frankfort, Kentucky 40602.

PUBLIC PROTECTION AND REGULATION CABINET Department of Housing, Buildings and Construction

815 KAR 7:040. Manufactured dwelling systems.

RELATES TO: KRS 198B.010(15), 198B.060(7), and (18)

PURSUANT TO: KRS 198B.030(4) to (7),

198B.040(7), 198B.050(5), 198B.060(4) and (10)

NECESSITY AND FUNCTION: This regulation is part of the Kentucky Building Code and provides an alternate means for inspection and approval of manufactured dwellings.

Section 1. Definitions. (1) "Agency" means an organization acting as designee agent of the Department of Housing, Buildings and Construction in the regulation of manufactured one (1) and two (2) family dwellings.

(2) "Alteration or conversion" means the replacement, addition, modification or removal of any equipment or installations which may affect the design and construction, plumbing, mechanical or electrical systems, or the functioning thereof, of any structure subject to this regulation.

(3) "BOCA" means Building Officials and Code Administrators International, Inc., of Homewood, Illinois.

- (4) "Certificate of acceptability" means the certificate provided to a manufacturer signifying the manufacturer's ability to fabricate and sell a manufactured dwelling for installation or assembly within the state.
- (5) "Closed construction" means a building system fabricated in such a manner that concealed parts or the processes used in fabrication cannot be inspected at the erection site without disassembly.

(6) "Code" means the Kentucky Building Code.

(7) "Compliance assurance" means the process of appraising a manufacturer's compliance control program by monitoring, auditing and inspection of production to provide objective evidence that building systems conform to approved documents.

(8) "Compliance control program" means the manufacturer's system, including directly related quality and process controls, for assuring compliance with applicable

codes, standards and approved documents.

(9) "Design approved agency" or "DAA" means an organization approved by the department to provide evaluation, certification and/or inspection of manufactured dwellings to ensure compliance with this regulation and applicable codes.

(10) "Evaluation agencies" means design approval agency and inspection approval agency as defined in this

section.

(11) "Inspection approval agency" or "IAA" means an organization approved by the department to provide inplant inspection of manufactured dwellings to ensure compliance with this regulation.

pliance with this regulation.

(12) "Manufactured dwelling" or "modular housing" means a complete one (1) or two (2) family dwelling unit, made at an off-site manufacturing facility, intended to be placed on a permanent foundation, containing kitchen, bathroom, eating space, living and sleeping space, and heating, plumbing, and electrical equipment. A manufactured dwelling may consist of one or more modules and may be used by the owner, lessee or their assigns as a place of residence, business, profession or trade.

(13) "Office" means the office of manufactured housing in the Department of Housing, Buildings and Con-

struction.

(14) "NCSBCS" means the National Conference of States on Building Codes and Standards, Inc.

(15) "Open construction" means any building system fabricated in such a manner that all portions can be readily inspected at the building site without disassembly.

(16) "Seal" means an insignia issued by the office to indicate compliance of any manufactured dwelling unit with

this regulation.

- (17) "Testing agency" means a private organization which:
- (a) Is primarily interested in testing and evaluating equipment and installation;
- (b) Is qualified and equipped to conduct and observe experimental testing to approved standards;
- (c) Is not under the jurisdiction or control of any manufacturer or supplier of any industry;
- (d) Makes available a published report certifying that the listed or labeled equipment and installation have been tested and found safe for use in a specific manner; and

(e) Is approved by the department.

(18) "Trade or brand name house" means any one (1) or two (2) family dwelling structure or component thereof made of precut or prefabricated panels, sections or individual pieces that are sold or fabricated under a name that identifies both the manufacturer and a particular type of structure he makes, and that are assembled on a permanent foundation by conventional home building and electrical and plumbing installation techniques.

Section 2. Jurisdiction and Enforcement. (1) The Kentucky Board of Housing, Buildings and Construction specifically exempts from local government the responsibility for insuring conformance with the Kentucky Building Code for a manufactured dwelling systems approval under this regulation.

(2) Any officer, agent or employee of the department is authorized to enter the property wherein any building system is located for the purpose of determining that said system or unit is in conformance with this regulation.

(3) The department shall issue seals of approval for each building system or unit constructed or to be installed in Kentucky. All building systems bearing a Kentucky state seal shall be exempt from further inspection relating to construction, mechanical, plumbing, electrical, fire and life safety standards or codes.

Section 3. Standards for Manufactured Dwellings. All manufactured dwellings and modular housing shall be designed, fabricated, assembled and installed in accordance with the Kentucky Building Code, and be approved by the department and bear a Kentucky seal.

Section 4. Certificate of Acceptability for Dwelling Manufacturers. (1) No manufacturer shall fabricate, sell or lease any manufactured dwelling unit in this state after the effective date of this regulation, unless he has procured from the department a certificate of acceptability. He must submit to continuing inspections by the department to retain his certificate.

(2) Requirements for issuance:

(a) The manufacturer shall select and the office shall approve a design approval agency and an inspection approval agency (one (1) entity may perform both functions. However, the design approval agency shall not perform architectural, engineering or other design services for the manufacturer);

(b) The manufacturer must submit an in-plant compliance control program to the design approval agency, for its approval, in accordance with Section 5 and submit to continuing inspection by an approved inspection approval agency and the office for field certification and monitoring

of satisfactory compliance; and

(3) The manufacturer shall furnish and maintain with the department proof of general liability insurance to include lot and completed operations insurance in the minimum amount of \$100,000 bodily injury or death for each person, \$300,000 bodily injury or death for each accident, and \$50,000 property damage.

Section 5. License Applications; Proprietary Data; Equivalent Standards. (1) Applications for certificates of acceptability shall contain a certification from the servicing DAA that a certified copy of the plans and specifications of a model or model-group for their design and construction, and for the installation of their electrical, mechanical and plumbing systems have been reviewed and that such plans include the following information:

- (a) General information: Full dimensions of floor plans of all types of units submitted; interior wall and ceiling finish materials; size, types and locations of doors and windows; required egress windows; flashing details; fire separation details when required; material manufacturer's fire-rating of materials for fire-rated buildings; ceiling heights; toilet, bath and shower compartments (show detail size, clearances, floor, wall and ceiling finishes, enclosures, glazing and, where required, provisions for assuring use by the handicapped of toilet, bath and shower compartments); glazing general, and installation and connection of multi-sectional units.
- (b) Wall construction: Grade and material of wall elements; construction method; fastening methods and materials; cutting, notching and drilling; spacing of structural elements; headers to be noted and detailed as required; fire-stopping as required; interior and exterior wall coverings, including panel index and thickness, manufacturer's recommendations for proposed use, finish, flame spread rating, vertical or horizontal installation, weather resistant membrance if required, flashing, fire ratings as recommended by the product manufacturer (if building is a rated building), fastening methods and materials; and all framing details such as corners, jamb studs, etc.

(c) Floors: Identification of floor elements as to grade and materials; joists identified as to allowable stress and modulus of elasticity; joist spacing noted; lateral and end support of joists; notching; cutting of holes; floor sheathing as to panel index, thickness and manufacturer's recommendations as to the use of the product; floor sheathing installation, parallel or perpendicular to floor joists; fastening methods and materials; and all framing details.

(d) Roof ceiling construction: Grade and material of roof-ceiling elements; construction methods; fastening methods and materials used; roof-ceiling joists identified as to panel index, thickness and product manufacturer's recommendations as to use; framing details; roof pitch; sheathing installed parallel or perpendicular to roof joists; attic access framing, if required; and attic ventilation.

(e) Roof covering: Material used and manufacturer's recommendations as to the use and application; base sheet used and its application; roof-valley flashing; and

fasteners, material and method used.

(f) Structural members: Calculations and documentation of primary and secondary structural members that are not specified as to the material, grade, use, size, spacing, etc.

(g) Chimneys and fireplaces: Chimney terminations and support; listing and labeling of chimneys and fireplaces;

and details of installation.

- (h) Plumbing: Listing of all plumbing materials used; all fittings used in the supply and drainage systems; piping protection and support; cleanouts; indirect waste connections; floor drains; required valves and unions; size of all pipes, valves, traps, vents in the supply, drainage and gas systems; slope of drainage system; back-flow prevention devices and vacuum breakers, as required; schematic drawings of supply, gas, and drainage systems; water heater manufacturer's specifications, including listing and labeling; and fixed appliances, fixtures and equipment to be used (indicate make, model rating/capacity and listed items).
- (i) Electrical: Schematic of the electrical system; capacity, sizes and type of conductors and insulation; all feeder and branch circuits to be shown and numbered; ground fault circuit to be noted as required; over-current device/main disconnect, rating, size, location/circuit; installation and locations of receptacle outlets, switches, and junction boxes; method of mounting fixtures; electrical load calculations; support and protection of wiring; and method of interconnection between manufactured buildings or components and the location of all interconnections.
- (j) Mechanical: Location and clearances of all equipment listed or labeled by approved agencies; manufacturer's specifications of furnace and water heater; duct and register locations, sizes, material and support; location of flues, vents, clearances from air intakes and other vents and flues, venting of appliances as required; and heat-loss and heat-gain calculations.
- (2) Manufacturer's compliance control program. The procedure which the manufacturer will use to construct units in accordance with the plans, specifying in sufficient detail, its scope and purpose; receiving and inspection procedures for basic materials; material storage and stock rotation procedures; types and frequency of in-process and final product inspections; sample of inspection control forms used; test equipment used; and written test procedures. No manufacturer to which a certificate of acceptability has been issued shall modify in any way its manufacturing specifications without prior written approval of its designated design approval agency.

(3) Monthly report. A unit certification format certifying compliance of each manufactured unit with this regulation shall be submitted to the office no later than the end of the first week of each month. The certification format shall contain the information in the format set forth in Appen-

dix A.

(4) Notification requirements. Manufacturers shall notify the office in writing within thirty (30) days if the corporate name is changed; if the main address of the com-

pany is changed; if there is a change in twenty-five (25%) percent or more of the ownership interest of the company within a twelve (12) month period; if the location of any manufacturing facility is changed; if a new manufacturing facility is established; or if there are changes in the principal officers of the firm.

(5) Proprietary data. Any information relating to manufactured dwellings or in-plant compliance control systems that the manufacturer considers proprietary shall be so designated by him at the time of its submission. The information will be confidential unless the Board of Housing determines that disclosure in any case is necessary to

carry out the purpose of this regulation.

(6) Equivalent standards. The department, may determine that the construction standards for manufactured dwellings established by another state are equivalent to the codes and standards prescribed in Kentucky. The board may accept another state's seal of approval for any manufactured dwelling. If the department finds that such standards or codes are actually enforced, then they may issue a label or seal of approval for such dwelling and it shall not be subject to destructive disassembly inspections or tests at the installation site by any person or officer.

Section 6. Grounds for Denial, Suspension or Revocation of Certificate. A certificate of acceptability may be denied by the office, and suspended or revoked by the Board of Housing on any one (1) of the following grounds:

(1) Insolvency;

- (2) Material misstatement made in any application for certificate of acceptability or any accompanying documents;
- (3) Failure or neglect to comply with any provisions of this regulation or any order of the department made pursuant to this regulation;
- (4) Failure to perform any written agreement with any buyer or his agent;

(5) Defrauding of any buyer or his agent;

- (6) Attempting or completing a fraudulent sales transaction or unit repossession; or
- (7) Violation of any law relating to the sale or financing of a building system.

Section 7. Procedure for Denial, Revocation or Suspension; Appeal. (1) The department may deny the application for a certificate of acceptability by written notice to the applications of the second of the second

plicant, stating the grounds for such denial.

(2) Any manufacturer who violates or fails to comply with these regulations shall be notified in writing setting forth facts describing the alleged violation and instructed to correct the violation by a specified time but not more than twenty (20) days after notification is received. Should the manufacturer fail to make the necessary corrections within the specified time, the Board of Housing may, after notice and hearing, suspend or revoke any certificate of acceptability.

(3) Any person aggrieved by any final order of the Board of Housing may appeal to the Kentucky circuit court within whose jurisdiction the manufactured dwelling is located or planned to be located, or the manufacturer's facility is located, or to the Franklin Circuit Court. The petition for judicial review shall be filed no later than thirty (30) days from the effective date of the final order from

which the appeal is taken.

Section 8. Design Approval Agency; Inspection Approval Agency; NCSBCS. (1) A manufacturer may meet the requirements of this section by voluntarily par-

ticipating in the NCSBCS National Voluntary Reciprocity Program for the Regulation of Manufactured Dwellings. Should any manufacturer participating in such NCSBCS program terminate its participation in such program; any unit then being manufactured or installed at the time of that termination shall comply with all the applicable requirements of this regulation.

(2) Design approval agency. The office shall consider an organization or individual upon receipt of an application accompanied by a prospectus detailing its capabilities to act as a design approval agency. Contracts for professional services of similar or identical nature, shall not prohibit the office from accepting the qualifications of an applicant.

(3) Design approval agency application requirements. Each organization applying for approval shall furnish in its

application:

- (a) Its qualifications to review and certify plans and specifications as being in compliance with these regulations:
- (b) An affidavit that the organization is not under the control, and is neither an affiliate or parent corporation of any manufactured dwelling manufacturer or supplier; and that it will notify the office promptly if such control is contemplated and shall notify the office ninety (90) days prior to the effective date of such control;

(c) The specific information required by the office;

(d) Resumes of its employees and their qualifications to perform the services outlined in its application; and

(e) An annual filing fee of \$200 to accompany the application. Check or money order shall be made payable to Kentucky State Treasurer.

- (4) Inspection approval agency. The inspection approval agency must provide certification that it is totally independent from the manufacturer whose product it proposes to inspect. An affidavit from the agent certifying that it has no financial or management connection with the manufacturer shall be acceptable.
- (5) Inspection approval agency application requirements. The inspection approval agency must demonstrate that it has the capabilities to inspect the type of construction proposed by the manufacturer for compliance with the approved plans and specifications and in accordance with the approved compliance control manual and program. The agency must specifically identify the person or persons proposed to perform the in-plant inspection and submit their qualifications to inspect structural, electrical, mechanical, energy conservations, and plumbing systems for compliance with approved plans and specifications. When the compliance assurance involves sampling and testing of materials or components, the IAA must substantiate that it has available to it experienced personnel and adequate equipment to perform testing in accordance with the applicable approved standards and the approved compliance assurance manual.
- (6) IAA duties. Prior to the issuance of any seals to the manufacturer, the IAA shall make a complete inspection of the manufacture of one (1) unit through all of the operations at the manufacturer's site. The purpose of this complete inspection is to determine whether the manufacturer is capable of producing units in conformance with the approved plans, specifications and codes. This inspection shall be made by one or more qualified engineers who have reviewed the plans and specifications and by an inspector who has been carefully briefed by the engineers. If the first unit inspected fails to conform, additional units shall be similarly inspected until the IAA is satisfied that the manufacturer is conforming to the approved plans,

specifications and applicable codes.

- (7) Inspection frequency. The IAA must agree to perform in-plant inspections at the frequency established in the approved compliance assurance manual. Until receipt of written notice by the office altering them, the frequency of inspections shall be controlled so that not less than one (1) of the following phases of assembly shall be inspected on each dwelling unit: Floor assembly; walls and roof assembly; all plumbing work; all heating and airconditioning work; all electrical work; or installation of appliances and securing of insignia, labels, and instructions.
- (8) Inspection manual. The inspection approval agency shall furnish an inspection manual to the office and a copy to the inspector and the manufacturer so that the manufacturer may be sure he is complying with this regulation and shall include such inspection forms and guides used in the inspection process.
- (9) All units must bear either an IAA or NCSBCS label. All labels shall be serialized.

(10) An annual filing fee of \$200 shall accompany the IAA application. Check or money order shall be made payable to Kentucky State Treasurer.

(11) In the event the department enters into an agreement with NCSBCS to participate in a voluntary reciprocity agreement, all functions of the DAA and IAA may be performed by NCSBCS. The department may elect to provide monitoring personnel to NCSBCS for monitoring inspections of manufacturing facilities.

Section 9. Seals. (1) No manufacturer shall sell or lease or offer for sale or lease manufactured dwelling units to any person in this state, unless such manufacturer has first received a certificate of acceptability from the office and the units bear a state seal of approval.

(2) Acquisition of seal. Any IAA who has been approved by the office may apply.

(3) The application shall be accompanied by a fee of twenty dollars (\$20) for each seal.

(4) Alteration or conversion of a unit bearing a seal.

- (a) Any alteration without prior written approval of the manufacturer's servicing DAA, of the construction, plumbing, mechanical, electrical equipment or installations thereof in a unit which bears a seal, shall void the original approval and the seal shall be returned to the office. The following shall not constitute an alteration or conversion: repairs with approved component parts; conversion of listed fuel-burning appliances in accordance with the terms of their listing; adjustment and maintenance of equipment; replacement of equipment in kind; or any change that does not affect those areas covered by these regulations.
- (b) Any manufacturer proposing an alteration to a unit bearing a seal shall make application to its servicing DAA. Such application shall include: make and model of unit; serial number; state seal number; a complete description of the work to be performed together with plans and specifications when required; location of the unit where work is to be performed; and name and address of the owner of the unit.
- (c) Upon completion of the alteration, the applicant shall request the IAA to make an inspection to ensure the alteration was performed in accordance with approved plans.
- (d) The applicant may purchase a replacement seal for a fee of two dollars (\$2), after inspection and verification of the alteration by the IAA.
- (5) Denial and repossession of seals. Should inspection reveal that a manufacturer is not constructing units according to this regulation and such manufacturer, after

having been served with a notice setting forth in what respect the provisions of this regulation and the codes have been violated, continues to manufacture units in violation thereof, applications for new seals shall be denied and the seals previously issued and unused shall be confiscated and credit given. Upon satisfactory proof of compliance, such manufacturer may resubmit an application for a seal.

(6) Notice of non-compliance. In the event that any unit bearing a seal is found to be in violation of this regulation, the office shall attach to the unit a notice of non-compliance and furnish the manufacturer a copy of same. The office or manufacturer shall not remove the non-compliance tag until corrections have been made, and the manufacturer or his agent has requested an inspection in writing to the office or given an affidavit certifying compliance.

(7) Placement of seal. Each seal shall be assigned and affixed to a specific unit. Assigned seals are not transferable and are void when not affixed as assigned, and all such seals shall be returned to or may be confiscated by the office. The seal shall remain the property of the department and may be seized by the office in the event of violation of this regulation. The seal shall be securely affixed to the rear exterior of each unit approximately one (1) foot up from the floor and one (1) foot in from the road side, or as near that location as practicable. If a completed unit has two (2) or more sections, a seal shall be affixed to each section. No other seal, stamp, cover or other marking may be placed within two (2) inches of the seal.

(8) Lost or damaged seals. When a seal becomes lost or damaged, the office shall be notified immediately in writing by the IAA. The IAA shall specify the unit serial number, and when possible, the seal number. All damaged seals shall be promptly returned to the office. Damaged and lost seals shall be replaced by the office with a replacement seal on payment of the replacement seal fee of two dollars (\$2).

Section 10. Data Plate. A manufacturer's data plate shall be installed in a permanent manner near the main electrical panel or other readily-accessible location. The data plate shall provide the following information: manufacturer's name and address; serial number of unit; date of manufacture; seal affixed to unit; electrical service capacity; roof load; floor load; wind load; seismic zone; and the following statement: "This structure is built in accordance with the Kentucky Building Code and shall not be altered in any manner without prior written approval of the office or its designated design approval agency."

Section 11. Oversight Inspection. The office shall examine records in the principal offices of the DAA and IAA annually to ensure that adequate records and accountability under this regulation are being properly maintained; and shall inspect all manufacturing facilities semi-annually as a minimum, and more often if identifiable problems persist, to ensure that independent IAA's are performing adequately. Consumer complaint inspections shall be performed at the specific request of any unit owner. The office may inspect unit installations from time to time to ensure that appropriate manufacturer's instructions for assembly are followed.

Section 12. Schedule of Fees. (1) The following fees must be paid:

- (a) Design approval agency: An annual fee of \$200.
- (b) Inspection approval agency: An annual fee of \$200.

- (c) Manufacturer: An annual certificate of acceptability fee of \$400.
- (d) Seal: A fee of twenty dollars (\$20) per section of each unit manufactured, sold or offered for sale within the Commonwealth of Kentucky.

(e) A replacement seal fee of two dollars (\$2) shall be required for lost or damaged seals.

(f) A fee of five dollars (\$5) shall be assessed for any check returned.

(2) All fees shall be paid by check or money order and shall be made payable to Kentucky State Treasurer.

(3) Should it become necessary for an official of the office to perform extraordinary travel for the purpose of examining or inspecting a manufacturer's in-plant procedures, or should a manufacturer request a special inspec-

tion or examination, the manufacturer shall pay for the actual expenses incurred for such inspection or examination.

JOHN R. GROVES, Jr., Commissioner

ADOPTED: October 13, 1980

APPROVED: H. FOSTER PETTIT, Secretary RECEIVED BY LRC: October 14, 1980 at 10 a.m.

PUBLIC HEARING: A public hearing will be held on this regulation November 20, 1980, 1:00 p.m., (EST) in the Conference Room of the Department of Housing, Buildings and Construction, The 127 Building, U.S. 127 South, Frankfort, Kentucky. For additional information or submission of comments, contact: Chandler Robinson, State Fire Marshal's Office, Department of Housing, Buildings and Construction, The 127 Building, U.S. 127 South, Frankfort, Kentucky 40601, phone (502) 564-8044.

#### APPENDIX A

U	NIT	CERT	ΊFΙ	CATION	FORMAT
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Name of Manufacturer						
Mailing Address						
City		State	Zip			
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Serial #	Inspection Agency Seal #	KY Seal #	Date Mfg.	Model	Purchaser and Address

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 ${\tt NOTE:}$  This form shall be mailed monthly. If there are no sales during the period, specify NONE on the form.

## DEPARTMENT FOR HUMAN RESOURCES Bureau for Health Services Certificate of Need and Licensure Board

902 KAR 20:006. Certificate of need process.

RELATES TO: KRS 216B.010 to 216B.130, 216B.990(1), (2)

PURSUANT TO: KRS 13.082, 216B.040, 216B.075,

216B.080

NECESSITY AND FUNCTION: KRS 216B.040 authorizes the Certificate of Need and Licensure Board to promulgate administrative regulations. KRS 216B.075 authorizes the Certificate of Need and Licensure Board to promulgate administrative regulations respecting application and review procedures. KRS 216B.080 authorizes the Certificate of Need and Licensure Board to promulgate administrative regulations establishing criteria for the issuance or denial of certificate of need and for the allowance or disallowance of exemptions.

Section 1. Definitions. Except as otherwise provided, for purposes of this regulation, the following definitions

shall apply:

(1) "Batching" means the review and comparative consideration of all filed applications pertaining to similar types of services, facilities or equipment affecting the same health service area.

(2) "Board" means the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board.

(3) "Capital expenditure authorized" means the amount of the capital expenditure approved by the board to implement a proposal.

(4) "Complete application" means an application in which all questions have been answered and all information and documentation required has been provided.

(5) "Date of public notice" means the date on which the first notice appears in a newspaper of general circulation in

the health service area affected by the proposal.

- (6) "Health service" means clinically related services within a health facility, provided within the Commonwealth to two (2) or more persons, including but not limited to diagnostic, treatment, or rehabilitative services, and includes alcohol, drug abuse, and mental health services.
- (7) "Planning subarea" means area development district as defined in KRS 147A.050.
- (8) "Special purpose emergency care ambulance service" means an ambulance licensed pursuant to 902 KAR 20:115 which is owned and operated by industrial enterprises solely for the emergency transportation of their employees.

(9) "Substantial change in health service" means:

(a) The addition of a health service not provided in or through the health facility within the previous twelve (12) months that entails an annual operating cost of at least \$75,000; or

(b) The termination of a health service; or

(c) The addition or replacement of a health facility or health service which requires a license under KRS 216B.105.

Section 2. Criteria. In determining whether to issue or deny a certificate of need, the board shall consider the following:

(1) The proposal for development of the health facility or health service clearly defines, in terms of established classifications, the functions and role in the regional or state health care system which the projected health facility or health service would fulfill and for which the applicant is prepared to assume orgains responsibility.

is prepared to assume ongoing responsibility.

(2) The proposal for development of the health facility or health service meets all or a defined and appropriate part of an identified gap or inadequacy in a defined geographical area and is located with concern for providing needed access to services and for achieving a rational configuration of health care resources in the region and state:

(3) The proposal for development of health facility or health service would serve to accomplish appropriate and effective linkages with other services, facilities, and elements of the health care system in the region and state accompanied by assurance of effort to achieve comprehensive care, proper utilization of services and efficient functioning of the health care system;

(4) The proposal for development of the health facility or health service is not inconsistent either with defined priorities or with appropriately established plans for the development of health facilities and/or services in the

health system area or state;

(5) The proposal for development of the health facility or health service, when measured against alternatives for meeting needs, is judged to be an effective and economical use of resources, not only of capital investment, but also in terms of ongoing requirements for health manpower and operational financing; and

(6) The applicant is prepared to and capable of:

- (a) Undertaking and carrying out the responsibilities involved in the proposal in a manner consistent with appropriate standards and requirements; and
- (b) Participating appropriately in the future development and coordination of the regional health care system.

Section 3. Substantive Review. (1) At least thirty (30) days prior to submitting a certificate of need application, a letter of intent shall be filed with the executive director of the board. No letter of intent is required when an applicant proposes to alter an outstanding certificate of need. The letter of intent shall be filed on a form provided by the board.

(2) The executive director of the board shall send the health systems agency a copy of the letter of intent, acknowledge receipt of the letter of intent and send appropriate forms and instruction sheets to the applicant.

(3) A certificate of need application may not be submitted more than one (1) year after receipt of the letter of in-

tent.

(4) One (1) copy of the certificate of need application shall be submitted to the executive director of the board and two (2) copies shall be submitted to the health systems agency.

(5) The executive director of the board shall acknowledge receipt of the application in writing to the applicant and the health systems agency, and shall notify the applicant whether or not the application is complete.

(6) All applications shall be deemed filed upon receipt of

a complete application.

(7) Applications not filed within a year from the date the application was received shall not be retained by the board.

- (8) The executive director of the board shall notify the applicant of the date the appliation was filed and the date public notice has been given of the commencement of the review process. Applications must be filed at least six (6) working days prior to the date of public notice in order to be included in such notice.
  - (9) The exeuctive director shall give written notice to af-

fected persons of the beginning of a review. The notice shall include the schedule for the review, and the period within which a public hearing may be requested by affected persons. The review notice to affected persons shall be provided through newspapers of general circulation in the

health service area affected by the proposal.

(10) The review period shall commence on the date of public notice. The date of public notice shall be ninety (90) days prior to the board meeting. Applications proposing the same or similar types of services, equipment, or facilities shall be batched in the review cycles so they can be considered in relation to each other. Batching review cycles for substantive reviews shall be as follows:

Type of Proposal	Month of public notice, ninety (90) days prior meeting date	Month of certificate of need board meeting, Third Wednesday of:
(a) Hospital primary care, renal disease, outpatient clinics and ambulatory care, ambulatory surgical centers, and rural health clinic facilities and services.	October, February, June	January, May September
(b) Long term care facilities and services including: skilled nursing, intermediate care, personal care, nursing home and family care; and proposals for home health services, emergency care ambulance services, and any other	December, April, August	March, July, November

- (11) All applications filed after December 12, 1980 shall be reviewed according to the batching cycles in subsection (10) of this section. Upon request, the timetable of batching cycles shall be available from the executive director of the board.
- (12) All reviews shall be completed within ninety (90) days from the date of public notification unless action on the application is deferred with the written consent of the applicant.

(13) Any person directly affected by the proposal may request a public hearing within thirty (30) days of the date

of public notice.

type proposal not listed

in paragraph (a) of this

(14) The health systems agency shall notify the executive director of the board of its recommendation for approval or disapproval within sixty (60) days from the date of public notice. The recommendation shall set forth the basis for the recommendation and findings with respect to the criteria. In the event that no recommendation is received from the health systems agency, the board shall proceed as if the health systems agency recommended approval.

(15) The executive director of the board shall notify the applicant, the health systems agency and any person directly affected who appears on record at the public hearing of the board's final action on a certificate of need applica-

(a) If the application is approved, the written notifica-

tion shall include:

1. Verification that criteria for determining need have been met and that the current accessibility of the facility as a whole has been taken into account, if applicable, as specified in the federal certificate of need regulation.

- 2. Amount of capital expenditure authorized, where applicable.
- (b) If the application is disapproved, the written notification shall include:
  - 1. The written decision of the board.
  - 2. Notice of appeal rights.

Section 4. Nonsubstantive Review. (1) The board may waive the procedures for a substantive review of an application for a certificate of need and substitute a nonsubstantive review.

- (2) In emergency circumstances that pose a threat to public health, projects which would normally be subject to substantive review shall be assigned nonsubstantive review status although the proposed project involves capital expenditures or modifications of health facilities or services. Emergency circumstances shall include acts of God, fire, vandalism, structural and/or mechanical failure and other similar situations which if not promptly acted upon would pose a threat to public health. Any applicant acting under this section must file an application for a nonsubstantive review with the executive director of the board within thirty (30) days of such an occurrence.
- (3) Unless the board finds the facility or service with respect to which a capital expenditure is proposed is not needed or unless obligation of the capital expenditure is not consistent with the state health plan, applications proposing capital expenditures required for the purposes listed below shall be granted nonsubstantive review status and, notwithstanding the criteria adopted by the board, shall be approved if the proposed capital expenditure is required:

(a) To eliminate or prevent imminent safety hazards as defined by federal, state, or local fire, building, or life

safety codes or regulations; or

(b) To comply with licensure standards; or

- (c) To comply with accreditation or certification standards, compliance with which is required to receive reimbursements under Title XVIII of the social security act or payments under a state plan for medical assistance approved under Title XIX of such act.
- (4) Applications proposing capital expenditures required for the purposes listed below shall be granted nonsubstantive review status and shall be reviewed using the criteria adopted by the board for substantive review if the capital expenditure is required:
- (a) To replace or repair worn equipment provided such equipment has been used by the applicant in a health facility for five years or more and provided that the replacement does not result in a substantial change in the health services offered by the applicant.
- (b) To make repairs, alterations, or improvements to a health facility which do not result in a substantial change in beds or a substantial change in health services offered by the applicant. In no event shall repairs, alterations or improvements be construed to mean replacement of a health facility.

(5) Applications proposing projects of the types listed below shall be granted nonsubstantive review status and shall be reviewed using the criteria adopted by the board if the application proposes:

(a) A change in location of a health facility or health service prior to implementation of the applicant's certificate of need for the facility or service no more than one (1) year from the date the certificate was issued; or

(b) A reduction in bed capacity; or

(c) The modification of a certificate of need which has

not been implemented by decreasing the number of beds approved by no more than ten (10) beds; or

(d) The change of location of family care homes within

the same planning subarea; or

(e) A cost escalation on a proposal for which the applicant was previously granted certificate of need approval when the escalation is greater than twenty percent (20%) but not in excess of fifty percent (50%) of the amount originally approved or \$100,000 whichever is greater.

(f) The establishment of special purpose emergency am-

bulance service.

- (6) Procedures. Procedures for nonsubstantive review shall be as follows:
- (a) A completed certificate of need application, with a request for nonsubstantive review shall be submitted to the executive director of the board and two (2) copies of the application shall be submitted to the health systems agency.
- (b) The executive director of the board shall acknowledge receipt of the application in writing to the applicant and the health systems agency, and notify the applicant whether or not the application is complete.

(c) All applications shall be deemed filed upon the

receipt of a complete application.

- (d) Within fifteen (15) days after the application is filed, the executive director of the board shall determine whether the application meets the criteria for nonsubstantive review and shall notify the applicant and the health systems agency of the decision to grant or deny nonsubstantive review status.
- (e) The executive director of the board shall give notice to all affected persons of the board's decision to conduct a nonsubstantive review.
- (f) The health systems agency shall recommend approval or disapproval of applications granted nonsubstantive review status to the board within thirty (30) days from the determination of nonsubstantive review status. In the event that no recommendation is received from the health systems agency, the board shall proceed as if the health systems agency recommended approval.

(g) The board shall approve or disapprove applications for a certificate of need within forty-five (45) days from the

determination of nonsubstantive review status.

(h) If the applicant's proposed project is denied nonsubstantive review status or is denied a certificate of need following a nonsubstantive review, the applicant may apply for a certificate of need under the substantive review procedure. In such a case, the application which was granted nonsubstantive review status shall be considered a letter of intent and an application for the purpose of substantive review.

Section 5. Conditions Relative to a Certificate of Need. A certificate of need is not transferable and is issued only to the person and for the location stated on the certificate.

Section 6. Progress Reports. (1) As one of the conditions of a certificate of need, the applicant shall submit a report of progress toward the completion of the project every six (6) months or more frequently if required by the board.

(2) All applicants shall be notified in writing that certificates of need will be revoked by the board if satisfactory evidence towards the implementation of a proposal is not made within the time limits set by this regulation. The applicant shall provide the necessary evidence on forms pro-

vided by the executive director of the board every six (6) months or as specified by the board until the project is complete. The board may revoke the certificate of need for failure to submit progress reports as required.

(3) Procedures for submission of progress reports:

- (a) The executive director of the board shall send notice to the applicant specifying the date the progress report is due. The first six-month report shall be due six (6) months from the date the certificate was issued.
- (b) The applicant shall send one (1) copy of the sixmonth progress report form to the board and two (2) copies to the health systems agency.

(4) Criteria for review of progress:

- (a) The first six-month progress report shall include the following:
- 1. On all projects for purchase of equipment only, a copy of the purchase order.

2. For all construction projects, a copy of the deed or

the option to acquire the site.

- (b) In the event that the applicant wishes to change the location of the project from the site specified on the certificate of need, the applicant shall note the proposed change of location on the first progress report form and shall submit a certificate of need application for non-substantive review. A copy of the option or deed of purchase of the new site must be included with the application, as well as updated financial information.
- (c) Within one (1) year after a certificate of need has been issued, the second six-month report shall include the following:
- 1. All projects for conversion of beds shall be completed (ready for licensure);
- 2. All projects for addition of new services, not involving construction, shall be completed;
- 3. All construction projects shall include evidence of the following:
- a. Submission of schematic plans to the Department of Housing, Buildings and Construction and the Department for Human Resources.
- b. Schedule for project completion with projected dates;
- c. Evidence of preliminary negotiation with financial agent;
- d. Evidence of preliminary negotiation with contractors.
- (d) Within eighteen (18) months after a certificate of need has been issued, the third six-month report shall include the following information regarding all construction projects:

1. Copy of deed or lease of land;

- 2. Evidence that applicant has sufficient capital obligated to complete the project. If the source of capital is to be a financing agreement, the applicant must have evidence that a final enforceable agreement or note has been executed;
- 3. Submission of final plans to the Department of Housing, Buildings and Construction and the Department for Human Resources;
  - 4. Enforceable contract with construction contractor;
- 5. On all projects for purchase of equipment only, evidence that equipment has been installed.
- (e) Within two (2) years after a certificate of need has been issued, the fourth six-month report shall verify that all construction projects have the walls and roof up and plumbing roughed in.
- (f) No change in location shall be considered one (1) year or more after a certificate of need has been issued for a proposal. A new application must be submitted.

Section 7. 902 KAR 20:005 is hereby repealed.

FRANK W. BURKE, SR., Chairman

ADOPTED: October 13, 1980

APPROVED: W. GRADY STUMBO, Secretary RECEIVED BY LRC: October 15, 1980 at 1:30 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING TO: Frank W. Burke, Sr., Chairman, Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board, 275 East Main Street, Frankfort, Kentucky 40621.

#### DEPARTMENT FOR HUMAN RESOURCES Bureau for Health Services Certificate of Need and Licensure Board

902 KAR 20:127. Certificate of need hearings.

RELATES TO: KRS 216B.010 to 216B.130, 216B.990(1), (2)

PURSÙÁNT TO: KRS 13.082, 216B.040, 216B.085,

216B.090, 216B.110

NECESSITY AND FUNCTION: KRS 216B.040 authorizes the Certificate of Need and Licensure Board to promulgate administrative regulations. KRS 216B.085 authorizes the Certificate of Need and Licensure Board to conduct public hearings on certificate of need applications, certificate of need revocations, or requests for exemptions. KRS 216B.090 authorizes reconsideration hearings. KRS 216B.110 authorizes administrative review. This regulation sets forth the process for public hearings, reconsideration hearings and administrative review.

Section 1. Definitions. (1) "Advocacy groups" means associations of persons whether incorporated or unincorportated, organized to advocate the interest of pro-

viders or consumers of health services.

(2) "Persons directly affected" means the applicant whose proposal is being reviewed, a third party payor, the health systems agency for the area within which the proposed project is to be located, the state health planning and development agency, health care facilities and health maintenance organizations located in the health service area within which the proposed project is to be located and members of the public who are to be served by the proposed project.

(3) "Affected persons" means persons directly affected, advocacy groups and health systems agencies serving contiguous to the Commonwealth of Kentucky's health service

areas.

(4) "Review commences" means the date of public notice as established by regulation.

Section 2. Request for Hearing. (1) The following persons have the right to request a public hearing:

- (a) Any person directly affected by a certificate of need application which is to be reviewed during the ninety (90) day review cycle;
- (b) A certificate of need holder who has been notified of the board's intent to revoke his certificate of need;
- (c) Any health maintenance organization which has been denied an exemption under KRS 216B.070, and the regulations promulgated thereunder;

(d) Any person who has been notified by the board that his acquisition of major medical equipment or health

facility requires a certificate of need.

(2) The request for a hearing shall be made in writing to the executive director of the board and must be received by the executive director within thirty (30) days of the date the review commences or of the date of the receipt of the certified letter notifying the person of a board decision under subsection (1)(c) and (d) of this section.

- Section 3. Notice of Hearings. Notice of the date, time and location of the hearing shall be mailed to the person requesting the hearing and to the applicant or certificate of need holder by certified mail at least seven (7) days before the date of the hearing. Notice to affected persons shall be provided through newspapers of general circulation.
- Section 4. Hearing Officer. (1) Hearings shall be before a quorum of the board, or at the request of the chairman, before a hearing officer designated by the secretary of the Department for Human Resources.

(2) In accordance with KRS 216B.040(2)(c) and 216B.085(1), the board and the hearing officer may ad-

minister oaths and issue subpoenas.

Section 5. Disqualifications. No member of the board or hearing officer shall participate in any hearing concerning an applicant or certificate of need holder with which he has had within the past twelve (12) months preceding the hearing, any substantial ownership, employment, staff, fiduciary, contractual, creditor or consultative relation-

Section 6. Hearing Procedure. (1) Any person directly affected shall have the right to be represented by counsel, to present arguments and evidence relevant to the subject of the hearing and may conduct reasonable cross examination of persons who present evidence or testimony.

(2) All testimony shall be recorded but need not be

transcribed unless the board's decision is appealed.

(3) Any person directly affected who appears on record at the hearing shall be deemed to be a party to the proceedings.

(4) The board or hearing officer may place reasonable time limits upon the presentation of testimony, evidence and argument, and may terminate or exclude irrelevant or redundant evidence, testimony or argument.

Section 7. Findings and Recommendations. (1) After the conclusion of the hearing, the hearing officer or the board shall prepare written findings of fact, conclusions of law and recommendations.

(2) The executive director shall forthwith transmit a copy of the findings, conclusions and recommendations to each member of the board, the person requesting the hearing and all persons deemed parties to the proceeding.

(3) The person requesting the hearing and each person who has been deemed to be a party to the proceedings may file exceptions with the executive director prior to the board meeting.

Section 8. Decisions of the Board and Record. (1) Any decision of the board to approve, disapprove or revoke a certificate of need or to approve or disapprove a request for an exemption, as defined in Section 2(1)(c) or (d), shall be based solely on the record established with regard to the

(2) The record shall include:

- (a) The application filed and any information provided by the applicant at the request of a health systems agency or the board:
- (b) Any information provided by a holder in response to a notice of intent to revoke a certificate of need;
- (c) Any staff reports, memoranda or documents prepared by or for a health systems agency or the board regarding the matter under review which were introduced at any hearing;
- (d) The recommendations made by a health systems agency to the board;
- (e) Any information provided by affected persons which was introduced at a hearing;
- (f) Any other evidence admitted in a hearing held with respect to the matter under review;
- (g) The findings of fact, conclusions of law and recommendation of the board or the hearing officer; and
  - (h) Any exceptions filed.
- (4) All decisions granting, denying, modifying or revoking a certificate of need shall be made by the board in writing and shall be recorded in the minutes of the board. The board shall notify the parties to the proceedings of the decision, by certified mail. The decision shall become final and conclusive thirty (30) days after notice thereof is mailed unless an administrative appeal is taken.
- Section 9. Ex parte Contacts. (1) After a hearing is convened before the board or hearing officer and before a decision is made on a certificate of need application, a proposed revocation of a certificate of need, or a request for an exemption from filing a certificate of need application, there shall be no ex parte contacts with regard to the pending action between any board member or other person associated with the board who exercises any discretion respecting the application, proposed revocation or exemption; and:
- (a) The certificate of need applicant, or the holder of the certificate proposed to be revoked, or the person requesting an exemption; or
- (b) Any person acting on behalf of such certificate of need applicant, certificate of need holder, or person requesting an exemption from filing a certificate of need application; or
- (c) Any person opposed to the issuance of the certificate of need or in favor of the revocation of the certificate.
- (2) In the event that an ex parte contact occurs, the contact shall be reported to the board at the beginning of the first board meeting after the contact occurred. Board members shall orally report the name of the person making the contact and on whose behalf the contact was made or submit, for inclusion in the record, documents received.
- Section 10. Reconsideration Hearings. (1) Any party to the proceeding may, for good cause shown, request in writing a hearing for purposes of reconsideration of a board decision.
- (2) The request shall be filed with the executive director within fifteen (15) days of receipt of a board decision.
- (3) A reconsideration hearing for good cause shall be granted only if the request for reconsideration:
- (a) Presents significant, relevant information not previously available for consideration by the board; or
- (b) Demonstrates that there have been significant changes in the factors or circumstances relied upon by the board in reaching its decision; or

- (c) Demonstrates that the board has materially failed to follow its adopted procedures in reaching its decision.
- (4) The board shall act on requests for reconsideration in a summary manner.
- (5) If a public hearing for reconsideration is granted by the board, it shall be held within thirty (30) days after the decision to grant the request for reconsideration.
- (6) If the request for a reconsideration hearing is granted, such hearing shall be before a quorum of the board, or at the request of the chairman, before a hearing officer designated by the Secretary of the Department for Human Resources and shall be conducted in accordance with the provisions of this regulation.
- (7) Notification of the date, time and place of the reconsideration hearing shall be sent to the person requesting the hearing, the person proposing the project and the health systems agency in which the project is proposed and to others upon request.
- (8) The decision shall be in writing and shall be recorded in the minutes of the board. The decision shall become final and conclusive thirty (30) days after the notice of finding is made unless an administrative appeal is taken.
- Section 11. Administrative Review. (1) Pursuant to KRS 216B.110, within thirty (30) days of notice of the final decision of the board, any person adversely affected by a final decision of the board may file a request for an administrative review. The request for an administrative review shall be filed in writing with the executive director of the board, and shall state the specific grounds for the appeal.
- (2) The executive director of the board shall forward a certified record of the board's proceedings to the Office of the Attorney General within ten (10) days of the receipt of the notice of appeal. The cost of such record shall be taxed as costs upon appeal. The charge per page shall be the same as the per page charge under the Commonwealth's current price contract for court reporters. In lieu of filing of such record an abstract thereof may be filed if all parties to the appeal agree:
- (3) Appeals shall be on the certified record or abstract thereof. No new or additional evidence may be introduced. The record shall contain:
  - (a) The record as specified in Section 8;
- (b) The transcript or tape of the public hearing and reconsideration hearing, if any;
  - (c) All correspondence relevant to the board's action;
- (d) The record of all ex parte contacts which occurred in violation of Section 9, which record shall be separately identified:
  - (e) The final order of the board.
- (4) The appeals officer appointed by the Office of the Attorney General shall review the case upon the certified record or abstract thereof, and shall dispose of the case in a summary manner, and shall reverse or remand the case to the board for reconsideration if, he finds that the board acted outside its jurisdiction, or is arbitrary or capricious, or that the findings of fact in issue are not supported by substantial evidence and are clearly erroneous.
- (5) If the case is remanded to the board by the appeals officer, the action of the board upon reconsideration shall be a final order for the purposes of judicial appeal. If the decision of the board is affirmed or reversed on review, the appeals officer's decision shall be the final decision for judicial review pursuant to KRS 216B.115 and 216B.120.

Section 12. 902 KAR 20:125 is hereby repealed.

FRANK W. BURKE, SR., Chairman

ADOPTED: October 10, 1980
APPROVED: W. GRADY STUMBO, Secretary RECEIVED BY LRC: October 15, 1980 at 1:30 p.m. SUBMIT COMMENT OR REQUEST FOR HEARING TO: Frank W. Burke, Sr., Chairman, Kentucky Health Facilities and Health Services, Certificate of Need and Licensure Board, 275 East Main Street, Frankfort, Kentucky 40621.

#### ADMINISTRATIVE REGULATION REVIEW SUBCOMMITTEE

#### Minutes of the October 1, 1980 Meeting

(Subject to subcommittee approval at its November 6, 1980 meeting.)

The Administrative Regulation Review Subcommittee held its regularly scheduled meeting on Wednesday, October 1, 1980, at 10 a.m., in Room A of the Capitol Annex. Present were:

Members: Representative William T. Brinkley, Chairman, Senators Helen Garrett and James P. Bunning, Representatives James Bruce, Albert Robinson and

Gregory D. Stumbo.

Guests: Ked Fitzpatrick, M. Conrad Hilton, Audrey Ward and Gene A. Thomas, Department for Human Resources; Charles Henry, Gary Dailey, F. E. Hodges, Gary Brunker, J. D. Chisholm and Paul Hunley, Department of Transportation; Judith Walden, Department of Housing, Buildings, and Construction; J. H. Voige, Board of Pharmacy; Galen Martin and Norma Hogan. Commission on Human Rights; Don R. McCormick and Bill Graves, Department of Fish and Wildlife Resources; Keene Daingerfield, State Racing Commission; Mike Salyers, Department of Labor; Andy Naff, Drug Formulary Council; Gary Bale, Donald B. Hunter and C. E. Rall, Department of Education; Mickey Baron and Nancy Brinly, Board of Physical Therapy; Sharon M. Weisenbeck, Alta Haunsz, A. R. Blackshear, Mary Romelfanger, Marion E. McKenna, Lucille Wright, Annette Castle and Martin Glazer, Board of Nursing Education and Nurse Registration; Darlene W. Eakin, Optometric Association; Linda B. Cracraft and Connie Sehlinger, King's Daughters' Memorial Hospital; Nancy Lipinski and Sarah Smith Nicholson, Kentucky Hospital Association; Brother Ignatius Perkins, Alice Vardiman and Mary W. Bednarski, Spalding College; Barbara Heck and Cynthia Johson, St. Anthony's Hospital; Cheryl Stout, Baptist Hospital East; Debbie Molnar and Janice L. Carter, Jewish Hospital; Margaret Miller and Linda Holbrook Freeman, Kentucky Nurses Association; Thelma Hannah and Elizabeth S. Jenkins, KSALPN; David A. Eakin, Capital Association Managers; Paul K. Young, Kentucky Motor Transport; Edward H. Flint, H.B.P.A.; Jay Runyon, Kentucky Power Co.; Tony Sholar, Chamber of Commerce.

LRC Staff: Mabel Robertson, Garnett Evins, June Mabry, Joe Hood and Mary Helen Wilson.

Press: Sy Ramsey, AP; Woody Blakemore, Public Information.

Chairman Brinkley announced that a quorum was present and called the meeting to order. On motion of Senator Bunning, seconded by Representative Bruce, the minutes of the September meeting were approved.

The subcommittee returned the following regulations to the issuing agencies:

## DEPARTMENT OF FINANCE Occupations and Professions

**Board of Psychologists** 

201 KAR 26:060. License and certificate renewals. (This regulation was returned for non-conformance with legislative intent. KRS 319.055 sets a \$50 maximum fee for original certificates; therefore, a \$75 certificate renewal fee appears to be excessive and contrary to legislative intent.)

## DEPARTMENT FOR HUMAN RESOURCES Bureau for Health Services

**Drug Formulary** 

902 KAR 1:005. Pharmacists' records of drugs dispensed. (This regulation was returned for non-conformance with statutory authority; specifically that there is no authority granted the council to require pharmacists to keep a pharmacy file copy record.)

The following regulations were deferred until the November 6 meeting for further study.

## DEPARTMENT OF TRANSPORTATION Bureau of Vehicle Regulation

**Driver Improvement** 

601 KAR 13:010. Medical Review Board; basis for examination, evaluation, tests.

#### KENTUCKY SCHOOL BUILDING AUTHORITY School Building Construction 723 KAR 1:005. Funding procedures.

### DEPARTMENT FOR HUMAN RESOURCES Bureau for Health Services

Drug Formulary

902 KAR 1:080. Acetaminophen.

902 KAR 1:081. Acetaminophen with codeine.

902 KAR 1:330. Niacin.

902 KAR 1:333. Probenecid.

The following regulation was deferred until the December 3 meeting.

#### STATE RACING COMMISSION

Thoroughbred Racing Rules

810 KAR 1:018. Medication; testing procedures.

The following proposed regulations were accepted by the subcommittee and ordered filed after review of an opinion from the Office of the Attorney General (printed in full at the end of these minutes):

### DEPARTMENT OF FINANCE Occupations and Professions

Board of Nursing Education and Nurse Registration

.201 KAR 20:200. Definitions for mandatory continuing education.

201 KAR 20:205. Standards for continuing education offerings.

201 KAR 20:210. Standards for program of continuing education.

201 KAR 20:215. Contact hours. 201 KAR 20:220. Provider approval.

201 KAR 20:225. Reinstatement of a lapsed license.

The following regulations were accepted by the subcommittee and ordered filed:

#### **DEPARTMENT OF PERSONNEL**

Personnel Rules

101 KAR 1:120. Separations and disciplinary actions.

#### **COMMISSION ON HUMAN RIGHTS**

**Human Rights** 

104 KAR 1:010. Posting and distribution of notices.

### DEPARTMENT OF FINANCE Occupations and Professions

Board of Physical Therapy

201 KAR 22:040. Procedure for renewing licenses. 201 KAR 22:110. Renewal of assistant's certification.

#### DEPARTMENT OF TRANSPORTION Bureau of Vehicle Regulation

Administration

601 KAR 2:010. General procedures.

Bureau of Highways

Traffic

603 KAR 5:096. Highway classifications.

## DEPARTMENT OF EDUCATION Bureau of Administration and Finance

**School District Finance** 

702 KAR 3:060. Procedure for payment of employees.

702 KAR 3:135. Bidding procedures.

Bureau of Instruction

Private and Parochial Schools

704 KAR 6:010. Approval of regular day schools; attendance. (Representative Robinson abstained.)

#### DEPARTMENT OF LABOR

Occupational Safety and Health

803 KAR 2:020. Adoption of 29 CFR Part 1910. 803 KAR 2:021. Identification, classification, and regulation of potential occupational carcinogens.

#### STATE RACING COMMISSION

Thoroughbred Racing Rules

810 KAR 1:002. Racing commission. 810 KAR 1:006. Racing associations.

810 KAR 1:012. Horses.

## DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION

**Boilers and Pressure Vessels** 

815 KAR 15:010. Definitions.

Plumbing

815 KAR 20:050. Installation permits.

## DEPARTMENT FOR HUMAN RESOURCES Bureau for Social Insurance

Medical Assistance

904 KAR 1:038. Hearing and vision services.

Public Assistance

904 KAR 2:008. Program for emergency assistance.

904 KAR 2:010. AFDC; standards for need and amount.

904 KAR 2:015. Supplemental programs for the aged, blind and disabled.

The following emergency regulations were reviewed by the subcommittee, as required by KRS 13.085(2), with no recommendations for revocation.

### DEPARTMENT OF FISH AND WILDLIFE RESOURCES Game

301 KAR 2:029E. Doves, woodcock, wilson snipe and teal.

#### **DEPARTMENT FOR HUMAN RESOURCES**

Bureau for Health Services

Certificate of Need and Licensure Board

902 KAR 20:007E. License and fee schedule. 902 KAR 20:010E. Hospital facilities; construction and alteration.

902 KAR 20:015E. Hospital services; operations.

902 KAR 20:017E. Renal dialysis facilities.

902 KAR 20:020E. Skilled nursing facilities; construction.

902 KAR 20:025E. Extended care and recuperation center services.

902 KAR 20:030E. Personal care homes; operation and services.

902 KAR 20:035E. Personal care homes; construction and alteration.

902 KAR 20:040E. Family care homes, operation and services.

902 KAR 20:045E. Nursing home facilities; construction and alteration.

902 KAR 20:047E. Nursing homes; operation and services.

902 KAR 20:050E. Intermediate care facilities; operation and services.

902 KAR 20:055E. Intermediate care facilities; construction and alteration.

902 KAR 20:057E. Health maintenance organizations. 902 KAR 20:059E. Primary care center services.

902 KAR 20:065E. Day health care programs.

902 KAR 20:070E. Outpatient clinics and ambulatory care facilities.

902 KAR 20:075E. Outpatient clinics and ambulatory care services.

902 KAR 20:077E. Group home standards; operation and services.

902 KAR 20:080E. Home health agencies.

902 KAR 20:085E. Special services for mentally retarded and developmentally disabled.

902 KAR 20:090E. Community mental health-mental retardation center services.

902 KAR 20:095E. Community mental health-mental retardation center facilities.

902 KAR 20:100E. Ambulatory surgical center facilities.

902 KAR 20:105E. Ambulatory surgical center services.

902 KAR 20:110E. Medical alcohol detoxification centers.

On motion of Representative Robinson, seconded by Representative Stumbo, the meeting was adjourned at 2:45 p.m., to meet again on Thursday, November 6, 1980, at 10 a.m., in Room A of the Capitol Annex.

#### OAG80508

Dear Mr. Hellard:

On behalf of the Administrative Regulation Review Subcommittee, you request our opinion concerning a hearing relating to a proposed administrative regulation.

KRS 13.085(1)(b) provides that, concerning certain conditions underlying an administrative regulation's becoming effective, no regulation shall become effective until "... a public hearing is held, if requested, by a person having an interest in the subject matter..." (Emphasis added).

The following language appears in KRS 13.085(4):

"If within thirty (30) days following publication of the text of a proposed regulation a request is received by the administrative body from a person having an interest in the subject matter of the regulation to offer comment upon the proposed regulation, the administrative body shall fix a date, time and place for a hearing, open to the public, on the proposed regulation." (Emphasis added).

Specifically and factually, in June, 1980, the Kentucky Board of Nursing filed six proposed regulations with the L. R. C. During the 30 day comment period, seven letters commenting on the proposed regulations were received. The Board scheduled a discussion time during the regular open meeting of the Board on August 14, 1980. The persons who sent letters of comment

were notified of such discussion period. We have been informed that the LRC Regulation Review Subcommittee informed the Nursing Board that the written comments constituted a request for a hearing, pursuant to KRS 13.085(1)(b) and (4).

Your specific question: "What constitutes a request for a hearing on a proposed regulation?"

Webster's Seventh New Collegiate Dictionary at page 729 defines "request" as meaning "to ask for". That is precisely what is involved here. The literal language, "request a public hearing", simply means what it says. The plain meaning is that a person having an interest in the subject matter must request a public hearing. Subsection (4) of the statute says that "Every hearing shall be conducted in such a manner so as to guarantee each person who wishes to offer comment a fair and reasonable opportunity to do so . . . ." There is nothing in the statute to suggest that the comments must be in the letter to the administrative body.

While the letters of comment written to the Board of Nursing are interesting as reflecting various viewpoints, they do not, in our opinion, constitute a request for a public hearing.

In Department of Revenue v. Greyhound Corporation, Ky., 321 S.W. 2d 60 (1959) 61, the court wrote this:

"We conceive it to be our duty to accord the words of a statute their literal meaning unless to do so would lead to an absurd or wholly unreasonable conclusion."

Here the literal interpretation of "request a hearing" leads to no absurdity. The administrative body is not required to guess or speculate as to what a writer's intentions are, even where the letter comments on a proposed regulation. In fact such letters of comment, which do not contain an express request for a hearing, must be construed as letters of comment only, but not a request for a hearing.

It is so easy to use the phrase: "I request a public hearing." Thus if a public hearing is to be validly held, the party in interest must submit in writing to the administrative body an express or explicit request for a public hearing. We say this should be in writing in order to document such request.

Sincerely,

STEVEN L. BESHEAR ATTORNEY GENERAL

By: Charles W. Runyon
Assistant Deputy Attorney General

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# Administrative Register kentucky

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