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UNLESS WRITTEN NOTIFICATION OF INTENT TO ATTEND
A PUBLIC HEARING IS RECEIVED BY THE PROMULGATING
AGENCY AT LEAST FIVE (5) DAYS BEFORE THE HEARING
DATE, THE HEARING MAY BE CANCELLED.

MEETING NOTICE: The next meeting of the Administrative Regulation
Review Subcommittee is December 10 and 11, 1984. For information, call
502-564-8100, ext. 535.

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KENTUCKY ADMINISTRATIVE REGULATIONS are codified according to the following system and are to be cited by Title, Chapter and Regulation number, as follows:

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

The administrative body shall schedule a public hearing on proposed administrative regulations, proposed amendments to administrative regulations, and proposed repeal of administrative regulations to be held not less than twenty (20) nor more than thirty (30) days following publication of the administrative regulation. The time, date, and place of the hearing and the name and address of the agency contact person shall be included on the last page of the administrative regulation when filed with the Compiler's office.

This information shall be published in the "Administrative Register" at the same time as the initial publication of the administrative regulation. Any person interested in attending the hearing must submit written notification of such to the administrative body at least five (5) days before the scheduled hearing. If no written notice is received at least five (5) days before the hearing, the administrative body may cancel the hearing.

If the hearing is cancelled, the administrative body shall notify the Compiler immediately by telephone of the cancellation with a follow-up letter and the Compiler will note upon the face of the original administrative regulation that the hearing was cancelled.

No transcript of the hearing need be taken unless a written request for a transcript is made, and the person requesting the transcript shall have the responsibility of paying for same. A recording may be made in lieu of a transcript.

If an administrative body has several proposed administrative regulations published at the same time, the proposed administrative regulations may be grouped at the convenience of the administrative body for purposes of hearings.

EMERGENCY REGULATIONS NOW IN EFFECT

(NOTE: Emergency regulations expire 90 days from publication or upon replacement or repeal.)

STATEMENT OF EMERGENCY

Under KRS 216B.400 the Attorney General is required to promulgate regulations to determine the rate to be paid to hospitals and physicians for the examinations of persons reported to any law enforcement agency to be victims of sexual offenses as defined by KRS 510.010 to 510.140. In order to process claims being submitted by hospitals and physicians, the Office of the Attorney General needs to implement this emergency regulation. An ordinary administrative regulation cannot suffice since no administrative regulations have been filed with respect to this subject matter previously. This emergency regulation will be replaced by an ordinary administrative regulation in accordance with House Bill 334.

MARTHA LAYNE COLLINS, Governor
DAVID L. ARMSTRONG, Attorney General

OFFICE OF THE ATTORNEY GENERAL

40 KAR 3:010E. Payment schedule to hospitals/physicians for medical examination of victims of sexual offenses.

RELATES TO: KRS Chapter 216B
PURSUANT TO: KRS 216B.400
EFFECTIVE: October 24, 1984

NECESSITY AND FUNCTION: KRS 216B.400 requires the Attorney General to promulgate regulations to determine the rate to be paid to hospitals and physicians for the examination of victims of sexual offenses. This proposed administrative regulation is to establish a standard payment rate for hospitals and physicians for performing the services mandated by KRS 216B.400.

Section 1. Definition. (1) Basic emergency room treatment includes:

- (a) Patient assessment;
 - (b) Maintenance of medical records in accordance with 902 KAR 20:016(11);
 - (c) Gathering and handling of physical evidence in accordance with the procedures of the Kentucky State Police, Central Crime Laboratory;
 - (d) Obtaining appropriate patient consent for examination (a minor may consent to examination);
 - (e) Hospital verification that appropriate law enforcement agencies have been notified of the reported sexual offense;
 - (f) Physician signature attesting to the performance of the examination and collection of evidence;
 - (g) Informing the victim of available services for treatment of venereal diseases, pregnancy and other medical and psychiatric problems.
- (2) Laboratory cultures and tests to test for venereal disease shall include but not be limited to a VDRL and/or RPR and GC culture.

Section 2. Schedule of payment*.

Physician	\$50.00
Emergency Room	\$35.00
Laboratory	\$35.00

*Maximum payment

DAVID L. ARMSTRONG, Attorney General

MARTHA LAYNE COLLINS, Governor

APPROVED BY AGENCY: October 24, 1984

FILED WITH LRC: October 24, 1984 at 3 p.m.

REGULATORY IMPACT ANALYSIS

Agency Contact Person: Raymond M. Larson

(1) Type and number of entities affected: Hospitals and physicians providing medical examinations of victims of sexual offenses.

(a) Direct and indirect costs or savings to those affected:

1. First year: Any costs exceeding the scheduled payment of \$120 per examination.

2. Continuing costs or savings: Any costs exceeding the scheduled payment of \$120 per examination.

3. Additional factors increasing or decreasing costs (note any effects upon competition): Number of sexual offenses committed and cost of providing medical examinations.

(b) Reporting and paperwork requirements: Certification of Medical Examination and Report of Alleged Sexual Assault, Patient Consent Form, itemized statement.

(2) Effects on the promulgating administrative body:

(a) Direct and indirect costs or savings:

1. First year: \$120 per victim/24,000 maximum funding

2. Continuing costs or savings: +\$24,000 cost

3. Additional factors increasing or decreasing costs: Number of sexual offenses committed and cost of providing medical examinations.

(b) Reporting and paperwork requirements:

(3) Assessment of anticipated effect on state and local revenues: \$24,000 maximum funding.

(4) Assessment of alternative methods; reasons why alternatives were rejected: Mandated by House Bill 196.

(5) Identify any statute, administrative regulation or government policy which may be in conflict, overlapping, or duplication: Not applicable.

(a) Necessity of proposed regulation if in conflict:

(b) If in conflict, was effort made to harmonize the proposed administrative regulation with conflicting provisions:

(6) Any additional information or comments:

Tiering:

Was tiering applied? Yes.

Statement of Emergency

In accordance with House Bill 334 and KRS 13A.190, the Kentucky Public Service Commission hereby files an emergency amendment to its General Rules, 807 KAR 5:006. In support of the emergency nature of this amendment, the commission states as follows:

1. Section 11 of 807 KAR 5:006, the subject of

this emergency amendment, establishes rules by which gas and electric utilities are required to provide an extension of the time prior to discontinuance of a customer's service for nonpayment of gas or electric bill during the winter months. As a provision of this extension of time, the regulations require the customer to present to the utility a Certificate of Need issued by the Department of Social Insurance. It has come to the commission's attention that the present wording of Section 11(c) has created severe problems in the administration of the certificate program which, if not corrected prior to December 1, 1984, will hamper the DSI implementation of the program and may result in some discontinuance of service contrary to the intent of the regulation. The emergency amendment is necessary to correct the wording to alleviate the administrative problems with sufficient lead time to allow the DSI to properly implement the Certificate Program.

2. Due to controversial nature of the regulations governing discontinuance of service and the Commission's desire to carefully review its regulations in light of a formal conference held on the subject on September 13, 1984, an ordinary amendment to the regulation could not become effective within a sufficient time period to allow effective implementation. The commission shall file other amendments to the General Rules which will require a hearing and thus may extend the effective date of the ordinary amended regulation beyond December 1, 1984.

3. As stated above, the commission will replace the emergency regulation with an ordinary regulation on or before the requested effective date of the emergency regulation.

4. It is requested that this emergency regulation be filed with the Regulation Compiler and thus become effective on October 12, 1984.

5. It can be noted that the proposed wording of the emergency amendment is substantially the same as that presented as part of the September 13, 1984, formal conference (Administrative Case No. 282). No strenuous objections to the wording were raised by the participating utilities and social service agencies. The proposed emergency amendment or similar wording was supported by the majority of the participants and specifically requested by the DSI and several utilities.

MARTHA LAYNE COLLINS, Governor

M. H. WILSON, Secretary

PUBLIC PROTECTION AND REGULATION CABINET
Public Service Commission
Division of Utility Engineers and Services

807 KAR 5:006E. General rules.

RELATES TO: KRS Chapter 278

PURSUANT TO: KRS [13.082,] 278.280(2)

EFFECTIVE: October 23, 1984

NECESSITY AND FUNCTION: KRS 278.280(2) provides that the commission shall prescribe rules for the performance of any service or the furnishing of any commodity by any utility. This regulation establishes general rules which apply to electric, gas, water, sewage and telephone utilities.

Section 1. General Provisions. (1) The adoption of regulations by the commission shall not preclude the commission from altering or amending the same in whole or in part, or from requiring any other or additional service, equipment, facility, or standards, either upon request, or upon its own motion, or upon the application of the utility. No regulation of the commission shall in any way relieve a utility from any of its duties under the laws of this state.

(2) Whenever standards or codes are referred to in the commission's regulations it is understood that utilities employing competent corps of engineers are not to be prohibited thereby from continuing or initiating experimental work and installations which tend to improve, decrease the cost of, or increase the safety of their service.

Section 2. Definitions. In addition to the definitions as set out in KRS 278.010, the following definitions shall be used in interpreting the commission's regulations:

(1) "Commission" means the Public Service Commission.

(2) "Utility" means an energy utility as defined in KRS 278.010(4) or a combined energy-non-energy utility as provided in KRS 278.040(2).

(3) "Combined energy-non-energy utility" means a utility which is an energy utility that also renders service as a non-energy utility as provided in KRS 278.040(2).

(4) "Customer" means any person, firm, corporation or body politic supplied service by any electric, gas or combined energy-non-energy utility.

Section 3. Reports. (1) Financial and statistical reports. Every utility shall file annually a financial and statistical report upon forms to be furnished by the commission. Said report shall be based upon the accounts set up in conformity with the commission's order adopting uniform classification of accounts for utilities. This report shall be filed on or before March 31, each year. For good cause shown, the commission may, upon application in writing, allow a reasonable extension of time for such filing.

(2) Report of meters, customers and refunds. Every utility shall make periodical reports on such forms as may be prescribed, of meter tests, number of customers and amount of refunds.

(3) Other reports. Every utility shall make such other reports as the commission may at its discretion from time to time require.

(4) All records and reports shall be retained in accordance with the uniform system of accounts unless otherwise specified herein.

Section 4. Service Information. (1) The utility shall, on request, give its customers or prospective customers such information as is reasonably possible in order that they may secure safe, efficient and continuous service. The utility shall inform its customers of any change made or proposed in the character of its service which might affect the efficiency, safety, or continuity of operation.

(2) Prior to making any substantial change in the character of the service furnished, which would affect the efficiency, adjustment, speed

or operation of the equipment or appliances of any customer, the utility shall obtain the approval of the commission. The application shall show the nature of the change to be made, the number of customers affected, and the manner in which they will be affected.

(3) The utility shall inform each applicant for service of the type, class and character of service that is available to him at his location.

Section 5. Special Rules or Requirements. (1) No utility shall establish any special rule or requirement without first obtaining the approval of the commission on proper application.

(2) A customer who has complied with the regulations of the commission shall not be denied service for failure to comply with the rules of the utility which have not been made effective in the manner prescribed by the commission.

Section 6. Meter Readings and Information. (1) Information on bills. Each bill rendered periodically by utilities shall show the class of service, the present and last preceding meter readings, the date of the present reading, the number of units consumed, the meter constant, if any, the net amount for service rendered, all taxes, the adjustments, if any, and the gross amount of the bill. The date after which a penalty may apply to the gross amount must be indicated. Estimated or calculated bills shall be distinctly marked as such. The rate schedule under which the bill is computed shall be furnished under one (1) of the following methods:

(a) By printing rate schedule on the bill.

(b) By publishing in a newspaper of general circulation once each year or when rate is changed.

(c) By mailing to each customer once each year or when rate is changed.

(d) By providing a place on each bill where a customer may indicate his desire for a copy of the applicable rates and furnishing same by return first class mail.

(2) Meter readings. The registration of each meter shall read in the same units as used for billing unless a conversion factor be shown on the billing forms and if the meter does not read direct, the constant shall be plainly marked on the face of the meter dial.

(3) Flat rates. Flat rates for unmetered service shall approximate as close as possible the utility's rates for metered service and the rate schedule shall clearly set out the basis upon which consumption is estimated.

(4) Utilities now using or desiring to adopt mechanical billing or other billing systems of such a nature as to render compliance with all of the terms of subsection (1) of this section impracticable may make application to the commission for relief from part of these terms. For good cause shown, the commission may allow the omission of part of these requirements. Each utility shall submit the form of bill to be used by it to the commission for its approval.

Section 7. Deposits. (1) A utility may require from any customer or applicant for service a minimum cash deposit or other guaranty to secure payment of bills of an amount not to exceed two-twelfths (2/12) of the estimated annual bill of such customer or applicant, where bills are rendered monthly or an amount not to exceed

three-twelfths (3/12) of the estimated annual bill of such customer or applicant, where bills are rendered bimonthly or an amount not to exceed four-twelfths (4/12) of the estimated bill of such customer or applicant where bills are rendered quarterly.

(2) The utility shall issue to every customer from whom a deposit is received a certificate of deposit, showing the name of the customer, location of initial premises occupied, date and amount of the deposit.

Section 8. Complaints. Upon complaint to the utility by a customer either at its office or in writing, the utility shall make a prompt and complete investigation and advise the complainant thereof. It shall keep a record of all such complaints concerning its utility service which shall show the name and address of the complainant, the date and nature of the complaint, and the adjustment or disposition thereof.

Section 9. Bill Adjustment. (1) Whenever a meter in service is found upon periodic request or complaint test to be more than two (2) percent fast, additional tests shall be made at once to determine the average error of the meter. Said tests shall be made in accordance with the commission's regulation applicable to the type of meter involved.

(2) If the result of tests on a customer's meter shows an average error greater than two (2) percent fast, then the customer's bills, for the period during which the meter error is known to have existed, shall be recomputed and the account adjusted on the basis of the test. In the event the period during which the meter error existed is unknown, then the customer's bill shall be recomputed for one-half (1/2) of the elapsed time since the last previous test but in no case to exceed twelve (12) months. (See exception in subsection (5) of this section.)

(3) If the result of tests on a customer's meter shows an average error greater than two (2) percent slow, then the customer's bill, for the period during which the meter error is known to have existed, may be recomputed and the account adjusted on the basis of the test. In the event the period during which the meter error existed is unknown, then the customer's bill may be recomputed for one-half (1/2) of the elapsed time since the last previous test but in no case to exceed twelve (12) months.

(4) It shall be understood that when a meter is found to have an error in excess of two (2) percent fast or slow the figure for calculating the amount of refund or the amount to be collected by the utility shall be that percentage of error as determined by the test; i.e., it is the duty of the utility to maintain the accuracy of its measuring devices as nearly 100 percent as is commercially practicable. Therefore, percent error shall be that amount of error as is indicated by the test.

(5) The burden of maintaining measuring equipment so that it will register accurately is upon the utility; therefore, if meters are found upon test to register fast and if time for periodic test has overrun to the extent that one-half (1/2) of the time elapsed since the last previous test exceeds twelve (12) months, the refund shall be for the twelve (12) months

as specified in subsection (2) of this section and in addition thereto, a like refund for those months] exceeding the periodic test period; provided, however, that the commission may relieve the utility from this requirement in any particular case in which it is shown that the failure to make the periodic test was due to causes beyond the utility's control.

(6) Each utility shall make a reasonable attempt to determine if the amount of consumption for the current billing period for each customer is unduly excessive. If a comparison of consumption indicates a necessity therefor, a test of the customer's meter shall be made, and if the meter is found to register incorrectly to the customer's prejudice more than two (2) percent, the utility shall recalculate the customer's bills in accordance with the foregoing provisions.

(7) When a meter is tested and it is found necessary to make a refund or back bill a customer, the customer shall be notified in substantially the following form:

On _____, 19____, the meter bearing identification No. _____ installed in your building located at _____ (Street and Number) in _____ City was tested at _____ (On premises or elsewhere) and found to register _____ (Percent fast or slow) The meter was tested on _____ (Periodic, Request, Complaint) test.

Based upon this we herewith _____ (Charge or Credit) you with the sum of \$ _____, which amount has been noted on your regular bill.

Section 10. Customer's Discontinuance of Service. (1) Any customer desiring service discontinued or changed from one address to another shall give the utility three (3) days' notice in person or in writing, provided such notice does not violate contractual obligations.

(2) Upon request that service be reconnected at any premises subsequent to the initial installation or connection to its service lines, the utility may, subject to subsection (3) of this section, charge the applicant an amount not to exceed the actual average cost as approved by this commission of making such reconnection.

(3) Any utility desiring to establish a reconnection charge under the provisions of subsection (2) of this section, shall submit for commission approval a formal application setting out:

(a) The actual average cost of making such reconnections; and

(b) The effect of such charges on the utility's revenues.

Section 11. Discontinuance of Service. (1) The utility may refuse or discontinue to serve an applicant or customer under the following conditions:

(a) For noncompliance with its rules and regulations. However, no utility shall discontinue or refuse service to any customer or applicant for violation of its rules or

regulations without first having made a reasonable effort to induce the customer or applicant to comply with its rules and regulations as filed with the commission. After such effort on the part of the utility, service may be discontinued or refused only after the customer shall have been given at least ten (10) days written notice of such intention, mailed to his last known address.

(b) When a dangerous condition is found to exist on the customer's or applicant's premises, the service shall be cut off without notice or refused, provided that the utility notify the customer or applicant immediately of the reasons for the discontinuance or refusal and the corrective action to be taken by the applicant or customer before service can be restored.

(c) When a customer or applicant refuses or neglects to provide reasonable access to the premises for the purpose of installation, operation, meter reading, maintenance or removal of utility property, the utility may discontinue or refuse service only after the customer or applicant shall have been given at least fifteen (15) days' written notice of such intention.

(d) Except as provided in subsection (2) of this section, a utility shall not be required to furnish service to any applicant when such applicant is indebted to the utility for service furnished until such applicant shall have paid such indebtedness.

(e) A utility may refuse or discontinue service to a customer or applicant if the customer or applicant does not comply with state, municipal or other codes, rules and regulations applying to such service.

(2) A gas or electric utility may discontinue service under the following conditions:

(a) For nonpayment of bills - ten (10) day notice. However, no utility shall discontinue service to any customer for nonpayment of bills (including delayed charges) without first having made a reasonable effort to induce the customer to pay same. The customer shall be given at least ten (10) days' written notice, but the cut-off shall not be effected before twenty-seven (27) days after the mailing date of the original bill. Such termination notice shall be exclusive of and separate from the original bill. If prior to discontinuance of service, there is delivered to the utility office, payment of the amount in arrears, then discontinuance of service shall not be made, or where a written certificate is filed signed by a physician, a registered nurse or a public health officer stating that, in the opinion of the person making the certification discontinuance of service will aggravate an existing illness or infirmity on the affected premises, service shall not be discontinued until the affected resident can make other living arrangements or until thirty (30) days elapse from the time of the utility's notification to the customer in writing of the existence of local, state and federal programs, providing for the payment of utility bills under certain conditions and of the offices to contact for such possible assistance. Service shall not be discontinued when the customer and the utility have reached agreement on a partial payment plan pursuant to paragraph (b) herein and the customer is meeting the requirements of the plan. The written notice for any discontinuance of service shall advise the customer of his or her rights under

paragraphs (a) and (b) herein and of his or her right to dispute the reasons for such discontinuance.

(b) Employee available to answer consumer questions and negotiate partial payment plan. Every gas and electric utility subject to the jurisdiction of the commission shall have an employee available during regular working hours to answer questions regarding a customer's bill and to resolve disputes over the amount of such bill. Such employee shall be authorized to negotiate partial payment plans of an outstanding bill and accept payments where the customer has shown good faith in attempting to meet his or her financial obligations to the utility. Said employee shall be authorized by the utility to consider and shall consider proposals by the customer for a partial payment plan and retention of service.

(c) Certificate of need from Department for Social Insurance. Federal and statewide energy assistance programs are administered by the Kentucky Cabinet for Human Resources, Department for Social Insurance. Upon written certification from one (1) of its offices a customer who is eligible for energy assistance under the Department's guidelines or is certified as being in genuine financial need, defined as any household with gross income at or below 130 percent of the poverty level, and who has been given a ten (10) day notice between December 1 and March 1, for nonpayment of a gas or electric bill, [for nonpayment of a gas or electric bill rendered between December 1 and March 1,] and who presents such notice to the Department for Social Insurance, shall be allowed thirty (30) days in addition to such ten (10) day period in which to negotiate a partial payment plan with the utility provided such certification is delivered to the utility during the initial ten (10) day notice period by the applicant in person, by his or her agent, by mail, or by a telephone call from an employee of the Department for Social Insurance. The thirty (30) day period shall begin to run at the end of the tenth day of the ten (10) day period. When the customer exhibits good faith by offering to make a present payment commensurate with his or her ability to do so and by agreeing to a repayment schedule which would permit the customer to become current in the payment of his or her gas or electric bill as soon as possible but not later than August 1, the utility shall accept such partial payment plan. In addition to advising the customer of his or her rights under paragraphs (a) and (b) of this subsection, as required by paragraph (a) above, the ten (10) day notice or a bill insert sent with the ten (10) day notice shall inform the customer of the telephone number and address of the nearest office of the Kentucky Cabinet for Human Resources, Department for Social Insurance. Information as to such limits may be obtained from the Department for Social Insurance. Referral of such customer to such office of the department may be made by a church, by a charitable or social organization, by a unit of state or local government, or by any other person.

(d) Budget payment plan. Each jurisdictional gas and electric utility shall develop a budget payment plan whereby a customer may elect to pay a fixed amount each month on a yearly basis in lieu of monthly billings based on actual usage.

The provisions of this section relating to partial payments and budget plans shall apply only to a utility's residential customers. It shall be the responsibility of the utility to disseminate information to its customers regarding the availability of such budget payment plan. If the commission finds, upon application, a budget plan for residential customers would materially impair or damage the utility's credit or operations, then it may grant the utility an exemption from the requirements of the budget plan. No exemption may extend beyond one (1) year without another application by the utility and a finding by the commission that said exemption should be allowed.

(e) For fraudulent or illegal use of service. When the utility has discovered evidence that by fraudulent or illegal means a customer has obtained unauthorized service or has diverted the service for unauthorized use or has obtained service without same being properly measured, the service to the customer may be discontinued without notice. The utility shall not be required to restore service until the customer has complied with all rules of the utility and regulations of the commission and the utility has been reimbursed for the estimated amount of the service rendered and the cost to the utility incurred by reason of the fraudulent use.

(3) A water, sewage or telephone utility may discontinue service under the following conditions:

(a) For nonpayment of bills. However, no utility shall discontinue service to any customer for nonpayment of bills (including delayed charges) without first having made a reasonable effort to induce the customer to pay same. The customer shall be given at least forty-eight (48) hours written notice, but the cut-off shall not be effected before twenty (20) days after the mailing date of the original bill. Such termination notice shall be exclusive of and separate from the original bill. If prior to discontinuance of service, there is delivered to the utility office payment of the amount in arrears, then discontinuance of service shall not be made, or where a written certificate is filed signed by a physician, a registered nurse or a public health officer stating that, in the opinion of the person making the certification discontinuance of service will aggravate an existing illness or infirmity on the affected premises, service shall not be discontinued until the affected resident can make other living arrangements or until ten (10) days elapse from the time of the utility's notification.

(b) For fraudulent or illegal use of service. When the utility has discovered evidence that by fraudulent or illegal means a customer has obtained unauthorized service or has diverted the service for unauthorized use or has obtained service without same being properly measured, the service to the customer may be discontinued without notice. The utility shall not be required to restore service until the customer has complied with all rules of the utility and regulations of the commission and the utility has been reimbursed for the estimated amount of the service rendered and the cost to the utility incurred by reason of the fraudulent use.

(4) It shall be the duty of the utility before making service connections to a new customer to ascertain the condition of the meter and service

facilities for such customer in order that prior fraudulent use of the facilities, if any, will not be attributed to the new customer, and the new customer shall be afforded the opportunity to be present at such inspections. The utility shall not be required to render service to such customer until all defects in the customer-owned portion of the service, if any, shall have been corrected.

(5) Reconnection. For all cases of refusal or discontinuance of service as herein defined, where the cause for refusal or discontinuance has been corrected and all rules and regulations of the utility and the commission have been complied with, the utility shall promptly render service to the customer or applicant.

(6) When advance notice is required, such notice may be given by the utility by mailing by United States mail, postage prepaid, to the last known address of the applicant or customer.

Section 12. Special Charges. (1) A utility may make a reasonable charge for each of the following trips:

(a) To read a meter when the customer has failed to read the meter for three (3) consecutive billing periods. This pertains only to those utilities whose customers ordinarily read their own meters.

(b) To collect a delinquent bill. This trip may be made only after written notice has been sent to the customer stating that if the bill is not paid by a certain date, the service will be disconnected.

(c) To reconnect a service that has been disconnected for nonpayment of bills or for violation of the utility's rules and regulations. This charge may include the cost of disconnecting the service.

(2) The charges, however, shall be applied uniformly within reasonable classifications throughout the entire area served by the utility, shall be incorporated in the utility's rules and regulations, shall be subject to the approval of the commission, and shall yield only enough revenue to pay the expenses incurred in rendering these services.

Section 13. Meter Testing. (1) All electric, gas and water utilities furnishing metered service shall provide meter standards and test facilities, as more specifically set out under 807 KAR 5:021, 807 KAR 5:041 and 807 KAR 5:066.

(2) A utility may have all or part of its testing of meters performed by another utility or agency approved by the commission for such purpose. Each utility having tests made by another agency or utility shall notify the commission of said arrangements in detail to include make, type and serial number of standards used to make said checks or tests.

(3) No utility shall place in service any basic measurement standard required by these rules unless it has been calibrated by the commission's Meter Standards Laboratory. All utilities or agencies making tests or checks for utility purposes shall notify the commission promptly of the adoption or deletion of any basic standards requiring calibration by the commission.

(4) Each electric, gas and water utility or agency doing meter testing for a utility shall have in its employ metermen certified by this commission. These certified metermen shall

perform such tests as may be necessary to determine the accuracy of the utility's meters and to adjust the utility's meters to the degree of accuracy required by the regulations of the commission.

(5) A utility or agency desiring to have its employees certified as metermen shall submit the names of applicants on the commission's form entitled "Application for Appointment of Metermen" and after compliance with the requirements as noted in this form, the applicant may be certified as a meterman and furnished with a card authorizing him to perform meter tests.

Section 14. Access to Property. The utility shall at all reasonable hours have access to meters, service connections and other property owned by it and located on customer's premises for purposes of installation, maintenance, meter reading, operation or removal of its property at the time service is to be terminated. Any employee of the utility whose duties require him or her to enter the customer's premises shall wear a distinguishing uniform or other insignia, identifying him or her as an employee of the utility, or carry a badge or other identification which will identify him or her as an employee of the utility, the same to be shown by him or her upon request.

Section 15. Meter Test Records. (1)(a) Test cards. A complete record of all meter tests and adjustments and data sufficient to allow checking of test calculations shall be recorded by the meterman. Such record shall include: Information to identify the unit and its location; the date of tests; the reason for such tests; readings before and after the test; a statement of "as found" and "as left" accuracies sufficiently complete to permit checking of the calculations employed; indications showing that all required checks have been made; a statement of repairs made, if any; the identifying number of the meter; the type and capacity of the meter; and the constant of the meter.

(b) The complete record of tests of each meter shall be continuous at least two (2) periodic tests and in no case less than two (2) years.

(2)(a) History cards. Each utility shall keep numerically arranged and properly classified card records giving for each meter owned and used by the utility for any purpose the identification number, date of purchase, name of manufacturer, serial number, type, rating, and the name and address of each customer on whose premises the meter has been in service with date of installation and removal. These card records shall also give condensed information concerning all tests and adjustments including dates and general results of such adjustments. The card records shall be of such character that a system can be used that will record the date of the last test and indicate the proper date for the next periodic test required by the applicable regulation of the commission.

(b) When the records required above are kept in a readily available form posting to the history card is not necessary.

(3) Sealing of meters. Upon completion of adjustment and test of any meter under the provisions of the regulations of the commission, the utility shall affix thereto a suitable seal in such a manner that adjustments or

registration of the meter cannot be tampered with without breaking the seal. The seal shall be of a type acceptable to the commission.

Section 16. Pole Identification. (1) Each utility owning poles or other structures supporting the company's wires, shall mark every pole or structure located within a built-up community with the initials or other distinguishing mark by which the owner of every such structure may be readily determined. For the purpose of this rule the term "built-up community" shall mean urban areas and those areas immediately adjacent thereto.

(2) Identification marks may be of any type but must be of a permanent material and shall be of such size and so spaced and hereafter maintained so as to be easily read from the surface of the ground at a distance of six (6) feet from the structure.

(3) When utilities' structures are located outside of a built-up community only every tenth structure need be so marked.

(4) All junction structures shall bear the identification mark and structure number of the owner.

(5) Poles need not be marked if they are clearly and unmistakably identifiable as the property of the utility.

(6) Each utility shall either number their structures and maintain a numbering system or use some other method of identification so that each structure in the system may be easily identified.

(7) The requirements herein shall apply to all existing structures and those hereafter erected and to all changes in ownership.

Section 17. System Maps and Records. (1) Each utility shall have on file at its principal office located within the state and shall file upon request with the commission a map or maps of suitable scale of the general territory it serves or holds itself ready to serve showing the following:

- (a) Operating districts.
- (b) Rate districts.
- (c) Communities served.
- (d) Location and size of transmission lines, distribution lines and service connections.
- (e) Location and layout of all principal items of plant.
- (f) The date of construction of all items of plant by year and month.

(2) In each division or district office there shall be available such information relative to the utility's system as will enable the local representative to furnish necessary information regarding the rendering of service to existing and prospective customers.

(3) In lieu of showing the above information on maps a card record or suitable means may be used. For all construction the records shall also show the date of construction by month and year.

Section 18. Location of Records. All records required by the regulations of the commission shall be kept in the principal office of the utility or other acceptable safe storage place, and shall be made available to representatives, agents or employees of the commission upon reasonable notice and at all reasonable hours.

Section 19. Request Tests. Each utility shall make a test of any meter upon written request of any customer provided such request is not made more frequently than once each twelve (12) months. The customer shall be given the opportunity of being present at such request tests. If such tests show that the meter was not more than two (2) percent fast, the utility may make a reasonable charge for the test, the amount of such charge to be set out in the utility's rules and regulations filed with the commission, and subject to the approval of the commission.

Section 20. Complaint Tests. (1) Any customer of the utility may request a meter test by written application to the commission accompanied by payment of such fee for the test as prescribed below. Such request may not be made more frequently than once each twelve (12) months. Upon receipt of such request, the commission will notify the utility to leave the customer's meter in place until completion of such test.

(2) If a meter tested upon complaint of a customer is found to register not more than two (2) percent fast, the cost of such test shall be borne by the customer. However, if the meter shall be found to register more than two (2) percent fast, the cost of such test shall be borne by the utility and the amount of the deposit made by the customer shall be refunded.

(3) The charges fixed by the commission for making such tests are as follows:

(a) Electric. Direct current and single phase alternating current watt hour meters operating on circuits of not more than 250 volts:

Amperes Rated Capacity	Fee
30 and under	2
Over 30 to 100	4
Each additional 50 amperes or factor thereof	1

Polyphase a.c. watt hour meters and single phase or direct current watt hour meters operating on circuits of over 250 volts with or without instrument transformers:

Kilowatts Rated Capacity	Fee
5 KW and under	\$ 2
Over 5 to 25	4
Over 25 to 100	8
Over 100 to 500	16

Plus one-half (1/2) of the cost of transportation of the commission representative between the office of the commission and the point of test.

(b) Gas. Displacement type meters operating on distribution system pressures:

Capacity in Cu. Ft. Per Hour	Fee
1,000 cu. ft. per hour and under	\$ 4
Over 1,000 to 10,000	8
Over 10,000 to 100,000	12

Plus one-half (1/2) of the cost of transportation of the commission representative between the office of the commission and the point of test.

(c) Water:	Size	Fee
Outlet 1 inch or less		\$ 4
Outlet over 1 inch to 2 inches		2
Outlet over 2 inch to 3 inches		2
Outlet over 3 inch to 4 inches		2

Plus one-half (1/2) of the cost of transportation of the commission representative between the office of the commission and the point of test.

(d) For meters of a size or capacity not shown herein, the commission will fix a suitable fee upon application.

Section 21. Safety Program. Each utility shall adopt and execute a safety program, fitted to the size and type of its operations. As a minimum, the safety program shall:

(1) Require employees to use suitable tools and equipment in order that they may perform their work in a safe manner.

(2) Instruct employees in safe methods of performing their work.

(3) Instruct employees who, in the course of their work are subject to the hazard of electrical shock, asphyxiation or drowning, in accepted methods of artificial respiration.

Section 22. Inspection of Systems. (1) Each utility shall adopt procedures for inspection to assure safe and adequate operation of its facilities and compliance with commission rules. These procedures shall be filed with the commission.

(2) Each electric utility shall make systematic inspections of its system in the manner set out below for the purpose of insuring that the commission's safety requirements are being met. Such inspections shall be made as often as necessary but in no event less frequently than is set forth below for various classes of facilities and types of inspection.

(a) At intervals not to exceed six (6) months:

1. Production facilities regularly operated and manned; continuous surveillance, monitoring and inspection as a part of operating procedure.

2. Unmanned production facilities including peaking units not on standby status; units shall be operated and inspected and all monitoring devices shall be checked to determine that there is no evidence of abnormality.

3. Substations where the primary voltage is sixty-nine (69) KV or greater; examination for the purpose of discovering damage to or deterioration of components including structures and fences; checking of all gauges and monitoring devices.

4. Underground network transformers and network protectors in vaults located in buildings or under sidewalks, examination for leaks, condition of case, connections, temperature and overloading.

5. Electric lines operating at sixty-nine (69) KV or greater (including insulators, conductors, and supporting facilities).

(b) At intervals not to exceed one (1) year:

1. Production facilities maintained on a standby status; also inspection and examination prior to any start up, except remotely controlled facilities.

2. Substations where the primary voltage is less than sixty-nine (69) KV but is fifteen (15) KV or greater.

(c) At intervals not to exceed two (2) years: Electric lines operating at voltages of less than sixty-nine (69) KV (including insulators, conductors and supporting facilities).

(d) Other facilities:

1. Utility buildings inspected for compliance with safety codes at intervals not greater than one (1) year.

2. Construction equipment inspected for defects, wear and operational hazards at intervals not greater than quarterly.

(e) On the receipt of a report of a potentially hazardous condition made by a qualified employee or public official or by a customer.

1. All portions of the system (including those listed above) which are the subject of the report.

2. Appropriate records shall be kept by each utility to identify the inspections made, deficiencies found and action taken to correct such deficiencies.

(3) Each gas utility shall make systematic inspections of its system for the purpose of insuring that the commission's safety requirements are being met. Such inspections shall be made as often as necessary but in no event less frequently than is prescribed or recommended by the Department of Transportation, Part 192 Transportation of Natural and Other Gas by Pipeline: Minimum Federal Safety Standards, for the various classes of facilities as defined in said standards, in accordance with the inspection procedures described therein.

(4) The following maximum time intervals are prescribed for certain inspections provided for in Department of Transportation, Part 192 Transportation of Natural and Other Gas by Pipeline: Minimum Federal Safety Standards, with respect to which intervals are not specified and for certain additional inspections not provided for in such code.

(a) At intervals not to exceed one (1) year:

1. Production wells, storage wells and well equipment; visual inspection and examination of all exterior components.

2. Pressure limiting stations, relief devices and pressure regulating stations, including vaults.

3. The curb box on service shall be inspected for accessibility.

(b) Other facilities:

1. Utility buildings inspected for compliance with safety codes at least annually.

2. Construction equipment inspected for defects, wear and operational hazards at least quarterly.

(c) At intervals not to exceed the periodic meter test intervals: individual residential customer service regulators, vents and relief valve vents shall be checked for satisfactory operation.

(d) At intervals of meter change: the curb box on service shall be inspected for operable condition.

(e) On the receipt of a report of a potentially hazardous condition made by a qualified employee or public official or by a customer.

1. All portions of the system (including those listed above) which are the subject of the report.

2. Appropriate records shall be kept by each utility to identify the inspections made,

deficiencies found and action taken to correct such deficiencies.

(5) (a) Each water utility shall make systematic inspections of its system in the manner set out below for the purpose of insuring that the commission's safety requirements are being met. Such inspections shall be made as often as necessary but in no event less frequently than is set forth below for various classes of facilities and types of inspection.

1. Source of supply:

a. Dams, physical and structural, annually.

b. Intake structures, physical and structural, annually.

c. Traveling screens, physical and structural and safety of operation, annually.

2. Purification:

a. Sedimentation basins filters and clear wells, physical and structural and safety of operation, annually.

b. Chemical feed equipment, for proper and safe operation, annually.

c. Pumping equipment including electric power wiring and controls, for proper and safe operation, annually.

d. Hydrants, for proper and safe operation, annually.

e. Utility buildings, inspection for compliance with safety codes, annually.

f. Construction equipment, inspection for defects, wear and operational hazards, quarterly.

g. Mains and valves, leaks, annually.

(b) On the receipt of a report of a potentially hazardous condition made by a qualified employee or public official or by a customer.

1. All portions of the system (including those listed above) which are the subject of the report.

2. Appropriate records shall be kept by each utility to identify the inspections made, deficiencies found and action taken to correct such deficiencies.

(6) (a) Each telephone utility shall make systematic inspections of its system in the manner set out below for the purpose of insuring that the commission's safety requirements are being met. Such inspections shall be made as often as necessary but in no event less frequently than is set forth below for various classes of facilities and types of inspection.

1. Aerial plant: Inspection for electrical hazards, proper clearance for electric facilities and climbing safety - Every two (2) years.

2. Underground plant: Inspection for presence of gas, proper clearance from electric facilities and safe working conditions - At least annually.

3. Station equipment and connections: Inspection for external electrical hazards, damaged instruments or wiring, appropriate protection from lightning and safe location of equipment and wiring - When on customer's premises.

4. Utility buildings: Inspection for compliance with safety codes - At least annually.

5. Construction equipment: Inspection for defects, wear and operational hazards - At least quarterly.

(b) On the receipt of a report of a potentially hazardous condition made by a qualified employee or public official or by a customer.

1. All portions of the system (including those listed above) which are the subject of the report.

2. Appropriate records shall be kept by each utility to identify the inspections made, deficiencies found and action taken to correct such deficiencies.

Section 23. Reporting of Accidents. Each utility shall notify the commission of any accident which results in death or serious injury to any person or substantial property damage. Prompt notice of fatal accidents shall be given to the commission by telephone or telegraph.

Section 24. Deviations from Rules. In special cases, for good cause shown, the commission may permit deviations from these rules.

RICHARD D. HEMAN, JR., Chairman

MELVIN WILSON, Secretary

APPROVED BY AGENCY: October 11, 1984

FILED WITH LRC: October 23, 1984 at 3 p.m.

STATEMENT OF EMERGENCY

Under KRS Chapter 13A the administrative body is required to implement this regulation or not have the authority to operate. Therefore, in order to continue to operate the Cabinet for Human Resources in accordance with KRS Chapter 194, the Cabinet for Human Resources needs to implement this emergency regulation. An ordinary administrative regulation cannot suffice because agency policy will not be accurately reflected in a timely manner. This emergency regulation will be replaced by an ordinary administrative regulation in accordance with House Bill 334.

MARTHA LAYNE COLLINS, Governor

E. AUSTIN, JR., Secretary

CABINET FOR HUMAN RESOURCES Department for Social Insurance Division of Management and Development

904 KAR 1:004E. Resource and income standard of medically needy.

RELATES TO: KRS 205.520

PURSUANT TO: KRS 194.050

EFFECTIVE: October 19, 1984

NECESSITY AND FUNCTION: The Cabinet for Human Resources has responsibility to administer the program of Medical Assistance in accordance with requirements of Title XIX of the Social Security Act. KRS 205.520(3) empowers the cabinet, by regulation, to comply with any requirement that may be imposed or opportunity presented by federal law for the provisions of medical assistance to Kentucky's indigent citizenry. This regulation sets forth the resource and income standards by which eligibility of the medically needy is determined.

Section 1. Resource Limitations and Exclusions of the Medically Needy. The following provisions are applicable with regard to computation of allowable resources:

(1) The upper limit for resources is \$1,500 for family size of one (1), \$3,000 for family size of two (2), and fifty (50) dollars for each

additional member.

(2) A homestead, occupied or abandoned, household equipment, and farm equipment without limitation on value are excluded from consideration.

(3) Equity of \$6,000 in income-producing, non-homestead real property, business or non-business, essential for self-support, is excluded from consideration. In addition, the value of otherwise countable real property (whether income producing or non-income producing) may be excluded from consideration for six (6) months if a good faith effort is being made to dispose of the property properly; an additional three (3) months may be allowed for the disposal at the request of the recipient if efforts to dispose of the property within the six (6) month period have been unsuccessful.

(4) Equity of \$4,500 in automobiles is excluded from consideration; however, if an automobile is used for employment, to obtain medical treatment of a specific or regulation medical problem, or if specially equipped (e.g., as for use by the handicapped) the total value of such automobile is excluded.

(5) Burial reserves of up to \$1,500 per individual, which may be in the form of [pre-paid burial,] trust fund or life insurance policies, are excluded from consideration. The cash surrender [face] value of life insurance is considered when determining the total value of burial reserves [if the face value of the life insurance is less than \$1,500. Burial spaces are excluded from consideration when computing the value of burial reserves].

(6) Burial agreements (pre-paid burials or similar arrangements) and burial spaces, plots, or vaults are excluded from consideration as a countable resource without regard to value.

(7) [(6)] Resources determined in accordance with subsections (3), (4), and (5) of this section to be in excess of excluded amounts must be considered countable resources when determining whether the individual or family group exceeds the upper limits specified in subsection (1) of this section. If resources exceed the upper limits, the individual or family group is ineligible.

(8) [(7)] The following exclusions are also applicable as stated:

(a) Proceeds from the sale of a home are excluded from consideration for three (3) months from date of receipt if used to purchase another home.

(b) Resources of a blind or disabled person necessary to fulfill an approved plan for achieving self-support are excluded from consideration.

(c) Payments or benefits from federal statutes, other than Title XVI (Supplemental Security Income), are excluded from consideration (as either a resource or income) if precluded from consideration in Title XVI determinations of eligibility by the specific terms of the statute.

(d) Disaster relief assistance is excluded from consideration.

(e) Cash or in-kind replacement for repair or replacement of an excluded resource is excluded from consideration if used to repair or replace the excluded resource within nine (9) months of the date of receipt.

Section 2. Income and Resource Exemptions. Income and resources which are exempted from consideration for purposes of computing eligibility for the comparable money payment program (Aid to Families With Dependent Children and Supplemental Security Income) shall be exempted from consideration by the cabinet, except that the AFDC earned income disregard (first thirty (30) dollars and one-third (1/3) of the remainder) may not be allowed in determining eligibility for medical assistance only for any eligible group but eligible children in intact families who meet the AFDC income and resources requirements: the thirty (30) dollars and one-third (1/3) of the remainder exemption for qualifying families shall be treated in the same manner as for AFDC cases except that eligibility may not be extended based on a loss of this disregard.

Section 3. Income Limitations of the Medically Needy. Eligibility from the standpoint of income is determined by comparing adjusted income as defined in Section 4 of this regulation, of the applicant, applicant and spouse, or applicant, spouse and minor dependent children with the following scale of income protected for basic maintenance:

Size of Family	Annual	Monthly
1	\$2,300	\$192
2	2,700	225
3	3,200	267
4	3,900	325
5	4,600	383
6	5,200	433

For each additional member, \$600 annually or fifty (50) dollars monthly is added to the scale.

Section 4. Additional Income Considerations. In comparing income with the scale as contained in Section 3 of this regulation, gross income is adjusted as follows in all cases with exceptions as contained in Section 5 of this regulation:

(1) In cases of adults and children, the standard work related expenses of adult members and out-of-school youth are deducted from gross earnings. For those with either full-time or part-time employment [(defined as employment of thirty (30) hours per week or 130 hours per month or more)] the standard work expense deduction is seventy-five (75) dollars per month. [For those with part-time employment (defined as employment of twenty-nine (29) hours per week or 129 hours per month or less) the standard work expense deduction is forty (40) dollars per month.] All earnings of an in-school child are disregarded.

(2) In cases of adults and children, dependent care as a work expense is allowed not to exceed \$160 per child or incapacitated adult per month for full-time employment (as defined in subsection (1) of this section) or \$110 per child or incapacitated adult per month for part-time employment (as defined in subsection (1) of this section). A dependent care work expense deduction is allowed only when the dependent is included in the assistance unit.

Section 5. Individuals in Chronic Care Institutions. For aged, blind or disabled

individuals in chronic care facilities, the following requirements with respect to income limitations and treatment of income shall be applicable.

(1) In determining eligibility, the appropriate medically needy standard is used as are appropriate disregards and exclusions from income. In determining patient liability for the cost of institutional care, gross income is used as shown in subsections (2) and (3) of this section.

(2) Income protected for basic maintenance is twenty-five (25) dollars monthly in lieu of the figure shown in Section 3 of this regulation. All income in excess of twenty-five (25) dollars is applied to the cost of care except as follows:

(a) Available income in excess of twenty-five (25) dollars is first conserved as needed to provide for needs of the spouse and minor children up to the appropriate family size amount from the scale as shown in Section 3 of this regulation.

(b) Remaining available income is then applied to the incurred costs of medical and remedial care that are not subject to payment by a third party, including Medicare and health insurance premiums and medical care recognized under state law but not covered under the state's Medicaid plan.

(3) The basic maintenance standard allowed the individual during the month of entrance into or exit from the long term care facility shall reasonably take into account home maintenance costs.

(4) When an individual loses eligibility for a supplementary payment due to entrance into a participating long term care facility, and the supplementary payment is not discontinued on a timely basis, the amount of any overpayment is considered as available income to offset the cost of care (to the Medical Assistance Program) if actually available for payment to the provider.

Section 6. Spend-Down Provisions. No technically eligible individual or family is required to utilize protected income for medical expenses before qualifying for medical assistance. Individuals with income in excess of the basic maintenance scale as contained in Section 3 of this regulation may qualify for any part of a three (3) month period in which medical expenses incurred have utilized all excess income anticipated to be in hand during that period.

Section 7. Consideration of State Supplementary Payments. For an individual receiving state supplementary payments, that portion of the individual's income which is in excess of the basic maintenance standard is applied to the special need which results in the supplementary payment.

Section 8. Special Needs Contributions for Institutionalized Individuals. Voluntary payments made by a relative or other party on behalf of a long term care facility resident or patient shall not be considered as available income if made to obtain a special privilege, service, or item not covered by the Medical Assistance Program. Examples of such special services or items include television and

telephone service, private room and/or bath, private duty nursing services, etc.

Section 9. Pass-through Cases. Increases in social security payments due to cost of living increases which are solely responsible for ineligibility of the individual for supplemental security income benefits or state supplementary payments, and which are received after April 1, 1977, shall be disregarded in determining eligibility for medical assistance benefits; such individuals shall remain eligible for the full scope of program benefits with no spend-down requirements.

Section 10. Relative Responsibility. For purposes of the Medical Assistance Program, spouses are considered responsible for spouses and parents are considered responsible for dependent minor children. Stepparents are responsible for their stepchildren as shown in Section 10(7) and Section 11 of this regulation. This responsibility, with regard to income and resources, is determined as follows:

(1) "Living with" is defined as sharing a common living arrangement or household, including living in the same room in a long term care facility. "Living apart" is defined as not sharing a common household, whether due to estrangement, disability, or illness.

(2) In cases of aged, blind, or disabled applicants or recipients living with their spouse, total resources and adjusted income of the couple is considered in relation to the resource and income limitations for a family size of two (2), or if other dependents live with the couple, the appropriate family size including the dependents.

(3) In cases of aged, blind, or disabled couples, living apart for any reason other than institutionalization, both of whom are concurrently applying for or receiving MA only, income and resources are [is] considered in relation to resource and income limitations for a family size of two (2), or if other dependents live with either spouse, the family size including such dependents, but only for the first six (6) months after the month of separation, that such couple lives apart; however, if mutual consideration of income and resources causes the individuals to lose eligibility as a couple, eligibility for the individuals is determined in accordance with subsection (4) of this section. [After the six (6) month period, each is considered as a single individual.] If the separation is due to the institutionalization of a spouse, mutual consideration of income ceases in the month after the month of separation but resources are considered mutually available to each other the month of separation and the six (6) months following that month.

(4) In cases of an aged, blind, or disabled individual living apart from a spouse (for a reason other than institutionalization) who is not a recipient of MA only, eligibility is determined on a couple basis for the month of separation and [the next six (6) months thereafter; however, if ineligibility results, the applicant or recipient is considered] as a single individual [in the month] after the month of separation [and only that individual's income and resources are considered].

(5) For an individual whose case is being

worked as if he/she were a single individual due to living apart from his/her spouse, as shown in Section 10(3) and (4) of this regulation, who has jointly held resources with his/her spouse, one-half (1/2) of the jointly held resource would be considered a resource; except that the entire amount of a jointly held checking or savings account is considered a resource if the resource may be accessed independently of the spouse.

(6) Total resources and adjusted income of parent(s) and children for whom application is made is considered in relation to limitations for family size. Excluded, however, is the income and/or resources of an SSI parent and the SSI essential person spouse whose medical assistance eligibility is based on inclusion in the SSI case. Resources and income of an SSI essential person, spouse or non-spouse, whose medical assistance eligibility is not based on inclusion in the SSI case must be considered.

(7) In cases of a blind or disabled child under eighteen (18) living with his/her parent(s) (including stepparent, if applicable), total resources and adjusted income of the parent(s) is related to limitations for family size, including the applicant or recipient child and other dependent children of parent using the adult scale. The income and resources of the parent(s) shall also be considered available to such child who is aged eighteen (18) through twenty-one (21), if in school, when to do so will work to the child's benefit and the individual was aged eighteen (18) through twenty-one (21) in September, 1980, and was MA eligible at that time.

(8) Income and resources of parent(s) are not considered available to a child living apart from the parents' for a period in excess of thirty (30) days, but any continuing contribution actually made is considered as income. Living apart may mean living in a medical institution, special school or in foster care and such status continues even if the child makes visits to the parent(s) home. For comparison with the resource and income limitations, the child's individual resources and/or income are considered in relation to family size of one (1).

(9) When a recipient in a family case has income and resources considered in relation to family size and enters a long term care facility, his/her income and resources are considered in the same manner as previously for up to one (1) year. For such an individual, the twenty-five (25) dollars maintenance standard is not applicable since his/her needs are considered with that of other family members. The eligibility of the individual, with regard to income and resources, must be determined on the basis of living apart from the other family members whenever it becomes apparent that the separation will last for more than one (1) year.

Section 11. Treatment of Income of the Stepparent and Effect on Eligibility of the Assistance Group. An incapacitated (as determined by the department) stepparent's income is considered in the same manner as for a parent if the stepparent is included in the family case. When the stepparent living in the home is not being included in the family case on the basis of incapacity, the stepparent's gross income is considered available to the parent

(but not the other members of the assistance group) subject to the following exclusions/disregards:

(1) The first seventy-five (75) dollars of the gross earned income of the stepparent who is employed full time or the first forty (40) dollars of the gross earned income of the stepparent who is employed part time (with full-time and part-time employment as defined in Section 4(1) of this regulation).

(2) An amount equal to the medically needy income limitations scale as shown in Section 3 of this regulation for the appropriate family size, for the support of the stepparent and any other individuals living in the home but whose needs are not taken into consideration in the medical assistance eligibility determination and are claimed by the stepparent as dependents for purposes of determining his/her federal personal income tax liability.

(3) Any amount actually paid by the stepparent to individuals not living in the home who are claimed by him/her as dependents for purposes of determining his/her personal income tax liability.

(4) Payments by the stepparent for alimony or child support with respect to individuals not living in the household.

(5) Income of a stepparent receiving Supplemental Security Income.

(6) Verified medical expenses for the stepparent and his/her dependents in the home.

Section 12. Companion Cases. When spouses or parent(s) and children living in the same household apply separately for assistance, relative responsibility must be taken into consideration.

(1) In the case of an application for assistance for a dependent child(ren), the income, resources and needs of the parent(s) must be included in the determination of need of the child(ren) even when the parent(s) applies for assistance for himself/herself on the basis of age, blindness, or disability (except as shown in subsection (3) of this section).

(2) In the case of a spouse, income and resources of both spouses are combined and compared against the medically needy income and resources limits for a family size of two (2) even though a separate determination of eligibility must be made for each individual.

(3) In the case of families with children with a parent eligible for supplemental security income (SSI), neither the income, resources, nor needs of the SSI eligible individual are to be included in the determination of eligibility of the children.

Section 13. Treatment of Lump-Sum Income. Lump-sum income is considered available in the month of receipt or the first administratively feasible month thereafter.

Section 14. Full-Month Ineligibility Due to First-Day of Month Excess Resources. When an individual or family group related to the SSI assistance categories (i.e., aged, blind, or disabled) has excess resources on the first day of the month, the individual or group is ineligible throughout the month. The case shall be discontinued effective with the first administratively feasible month.

Section 15. Transferred Resources. When an applicant or recipient transfers a nonexcluded resource(s) for the purpose of becoming eligible for medical assistance, the value of the transferred resource(s) will be considered a resource to the extent provided for by this section. The provisions of this section are applicable to both family related cases and medical assistance only cases based on age, blindness, or disability.

(1) The disposal of a resource, including liquid assets, at less than fair market value shall be presumed to be for the purpose of establishing eligibility unless the individual presents convincing evidence that the disposal was exclusively for some other purpose. If the purpose of the transfer is for some other reason or if the transferred resource was considered an excluded resource at the time it was transferred, the value of the transferred resource is disregarded. If the resource was transferred for an amount equal to at least the assessed value for tax purposes, the resource will be considered as being disposed of for fair market value.

(2) After determining that the purpose of the transfer was to become or remain eligible, the cabinet shall first add the uncompensated equity value of the transferred resource to other currently held 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 uncompensated 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.

(3) If retention would result in ineligibility, the cabinet will consider the excess transferred resource available for up to twenty-four (24) months, subject to the following conditions:

(a) The value of the total excess resources considered available (including the uncompensated equity value of the transferred resource) shall be reduced by \$500 for each month that has elapsed since the transfer, beginning with the month of transfer; except

(b) The reduction provided for in paragraph (a) shall not be applicable with regard to any month in which the individual received medical assistance but was actually ineligible due to the provisions of this section.

(4) For those recipients who were receiving assistance on February 28, 1981, this section is applicable only with respect to resources transferred subsequent to that date.

(5) The uncompensated value may be excluded from consideration when good cause exists. A waiver of consideration of the uncompensated amount will be granted subject to the following criteria:

(a) "Good cause" means that an expense (or loss) was incurred by the individual or family group due to a natural disaster, fire, flood, storm or earthquake; or illness resulting from accident or disease; or hospitalization or death a member of the immediate family; or civil disorder or other disruption resulting in

vandalism, home explosions, or theft of essential household items.

(b) The exclusion may not exceed the amount of the incurred expense or loss.

(6) If the individual is in a long term care facility, the actual cost of long term care (rather than the \$500) may be deducted from the uncompensated value excess on a monthly basis.

Section 16. Special Provisions for AIS/MR Recipients. Effective April 1, 1983, medical assistance eligibility for participants in the program of alternative intermediate services for the mentally retarded (AIS/MR) shall be determined taking into consideration the special provisions contained in this section.

(1) The income and resources of the parent(s) and/or spouse shall not be considered available to the AIS/MR participant.

(2) Income protected for basic maintenance of the AIS/MR participant shall be the standard for the federal supplemental security income program.

(3) The attributed cost of care against which monthly available income of the AIS/MR participant shall be applied shall be the projected annual average cost of care for all participants divided by twelve (12) and rounded to the nearest dollar.

(4) Determinations of eligibility for medical assistance of the AIS/MR participant's parent(s), spouse, and/or dependent children shall be made on the same basis as if the participant was institutionalized.

Section 17. Implementation. The provisions of this regulation, as amended, will be effective on October 1, [July 1,] 1984, applicable at the time of the next determination of eligibility for each applicant or recipient.

JACK F. WADDELL, Commissioner

E. AUSTIN, JR. Secretary

APPROVED BY AGENCY: October 11, 1984

FILED WITH LRC: October 19, 1984 at 2 p.m.

STATEMENT OF EMERGENCY

Under KRS Chapter 13A the administrative body is required to implement this regulation or not have the authority to operate. Therefore, in order to continue to operate the Cabinet for Human Resources in accordance with KRS Chapter 194, the Cabinet for Human Resources needs to implement this emergency regulation. An ordinary administrative regulation cannot suffice because agency policy will not be accurately reflected in a timely manner. This emergency regulation will be replaced by an ordinary administrative regulation in accordance with House Bill 334.

MARTHA LAYNE COLLINS, Governor

E. AUSTIN, JR., Secretary

CABINET FOR HUMAN RESOURCES Department for Social Insurance Division of Management and Development

904 KAR 1:011E. Technical eligibility requirements.

RELATES TO: KRS 205.520

PURSUANT TO: KRS [13.082,] 194.050

EFFECTIVE: October 19, 1984

NECESSITY AND FUNCTION: The Cabinet 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 cabinet 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) Pregnant women, when the unborn child is 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;

(7) Children in intact families (but not their parents) who meet the resource requirements of the Aid to Families with Dependent Children program, who were born after September 30, 1983 and who are under the age of five (5); and

(8) A child(ren) born to a woman eligible for and receiving medical assistance, so long as the child(ren) has not reached his/her first birthday, resides in the household of the woman, and the woman remains eligible for such assistance. In this situation, an application is deemed to have been made and the child found eligible for MA as of the date of birth.

Section 2. The Medically Needy. Other individuals (but not including children in intact families as shown in Section 1(7) of this regulation), 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 Cabinet for Human Resources. Included within the medically needy eligible groups are pregnant women during the course of their pregnancy.

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 eighteen (18) years of age (or under age nineteen (19) if a full-time student in a secondary school or the equivalent level of vocational or technical training and if expected to complete the program before age nineteen (19));

(2) Pregnant women 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) Under the definition contained in subsection (3) 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 recent 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 employment; or

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

(5) An aged individual must be at least sixty-five (65) years of age.

(6) A blind individual must meet the definition of blindness as contained in Titles II and XVI of the Social Security Act relating to RSDI and SSI.

(7) A disabled individual must meet the definition of permanent and total disability as contained in Titles II and XVI of the Social Security Act relating to RSDI and SSI.

(8) 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 been terminated.

(9) Families losing AFDC eligibility solely due to loss of the thirty (30) dollars disregard or the one-third (1/3) disregard from earnings shall be deemed AFDC eligible for nine (9) months after the termination of the disregard, and shall as a result be eligible for continued medical assistance for the nine (9) month period. To qualify for continuing eligibility in this situation, the family must have 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 nine (9) 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 nine (9) month period begins with the first month in which AFDC was erroneously paid, i.e., the month in which the AFDC should have been terminated. Coverage for medical assistance is extended to all family members who were included in the grant (and children born during the nine (9) month period).

(10) Families losing AFDC eligibility as a result (wholly or partly) of the collection or increased collection of child or spousal support, and who received AFDC in at least three (3) of the six (6) months immediately preceding the month in which such ineligibility begins, shall be deemed AFDC eligible for Title XIX purposes for four (4) months beginning with the month in which ineligibility begins. 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 been terminated. Coverage for medical assistance is extended to all family members losing eligibility as a result of the receipt of the child or spousal support. The extended eligibility provision contained herein is applicable only with respect to families discontinued on or after July 18, 1984 and before October 1, 1988.

(11) [(9)] Parents may be included for assistance in the cases of families with children including natural and adoptive parents. 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.

(12) [(10)] 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.

(13) [(11)] 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.

(14) [(12)] 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. An alien must have been admitted for permanent residence. 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.

(15) [(13)] 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.

(16) [(14)] "Child" means a needy dependent child under the age of eighteen (18) (or under age nineteen (19) if a full-time student in a secondary school or the equivalent level of vocational or technical training and if expected to complete the program before the age nineteen (19)), 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) meeting the age requirement specified above, 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.

(17) [(15)] Benefits shall be denied to any family for any month in which any legally liable caretaker relative with whom the child is living is, on the last day of such month, participating in a strike, and no individual's needs shall be considered in determining eligibility for medical assistance for the family if, on the last day of the month, such individual is participating in a strike. The definition of a strike includes a strike or other concerted stoppage of work by employees (including a stoppage by reason of expiration of a collective bargaining agreement) and any concerted slowdown or other concerted interruption of operations by employees.

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 eighteen (18) (or under age nineteen (19) if a full-time student in a secondary school or the equivalent level of vocational or technical training and if expected to complete the program before age nineteen (19)) or is 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. Assignment of Rights to Medical Support. By accepting assistance for or on behalf of a child, a recipient is deemed to have made an assignment to the Cabinet for Human Resources of any medical support owed for the child not to exceed the amount of medical assistance payments made on behalf of the recipient.

Section 7. Date of Implementation. The provisions of this regulation, as amended, shall be effective on October 1, 1984.

JACK F. WADDELL, Commissioner

E. AUSTIN, JR., Secretary

APPROVED BY AGENCY: October 10, 1984

FILED WITH LRC: October 19, 1984 at 2 p.m.

STATEMENT OF EMERGENCY

Under KRS Chapter 13A the administrative body is required to implement this regulation or not have the authority to operate. Therefore, in order to continue to operate the Cabinet for Human Resources in accordance with KRS Chapter 194, the Cabinet for Human Resources needs to implement this emergency regulation. An ordinary administrative regulation cannot suffice because agency policy will not be accurately reflected in a timely manner. This emergency regulation will be replaced by an ordinary administrative regulation in accordance with House Bill 334.

MARTHA LAYNE COLLINS, Governor

E. AUSTIN, JR., Secretary

**CABINET FOR HUMAN RESOURCES
Department for Social Insurance
Division of Management and Development**

904 KAR 1:036E. Amounts payable for skilled nursing and intermediate care facility services.

RELATES TO: KRS 205.520

PURSUANT TO: KRS 194.050

EFFECTIVE: October 19, 1984

NECESSITY AND FUNCTION: The Cabinet 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 cabinet, 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 cabinet for skilled nursing care facility services and intermediate care facility services.

Section 1. Reimbursement for Skilled Nursing and Intermediate Care Facilities. All skilled nursing or intermediate care facilities participating in the Title XIX program shall be reimbursed in accordance with this regulation. Payments made shall be in accordance with the requirements set forth in 42 CFR 447.250 through 42 CFR 447.280. A skilled nursing facility desiring to participate in Title XIX shall be required to participate in Title XVIII-A.

Section 2. Basic Principles of Reimbursement.

(1) Payment shall be on the basis of rates which are reasonable and adequate to meet the costs which must be incurred by efficiently and economically operated facilities in order to provide care and services in conformity with applicable state and federal laws, regulations, and quality and safety standards.

(2) Payment amounts shall be arrived at by application of the reimbursement principles developed by the cabinet (Kentucky Medical Assistance Program Intermediate Care/Skilled Nursing Facility Reimbursement Manual [Payment System], revised October [July 1], 1984, which is hereby incorporated by reference) and supplemented by the use of the Title XVIII-A reimbursement principles.

Section 3. Implementation of the Payment System. The cabinet's reimbursement system is supported by the Title XVIII-A Principles of Reimbursement, with the system utilizing such principles as guidelines in unaddressed policy areas. The cabinet's reimbursement system includes the following specific policies, components or principles:

(1) Prospective payment rates for routine services shall be set by the cabinet on a facility by facility basis, and shall not be subject to retroactive adjustment. Prospective rates shall be set annually, and may be revised on an interim basis in accordance with procedures set by the cabinet. An adjustment to the prospective rate (subject to the maximum payment for that type of facility) will be considered only if a facility's increased costs are attributable to one (1) of the following reasons: governmentally imposed minimum wage increases; the direct effect of new licensure requirements or new interpretations of existing

requirements by the appropriate governmental agency as issued in regulation or written policy which affects all facilities within the class; or other governmental actions that result in an unforeseen cost increase. The amount of any prospective rate adjustment may not exceed that amount by which the cost increase resulting directly from the governmental action exceeds on an annualized basis the inflation allowance amount included in the prospective rate for the general cost area in which the increase occurs. For purposes of this determination, costs will be classified into two (2) general areas, salaries and other. The effective date of interim rate adjustment shall be the first day of the month in which the adjustment is requested or in which the cost increase occurred, whichever is later.

(2) The prospective rate shall not exceed, on a facility by facility basis, an administratively established maximum payment for that type of facility. The state will set a uniform rate year for SNFs and ICFs (July 1-June 30) by taking the latest audited cost data available as of May 16 of each year and trending the facility costs to July 1 of the rate year. (Unaudited, partial year, and/or budgeted cost data may be used if a full year's audited data is unavailable. Unaudited reports are subject to adjustment to the audited amount, and will be used when an audited cost report ending within twenty-four (24) months of the 30th of April preceding the rate year is not available. Facilities paid on the basis of partial year or budgeted cost reports shall have their reimbursement settled back to allowable cost, with usual upper limits applied. Facilities beginning program participation on or after July 1, 1984 whose rates are subject to settlement back to cost will not be included in the arrays until such time as the facilities are no longer subject to cost settlement.) Allowable costs will then be indexed for inflation for the rate year, and the maximum set at 105 percent of the median for the class (SNF or ICF). In recognition of the higher costs of hospital based SNFs, their upper limit shall be set at 165 percent of 105 percent of the median of allowable trended and indexed costs of all other SNFs. The maximum payment amounts will be adjusted each July 1, beginning with July 1, 1982, so that the maximum payment amount for the prospective uniform rate year will be at 105 percent of the median per diem allowable costs for the class (SNF or ICF) on July 1 of that year. For purposes of administrative ease in computations normal rounding may be used in establishing the maximum payment amount, with the maximum payment amount rounded to the nearest five (5) cents. Upon being set, the arrays and upper limits will not be altered due to revisions or corrections of data. For ICF-MRs, a prospective rate will be set in the same manner as for SNFs and basic ICFs, except that no maximum (upper limit) shall be imposed.

(3) The reasonable direct cost of ancillary services provided by the facility as a part of total care shall be compensated on a reimbursement cost basis as an addition to the prospective rate. Ancillary services reimbursement shall be subject to a year-end audit, retroactive adjustment and final settlement. Ancillary costs may be subject to maximum allowable cost limits under federal

regulations. Any percentage reduction made in payment of current billed charges shall not exceed twenty-five (25) percent, except in the instance of individual facilities where the actual retroactive adjustment for a facility for the previous year reveals an overpayment by the cabinet exceeding twenty-five (25) percent of billed charges, or where an evaluation by the cabinet of an individual facility's current billed charges shows the charges to be in excess of average billed charges for other comparable facilities serving the same area by more than twenty-five (25) percent. A refund will be requested from a facility if the amount paid to the facility for legend drugs, covered legend devices and non-legend drugs, if applicable, exceeds the program's computed maximum allowable cost. The amount of refund will be determined by conducting a statistically accurate sample of the Medicaid patients for the facility's fiscal year. The percentage that a facility is over the computed maximum allowable cost will be multiplied by the amount paid by the program for drugs for the fiscal year under review.

(4) Interest expense used in setting the prospective rate is an allowable cost if permitted under Title XVIII-A principles and if it meets these additional criteria:

(a) It represents interest on long-term debt existing at the time the vendor enters the program or represents interest on any new long-term debt, the proceeds of which are used to purchase fixed assets relating to the provision of the appropriate level of care. If the debt is subject to variable interest rates found in balloon-type financing, renegotiated interest rates will be allowable. The form of indebtedness may include mortgages, bonds, notes and debentures when the principal is to be repaid over a period in excess of one (1) year; or

(b) It is other interest for working capital and operating needs that directly relates to providing patient care. The form of such indebtedness may include, but is not limited to, notes, advances and various types of receivable financing; however, short-term interest expense on a principal amount in excess of program payments made under the prospective rate equivalent to two (2) months experience based on ninety (90) percent occupancy or actual program receivables will be disallowed in determining cost;

(c) For both paragraphs (a) and (b) of this subsection, interest on a principal amount used to purchase goodwill or other intangible assets will not be considered an allowable cost.

(5) Compensation to owner/administrators will be considered an allowable cost provided that it is reasonable, and that the services actually performed are a necessary function. Compensation includes the total benefit received by the owner for the services he renders to the institution, excluding fringe benefits routinely provided to all employees and the owner/administrator. Payment for services requiring a licensed or certified professional performed on an intermittent basis will not be considered a part of compensation. "Necessary function" means that had the owner not rendered services pertinent to the operation of the institution, the institution would have had to employ another person to perform the service. Reasonableness of compensation will be based on total licensed

beds (all levels).

(6) The allowable cost for services or goods purchased by the facility from related organizations shall be the cost to the related organization, except when it can be demonstrated that the related organization is in fact equivalent to any other second party supplier, i.e., a relationship for purposes of this payment system is not considered to exist. A relationship will be considered to exist when an individual or individuals possess twenty (20) percent or more of ownership or equity in the facility and the supplying business; however, an exception to the relationship will be determined to exist when fifty-one (51) percent or more of the supplier's business activity of the type carried on with the facility is transacted with persons and organizations other than the facility and its related organizations.

(7) The amount allowable for leasing costs shall not exceed the amount which would be allowable based on the computation of historical costs, except that for general intermediate care facilities entering into lease/rent arrangements prior to April 22, 1976, intermediate care facilities for the mentally retarded entering into lease/rent arrangements prior to February 23, 1977, and skilled nursing facilities entering into lease/rent arrangements prior to December 1, 1979, the cabinet will determine the allowable costs of such arrangements based on the general reasonableness of such costs.

(8) The following provisions are applicable with regard to median per diem cost center upper limits:

(a) For facilities (except ICF-MRs) beginning participation in the Medicaid program on or after April 1, 1981, (and classified as newly participating facilities for purposes of this subsection), the following upper limits (within the class) shall be applicable with regard to otherwise allowable per diem costs, by cost center: for nursing services, 125 percent of the median; for dietary services, 125 percent of the median; for capital costs, 105 percent of the median; and for all other costs, 105 percent of the median.

(b) Facilities participating in the Medicaid program prior to April 1, 1981, shall be classified as newly participating facilities (solely for purposes of this subsection) when either of the following occurs on or after April 1, 1981: first, when the facility expands its bed capacity by expansion of its currently existing plant or, second, when a multi-level facility (one providing more than one (1) type of care) converts existing personal care beds in the facility to either skilled nursing or intermediate care beds, and the number of additional or converted personal care beds equals or exceeds (in the cumulative) twenty-five (25) percent of the Medicaid certified beds in the facility as of March 31, 1981. Facilities participating in the Medicaid program prior to April 1, 1981 shall not be classified as newly participating facilities solely because of changes of ownership.

(c) For purposes of application of this subsection the facility classes are basic intermediate care and skilled nursing care. The "median per diem cost" is the midpoint of the range of all facilities' costs (for the class) which are attributable to the specific cost center, which are otherwise allowable costs for

the facilities' prior fiscal year, and which are adjusted by trending, indexing and the occupancy factor. The median for each cost center for each class shall be determined annually using the same cost data for the class which was used in setting the maximum payment amount. The Division for Medical Assistance shall notify all participating facilities of the median per diem cost center upper limits currently in effect.

(d) A facility may request that the Reimbursement Review Panel grant a waiver of its status as a newly participating facility based upon a presentation of facts showing that the provider had already incurred a substantial material financial obligation or binding commitment toward building or expanding a facility prior to April 1, 1981. The obtaining of a certificate of need shall not be construed, in itself, to be sufficient to justify approval of a waiver request, and a waiver, if granted, shall be applicable only with regard to that building or expansion for which the waiver was requested and approved.

(e) Intermediate care facilities for the mentally retarded (ICF-MRs) are not subject to the median per diem cost center upper limits shown in this subsection.

(9) Certain costs not directly associated with patient care will not be considered allowable costs. Costs which are not allowable include political contributions, travel and related costs for trips outside the state (for purposes of conventions, meetings, assemblies, conferences, or any related activities), and legal fees for unsuccessful lawsuits against the cabinet. However, costs (excluding transportation costs) for training or educational purposes outside the state are allowable costs.

(10) To determine the gain or loss on the sale of a facility for purposes of determining a purchaser's cost basis in relation to depreciation and interest costs, the following methods will be used for changes of ownership occurring before July 18, 1984:

(a) Determine the actual gain on the sale of the facility.

(b) Add to the seller's depreciated basis two-thirds (2/3) of one (1) percent of the gain for each month of ownership since the date of acquisition of the facility by the seller to arrive at the purchaser's cost basis.

(c) Gain is defined as any amount in excess of the seller's depreciated basis as computed under program policies at the time of the sale, excluding the value of goodwill included in the purchase price.

(d) A sale is any bona fide transfer of legal ownership from an owner(s) to a new owner(s) for reasonable compensation, which is usually fair market value. Stock transfers, except stock transfers followed by liquidation of all company assets and which may be revalued in accordance with Internal Revenue Service rules, are not considered changes of facility ownership. Lease-purchase agreements and/or other similar arrangements which do not result in transfer of legal ownership from the original owner to the new owner are not considered sales until such time as legal ownership of the property is transferred.

(e) If an enforceable agreement for a change of ownership was entered into prior to July 18, 1984, the purchaser's cost basis will be

determined in the manner set forth in subsection (10)(a)-(d) of this section.

(11) Notwithstanding the provisions contained in subsection (10) of this section, or in any other section or subsection of this regulation or the "Kentucky Medical Assistance Program Intermediate Care/Skilled Nursing Facility Reimbursement Manual," the cost basis for any facility changing ownership on or after July 18, 1984 (but not including changes of ownership pursuant to an enforceable agreement entered into prior to July 18, 1984 as specified in Section 3(10)(e) of this regulation) shall be determined in accordance with the methodology set forth in the Social Security Act (as amended by the Deficit Reduction Act of 1984) and shown herein for the revaluation of assets of skilled nursing and intermediate care facilities.

(a) The Social Security Act, Section 1861(v)(1)(O) (as published in the Commerce Clearing House Medicare/Medicaid Guide) specifies the following:

"(i) In establishing an appropriate allowance for depreciation and for interest on capital indebtedness and (if applicable) a return on equity capital with respect to an asset of a hospital or skilled nursing facility which has undergone a change of ownership, such regulations shall provide that the valuation of the asset after such change of ownership shall be the lesser of the allowable acquisition cost of such asset to the owner of record as of the date of the enactment of this subparagraph, (or, in the case of an asset not in existence as of such date, the first owner of record of the asset after such date), or the acquisition cost of such asset to the new owner.

"(ii) Such regulations shall provide for recapture of depreciation in the same manner as provided under the regulations in effect on June 1, 1984.

"(iii) Such regulations shall not recognize, as reasonable in the provision of health care services, costs (including legal fees, accounting and administrative costs, travel costs, and the costs of feasibility studies) attributable to the negotiation or settlement of the sale or purchase of any capital asset (by acquisition or merger) for which any payment has previously been made under this title."

(b) The Social Security Act, Section 1902(a)(13) (as published in the Commerce Clearing House Medicare/Medicaid Guide) further specifies the following:

"(B) that the state shall provide assurances satisfactory to the secretary that the payment methodology utilized by the state for payments to hospitals, skilled nursing facilities, and intermediate care facilities can reasonably be expected not to increase such payments, solely as a result of a change of ownership, in excess of the increase which would result from the application of Section 1861(v)(1)(O)."

(12) [(11)] Each facility shall maintain and make available such records (in a form acceptable to the cabinet) as the cabinet may require to justify and document all costs to and services performed by the facility. The cabinet

shall have access to all fiscal and service records and data maintained by the provider, including unlimited onsite access for accounting, auditing, medical review, utilization control and program planning purposes.

(13) [(12)] The following shall apply with regard to the annual cost report required of the facility:

(a) The year-end cost report shall contain information relating to prior year cost, and will be used in establishing prospective rates and setting ancillary reimbursement amounts.

(b) New items or expansions representing a departure from current service levels for which the facility requests prior approval by the program are to be so indicated with a description and rationale as a supplement to the cost report.

(c) Cabinet approval or rejection of projections and/or expansions will be made on a prospective basis in the context that if such expansions and related costs are approved they will be considered when actually incurred as an allowable cost. Rejection of items or costs will represent notice that such costs will not be considered as part of the cost basis for reimbursement. Unless otherwise specified, approval will relate to the substance and intent rather than the cost projection.

(d) When a request for prior approval of projections and/or expansions is made, absence of a response by the cabinet shall not be construed as approval of the item or expansion.

(14) [(13)] The cabinet shall audit each year-end cost report in the following manner: an initial desk review shall be performed of the report and the cabinet will determine the necessity for and scope of a field audit in relation to routine service cost. A field audit may be conducted for purposes of verifying prior year cost to be used in setting the new prospective rate; field audits may be conducted annually or at less frequent intervals. A field audit of ancillary cost will be conducted as needed.

(15) [(14)] Year-end adjustments of the prospective rate and a retroactive cost settlement will be made when:

(a) Incorrect payments have been made due to computational errors (other than the omission of cost data) discovered in the cost basis or establishment of the prospective rate.

(b) Incorrect payments have been made due to misrepresentation on the part of the facility (whether intentional or unintentional).

(16) [(15)] Reimbursement paid may not exceed the facility's customary charges to the general public for such services, except in the case of public facilities rendering inpatient services at a nominal charge (which may be reimbursed at the prospective rate established by the cabinet).

(17) [(16)] The cabinet may develop and/or utilize methodology to assure an adequate level of care. Facilities determined by the cabinet to be providing less than adequate care may have penalties imposed against them in the form of reduced payment rates.

(18) [(17)] Each facility shall submit the required data for determination of the prospective rate no later than sixty (60) days following the close of the facility's fiscal year. This time limit may be extended at the

specific request of the facility (with the cabinet's concurrence).

Section 4. Prospective Rate Computation. The prospective rate for each facility will be set in accordance with the following:

(1) Determine allowable prior year cost for routine services.

(2) The allowable prior year cost, not including fixed or capital costs, will then be trended to the beginning of the uniform rate year and increased by a percentage so as to reasonably take into account economic conditions and trends. Such percentage increase shall be known as an inflation factor.

(3) The unadjusted basic per diem cost (defined as the unadjusted allowable cost per patient per day for routine services) will then be determined by comparison of costs with the facility's occupancy rate (i.e., the occupancy factor) as determined in accordance with procedures set by the cabinet. The occupancy rate shall not be less than actual bed occupancy, except that it shall not exceed ninety-eight (98) percent of certified bed days (or ninety-eight (98) percent of actual bed usage days, if more, based on prior year utilization rates). The minimum occupancy rate shall be ninety (90) percent of certified bed days for facilities with less than ninety (90) percent certified bed occupancy. The cabinet may impose a lower occupancy rate for newly constructed or newly participating facilities, or for existing facilities suffering a patient census decline as a result of a competing facility newly constructed or opened serving the same area. The cabinet may impose a lower occupancy rate during the first two (2) full facility fiscal years an existing skilled nursing facility participates in the program under this payment system.

(4) Cost center median related per diem upper limits will then be applied as appropriate to the unadjusted basic per diem cost. The resultant adjusted amounts (and unadjusted amounts, as applicable) will be combined (or recombined) to arrive at the basic per diem cost (defined as the adjusted allowable cost per patient per day for routine services).

(5) To the basic per diem cost shall be added a specified dollar amount for investment risk and an incentive for cost containment in lieu of a return on equity capital, except that no return for investment risk shall be made to non-profit facilities, and publicly owned and operated facilities shall not receive the investment or incentive return.

(a) Cost incentive and investment schedule for general intermediate care facilities:

(Effective 7-1-84)

Basic Per Diem Cost	Investment Factor Per Diem Amount	Incentive Factor Per Diem Amount
\$26.99 & below*	-	-
27.00 - 27.99	\$1.38	\$.87
28.00 - 28.99	\$1.29	\$.75
29.00 - 29.99	\$1.18	\$.62
30.00 - 30.99	\$1.06	\$.47
31.00 - 31.99	\$.92	\$.31
32.00 - 32.99	\$.76	\$.13
33.00 - 35.05	\$.53	-

Maximum Payment \$35.05

*For a basic per diem of \$26.99 and below, the investment amount will be equal to 7.5 percent, but not to exceed \$1.38, and the incentive amount will be equal to 5.0 percent, but not to exceed \$.87.

(b) Cost incentive and investment schedule for intermediate care facilities for the mentally retarded:

(Effective 7-1-84)

Basic Per Diem Cost	Investment Factor Per Diem Amount	Incentive Factor Per Diem Amount
\$56.99 & below*	-	-
57.00 - 62.99	\$1.38	\$.87
63.00 - 68.99	\$1.29	\$.75
69.00 - 74.99	\$1.18	\$.62
75.00 - 80.99	\$1.06	\$.47
81.00 - 86.99	\$.92	\$.31
87.00 - 92.99	\$.76	\$.13
93.00 - 98.99	\$.53	-

*For a basic per diem of \$56.99 and below, the investment amount will be equal to 7.5 percent, but not to exceed \$1.38 and the incentive amount will be equal to 5.0 percent, but not to exceed \$.87.

(c) Cost incentive and investment schedule for skilled nursing facilities:

(Effective 7-1-84)

Basic Per Diem Cost	Investment Factor Per Diem Amount	Incentive Factor Per Diem Amount
\$36.99 & below*	-	-
37.00 - 38.99	\$1.38	\$.87
39.00 - 40.99	\$1.29	\$.75
41.00 - 42.99	\$1.18	\$.62
43.00 - 44.99	\$1.06	\$.47
45.00 - 46.99	\$.92	\$.31
47.00 - 48.99	\$.76	\$.13
49.00 - 52.39	\$.53	-

Maximum Payment \$52.39**

*For a basic per diem of \$36.99 and below, the investment amount will be equal to 7.5 percent, but not to exceed \$1.38, and the incentive amount will be equal to 5.0 percent, but not to

exceed \$.87.

**The maximum payment for hospital based skilled nursing facilities is set at \$84.14.

(6) The prospective rate is then compared, as appropriate, with the maximum payment. If in excess of the program maximum, the prospective rate shall be reduced to the appropriate maximum payment amount. The maximum payment amounts have been set to be at or about 105 percent of the median of adjusted basic per diem costs for the class, recognizing that hospital based skilled nursing facilities have special requirements that must be considered. The cabinet has determined that the maximum payment rates shall be reviewed annually against the criteria of 105 percent of the median for the class and that adjustments to the payment maximums will be made effective July 1, 1982 and each July 1 thereafter. This policy shall allow, but does not require lowering of the maximum payments below the current levels if application of the criteria against available cost data should show that 105 percent of the median is a lower dollar amount than has been currently set.

Section 5. Reimbursement Review and Appeal. Participating facilities may appeal cabinet decisions as to application of the general policies and procedures in accordance with the following:

(1) First recourse shall be for the facility to request in writing to the Director, Division of Medical Assistance, a re-evaluation of the point at issue. This request must be received within forty-five (45) days following notification of the prospective rate or forwarding of the audited cost report by the program. The director shall review the matter and notify the facility of any action to be taken by the cabinet (including the retention of the original application of policy) within twenty (20) days of receipt of the request for review or the date of the program/vendor conference, if one is held, except that additional time may be taken as necessary to secure further information or clarification pertinent to the resolution of the issue.

(2) Second recourse shall be for the facility to request in writing to the Commissioner, Department for Social Insurance, a review by a standing review panel to be established by the commissioner. This request must be postmarked within fifteen (15) days following notification of the decision of the Director, Division of Medical Assistance. Such panel shall consist of three (3) members: one (1) member from the Division of Medical Assistance, one (1) member from the Kentucky Association of Health Care Facilities, and one (1) member from the Division of Management and Development, Department for Social Insurance. A date for the reimbursement review panel to convene will be established within twenty (20) days after receipt of the written request. The panel shall issue a binding decision on the issue within thirty (30) days of the hearing of the issue, except that additional time may be taken as necessary to secure further information or clarification pertinent to the resolution of the issue. In carrying out the intent and purposes of the program the panel may take into consideration extenuating circumstances which must be considered in order

to provide for equitable treatment and reimbursement of the provider. The attendance of the representative of the Kentucky Association of Health Care Facilities at review panel meetings shall be at the cabinet's expense.

Section 6. Definitions. For purposes of Sections 1 through 6, the following definitions shall prevail unless the specific context dictates otherwise.

(1) "Allowable cost" means that portion of the facility's cost which may be allowed by the cabinet in establishing the reimbursement rate. Generally, cost is considered allowable if the item of supply or service is necessary for the provision of the appropriate level of patient care and the cost incurred by the facility is within cost limits established by the cabinet, i.e., the allowable cost is "reasonable."

(2) "Ancillary services" means those direct services for which a separate charge is customarily made, and which are retrospectively settled on the basis of reasonable allowable cost at the end of the facilities' fiscal year. Ancillary services are limited to the following:

(a) Legend and non-legend drugs, including urethral catheters, and irrigation supplies and solutions utilized with those catheters regardless of how those supplies and solutions are utilized. Coverage and allowable cost payment limitations are specified in the cabinet's regulation on payment for drugs.

(b) Physical, occupational and speech therapy.

(c) Laboratory procedures.

(d) X-ray.

(e) Oxygen and other related oxygen supplies and inhalation therapy.

(f) Psychological and psychiatric therapy (for ICF/MR only).

(3) "Hospital based skilled nursing facilities" means those skilled nursing facilities so classified by Title XVIII-A.

(4) The "basic per diem cost" is the computed rate arrived at when otherwise allowable costs are trended and adjusted in accordance with the inflation factor, the occupancy factor, and the median cost center per diem upper limits.

(5) "Inflation factor" means the comparison of allowable routine service costs, not including fixed or capital costs, with an inflation rate to arrive at projected current year cost increases, which when added to allowable costs, including fixed or capital costs, yields projected current year allowable costs.

(6) "Incentive factor" means the comparison of the basic per diem cost with the incentive return schedule to arrive at the actual dollar amount of cost containment incentive return to be added to the basic per diem cost.

(7) "Investment factor" means the comparison of the basic per diem cost with the investment return schedule to arrive at the actual dollar amount of investment return to be added to the basic per diem cost.

(8) "Maximum allowable cost" means the maximum amount which may be allowed to a facility as reasonable cost for provision of an item of supply or service while complying with limitations expressed in related federal or state regulations.

(9) "Maximum payment" means the maximum amount the cabinet will reimburse, on a facility by facility basis, for routine services.

(10) "Occupancy factor" means the imposition

of an assumed level of occupancy used in computing unadjusted basic per diem rates.

(11) "Prospective rate" means a payment rate of return for routine services based on allowable costs and other factors, and includes the understanding that except as specified such prospective rate shall not be retroactively adjusted, either in favor of the facility or the cabinet.

(12) "Routine services" means the regular room, dietary, medical social services, nursing services, minor medical and surgical supplies, and the use of equipment and facilities. Routine services include but are not limited to the following:

(a) All general nursing services, including administration of oxygen and related medications, handfeeding, incontinency care and tray services.

(b) Items which are furnished routinely and relatively uniformly to all patients, such as patient gowns, water pitchers, basins, and bed pans. Personal items such as paper tissues, deodorants, and mouthwashes are allowable as routine services if generally furnished to all patients.

(c) Items stocked at nursing stations or on the floor in gross supply and distributed or utilized individually in small quantities, such as alcohol, applicators, cotton balls, bandaids and tongue depressors.

(d) Items which are utilized by individual patients but which are reusable and expected to be available in an institution providing a skilled nursing or intermediate care facility level of care, such as ice bags, bed rails, canes, crutches, walkers, wheelchairs, traction equipment, and other durable medical equipment.

(e) Laundry services, including personal clothing to the extent it is the normal attire for everyday facility use, but excluding dry cleaning costs.

(f) Other items or services generally available or needed within a facility unless specifically identified as ancillary services. (Items excluded from reimbursement include private duty nursing services and ambulance services costs.)

Section 7. Implementation Date. The provisions of this regulation, as amended, shall be effective with regard to services provided on or after October 1, 1984.

JACK F. WADDELL, Commissioner

E. AUSTIN, JR., Secretary

APPROVED BY AGENCY: October 5, 1984

FILED WITH LRC: October 19, 1984 at 2 p.m.

STATEMENT OF EMERGENCY

Under KRS Chapter 13A the administrative body is required to implement this regulation or not have the authority to operate. Therefore, in order to continue to operate the Cabinet for Human Resources in accordance with KRS Chapter 194, the Cabinet for Human Resources needs to implement this emergency regulation. An ordinary administrative regulation cannot suffice because agency policy will not be accurately reflected in a timely manner. This emergency regulation will be replaced by an ordinary administrative regulation in accordance with House Bill 334.

MARTHA LAYNE COLLINS, Governor
E. AUSTIN, JR., Secretary

CABINET FOR HUMAN RESOURCES
Department for Social Insurance
Division of Management and Development

904 KAR 1:061E. Payments for medical transportation.

RELATES TO: KRS 205.520
PURSUANT TO: KRS 13.082, 194.050
EFFECTIVE: October 19, 1984

NECESSITY AND FUNCTION: The Cabinet 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 cabinet, 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 cabinet for medical transportation services.

Section 1. Ambulance Services. (1) The cabinet shall reimburse licensed participating ambulance services at the lesser of their usual and customary charges or the maximum rate established by the cabinet.

(2) The maximum rate is the amount arrived at by combining the following component costs, as applicable:

- (a) The base rate, which is set at fifty (50) dollars per one (1) way trip and includes all mileage costs for the first ten (10) miles;
- (b) A mileage allowance of one (1) dollar per mile for mileage above the first ten (10) miles;
- (c) An oxygen rate, which is set at eight (8) dollars per one (1) way trip; and
- (d) The cost (as determined by the cabinet) of other itemized supplies.

Section 2. Commercial Transportation Vendors. (1) "Commercial transportation vendors" means those commercial carriers licensed in accordance with the laws of Kentucky, other states, or of the United States to transport members of the general public.

(2) The cabinet shall reimburse commercial transportation vendors at the normal passenger rate charged to the general public, except that the following maximum rates shall be applicable for franchised (licensed) taxi services in those areas of the state where taxi rates are not regulated by the appropriate local rate setting authority, and for franchised (licensed) taxi services in regulated areas when they go outside the medical service area.

- (a) The upper limit shall be the usual and customary charge up to a maximum of three dollars (\$3) for trips of five (5) miles or less, one (1) way, loaded miles.
- (b) The upper limit shall be the usual and customary charge up to a maximum of six dollars (\$6) for trips of six (6) to ten (10) miles, one (1) way, loaded miles.
- (c) The upper limit shall be the usual and customary charge up to a maximum of ten dollars (\$10) for trips of eleven (11) to twenty-five (25) miles, one (1) way, loaded miles.
- (d) The upper limit shall be the usual and customary charge up to a maximum of fifteen

dollars (\$15) for trips of twenty-six (26) miles or over, one (1) way, loaded miles.

Section 3. Private Automobile Vendors: (1) "Private automobile vendor" means a person owning or having access to a private vehicle not used for commercial transportation purposes and who uses that vehicle for the occasional medical transportation of eligible recipients. Included within this definition are ambulance type vendors who are non-certified or who have not chosen or been approved to participate in the Title XIX program, if willing to accept private automobile vendor rates.

(2) (a) The cabinet shall reimburse private automobile vendors at the basic rate of twelve (12) cents per mile plus a flat fee of two dollars (\$2) per eligible passenger if waiting time is required. For round trips of less than five (5) miles the rate shall be computed on the basis of a maximum allowable fee of three dollars (\$3) for the first passenger plus two dollars (\$2) each for waiting time for additional eligible passengers.

(b) For round trips of five (5) to twenty-five (25) miles the rate shall be computed on the basis of a maximum allowable fee of five dollars (\$5) for the first passenger plus two dollars (\$2) each for waiting time for additional eligible passengers. The maximum allowable fee rates shall not be utilized in situations where mileage is paid. Toll charges are reimbursable when incurred.

(3) "Maximum allowable fee" means that even though the rate when computed on the basis of twelve (12) cents per mile plus two dollars (\$2) for waiting time would not equal the three dollars (\$3) or five dollars (\$5) allowable amounts, that amount may be paid to encourage private automobile vendors to provide necessary medical transportation. Additionally, nothing in the above subsection (2) should be construed to require the cabinet to pay the amounts specified therein in the event the private automobile vendor expresses a preference for reimbursement in a lesser amount; in that event, the lesser amount will be paid.

(4) "Waiting time" means that period of time following provision of transportation to a medical vendor during which the private automobile vendor is waiting for the recipient to receive medical treatment, in order to provide the return trip required by the recipient. In the instance of an eligible recipient being admitted to a medical institution for inpatient care, waiting time is considered to have occurred when the private automobile vendor waits a sufficient period of time to ensure the recipient's admittance to the facility. Waiting time is a reimbursable component of the private automobile vendor transportation fee only when waiting time occurs. When waiting time occurs due to admittance of the recipient into the medical institution, the private automobile vendor may be reimbursed for the return trip to the point of recipient pick-up as though the client were in the vehicle; that is, the total reimbursable amount is computed on the basis of the maximum allowable fee or mileage rate plus waiting time as shown in subsection (2) of this section.

Section 4. Non-Commercial Group Carriers: (1) "Non-commercial group carriers" means those

vendors who provide bus or bus-type medical transportation to an identifiable segment of the eligible recipient group. Such segment may be identifiable by geographical boundary, type of medical service required, common medical destination (i.e., clinic, mental health center, primary care center, etc.), or other similar grouping method. Included within this definition are:

(a) Mental health centers providing bus or bus-type service for mental health center patients; and

(b) Community action agencies (or successor agencies) providing bus or bus-type service for a poverty or near-poverty area target population; and

(c) Other similar providers as identified by the cabinet.

(2) Reimbursement shall be based on actual reasonable, allowable cost to the provider based on cost data submitted to the cabinet by the provider; however, the minimum rate shall be twenty (20) cents per recipient per mile transported and the rate upper limit shall be fifty (50) cents per recipient per mile transported.

Section 5. Specialty Individual Carriers: (1) "Specialty individual carrier" means a vendor who provides, through specially equipped vehicles, medical transportation for non-ambulatory recipients (those who are required to travel by wheelchair) or for ambulatory but disoriented recipients (those who are sufficiently disoriented as to time, place, persons or objects so as to be unable to travel to or from medical services unaccompanied or unsupervised), and who provides services not normally available from other transportation vendors. The equipment ordinarily required would be a van or similar type vehicle with a lift for wheelchairs; and the service would be the accompaniment of the recipient from point of origin to point of destination where the recipient is placed in the charge of the receiving individual, including physical assistance and/or guidance to the recipient when necessary. To be considered a specialty individual carrier for purposes of reimbursement from the cabinet, the carrier must be recognized by the cabinet as a specialty individual carrier with approval given by the cabinet for reimbursement at specialty individual carrier rates. The cabinet may require the submission of documentation designed to show that the vendor is capable of providing specialty individual carrier service in an adequate and safe manner.

(2) Specialty individual carriers shall be reimbursed at the lesser of the following rates:

(a) The actual charge for the service; or

(b) The usual and customary charge for that service by the carrier, as shown in the schedule of usual and customary charges submitted by the carrier to the cabinet; or

(c) The program maximum established for the service.

(3) Program maximums are:

(a) Non-ambulatory, wheelchair patients; for transportation within a distance of ten (10) miles or less, the upper limit is fifteen (15) dollars [ten dollars (\$10)] for the first patient plus seven (7) dollars and fifty (50) cents [five dollars (\$5)] for each additional non-ambulatory patient transported on the same

trip, for each time a patient is transported to or transported from the medical service site. To this base rate may be added seventy-five (75) [fifty (50)] cents per mile per patient for miles the patient(s) is transported above ten (10) (one (1) way), and toll charges actually incurred.

(b) Ambulatory, disoriented patients; for transportation within a distance of ten (10) miles or less, the upper limit is six (6) dollars [four dollars (\$4)] per patient for each time a patient(s) is transported to or transported from the medical service site. To this base rate may be added seventy-five (75) [fifty (50)] cents per mile per patient for miles the patient is transported above ten (10) (one (1) way), and toll charges actually incurred.

(c) For both paragraphs (a) and (b), above, mileage must be computed by the most direct accessible route from point of pickup to point of delivery, and reimbursement for mileage is allowed only for those miles the recipient is actually transported in excess of ten (10). Empty vehicle miles are not included when computing allowable reimbursement for mileage.

(4) Reimbursement is made at specialty individual carrier rates for the following types of recipients only:

(a) Non-ambulatory recipients who need to be transported by wheelchair, but not including recipients who need to be transported as a stretcher patient; and

(b) Ambulatory but disoriented recipients, defined as persons confused, especially with respect to time, place and identity of persons and/or objects. The extent of disorientation must be such as to preclude the recipient from safely utilizing, unaccompanied, alternate methods of transportation.

(5) The specialty carrier must obtain a statement from the recipient's physician (or, if the recipient is in a skilled nursing or intermediate care facility, from the director of nursing, charge nurse, or medical director in lieu of physician) to verify that transportation by the specialty carrier is medically necessary due to the recipient's non-ambulatory or disoriented condition. Claims for payment which are submitted without the required statement of verification will not be paid.

Section 6. Specially authorized transportation services provided by ambulance services may be paid for at a rate of forty (40) dollars per one (1) way trip, which includes all mileage costs for the first ten (10) miles, and a mileage allowance of seventy-five (75) cents per mile above the first ten (10) miles, unless otherwise authorized; specially authorized transportation services provided by specialty carriers, or as otherwise authorized in unforeseen circumstances, may be paid for at a rate adequate to secure the necessary service; in no event, however, shall the amount allowed exceed the usual and customary charge of the provider.

Section 7. Use of Flat Rates. When a recipient chooses to use a medical provider outside the medical service area (i.e., the medical service is available within the medical service area and the recipient has not been appropriately referred to a medical provider outside the medical service area), transportation payment

shall not exceed the lesser of six (6) dollars per trip, one (1) way (or twelve (12) dollars for a round trip), or the usual fee for the transportation provider computed in the usual manner.

Section 8. Limitations. Any reimbursement for medical transportation is contingent upon the recipient receiving the appropriate pre- or post-authorization for medical transportation as required by the cabinet.

Section 9. Implementation Date. The provisions of this regulation as amended shall be effective on October 1, 1984.

JACK F. WADDELL, Commissioner

E. AUSTIN, JR., Secretary

APPROVED BY AGENCY: October 10, 1984

FILED WITH LRC: October 19, 1984 at 2 p.m.

STATEMENT OF EMERGENCY

Under KRS Chapter 13A the administrative body is required to implement this regulation or not have the authority to operate. Therefore, in order to continue to operate the Cabinet for Human Resources in accordance with KRS Chapter 194, the Cabinet for Human Resources needs to implement this emergency regulation. An ordinary administrative regulation cannot suffice because agency policy will not be accurately reflected in a timely manner. This emergency regulation will be replaced by an ordinary administrative regulation in accordance with House Bill 334.

MARTHA LAYNE COLLINS, Governor

E. AUSTIN, JR., Secretary

CABINET FOR HUMAN RESOURCES Department for Social Insurance Division of Management and Development

904 KAR 1:250E. Incorporation by reference of materials relating to the Medical Assistance Program.

RELATES TO: KRS 194.030(6), 205.520

PURSUANT TO: KRS 194.050

EFFECTIVE: October 19, 1984

NECESSITY AND FUNCTION: The Cabinet 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 cabinet, 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 incorporates into regulatory form, by reference, materials used by the cabinet in the implementation of the Medical Assistance Program and is applicable for both the categorically and medically needy.

Section 1. Incorporation by Reference. The cabinet shall incorporate by reference materials used in the implementation of the Medical Assistance Program, subject to the provisions contained in 904 KAR 2:140, Section 1, Supplementary policies for programs administered by the Department for Social Insurance.

Section 2. Listing of Incorporated Material. The following listed materials are hereby incorporated by reference, effective on the date shown. [;]

(1) Federal Medicaid regulations at 42 CFR Parts 430-456, and interim final regulations at 42 CFR Parts 430-456, effective May 16, 1984. [;] The regulations contain federal supplementary policies, interpretations and implementing instructions for the Medical Assistance Program as authorized by Title XIX of the Social Security Act.

(2) Federal "State Medicaid Manual," effective October [July] 16, 1984. [;] The "State Medicaid Manual" contains federal interpretations and clarifications of policy relating to implementation of the Medical Assistance Program.

(3) Federal action transmittals issued by the Health Care Financing Administration as follows: HCFA-AT-79-63, 79-72, 79-98, 80-9, 80-59, 81-23, 81-33, 81-35, 82-1, 82-2, 82-20, 83-1, 83-4, 83-7, 83-8, 83-11, 84-1, 84-2, 84-4, [and] 84-5, and 84-10, effective October [July] 1, 1984. [;] Action transmittals contain federal instructions relating to implementation of the Medical Assistance Program.

(4) Federal transmittal notices issued by the Health Care Financing Administration as follows: DQC-1-82, 10-82; DPO-76-81, 77-81, 78-81; MCD-46-81, 48-81, 55-81, 61-81, 62-81, 64-81, 67-81, 82-81, 86-81, 87-81, 89-81, 92-81, 1-82, 2-82, 6-82, 7-82, 10-82, 14-82, 16-82, 17-82, 18-82, 19-82, 25-82, 26-82, 28-82, 30-82, 33-82, 34-82, 35-82, 38-82, 41-82, 42-82, 50-82, 52-82, 2-83, 5-83, 9-83, 11-83, 12-83, 13-83, 14-83, 15-83, 19-83, 20-83, 26-83, 28-83, 29-83, 30-83, 35-83, 39-83, 40-83, 42-83, 1-84, 6-84, 7-84, 8-84, 9-84, 11-84, 13-84, 14-84, 15-84, 16-84, 18-84, 20-84, 23-84, 24-84, 25-84, [and] 26-84, 27-84, 29-84, 34-84, and 35-84, effective October [July] 1, 1984. [;] Transmittal notices contain federal clarifications of policy relating to implementation of the Medical Assistance Program.

(5) Medicare and Medicaid Guide, Volumes I, II, III, and IV, as published by the Commerce Clearing House, Inc., with the following related new developments transfer binders: 1981-1, 1981-2, 1982, 1983-1, 1983-2, and 1984-1, effective October [July] 1, 1984. [; and] The Medicare and Medicaid Guide contains reprints of federal laws and regulations relating to the Medicare and Medicaid programs; reprints of Medicare/Medicaid related court decisions; Medicare principles of reimbursement; summaries of state plan characteristics; and other items of general information relating to the Medicare and Medicaid programs. Although the cabinet is bound by federal Medicaid law and regulations in the implementation of the Medical Assistance Program, the Guide is used principally as supplementary material for reimbursement issues in situations where the cabinet's vendor reimbursement system uses the Medicare cost principles in unaddressed areas.

(6) State Medicaid Program policies and procedures manuals issued by the cabinet, and which contain benefit descriptions and operating instructions used by agency staff and participating vendors in the provision of, and billing for, Medical Assistance benefits provided eligible program recipients, as follows:

(a) Home and Community Based Services Waiver Project Adult Day Health Care Services,

effective May 16, 1984;

(b) Alternative Intermediate Services/Mental Retardation Project, effective October 1, [May 16,] 1984;

(c) Birthing Center Services, effective May 16, 1984;

(d) Community Mental Health Benefits, effective May 16, 1984;

(e) Dental Benefits, effective May 16, 1984;

(f) Early and Periodic Screening, Diagnosis and Treatment Benefits, effective May 16, 1984;

(g) Family Planning Benefits, effective May 16, 1984;

(h) Hearing Services Benefits, effective May 16, 1984;

(i) Home and Community Based Services Waiver Project, effective May 16, 1984;

(j) Home Health Benefits, effective May 16, 1984;

(k) Hospital Services Benefits, effective May 16, 1984;

(l) Independent Laboratory Services Benefits, effective May 16, 1984;

(m) Intermediate Care Facility Benefits, effective May 16, 1984;

(n) Mental Hospital Services Benefits, effective May 16, 1984;

(o) Nurse Anesthetist Services, effective May 16, 1984;

(p) Nurse Midwife, effective May 16, 1984;

(q) Pharmacy Benefits, effective October [July] 1, 1984;

(r) Physician Benefits, effective May 16, 1984;

(s) Primary Care Benefits, effective May 16, 1984;

(t) Rural Health Clinic Benefits, effective May 16, 1984;

(u) Skilled Nursing Facility Benefits, effective May 16, 1984;

(v) Ambulance Transportation Benefits, effective May 16, 1984; and

(w) Vision Services Benefits, effective May 16, 1984.

Section 3. All documents included by reference herein may be reviewed during regular working hours in the Division of Management and Development, Department for Social Insurance, 275 East Main Street, Frankfort, Kentucky.

JACK F. WADDELL, Commissioner

E. AUSTIN, JR., Secretary

APPROVED BY AGENCY: October 10, 1984

FILED WITH LRC: October 19, 1984 at 2 p.m.

STATEMENT OF EMERGENCY

Under KRS Chapter 13A the administrative body is required to implement this regulation or not have the authority to operate. Therefore, in order to continue to operate the Cabinet for Human Resources in accordance with KRS Chapter 194, the Cabinet for Human Resources needs to implement this emergency regulation. An ordinary administrative regulation cannot suffice because agency policy will not be accurately reflected in a timely manner. This emergency regulation will be replaced by an ordinary administrative regulation in accordance with House Bill 334.

MARTHA LAYNE COLLINS, Governor

E. AUSTIN, JR., Secretary

CABINET FOR HUMAN RESOURCES Department for Social Insurance Division of Management and Development

904 KAR 2:006E. Technical requirements; AFDC.

RELATES TO: KRS 205.010, 205.200(2),(3)

PURSUANT TO: KRS 194.050

EFFECTIVE: October 19, 1984

NECESSITY AND FUNCTION: The Cabinet for Human Resources has the responsibility under the provisions of KRS Chapter 205 to administer the assistance program of Aid to Families with Dependent Children, hereinafter referred to as AFDC, in accordance with Title IV-A of the Social Security Act. KRS 205.200(2) requires that the conditions of eligibility to receive AFDC money grants be prescribed by regulations in conformity with the Social Security Act and federal regulations. This regulation sets forth the technical requirements of residence, deprivation, living with a relative, age, one (1) category of assistance, work registration, cooperation in child support activities and potential entitlement for other programs for eligibility for AFDC.

Section 1. Residence and Citizenship. Residence is determined in accordance with 45 CFR 233.40 which, in summary, provides that a resident is anyone who is living in the state, entered the state with a job commitment or seeking employment, and is not receiving AFDC benefits from another state. Citizenship is determined in accordance with 45 CFR 233.50 which states that AFDC can be provided only to citizens or aliens lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law.

Section 2. Deprivation. (1) To be eligible for AFDC, a child must be in need and must be deprived of parental support or care due to the death, continued absence from the home or physical or mental incapacity of a natural or adoptive parent. A married child living with her/his spouse in the home of her/his parents is not deprived of parental support or care. A married child living in the home of her/his parents but divorced or legally separated from her/his spouse is deprived of parental support if she/he is dependent on the parent and a parent is dead, incapacitated or continually absent from the home.

(2) Continued absence from the home. To be eligible for AFDC, a needy child must be physically separated from the parent and the nature of the absence of the parent is such as either to interrupt or terminate the parent's functioning as a provider of maintenance, physical care, or guidance for the child, and the known or indefinite duration of absence precludes counting on the parent's performance of his/her function in planning for the present support or care of the child. Absence may be voluntary or involuntary. Voluntary absence includes divorce, legal separation, marriage annulment, desertion of thirty (30) days or more, forced separation of seven (7) days or more, or birth out-of-wedlock. Involuntary absence includes commitment to a penal institution for thirty (30) days or more, long term hospitalization, deportation or single parent adoption. A parent who is a convicted

offender but is permitted to live at home while serving a court-imposed sentence by performing unpaid public work or unpaid community service during the workday is considered absent from the home.

(3) Incapacity defined. Incapacity is any condition of mind or body which makes a parent physically or mentally unable to provide the necessities of life for his/her needy child. The condition must be anticipated to continue for at least thirty (30) days beyond the date of application and may be presumed to continue during a period in which the parent is undergoing diagnostic studies and/or evaluation of rehabilitation potential. Incapacity of the parent must prevent him/her from working in an occupation in which he/she previously engaged, or another job for which he/she is equipped and which is accessible in the county or community where he/she normally resides. If a job opportunity exists in the community or county, it shall be considered accessible regardless of its immediate availability. Scarcity of work does not establish incapacity unless there is a causal relationship between the parent's unemployment and actual physical or mental disability. Lack of paid work experience does not preclude the parent from being considered incapacitated.

Section 3. Living with a Specified Relative. To be eligible for AFDC a needy child must be living in the home of a relative as specified in the Social Security Act and interpreted as follows:

(1) A blood relative, including father, mother, grandfather, grandmother, brother, sister, uncle, aunt, nephew, niece, first cousin.

(2) Also relatives of the half-blood and preceding generations as denoted by prefixes of grand, great or great-great; a stepfather, stepmother, stepbrother, stepsister.

(3) Adoptive parents as well as the natural and other legally adopted children and other relatives of such parents.

(4) Husband or wife of any persons listed above even if the marriage may have terminated, providing termination occurred after the birth of the child.

(5) A child is considered as living in the home even when temporarily absent for medical care, attendance at boarding school, college or vocational school, emergency foster care or short visits with friends or relatives, if the parent continues to exercise control over the child.

Section 4. Age and School Attendance. A child may be eligible for AFDC from birth to age eighteen (18), or to age nineteen (19) if a full-time student in a secondary school or the equivalent level of vocational or technical training and if expected to complete the program prior to or during the month of their nineteenth birthday. Full and part-time is defined in 904 KAR 2:016, standards for need and amount; AFDC. A child is considered in regular attendance in months in which he/she is not attending because of official school or training program vacation, illness, convalescence or family emergency unless he/she has indicated an intention not to re-enter school.

Section 5. One Category of Assistance. A child

or adult relative shall not be eligible for AFDC if receiving supplemental security income.

Section 6. Strikers. (1) A family shall be ineligible for benefits for any month in which the natural or adoptive parent, with whom the child is living is, on the last day of such month, participating in a strike; and

(2) No individual shall be considered eligible for benefits for any month if, on the last day of such month, such individual is participating in a strike.

(3) Strike shall be defined to include a strike or other concerted stoppage of work by employees (including a stoppage by reason of expiration of a collective bargaining agreement) and any concerted slowdown or other concerted interruption of operations by employees.

Section 7. Work Registration. (1) Unless exempt under the criteria specified in Title IV of the Social Security Act and 45 CFR Section 224.20(b), an individual who has applied for or is receiving AFDC shall be ineligible for benefits if he/she refuses to register for the Work Incentive Program, (WIN) or if registered, refuses to participate without good cause. Participation in a strike shall not constitute good cause.

(2) Individuals exempt from WIN registration pursuant to 45 CFR 224.20(b) are as follows:

(a) An individual under age sixteen (16);

(b) A child age sixteen (16) to age eighteen (18), if enrolled as a full-time student; or to age nineteen (19), if a full-time student who meets the requirements set forth in Section 4 of this regulation;

(c) An individual who has a medically determined temporary illness or injury with recovery anticipated within ninety (90) days;

(d) An individual who has a medically determined physical or mental incapacity which is expected to exist longer than ninety (90) days;

(e) An individual age sixty-five (65) or over;

(f) An individual whose presence is required in the home to care for another member of the household who has been medically determined to be precluded from self-care and for whom alternate care arrangements are not feasible;

(g) A parent or other relative who cares for a child under six (6), and who personally provides full-time care of the child with only very brief and infrequent absences from the child;

(h) A person so far remote from a work incentive project that his/her effective participation is precluded;

(i) An individual who is employed not less than thirty (30) hours per week, in unsubsidized employment expected to last a minimum of thirty (30) days, except when there is a temporary break in such employment expected to last longer than ten (10) days;

(j) A woman who has been medically verified to be in the third trimester of pregnancy.

Section 8. Cooperation in Child Support Activities. (1) Inclusion of a specified relative in the AFDC budget is dependent upon his/her cooperation in child support activities pursuant to 45 CFR 232.12 and refusal, except for "good cause," results in ineligibility of the relative with AFDC payments on behalf of the child(ren) made to a protective payee.

(2) If, after exclusion from the grant for failure to cooperate, the individual states that he/she is willing to cooperate and wishes to be reinstated, a supplemental application must be completed. If eligibility criteria are met, the individual will be added to the grant effective with the month of application and the protective payee will be removed.

(3) Pursuant to 45 CFR Part 232.40, the Cabinet for Human Resources will provide written notice to the applicant or recipient that he/she may claim good cause for refusing to cooperate.

(4) The applicant or recipient will be determined to have "good cause" for failing to cooperate only when one (1) or more of the following criteria is met:

(a) The applicant or recipient's cooperation is reasonably anticipated to result in physical or emotional harm of a serious nature to the child; or

(b) The applicant or recipient's cooperation is reasonably anticipated to result in physical or emotional harm of a serious nature to himself/herself to such an extent that it would reduce his/her capacity to care for the child(ren) adequately; or

(c) The child was conceived as a result of incest or forcible rape and the department believes it would be detrimental to the child to require the applicant's/recipient's cooperation; or

(d) Legal proceedings for adoption of the child by a specific family are pending before a court of competent jurisdiction; and the department believes it would be detrimental to the child to require the applicant's/recipient's cooperation; or

(e) The applicant/recipient is being assisted by a public or licensed private social agency to resolve whether to keep the child or release him/her for adoption and discussion has not gone on for more than three (3) months and the cabinet believes it would be detrimental to the child to require the applicant's/recipient's cooperation.

(5) Specific requirements in determining the existence of good cause and the time limits for providing substantiation of claims are made pursuant to the regulation at 45 CFR 232.42 and 45 CFR 232.43.

Section 9. Potential Entitlement for Other Programs. All applicants/recipients must apply for any statutory benefit(s) if potential entitlement exists. Failure to apply results in ineligibility for AFDC.

Section 10. Furnishing of Social Security Account Numbers. All applicants/recipients must furnish social security account numbers pursuant to 45 CFR 232.10.

Section 11. Assignment of Rights to Support. Pursuant to KRS 205.720, by accepting assistance for or on behalf of a child, a recipient is deemed to have made an assignment to the Cabinet for Human Resources of any child support owed for the child not to exceed the amount of AFDC payments made to the recipient.

Section 12. Assignment of Rights to Medical Support. By accepting assistance for or on behalf of a child, a recipient is deemed to have made an assignment to the Cabinet for Human

Resources of any medical support owed for the child not to exceed the amount of medical assistance payments made on behalf of the recipient.

Section 13. [12.] Provisions of this regulation shall be effective October 1, 1984 [January 1, 1984 except for the deletion of Section 12 of this regulation relative to photo-identification which shall be effective upon filing].

JACK F. WADDELL, Commissioner

E. AUSTIN, JR., Secretary

APPROVED BY AGENCY: October 10, 1984

FILED WITH LRC: October 19, 1984 at 2 p.m.

STATEMENT OF EMERGENCY

Under KRS Chapter 13A the administrative body is required to implement this regulation or not have the authority to operate. Therefore, in order to continue to operate the Cabinet for Human Resources in accordance with KRS Chapter 194, the Cabinet for Human Resources needs to implement this emergency regulation. An ordinary administrative regulation cannot suffice because agency policy will not be accurately reflected in a timely manner. This emergency regulation will be replaced by an ordinary administrative regulation in accordance with House Bill 334.

MARTHA LAYNE COLLINS, Governor

E. AUSTIN, JR., Secretary

CABINET FOR HUMAN RESOURCES Department for Social Insurance Division of Management and Development

904 KAR 2:016E. Standards for need and amount; AFDC.

RELATES TO: KRS 205.200(2), 205.210(1)

PURSUANT TO: KRS 205.200(2)

EFFECTIVE: October 19, 1984

NECESSITY AND FUNCTION: The Cabinet for Human Resources is required to administer the public assistance programs. KRS 205.200(2) and 205.210(1) require that the secretary establish the standards of need and amount of assistance for the Aid to Families with Dependent Children Program, hereinafter referred to as AFDC, in accordance with federal regulations and Title IV-A of the Social Security Act. This regulation sets forth the standards by which the need for and the amount of an AFDC assistance payment is established.

Section 1. Definitions. (1) "Assistance group" is composed of one (1) or more children and may include as specified relative any person specified in 904 KAR 2:006, Section 3. The assistance group shall include the dependent child, child's eligible parent(s), and all eligible siblings living in the home with the needy child. Additionally, if the dependent child's parent is a minor living in the home with his/her eligible parent(s), the minor's parent(s) shall also be included in the assistance group if the minor's parent applied for assistance. The incapacitated natural or adoptive parent of the child(ren) who is living in the home and legally married to the specified

relative shall [may] be included as second parent if the technical eligibility factors are met. [The decision regarding application for or continued inclusion of an individual child rests with the parent or other specified relative.]

(2) "Full-time employment" means employment of thirty (30) hours per week or 130 hours per month or more.

(3) "Part-time employment" means employment of less than thirty (30) hours per week or 130 hours per month or not employed throughout the entire month.

(4) "Full-time school attendance" means a workload of at least:

(a) Twenty-five (25) clock hours per week in a General Educational Development (GED) program; or

(b) Twelve (12) semester hours or more in a college or university; or six (6) semester hours or more during the summer term; or the equivalent in a college or university if other than a semester system is used; or

(c) The number of hours required by the individual high school/vocational school to fulfill their definition of full time.

(5) "Part-time school attendance" means a workload of anything less than "full-time school attendance."

(6) "Gross income limitation standard" means 185 [150] percent of the sum of the assistance standard, as set forth in Section 8, and any educational allowance as set forth in Section 9.

(7) "Prospective budgeting" means computing the amount of assistance based on income and circumstances which will exist in the month(s) for which payment is made.

(8) "Recoupment" means recovery of overpayments of assistance payments.

(9) "Retrospective budgeting" means computing amount of assistance based on actual income and circumstances which existed in the second month prior to the payment month.

Section 2. Resource Limitations. Real and personal property owned in whole or in part by an applicant or recipient including his/her parent(s), even if the parent(s) is not an applicant or recipient, if the applicant/recipient is a dependent child living in the home of said parent, shall be considered. The amount that can be reserved by each assistance group [unit] shall not be in excess of \$1,000 equity value excluding those items specifically listed in subsection (1) as follows:

(1) Excluded resources. The following resources shall be excluded from consideration:

(a) One (1) owner-occupied home;

(b) Home furnishings, including all appliances;

(c) Clothing;

(d) One (1) motor vehicle, not to exceed \$1,500 equity value;

(e) Farm machinery, livestock or other inventory, and tools and equipment other than farm, used in a self-employment enterprise;

(f) Items valued at less than fifty (50) dollars each; [and]

(g) One (1) burial plot/space per family member; [Other items/benefits mandated by federal regulation.]

(h) Funeral agreements not to exceed maximum equity of \$1,500 per family member;

(i) Real property which the assistance group is making a good faith effort to sell. This exemption shall not exceed a period of nine (9) months and is contingent upon the assistance

group agreeing to repay AFDC benefits received beginning with the first month of the exemption. Any amount of AFDC paid during that period that would not have been paid if the disposal of property had occurred at the beginning of the period is considered an overpayment. The amount of the repayment shall not exceed the net proceeds of the sale. If the property has not been sold within the nine (9) months, or if eligibility stops for any other reason, the entire amount of assistance paid during the nine (9) month period shall be treated as an overpayment;

(j) Other items/benefits mandated by federal regulations.

(2) Disposition of resources. An applicant/recipient must not have transferred or otherwise divested himself/herself of property without fair compensation in order to qualify for assistance. If the transfer was made expressly for the purpose of qualifying for assistance and if the uncompensated equity value of the transferred property, when added to total resources, exceeds the resource limitation, the household's application shall be denied, or assistance discontinued. The time period of ineligibility shall be based on the resulting amount of excess resources and begins with the month of transfer. If the amount of excess transferred resources does not exceed \$500, the period of ineligibility shall be one (1) month; the period of ineligibility shall be increased one (1) month for every \$500 increment up to a maximum of twenty-four (24) months.

Section 3. Income Limitations. In determining eligibility for AFDC the following will apply:

(1) Gross income test. The total gross non-AFDC income of the assistance group, as well as income of [natural] parent(s), and/or amount deemed available from the parent(s)/legal guardian(s) of a minor parent/legal guardian living the home with such assistance group, and/or amount deemed available from a stepparent(s) living in the home, and/or amount deemed available from an alien's sponsor and sponsor's spouse if living with the sponsor, shall not exceed the gross income limitation standard. Disregards specified in Section 4, subsection (1), shall apply. If total gross income exceeds the gross income limitation standard, the assistance group is ineligible.

(2) Applicant eligibility test. If the gross income is below the gross income limitation standard and the assistance group has not received assistance during the four (4) months prior to the month of application, the applicant eligibility test shall be applied. The total gross income after application of exclusions/disregards set forth in Section 4, subsections (1) and (2), shall be compared to the assistance standard set forth in Section 8. If income exceeds this standard, the assistance group is ineligible. For assistance groups who meet the gross income test but who have received assistance any time during the four (4) months prior to the application month, the applicant eligibility test shall not apply.

(3) Benefit calculation. If the assistance group meets the criteria set forth in subsections (1) and (2) of this section, benefits shall be determined by applying disregards in Section 4, subsections (1), (2), and (3). If the assistance group's income, after

application of appropriate disregards, exceeds the assistance standard, the assistance group is ineligible. Amount of assistance for the initial two (2) months of eligibility shall be determined prospectively in accordance with 45 CFR 233.34 and for subsequent months retrospectively, in accordance with 45 CFR 233.35.

(4) A period of ineligibility shall be established in accordance with 45 CFR 233.20(a)(3)(ii)(F) [(D)], for applicants/recipients whose income in the month of application or during any month for which assistance is paid exceeds the limits as set forth in subsections (2) or (3) of this section due to receipt of lump sum income. The ineligibility period shall be recalculated if any of the following circumstances occur:

(a) The standard of need increases and the amount of grant the assistance group would have received also changes.

(b) The income received has become unavailable to the assistance group for reasons beyond their control.

(c) The assistance group incurs and pays medical expenses in accordance with 42 CFR 435.831(C).

Section 4. Excluded/Disregarded Income. All gross non-AFDC income received or anticipated to be received by the assistance group, natural parent(s) and/or parent(s)/legal guardian(s) of a minor parent/legal guardian living in the home with such assistance group and/or stepparent(s) living in the home, shall be considered with the applicable exclusions/disregards as set forth below:

(1) Gross income test. All incomes listed below shall be excluded/disregarded:

(a) Disregards applicable to stepparent income and/or income of the parent(s)/legal guardian(s) of a minor parent/legal guardian living in the home with the assistance group, as set forth in Section 5;

(b) Disregards applicable to alien sponsor's income, as set forth in Section 6;

(c) Disregards applicable to self-employment income, as set forth in 45 CFR 233.20(a)(6)(v)(B) and 45 CFR 233.20(a)(11)(i)(b)(1)(i);

(d) Work Incentive Program (WIN) incentive payments;

(e) Earnings received by a dependent child from participation in the Summer Youth Program under the Job Training Partnership Act (JTPA) for a period not to exceed six (6) months within a given year;

(f) Unearned income received by a dependent child from participation in a JTPA program;

(g) Reimbursement for training-related expenses made by a manpower agency to applicants or recipients in institutional and work experience training programs under the WIN program;

(h) Value of the monthly allotment of food stamp coupons or value of United States Department of Agriculture (USDA) donated foods;

(i) Non-emergency medical transportation payments;

(j) Principal of loans;

(k) Educational grants, loans, scholarships, including payments for actual educational costs made under the GI Bill, obtained and used under conditions that preclude their use for current

living costs and all education grants and loans to any undergraduate made or insured under any program administered by the United States Commissioner of Education;

(1) Highway relocation assistance;

(m) Urban renewal assistance;

(n) Federal disaster assistance and state disaster grants;

(o) Home produce utilized for household consumption;

(p) Housing subsidies received from federal, state or local governments;

(q) Receipts distributed to members of certain Indian tribes which are referred to in Section 5 of Public Law 94-114 that became effective October 17, 1975;

(r) Funds distributed per capita to or held in trust for members of any Indian tribe under Public Law 92-254, Public Law 93-134 or Public Law 94-540;

(s) Benefits received under Title VII, Nutrition Program for the Elderly, of the Older Americans Act of 1965, as amended;

(t) Payments for supporting services or reimbursement of out-of-pocket expenses made to individual volunteers serving as foster grandparents, senior health aides, or senior companions, and to persons serving in Service Corps of Retired Executives (SCORE) and Active Corps of Executives (ACE) and any other programs under Titles II and III, pursuant to Section 418 of Public Law 93-113;

(u) Payments to volunteers under Title I of Public Law 93-113 pursuant to Section 404(g) of Public Law 93-113;

(v) The value of supplemental food assistance received under the Child Nutrition Act of 1966, as amended, and the special food service program for children under the National School Lunch Act, as amended;

(w) Payments from the Cabinet for Human Resources, Department for Social Services, for child foster care, adult foster care, or subsidized adoption; [and]

(x) Energy assistance payments which are permitted to be excluded pursuant to 45 CFR 233.53 (c)(5)(i); [.]

(y) The first fifty (50) dollars of child support payments collected in a month which represents the current month's support obligation and is returned to the assistance group; and

(z) For a period not to exceed six (6) months within a given year, earnings of a dependent child in full-time school attendance.

(2) Applicant eligibility test. The exclusions/disregards set forth in subsection (1) of this section and those listed below shall be applied:

(a) Earnings received from participation in the Job Corps Program under JTPA by an AFDC child;

(b) Earnings of a dependent child in full-time school attendance for a period not to exceed six (6) months within a given year [or earnings of a child in part-time school attendance, if not working full time];

(c) Standard work expense deduction of seventy-five (75) dollars for full-time and part-time employment [A forty (40) dollar deduction is allowed for part-time employment]; and

(d) Child care, for a child(ren) or incapacitated adult living in the home and

receiving AFDC, is allowed as a work expense is allowed not to exceed \$160 per month per individual for full-time employment or \$110 per month per individual for part-time employment.

(3) Benefit calculation. After eligibility is established, exclude/disregard all incomes listed in subsections (1) and (2), as well as:

(a) Child support payments assigned and actually forwarded or paid to the department; and

(b) First thirty (30) dollars and one-third (1/3) of the remainder of each individual's earned income not already disregarded, if that individual's needs are considered in determining the benefit amount. The one-third (1/3) portion of this disregard shall not be applied to an individual after the fourth consecutive month it has been applied to his/her earned income. The thirty (30) dollar portion of this disregard shall be applied concurrently with the one-third (1/3) disregard, however, it shall be extended for an additional eight (8) months following the four (4) months referenced in the preceding sentence. [unless he/she has not been a recipient for twelve (12) consecutive months] These disregards shall be applied in accordance with 45 CFR 233.20(a)(11)(i)(D) and 45 CFR 233.20(a)(11)(ii)(B) and shall not be available to the individual until he/she has not been a recipient for twelve (12) consecutive months; and

(c) Earnings of a child in full-time school attendance or earnings of a child in part-time school attendance, if not working full time;

(4) Exceptions. Disregards from earnings in subsection (2)(c) and (d) and subsection (3)(b) shall not apply for any month in which the individual:

(a) Reduces, terminates, or refuses to accept employment within the period of thirty (30) days preceding such month, unless good cause exists as follows:

1. The individual is unable to engage in such employment or training for mental or physical reasons; or

2. The individual has no way to get to and from the work site or the site is so far removed from the home that commuting time would exceed three (3) hours per day; or

3. Working conditions at such job or training would be a risk to the individual's health or safety; or

4. A bona fide offer of employment at a minimum wage customary for such work in the community was not made.

(b) Fails to make a timely report of earnings unless good cause exists as follows:

1. The assistance group moved and reported the move timely, however, the move resulted in a delay in receiving or failure to receive the mandatory monthly report form; or

2. An immediate family member living in the home was institutionalized or died during the filing period; or

3. The specified relative was out of town during the entire filing period; or

4. The assistance group has been directly affected by a natural disaster (i.e., fire, flood, storm, earthquake).

(c) Requests assistance be terminated for the primary purpose of evading the four (4) month limitation on the deduction in subsection (3)(b) of this section.

Section 5. [Stepparent] Income and Resources. Income and resources of a stepparent living in

the home with a dependent child and/or parent(s)/legal guardian(s) living in the home with a minor parent/legal guardian but whose needs are not included in the grant are considered as follows:

(1) Income. The gross income [of a stepparent living in the home] is considered available to the assistance group, subject to the following exclusions/disregards:

(a) The first seventy-five (75) dollars of the gross earned income for full-time employment [of the stepparent who is employed full time] and/or the first forty (40) dollars of the gross earned income for part-time employment [of the stepparent who is employed part time];

(b) An amount equal to the AFDC assistance standard for the appropriate family size, for the support of the stepparent or parent(s)/legal guardian(s) of a minor parent/legal guardian and any other individuals living in the home but whose needs are not taken into consideration in the AFDC eligibility determination and are or could be claimed by the stepparent or parent(s)/legal guardian(s) of a minor parent/legal guardian as dependents for purposes of determining his/her federal personal income tax liability;

(c) Any amount actually paid by the stepparent or parent(s)/legal guardian(s) of a minor parent/legal guardian to individuals not living in the home who are or could be claimed by him/her as dependents for purposes of determining his/her personal income tax liability;

(d) Payments by the stepparent and/or parent(s)/legal guardian(s) of a minor parent/legal guardian for alimony or child support with respect to individuals not living in the household; and

(e) Income of a stepparent and/or parent(s)/legal guardian(s) of a minor parent/legal guardian receiving Supplemental Security Income (SSI) under Title XVI.

(2) Resources. Resources which belong solely to the stepparent and/or the parent(s)/legal guardian(s) of a minor parent/legal guardian are not considered in determining eligibility of the [natural] parent or the assistance group.

Section 6. Alien Income and Resources. The gross non-AFDC income and resources of an alien's sponsor and sponsor's spouse (if living with the sponsor) hereinafter referred to as sponsor shall be deemed available to the alien(s), subject to disregards as set forth below, for a period of three (3) years following entry into the United States. If an individual is sponsoring two (2) or more aliens, the income and resources shall be prorated among the sponsored aliens. A sponsored alien is ineligible for any month in which adequate information on the sponsor/sponsor's spouse is not provided. If an alien is sponsored by an agency or organization, which has executed an affidavit of support, that alien is ineligible for benefits for a period of three (3) years from date of entry into the United States, unless it is determined that the sponsoring agency or organization is no longer in existence or does not have the financial ability to meet the alien's needs. The provisions of this section shall not apply to those aliens identified in 45 CFR 233.51(e).

(1) Income. The gross income of the sponsor is

considered available to the assistance group subject to the following disregards:

(a) Twenty (20) percent of the total monthly gross earned income, not to exceed \$175;

(b) An amount equal to the AFDC assistance standard for the appropriate family size of the sponsor and other persons living in the household who are or could be claimed by the sponsor as dependents in determining his/her federal personal income tax liability, and whose needs are not considered in making a determination of eligibility for AFDC;

(c) Amounts paid by the sponsor to non-household members who are or could be claimed as dependents in determining his/her federal personal tax liability;

(d) Actual payments of alimony or child support paid to non-household members; and

(e) Income of a sponsor receiving SSI or AFDC.

(2) Resources. Resources deemed available to the alien(s) shall be the total amount of the resources of the sponsor and sponsor's spouse determined as if he/she were an AFDC applicant in this state, less \$1,500.

Section 7. Earned Income Tax Credit (EITC). In the case of an applicant or recipient of AFDC, EITC payments shall be considered as earned income when received. [earned income shall include the amount of advance payments of the earned income credit for which he/she is eligible determined in accordance with 45 CFR 232.20(a)(6)(ix).]

Section 8. Assistance Standard. The AFDC assistance standard, including amounts for food, clothing, shelter, utilities and non-medical transportation from which countable income is deducted in determining eligibility for and the amount of the AFDC assistance payment, is as follows:

Number of Eligible Persons	Monthly Standard
1 child	\$140
2 Persons	\$170
3 Persons	\$197
4 Persons	\$246
5 Persons	\$288
6 Persons	\$325
7 or more Persons	\$362

Section 9. Educational Allowance. An educational allowance shall be included in the assistance standard each month at the request of the caretaker relative, if the criteria in subsection (1) of this section are met and verified for said month(s) and funds are available. Households receiving the educational allowance shall be subject to time frames, procedures, and penalties established for households required to report monthly.

(1) Technical requirements. The following requirements must be met during any month for which an education allowance is paid.

(a) The caretaker relative must be included in the assistance grant;

(b) The caretaker relative must be enrolled full time, as defined in Section 1, in high school (including primary and secondary), vocational school, or a General Educational Development (GED) program for which no wage or child care allowance is received. If attending

college, the caretaker relative must be enrolled either full or part-time, as defined in Section 1;

(c) A cost must have been incurred for the care of a child(ren) who is/are under the age of thirteen (13) or a child(ren) who is/are under the age of eighteen (18), if a physician determines said child is unable to attend school due to a physical or mental disability, and is/are included in the assistance grant; and

(d) The payment for child care is made to a provider who is not a household member.

(2) Educational allowance payment standards. The amount of monthly educational allowance payment shall be based on the number of eligible children for whom care is being provided and whether or not enrollment is full or part-time. The payment standards are as follows:

Number of Children	Full-time Enrollment	Part-time Enrollment
1	\$120	\$70
2 or more	\$150	\$90

(3) Limitations. The number of months an educational allowance payment is made shall be limited according to the type of program in which the student enrolls and shall not be provided beyond completion of one (1) program at each level.

(a) High school level.

1. A student may change programs within this level, however, the cumulative number of months payment is made shall not exceed the maximum for the program in which the student last enrolls as follows:

Type of Program	Maximums
General Education Development (GED)	12 months
High School (includes Primary and Secondary)	24 months

2. A student wishing to continue his/her education past the high school level may be eligible for additional payments not to exceed the maximums for the post-high school level.

(b) Post-high school level. A student may change programs within this level, however, the cumulative number of months payment is made shall not exceed the maximum for the program in which the student last enrolls as follows:

Type of Program	Maximums
Vocational School	24 months
College/University	50 months

Section 10. Recoupment. The following provisions are effective for all overpayments discovered on or after April 1, 1982, regardless of when the overpayment occurred.

(1) Necessary action will be taken promptly to correct and recoup any overpayments.

(2) Overpayments, including assistance paid pending hearing decisions, shall be recovered:

(a) The overpaid assistance unit;

(b) Any assistance unit of which a member of the overpaid assistance unit has subsequently become a member; or

(c) Any individual member of the overpaid assistance unit whether or not currently a

recipient.

(3) Overpayments shall be recovered through:

(a) Repayment by the individual to the cabinet; and/or

(b) Reduction of future AFDC benefits, which shall result in the assistance group retaining, for the payment month, family income and liquid resources of not less than ninety (90) percent of the amount of assistance paid to a like size family with no income in accordance with Section 8; and/or

(c) Civil action in the court of appropriate jurisdiction.

(4) Overpayments may be waived for inactive non-fraud cases involving less than thirty-five (35) dollars in overpayment.

(5) [(4)] In cases which have both an overpayment and an underpayment, the cabinet shall offset one against the other in correcting the payment to current recipients.

(6) [(5)] Neither reduction in future benefits nor civil action shall be taken except after notice and an opportunity for a fair hearing is given and the administrative and judicial remedies have been exhausted or abandoned in accordance with Title 904, Chapter 2.

Section 11. Provisions contained in this regulation shall become effective October 1, 1984 [July 1, 1984].

JACK F. WADDELL, Commissioner

E. AUSTIN, JR. Secretary

APPROVED BY AGENCY: October 10, 1984

FILED WITH LRC: October 19, 1984 at 2 p.m.

STATEMENT OF EMERGENCY

Under KRS Chapter 13A the administrative body is required to implement this regulation or not have the authority to operate. Therefore, in order to continue to operate the Cabinet for Human Resources in accordance with KRS Chapter 194, the Cabinet for Human Resources needs to implement this emergency regulation. An ordinary administrative regulation cannot suffice because agency policy will not be accurately reflected in a timely manner. This emergency regulation will be replaced by an ordinary administrative regulation in accordance with House Bill 334.

MARTHA LAYNE COLLINS, Governor

E. AUSTIN, JR., Secretary

CABINET FOR HUMAN RESOURCES Department for Social Insurance Division of Management and Development

904 KAR 2:020E. Child support.

RELATES TO: KRS 205.795

PURSUANT TO: KRS 205.795 [13.082]

EFFECTIVE: October 19, 1984

NECESSITY AND FUNCTION: The Cabinet for Human Resources has responsibility for administering the Child Support Program in accordance with Title IV-D of the Social Security Act and KRS 205.710 to 205.800 and 205.992. The cabinet is required by the Social Security Act to make efforts to establish paternity and/or secure support from absent parents of children receiving Aid to Families with Dependent

Children, hereinafter referred to as AFDC, as a result of desertion or abandonment or due to birth out-of-wedlock and for non-AFDC children on application. KRS 205.795 empowers the secretary to adopt regulations pertaining to the administration of the Child Support Program. This regulation specifies the procedure for the operation of the program.

Section 1. Compliance with Federal Regulations. The cabinet shall administer the Kentucky Child Support Program in accordance with Title IV-D of the Social Security Act and Title 45 CFR Sections 301, 302, 303, 304, and 305.

Section 2. Relation to Title IV-A Program. The cabinet shall administer the Kentucky Child Support Program, as the program relates to Title IV-A recipients, in accordance with regulations cited in Section 1 above and Title 45 CFR Sections 205, 232, 233, 234, and 235.

Section 3. Definitions. (1) "Cabinet" shall mean the Cabinet for Human Resources.

(2) "Secretary" shall mean Secretary of the Cabinet for Human Resources.

(3) "Court order" shall mean any judgment, decree, or order of the courts of this or any other state.

(4) "Dependent child" or "needy dependent child" shall mean any person under age eighteen (18) who is not otherwise emancipated, self-supporting, married or a member of the Armed Forces of the United States and is a recipient of or an applicant for public assistance or who has applied for child support services in accordance with Title IV-D of the Social Security Act.

(5) "Duty of support" shall mean any obligation of support imposed or imposable by law or by court order, decree, or judgment whether interlocutory or final, and includes the duty to pay arrearages of support past due.

(6) "Parent" shall mean the natural or adoptive parent of an AFDC or non-AFDC child and includes the father of a child born out-of-wedlock if paternity has been established in a judicial proceeding or in any manner consistent with the laws of this state.

(7) "AFDC recipient" shall mean a child or caretaker relative who is receiving AFDC as prescribed by Title IV-A of the Social Security Act.

(8) "Cooperation" shall mean the act of providing to the IV-D agency or the responsible local official any verbal or written information or documentation needed by the IV-D agency or local official for child support activities, and otherwise complying with the requirements of the Child Support Program.

(9) "Good cause" shall mean that the AFDC recipient has a valid and acceptable reason (as determined by the cabinet) for failing to cooperate in activities related to the Child Support Program.

(10) "Non-AFDC recipient" shall mean any child or family who does not receive AFDC, but does receive child support services based on an application filed with the IV-D agency or with a responsible local official who has entered into a written agreement with the IV-D agency.

(11) "Responsible local official" shall mean the elected or appointed official in a political

subdivision who is legally responsible for law enforcement activities and has entered into a written agreement with the IV-D agency.

(12) "Title IV-D agency" shall mean the organizational unit in the state that has responsibility for administering the Title IV-D (Child Support) Program.

(13) "Title IV-A agency" shall mean the organizational unit in the state that has responsibility for administering the Title IV-A (AFDC) program.

(14) "Paternity blood tests" shall mean those tests used in contested paternity actions including, but not limited to, ABO and Human Leucocyte Antigen (HLA) tests administered by qualified laboratories or medical personnel.

Section 4. Initiation of Child Support Action. Child support activity shall be initiated upon referral of forms from the Title IV-A agency or upon application of a non-AFDC recipient to the IV-D agency or its authorized representative.

Section 5. Safeguarding Information. Pursuant to 45 CFR 302.18 and consistent with KRS 205.175 and 205.990, the cabinet will disclose information regarding recipients of child support services only to public officials or the recognized persons, such as private attorneys, acting on behalf of the recipients of child support services, who require the information for their official duties and to other persons and agencies involved with the administration of the Child Support Program or other federally assisted programs which provide cash benefits or services to needy individuals. Pursuant to 45 CFR 302.18(b), the IV-D agency may not disclose to any committee or legislative body any information that identifies by name or address any applicant or recipient.

Section 6. Establishing Paternity. In establishing paternity for children in the Child Support Program pursuant to the Social Security Act, the cabinet may utilize any of the provisions which are contained in Kentucky Revised Statutes related to paternity.

Section 7. Securing and Enforcing Child Support. In securing or enforcing child support for children in the Child Support Program pursuant to the Social Security Act, the cabinet may utilize any of the provisions which are contained in Kentucky Revised Statutes related to child support.

Section 8. Assignment of Child Support to IV-D Agency. (1) By accepting public assistance for or on behalf of a needy dependent child, an AFDC recipient assigns to the cabinet the right to all past due and future child support including any voluntary contributions made by the absent parent. Any support income received by AFDC recipients must be forwarded to the cabinet no later than the tenth (10th) day of the month following receipt.

(2) Non-AFDC recipients may assign their support rights to the cabinet, but these recipients are not required to make such an assignment.

Section 9. Agency Receipt of Support Payments. (1) When the support payment is made payable to

the cabinet, money received is credited to the account of the non-custodial or absent parent.

(2) If both the amount of the current month's child support collection and the court ordered amount equal or exceed the AFDC grant, the IV-D agency will notify the IV-A agency, as required by 45 CFR 302.32.

Section 10. Non-AFDC Recipients. The IV-D agency will provide all services to individuals who are not recipients of AFDC benefits as provided in 45 CFR 302.33(a). The services will be provided without cost to the applicant except as is provided in 42 USC 453(e)(2) and 463 regarding the federal parent locator service. Additionally, any other fee which must be paid to the federal government for services will be collected by the IV-D agency from the applicant.

Section 11. Cooperative Agreements. Pursuant to 45 CFR 302.34, 42 USC 654(7) and KRS 205.800, all eligible local officials may enter into a written agreement with the cabinet to cooperate in activities relative to the Child Support Program when approved by the cabinet. When officials enter into an agreement with the cabinet, federal financial participation (FFP) for child support activities will be provided pursuant to federal laws and regulations when billing is submitted in accordance with procedures established by the cabinet. If no agreement is executed, referrals for child support activities may be made to local law enforcement officials in accordance with the official's statutory obligations, but the officials will not be eligible for reimbursement as specified above.

Section 12. Distribution of Child Support Payments. Distribution of child support payments received by the cabinet are made in accordance with 45 CFR 302.32, 302.38, and 302.51. The first fifty (50) dollars of all child support collected in a month by the cabinet for an AFDC assistance unit which represents the current month's support obligation shall be returned to the assistance unit. Rights related to hearings as written in 904 KAR 2:055 do not apply to payment of the pass-through of support collected by the IV-D agency.

Section 13. Good Cause for Refusal to Cooperate. (1) The IV-D agency or its authorized representative must immediately notify the IV-A agency at such time as the AFDC recipient refuses to cooperate in child support enforcement efforts. If the IV-A agency should determine, pursuant to IV-A laws and regulations, that the recipient has a good cause for failing to cooperate and that pursuit of child support action would be detrimental to the best interests of the child, the IV-D agency will not pursue any action in the child's behalf.

(2) If the IV-A agency determines that the recipient has good cause for not cooperating but that additional child support action would not harm the child, the IV-D agency may proceed in the name of the cabinet for the use of and in behalf of the minor dependent child pursuant to federal laws and regulations.

Section 14. Parent Locator Service. The cabinet shall use available resources to locate absent parents for children in the Child Support

Program in accordance with Kentucky Revised Statutes and applicable federal laws and regulations.

Section 15. Paternity Blood Testing. Pursuant to 45 CFR 303.5(c) the IV-D agency shall identify laboratories within the state which perform legally and medically acceptable blood tests, including ABO and HLA tests, which tend to include or exclude an alleged father in paternity proceedings under KRS Chapter 406. The IV-D agency shall make a list of such laboratories available upon request. In addition, the cabinet shall provide a list of all such laboratories to the Kentucky Bar Association and to the Administrative Office of the Courts for distribution to appropriate agencies and individuals on an annual basis.

JACK F. WADDELL, Commissioner

E. AUSTIN, JR., Secretary

APPROVED BY AGENCY: October 10, 1984

FILED WITH LRC: October 19, 1984 at 2 p.m.

STATEMENT OF EMERGENCY

Under KRS Chapter 13A the administrative body is required to implement this regulation or not have the authority to operate. Therefore, in order to continue to operate the Cabinet for Human Resources in accordance with KRS Chapter 194, the Cabinet for Human Resources needs to implement this emergency regulation. An ordinary administrative regulation cannot suffice because agency policy will not be accurately reflected in a timely manner. This emergency regulation will be replaced by an ordinary administrative regulation in accordance with House Bill 334.

MARTHA LAYNE COLLINS, Governor

E. AUSTIN, JR., Secretary

CABINET FOR HUMAN RESOURCES Department for Social Insurance Division of Management and Development

904 KAR 2:116E. Low income home energy assistance program.

RELATES TO: KRS 194.050

PURSUANT TO: KRS 194.050

EFFECTIVE: October 19, 1984

NECESSITY AND FUNCTION: The Cabinet for Human Resources has responsibility as prescribed by Public Law 97-35 (Title XXVI of the Omnibus Budget Reconciliation Act of 1981) to administer a program to provide assistance for eligible low income households within the Commonwealth of Kentucky to help meet the costs of home energy. KRS 194.050 provides that the secretary shall, by regulation, develop policies and operate programs concerned with the welfare of the citizens of the Commonwealth. This regulation sets forth the eligibility and benefits criteria for each of two (2) components of energy assistance, subsidy and hardship, under the Home Energy Assistance Program (HEAP).

Section 1. Application. Each household or authorized representative of the household requesting assistance shall be required to complete an application and provide such

information as may be deemed necessary to determine eligibility and benefit amount in accordance with the procedural requirements prescribed by the cabinet. An "authorized representative" is that person applying on behalf of a household who presents to the cabinet a written statement signed by the appropriate household member authorizing that person to apply on the household's behalf.

Section 2. Definitions. Terms used in HEAP are defined as follows:

(1) "Principal residence" is that place where a person is living voluntarily and not on a temporary basis; the place he/she considers home; the place to which, when absent, he/she intends to return; and such place is identifiable from other residences, commercial establishments, or institutions.

(2) "Energy" is defined to include electricity, gas, and any other fuel such as coal, wood, oil, bottled gas, etc., that is used to sustain reasonable living conditions.

(3) "Household" means any individual or group of individuals who are living together in the principal residence as one (1) economic unit for whom residential energy is customarily purchased in common or who make undesignated payments for energy in the form of rent.

(4) "Economic unit" is one (1) or more persons sharing common living arrangements.

(5) "Subsidy component" is that portion of benefits reserved as energy assistance for heating.

(6) "Hardship component" is that portion of benefits reserved for energy crisis assistance after the subsidy component is terminated. The hardship component is for eligible households who are without heat.

Section 3. Eligibility Criteria. (1) A household must meet the following conditions of eligibility for receipt of a HEAP payment under the subsidy and hardship components:

(a) For purposes of determining eligibility, the amount of continuing and non-continuing earned and unearned gross income including lump sum payments received by the household during the calendar month preceding the month of application will be considered. Income received on an irregular basis will be prorated.

(b) Gross income for the calendar month preceding the month of application must be at or below the applicable amount shown on the income scale for the appropriate size household. Excluded from consideration as income are payments received by a household from a federal, state, or local agency designated for a special purpose and which the applicant must spend for that purpose, payments made to others on the household's behalf, loans, reimbursements for expenses, incentive payments (WIN and JTPA) normally disregarded in AFDC, federal payments or benefits which must be excluded according to federal law, and Supplemental Medical Insurance premiums.

Income Scale

Family Size	Monthly	Yearly
1	\$415	\$4,980
2	560	6,720
3	705	8,460
4 or more	850	10,200

(c) If federal law prohibits setting income eligibility limits below 100 percent of poverty, then for each household member more than four (4), the above income eligibility limitation for four (4) or more will be increased by \$145 monthly or \$1,740 yearly for each additional household member.

(d) The household must have total liquid assets at the time of application of not more than \$5,000. Excluded assets are cars, household or personal belongings, principal residence, cash surrender value of insurance policies, prepaid burial policies, real property, and cash on hand or in a bank account if said cash is income considered under paragraph (a) of this subsection.

(e) Applicants for the hardship component must attest that an immediate need for energy exists because the household is without heat.

(2) Households are eligible to receive benefits under both the subsidy and hardship components.

Section 4. Benefit Levels. Payment amounts for the subsidy and hardship components are set at a level to serve a maximum number of households while providing a reasonably adequate payment relative to energy costs. The highest level of assistance will be provided to households with lowest incomes and highest energy costs in relation to income, taking into account family size.

(1) Payments to eligible households will be made for the full benefit amount based on program component, type of energy for heating, monthly household income, and household size as specified in the following benefit scales.

Benefit Scales
Subsidy Component

Scale A.

Energy Sources: LP Gas (Propane), Fuel Oil, Electricity, Kerosene

Payment Amount

Monthly Household Income	Household Size 1 and 2	Household Size 3 or more
\$ 0-400	\$138	\$150
401-800	120	132
over 800	-	113

Scale B.

Energy Sources: Natural Gas, Coal, Wood

Payment Amount

Monthly Household Income	Household Size 1 and 2	Household Size 3 or more
\$ 0-400	\$ 125	\$ 137
401-800	107	119
over 800	-	100

Hardship Component

Scale A.

Energy Sources: LP Gas (Propane), Fuel Oil, Electricity, Kerosene

Payment Amount

Monthly Household Income	Household Size 1 and 2	Household Size 3 or more
\$ 0-400	\$276	\$300
401-800	239	263
over 800	-	226

Scale B.

Energy Sources: Natural Gas, Coal, Wood

Payment Amount

Monthly Household Income	Household Size 1 and 2	Household Size 3 or more
\$ 0-400	\$250	\$274
401-800	213	237
over 800	-	200

(2) If the cabinet receives only a percentage of the federal funds authorized by Congress, benefits to eligible households under the subsidy or hardship components may be reduced proportionately.

Section 5. Benefit Delivery Methods. Benefits shall be provided to eligible households as follows:

(1) Whenever feasible, payment under the subsidy component is authorized by a two (2) party check made payable to the recipient and the provider or landlord if the heating is included as an undesignated portion of rent.

(2) Payment under the hardship component is authorized by a one (1) party check made payable to the energy provider (landlord) only, unless the provider refuses to accept the payment on behalf of the recipient and deliver or restore service, whereupon, the payment will be made to the recipient only. All payments will be mailed to the recipient.

(3) When a two (2) party check is not issued under the subsidy or hardship components, the recipient shall sign a statement as part of the application prior to receipt of funds affirming that benefits received under HEAP shall be utilized solely for home energy.

(4) Under the subsidy and hardship components, at the recipient's discretion, the total benefit

may be made in separate authorizations to facilitate payment to more than one (1) provider (e.g., when the recipient heats with both a wood stove and electric space heaters). However, the total amount of the payments may not exceed the maximum for the primary source of energy for heating under the appropriate component. The household will decide how to divide payment if more than one (1) provider is used.

Section 6. Right to a Fair Hearing. Any individual has a right to request and receive a fair hearing in accordance with 904 KAR 2:055, Hearings and appeals.

Section 7. Time Standards. The cabinet shall make an eligibility determination promptly after receipt of a completed and signed application but not to exceed thirty (30) days.

Section 8. Effective Dates. The following shall be the implementation and termination dates for HEAP:

(1) Applications for the subsidy component shall be accepted as follows:

(a) Households containing at least one (1) member who is elderly (age sixty (60) or older) or receiving benefits on the basis of 100 percent disability may apply beginning October 15, 1984 and ending no later than October 26, 1984.

(b) Applications shall be accepted from all households beginning November 12, 1984 and ending no later than December 31, 1984.

(2) Applications for the hardship component shall be accepted beginning January 7, 1985 and ending no later than May 31, 1985.

(3) Applications shall be processed in the order taken until funds are expended. HEAP subsidy and hardship components shall be terminated by the secretary when actual and projected component expenditures have resulted in utilization of available funds or May 31, 1985, whichever comes first.

(4) HEAP may be reactivated after termination under the same terms and conditions as shown in this regulation should additional federal funds be made available for that purpose.

Section 9. Allocation of Funds. (1) Up to thirteen (13) percent of the total HEAP allocation shall be reserved for weatherization assistance.

(2) Up to two (2) percent or a minimum of \$500,000 shall be reserved for the Gas Furnace Retrofit Pilot Project.

(3) Up to \$4,000,000 shall be reserved for the hardship component. Fifty (50) percent of the funds available under the hardship component shall be reserved for households whose primary source of energy for heating is electricity or natural gas and fifty (50) percent shall be reserved for all other sources of energy. Any funds remaining available from the subsidy component shall be made available under the hardship component.

(4) Remaining benefit funds available under Public Law 97-35 shall be reserved for the subsidy component. Fifty (50) percent of the funds available under the subsidy component shall be reserved for households eligible to apply beginning October 15, 1984 and ending no later than October 26, 1984. The remaining fifty (50) percent plus any funds remaining available

after October 26, 1984 shall be reserved for households applying beginning November 12, 1984 and ending no later than December 31, 1984. Any funds remaining available under the subsidy component after December 31, 1984 shall be made available under the hardship component.

Section 10. Energy Provider Responsibilities. Any provider accepting payment from HEAP for energy provided to eligible recipients is required to comply with the following:

(1) Reconnection of utilities and/or delivery of fuel must be accomplished upon certification for payment;

(2) The household must be charged in the normal billing process the difference between the actual cost of the home energy and the amount of payment made through this program. For balances remaining after acceptance of the HEAP payment, the customer must be offered the opportunity for a deferred payment arrangement or a level payment plan;

(3) HEAP recipients shall not be treated differently than households not receiving benefits; and

(4) The household on whose behalf benefits are paid shall not be discriminated against, either in the costs of goods supplied or the services provided.

(5) A landlord shall not increase the rent of recipient households on the basis of receipt of this payment.

Section 11. 904 KAR 2:115 and 904 KAR 2:115E, Eligibility, criteria for home energy assistance program, are hereby repealed.

JACK F. WADDELL, Commission

E. AUSTIN, JR., Secretary

APPROVED BY AGENCY: October 10, 1984

FILED WITH LRC: October 19, 1984 at 2 p.m.

STATEMENT OF EMERGENCY

Under KRS Chapter 13A the administrative body is required to implement this regulation or not have the authority to operate. Therefore, in order to continue to operate the Cabinet for Human Resources in accordance with KRS Chapter 194, the Cabinet for Human Resources needs to implement this emergency regulation. An ordinary administrative regulation cannot suffice since no administrative regulation has been filed with respect to these subject matters previously. This emergency regulation will be replaced by an ordinary administrative regulation in accordance with House Bill 334.

MARTHA LAYNE COLLINS, Governor

E. AUSTIN, JR., Secretary

CABINET FOR HUMAN RESOURCES
Department for Social Insurance
Division of Management and Development

904 KAR 2:140E. Supplementary policies for programs administered by the Department for Social Insurance.

RELATES TO: KRS 194.030(6) and Chapter 205

PURSUANT TO: KRS 194.050

EFFECTIVE: October 19, 1984

NECESSITY AND FUNCTION: KRS 194.010 designates

the Cabinet for Human Resources as the primary state agency responsible for the development and operation of assistance programs, and KRS 194.050 empowers the secretary of the Cabinet for Human Resources to adopt, administer and enforce regulations sufficient to operate the programs and fulfill the responsibilities vested in the cabinet. This regulation states the general policy of the cabinet with regard to program materials incorporated into regulatory form by reference for use by the Department for Social Insurance, and incorporates by reference materials related to the programs of aid to families with dependent children, medical assistance, home energy assistance, refugee assistance, food stamps, child support enforcement, state supplemental payments for the aged, blind or disabled, disability determination, and collections which are essential for the implementation of those programs.

Section 1. General Policy Relating to Program Materials Incorporated by Reference. (1) Kentucky administrative regulations relating to program matters reflect the policy of the cabinet with regard to the issues addressed in the regulation.

(2) Materials incorporated by reference shall be construed and interpreted in such a manner as to be consistent with the intent of agency policy as reflected in Kentucky administrative regulations, and shall be considered the agency statement of policy with regard to issues not otherwise addressed in Kentucky administrative regulations. All documents incorporated by reference herein may be reviewed during regular working hours in the Division of Management & Development, Department for Social Insurance, 275 East Main Street, Frankfort, Kentucky.

Section 2. Incorporation by Reference. The following listed materials are hereby incorporated by reference, effective on the date shown. [:]

(1) Department for Social Insurance Manual of Operations, effective October [July] 1, 1984. [:] The Manual of Operations provides operating instructions, procedural detail, and technical clarification for use of the department's field staff in implementing programs, under the authority of the department, including: aid to families with dependent children; refugee assistance; home energy assistance; child support enforcement; state supplementary payments; and medical assistance.

(2) Department for Social Insurance Manual of Forms, effective October [July] 1, 1984. [:] and The Manual of Forms provides forms with instructions for completion, usage, distribution and files maintenance for use of the department's field staff in implementing programs under the authority of the department, including: aid to families with dependent children; refugee assistance; home energy assistance; child support enforcement; state supplementary payments; medical assistance; and the food stamp program.

(3) Federal regulations at 45 CFR Parts 16, 74, and 95, effective May 16, 1984. Part 16, Procedures of the Departmental Grant Appeals Board, provides requirements and procedures applicable to resolution of certain disputes arising under several assistance programs funded

by the United States Department of Health and Human Services. Part 74, Administration of Grants, establishes uniform requirements for the administration of grants provided under the authority of the United States Department of Health and Human Services, and principles for determining costs applicable to activities assisted by Department of Health and Human Services grants. Part 95, General Administration - Grant Programs (Public Assistance and Medical Assistance), establishes requirements of the United States Department of Health and Human Services for various administrative matters relating to grant programs, including time limits for states to file claims, cost allocation plans, and conditions for federal financial participation for automatic data processing equipment and services.

Section 3. All documents incorporated by reference herein may be reviewed during regular working hours in the Division of Management & Development, Department for Social Insurance, 275 East Main Street, Frankfort, Kentucky.

JACK F. WADDELL, Commissioner

E. AUSTIN, JR., Secretary

APPROVED BY AGENCY: October 10, 1984

FILED WITH LRC: October 19, 1984 at 2 p.m.

STATEMENT OF EMERGENCY

Under KRS Chapter 13A the administrative body is required to implement this regulation or not have the authority to operate. Therefore, in order to continue to operate the Cabinet for Human Resources in accordance with KRS Chapter 194, the Cabinet for Human Resources needs to implement this emergency regulation. An ordinary administrative regulation cannot suffice because agency policy will not be accurately reflected in a timely manner. This emergency regulation will be replaced by an ordinary administrative regulation in accordance with House Bill 334.

MARTHA LAYNE COLLINS, Governor

E. AUSTIN, JR., Secretary

CABINET FOR HUMAN RESOURCES Department for Social Insurance Division of Management and Development

904 KAR 2:150E. Incorporation by reference of materials relating to the Aid to Families with Dependent Children Program.

RELATES TO: KRS 194.030(6), 205.200, 205.220, 205.231

PURSUANT TO: KRS 194.050

EFFECTIVE: October 19, 1984

NECESSITY AND FUNCTION: The Cabinet for Human Resources has responsibility under the provisions of KRS Chapter 205 to administer public assistance programs under Title IV-A of the Social Security Act, namely Aid to Families with Dependent Children, herein referred to as AFDC. This regulation incorporates into regulatory form, by reference, materials used by the cabinet in the implementation of the AFDC program.

Section 1. Incorporation by Reference. The cabinet shall incorporate by reference materials

used in the implementation of the Aid to Families with Dependent Children Program, subject to the provisions contained in 904 KAR 2:140, Section 1, Supplementary policies for programs administered by the Department for Social Insurance.

Section 2. Listing of Incorporated Materials. The following listed materials are hereby incorporated by reference, effective on the date shown:

(1) Federal [aid to families with dependent children] regulations at 45 CFR Parts 200-299, which set forth the federal requirements and guidelines for the administration of the Aid to Families with Dependent Children Program, [and interim final regulations at 45 CFR Parts 200-299,] effective October 1, [May 16,] 1984; and

(2) Federal [aid to families with dependent children] action transmittals, which provide operating instructions, procedural detail and technical clarification for use by the department's staff in administering the Aid to Families with Dependent Children Program, as follows: SSA-AT-77-44, 78-13, 78-14, 78-16, 78-21, 78-27, 78-28, 78-38, 79-2, 79-4, 79-5, 79-7, 79-11, 79-14, 79-18, 79-22, 79-26, 79-29, 79-31, 79-32, 79-33, 79-35, 79-42, 79-44, 80-2, 80-3, 80-9, 80-11, 80-19, 80-22, 80-24, 80-29, 80-30, 80-36, 80-38, 80-42, 80-44, 80-45, 80-50, 81-2, 81-7, 81-8, 81-10, 81-11, 81-12, 81-15, 81-16, 81-17, 81-18, 81-23, 81-29, 81-31, 81-33, 81-34, 81-35, 81-36, 81-37, 82-1, 82-5, 82-6, 82-9, 82-11, 82-13, 82-15, 82-16, 82-17, 82-18, 82-19, 82-20, 82-28, 82-33, 82-34, 83-6, 83-7, 83-10, 83-11, 83-13, 83-14, 83-17, 83-18, 83-21, 83-22, 83-23, 83-25, 83-27, 84-2, 84-3, 84-5, 84-6, and 84-7, 84-8, [and] 84-9, 84-13, and 84-16, effective October [July] 1, 1984.

Section 3. All documents included by reference herein may be reviewed during regular working hours at the Division of Management and Development, Department for Social Insurance, 275 East Main Street, Frankfort, Kentucky.

JACK F. WADDELL, Commissioner

E. AUSTIN, JR., Secretary

APPROVED BY AGENCY: October 10, 1984

FILED WITH LRC: October 19, 1984 at 2 p.m.

STATEMENT OF EMERGENCY

Under KRS Chapter 13A the administrative body is required to implement this regulation or not have the authority to operate. Therefore, in order to continue to operate the Cabinet for Human Resources in accordance with KRS Chapter 194, the Cabinet for Human Resources needs to implement this emergency regulation. An ordinary administrative regulation cannot suffice because agency policy will not be accurately reflected in a timely manner. This emergency regulation will be replaced by an ordinary administrative regulation in accordance with House Bill 334.

MARTHA LAYNE COLLINS, Governor

E. AUSTIN, JR., Secretary

CABINET FOR HUMAN RESOURCES
Department for Social Insurance
Division of Management and Development

904 KAR 2:170E. Incorporation by reference of materials relating to the Child Support Program.

RELATES TO: KRS 205.795

PURSUANT TO: KRS 194.050

EFFECTIVE: October 19, 1984

NECESSITY AND FUNCTION: The Cabinet for Human Resources has responsibility for administering the Child Support Program in accordance with Title IV-D of the Social Security Act and KRS 205.710 to 205.800 and 205.992. This regulation incorporates into regulatory form, by reference, materials used by the cabinet in the implementation of the Child Support Program.

Section 1. Incorporation by Reference. The cabinet shall incorporate by reference materials used in the implementation of the Child Support Program, subject to the provisions contained in 904 KAR 2:140, Section 1, Supplementary Policies for Programs Administered by the Department for Social Insurance.

Section 2. Listing of Incorporated Materials. The following listed materials are hereby incorporated by reference, effective on the date shown:

(1) Federal child support regulations at 45 CFR Parts 300-399, [and interim final regulations at 45 CFR Parts 300-399,] which set forth the requirements and guidelines for the administration of the Child Support Program, effective October [July] 1, 1984;

(2) Federal Office of Child Support Enforcement Action Transmittals, which provide federal program instructions for the implementation of the child support enforcement program in accordance with federal laws and regulations, as follows: OCSE-AT-75-5, 75-6, 76-1, 76-2, 76-5, 76-7, 76-8, 76-9, 76-14, 76-21, 76-22, 76-23, 77-3, 77-14, 78-2, 78-5, 78-6, 78-8, 78-16, 78-18, 79-2, 79-3, 79-6, 79-7, 79-8, 80-5, 80-9, 80-11, 80-17, 81-7, 81-12, 81-26, 82-17, [83-13,] 83-15, [and] 83-18, and 84-05, effective October 1 [May 16], 1984;

(3) Department for Social Insurance Child Support Manual of Procedures, which provides operational instructions and procedural detail for the implementation of the child support enforcement program, effective October [July] 1, 1984;

(4) Department for Social Insurance Child Support System Handbook, which provides systems and data processing instructions for the implementation of the child support enforcement program, effective May 16, 1984; and

(5) Department for Social Insurance Child Support Action Memorandums, which provide program clarifications, instructions, and procedural detail for the implementation of the child support enforcement program, as follows: OCSE-AM-82-07, [82-27,] 82-36, 82-53, 83-16, 83-21, 83-29, 83-30, 83-31, 83-36, 83-38, 83-39, 83-48, [83-54,] 84-10, 84-11, 84-16, 84-18, 84-19, 84-20, [and] 84-22, 84-29, 84-34, and 84-36, effective October [July] 1, 1984.

Section 3. All documents included by reference herein may be reviewed during regular working hours at the Division of Management and Development, Department for Social Insurance, 275 East Main Street, Frankfort, Kentucky.

JACK F. WADDELL, Commissioner
E. AUSTIN, JR., Secretary
APPROVED BY AGENCY: October 10, 1984
FILED WITH LRC: October 19, 1984 at 2 p.m.

STATEMENT OF EMERGENCY

Under KRS Chapter 13A the administrative body is required to implement this regulation or not have the authority to operate. Therefore, in order to continue to operate the Cabinet for Human Resources in accordance with KRS Chapter 194, the Cabinet for Human Resources needs to implement this emergency regulation. An ordinary administrative regulation cannot suffice because agency policy will not be accurately reflected in a timely manner. This emergency regulation will be replaced by an ordinary administrative regulation in accordance with House Bill 334.

MARTHA LAYNE COLLINS, Governor
E. AUSTIN, JR., Secretary

CABINET FOR HUMAN RESOURCES
Department for Social Insurance
Division of Management and Development

904 KAR 2:180E. Incorporation by reference of materials relating to the Home Energy Assistance Program.

RELATES TO: KRS 194.030(6)
PURSUANT TO: KRS 194.050
EFFECTIVE: October 19, 1984

NECESSITY AND FUNCTION: The Cabinet for Human Resources has responsibility to administer a program to provide assistance for eligible low income households within the Commonwealth of Kentucky, to help meet the costs of home energy, in accordance with the provisions of PL 97-35 (Title XXVI of the Omnibus Budget Reconciliation Act of 1981). This regulation incorporates into regulatory form, by reference, materials used by the cabinet in the implementation of the Home Energy Assistance Program.

Section 1. Incorporation by Reference. The cabinet shall incorporate by reference materials used in the implementation of the home energy assistance program, subject to the provisions contained in 904 KAR 2:140, Section 1, Supplementary Policies for Programs Administered by the Department for Social Insurance.

Section 2. Listing of Incorporated Materials. The following materials are hereby incorporated by reference effective on the date shown:

(1) Federal energy regulation at 45 CFR Part 96, and interim final regulations at 45 CFR Part 96, which set forth the federal requirements and guidelines for the administration of the Home Energy Assistance Program, effective October 1, [May 16,] 1984;

(2) Federal low income home energy assistance information memorandums, which set forth the federal requirements and guidelines for the administration of the Home Energy Assistance Program, as follows: SSA-IM-83-01, 83-02, 83-05, [83-06,] 83-07, 83-09, 84-6, [and] 84-14, 84-22, and 84-23, effective October 1, [May 16,] 1984;

(3) Federal low income home energy assistance information action transmittal, which sets forth

the federal requirements and guidelines for the administration of the Home Energy Assistance Program, as follows: SSA-AT-83-02, effective May 16, 1984.

Section 3. All documents included by reference herein may be reviewed during normal working hours at the Division of Management and Development, Department for Social Insurance, 275 East Main Street, Frankfort, Kentucky.

JACK F. WADDELL, Commissioner
E. AUSTIN, JR., Secretary
APPROVED BY AGENCY: October 10, 1984
FILED WITH LRC: October 19, 1984 at 2 p.m.

STATEMENT OF EMERGENCY

Under KRS Chapter 13A the administrative body is required to implement this regulation or not have the authority to operate. Therefore, in order to continue to operate the Cabinet for Human Resources in accordance with KRS Chapter 194, the Cabinet for Human Resources needs to implement this emergency regulation. An ordinary administrative regulation cannot suffice because agency policy will not be accurately reflected in a timely manner. This emergency regulation will be replaced by an ordinary administrative regulation in accordance with House Bill 334.

MARTHA LAYNE COLLINS, Governor
E. AUSTIN, JR., Secretary

CABINET FOR HUMAN RESOURCES
Department for Social Insurance
Division of Management and Development

904 KAR 2:190E. Incorporation by reference of materials relating to the Refugee Assistance Program.

RELATES TO: KRS 194.030(6)
PURSUANT TO: KRS 194.050
EFFECTIVE: October 19, 1984

NECESSITY AND FUNCTION: The Cabinet for Human Resources is authorized by KRS 194.050 to administer programs to qualify for the receipt of federal funds providing cash and medical assistance to eligible Kentucky residents. This regulation incorporates into regulatory form, by reference, materials used by the cabinet in the implementation of the Refugee Assistance Program.

Section 1. Incorporation by Reference. The cabinet shall incorporate by reference materials used in the implementation of the Refugee Assistance Program, subject to the provisions contained in 904 KAR 2:140, Section 1, Supplementary Policies for Programs Administered by the Department for Social Insurance.

Section 2. Listing of Incorporated Materials. The following materials are hereby incorporated by reference, effective on the date shown:

(1) Federal regulations at 45 CFR Parts 400-401, which set forth the federal requirements and guidelines for the administration of the Refugee Assistance Program, [and interim final regulations at 45 CFR Parts 400-401,] effective May 1, 1984;

(2) Federal Office of Refugee Resettlement action transmittals which set forth the federal

requirements and guidelines for the administration of the Refugee Assistance Program as follows: ORR-AT-80-5, 80-6, 80-7, 81-1, 82-3, 83-1, 83-2, 83-6, [and] 83-6A, and 84-2, effective October 1, [May 16,] 1984; and

(3) Memorandum dated March 1, 1984 to State Agency Administrators of Refugee Resettlement Program and Cuban/Haitian Entrant Program, which set forth program goals, standards, and priorities in the Refugee Assistance Program, effective May 16, 1984.

Section 3. All documents included by reference herein may be reviewed during normal working hours at the Division of Management and Development, Department for Social Insurance, 275 East Main Street, Frankfort, Kentucky.

JACK F. WADDELL, Commissioner
E. AUSTIN, JR., Secretary

APPROVED BY AGENCY: October 10, 1984
FILED WITH LRC: October 19, 1984 at 2 p.m.

STATEMENT OF EMERGENCY

Under KRS Chapter 13A the administrative body is required to implement this regulation or not have the authority to operate. Therefore, in order to continue to operate the Cabinet for Human Resources in accordance with KRS Chapter 194, the Cabinet for Human Resources needs to implement this emergency regulation. An ordinary administrative regulation cannot suffice because agency policy will not be accurately reflected in a timely manner. This emergency regulation will be replaced by an ordinary administrative regulation in accordance with House Bill 334.

MARTHA LAYNE COLLINS, Governor
E. AUSTIN, JR., Secretary

CABINET FOR HUMAN RESOURCES Department for Social Insurance Division of Management and Development

904 KAR 2:200E. Collections program.

RELATES TO: KRS 194.030(6)
PURSUANT TO: KRS 194.050
EFFECTIVE: October 19, 1984

NECESSITY AND FUNCTION: The Cabinet for Human Resources is authorized by KRS Chapters 194 and 205 to operate public assistance programs, and is empowered by KRS 194.050 to promulgate regulations necessary for the administration of its programs. This regulation incorporates into regulatory form, by reference, materials used by the cabinet in the implementation of the Collections Program.

Section 1. Incorporation by Reference. The cabinet shall incorporate by reference materials used in the implementation of the collection program, subject to the provisions contained in 904 KAR 2:140, Section 1, Supplementary Policies for Programs Administered by the Department for Social Insurance.

Section 2. Listing of Incorporated Materials. The following listed material is hereby incorporated by reference, effective on the date shown: Collections Branch Policy and Procedures Manual, effective October [July] 1, 1984. The

Manual contains operational instructions, procedures, and forms used by the cabinet in the implementation of the collections program.

Section 3. All documents included by reference herein may be reviewed during regular working hours at the Division of Management and Development, Department for Social Insurance, 275 East Main Street, Frankfort, Kentucky.

JACK F. WADDELL, Commissioner
E. AUSTIN, JR., Secretary

APPROVED BY AGENCY: October 10, 1984
FILED WITH LRC: October 19, 1984 at 2 p.m.

STATEMENT OF EMERGENCY

Under KRS Chapter 13A the administrative body is required to implement this regulation or not have the authority to operate. Therefore, in order to continue to operate the Cabinet for Human Resources in accordance with KRS Chapter 194, the Cabinet for Human Resources needs to implement this emergency regulation. An ordinary administrative regulation cannot suffice because agency policy will not be accurately reflected in a timely manner. This emergency regulation will be replaced by an ordinary administrative regulation in accordance with House Bill 334.

MARTHA LAYNE COLLINS, Governor
E. AUSTIN, JR., Secretary

CABINET FOR HUMAN RESOURCES Department for Social Insurance Division of Management and Development

904 KAR 3:090E. Incorporation by reference of materials relating to the Food Stamp Program.

RELATES TO: KRS 194.030(6)
PURSUANT TO: KRS 194.050
EFFECTIVE: October 19, 1984

NECESSITY AND FUNCTION: The Cabinet for Human Resources has responsibility to administer a Food Stamp Program as prescribed by the Food Stamp Act of 1977 as amended, and 7 CFR Parts 251-282. KRS 194.050 authorizes the Secretary, Cabinet for Human Resources, to issue regulations necessary for the operation of the cabinet's programs. This regulation incorporates into regulatory form, by reference, materials used by the cabinet in the implementation of the Food Stamp Program.

Section 1. Incorporation by Reference. The cabinet shall incorporate by reference materials used in the implementation of the Food Stamp Program, subject to the provisions contained in 904 KAR 2:140, Section 1, Supplementary Policies for Programs Administered by the Department for Social Insurance.

Section 2. Listing of Incorporated Materials. The following materials are hereby incorporated by reference, effective on the date shown:

(1) Federal food stamp regulations at 7 CFR Parts 250, 251 and 271[270]-282, which set forth the federal requirements and guidelines for the administration of the Food Stamp Program [and interim final regulations at 7 CFR Parts 251, 270-282], effective October [July] 1, 1984;

(2) Department for Social Insurance Food Stamp

Handbook, which provides operating instructions, procedural detail and technical clarification for use by the department's field staff in administering the Food Stamp Program, effective October [July] 1, 1984; and

(3) Federal food stamp regional letters, which set forth federal clarification of federal food stamp regulations, as follows: 80-5, 80-5.1, 80-6, 80-7, 80-8, 80-9, 80-10, 80-11, 80-13, 80-15, 80-16, 80-17, 80-19, 80-21, 80-22.1, 80-23, 80-30, 80-31, 80-32, 80-33, 80-34, 80-36, 80-38, 80-39, 80-41.1, 80-42, 80-43, 80-44, 80-47, 80-48, 80-49, 80-50, 80-51, 80-52, 80-53, 80-54, 80-58, 80-58.1, 80-58.2, 80-59, 80-62, 80-67, 80-71, 80-72, 80-73, 80-76.1, 80-77, 80-78, 80-79, 80-80, 80-81, 80-82, 80-83, 80-85, 80-86, 80-87, 80-88, 80-89, 80-91, 80-92, 80-93, 80-96, 80-98, 80-99, 80-100, 80-101, 80-102, 80-103, 80-105, 80-106, 81-3, 81-3.1, 81-3.2, 81-4, 81-4.1, 81-4.2, 81-4.3, 81-5, 81-6, 81-8, 81-9, 81-10, 81-10.1, 81-10.2, 81-11, 81-12, 81-13, 81-14, 81-15, 81-16, 81-17, 81-18, 81-19, 81-20, 81-20.1, 81-20.2, 81-21, 81-22, 81-23, 81-24, 81-25, 81-26, 81-27, 81-28, 81-29, 81-30, 81-30.1, 81-33, 81-34, 81-34.1, 81-36, 81-37, 81-38, 81-39, 81-40, 81-41, 81-42, 81-43, 81-44, 81-45, 81-46, 81-46.1, 81-47, 81-48, 81-49, 81-50, 81-51, 81-52, 81-53, 81-54, 81-55, 81-57, 81-57.1, 81-58, 81-59, 81-60, 81-62, 81-64, 81-65, 81-66, 81-67, 81-68, 82-2, 82-3, 82-4, 82-5, 82-6, 82-7, 82-8, 82-9, 82-10, 82-11, 82-12, 82-13, 82-14, 82-15, 82-16, 82-17, 82-18, 82-18.1, 82-19, 82-20, 82-21, 82-23, 82-25, 82-25.1, 82-26, 82-27, 82-29, 82-29.1, 82-30, 82-31, 82-32, 82-35, 82-36, 82-37, 82-38, 82-39, 82-40, 83-1, 83-1.1, 83-1.2, 83-2, 83-2.1, 83-3, 83-4, 83-5, 83-6, 83-7, 83-9, 83-12, 83-14, 83-15, 83-17, 83-18, 83-19, 83-21, 83-22, 83-24, 83-25, 83-26, 83-27, 83-28, 83-30, 83-31, 83-33, 83-36, 84-1, 84-2, 84-3, 84-4, 84-5, 84-6, 84-7, 84-8, 84-9, 84-10, 84-11, 84-12, 84-13, 84-14, 84-15, 84-16, 84-17, 84-18, 84-19, 84-20, 84-21, 84-22, 84-23, 84-24, 84-26, 84-27, 84-28, 84-29, 84-30, 84-31, 84-32, 84-33, 84-34, 84-35, 84-36, 84-37, 84-38, [and] 84-39, 84-40, 84-41, 84-42, 84-43, 84-45, 84-46, and 84-47 effective October [July] 1, 1984.

Section 3. All documents incorporated by reference herein may be reviewed during regular working hours in the Division of Management and Development, Department for Social Insurance, 275 East Main Street, Frankfort, Kentucky.

JACK F. WADDELL, Commissioner

E. AUSTIN, JR., Secretary

APPROVED BY AGENCY: October 10, 1984

FILED WITH LRC: October 19, 1984 at 2 p.m.

STATEMENT OF EMERGENCY

Under KRS Chapter 13A the administrative body is required to implement this regulation or not have the authority to operate. Therefore, in order to continue to operate the Cabinet for Human Resources in accordance with KRS Chapter 194, the Cabinet for Human Resources needs to implement this emergency regulation. An ordinary administrative regulation cannot suffice because agency policy will not be accurately reflected in a timely manner. This emergency regulation will be replaced by an ordinary administrative regulation in accordance with House Bill 334.

MARTHA LAYNE COLLINS, Governor
E. AUSTIN, JR., Secretary

CABINET FOR HUMAN RESOURCES Department for Social Services Division of Children's Residential Services

905 KAR 7:030E. Children's residential services facilities manuals.

RELATES TO: KRS Chapters 202A and 208

PURSUANT TO: KRS 13A.210, 194.050

EFFECTIVE: October 19, 1984

NECESSITY AND FUNCTION: P.L. 97-35, Subpart C, "Social Services Block Grant - Title XX" authorizes grants to states for the provision of social services. KRS 194.050 authorizes the Cabinet for Human Resources to adopt such rules and regulations as are necessary to implement programs mandated by federal law, or to qualify for receipt of federal funds and as are necessary to cooperate with federal agencies for the proper administration of the cabinet and its programs. The function of this regulation is to implement programs for the care and treatment of children who are delinquent, status offenders and mentally ill or emotionally disturbed. This regulation is tiered by facility based on type of child admitted, degree of security, and treatment program.

Section 1. Children's Residential Services Facilities Manuals. The Cabinet for Human Resources hereby adopts by reference as operating policies and procedures for the residential facilities, operated by the Department for Social Services, the following manuals: Northern Kentucky Treatment Center Policy and Procedure Manual revised through October 1, 1984; [May 11, 1984;] Lake Cumberland Boys' Camp Policy and Procedural Manual revised through May 11, 1984; Morehead Treatment Center Policy Manual dated 1983; Central Kentucky Treatment Center Policy Manual dated 1983; Green River Boys' Camp Policy and Procedures Manual revised through May 11, 1984; Woodsbend Boys' Camp Policies and Procedures revised through May 11, 1984; Cardinal Treatment Center Policy and Procedural Manual revised through October 1, 1984; [May 11, 1984;] Rice-Audubon Policy and Procedural Manual revised through May 11, 1984; Lincoln Village Policy and Procedures Manual dated September 15, 1983; Re-Ed Treatment Program Policy/Procedural Manuals, [Chapters II, III, and IV] revised through October 1, 1984; [May 11, 1984;] and Central Kentucky Re-Ed Center Policy and Procedural Manual, Lexington, revised through October 1, 1984. [May 11, 1984.] These manuals set forth the policies and procedures for the care and treatment of juveniles residing in the above listed residential facilities. The manuals may be reviewed during regular working hours at the Office of the Commissioner, Department for Social Services, 275 East Main Street, Frankfort, Kentucky.

Section 2. Summary of Amendments. (1) In the Northern Kentucky Treatment Center Policy and Procedural Manual add a new section at the end of the manual for staff development and insert Provision for Staff Development and Training Services at Children's Treatment Service reviewed August 1, 1984. In-Service Training

reviewed August 1, 1984, and Training Records revised April 30, 1984.

(2) In the Cardinal Treatment Center Policy and Procedural Manual following the section on Staff Development add a new section on Personnel which includes table of contents, personnel policies, orientation, employee code of conduct, probationary evaluation of all employees, scheduling and work assignments, facility over unit priorities, affirmative action plan, promotions, reclassifications, transfers and resignations, salary increases, leave, overtime, taking leave, pay days, timekeeping and time recording, disciplinary actions, grounds for expulsion, grievances, grievance committee, solicitation of employees, employee health program, benefits, liability insurance, staff injuries on duty, identification cards, keys, educational opportunities and staff documentation of Cardinal policy orientation revised August 11, 1984; strike from the treatment section Contraband Items on Living Unit, School or other areas dated October 21, 1983, and substitute in lieu thereof Contraband Items on Living Unit, School or other areas revised July 12, 1984; strike from the treatment section Treatment Modality - Phase System revised March 21, 1984, and substitute in lieu thereof Treatment Modality - Phase System revised June 23, 1984, which sets forth the criteria for carry out of the phase system; insert following the Treatment Modality - Phase System, Progress Notation dated July 12, 1984; add a new section on Family Involvement following Juvenile Rights and insert Visiting With Staff Members effective July 12, 1984, and Therapeutic Off-Grounds Trips With Staff revised July 12, 1984, which sets forth the policies and procedures relating to off-site visits or trips by residents with staff; add at the end of the section on Staff Development Provision for Staff Development and Training Services at Children's Treatment Services reviewed August 1, 1984, In-Service Training reviewed August 1, 1984, Training Program Evaluation effective May 24, 1984, and Training Records revised May 24, 1984, which establishes policies and procedures for staff development; in the section on Referral, Admission, and Discharge Procedures strike Admission Criteria dated June 29, 1983, and substitute in lieu thereof Admission Criteria revised July 12, 1984, which consolidates existing admission criteria; add at the beginning of the section on Juvenile Rights, policy number 601, Residents' Rights effective October, 1984, which sets forth the fundamental rights of residents; at the end of the Personnel section add policy number 1029, Media Contacts, effective October 1, 1984, which sets forth policies for dealing with news media.

(3) In the Re-ed Treatment Program Policy and Procedural Manual - Administrative and Safety Section strike pages beginning with "Re-ed School of Kentucky to Table of Contents, Chapter IV; Safety and substitute in lieu thereof Re-ed Treatment Program Policy and Procedures Manual Table of Contents dated October 1, 1984, Re-ed Treatment Program Historical Background dated October 1, 1984, Children's Residential Services Description reviewed June 1, 1984, Lines of Communication and Administrative Supervision reviewed April 27, 1984, Role of Program Director revised May 8, 1984, Establishing and Revising Policies/Procedures effective May 4, 1984, Executive Committee revised May 8, 1984,

The Admissions Committee revised October 7, 1983, The Safety Committee reviewed January 13, 1984, Staff Development and Training Committee reviewed June 8, 1984, Role of Team Leader revised January 31, 1984, Role of Re-ed Liaison reviewed January 21, 1984, Role of Nurse revised January 31, 1984, Role of School Center Head reviewed May 8, 1984, Role of Juvenile Counselor revised January 31, 1984, Role of Youth Facility Officer Senior revised May 4, 1984, Role of Volunteer Coordinator reviewed May 8, 1984, Practicum Students revised June 15, 1984, Media Inquiries revised June 15, 1984, and Field Trips reviewed May 8, 1984, which renumber and reorder existing instructions; School Services reviewed May 8, 1984, which provide that all children receive appropriate education and Support Services reviewed April 1, 1984, which provides for services from Hazelwood ICF/MR; add a new section of Staff Development and insert Provision for Staff Development and Training Services at Children's Treatment Service reviewed August 1, 1984, In-Service Training reviewed August 1, 1984, and Training Records revised August 30, 1984, which set forth the policies and procedures for staff development.

(4) In the Central Kentucky Re-ed Center Policy and Procedures Manual strike page A-7.1, Committee, functions and descriptions dated November 11, 1983, and substitute in lieu thereof page A-7.1, Committee, Functions and Descriptions revised August, 1984; strike page A-14.1, Care of Premises, Equipment, Vehicles revised September, 1983, and substitute in lieu thereof page A-14.1, Care of Premises, Equipment, Vehicles revised August, 1984; strike pages A-16.1 and A-16.2, Purchasing and Supplies revised September, 1983, and substitute in lieu thereof pages A-16.1 and A-16.2, Purchasing, Ordering and Receiving revised July 25, 1984; strike pages A-19.1 and A-19.2, Program Director - Responsibilities and Duties effective December, 1983, and substitute in lieu thereof pages A-19.1 and A-19.2, Program Director - Responsibilities and Duties revised August, 1984; strike pages A-21.1 and A-21.2, Night Supervisor - Responsibilities and Duties effective November 22, 1983, and substitute in lieu thereof pages A-21.1 and A-21.2, Night Supervisor - Responsibilities and Duties revised August, 1984; strike pages A-28.1, Night Teacher Counselor - Duties and Responsibilities effective January, 1984, and substitute in lieu thereof pages A-28.1, Night Teacher counselor - Duties and Responsibilities reviewed July 25, 1984; strike pages A-29.1 and A-29.2, Residential Counselor - Duties and Responsibilities effective January, 1984, and substitute in lieu thereof pages A-29.1 and A-29.2, Residential Counselor - Duties and Responsibilities reviewed July 25, 1984; strike page A-31.1, Specialty Program Counselor - Duties and Responsibilities effective December, 1983, and substitute in lieu thereof page A-31.1, Specialty Program Counselor - Responsibilities and Duties reviewed July 25, 1984; strike pages A-32.1 and A-32.2, Nurse, Registered - Duties and Responsibilities effective December, 1983, and substitute in lieu thereof pages A-32.1 and A-32.2, Nurse, Registered - Responsibilities and Duties, reviewed July 25, 1984; strike A-35.1 and A-35.2, Teacher - Emotionally Disturbed/Behavioral Disordered Classroom effective December, 1983, and substitute in lieu

thereof pages A-35.1 and A-35.2. Teacher - Emotionally Disturbed/Behavioral Disordered Classroom reviewed July 25, 1984; add at the end of the section on Administration pages A-44.1 and A-44.2. Inventory Control/Method of Conducting Inventory effective August 15, 1984; strike page E-3.1. Bomb Threat effective November 11, 1983, and substitute in lieu thereof page E-3.1. Bomb Threat revised July, 1984 strike page E-12.1. Tornado Procedures effective November 11, 1983, and substitute in lieu thereof page E-12.1. Tornado Procedures revised August, 1984; strike pages M-1.1 and M-1.2 revised November, 1983, and substitute in lieu thereof pages M-1.1, M-1.2 and M-1.3. Parental Responsibilities for Medical Information and Documentation revised June 28, 1984; strike pages M-3.1 and M-3.2. Medical Information Flow revised January 16, 1984, and substitute in lieu thereof pages M-3.1 and M-3.2. Medical Information Flow reviewed July 25, 1984; strike page M-4.1. Medication Administration effective November 28, 1983, and substitute in lieu thereof pages M-4.1 and M-4.2. Medication Administration reviewed July 25, 1984; strike pages M-5.1, M-5.2, M-5.3, M-5.4, M-5.5 and M-5.6. Medical Documentation effective November, 1983, and substitute in lieu thereof pages M-5.1, M-5.2, M-5.3, M-5.4, M-5.5 and M-5.6. Medical Documentation reviewed July 25, 1984; strike pages M-6.1, M-6.2 and M-6.3. Storage and Preparation of Medication revised November, 1983, and substitute in lieu thereof pages M-6.1, M-6.2 and M-6.3. Storage and Preparation of Medication reviewed July 25, 1984; strike pages M-7.1, M-7.2, and M-7.3. Resident Requiring Medical Attention - Minor Illness or Accident revised November, 1983, and substitute in lieu thereof pages M-7.1, M-7.2 and M-7.3. Resident Requiring Medical Attention - Minor Illness or Accident reviewed July 25, 1984; strike page M-10.1. Death of a Resident effective January 1, 1983, and substitute in lieu thereof page M-10.1. Death of a Resident reviewed July 25, 1984; at the end of the section on Records add pages R-3.1 through R-3.5. Abbreviations effective July 20, 1984; strike page S-11.1. Tornado Procedures effective November 11, 1983, and substitute in lieu thereof page S-11.1. Tornado Procedures revised August, 1984; strike page S-12.1. Bomb Threat effective November 11, 1983, and substitute in lieu thereof page S-12.1. Bomb Threat revised August, 1984; strike pages S-14.1 and S-14.2. Staff Addresses and Phone Numbers effective November, 1983, and substitute in lieu thereof pages S-14.1 and S-14.2. Staff Addresses and Phone Numbers effective August, 1984; strike pages T-1.1, T-1.2 and T-1.3. Admissions Criteria - Referral and Admissions Procedures revised October, 1983, and substitute in lieu thereof pages T-1.1, T-1.2 and T-1.3. Admissions Criteria - Referral and Admissions Procedures revised June 28, 1984; strike page T-2.1. Treatment Plan for Admission effective October, 1983, and substitute in lieu thereof page T-2.1. Initial Treatment Plan revised July 11, 1984; strike pages T-3.1, T-3.2. Parent Education Training/Parent Involvement revised October 7, 1983, and the form entitled Family Participation Contract dated April, 1983, and substitute in lieu thereof pages T-3.1, T-3.2, T-3.3. Parent Involvement/Parent Education Training revised June 28, 1984, and the form entitled Family

Participation Contract revised June, 1984; strike pages T-7.1 and T-7.2. Residents' Bill of Rights effective October, 1983, and substitute in lieu thereof pages T-7.1 and T-7.2. Residents' Bill of Rights revised June 18, 1984; strike pages T-14.1 and T-14.2. Principles for Working with ED/BD Children at Re-ed effective November 11, 1984, and substitute in lieu thereof pages T-14.1 and T-14.2. Principles for Working with ED/BD Children at Re-ed revised August, 1984; strike pages T-16.1, T-16.2 and T-16.3. Children's Daily Living Routine revised December, 1983, and substitute in lieu thereof pages T-16.1, T-16.2 and T-16.3. Children's Daily Living Routines revised July 17, 1984; strike page T-18.1. Treatment Plan: Guidelines for Developing Residents' Treatment Plan effective October, 1983, and substitute in lieu thereof page T-18.1. Treatment Plan: Guidelines for Developing Residents' Treatment Plan revised July 11, 1984; strike pages T-19.1 and T-19.2. Social Goals effective November 11, 1983, and substitute in lieu thereof pages T-19.1 and T-19.2. Social Goals revised July 11, 1984; strike pages T-20.1, T-20.2 and T-20.3. Staffing/Meetings revised October, 1983, and substitute in lieu thereof pages T-20.1 and T-20.2. Monthly Review Meetings, Team Planning Meetings and Consultation Staffings revised July, 1984; strike pages T-24.1, T-24.2, and T-24.3. Treatment Modalities: Activity Therapies effective October, 1983, and substitute in lieu thereof pages T-24.1, T-24.2 and T-24.3. Treatment Modalities: Activity Therapies revised August, 1984; strike page T-25.1. Community Involvement - Child Centered Activities effective September 30, 1983, and substitute in lieu thereof page T-25.1. Community Involvement - Child Centered Activities revised August, 1984; strike page T-26.1. Field Trips effective June 1, 1981, and substitute in lieu thereof page T-26.1. Field Trips revised August, 1984; strike page S-6.1. Hazardous Areas on Grounds effective September 22, 1980, and substitute in lieu thereof page S-6.1. Hazardous Areas on Grounds revised October 1, 1984; strike page S-3.1. Principle Safety Regulations effective November 11, 1983, and substitute in lieu thereof page S-3.1. Principle Safety Regulations revised October 1, 1984; at the end of the section on Treatment add page T-41.1. Student Council effective June 19, 1984; in the section on Staff Development add in numerical sequence by policy number SD-001. Provision for Staff Development and Training Services at Children's Treatment Services reviewed August 1, 1984. SD-003. In-Service Training reviewed August 1, 1984. SD-7. Children's Residential Staff Training Requirements effective August 15, 1984; and SD-013. Training Records revised April 30, 1984; strike the Table of Contents in the Administration section and substitute in lieu thereof Table of Contents - Administration, dated October 1, 1984; strike the Index. Medical Policies and Procedures at the end of the Medical section and substitute in lieu thereof the Index. Medical Policies and Procedures dated October 1, 1984; strike the Table of Contents - Records and substitute in lieu thereof the Table of Contents - Records dated October 1, 1984; strike the Table of Contents - Staff Development, and substitute in lieu thereof the Table of Contents - Staff Development dated October 1, 1984; strike the Table of Contents -

Treatment and substitute in lieu thereof Table of Contents - Treatment dated October 1, 1984; strike Central Kentucky Re-ed Center Index and substitute in lieu thereof Central Kentucky Re-ed Index dated October 1, 1984.

ANNA GRACE DAY, Commissioner

E. AUSTIN, JR., Secretary

APPROVED BY AGENCY: October 12, 1984

FILED WITH LRC: October 19, 1984 at 2 p.m.

STATEMENT OF EMERGENCY

Under KRS Chapter 13A the administrative body is required to implement this regulation or not have the authority to operate. Therefore, in order to continue to operate the Cabinet for Human Resources in accordance with KRS Chapter 194, the Cabinet for Human Resources needs to implement this emergency regulation. An ordinary administrative regulation cannot suffice because agency policy will not be accurately reflected in a timely manner. This emergency regulation will be replaced by an ordinary administrative regulation in accordance with House Bill 334.

MARTHA LAYNE COLLINS, Governor

E. AUSTIN, JR., Secretary

CABINET FOR HUMAN RESOURCES

Department for Social Services

Division of Children's Residential Services

905 KAR 7:080E. Children's treatment services facility manual.

RELATES TO: KRS Chapters 202A and 208

PURSUANT TO: KRS 194.050

EFFECTIVE: October 19, 1984

NECESSITY AND FUNCTION: P.L. 97-35, Subtitle C, "Block Grants for Social Services Title XX" authorizes grants to states for social services. KRS 194.050 authorizes the Cabinet for Human Resources to adopt such rules and regulations as are necessary to implement programs mandated by federal law, or to qualify for the receipt of federal funds and as are necessary to cooperate with federal agencies for the proper administration of the cabinet and its programs. The function of this regulation is to implement programs for the care and treatment of mentally ill and/or emotionally disturbed children by the Children's Treatment Service facility operated by the Department for Social Services.

Section 1. Children's Treatment Service Facility Manuals. The Cabinet for Human Resources hereby adopts, by reference, as operating policies and procedures of the Children's Treatment Service, Lakeland Road, Louisville, Kentucky, operated by the Department for Social Services, the following manuals: Policy Manual revised through October 1, 1984; [dated June 16, 1983;] Therapeutic Milieu Manual revised through October 10, 1984; [July 23, 1984;] Psychology Procedural Manual dated February 10, 1983; Nursing Manual revised through October 1, 1984; [dated February 10, 1983;] Staff Development/Volunteer Procedures Manual revised through October 1, 1984; [July 23, 1984;] Emergency Services Manual revised through May 11, 1984; Safety Rules and Practices revised through October 1, 1984; [May 11, 1984;]

Pharmacy Manual revised through October 1, 1984; [May 11, 1984;] Medical Procedures Manual dated February 10, 1983; The Living Unit Manual revised through July 23, 1984; and Social Services Manual dated February 10, 1983. These manuals set forth the policies and procedures used in the Children's Treatment Services program to provide care and treatment for juveniles residing in this facility. These manuals may be reviewed during regular working hours at the Office of the Commissioner, Department for Social Services, 275 East Main Street, Frankfort, Kentucky; and Children's Treatment Service, Lakeland Road, Louisville, Kentucky.

Section 2. Summary of Amendments. (1) In the CTS Policy Manual strike page 101. Provision for Staff Development and Training Services at Children's Treatment Services reviewed August 1, 1984, and substitute in lieu thereof page 101. Provision of Staff Development and Training Service reviewed August 1, 1984, which changes authorization to the Department for Social Services; and strike pages 133 and 134. Patient Leave Status revised January, 1983, and substitute in lieu thereof pages 133 and 134. Patient Leave Status revised August 3, 1984, which limits Otherwise Absent for Treatment (OAT) to thirty (30) days, sets limits for absent without leave, and requires Executive Committee approval for OAT in excess of thirty (30) days. [Therapeutic Milieu Manual strike pages A1-A5 revised January 28, 1983, and substitute in lieu thereof pages A1-A5 revised March 9, 1984, which clarify the use of the phase system, transmit a revised weekly phase point tabulation sheet and revised requirements to qualify for each phase.]

(2) In the CTS Staff Development/Volunteer Procedures Manual strike page J2. Provision for Staff Development and Training at Children's Treatment Service revised January 15, 1983, and substitute in lieu thereof page J2. Provision for Staff Development and Training at Children's Treatment Service reviewed August 1, 1984, which changes authorization to Department for Social Services; strike page J4. In-Service Training reviewed January 15, 1983, and substitute in lieu thereof page J4. In-Service Training reviewed August 1, 1984, which adds training needs related to accreditation and/or licensing standards; strike pages J41-J46. Training Program Evaluation reviewed January 15, 1983, and substitute in lieu thereof pages J39-J43. Training Program Evaluation revised April 30, 1984, which provides for an annual evaluation of the training program and attendance records on those receiving training. [Living Unit Manual strike pages D32-D36 revised January 28, 1983, and substitute in lieu thereof pages D32-D36 revised through March 9, 1984, which clarify the use of the phase system, transmit a revised weekly phase point tabulation sheet and revised requirements to qualify for each phase.]

(3) In the CTS Therapeutic Milieu Manual strike pages A134-A136(a). Treatment Team Process - Guidelines for Treatment Planning revised October, 1982, and substitute in lieu thereof pages A134-A136(a). Treatment Team Process - Guidelines for Treatment Planning revised April 23, 1984, which provides for a written comprehensive individual treatment plan for each resident; strike page A163. Discharge

Agreement/Release, and substitute in lieu thereof page A163, Discharge Agreement/Release dated September 29, 1984, which adds outpatient therapy to the release form. [Staff Development Manual add the new label, Staff Development and Volunteer Procedure Manual; add the divider labeled volunteers behind the staff development section and all of the attached material. This addition sets forth the policies and procedures for the recruitment, training and use of volunteers in the Children's Treatment Services facility.]

(4) In the CTS Nursing Manual strike the Nursing Services Procedural Index, pages 1-3 and substitute in lieu thereof Nursing Services Procedural Index dated October 1, 1984, pages 1-4 which lists the contents of the nursing manual; strike the page entitled "Nursing Services Manual" and substitute in lieu thereof page entitled "Nursing Services Manual" dated August 1, 1984, which gives the table of contents for the Introduction selection of the manual; strike pages C1 and C2, Philosophy and Goals of the Nursing Department revised October, 1982, and substitute in lieu thereof pages C1 and C2, Philosophy and Goals of the Nursing Department revised March 1984, which adds the organizational chart for the nursing department; strike page C6, Chief Nurse - Responsibilities and Duties revised October, 1982, and substitute in lieu thereof pages C6 and C6(a), Director of Nursing - Responsibilities and Duties revised March, 1984; page C6(b), Assistant Director of Nursing - Responsibilities and Duties dated March 26, 1984; and page C6(c), Nursing Supervisor Responsibilities and Duties dated June, 1984, which set forth the duties and responsibilities of the Director, Assistant Director and Supervisor of Nursing; strike pages C7 and C8, Ward Nurse - Responsibilities and Duties revised October, 1982, and substitute in lieu thereof pages C7 and C8, Nurse's Responsibilities and Duties revised April, 1984, which set forth the duties and responsibilities of the nursing staff; strike page C147, Lice revised January 3, 1980, and substitute in lieu thereof page C147, Pediculosis (Capitis, Corporis, and Pubis) revised October 1, 1984, which defines the different types of lice and provides instruction for eliminating lice; and add at the end of the manual pages C178 through C184, roseola, impetigo, mumps, scabies, measles, athletes' foot, and hepatitis which define and provide instructions for treatment of the diseases. [This amendment updates policies and procedures relating to the phase system and the use of volunteers in the Children's Treatment Services facility.]

(5) In the CTS Safety Rules and Practices Procedure Manual strike the page entitled "CTS Safety Rules and Practices Manual Index" and substitute in lieu thereof CTS Safety Rules and Practices Procedure Manual Index dated October 1, 1984, which lists the contents of the safety manual; on page G4a, Severe Weather Emergency Evacuation Sites revised April 2, 1984, add "Basement of Bingham Building" opposite "Shelter Site;" insert after page G13, Prevention of Spread of Infections revised December 2, 1982, pages G13a through G13h, pediculosis, roseola, impetigo, mumps, scabies, measles, athletes' foot, and hepatitis which define and provide instructions for implementing these diseases.

(6) In the CTS Pharmacy Manual strike page

F18, Nursing Personnel Authorized to Administer Medications revised October, 1982, and substitute in lieu thereof page F18, Nursing Personnel Authorized to Administer Medications revised April, 1984; strike page F19, Medication Hours reviewed January, 1983, and substitute in lieu thereof page F19, Medication Distribution revised April, 1984.

ANNA GRACE DAY, Commissioner

E. AUSTIN, JR., Secretary

APPROVED BY AGENCY: October 12, 1984

FILED WITH LRC: October 19, 1984 at 2 p.m.

REGULATORY IMPACT ANALYSIS

Agency Contact Person: Margaret Hockensmith

(1) Type and number of entities affected:

(a) Direct and indirect costs or savings to those affected: None

1. First year:

2. Continuing costs or savings:

3. Additional factors increasing or decreasing costs (note any effects upon competition):

(b) Reporting and paperwork requirements:

(2) Effects on the promulgating administrative body:

(a) Direct and indirect costs or savings: None

1. First year:

2. Continuing costs or savings:

3. Additional factors increasing or decreasing costs:

(b) Reporting and paperwork requirements: None

(3) Assessment of anticipated effect on state and local revenues: None

(4) Assessment of alternative methods; reasons why alternatives were rejected: N/A

(5) Identify any statute, administrative regulation or government policy which may be in conflict, overlapping, or duplication: None

(a) Necessity of proposed regulation if in conflict:

(b) If in conflict, was effort made to harmonize the proposed administrative regulation with conflicting provisions:

(6) Any additional information or comments:

Tiering:

Was tiering applied? No. All staff at Children's Treatment Services required to follow uniform policies and procedures.

STATEMENT OF EMERGENCY

Under KRS Chapter 13A the administrative body is required to implement this regulation or not have the authority to operate. Therefore, in order to continue to operate the Cabinet for Human Resources in accordance with KRS Chapter 194, the Cabinet for Human Resources needs to implement this emergency regulation. An ordinary administrative regulation cannot suffice because agency policy will not be accurately reflected in a timely manner. This emergency regulation will be replaced by an ordinary administrative regulation in accordance with House Bill 334.

MARTHA LAYNE COLLINS, Governor

E. AUSTIN, JR., Secretary

CABINET FOR HUMAN RESOURCES
Department for Social Services
Division of Children's Residential Services

905 KAR 7:100E. Resident liaison responsibilities.

RELATES TO: KRS 208.410, Chapter 202A
 PURSUANT TO: KRS 194.050, 202A.191
 EFFECTIVE: October 19, 1984

NECESSITY AND FUNCTION: KRS 194.050 requires the Cabinet for Human Resources to adopt regulations necessary to operate the programs vested in the cabinet. KRS 202A.191 requires the secretary to adopt rules and regulations for the proper administration and enforcement of this chapter. KRS 208.410 requires the cabinet to arrange for a program of care, treatment and rehabilitation of the children committed to it. The purpose of this regulation is to establish a resident liaison program in each of the residential facilities operated by the Department for Social Services.

Section 1. Program and Purpose. (1) The Department for Social Services shall develop and implement a liaison program for the Division of Children's Residential Services.

(2) The purpose of this program shall be:

(a) To provide youth in residential services' programs with a contact person outside the facility staff with whom they may discuss their problems and concerns.

(b) To advise clients of their rights, duties, and responsibilities, including their right to file a formal service/civil rights complaint and/or to sign out of a psychiatric facility.

(c) To conduct evidentiary hearings as requested in compliance with the service/civil rights complaint procedures and/or to call for an independent Medical Review per KRS Chapter 202A.

(d) To work with facility staff in an effort to resolve problems and concerns of both staff and residents prior to a formal complaint.

(e) To identify both long and short-term goals that affect the client population.

(f) To advise central office of problems and concerns that have been identified.

(g) To assist residents in filing a formal service/civil rights complaint and/or offer assistance to residents of a psychiatric facility of his right to refuse treatment.

Section 2. Recording. The liaison shall note in the client record all problems and concerns discussed and the resolution thereof.

Section 3. Access. The liaison shall not be denied access to clients or the record of clients with whom they are working.

Section 4. Confidentiality. The liaison shall protect the confidentiality of the records and identity of the clients in accordance with the policies of the department and the Kentucky Revised Statutes.

Section 5. Reporting. The liaison shall keep the program director and central office informed of his activities.

Section 6. Procedures. (1) The name, address, and telephone number of the liaison and a brief

statement about the child's right to contact the liaison shall be included in the orientation package given the residents upon admission.

(2) A certain day of each month (i.e., the third Friday) shall be scheduled for the liaison to be at the facility - giving the place and hour that clients may talk with him.

(3) The liaison shall be provided with a list of new admissions since his last monthly visit so he may introduce himself to the resident and let him know he is interested in him and available. (This should be a casual meeting on campus - not a scheduled appointment in some room.)

(4) The liaison shall document a summary progress note of his contacts in the child's record.

(5) Formal complaints shall be forwarded to a Juvenile Services Specialist (JSS) who has not been involved with the client. The JSS shall follow manual procedures on complaints.

(6) The liaison shall periodically talk informally with staff on an individual basis to get their feelings about the program and suggestions for improvement.

(7) The liaison shall submit a monthly report to central office to include the number of residents talked with, major problems, staff concerns, recommendations for improvement, needs of the facility, etc.

(8) The liaison shall keep the Program Director informed of his activities.

ANNA GRACE DAY, Commissioner

E. AUSTIN, JR., Secretary

APPROVED BY AGENCY: October 12, 1984

FILED WITH LRC: October 19, 1984 at 2 p.m.

REGULATORY IMPACT ANALYSIS

Agency Contact Person: Margaret Hockensmith

(1) Type and number of entities affected:

(a) Direct and indirect costs or savings to those affected: None

1. First year:

2. Continuing costs or savings:

3. Additional factors increasing or decreasing costs (note any effects upon competition):

(b) Reporting and paperwork requirements:

(2) Effects on the promulgating administrative body:

(a) Direct and indirect costs or savings: None

1. First year: Same as above

2. Continuing costs or savings:

3. Additional factors increasing or decreasing costs:

(b) Reporting and paperwork requirements: Procedure already in place

(3) Assessment of anticipated effect on state and local revenues: None

(4) Assessment of alternative methods; reasons why alternatives were rejected:

(5) Identify any statute, administrative regulation or government policy which may be in conflict, overlapping, or duplication: None

(a) Necessity of proposed regulation if in conflict:

(b) If in conflict, was effort made to harmonize the proposed administrative regulation with conflicting provisions:

(6) Any additional information or comments:

Tiering:

Was tiering applied? No. All facilities will use the same procedures.

AMENDED REGULATIONS NOW IN EFFECT

AGRICULTURAL EXPERIMENT STATION Division of Regulatory Services As Amended

12 KAR 4:170. Maximum chlorine guarantee for tobacco fertilizers.

RELATES TO: KRS 250.366(7) and 250.411(1)
PURSUANT TO: KRS 250.421

EFFECTIVE: November 13, 1984

NECESSITY AND FUNCTION: To prescribe the specific format and conditions for maximum chlorine guarantees for tobacco fertilizers which is necessary for production of quality tobacco.

Section 1. All fertilizers (bag, bulk, liquid, custom mixes, etc.) sold for or represented for use on field crop tobacco, not plant beds, must, in addition to the other guarantees specified by regulation, state a maximum chlorine guarantee not to exceed two and five-tenths (2.5) percent in the following format:

Chlorine (Cl), Maximum 2.5%

The maximum chlorine guarantee shall be placed below the Guaranteed Analysis required by regulation and shall be prominently and conspicuously displayed on the invoice or shipping ticket that accompanies bulk sales.

CHARLES E. BARNHART, Director

APPROVED BY AGENCY: August 4, 1984

FIELD WITH LRC: August 7, 1984 at 2 p.m.

REGULATORY IMPACT ANALYSIS

Agency Contact Person: D. L. Terry

(1) Type and number of entities affected: Fertilizer manufacturers: 279 in-state, 203 out-of-state

(a) Direct and indirect costs or savings to those affected:

1. First year: Manufacturers of tobacco fertilizer will save about \$3 per ton

2. Continuing costs or savings: Same as first year

3. Additional factors increasing or decreasing costs (note any effects upon competition): None

(b) Reporting and paperwork requirements: Requires that the maximum chlorine guarantee be on invoices for bulk products.

(2) Effects on the promulgating administrative body:

(a) Direct and indirect costs or savings:

1. First year: None

2. Continuing costs or savings: None

3. Additional factors increasing or decreasing costs: None

(b) Reporting and paperwork requirements: None

(3) Assessment of anticipated effect on state and local revenues: None

(4) Assessment of alternative methods; reasons why alternatives were rejected: The proposed regulation best carries out the recommendations

of the Department of Agronomy at U.K.

(5) Identify any statute, administrative regulation or government policy which may be in conflict, overlapping, or duplication: None

(a) Necessity of proposed regulation if in conflict:

(b) If in conflict, was effort made to harmonize the proposed administrative regulation with conflicting provisions:

(6) Any additional information or comments: None

Tiering:

Was tiering applied? No. If no, please explain why tiering was not applied: With a low probability of a specific lot of fertilizer being officially sampled and analyzed within our regulatory program framework, and with an increasing trend in frequency of deficiency violations we have designed a law and administrative regulations that are consistent with most states including those adjacent to Kentucky. The investigational allowance (permissible deficiency below guaranteed analysis) have been adjusted to reflect current fertilizer technology and materials in industry so fewer samples will be classified as deficient. On the other hand, new penalty schedules in the proposed regulations will assign penalties to those lots of fertilizer which are sampled and found to be seriously deficient. Fewer than 1.5% of the samples are expected to be in this category.

TRANSPORTATION CABINET Office of Personnel Management As Amended

600 KAR 1:040. Separations and disciplinary procedures.

RELATES TO: KRS Chapter 18A, 174.080

PURSUANT TO: KRS 13A.100, 174.080

EFFECTIVE: November 13, 1984

NECESSITY AND FUNCTION: KRS 174.080 allows the Secretary of the Transportation Cabinet to promulgate administrative regulations. KRS 13A.100 requires any administrative body which is empowered to promulgate administrative regulations to prescribe the disciplinary procedures within the jurisdiction of the administrative body. This regulation is necessary to define and prescribe such disciplinary procedure within the Transportation Cabinet.

Section 1. Authority to Approve Separation and Disciplinary Action. The Secretary of the Transportation Cabinet has delegated the authority for the approval of employee separation and discipline as follows: (1) All employees. The approval of the Executive Director, Office of Personnel Management, must be obtained prior to the separation by layoff, dismissal, disciplinary fine or letter of

reprimand being imposed against any employee of this cabinet.

(2) District office employees. After the required approval has been obtained, the Chief Highway District Engineers are authorized to prepare and sign the required letter of notification advising the employee of his suspension, dismissal, layoff or disciplinary fine. The letter will then be delivered to the employee. The Chief Highway District Engineer and the Executive Director, Office of Personnel Management, are authorized to suspend employees with status under the Merit System for a specified period of time, provided that no other disciplinary action is taken regarding the act committed by the employee providing the requirements of this regulation are complied with. The Chief Highway District Engineer and the Executive Director, Office of Personnel Management, may suspend employees pending further determination as to the appropriate action to be taken against the employee provided the provisions of this regulation are complied with.

(3) Central office. In the case of a disciplinary measure against an employee in the Central Office, the division or office will prepare the required letter of notification advising the employee of his suspension, dismissal, layoff or disciplinary fine for the signature of the Executive Director of the Office of Personnel Management. After the signature has been obtained, the letter will be returned to the division or office for delivery to the employee.

Section 2. Responsibility of the Immediate Supervisor. The immediate supervisor will report employee delinquency, misconduct or incompetency in accordance with procedures established in this regulation, to the Chief Highway District Engineer, office head or division director as appropriate. The supervisor who fails to report employees who violate the policies and procedures of this cabinet or the provisions of the personnel laws and regulations because of friendship or other personal reasons, or because he does not agree with the disposition of certain similar cases, is evading his responsibility and may be disciplined.

Section 3. Separation and Disciplinary Procedures. (1) Infractions. Employees involved in trivial infractions should usually be reprimanded by their immediate supervisor at the time the infraction occurs, and in private. If the offense continues or the employee commits an act warranting suspension, dismissal or a disciplinary fine, the immediate supervisor shall complete, in triplicate, an Employee Disciplinary Report. The original shall be forwarded to the Chief Highway District Engineer, office head or division director, with the immediate supervisor's recommendation as to the punitive action to be taken. The duplicate copy of the Employee Disciplinary Report will be given to the employee. The third copy will be sent to the Executive Director, Office of Personnel Management, to be filed in the employee's personnel folder. The report shall be specific as to the time, place and persons by name, involved in the violation and a specific description of the unlawful act. In emergency situations, the immediate supervisor will

contact the Chief Highway District Engineer, office head or division director or their designated representative of instructions by the most expeditious means available. Emergency situations are defined as those situations where the employee's action, attitude or condition may endanger the public, public property or personnel, or property of the Commonwealth, and action must be taken immediately to remove the employee from the work site.

(2) Investigations. The Chief Highway District Engineer, office head or division director may, upon advice that an employee under his jurisdiction has violated the policies or procedures of this cabinet or provisions of the personnel laws and rules, designate an individual to investigate the alleged violation. Such investigator will prepare a written report with his opinion as to the innocence or guilt of the employee. Upon receipt of the report and provided the Chief Highway District Engineer, office head or division director believes the employee should be fined, suspended or dismissed, a copy of the report with their recommendations will be submitted to the Executive Director, Office of Personnel Management, for approval.

Section 4. Layoffs. The Transportation Cabinet must prepare and submit a layoff plan to the Commissioner of Personnel for approval prior to separation by layoff. The Office of Personnel Management is responsible for coordinating the preparation of the layoff plan and will submit the plan to the Department of Personnel for approval. Steps to be taken after approval has been obtained are listed below:

(1) The Transportation Cabinet may lay off an employee in the classified service whenever it is deemed necessary by reason of shortage of funds or work, abolishment of a position, or other material change in duties or organization. The employee shall be notified of the effective date of the layoff and shall be given written notice of the reason for the layoff and of his right to appeal.

(2) Seniority, performance appraisals, conduct, qualifications and type of appointment shall be considered in determining the order of layoffs in a manner prescribed or approved by the Commissioner of Personnel. No status employee is to be separated by layoff while there are provisional, temporary, emergency, or probationary employees serving in the agency in the same class in the same locality.

(3) The Transportation Cabinet and Personnel Department shall attempt to place the employee in another position for which the employee is qualified.

Section 5. Dismissals. (1) The Transportation Cabinet may remove any employee with status only for cause after furnishing the employee and the Commissioner of Personnel with a written statement of the specific reasons for dismissal. Such reasons shall be specific as to the statutory and/or regulatory violation, the time, place, and persons by name involved in the alleged violation, and a specific description of the alleged unlawful activity. Specificity shall be determined by the nature of the violation and the time period over which the violation occurred.

(2) Notifications of dismissal shall inform

the employee that he has ten (10) working days, not including the date the notice is received, to reply thereto in writing or upon request to appear personally with counsel and reply to the Secretary of Transportation or his deputy. An employee who desires to respond to the charges in writing or requests to appear personally will be advised to submit his written response or request to appear to the Executive Director, Office of Personnel Management. Such reply or request by employee shall not operate to stay the statutory time period for appeal to the Kentucky Personnel Board. All written responses to the charges or requests to appear personally will be responded to by the Executive Director, Office of Personnel Management, on behalf of the Secretary, Transportation Cabinet.

(3) An employee with status may appeal his dismissal to the Kentucky Personnel Board.

(4) A dismissed employee may be required to forfeit all annual leave.

(5) Any employee who has been dismissed for cause or who has resigned while charges for dismissal for cause were pending and who seeks further employment with the state shall not be certified to the agency from which separated unless the agency requests such certification.

Section 6. Separation During Probation Period. An employee may be separated without the right of appeal at any time during the probationary period.

Section 7. Resignation. An employee who desires to terminate his service with the state shall submit a written resignation to the Chief Highway District Engineer, office head or division director. Resignations shall be submitted at least fourteen (14) calendar days before the final working day. A copy of an employee's resignation shall be attached to the advice effecting the resignation and be filed in his service record in the cabinet. Failure of an employee to give fourteen (14) calendar days notice with resignation may result in forfeiture of accrued annual leave. A written notice of resignation signed by the employee or the party accepting his resignation is required. If no written notice of resignation is submitted disciplinary action will be taken. [A Notice of Resignation may be signed by the employee. If the employee refuses to submit or sign a letter of resignation, the employee will be dismissed for unauthorized absenteeism in accordance with procedures established in this regulation.]

Section 8. Retirement. If an employee with status is retired, he is considered as separated without prejudice and does not have the right of appeal.

Section 9. Suspensions. The Transportation Cabinet, through the appointing authority, may suspend any employee without pay or other compensation as punishment for disciplinary cause. The appointing authority must provide the employee with written notice of the suspension stating the reasons therefor, a copy of which shall be sent to the Commissioner of Personnel and Executive Director of the Personnel Board. In the case of an employee with status, such reasons shall be specific as to the statutory and/or rule violation, the time, place, and persons by name involved in the alleged

violation, and a specific description of the alleged unlawful activity. Such a suspension shall not exceed thirty (30) working days [during any twelve (12) month period. The twelve (12) month period begins with the first day of the suspension]. Any employee with status may appeal his suspension.

Section 10. Disciplinary Fines. The Transportation Cabinet may impose as a disciplinary measure a fine of not more than ten (10) days' pay to be computed on the basis of the employee's current salary. Disciplinary fines may not exceed ten (10) days' pay for each occurrence [, and may not exceed a total of thirty (30) days' pay in any twelve (12) month period. The twelve (12) month period begins with the first day of the disciplinary fine]. The employee shall be notified in writing by the cabinet of the reasons for the action, a copy of which shall be sent to the Commissioner of Personnel. In the case of an employee with status, such reasons shall be specific as to the statutory and/or regulatory violation, the time, place, and persons by name involved in the alleged violation, and a specific description of the alleged unlawful activity. An employee with status may appeal the action. The effective date of a disciplinary fine shall be deemed to be the date the employee receives the notification required by this section.

Section 11. Written Reprimands. The Transportation Cabinet may give an employee a written reprimand as a single disciplinary measure or as a preliminary measure. The approval of the Executive Director, Office of Personnel Management, must be obtained prior to giving an employee a letter of reprimand. A copy of the written reprimand shall be placed in the employee's personnel file in the cabinet and a copy shall be given to the employee. The employee shall be given the opportunity to reply in writing to the written reprimand and to include this reply in his personnel file with the written reprimand. The employee shall be informed of his right to reply at the time the written reprimand is given. A written reprimand, in and of itself, is not an appealable penalization and is not a basis for appeal. If an employee has not been charged with or has pending other disciplinary measures, the written reprimand may be removed from his personnel file after three (3) years from the date of the written reprimand.

Section 12. Separation and Disciplinary Actions for Non-Merit Employees. Employees appointed as seasonal, temporary, emergency or in other non-merit positions may be terminated without the right of appeal at any time while under such an appointment as they do not have status under the Merit System. This section does not pertain to employees who are serving their probationary period. In the event it becomes necessary to either suspend or terminate an employee serving under one of these appointments, the employee will be given a letter advising him of the effective date of the suspension or termination. Approval of the Executive Director, Office of Personnel Management, is required prior to effectuating the penalization. The letter of notification to the employee shall be prepared and signed by the

Chief Highway District Engineer or the Executive Director of the Office of Personnel Management. Any non-merit employee dismissed for cause shall have a right of appeal under 101 KAR 1:230.

BETTY HAWKINS, Executive Director

FLOYD G. POORE, Secretary

APPROVED BY AGENCY: October 4, 1984

FILED WITH LRC: October 9, 1984 at 11:30 a.m.

**TRANSPORTATION CABINET
Personnel Management
As Amended**

600 KAR 1:050. Employee conduct and working hours.

RELATES TO: KRS Chapter 18A, 174.080

PURSUANT TO: KRS 13A.100, 13A.130, 174.080

EFFECTIVE: November 13, 1984

NECESSITY AND FUNCTION: KRS 174.080 allows the Secretary of the Transportation Cabinet to promulgate administrative regulations. KRS 13A.130 and 13A.100 prohibit internal policy concerning disciplinary procedures within the jurisdiction of the Transportation Cabinet. This regulation is necessary to set out specific examples of conduct considered by the Transportation Cabinet as warranting the disciplinary measures provided in KRS Chapter 18A.

Section 1. General. (1) Except as otherwise provided in this regulation, the tenure of an employee with status shall be based on good behavior and satisfactory performance of his duties. If an employee becomes involved in delinquency, misconduct or incompetency, such employee shall be disciplined in accordance with the procedures established by this regulation.

(2) Employees of the Transportation Cabinet are to conduct themselves in such a manner that the work of the Transportation Cabinet is efficiently and effectively accomplished. Employees shall be courteous and prompt in their dealings with both their fellow employees and members of the public with whom they come in contact. Employees shall refrain from any activity which could cause embarrassment to or reflect adversely on the Commonwealth.

Section 2. Illegal and Prohibited Conduct on the Job. While on the job employees are prohibited from engaging in any conduct which involves, or could be construed as involving, the violation of the criminal or penal laws of the Commonwealth. Specific acts, which may or may not be included in the above prohibition, which shall be prohibited include, but are not limited to, the following:

(1) Appearing on the job manifestly under the influence of alcohol, or a controlled substance, or other intoxicating substances, not therapeutically administered, to the degree that the employee may endanger himself or other persons or property, or unreasonably annoy persons in his vicinity. This includes drinking of intoxicating beverages on the job or the taking of a controlled substance not therapeutically administered, or working while under the influence of an intoxicating substance not therapeutically administered.

(2) Engaging in immoral acts, or immoral

conduct while on the job.

(3) Striking or assaulting a fellow employee or member of the public while on the job.

(4) Misappropriation of state funds or property.

(5) Driving of motor vehicles in a reckless or irresponsible manner while on the job.

(6) [The carrying of firearms, even though the firearm is exposed, by any employee at any time (on-duty or off-duty) on state controlled properties unless expressly authorized in the performance of an employee's official duty.] Request for authorization to carry firearms on state properties in an official capacity must be made to the Executive Director, Office of Personnel Management. [In the event a firearm is discharged on state property, whether authorized or unauthorized, accidentally or purposely, a detailed report of the incident shall be forwarded to the Executive Director, Office of Personnel Management.]

Section 3. Work Hours and Time-Keeping Procedure. (1) The number of hours full-time employees in the Transportation Cabinet central office in Frankfort are required to work shall be uniform for all positions. The normal work hours shall be from 8 a.m. to 4:30 p.m., prevailing time, Monday through Friday, unless flextime has been approved in accordance with the provisions of this section.

(2) The work hours for the district office personnel shall be from 8 a.m. to 4:30 p.m., prevailing time, unless flextime has been approved in accordance with the provisions of this section. The Chief District Engineer of each Transportation Cabinet District office shall establish the work hours for all other district employees giving consideration to the requirements of their employment service.

(3) All employees of the Transportation Cabinet must sign a Daily Standard Time Roster provided in each work location. Employees assigned to field duty will maintain a daily time log using a time report form while away from their duty station. The completed time report will be turned in to the timekeeper when the employee returns to this duty station.

(4) Employees shall regularly and strictly observe the working hours required of them by the Transportation Cabinet. Habitual tardiness or absence from work stations shall constitute grounds for suspension or dismissal.

(5) With the approval of the appropriate commissioner or office head, a division, district, or office may utilize flextime in accordance with the following procedures:

(a) If a division, district, or office is authorized to use flextime, every employee in the division, district, or office may be allowed to use flextime.

(b) Flextime hours must be staggered at the discretion of the office head, division director or chief district engineer to insure coverage of all sections during the normal prevailing work hours - 8 a.m. to 4:30 p.m.

(c) Employees must begin and end work on the hour or half-hour.

(d) Employees may not be scheduled to begin work later than 9:00 a.m. or end work earlier than 3:00 p.m.

(e) Lunch hours may be one-half (1/2) hour, one (1) hour, or one and one-half (1 1/2) hours in length.

(f) Salaried employees must be scheduled to work seven and one-half (7 1/2) hours/day. Hourly employees must be scheduled to work eight (8) hours/day.

(g) The earliest scheduled time to begin work is 7:00 a.m. The latest scheduled time to end work is 5:30 p.m.

(h) A supervisor may be required during all hours. This will be left to the discretion of the office head, division director, or chief district engineer.

(i) Duration of flextime schedule. An employee may only change his/her working hours every three (3) months. Approval of the office head, division director, or chief district engineer is necessary.

(j) Once an employee's flextime hours have been set, the employee cannot change the hours for three (3) months. The office head, division director, or chief district engineer may stop flextime when necessary or if abuse of flextime occurs.

(k) Division directors and above cannot participate in flextime hours.

Section 4. Outside Employment. Employees shall not engage in any outside employment which would interfere with the performance of the employee's official duties and/or result in, or could reasonably be construed by others as involving a conflict of interest between the private interests of the employee and his official duties and responsibilities. Prior to engaging in any form of outside employment, an employee must obtain the approval of his immediate supervisor. The immediate supervisor shall not approve any request which would:

(1) Interfere with the efficient performance of the employee's official duties; or

(2) Bring discredit upon, or cause criticism of state government or the cabinet; or

(3) Reasonably result in, or reasonably be construed by others as involving, a conflict of interest, between the private interest of the employee and his official duties and responsibilities.

Section 5. Conflict of Interest. (1) General. Because of the nature of the trust placed in them by the citizens of the state, Transportation Cabinet employees must exercise special care to insure that their personal conduct is above reproach. Employees shall avoid conduct which could reasonably result in, or could reasonably be construed as involving, a conflict of interest of the employee and his official duties and responsibilities.

(2) Financial activities, compensation and gratuities. No employee shall solicit, accept, or agree to accept, directly or indirectly, anything of economic value as a gift, gratuity, or favor from any person, corporation, public agency, or group, which might reasonably be interpreted by others as being of such nature that it could affect the impartial performance of his duties. Although under the foregoing criteria, the acceptance of any gift, gratuity, or favor directly or indirectly affecting an employee's official responsibility would be clearly adverse to the public interest, this need not preclude the exchange of usual social courtesies which are entirely free from any improper or embarrassing implications. An employee may not:

(a) Have financial interests that conflict or may reasonably be construed by others to conflict with his responsibilities and duties as a cabinet employee; or

(b) Engage in, directly or indirectly, financial transactions as a result of, or primarily relying upon, information obtained through his employment. Aside from these restrictions, an employee is free to engage in lawful financial transactions to the same extent as any other citizen.

(3) Real estate activities. The Transportation Cabinet must necessarily buy real estate to use as right-of-way for highways. Therefore, it is important that employees of the Kentucky Transportation Cabinet be extremely careful that their personal real estate transactions neither constitute a conflict of interest nor give the appearance to the public of constituting a conflict of interest. An employee in doubt as to whether a contemplated real estate transaction of personal service in the real estate field constitutes a conflict of interest, should ask the Director, Division of Right-of-Way, for an interpretation. No employee of the Kentucky Transportation Cabinet shall:

(a) Purchase, attempt to purchase, or offer to purchase any real property or any improvements which are to be removed from any real property, if said property is located on the route or in close proximity to any highway project, during a period beginning with the first preliminary formulation of plans for the project and ending with the advertisement for construction of said project. This restriction does not apply to the purchase of improvements to real estate or real estate through publicly advertised auction or publicly advertised sealed bidding. [on the route or in close proximity to any highway project where right-of-way is to be acquired, is being acquired, or has been recently acquired.]

(b) Act as agent for, or offer to act as agent for, the sale of any property in close proximity to any highway project after the first preliminary plans for the project are formulated and prior to the advertising for construction of said highway project. [where right-of-way is to be acquired, is being acquired, or has been recently acquired.]

(c) Make any appraisal, either for compensation or gratuity, of any property in the path of any highway construction project or in close proximity thereto for any person, firm, or corporation, other than for the Transportation Cabinet.

(d) Make any appraisal or provide any service for any person, firm, or corporation that provides service to, sells products to, or in any other manner does business with the Kentucky Transportation Cabinet if such appraisal or service, or the compensation resulting therefrom, could reasonably be construed as constituting a conflict of interest.

(e) Make any appraisal for, provide any service to or accept any compensation from any realtor, broker, appraiser, attorney, or other person, firm, or corporation providing personal services to the Kentucky Transportation Cabinet in the field of appraising, negotiation, or examining titles. This restriction shall also apply to those persons, firms and corporations who have in their recent past provided or may reasonably be expected in the future to provide such services to the Kentucky Transportation

Cabinet.

(f) No supervisor may authorize any employee to make appraisals or engage in any other outside activity for profit unless that employee is performing his normal cabinet duties in a thoroughly satisfactory manner and in all instances recognizes and practices a "Transportation Cabinet comes first" policy.

(4) Inconsistent, incompatible, or in-conflict activities. Transportation Cabinet personnel officers and employees shall not engage in any activity or enterprise which is inconsistent, incompatible, or in conflict with their assigned duties and responsibilities or with their duties, functions, and responsibilities of the cabinet office, division, district, or unit for which they are working. An activity or enterprise is deemed incompatible, inconsistent, or in conflict which involves:

(a) The use of state time, facilities, equipment, and supplies for private gain or advantage.

(b) The receipt or acceptance of money or any other type of consideration from anyone other than the state for the performance of an act which would be required or would be expected to be rendered during the regular course and hours of employment or a fulfillment of duties and responsibilities as a cabinet employee.

(c) The performance of an act, other than in the capacity as a cabinet employee, which may later be directly or indirectly subject to the control, inspection, review, audit, or enforcement by the employee or the cabinet unit to which he may be working.

(d) The soliciting or accepting of personal loans or money or property from any person, other than a bank or other financial institution, who does business with or performs services for the cabinet or any division thereof. This policy includes contractual and contractual business and services relationships.

(e) The providing of confidential information to any person or persons to whom the issuance of such information has not been authorized by the cabinet.

(f) The providing of names of Transportation Cabinet personnel for a mailing list from office records unless specific authorization is received from the Office of Personnel Management.

Section 6. Disciplinary Action. Violation of any of the provisions of this regulation shall constitute grounds for suspension or dismissal from the Transportation Cabinet.

BETTY HAWKINS, Executive Director

FLOYD G. POORE, Secretary

APPROVED BY AGENCY: October 4, 1984

FILED WITH LRC: October 9, 1984 at 11:30 a.m.

PUBLIC PROTECTION AND REGULATION CABINET
Department of Insurance
As Amended

806 KAR 39:070. Proof of motor vehicle insurance.

RELATES TO: KRS 186.021, 186A.040, 304.12-020, 304.39-080, 304.39-085

PURSUANT TO: KRS 186.021, 304.2-110, 304.39-300
EFFECTIVE: November 13, 1984

NECESSITY AND FUNCTION: KRS 304.2-110 provides

that the Commissioner of Insurance may make reasonable regulations necessary for or as an aid to the effectuation of any provision of the Kentucky Insurance Code. KRS 304.39-300 provides that the Commissioner of Insurance may make regulations to provide for the effective administration of the Kentucky Motor Vehicle Repairs Act. KRS 186.021 requires the Commissioner of Insurance to adopt regulations prescribing the manner in which proof of compliance with KRS 304.39-080 is presented to county clerks when renewing the registrations of motor vehicles.

Section 1. Definitions. As used in this regulation: (1) "Commissioner" means the Commissioner of the Kentucky Department of Insurance.

(2) "Insurer" means all insurers providing security covering a motor vehicle pursuant to KRS 304.39 and self-insurers pursuant to KRS 304.39-080 and 806 KAR 39:050.

(3) "Motor vehicle insurance policy" means an insurance contract purporting to provide security covering a motor vehicle pursuant to KRS 304.39.

(4) "Person" has the meaning set forth in KRS 304.1-020.

(5) "Written proof of motor vehicle insurance" means the document prescribed by Section 2 of this regulation.

Section 2. Written Proof of Motor Vehicle Insurance to be Provided by Insurers. (1) Each insurer issuing an insurance contract which provides security covering a motor vehicle shall provide to the named insured on or before January 1, 1985, written proof that the insurer has in effect an insurance contract providing security in conformity with KRS 304.39. Generally, the written proof of motor vehicle insurance should be mailed to the named insured at the latest address of record with the insurer. However, the written proof of motor vehicle insurance may be distributed to the named insured in any manner reasonably calculated to put the written proof of motor vehicle insurance in the possession of the named insured on or before January 1, 1985.

(2) Provision of written proof of motor vehicle insurance for new and renewal motor vehicle insurance policies.

(a) Written proof of motor vehicle insurance shall be provided annually upon renewal of motor vehicle insurance policies.

(b) Each new policy of motor vehicle insurance issued after the effective date of this regulation shall be accompanied by written proof of motor vehicle insurance. Insurers should be aware that new policies of motor vehicle insurance issued shortly before January 1, 1985, should be accompanied by written proof of motor vehicle insurance because of the need to have proof of motor vehicle insurance available for registration renewal following January 1, 1985.

(c) [As a general rule,] all motor vehicle insurance policies issued [or renewed] after insurers make the initial delivery of written proof of motor vehicle insurance shall [should] be accompanied by written proof of motor vehicle insurance.

(3) Copies of the written proof of motor vehicle insurance.

(a) If the motor vehicle insurance policy

covers four (4) or less vehicles, a single written proof of motor vehicle insurance shall be provided for each motor vehicle. Two (2) copies of the written proof of motor vehicle insurance shall be provided for each motor vehicle insured under a motor vehicle insurance policy.

(b) If the motor vehicle insurance policy covers five (5) or more vehicles, copies of the written proof of motor vehicle insurance need not be provided for each vehicle covered by the policy. However, at least one (1) set of duplicates as specified in paragraph (a) of this subsection shall be provided. Insurers shall cooperate with policyholders who have fleet coverage as described in paragraph (b) of this subsection who wish to obtain proof of insurance to be kept in all covered motor vehicles. Proof of insurance provided under these circumstances need not meet all the formal requirements of written proof of motor vehicle insurance as set forth in this regulation.

(4) Guidelines for size and format of the written proof of motor vehicle insurance. The written proof of motor vehicle insurance shall be of a size that allows it to be carried in a billfold or with the motor vehicle registration.

(a) The written proof of motor vehicle insurance shall take one of the following forms:

1. A two and one-fourth (2 1/4) inch by three and one-half (3 1/2) inch card;

2. A two and one-fourth (2 1/4) inch by seven (7) inch card with a vertical fold resulting in a two and one-fourth (2 1/4) inch by three and one-half (3 1/2) inch card; or

3. A four and one-half (4 1/2) inch by three and one-half (3 1/2) inch card with a horizontal fold resulting in a two and one-fourth (2 1/4) inch by three and one-half (3 1/2) inch card.

(b) Slight variations from the sizes listed in paragraph (a) of this subsection shall be permitted.

(c) The written proof of motor vehicle insurance shall be on white paper with black or blue ink.

(5) Mandatory contents of the written proof of motor vehicle insurance. The written proof of motor vehicle insurance shall prominently display on its face the following information, to appear in approximately the order listed:

(a) Title of the document: "COMMONWEALTH OF KENTUCKY PROOF OF INSURANCE."

(b) The name of the insurance company and its three (3) digit code number assigned by the Department of Insurance.

(c) The name of the named insured.

(d) The effective date of coverage.

(e) The policy number.

(f) The motor vehicle identification: year, make or model, and vehicle identification number of the motor vehicle. If the insurance contract covers five (5) or more motor vehicles, it will state "Fleet."

(6) Optional contents of the written proof of motor vehicle insurance.

(a) At the option of the insurer, the written proof of motor vehicle insurance may include the following information:

1. The insurer's logo.

2. A statement as to how to contact the insurer concerning claims.

3. The insurer's address.

4. The named insured's address.

(b) At the option of the insurer, the

information listed in paragraph (a) of this subsection may also be contained on material separate from the written proof of motor vehicle insurance and mailed along with it.

(c) The optional information listed in paragraph (a) of this subsection shall not obscure the mandatory information listed in subsection (5) of this section.

(7) Instructions for use of the written proof of motor vehicle insurance. Insurers shall furnish with the written proof of motor vehicle insurance instructions to the effect that one (1) copy of the written proof of motor vehicle insurance must be given to the county clerk for registration renewal and that the other copy should be kept in the vehicle it relates to or, in the case of a motor vehicle insurance policy covering five (5) or more motor vehicles, in the insurance records of the named insured.

(8) Optional filing and approval of the written proof of motor vehicle insurance with the commissioner; disapproval of the written proof of motor vehicle insurance by the commissioner.

(a) At the option of the insurer, the written proof of motor vehicle insurance may be filed with the commissioner for approval. No insurer shall be subject to disciplinary action by the commissioner as long as the approval provided for by this paragraph remains in effect.

(b) The commissioner may disapprove an insurer's written proof of motor vehicle insurance or its use if he finds that it violates this regulation, any provision of the Kentucky insurance code or regulations, or that the insurer's written proof of motor vehicle insurance or its use is unfair or deceptive.

(9) In light of the provisions of KRS 186A.040 and 304.39-085 requiring information on motor vehicle insurance cancellations and nonrenewals to be reported to the Transportation Cabinet and placed on the automated vehicle information system and further requiring the Transportation Cabinet to notify the named insured to obtain replacement motor vehicle insurance following cancellation or nonrenewal of a motor vehicle insurance contract, the fact that a person has in his or her possession a written proof of motor vehicle insurance for an insurance contract which has been terminated shall not be construed as meaning that the insurance contract is in effect.

Section 3. Alternative Methods of Proving Motor Vehicle Insurance. A person may use the following alternative methods to prove that motor vehicle insurance is in effect when registering a motor vehicle:

(1) A certificate of insurance issued by a general lines insurance agent licensed by Kentucky. The certificate shall be on a form prescribed by the commissioner.

(2) The county clerk's review of the records contained in the automated vehicle information system.

(3) An insurance contract with a declaration page attached showing that the policy is in effect at the time the motor vehicle is being registered.

(4) When the owner of the motor vehicle is serving in the armed forces outside Kentucky, an affidavit by the provost marshal of the base where such person is stationed stating that the motor vehicle in question is covered by an

automobile liability insurance policy.

Section 4. Information to be Submitted by Insurers on Cancellation and Nonrenewal of Motor Vehicle Insurance Policies. (1) Insurers shall submit information on motor vehicle insurance policy cancellations and nonrenewals on computer tape unless:

(a) The insurer submits notices on less than fifty (50) policies per accounting month;

(b) The use of computer tape will be an unreasonable burden on the insurer; or

(c) Other good cause not to use computer tape is shown. [Insurers shall consider submitting information on cancellations and nonrenewals on computer tape.]

(2) Any such information on computer tape shall be on computer tape compatible with standards prescribed by the Department of Vehicle Regulation and the Department of Information Systems.

(3) Any such information in writing shall be in the form prescribed by the Department of Vehicle Regulation.

(4) Information required upon cancellation and nonrenewal.

(a) If the motor vehicle insurance policy covers four (4) or less motor vehicles, insurers shall provide the following information:

1. Vehicle identification number(s).
2. Year(s) and make(s) or model(s) of the motor vehicle(s).

3. Name of the named insured.

4. Policy number.

5. Company code.

6. Effective date of the termination of the motor vehicle insurance policy.

(b) If the motor vehicle insurance policy covers five (5) or more motor vehicles, insurers shall provide the information required by

paragraph (a) of this subsection, except that the vehicle identification numbers, years, and makes or models of the covered motor vehicles need not be given. In place of this information, the notice will state "Fleet."

(5) Insurers shall attempt to edit their lists of cancellations and nonrenewals prior to submitting them to the Department of Vehicle Regulation in order to eliminate policyholders whose policies were terminated and then reinstated or terminated and replaced by a policy issued by the same insurer. Both the Department of Insurance and the Department of Vehicle Regulation understand that the technology to accomplish this may not be available to all insurers, but an attempt should be made in order to determine the feasibility of such editing.

Section 5. 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 this regulation and the application of such provision to other persons or circumstances shall not be affected thereby.

Section 6. Effective Date. (1) This regulation shall become effective January 1, 1985.

(2) However, insurers should be aware that the requirements of this regulation contemplate considerable preparatory activities on their part prior to January 1, 1985, in order to comply by that date.

GIL McCARTY, Commissioner

MELVIN WILSON, Secretary

APPROVED BY AGENCY: September 14, 1984

FILED WITH LRC: September 14, 1984 at 10 a.m.

AMENDED AFTER HEARING

EDUCATION AND HUMANITIES CABINET Department of Education Office of Instruction Amended After Hearing

704 KAR 3:005. Educational Improvement Act [Implementation plan].

RELATES TO: KRS 158.650 to 158.740

PURSUANT TO: KRS [13.082,] 156.070, 58.650, 158.670, 158.700 [, 158.730]

NECESSITY AND FUNCTION: KRS 158.650 to 158.740, as amended by Senate Bill 202, the Educational Improvement Act [of 1978], mandate a program of assessment, testing, annual performance reports, [and] educational improvement plans and various sanctions to insure the right of public school students to acquire the competencies in the essential [basic knowledge and learning] skills necessary to complete high school, pursue post secondary education, or enter the work force; and to assure such students access to programs and services appropriate to their educational needs in the areas of competencies in the essential skills [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, as amended by Senate Bill 202, by adopting the Department of Education's revised implementation plan.

Section 1. Each local district board of education shall prepare an Annual Performance Report which shall include local district data for the following factors: annual transportation cost per pupil transported; annual current expenses per pupil in average daily attendance; cost per pupil for instruction; cost per pupil for administration; percent of district revenue received from local, state and federal sources; local revenue per child in average daily attendance; assessed property value per child in average daily attendance; results of the state-mandated testing program; results of Scholastic Aptitude Test and American College Board Test; dropout rate; [holding power:] retention rate; percent average daily attendance; number and percent of students going to college or other postsecondary training; number and percent of students enrolled in special education and completing Individual Education Plans; percent of enrollment classified as economically deprived; percent

attendance by professional staff; [average number of days professional staff are away from their work station;] student/teacher ratio; teacher/administrator ratio; salary data by rank; the number of teachers teaching out of their field of specialty and the number of classes taught by teachers out of their field of specialty; expenditures for staff in-service; courses exceeding the state Program of Studies requirements; and an executive summary of the Master Educational Improvement Plan Progress Report. This report shall be submitted to the State Board of Education by December 15, 1984 for the 1983-84 school year, and by September 15 of each succeeding school year and shall be published in the newspaper with the largest circulation in the county by October 1. [Pursuant to the authority vested in the State Board of Education by KRS 158.670, each local district board of education shall submit to the State Department of Education for approval a local plan for educational improvement. The plan shall include the following: process goals, product goals, names of individuals involved in developing the plan, area of weaknesses, a list of priorities, objectives and activities, calendar of events, and progress report for previous year. The plan shall be on forms supplied by the State Department of Education.]

Section 2. Each local district board of education shall identify program and service deficiencies and student achievement [product] deficiencies based upon the Annual Performance Report, the results of the most current review of the factors listed hereinafter and such other state-mandated performance reports as deemed appropriate. Deficiencies shall be determined as follows:

(1) The local school district shall be declared deficient in program and service offerings when one (1) or more of the following accreditation standards are not met. [The district has major instructional deficiencies in program and service offerings as defined by the following accreditation standards and indicators:]

(a) STANDARD - Legal responsibility:

1. Indicator - The local school district is in compliance with current applicable statutes of the Commonwealth of Kentucky and Kentucky administrative regulations and state board policies.

2. Indicator - The local school district is in compliance with current applicable federal laws and regulations.

(b) STANDARD - Curriculum and learning environment:

1. Indicator - Each school provides a minimum of 175 days of instruction.

2. Indicator - Each school provides a minimum of six (6) hours of instructional time per day.

3. Indicator - Each school is in compliance with the requirements in the Program of Studies in Kentucky Schools, K-12, pursuant to 704 KAR 3:304.

4. Indicator - Each school has a written plan for implementing the program of instruction for grades K-12.

5. Indicator - Opportunities are provided for citizens' groups to participate in the following:

a. Curriculum study;

b. Budget planning;

c. Co-operative evaluation; and

d. Accreditation study.

6. Indicator - The school has developed specific plans and procedures assuring accountability to the local board and to the public.

7. Indicator - Quality textbooks with current content and provided in adequate quantities to meet classroom needs.

8. Indicator - The school has sufficient materials and equipment available to implement the curriculum.

(c) STANDARD - School staff and administration:

1. Indicator - All professional personnel hold appropriate certificates for positions and/or assignments. (Each vocational staff member has the required work experience specific to the program being taught.)

2. Indicator - All teachers are teaching in their major or minor field or specific areas of concentration.

3. Indicator - The local district has established and implemented procedures for evaluating all certified personnel based on the quality of their performance.

(d) STANDARD - Responsible pupil conduct:

Indicator - Pupils, parents, teachers, administrators, and school board members are involved in the development of a code of pupil conduct and attendance based on assessed needs which is approved by the local school board; which is in compliance with state and federal law; and which contains a system by which all pupils, parents, and faculty members are informed annually of the pupil code and its provisions.

(e) STANDARD - Financial support and budget: Indicator - The budget provides for adequate funding of all required accrediting standards.

(2) The local district shall be declared deficient in program and service offerings when one (1) or more of the following planning and reporting standards are not met: [Failure by the district to prepare and implement the Master Educational Improvement Plan established jointly by the district and the Kentucky Department of Education and approved by the local board of education and the State Board of Education.]

(a) STANDARD - Master Educational Improvement Plan. Indicator - The local school district shall prepare and implement the Master Educational Improvement Plan established jointly by the district and the Kentucky Department of Education and approved by the local board of education.

(b) STANDARD - Annual Performance Report.

1. Indicator - The local district shall prepare and submit each year as herein required, the Annual Performance Report to the State Board of Education.

2. Indicator - The local district shall publish the Annual Performance Report in the newspaper with the largest circulation in the county by October 1.

(3) The local school district shall be declared deficient in academic achievement when one (1) or more of the following standards of attainment of competencies are not met: STANDARD - Student Academic Performance. [Failure by the district to prepare and submit each year, as herein required, the Annual Performance Report to the State Board of Education. Failure also to publish the Annual Performance Report in the newspaper with the largest circulation in the county by October 1.]

(a) Indicator - Students in grades 3, 5, 7, and 10 shall score at or above the national average of fifty (50) normal curve equivalency on the total battery of the California Test of Basic Skills.

(b) Indicator - Students in grades K-12 shall achieve on the Kentucky Essential Skills Test an academic performance level to be established by the State Board of Education and filed as an amendment to this regulation in the five (5) essential skills areas on the Kentucky Essential Skills Test.

(4) The local school district shall be declared deficient in product goals when one (1) or more of the following school district outcome standards are not met:

(a) STANDARD - Student Attendance.

1. Indicator - The percentage of attendance shall be calculated by dividing the aggregate days attendance by the aggregate days membership. Local school districts achieving a percent of attendance of more than ninety-three and five-tenths (93.5) but less than ninety-six (96) shall be deemed in a satisfactory range and shall include in the Master Educational Improvement Plan a specific goal focused on improving student attendance. The goal shall include both process and product objectives which establish specific action, time frames, and outcomes that systematically move the district toward achieving ninety-six (96) percent or better student attendance.

Local school districts achieving less than ninety-three and five-tenths (93.5) percent attendance shall be deemed deficient and shall include in the Master Educational Improvement Plan a specific goal focused on improving student attendance. The goal shall include both process and product objectives which establish specific actions, time frames, and outcome that systematically move the district toward achieving ninety-six (96) percent or better student attendance. In addition local school districts achieving less than ninety-three and five-tenths (93.5) percent attendance shall as a minimum achieve the following percentage improvements in attendance each year by range groupings in which they fall for that year:

Below ninety (90) percent - the difference between ninety (90) percent and the district's current percent of attendance;

Over ninety (90) percent but less than ninety-two (92) percent - two (2) percent;

Over ninety-two (92) percent but less than ninety-three and five-tenths percent - one (1) percent.

Any local school district failing to implement the Master Educational Improvement Plan shall be deemed deficient in accordance with subsection (2) of this section.

(b) STANDARD - Student Dropout.

1. Indicator - The dropout rate shall be defined as the annual percentages of students leaving school prior to graduation in grades 7-12 and include withdrawals in attendance accounting codes W6, W7, W10, and W11.

Local school districts with a dropout percentage of more than three and five-tenths (3.5) percent but less than five and five tenths (5.5) percent shall be deemed in a satisfactory range and shall include in the Master Educational Implementation Plan a specific goal focused on reducing the dropout rate. The goal shall include both process and product

objectives which establish specific actions, time frames, and outcomes that systematically move the district toward reducing the dropout percentage to three and five-tenths (3.5) percent or less.

Local districts with a dropout percentage greater than six and five-tenths (6.5) percent shall be deemed deficient and shall include in the Master Educational Improvement Plan a specific goal focused on reducing the dropout rate. The goal shall include both process and product objectives which establish specific actions, time frames, and outcomes that systematically move the district toward reducing the dropout percentage to three and five-tenths (3.5) percent or less. In addition, local districts with a dropout percent in excess of five and five-tenths (5.5) percent shall as a minimum achieve the following percentage improvements in reducing dropouts each year by the range groupings in which they fall for that year:

Over eight and five-tenths (8.5) percent - the difference between eight and five-tenths (8.5) percent and the district's current dropout percentage;

Less than eight and five-tenths (8.5) percent but more than seven (7) percent - one (1) percent;

Less than seven (7) percent but more than five and five-tenths (5.5) percent - seventy-five hundredths (.75) percent.

A local school district failing to implement the Master Educational Improvement Plan shall be deemed deficient in accordance with Section 2(2) of this regulation.

[(4) Failure by the district to achieve an academic performance level at which at least eighty-five (85) percent of the students enrolled in each grade K-12 master the essential skills in all five (5) essential skills areas and students in grades 3, 5, 7, and 10 score at or above the national average of fifty (50) NCE on the total battery of the basic skills test.]

[(5) Failure by the district to achieve a dropout rate lower than four and six-tenths (4.6) percent. The dropout rate shall be defined as the annual percent of students leaving school prior to graduation in grades 7-12 and includes withdrawals in attendance accounting codes W6, W7, W10, and W11.]

[(6) Failure by the district to achieve a holding power rate better than seventy (70) percent. The holding power shall be defined as the percent of 9th graders completing the 12th grade four (4) years later.]

[(7) Failure by the district to achieve a percent of attendance better than ninety-four (94). The percent of attendance shall be calculated by dividing the aggregate days attendance by aggregate days membership.]

[(8) Failure by the district to maintain a balanced budget or failure to meet program and service needs when the accumulated general fund balance is in excess of eight (8) percent of total general fund money.]

Section 3. (1) To correct deficiencies not appropriately addressed as required by this regulation and related statutes in its current separate component documents, each local board of education shall prepare and submit to the State Board of Education for approval, by October 15, 1985, a Master Educational

Improvement Plan. The Master Educational Improvement Plan shall include as separate components the following: Part I, a plan for addressing accreditation deficiencies; Part II, a plan for addressing deficiencies in academic performance on state mandated tests; Part III, a plan for addressing the district personnel in-service needs (to be submitted by May 1 annually); Part IV, a plan for addressing the deficiencies identified as a result of the district's financial analysis; and Part V, such other components as necessary to correct deficiencies identified in other program and performance areas. The Master Educational Improvement Plan shall include specific timelines for correcting each deficiency and shall designate the individuals responsible for correcting each deficiency. The Master Educational Improvement Plan shall be established jointly by the district and the Kentucky Department of Education and shall be approved by the local board of education and the State Board of Education.

(2) Upon the initial filing and approval of a Master Educational Improvement Plan, the contents thereof shall supersede the separate component reports then on file.

Section 4. (1) Each district shall report to the Kentucky Department of Education by October 15 of each school year, its progress in correcting the deficiencies addressed in its Master Educational Improvement Plan. The Kentucky Department of Education shall identify those districts failing to make satisfactory progress in correcting deficiencies. The progress reports of the identified districts and such other reports as may be requested shall be reviewed by the Educational Improvement Advisory Committee which shall recommend to the Superintendent of Public Instruction for State Board action, those districts which are "educationally deficient" and which should be provided with technical assistance by the Kentucky Department of Education. Satisfactory progress shall be defined relative to "educationally deficient," as the district's compliance with and adherence to the timelines established in the approved Master Educational Improvement Plan which shall be submitted on an annual basis until the district is cleared of deficiencies.

(2) Where timelines established in a Master Educational Improvement Plan require remedial action by a district prior to the submission of a following year's progress report, the Superintendent of Public Instruction shall monitor such compliance and may recommend declarations of educational deficiency to the State Board of Education, where compliance is not accomplished, without recommendation or consideration by the Educational Improvement Advisory Committee.

Section 5. Local school districts failing to meet or make satisfactory progress toward meeting minimum program and service standards and product standards, after having received technical assistance from the Kentucky Department of Education, shall be subject to direct management intervention by the State Board of Education, as defined by KRS 158.584(4). Satisfactory progress shall be defined as the district's compliance with and

adherence to the timelines established in the approved Master Educational Improvement Plan.

Section 6. Subsequent to direct management intervention by the State Board of Education, if the local district still does not meet established timelines for correcting deficiencies, removal from office of a member or members of the local board or the superintendent or other school district personnel, pursuant to KRS 156.132 to 156.136, may be pursued by the state board.

Section 7. A district that has been declared an educationally deficient district by the state board shall be notified of such declaration in writing. At such time as an educationally deficient district shall be cleared by the Kentucky Department of Education of all deficiencies contributing to the declaration of educational deficiency, the Superintendent of Public Instruction, with the approval of the State Board of Education, shall notify such a district in writing.

ALICE McDONALD

Superintendent of Public Instruction

APPROVED BY AGENCY: September 11, 1984

FILED WITH LRC: November 8, 1984 at noon.

EDUCATION AND HUMANITIES CABINET

Department of Education
Office of Instruction
Amended After Hearing

704 KAR 20:210. Substitute teachers.

RELATES TO: KRS 161.020, 161.025, 161.030, 161.100

PURSUANT TO: KRS [13.082, 156.030,] 156.070, 161.030, 161.100

NECESSITY AND FUNCTION: KRS 161.020, 161.025, and 161.030 require that teachers and other professional school personnel hold certificates of legal qualifications for their respective positions. KRS 161.100 provides for the issuance of emergency certificates under specified circumstances. This regulation establishes a Certificate for Substitute Teaching and establishes the priority status of this certificate in comparison with other regular certificates and in comparison with emergency certificates.

Section 1. (1) The Certificate for Substitute Teaching shall be issued in accordance with the pertinent Kentucky statutes and State Board of Education regulations to [an] applicants who hold a statement of eligibility for a particular type of Kentucky teaching certificate as provided in 704 KAR 20:045, Section 2(6) and (7), or who have [has] previously held [qualified for] any type of Kentucky certificate for classroom teaching for which the completion of a four (4) year program of teacher preparation and a bachelor's degree were required.

(2) The Certificate for Substitute Teaching shall be issued initially for a duration period of five (5) years and may be reissued or renewed upon recommendation of the employing school district superintendent.

(3) The Certificate for Substitute Teaching

shall be valid only for substitute teaching. The certificate document shall show the type of preparation completed by the teacher and shall be valid for substitute teaching [in the area of preparation] only within the grade levels covered by the validity of the certificate. The Certificate for Substitute Teaching shall not be valid for continuous part-time employment for classroom teaching.

Section 2. Whenever substitute teachers must be employed to serve during the absence of the teacher of record for the position, [the following] priority [shall be observed] in [their] selection and employment shall be given first to:

(1) Teachers who hold regular certification for classroom teaching and teachers who hold the Certificate for Substitute Teaching, and if no teacher with such certification is available, then;

(2) Persons certified on an emergency basis for substitute teaching pursuant to 704 KAR 20:120, with such persons to be called in [descending order] according to the following descending order of categories relating to the amount of college hours [credit] completed, but not necessarily according to the number of hours two (2) or more persons within the same category may have:

(a) A Bachelor's degree, then;

(b) At least ninety-six (96) semester hours of college credit, then;

(c) From sixty-four (64) to ninety-five (95) semester hours of college credit. [and who have sixty-four (64) semester hours credit or more of college preparation, and if none is available, then;]

[(3) Persons certified on an emergency basis for substitute teaching and who have less than sixty-four (64) semester hours of college preparation, but no less than high school graduation.]

ALICE McDONALD

Superintendent of Public Instruction

APPROVED BY AGENCY: September 12, 1984

FILED WITH LRC: November 8, 1984 at noon.

REGULATORY IMPACT ANALYSIS

Agency Contact Person: Alice McDonald, Attention: James Fouche

(1) Type and number of entities affected: From 100-400 persons who will be issued the certificate for substitute teaching every year.

(a) Direct and indirect costs or savings to those affected: No change

1. First year:

2. Continuing costs or savings:

3. Additional factors increasing or decreasing costs (note any effects upon competition):

(b) Reporting and paperwork requirements: No change. (Each applicant files an application for teacher certification and upon approval the corresponding Kentucky teaching certificate is issued.)

(2) Effects on the promulgating administrative body:

(a) Direct and indirect costs or savings: None

1. First year:

2. Continuing costs or savings:

3. Additional factors increasing or decreasing costs:

(b) Reporting and paperwork requirements: No change. (Each applicant files an application for teacher certification and upon approval the corresponding Kentucky teaching certificate is issued.)

(3) Assessment of anticipated effect on state and local revenues: None

(4) Assessment of alternative methods; reasons why alternatives were rejected: No alternative - this regulation responds to the mandate of Senate Bill 19 relating to the teacher testing requirement.

(5) Identify any statute, administrative regulation or government policy which may be in conflict, overlapping, or duplication: No regulations in conflict - this change is for the purpose of bringing this regulation into compliance with the provisions of the new Senate Bill 19.

(a) Necessity of proposed regulation if in conflict:

(b) If in conflict, was effort made to harmonize the proposed administrative regulation with conflicting provisions:

(6) Any additional information or comments: Regulation revision also clarifies the language so as to comply with another proposed regulation provision for 704 KAR 20:120.

Tiering:

Was tiering applied? No. Regulation ultimately applies to individual teacher candidates who must satisfy the same requirements for certification.

PUBLIC PROTECTION AND REGULATION CABINET Department of Insurance Amended After Hearing

806 KAR 2:095. Accounting and reporting requirements for collecting insurance tax.

RELATES TO: KRS 91A.080, 304.4-010

PURSUANT TO: KRS Chapter 13A, [13.082,] 91A.080, 304.2-110

NECESSITY AND FUNCTION: KRS 304.2-110 provides that the Commissioner of Insurance may make reasonable rules and regulations necessary for and as an aid to the effectuation of any provision of the Kentucky Insurance Code. KRS 91A.080 authorizes the Commissioner of Insurance to adopt regulations for the collection and reporting of municipal premium taxes. This regulation provides for the accounting and reporting procedures to be used by every insurance company or its agent, to which this regulation applies, for the collection and reporting of the fees or taxes and the collection fee herein provided by ordinance of a city or urban county government for engaging in the business of insurance therein.

Section 1. Definitions. As used in this regulation, (1) "Commissioner" means the Commissioner of the Kentucky Department of Insurance.

(2) "Municipal premium taxes" means taxes levied pursuant to KRS 91A.080.

(3) "Premiums actually collected within a calendar quarter" means premiums which have been received at an insurer's [insured's] home, administrative, or regional offices within a calendar quarter. Agency contracts which allow

agents a period of time in which to forward premium payments to insurers shall not allow an unreasonably long period of time. An agency contract which allows an agent more than ninety (90) days to forward premium payments to an insurer is presumed to allow an unreasonably long period of time. This presumption may be rebutted by appropriate evidence. [Every insurance company to which this Act applies shall provide, in accordance with the ordinance of each city or urban county government, an accounting, to the commissioner, only on a form to be prescribed by the commissioner, with a copy or abstract thereof to each such governmental unit, which shall include all premiums collected for which the tax or license fee is payable together with the amount of such tax or license fee collected and remitted to each city or urban county government. Every such insurance company shall maintain records which shall be adequate to substantiate such accounting. The accounting required herein shall be filed with the commissioner and each such city or urban county government on or before April 1 of each year following the calendar year to which the accounting applies.]

Section 2. Quarterly payment and reporting of municipal premium taxes. Each insurer with municipal premium tax liability shall make payment of its tax liability based on premiums actually collected within a calendar quarter. Payment shall be made within thirty (30) days of the end of each calendar quarter. Insurers shall make their returns on forms prescribed by the commissioner (or forms substantially similar to those prescribed by the commissioner) or on forms prescribed by cities or urban-county governments. [At its option, an insurer may make quarterly payments on an estimated basis. If quarterly payments are made on an estimated basis, each quarterly payment shall be equal to at least twenty-five (25) percent of the municipal premium taxes paid for the preceding calendar year. At the close of the last calendar quarter of the year, insurers making estimated quarterly payments shall pay any additional tax due on premiums actually collected during the calendar year. Insurers paying municipal premium taxes on an estimated basis shall make their returns on forms as prescribed in this section.] Copies of these forms shall not be filed with the commissioner unless the commissioner directs that returns be filed with the commissioner.

Section 3. Annual Reports. (1) Insurers shall furnish each city and urban-county government to which municipal premium taxes have been paid during the preceding calendar year a report on the municipal premium taxes paid during the preceding calendar year. A copy of this report shall be filed with the commissioner accompanied by a fee of five (5) dollars per insurer.

(2) The reports required by this section shall be filed with cities and urban-county governments and with the commissioner by March 31st of each year following the calendar year to which the reports apply.

(3) The reports required by this section shall be on a form prescribed by the commissioner (or on a form substantially similar to that prescribed by the commissioner).

(4) The form prescribed by the commissioner shall contain the following information:

(a) An itemization of all premiums collected for which a municipal premium tax is payable together with the amount of such tax collected and paid to each city or urban-county government for the following kinds of insurance:

1. Casualty;
2. Fire and allied perils;
3. Health;
4. Inland marine;
5. Life;
6. Motor vehicle; and
7. Such other kinds of insurance as the commissioner may designate.

(b) Such other information as the commissioner may designate.

Section 4. Each insurer shall maintain records adequate to support the reports required by this regulation. This section applies to insurance agents and surplus lines brokers to the extent they are responsible for collecting and paying municipal premium taxes imposed pursuant to KRS 91A.080.

Section 5. Each insurer must file the reports required by this regulation. Data filed on a group basis is unacceptable.

GIL McCARTY, Commissioner

MELVIN WILSON, Secretary

APPROVED BY AGENCY: November 5, 1984

FILED WITH LRC: November 5, 1984 at 11:35 a.m.

**PUBLIC PROTECTION AND REGULATION CABINET
Department of Insurance
Amended After Hearing**

806 KAR 2:097. Filing of municipal premium tax ordinances; notification to insurers.

RELATES TO: KRS 91A.080, 304.4-010
PURSUANT TO: KRS Chapter 13A, 91A.080, 304.2-110

NECESSITY AND FUNCTION: KRS 304.2-110 provides that the Commissioner of Insurance may make reasonable regulations necessary for or as an aid to the effectuation of any provision of the Kentucky Insurance Code. KRS 91A.080 authorizes the Commissioner of Insurance to adopt regulations for the collection and reporting of municipal premium taxes. This regulation establishes procedures for cities and urban-county governments to file their municipal premium tax ordinances with the Commissioner of Insurance and provides procedures for notification to insurers of the contents of these municipal premium tax ordinances.

Section 1. Definitions. As used in this regulation: (1) "Commissioner" means the Commissioner of the Kentucky Department of Insurance.

(2) "Municipal premium taxes" means taxes levied pursuant to KRS 91A.080.

Section 2. Filing of Municipal Premium Tax Ordinances. In accordance with KRS 91A.080, any city or urban-county government which has imposed a municipal premium tax shall file a copy of its ordinance with the commissioner. Ordinances may adopt or amend a municipal premium tax on a prospective basis only. Any adopted or amended ordinance must be filed with

the commissioner more than sixty (60) days prior to January 1st or July 1st of each year. If an adopted or amended ordinance is received less than sixty (60) days prior to January 1st or July 1st, the commissioner shall not notify insurers of the adopted or amended ordinance until the next notice of municipal premium taxes is published and insurers shall be responsible for paying taxes on the basis of the adopted or amended ordinances only on premiums received after the publication date of the next notice of municipal premium taxes. For example, if a city or urban-county government files its adopted or amended ordinance on December 1st, insurers will not be notified of the adopted or amended ordinance until approximately thirty (30) days prior to July 1st of the next year. Insurers shall be responsible for paying taxes on the basis of the adopted or amended ordinances only on premiums received after the publication of the next notice of municipal taxes, in this example, July 1st of the next year.

Section 3. Notification to Insurers of

Municipal Premium Taxes. (1) Approximately thirty (30) days prior to January 1st and July 1st of each year, the commissioner shall mail to insurers notice of those cities or urban-county governments which impose a municipal premium tax.

(2) The notice shall be mailed to the current address of the administrative offices of an insurer as on file with the commissioner.

(3) One (1) copy of the notice of municipal premium taxes shall be provided to insurers free of charge. Additional copies of the notice of municipal premium taxes or copies of the notice of municipal premium taxes requested by others shall be available only on written request and payment of five (5) dollars fee for filing the request.

Section 4. Effective Date. This regulation shall become effective January 1, 1985.

GIL McCARTY, Commissioner

MELVIN WILSON, Secretary

APPROVED BY AGENCY: October 31, 1984

FILED WITH LRC: November 5, 1984 at 11:35 a.m.

PROPOSED AMENDMENTS

LEGISLATIVE RESEARCH COMMISSION (Proposed Amendment)

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

RELATES TO: KRS 45.750 to 45.800, HB 295 (1982 Regular Session)

PURSUANT TO: KRS 7.320, [13.082] 13A.350

NECESSITY AND FUNCTION: Implementation of review procedure established under KRS 45.750 to 45.800, HB 295 (1982 Regular Session).

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 committee:

(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 Commission at its next regularly scheduled meeting after the occurrence of the vacancy.

(7) The committee shall act on or review any construction project or proposed action on a project properly submitted, within thirty (30) days of its submission.

Section 3. For any action or proposed action on a project to be reviewed by the committee at its next regularly scheduled meeting, it must be submitted to the Legislative Research Commission on or before the fifteenth [last] day of the month preceding the meeting. All projects received after the fifteenth [end] of the month will be deferred to the next regularly scheduled meeting.

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

(1) Prior to the transfer the Finance and Administration Cabinet and/or the appropriate university authority shall present the proposed transfer to the committee for review.

(2) Information presented to the committee for its authorized 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; and

(f) All alterations planned for the project 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 of this regulation, 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 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 of this regulation to the Finance and Administration Cabinet and/or appropriate university official.

(5) The Finance and Administration Cabinet and/or appropriate university official shall promptly inform the committee in writing of its action on the proposed transfer in light of the committee's findings and determination.

Section 5. Transfer of an amount greater than fifteen (15) percent of the estimated cost of a project from a capital construction and equipment purchase contingency account 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 Finance and Administration Cabinet and/or appropriate university official 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 Finance and Administration Cabinet 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 fifteen (15) 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 account to the allotment account of that item of equipment.

(1) Prior to the transfer the Finance and Administration Cabinet and/or appropriate university official 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 of this regulation, 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 of this regulation to the Finance and Administration Cabinet.

(5) The Finance and Administration Cabinet and/or appropriate university official shall promptly inform the committee in writing of its action on the proposed transfer in light of the committee's findings and determination.

Section 7. An amount in excess of fifteen (15) 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 Finance and Administration Cabinet and/or the appropriate university official 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 Finance and Administration Cabinet and/or the appropriate university official 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 Finance and Administration Cabinet and/or the appropriate university official within thirty (30) days of the transfer. This report shall include certification and explanation of the emergency by the Secretary of the Finance and Administration Cabinet.

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 of this regulation;
- (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 Finance and Administration Cabinet and/or appropriate university official 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 Finance and Administration Cabinet 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 inventory 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) and HB 295 (Part V, 1982 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 Finance and Administration Cabinet. Information submitted under this section shall include:

- (1) 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 295 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 Finance and Administration Cabinet.

- (1) The scope, estimated cost, starting date for construction, completion date, and the date set for bids on the project; and
- (2) Quarterly reports stating the percentage of completion of each project and the cost to

date.

Section 18. The Department of Transportation shall report monthly any emergency construction, new construction, or improvement to its maintenance and equipment barns, district office buildings, storage sheds, and other highway type buildings initiated each fiscal year, above \$100,000. Information submitted under this section to the committee shall include:

- (1) Complete description of the project;
- (2) Estimated cost of the project by phase;
- (3) Source of funding; and
- (4) Estimated completion date.

Vic Hellard, Jr., Director

Sen. Joseph W. Prather, Co-Chairman

Rep. Bobby H. Richardson, Co-Chairman

APPROVED BY AGENCY: November 14, 1984

FILED WITH LRC: November 14, 1984 at 10 a.m.

PUBLIC HEARING SCHEDULED: A public hearing will be held on December 27, 1984, at 10 a.m., in Room 107 of the Capitol Annex. Those interested in attending this meeting shall contact: Joyce Morse, Committee Staff Administrator, Legislative Research Commission, Room 101-A, Capitol Annex, Frankfort, Kentucky 40601.

REGULATORY IMPACT ANALYSIS

Agency Contact Person: Joyce A. Morse

(1) Type and number of entities affected:
(a) Direct and indirect costs or savings to those affected: N/A

1. First year:

2. Continuing costs or savings:

3. Additional factors increasing or decreasing costs (note any effects upon competition):

(b) Reporting and paperwork requirements: N/A

(2) Effects on the promulgating administrative body:

(a) Direct and indirect costs or savings:

1. First year:

2. Continuing costs or savings:

3. Additional factors increasing or decreasing costs:

(b) Reporting and paperwork requirements:

(3) Assessment of anticipated effect on state and local revenues: N/A

(4) Assessment of alternative methods; reasons why alternatives were rejected: N/A

(5) Identify any statute, administrative regulation or government policy which may be in conflict, overlapping, or duplication: N/A

(a) Necessity of proposed regulation if in conflict:

(b) If in conflict, was effort made to harmonize the proposed administrative regulation with conflicting provisions:

(6) Any additional information or comments:

Tiering:

Was tiering applied? No. N/A

CABINET OF THE GENERAL GOVERNMENT

Board of Pharmacy

(Proposed Amendment)

201 KAR 2:135. Drug products with bioinequivalence problems.

RELATES TO: KRS Chapter 217

PURSUANT TO: KRS [13.082,] 217.814(7),(8), 217.819(1)

NECESSITY AND FUNCTION: KRS 217.819 directs the Kentucky Board of Pharmacy to prepare a nonequivalent drug product formulary of drugs which should not be interchanged by pharmacists. In conformance with the publication cited, "Approved Prescription Drug Products with Therapeutic Equivalence Evaluations," this regulation lists drug products with active ingredient and/or dosage forms with bioinequivalence problems.

Section 1. The following are determined to be non-interchangeable:

Drug Products With Active Ingredient and/or Dosage Forms With Bioinequivalence Problems.

[Aminophylline--Oral; Tablet]

Levodopa--Oral; Capsule; Tablet

Propylthiouracil--Oral; Tablet

Theophylline--Oral; Tablet; Capsule

Warfarin Sodium--Oral; Tablet

Phenytoin Sodium--Oral; Capsule

JOHN H. VOIGE, Executive Director

APPROVED BY AGENCY: October 10, 1984

FILED WITH LRC: October 18, 1984 at 10 a.m.

PUBLIC HEARING SCHEDULED: A public hearing has been scheduled on December 21, 1984 at 11 a.m. (EST) at the office of the Board of Pharmacy, 1228 U.S. 127 South, Frankfort. However, this hearing will be cancelled unless interested persons notify the following office in writing by December 16, 1984, of their desire to appear and testify at the hearing: J. H. Voige, Executive Director, Kentucky Board of Pharmacy, 1228 U.S. 127 South, Frankfort, Kentucky 40601.

REGULATORY IMPACT ANALYSIS

Agency Contact Person: J. H. Voige, Executive Director

(1) Type and number of entities affected: All consumers for whom these drug products may be prescribed.

(a) Direct and indirect costs or savings to those affected: Savings could not be determined.

1. First year:

2. Continuing costs or savings:

3. Additional factors increasing or decreasing costs (note any effects upon competition):

(b) Reporting and paperwork requirements: None

(2) Effects on the promulgating administrative body: None

(a) Direct and indirect costs or savings:

1. First year:

2. Continuing costs or savings:

3. Additional factors increasing or decreasing costs:

(b) Reporting and paperwork requirements: None

(3) Assessment of anticipated effect on state and local revenues: None

(4) Assessment of alternative methods; reasons why alternatives were rejected: None

(5) Identify any statute, administrative regulation or government policy which may be in conflict, overlapping, or duplication: None

(a) Necessity of proposed regulation if in conflict:

(b) If in conflict, was effort made to harmonize the proposed administrative regulation with conflicting provisions:

(6) Any additional information or comments:
None

Tiering:

Was tiering applied? No. Not applicable.

**GENERAL GOVERNMENT CABINET
Board of Licensure for
Nursing Home Administrators
(Proposed Amendment)**

201 KAR 6:010. Licensure.

RELATES TO: KRS Chapter 216A

PURSUANT TO: KRS Chapter 216A [13.082]

NECESSITY AND FUNCTION: KRS Chapter 216A authorizes the Kentucky Board of Licensure for Nursing Home Administrators to regulate the practice of nursing home administration in Kentucky, including the adoption of standards for licensure. The purpose of this regulation is to establish uniform requirements for the licensing of nursing home administrators.

Section 1. Requirements for Issuance of License. An applicant for a license as a nursing home administrator shall in addition to meeting the requirements provided by KRS 216A.080:

(1) Establish a bona fide residency or express an intent to reside in Kentucky, unless employed by a health care facility located in Kentucky.

(2) Have satisfactorily completed a course of study for, and have been awarded a baccalaureate degree; and have six (6) months of continuous management experience in a health care facility within three (3) years from the date of application. Said management experience shall include at least partial responsibility for personnel management, budget preparation and fiscal management, and public relations; or

(3) Have satisfactorily completed an associate degree program or a minimum of sixty (60) college semester hours with concentration in health services, social services, or business, and one (1) year of continuous management experience in a health care facility within three (3) years from the date of application. Said management experience shall include at least partial responsibility for personnel management, budget preparation and fiscal management and public relations.

(4) For purposes of meeting the educational requirements above, appropriate vocational/technical programs will be accepted with the following stipulations:

(a) The courses/training be health, business or social services related.

(b) Programs requiring appropriate designation such as licensure, registration, certification, etc., will be approved only after the applicant has received that designation by the appropriate credentialing body.

(c) Applicants with a one (1) year program must also have at least thirty-two (32) college credit hours, at least half of which must be in general subjects such as English, math, science, psychology, etc.

(d) Applicants with a two (2) year program must also have at least sixteen (16) college credit hours in general subjects such as English, math, science, psychology, etc.

(5) Pay a license fee of \$100 at the time of application, seventy-five (75) dollars of which shall be refunded in the event the applicant is not subsequently licensed.

(6) Effective October 1, 1985, the baccalaureate degree referred to in subsection (2) of this section must be related to health, business or social services and beginning October 1, 1985, the provisions of subsections (3) and (4) of this section, and that portion of Section 3(1)(d) of this regulation dealing with subsections (3) and (4) of this section will no longer be applicable.

Section 2. Examination Subjects. (1) Every applicant for a license as a nursing home administrator shall successfully pass a written examination which shall include, but need not be limited to, the following subjects:

(a) [(1)] Applicable standards of environmental health and safety;

(b) [(2)] Local health and safety regulations;

(c) [(3)] General administration;

(d) [(4)] Psychology of patient care;

(e) [(5)] Principles of patient care;

(f) [(6)] Personal and social care;

(g) [(7)] Therapeutic and supportive care and services in long-term care;

(h) [(8)] Departmental organization and management; and

(i) [(9)] Community interrelationships.

(2) Any applicant who has failed to pass the written examination will not be permitted to take the examination again until three (3) months have elapsed. If the applicant fails to pass the examination after three (3) attempts, no further attempts to pass the examination shall be permitted by the board unless the board finds that exceptional circumstances exist at which time the applicant may be allowed to take the examination.

Section 3. Temporary Permits. (1) The board may issue a temporary permit to an individual to practice the art of nursing home administration when the applicant:

(a) Has made written application to the board on the forms provided;

(b) Is at least twenty-one (21) years of age;

(c) Intends to become employed by a health care facility located in Kentucky;

(d) Has met the minimum education requirements for licensure contained in Section 1(2), (3), (4), (6) of this regulation and has had at least six (6) months of management experience in a health care facility within three (3) years preceding the date of application, such experience, including at least partial responsibility for personnel management, budget preparation, and fiscal management and public relations; or

(e) Has been awarded a baccalaureate degree from an accredited college or university;

(f) Has furnished the board a letter of recommendation from the facility owner or supervisor where he intends to work, with sufficient information to support the fact that an emergency situation exists; and

(g) Has paid the temporary permit fee of fifty (50) dollars.

(2) Temporary permits shall be issued in the name of the applicant to be employed at a specific facility for a period of six (6) months.

(3) A refund of twenty-five (25) dollars may

be made to the holder of a temporary permit, in the event such permittee receives a nursing home administrators license issued during the first ninety (90) days of the permit period.

(4) A temporary permit may not be extended or renewed beyond the initial period of six (6) months and may not be transferred from one (1) facility to another nor from one (1) individual to another.

Section 4. Renewal, Expiration and Reinstatement of Licenses. (1) All licenses shall be renewed every two (2) years from date of issue or from date of last renewal. It is the responsibility of the licensee, prior to such date of renewal to have:

(a) Made written application for renewal on the prescribed forms;

(b) Paid a biennial renewal fee of \$100;

(c) Submitted evidence, satisfactory to the board, of attendance or completion of a continuing education program of study approved by the board which contained either a minimum of four (4) college semester hours in courses directly related to business administration, economics, marketing, computer science, social services, psychology, and health profession related programs such as nursing, premedicine, etc., or fifty (50) clock hours, all of which must have been achieved during the immediate preceding biennial period. Any clock hours obtained during the last thirty (30) days of any renewal period, in excess of the number of hours required for renewal purposes, may be credited toward the new renewal period during the renewal process.

(2) The board may make exceptions, grant waivers or provide extensions to the requirements in subsection (1) above when extenuating circumstances are sufficiently evidenced by the licensee to warrant such action.

(3) Expired licenses may be reinstated within a period of sixty (60) days from date of expiration, provided all conditions are met. Failure on the part of the licensee to pay the biennial licensure fee and show evidence of completing the required continuing education credits during the sixty (60) day grace period shall automatically cause such license to terminate. Thereafter, a candidate for relicensure shall make application to the board and meet current licensure requirements.

Section 5. Endorsement. The board may license by endorsement, without examination, a nursing home administrator currently licensed by examination by the proper authorities of any other state upon payment of a fee of \$100, and provided the applicant demonstrates to the board:

(1) That he is familiar with state and local health and safety regulations relating to nursing homes;

(2) That his license has not been revoked or suspended in any other state; and

(3) That he meets current educational and experience requirements contained in Section 1 of this regulation.

Section 6. Refusal, Suspension, and Revocation of Licenses. The board may suspend, revoke, or refuse to issue or renew a license of a nursing home administrator, or may reprimand or otherwise discipline a licensee after due notice and an opportunity to be heard at a formal

hearing, upon substantial evidence that such applicant or licensee:

(1) Has violated any of the provisions of the law pertaining to the licensing of nursing home administrators or the rules and regulations of the board pertaining thereto;

(2) Has willfully or repeatedly violated any of the provisions of the law, code, rules, or regulations of the licensing or supervising authority or agency of the state or political subdivision thereof having jurisdiction of the operation and licensing of nursing homes;

(3) Has been convicted of a felony involving moral turpitude;

(4) Has practiced fraud, deceit, or misrepresentation in securing or procuring a nursing home administrator license;

(5) Is incompetent to engage in the practice of nursing home administration or to act as a nursing home administrator;

(6) Has practiced fraud, deceit, or misrepresentation in his capacity as a nursing home administrator;

(7) Has committed acts of misconduct in the operation of a nursing home under his jurisdiction;

(8) Is addicted or dependent upon the use of alcohol, controlled substances or other drugs; or

(9) Has wrongfully transferred or surrendered possession, either temporarily or permanently, his license to any other person.

Section 7. Complaints and Hearing Procedures. Any person, public officer, or association, or the board may prefer charges against any licensee:

(1) Such charges shall be in writing and shall be submitted to the board.

(2) The board, or any person or persons appointed by it for the said purpose, may hold a preliminary hearing to determine whether a formal hearing on the charges is necessary.

(3) The board may dismiss the charges and take no action thereon, by formal hearing or otherwise, in which event the charges and the order dismissing the charges shall be filed with the board.

(4) If the board decides that the charges shall be heard formally, the board may hear the charges or designate a hearing officer to hear the charges and set a time and place for a hearing.

(5) A copy of the charges, together with notice of the time and place of the hearing, shall be served on the accused at least thirty (30) days before the date fixed for the hearing.

(6) Upon the conclusion of the hearing, the board may revoke the license of the accused, or suspend such license for a fixed period, or reprimand, or take other disciplinary action, or dismiss the charges.

(7) An order of suspension made by the board may contain such provisions as to reinstatement of the license as the board shall direct.

Section 8. Conduct of Hearing. At any hearing conducted pursuant to this regulation, any party to the proceedings may appear personally and with counsel and shall be given the opportunity to introduce evidence and witnesses and to cross-examine witnesses:

(1) At any formal hearing conducted pursuant to this regulation, if a party shall appear without counsel, the board or person designated

as a hearing officer shall advise such party of his right to be represented by counsel; and that if he desires to proceed without counsel that he may call witnesses, cross-examine witnesses, and introduce evidence in his behalf.

(2) Appearances shall be noted on the official record of hearing.

(3) The board or designated hearing officer may grant adjournments upon request of any party to the proceedings, provided that an adjournment shall not be for an indefinite period of time, but shall be set down for a day certain.

(4) If an adjournment is requested in advance of the hearing date, such request shall be submitted in writing and shall specify the reason for such request.

(5) In considering an application for adjournment of a hearing the board or hearing officer shall consider whether the purpose of the hearing will be affected or defeated by the granting of such adjournment.

(6) The board or designated hearing officer shall issue subpoenas and subpoena duces tecum upon request of any party to the proceedings of any hearing set down by the board.

(7) The board or hearing officer shall not be bound by the strict rules of evidence in the conduct of a hearing, but the determination and recommendations of the hearing officer shall be founded upon sufficient legal evidence to sustain them.

(8) Upon the conclusion of a hearing the board shall take such action upon such written findings and determinations as it deems proper.

Section 9. Display of Licenses. Every person licensed as a nursing home administrator shall display such license and certificate of biennial registration in a conspicuous place in the office or place of business or employment of such licensee.

Section 10. Duplicate Licenses. The board may issue a duplicate license upon payment of a fee of ten (10) dollars.

Section 11. Inactive Licensure Status. (1) A licensed nursing home administrator in good standing may be placed on inactive status upon request to the board and payment of a biennial fee of twenty (20) dollars, which is not refundable.

(2) Licensees on inactive status shall be subject to the same renewal provisions as those on active status, except that no continuing education credits are required during the inactive period.

(3) A licensee on inactive status may revert to active status by:

(a) Making written application to the board;
(b) Payment of a biennial licensure fee of \$100;

(c) Successfully passing an examination administered by the board.

(4) The effective date of the return to active status will be the date board approval is granted and will establish a new anniversary date for renewal purposes only, and the original licensure date remains unchanged.

ROBERT ELLIOTT, Chairman

APPROVED BY AGENCY: November 8, 1984

FILED WITH LRC: November 8, 1984 at 3 p.m.

PUBLIC HEARING SCHEDULED: A public hearing on

this amendment to the regulation has been scheduled for December 21, 1984, at 1:30 p.m., at the Division of Occupations and Professions, U.S. 60, Berry Hill Annex, Frankfort, Kentucky 40601. Interested parties planning to attend the hearing must contact in writing David L. Nicholas, Director, Division of Occupations and Professions, P.O. Box 456, Frankfort, Kentucky 40602, at least five days before the hearing.

REGULATORY IMPACT ANALYSIS

Agency Contact Person: David L. Nicholas

(1) Type and number of entities affected:

(a) Direct and indirect costs or savings to those affected:

1. First year: None

2. Continuing costs or savings: None

3. Additional factors increasing or decreasing costs (note any effects upon competition): None

(b) Reporting and paperwork requirements: Different requirements for licensing.

(2) Effects on the promulgating administrative body:

(a) Direct and indirect costs or savings:

1. First year: None

2. Continuing costs or savings: None

3. Additional factors increasing or decreasing costs: None

(b) Reporting and paperwork requirements: Same as above.

(3) Assessment of anticipated effect on state and local revenues: None

(4) Assessment of alternative methods; reasons why alternatives were rejected: Not applicable.

(5) Identify any statute, administrative regulation or government policy which may be in conflict, overlapping, or duplication:

(a) Necessity of proposed regulation if in conflict: None

(b) If in conflict, was effort made to harmonize the proposed administrative regulation with conflicting provisions: Not applicable.

(6) Any additional information or comments: Amendment to existing regulation changing requirements for licensing.

Tiering:

Was tiering applied? No. Not applicable.

GENERAL GOVERNMENT CABINET Kentucky Board of Nursing (Proposed Amendment)

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 as set forth in 201 KAR 20:220, Provider approval, Section 1(3)(b), 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, MS, RN, Executive Director
APPROVED BY AGENCY: August 16, 1984

FILED WITH LRC: November 7, 1984 at 2:30 p.m.

PUBLIC HEARING SCHEDULED: A public hearing on this regulation will be held on December 21, 1984 at 9 a.m. in Room 447 of the Professional Towers Building, 4010 Dupont Circle, Louisville, Kentucky. Those interested in attending this hearing shall notify the following office in writing by December 16, 1984: Mary A. Romelfanger, Deputy Executive Director, Kentucky Board of Nursing, Suite 430, 4010 Dupont Circle, Louisville, Kentucky 40207. Agency contact person: Sharon M. Weisenbeck, MS, RN, Executive Director, Kentucky Board of Nursing, 4010 Dupont Circle, Suite 430, Louisville, KY 40207.

REGULATORY IMPACT ANALYSIS

The revisions proposed for this administrative regulation are editorial rather than substantive in nature and are being proposed for the purpose of clarification only.

GENERAL GOVERNMENT CABINET Kentucky Board of Nursing (Proposed Amendment)

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/offering 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. 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 approved 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. As of January 1, 1985, newly appointed nurse administrators of program approved providerships shall hold a baccalaureate or higher degree in nursing.

(4) Policies and procedures. Written policies and procedures of the provider shall facilitate the efficient operation 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, 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 offering.

(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/offering; 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 submitted 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 providership approval period awarded shall be set forth in the approval notification letter sent to the provider by the board. Retroactive approval shall not be granted.

Section 3. Continued Approval of a Provider. Applications for continued approval as a provider shall be submitted prior to the end of the current approval period.

(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, MS, RN
Executive Director

APPROVED BY AGENCY: August 16, 1984

FILED WITH LRC: November 7, 1984 at 2:30 p.m.

PUBLIC HEARING SCHEDULED: A public hearing on this regulation will be held on December 21, 1984 at 10 a.m. in Room 447 of the Professional Towers Building, 4010 Dupont Circle, Louisville, Kentucky. Those interested in attending this hearing shall notify the following office in writing by December 16, 1984: Mary A. Romelfanger, Deputy Executive Director, Kentucky Board of Nursing, Suite 430, 4010 Dupont Circle, Louisville, Kentucky. 40207. Agency contact person: Sharon M. Weisenbeck, MS, RN, Executive Director, Kentucky Board of Nursing, 4010 Dupont Circle, Suite 430, Louisville, KY 40207.

REGULATORY IMPACT ANALYSIS

Agency Contact Person:

(1) Type and number of entities affected: The regulation amendment affects only those entities which after January 1, 1985, apply for approval as providers of programs of mandatory continuing education for nurses. As of that date, the nurse administratively responsible for the continuing education unit of such entities will be required to hold a minimum of a baccalaureate degree in nursing. (Of the total of 145 providers currently approved by the Board of Nursing, 112 hold such program approval.) This proposed amendment will not affect those program-approved providers currently approved by the board.

Rather, only those entities making program providership application after January 1, 1985 will be affected.

(a) Direct and indirect costs or savings to those affected: None

1. First year: None

2. Continuing costs or savings: None

3. Additional factors increasing or decreasing costs (note any effects upon competition): None

(b) Reporting and paperwork requirements: The proposed revision affects only the academic qualification for nurse administrators of program-approved providerships. It will have no effect on existing reporting and paperwork requirements.

(2) Effects on the promulgating administrative body:

(a) Direct and indirect costs or savings: None

1. First year: None

2. Continuing costs or savings: None

3. Additional factors increasing or decreasing costs: None

(b) Reporting and paperwork requirements: This proposed amendment would have no effect on reporting and paperwork requirements.

(3) Assessment of anticipated effect on state and local revenues: None

(4) Assessment of alternative methods; reasons why alternatives were rejected: The alternative, to make no change, was assessed, and the determination was made that this revision is necessary to insure adequate academic preparation for individuals serving in the role of nurse administrator of program approved providers of mandatory continuing education.

(5) Identify any statute, administrative regulation or government policy which may be in conflict, overlapping, or duplication: None

(a) Necessity of proposed regulation if in conflict: Not applicable

(b) If in conflict, was effort made to harmonize the proposed administrative regulation with conflicting provisions: Not applicable

(6) Any additional information or comments: None

Tiering:

Was tiering applied? Tiering was applied in that nurses administrators of program approved providers of mandatory continuing education appointed after January 1, 1985, are required to hold a minimum of a baccalaureate degree in nursing. All others may employ a consultant who holds a baccalaureate degree in nursing.

TOURISM CABINET

Department of Fish and Wildlife Resources
(Proposed Amendment)

301 KAR 2:140. Spring gun and archery season for wild turkey.

RELATES TO: KRS 150.010, 150.025, 150.170, 150.175, 150.176, 150.305, 150.320, 150.330, 150.360, 150.365, 150.390

PURSUANT TO: KRS 13A.350 [13.082,] 150.025

NECESSITY AND FUNCTION: This regulation pertains to the spring gun and archery season and limits for wild turkey. The commissioner with the concurrence of the commission finds this regulation necessary for the continued protection and conservation of wild turkey populations and to insure a permanent and

continued supply for present and future residents of the state. The function of this regulation is to provide for the prudent taking of wild turkeys within reasonable limits based upon an adequate supply. This amendment is necessary to designate currently appropriate turkey hunting seasons for specific counties and wildlife management areas.

Section 1. Seasons and Counties Open to Wild Turkey Hunting. (1) Seasons and counties. April 20 through May 3 in Ballard, Bath, Pike, Letcher, that portion of Menifee north of Highway 460, Harlan, that portion of Butler north of the Green River Parkway, Crittenden, Boyle, Casey, that portion of Marion east of Highway 55, that portion of McCreary north of Highway 92, and Pulaski. April 20 through April 26 in that portion of Bell south of Highway 119 and east of Highway 25E, Breckinridge, that portion of Christian east of Highway 41, Hancock, and Ohio. [April 14 through April 27 in Bath, Pike, Letcher, Menifee, Harlan, Butler, Crittenden, Boyle; Casey, Marion; McCreary, Pulaski and Leslie Counties. April 14 through April 20 in Ballard County and that portion of Christian County east of Highway 41.]

(2) All other counties and portions of counties [wildlife management areas] are closed to wild turkey hunting [unless specified below].

Section 2. [3.] Bag and Possession Limits. Only one (1) turkey gobbler with visible beard per hunter per calendar year may be taken, except that two (2) turkeys may be taken if one (1) is taken on Fort Knox, Fort Campbell, or Land Between the Lakes. A second Kentucky wild turkey permit must be obtained before hunting a second turkey.

Section 3. [4.] Requirements and Restrictions. (1) The use of dogs is prohibited.

(2) All turkey hunters must have in their possession a valid wild turkey permit and a valid annual Kentucky hunting license, unless exempted by KRS 150.170(3), (5), [or] (6) or (7).

(3) Turkey may be taken from one-half (1/2) hour before sunrise until 12 noon [except at Land Between the Lakes and Fort Campbell Wildlife Management Areas where hunting is allowed from one-half (1/2) hour before sunrise to one-half (1/2) hour after sunset].

(4) Turkey may be taken with the aid of hand or mouth operated calls. Electronic calls are prohibited.

(5) Permitted and prohibited weapons.

(a) Firearms: Turkey may be taken with [breach-loading] shotguns only [, muzzle-loading shotguns and muzzle-loading rifles]. Shotguns must be no larger than 10 gauge or no smaller than 20 gauge. Only Number 2 shot or smaller may be used. [Handguns are prohibited except for muzzle-loading handguns on Pioneer Weapons Wildlife Management Area.] Buckshot and slugs may not be possessed while turkey hunting.

(a) Archery: Turkey may be taken with any longbows and compound bows which do not have devices to hold an arrow at full draw without human aid. Only barbed arrows without chemical treatment or chemical attachments, with broadhead points at least seven-eighths (7/8) inch wide are permitted.

[(c) Crossbows are permitted only on the Pioneer Weapons Wildlife Management Area.

Crossbows must be of at least 100 pounds pull with a working safety. Bolts must be barbed with broadhead points at least seven-eighths (7/8) inch wide.]

(6) Any hunter harvesting a wild turkey must have it checked at the nearest check station or by the nearest available conservation officer no later than 5:00 p.m. on the day the turkey is taken except as required on specified wildlife management areas. The hunter must complete the wild turkey permit and attach the tag portion to the turkey immediately after taking.

(7) Turkeys may be taken with the aid of decoys. Live turkeys may not be used as decoys.

(8) Turkeys may not be hunted on any baited area. A baited area means any area where feed, grains or any other substances capable of luring wild turkeys have been placed. Such areas shall be considered baited for ten (10) days following the complete removal of all bait. This does not prohibit hunting wild turkeys on any areas where grains, feed or other substances exist as the result of bona fide agricultural practices, or as the result of manipulating a crop for wildlife management purposes, provided that manipulation for wildlife management purposes does not include the placing or scattering of grain, feed or other substances once removed from or stored on the field where grown.

(9) Turkeys may not be hunted from a boat.

Section 4. [2.] Seasons and Exceptions on Wildlife Management Areas. All provisions of this regulation apply unless otherwise specified in this section.

(1) Fort Knox Wildlife Management Area located in Hardin, Bullitt and Meade Counties. [March 24 and 25, March 31 and April 1, April 7 and 8, April 14 and 15, April 21 and 22, April 28 and 29, depending upon military training priorities.]

(a) Season: All Saturdays and Sundays in March and April, unless precluded by military training priorities.

(b) Weapons: Muzzle-loading rifles .32 caliber or larger are permitted and 10 gauge shotguns are prohibited. Archery equipment may be used in designated areas only.

(c) Hunters must check turkeys at building 7334 by 2:00 p.m. on the day harvested.

(2) Land Between the Lakes Wildlife Management Area located in Trigg and Lyon Counties. [April 11 through April 29.]

(a) Season: April 17 through May 5.

(b) Wild turkey may be taken only in designated areas.

(c) Before leaving Land Between the Lakes, hunters must check in any turkey harvested and affix a Land Between the Lakes tag to the carcass.

(d) Shooting hours: One-half (1/2) hour before sunrise to one-half (1/2) hour after sunset.

(3) Pioneer Weapons Wildlife Management Area located in Bath and Menifee Counties. [April 14 through April 27.]

(a) Season: April 20 through May 3.

(b) Weapons: Muzzle-loading rifles and muzzle-loading handguns are permitted. Breach-loading shotguns are prohibited. Crossbows of at least 100 pounds pull with a working safety are permitted. Bolts must be barbed with broadhead points at least seven-eighths (7/8) inch wide.

(4) Pine Mountain Wildlife Management Area located in Letcher County. April 20 [14] through

May 3 [April 27].

(5) Fort Campbell Wildlife Management Area located in Christian and Trigg Counties. [April 7 through April 29 with no hunting on Mondays and Tuesdays.]

(a) Season: April 6 through April 28 with no hunting permitted on Mondays and Tuesdays.

(b) Permit: A post combination hunting-fishing permit is required.

(c) Shooting hours: One-half (1/2) hour before sunrise to one-half (1/2) after sunset.

(6) Beaver Creek Wildlife Management Area located in McCreary and Pulaski Counties. April 20 [14] through May 3 [April 27].

(7) Blue Grass Ordnance Depot Activity located in Madison County. April 20 through May 3. [Redbird Wildlife Management Area located in Leslie and Clay Counties. April 14 through April 27.]

(8) Cranks Creek Wildlife Management Area located in Harlan County. April 20 [14] through May 3 [April 27].

(9) All other wildlife management areas are closed to wild turkey hunting.

[Section 5. Exceptions. (1) Land Between the Lakes Wildlife Management Area. Wild turkey may be taken on the Kentucky portion of Land Between the Lakes only in designated areas. A current Land Between the Lakes hunting permit is required. All rifles are prohibited. All turkeys must be checked before leaving Land Between the Lakes and must be tagged with a Land Between the Lakes tag.]

[(2) Fort Knox Wildlife Management Area. All turkeys must be checked at Building 7334 by 2:00 p.m. on the day harvested. Muzzle-loading rifles small than .32 caliber and 10 gauge shotguns are prohibited. Archery hunting is permitted in designated areas only.]

[(3) Pioneer Weapons Wildlife Management Area. Turkeys may not be taken with breech-loading shotguns.]

[(4) Fort Campbell Wildlife Management Area. A post combination hunting-fishing permit is required. Muzzle-loading rifles are prohibited.]

CARL E. KAYS, Commissioner
DR. ROBERT C. WEBB, Chairman
G. WENDELL COMBS, Secretary

APPROVED BY AGENCY: October 8, 1984

FILED WITH LRC: November 9, 1984 at 9 a.m.

PUBLIC HEARING SCHEDULED: A public hearing on this regulation will be held on December 21, 1984 at 2:00 p.m. in the meeting room of the Arnold L. Mitchell Building, #1 Game Farm Road, Frankfort, Kentucky. Those interested in attending this hearing shall contact: William D. Graves, Director, Wildlife Division, Department of Fish and Wildlife Resources, Arnold L. Mitchell Building, #1 Game Farm Road, Frankfort, Kentucky 40601.

REGULATORY IMPACT ANALYSIS

Agency Contact Person: Don R. McCormick

(1) Type and number of entities affected: Approximately 3,500 persons will participate in the wild turkey hunting proposed by this regulation.

(a) Direct and indirect costs or savings to those affected: Direct costs involve the purchase of a state hunting license and a wild turkey permit. Indirect costs are determined by

the individual hunter, depending upon his level of participation.

1. First year: Persons participating in the hunting proposed for authorization by this regulation would be required to possess a valid hunting license (\$7.50 for residents) and wild turkey permit (\$6.50) unless exempt by regulations.

2. Continuing costs or savings: Same as first year.

3. Additional factors increasing or decreasing costs (note any effects upon competition): None.

(b) Reporting and paperwork requirements: None.

(2) Effects on the promulgating administrative body: Requires time and effort in developing, publishing, reporting on, and enforcing the proposed regulation.

(a) Direct and indirect costs or savings: Primary costs are associated with enforcing the regulation.

1. First year: The estimated cost associated with establishing and carrying out the provisions of this regulation is \$80,000.

2. Continuing costs or savings: Same as first year.

3. Additional factors increasing or decreasing costs: None.

(b) Reporting and paperwork requirements: None.

(3) Assessment of anticipated effect on state and local revenues: Approximately 3,500 turkey hunters may be expected to expend money for equipment, transportation, food, and lodging. The annual expenditure for these items averages \$25 per day of hunting according to the 1980 National Hunting and Fishing Survey. State and local revenues can be expected to be positively affected due to the necessary expenditures for the required licenses and taxes levied upon items purchased by hunters.

(4) Assessment of alternative methods; reasons why alternatives were rejected: The only available alternative to regulated hunting is closure of the season. This alternative was rejected as contrary to the conservation ethic which is based upon the wise use of renewable resources and the fact that wild turkey populations are at levels which can sustain a regulated harvest by Kentucky sportsmen.

(5) Identify any statute, administrative regulation or government policy which may be in conflict, overlapping, or duplication: None known.

(a) Necessity of proposed regulation if in conflict:

(b) If in conflict, was effort made to harmonize the proposed administrative regulation with conflicting provisions:

(6) Any additional information or comments: None.

Tiering:

Was tiering applied? No. This type of regulation does not appear to be adaptable to the tiering process since it is specific to turkey hunters.

TRANSPORTATION CABINET
Department of Highways
Division of Traffic
(Proposed Amendment)

603 KAR 5:030. Right or left turn on red signal prohibitions.

RELATES TO: KRS 189.338

PURSUANT TO: KRS 189.338 [13.083]

NECESSITY AND FUNCTION: This regulation is [considered] necessary to define the conditions under which a driver, making a left or a right turn, may be prohibited from making such movement in obedience to a red stop signal.

Section 1. No driver of a vehicle when facing a steady circular red signal shall make a right turn or a left turn against said signal at any intersection where an official sign erected at the intersection by the [Department of] Transportation Cabinet is displayed prohibiting such movement.

STEPHEN REEDER, Commissioner

APPROVED BY AGENCY: November 8, 1984

FILED WITH LRC: November 12, 1984 at 2 p.m.

PUBLIC HEARING SCHEDULED: A public hearing will be held on this proposed administrative regulation on December 21, 1984 at 9 a.m. local prevailing time in the 10th floor conference room of the State Office Building located at the corner of High and Clinton Streets in Frankfort, Kentucky. Any person who intends to attend this hearing must in writing by December 16th so notify: Larry E. Moore, Office of the Secretary, Transportation Cabinet, 10th Floor, State Office Building, Frankfort, Kentucky 40622.

REGULATORY IMPACT ANALYSIS

Agency Contact Person: Larry Moore

(1) Type and number of entities affected:

(a) Direct and indirect costs or savings to those affected:

1. First year: N/A

2. Continuing costs or savings: N/A

3. Additional factors increasing or decreasing costs (note any effects upon competition): N/A

(b) Reporting and paperwork requirements: N/A

(2) Effects on the promulgating administrative body: None

(a) Direct and indirect costs or savings:

1. First year: N/A

2. Continuing costs or savings: N/A

3. Additional factors increasing or decreasing costs: N/A

(b) Reporting and paperwork requirements: None

(3) Assessment of anticipated effect on state and local revenues: None

(4) Assessment of alternative methods; reasons why alternatives were rejected: N/A

(5) Identify any statute, administrative regulation or government policy which may be in conflict, overlapping, or duplication: None

(a) Necessity of proposed regulation if in conflict: N/A

(b) If in conflict, was effort made to harmonize the proposed administrative regulation with conflicting provisions: N/A

(6) Any additional information or comments: N/A

Tiering:

Was tiering applied? No. Not applicable to traffic signals.

LOCAL MANDATE IMPACT STATEMENT

SUBJECT/TITLE: Right or left turn on red signal prohibitions

SPONSOR: Transportation Cabinet

NOTE SUMMARY

LOCAL GOVERNMENT MANDATE: No

TYPE OF MANDATE: N/A

LEVEL(S) OF IMPACT: N/A

BUDGET UNIT(S) IMPACT: None

FISCAL SUMMARY: None

MEASURE'S PURPOSE: To prohibit a left-turn on red at a signalized intersection when officially signed to prohibit such a turn

PROVISION/MECHANICS: N/A

FISCAL EXPLANATION: N/A

PUBLIC PROTECTION AND REGULATION CABINET
Department of Alcoholic Beverage Control
(Proposed Amendment)

804 KAR 1:100. General advertising practices.

RELATES TO: KRS 244.130

PURSUANT TO: KRS [13.082,] 241.060

NECESSITY AND FUNCTION: KRS 244.130 permits this department to regulate the advertising of alcoholic beverages. This regulation is designed to regulate said advertising in a manner consistent with modern marketing practices and in conformance with relevant statutory provisions and legislative intent.

Section 1. No licensee shall advertise or cause to be advertised any alcoholic beverages or his place of business in any manner not in conformance with the statutes and regulations governing alcoholic beverages.

Section 2. Licensees may utilize outdoor advertising, provided, however, that no advertising by a manufacturer, producer, brewer, vintner, distributor or wholesaler pursuant to this section shall contain the name or business designation (DBA) or any reference whatsoever to any retail licensee.

Section 3. (1) Except as provided by subsection (2) of this section, no licensee shall advertise in material directed to the home or business of the consumer either by United States mail, personal delivery, or otherwise.

(2) Subsection (1) of this section shall not prohibit advertising in newspapers, magazines or periodicals having a general circulation [among regular paying subscribers or patrons].

Section 4. (1) Except as provided by subsection (2) of this section, advertising novelties are permitted.

(2) No licensee shall require, directly or indirectly, the purchase or consumption of any alcoholic beverage as a condition for the sale, gift, or reduction in price of any advertising novelty.

(3) No malt beverage distributor shall sell, give away or furnish advertising novelties in any manner, directly or indirectly, to a retail licensee.

Section 5. Licensees may advertise by means of radio and television.

Section 6. (1) Licensees may sponsor athletic leagues, tournaments and contests and charitable events provided that the consumption or purchase of alcoholic beverages is not a requirement, directly or indirectly, for participation therein.

(2) However, no licensee sponsoring or co-sponsoring such an event described in subsection (1) of this section upon a retail licensed premises shall require, directly or indirectly, the retail licensee to purchase, sell, or distribute the products of said sponsoring licensee as a condition for participation in or in connection with the event described in subsection (1) of this section. [Any licensee sponsoring or co-sponsoring an event described in subsection (1) of this section upon the premises of another licensee may advertise said event upon that licensed premises for thirty (30) days immediately preceding the event.]

Section 7. No advertising of alcoholic beverages by licensees of this department, in whatever media or by whatever means, shall use the terms "free," "complimentary" or any other terms which infer or suggest giveaways.

Section 8. No licensee shall advertise any product, service or activity which the licensee is prohibited by statute or regulation from selling, providing, or conducting.

EDWARD A. FARRIS, Commissioner
MELVIN WILSON, Secretary

APPROVED BY AGENCY: November 12, 1984

FILED WITH LRC: November 13, 1984 at 2:30 p.m.

PUBLIC HEARING SCHEDULED: A public hearing on the above proposed regulation amendment will be held on Wednesday, December 26, 1984, at 10 a.m., EST, in the Hearing Room of the Department of Alcoholic Beverage Control, 123 Walnut, Frankfort, Kentucky. Unless requests for a public hearing are received, in writing, five (5) working days before the hearing date, the public hearing will be cancelled. Those who may be interested in attending, please contact: Bonnie H. Hall, Secretary to the Board, Alcoholic Beverage Control Board, 123 Walnut, Frankfort, Kentucky 40601.

REGULATORY IMPACT ANALYSIS

Agency Contact Person: Edward A. Farris

(1) Type and number of entities affected: N/A

(a) Direct and indirect costs or savings to those affected:

1. First year:

2. Continuing costs or savings:

3. Additional factors increasing or decreasing costs (note any effects upon competition):

(b) Reporting and paperwork requirements:

(2) Effects on the promulgating administrative body: N/A

(a) Direct and indirect costs or savings:

1. First year:

2. Continuing costs or savings:

3. Additional factors increasing or decreasing costs:

(b) Reporting and paperwork requirements:

(3) Assessment of anticipated effect on state

and local revenues: N/A

(4) Assessment of alternative methods; reasons why alternatives were rejected: N/A

(5) Identify any statute, administrative regulation or government policy which may be in conflict, overlapping, or duplication: N/A

(a) Necessity of proposed regulation if in conflict:

(b) If in conflict, was effort made to harmonize the proposed administrative regulation with conflicting provisions:

(6) Any additional information or comments: N/A

Tiering:

Was tiering applied? No. N/A

CABINET FOR HUMAN RESOURCES Department for Health Services (Proposed Amendment)

902 KAR 12:080. Policies and procedures for mental health/mental retardation facilities.

RELATES TO: KRS Chapter 210

PURSUANT TO: KRS 210.010

NECESSITY AND FUNCTION: KRS 210.010 directs the Secretary of the Cabinet for Human Resources to prescribe regulations for the institutions under the control of the cabinet. The function of this regulation is to adopt policies and procedures for such institutions.

Section 1. Oakwood Policy Manual. The policies set forth in the July 1, 1984, edition of the "Oakwood Policy Manual" consisting of three (3) volumes relating to the operation of Oakwood ICF-MR Facility are hereby adopted by reference.

Section 2. Hazelwood Policy Manual. The policies and procedures set forth in the November [September 1], 1984, edition of the "Hazelwood Policy Manual" consisting of two (2) volumes relating to the operation of Hazelwood ICF-MR Facility are hereby adopted by reference.

Section 3. Central State Hospital ICF-MR Policy Manual. The policies and procedures set forth in the May 1, 1984, edition of the "Central State Hospital ICF-MR Policy Manual" consisting of two (2) volumes relating to the operation of Central State Hospital ICF-MR Facility are hereby adopted by reference.

Section 4. Eastern State Hospital Policy Manual. The policies and procedures set forth in the October 1, 1984, edition of the "Eastern State Hospital Policy Manual" consisting of twenty-one (21) volumes relating to the operation of Eastern State Hospital Facility are hereby adopted by reference.

Section 5. Central State Hospital Policy Manual. The policies and procedures set forth in the September 1, 1984, edition of the "Central State Hospital Policy Manual" consisting of nineteen (19) volumes relating to the operation of Central State Hospital Facility are hereby adopted by reference.

Section 6. Western State Hospital Policy Manual. The policies and procedures set forth in the November [October 1], 1984, edition of the "Western State Hospital Policy Manual"

consisting of thirty-one (31) volumes relating to the operation of Western State Hospital Facility are hereby adopted by reference.

Section 7. Glasgow ICF Policy Manual. The policies and procedures set forth in the May 1, 1984, edition of the "Glasgow ICF Policy Manual" consisting of twelve (12) volumes relating to the operation of Glasgow ICF Facility are hereby adopted by reference.

Section 8. Western State Hospital ICF Policy Manual. The policies and procedures set forth in the November 1 [May 1], 1984, edition of the "Western State Hospital ICF Policy Manual" consisting of nine (9) volumes relating to the operation of Western State Hospital ICF Facility are hereby adopted by reference.

Section 9. Volta Policy Manual. The policies and procedures set forth in the September 1, 1984, edition of the "Volta Policy Manual" consisting of one (1) volume relating to the operation of Volta Facility are hereby adopted by reference.

Section 10. Kentucky Correctional Psychiatric Center Policy Manual. The policies and procedures set forth in the November 1 [September 1], 1984, edition of the "Kentucky Correctional Psychiatric Center Policy Manual" consisting of thirteen (13) volumes relating to the operation of Kentucky Correctional Psychiatric Center Facility are hereby adopted by reference.

Section 11. Location of Manuals Referenced in This Regulation. A copy of each manual referenced in this regulation is on file in the Office of the Commissioner for Health Services, 275 East Main Street, Frankfort, Kentucky, and is open to public inspection.

Section 12. Summary of Amendment.

Section 2 is revised as follows:

HAZELWOOD POLICY MANUAL - B-2

- 87-5-1 #17A Reorganized the sequence of personnel to report to the scene of emergency (Note IV.).
- 87-5-1 #29 New policy because of the formation of an infirmary.
- 87-5-5 #1A Policy changed to reflect change in procedure within pharmacy.
- 87-5-5 #2A Policy change to reflect changes in procedure regarding coverage.
- 87-5-5 #3A Policy changed to reflect changes in pharmacy procedure.
- 87-5-5 #7A Rewording of policy.
- 87-5-5 #8D Drugs and the "automatic stop order time" updated. Procedures 5-8 new.
- 87-5-5 #11A Policy changed due to change in procedure involving scheduled drugs.

87-5-5 #12A Policy changed due to L & R regulations regarding prescription topicals.

87-5-5 #13A Policy changed in order to combine to related policy.

87-5-5 #14B Policy changed to reflect changes in nursing and pharmacy procedures in regard to medications.

87-5-5 #15A Policy change to reflect changes in pharmacy procedure.

87-5-5 #16A Policy changed to include Infirmary.

87-5-5 #21A Policy was changed to represent change in contract.

87-5-5 #23A Policy changed since pharmacist is not always able to attend IDT meeting due to inadequate coverage.

87-5-5 #25B Policy changed due to change in inventory system for medical supplies.

87-5-5 #27B Policy changed due to opening of Infirmary.

Section 6 is revised as follows:

WESTERN STATE HOSPITAL POLICIES - F

F-16 Section II. Last Page - A new procedure for power failure.

F-26 #5 Revised drug requisition form - in order to include schedule II drugs.

F-26 #19 Revision to add Magnesium Citrate Oral Solution to list of drugs in Mini Drug Room refrigerator.

Section 8 is revised as follows:

WESTERN STATE HOSPITAL INTERMEDIATE CARE FACILITY POLICY MANUAL - H-9

Cover Sheet - Have current date

Section I Policy #1 Routine Pharmacy Hours: changed from 4:00 p.m. to 4:30 p.m. closing time.

Section I Policy #7 Quality Assurance Program: revised Quality Assurance Work Report.

Section II Policy #15 The Mini Drug Room: Addition of Magnesium Citrate Oral Solution to list of drugs in refrigerator.

Section II Policy 20 Development of a Facility Formulary: Current list of drugs available in Western State Hospital Pharmacy.

Section V Policy #1	List of Authorized Prescribers: Current list of Authorized Medication Prescribers at Western State Hospital and their license number and DEA number.	J-2/B-5	Blood Pressure was revised for clarification.
Section II Policy #9	Filling New Drug Orders: Changed to be applicable to ICF service.	J-2/B-8	Twenty-Four Hour Census Report was revised for clarification.
Section II Policy #12	Intra-Service Patient Transfer: Changed to be applicable to ICF Service.	J-2/B-9	Chart Form Sequence was revised due to needed clarification, new forms to be filed in chart.
Section IV Policy #1	Ward Inspection: Changed to show new ward numbers for ICF Wards.	J-2/B-10	Charting on Inpatients was revised for clarification, change of name of form and hospital policy change.
Section V Policy #4	Accepted Abbreviations and Symbols on Medication Orders: Current list of abbreviations and definitions used in Western State Hospital and Western State Hospital Intermediate Care.	J-2/B-12	Cultures were revised for clarification.
Section VI Policy #4	Storage and Disposal of Patients' Own Medication - Policy Revised - Pharmacy now keeping records of medication brought with patient upon admission to hospital and upon dismissal from hospital.	J-2/B-13	Dental Consultations were revised for clarification and general hospital change.
WESTERN STATE HOSPITAL INTERMEDIATE CARE FACILITY POLICY MANUAL - H-8	Complete restructure of Social Work Manual. No policy is changed but the policy is re-sectioned to simplify material in order to locate information more easily.	J-2/B-18	Discharge was revised for clarification.
Section 10 is revised as follows:		J-2/B-19	Clarifies old policy.
KENTUCKY CORRECTIONAL PSYCHIATRIC CENTER POLICY MANUAL J		J-2/B-22	Emergency Cart was revised for clarification and changes in procedure.
J-6/PT 3	New policy sets down minimum standards on the content of pre-trial evaluations.	J-2/B-23	Emergency Drug Box was revised for clarification and changes in procedure.
J-2/A-2	Books for reference purposes as Nurses Stations was revised due to books being added to the Nurses Station.	J-2/B-27	First Aid revised due to needed clarification.
J-2/A-15	Nursing Staff Meetings, Monthly, Letter C - minutes are to be sent to Director now by the 21st of each month.	J-2/B-29	Force Fluids revised due to needed clarification.
J-2/A-27	Work Planning and Performance Review, Letter D & F changes due to WPPR policy being revised.	J-2/B-34	Ill or Injured Patients retyped due to needed format change.
J-2/B-2	Admission was revised for clarification and to provide more specific information.	J-2/B-35	In-Hospital Incident Report revised due to needed clarification.
J-2/B-4	Bed Bath was revised due to clarification needed in letter M.	J-2/B-36	Intake and Output revised for clarification.
		J-2/B-39	Lab Procedures and EKG Procedures revised for additional information and clarification.
		J-2/B-40	Medical Emergency Plan revised due to change in phone number.
		J-2/B-41	Medical Treatments revised for clarification and added information.
		J-2/B-42	General Rules for Preparing and Administering Medications was revised due to needed clarification and change in procedure.
		J-2/B-43	Oral Medication was revised due to format change, clarification, and change in procedure.
		J-2/B-45	Injections revised due to clarification needed and format change.
		J-2/B-46	Z-Track Injection Technique revised due to change in procedure.

- J-2/B-47 Administration of Medication by Suppository revised due to needed clarification and change in procedure.
- J-2/B-48 Administering Medications. Ear, Eye, and Nose revised due to change in procedure.
- J-2/B-58 Outdated Drugs revised due to needed clarification.
- J-2/B-62 Off-Grounds Clinic Consultations revised due to needed clarification and information added to procedure.
- J-2/B-67 Poisoning - Antidotes revised due to phone number change and added information in procedure.
- J-2/B-81 Suturing revised due to needed clarification.
- J-2/B-83 T.P.R. revised due to change of format.
- J-2/B-90 Has been deleted due to nurses being unable to take verbal physicians orders. Licensure requirement.
- J-5/A-44 Revision to allow Senior Capital to make changes in shifts in unusual circumstances.
- J-5/B-29 A revision by combining two former policies.
- J-1/A-43 A new policy on how to file an incident report thoroughly.
- J-1/A-2 A rewording of policy statement - establishes a Policy & Procedure Task Force - specifies typesetting of policies.

[Section 4 is revised as follows:

EASTERN STATE HOSPITAL POLICIES - D2

D-2 Section I. "Abuse of Patients by Hospital Employees" has been revised to include the phrase "or intimidating a patient or encouraging a patient to do harm to self or other," under the definition of Verbal Abuse.

D-2 Section II. Annual Leave policy is changed to reflect changes made by the State Department of Personnel for benefits and the part-time employees.

D-2 Section I. A new policy "Neglect to Preserve Patient's Health, Safety and Welfare" more clearly explains the forms neglect may take. Failures to report instances of physical or verbal abuse, or of neglect are covered under this new policy.]

[Section 6 is revised as follows:

- F-32 #5 A new policy is added in the Employee Health Program to explain proper follow-up procedures for patients exposed to active tuberculosis.

- F-3 #11 An additional treatment room was added in March 1984. Policy is revised to show this change.
- F-9 Organizational chart is revised to add Infection Control/Employee Health Nurse.
- F-9 #9 Oral reprimand substituted for written disciplinary warning notice to correspond with steps of progressive discipline.
- F-9 #22 Infection control nurse is now responsible for reviewing employee infections to assist in preventing employees working with transmittable infections.
- F-9 #23 Oral reprimand substituted for written disciplinary warning notice to correspond with steps of progressive discipline.
- F-9 #27 Policy revision to delete pay-for-performance provision.
- F-9 #31 Color of ID cards is deleted.]

DENNIS D. BOYD, Commissioner
E. AUSTIN, JR., Secretary

APPROVED BY AGENCY: November 14, 1984

FILED WITH LRC: November 15, 1984 at 11:30 a.m.

PUBLIC HEARING SCHEDULED: A public hearing on this regulation has been scheduled on December 21, 1984 at 9 a.m. in the Health Services Auditorium, 275 East Main Street, Frankfort, Kentucky. However, this hearing will be cancelled unless interested persons notify the following office in writing by December 16, 1984, of their desire to appear and testify at the hearing: Hughes Walker, General Counsel, Cabinet for Human Resources, 275 East Main Street, Frankfort, Kentucky 40621.

REGULATORY IMPACT ANALYSIS

Agency Contact Person: Verna Fairchild, R.N., Director, Division of Institutional Care

(1) Type and number of entities affected:

(a) Direct and indirect costs or savings to those affected: None

1. First year:

2. Continuing costs or savings:

3. Additional factors increasing or decreasing costs (note any effects upon competition):

(b) Reporting and paperwork requirements: None

(2) Effects on the promulgating administrative body:

(a) Direct and indirect costs or savings: None

1. First year:

2. Continuing costs or savings:

3. Additional factors increasing or decreasing costs:

(b) Reporting and paperwork requirements: None

(3) Assessment of anticipated effect on state and local revenues: None

(4) Assessment of alternative methods; reasons why alternatives were rejected: Present procedure not previously adopted by regulation.

(5) Identify any statute, administrative regulation or government policy which may be in conflict, overlapping, or duplication:

(a) Necessity of proposed regulation if in conflict:

(b) If in conflict, was effort made to harmonize the proposed administrative regulation with conflicting provisions:

(6) Any additional information or comments:

Tiering:

Was tiering applied? Yes.

CABINET FOR HUMAN RESOURCES
Department for Health Services
(Proposed Amendment)

902 KAR 17:010. State health plan.

RELATES TO: KRS Chapters 194 and 216B

PURSUANT TO: KRS 194.050

NECESSITY AND FUNCTION: The Health Planning and Resources Development Act, 42 USC 300 M-3 requires participating states to adopt by procedures set out in the United States Code, a state health plan. The Cabinet for Human Resources is authorized by KRS 194.050 to adopt such rules and regulations as are necessary to implement programs mandated by federal law, or to qualify for the proper administration of the cabinet and its programs. The Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board utilizes the state health plan in review of applications for certificates of need to establish and modify health services and health facilities in the Commonwealth. The function of this regulation is to assist in the inventory of existing health resources and to set planning goals and guidelines.

Section 1. The Kentucky State Health Plan 1983-1986, was adopted by the State Health Planning Council and approved by Governor Martha Layne Collins [John Y. Brown, Jr.] on November 5, 1984 [August 15, 1983] as the document that sets out planning policies and guidelines for use by the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board. A copy of the Kentucky State Health Plan is on file in the Office of the Commissioner for Health Services, 275 East Main Street, Frankfort, Kentucky 40621 and is open and available for public inspection during normal business hours.

Section 2. The following portions of the Kentucky State Health Plan are hereby adopted by reference as regulations of the Cabinet for Human Resources as if fully set out herein:

(1) Acute care policies p. 25-32, with the exception of the following:

(a) Policies relating to excess capacity and utilization, p. 28.

(b) Policies relating to the containment of capital expenditures, p. 30.

(c) Policies relating to regionalization, p. 30.

(2) Long term care policies, p. 32-35.

(3) Planning criteria and review standards, p. 42-62 with the exception of the following:

(a) Acute care review standards numbers 8, 9, 10, and 14, page 43.

(b) Delicensure of excess capacity, p. 47.

(c) Hospital capital expenditure limit, p. 48.

(d) Tertiary and medical service centers designation, p. 49.

(4) Glossary.

C. HERNANDEZ, Commissioner

E. AUSTIN, JR., Secretary

APPROVED BY AGENCY: November 14, 1984

FILED WITH LRC: November 15, 1984 at 11:30 a.m.

PUBLIC HEARING SCHEDULED: A public hearing on this regulation has been scheduled for December 21, 1984 at 9 a.m., in the Department for Health Services Auditorium, 275 East Main Street, Frankfort, Kentucky. However, this hearing will be cancelled unless interested persons notify the following office in writing by December 16, 1984 of their desire to appear and testify at the hearing: R. Hughes Walker, General Counsel, Cabinet for Human Resources, 275 East Main Street, Frankfort, Kentucky 40621.

REGULATORY IMPACT ANALYSIS

Agency Contact Person: Greg Lawther

(1) Type and number of entities affected: The amendment being filed simply updates this existing regulation. It does not alter the effect of the regulation in any way. The State Health Plan affects the entire Commonwealth.

(a) Direct and indirect costs or savings to those affected:

1. First year:

2. Continuing costs or savings:

3. Additional factors increasing or decreasing costs (note any effects upon competition):

(b) Reporting and paperwork requirements:

(2) Effects on the promulgating administrative body: None

(a) Direct and indirect costs or savings:

1. First year:

2. Continuing costs or savings:

3. Additional factors increasing or decreasing costs:

(b) Reporting and paperwork requirements:

(3) Assessment of anticipated effect on state and local revenues: None

(4) Assessment of alternative methods; reasons why alternatives were rejected: None

(5) Identify any statute, administrative regulation or government policy which may be in conflict, overlapping, or duplication: None

(a) Necessity of proposed regulation if in conflict:

(b) If in conflict, was effort made to harmonize the proposed administrative regulation with conflicting provisions:

(6) Any additional information or comments:

Tiering:

Was tiering applied? No. N/A

CABINET FOR HUMAN RESOURCES
Department for Social Insurance
Division of Management & Development
(Proposed Amendment)

904 KAR 1:013. Payments for hospital inpatient services.

RELATES TO: KRS 205.520

PURSUANT TO: KRS 194.050

NECESSITY AND FUNCTION: The Cabinet 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 cabinet, 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 cabinet for hospital inpatient services.

Section 1. Hospital Inpatient Services. The state agency will pay for inpatient hospital services provided to eligible recipients of Medical Assistance through the use of rates that are reasonable and adequate to meet the costs that must be incurred by efficiently and economically operated hospitals to provide services in conformity with applicable state and federal laws, regulations, and quality and safety standards.

Section 2. Establishment of Payment Rates. The policies, methods, and standards to be used by the cabinet in setting payment rates are specified in the cabinet's "Inpatient Hospital Reimbursement Manual" revised July 1, 1983, which is incorporated herein by reference. For any reimbursement issue or area not specified in the manual, the cabinet will apply the Medicare standards and principles described in 42 CFR Sections 405.402 through 405.488 (excluding the Medicare inpatient routine nursing salary differential).

Section 3. Compliance with Federal Medicaid Requirements. The cabinet will comply with the requirements shown in 42 CFR 447.250 through 447.280 [447.272].

Section 4. General Description of the Payment System. (1) Use of prospective rates. Each hospital will be paid using a prospective payment rate based on allowable Medicaid costs and Medicaid inpatient days. The prospective rate will be all inclusive in that both routine and ancillary cost will be reimbursed through the rate. The prospective rate will not be subject to retroactive adjustment except to the extent that an audited cost report alters the basis for the prospective rate and/or the projected inflation index utilized in setting the individual rate is different from actual inflation as determined by the index being used. However, total prospective payments shall not exceed the total customary charges in the prospective year. Overpayments will be recouped by payment from the provider to the cabinet of the amount of the overpayment, or alternatively, by the withholding of the overpayment amount by the cabinet from future payments otherwise due the provider.

(2) Use of a uniform rate year. A uniform rate year will be set for all facilities, with the rate year established as January 1 through December 31 of each year. Hospitals are not required to change their fiscal years.

(3) Trending of cost reports. Allowable Medicaid cost as shown in cost reports on file in the cabinet, both audited and unaudited, will be trended to the beginning of the rate year so as to update Medicaid costs. When trending, capital costs and return on equity capital are excluded. The trending factor to be used will be the Data Resources, Inc. rate of inflation for the period being trended.

(4) Indexing for inflation. After allowable costs have been trended to the beginning of the rate year, an indexing factor is applied so as to project inflationary cost in the uniform rate

year. The forecasting index currently in use is prepared by Data Resources, Inc.

(5) Peer grouping. Hospitals will be peer grouped according to bed size. The peer groupings for the payment system will be: 0-50 beds, 51-100 beds, 101-200 beds, 201-400 beds, and 401 beds and up. No facility in the 201-400 peer group shall have its operational per diem reduced below that amount in effect in the 1982 rate year as a result of the establishment of a peer grouping of 401 beds and up.

(6) Use of a minimum occupancy factor. A minimum occupancy factor will be applied to capital costs attributable to the Medicaid program. A sixty (60) percent occupancy factor will apply to hospitals with 100 or fewer beds. A seventy-five (75) percent occupancy factor will apply to facilities with 101 or more beds. Capital costs are interest and depreciation related to plant and equipment.

(7) Use of upper limits. An upper limit will be established on all costs (except Medicaid capital cost) at 105 percent of the weighted median per diem cost for hospitals in each peer group, using the latest available cost data; upon being set, the arrays and upper limits will not be altered due to revisions or corrections of data. In addition, the upper limit is established at 120 percent for those hospitals serving a disproportionate number of poor patients (defined as twenty (20) percent or more Medicaid clients as compared to the total number of clients served).

(8) Operating costs shall not include professional (physician) costs for purposes of establishing the median based upper limits. Professional costs shall be trended and indexed separately.

(9) Hospitals whose general characteristics are not those of an acute care hospital (i.e., because they are primarily rehabilitative in nature) are not subject to the operating cost upper limits.

(10) Rate appeals. As specified in the Inpatient Hospital Reimbursement Manual, hospitals may request an adjustment to the prospective rate with the submittal of supporting documentation. The established appeal procedure allows a representative of the hospital group to participate as a member of the rate review panel.

Section 5. Payments to Participating Out-of-State Hospitals. Participating out-of-state hospitals, except those where the other state's Medicaid Program pays on the basis of diagnosis related groupings, shall be reimbursed for covered services rendered eligible Kentucky Medicaid recipients at the lower of the rate paid by the other state's Medicaid Program or the upper limit for Kentucky hospitals in a peer group for hospitals of comparable size, except that payments shall not exceed charges. For those participating out-of-state hospitals where the other state's Medicaid Program pays on the basis of diagnosis related groupings, reimbursement for covered services rendered eligible Kentucky Medicaid recipients shall be at the lower of eight (80) percent of the hospital's covered charges or the upper limit for Kentucky hospitals in a peer group for hospitals of comparable size. The operating cost upper limits shall be appropriately adjusted to include capital costs.

The appropriate amount to include for capital costs shall be the average allowable per diem capital cost for the peer group (not adjusted for occupancy). Professional costs (i.e., physician fees) shall be paid on the basis of the usual and customary charges of the provider.

Section 6. Date of Implementation. The provisions of this regulation as amended shall be effective on January 1, 1985 [September 1, 1984].

JACK F. WADDELL, Commissioner
E. AUSTIN, JR., Secretary

APPROVED BY AGENCY: November 14, 1984

FILED WITH LRC: November 15, 1984 at 11:30 a.m.

PUBLIC HEARING SCHEDULED: A public hearing on this regulation will be held on December 21, 1984 at 9 a.m. in the Department for Health Services Auditorium, 275 East Main Street, Frankfort, Kentucky. However, this hearing will be cancelled unless interested persons notify the following office in writing by December 16, 1984 of their desire to appear and testify at the hearing. Hughes Walker, General Counsel, Cabinet for Human Resources, 275 East Main Street-4 West, Frankfort, Kentucky 40621.

REGULATORY IMPACT ANALYSIS

Agency Contact Person: Roy Butler

(1) Type and number of entities affected: Approximately twenty (20) out-of-state hospitals.

(a) Direct and indirect costs or savings to those affected: None

1. First year:

2. Continuing costs or savings:

3. Additional factors increasing or decreasing costs (note any effects upon competition):

(b) Reporting and paperwork requirements: None

(2) Effects on the promulgating administrative body:

(a) Direct and indirect costs or savings:

1. First year: \$200,000 (savings)

2. Continuing costs or savings: \$200,000 (savings)

3. Additional factors increasing or decreasing costs: None

(b) Reporting and paperwork requirements: None

(3) Assessment of anticipated effect on state and local revenues: None

(4) Assessment of alternative methods; reasons why alternatives were rejected: N/A

(5) Identify any statute, administrative regulation or government policy which may be in conflict, overlapping, or duplication: None

(a) Necessity of proposed regulation if in conflict:

(b) If in conflict, was effort made to harmonize the proposed administrative regulation with conflicting provisions:

(6) Any additional information or comments: None

Tiering:

Was tiering applied? No. Not applicable for Medicaid regulations.

CABINET FOR HUMAN RESOURCES Department for Social Insurance Division of Management and Development (Proposed Amendment)

904 KAR 1:110. Recoupment of overpayments.

RELATES TO: KRS 205.520, 205.560

PURSUANT TO: KRS [13.082,] 194.050

NECESSITY AND FUNCTION: The Cabinet for Human Resources has responsibility to administer the program of Medical Assistance under Title XIX of the Social Security Act. KRS 205.520 empowers the cabinet, 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. KRS 205.560 requires that the scope of medical care for which the cabinet undertakes to pay shall be designated and limited by regulation promulgated by the cabinet. This regulation sets forth provisions relating to recoupment of overpayments made to providers of medical services under the Medical Assistance Program.

Section 1. Scope. This regulation applies to all providers of medical assistance services where payments are made from Medical Assistance Program funds.

Section 2. Recoupment of Overpayments. When it is determined that a provider has been overpaid, a letter will be mailed to the provider requesting payment in full within thirty (30) days. If a provider demonstrates to the program within the thirty (30) day time limit that full payment would create an undue hardship, a payment plan not to exceed six (6) months from the notification date will be established. If the full payment or payment plan request is not received within thirty (30) days of notification, the amount due will be deducted from current payments until the full amount is recouped. Once the payment plan has been established and a payment is not received by the agreed to date, the amount will be deducted from current payments.

Section 3. Exceptional Hardship Circumstances. When it is determined that a recoupment of an overpayment in accordance with Section 2 of this regulation would result in an exceptional hardship for the provider and have the direct or indirect effect of reducing the availability of services to program recipients (e.g., by resulting in the bankruptcy and subsequent dissolution of the provider entity), the program may provide for a reasonable extension of the time period for recoupment. The time period for recoupment will not exceed twelve (12) months from the date the overpayment is established, and must be accomplished within twenty-one (21) months from the end of the provider's cost reporting period of the receipt by the program of the billing invoice, request for payment or similar document for providers not reimbursed on the basis of cost reports.

JACK F. WADDELL, Commissioner

E. AUSTIN, JR., Secretary

APPROVED BY AGENCY: November 11, 1984

FILED WITH LRC: November 15, 1984 at 11:30 a.m.

PUBLIC HEARING SCHEDULED: A public hearing on

this regulation has been scheduled for December 21, 1984 at 9 a.m. in the Department for Health Services Vital Statistics Conference Room, 275 East Main Street, Frankfort, Kentucky. However, this hearing will be cancelled unless interested persons notify the following office in writing by December 16, 1984 of their desire to appear and testify at the hearing: R. Hughes Walker, General Counsel, Cabinet for Human Resources, 275 East Main Street-4 West, Frankfort, Kentucky 40621.

REGULATORY IMPACT ANALYSIS

Agency Contact Person: Roy Butler

(1) Type and number of entities affected: 10-12 Medicaid providers (probably hospital or long-term care)

(a) Direct and indirect costs or savings to those affected: None

1. First year:

2. Continuing costs or savings:

3. Additional factors increasing or decreasing costs (note any effects upon competition):

(b) Reporting and paperwork requirements: None

(2) Effects on the promulgating administrative body:

(a) Direct and indirect costs or savings:

1. First year: \$20,000 - \$25,000 (costs)

2. Continuing costs or savings: \$20,000 - \$25,000 (costs)

3. Additional factors increasing or decreasing costs: None

(b) Reporting and paperwork requirements: None

(3) Assessment of anticipated effect on state and local revenues: None

(4) Assessment of alternative methods; reasons why alternatives were rejected: N/A

(5) Identify any statute, administrative regulation or government policy which may be in conflict, overlapping, or duplication: None

(a) Necessity of proposed regulation if in conflict:

(b) If in conflict, was effort made to harmonize the proposed administrative regulation with conflicting provisions:

(6) Any additional information or comments: None

Tiering:

Was tiering applied? No. Not applicable for Medicaid regulations.

CABINET FOR HUMAN RESOURCES Department for Social Insurance Division of Management and Development (Proposed Amendment)

904 KAR 1:180. Alternative birth center services.

RELATES TO: KRS 205.520

PURSUANT TO: KRS [13.082,] 194.050

NECESSITY AND FUNCTION: The Cabinet 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 cabinet, 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 coverage provisions for services provided by

alternative birth centers for which payment shall be made by the Medical Assistance Program in behalf of both the categorically needy and the medically needy.

Section 1. General Provisions. Services shall be covered only when provided to an eligible Title XIX recipient by a participating alternative birth center which is appropriately licensed and operating in accordance with 904 KAR 20:150.

Section 2. Covered Services. The following services may be provided by alternative birth centers:

(1) Prenatal visits, to include one (1) initial visit and followup visits as appropriate.

(2) Standby services, with the medical professional (obstetrician or nurse midwife) physically present throughout the course of the labor.

(3) Delivery, which includes the actual delivery, necessary supplies and material, and the post-delivery examination.

(4) Postnatal visits, not to exceed two (2) and which must be accomplished within six (6) weeks of the delivery.

(5) Laboratory services as specified by the Cabinet for Human Resources.

Section 3. Records, Reporting and Monitoring. The facility shall maintain complete records of services rendered, and shall provide such records and reports as the cabinet may require for the effective implementation and administration of the service. Facility records shall be available to the Cabinet for Human Resources, the United States Department of Health and Human Services, and the Comptroller General, and/or their representatives or designees for auditing or monitoring purposes.

JACK F. WADDELL, Commissioner

E. AUSTIN, JR., Secretary

APPROVED BY AGENCY: November 11, 1984

FILED WITH LRC: November 15, 1984 at 11:30 a.m.

PUBLIC HEARING SCHEDULED: A public hearing on this regulation has been scheduled for December 21, 1984 at 9 a.m. in the Department for Health Services Auditorium, 275 East Main Street, Frankfort, Kentucky. However, this hearing will be cancelled unless interested persons notify the following office in writing by December 16, 1984 of their desire to appear and testify at the hearing: R. Hughes Walker, General Counsel, Cabinet for Human Resources, 275 East Main Street-4 West, Frankfort, Kentucky 40621.

REGULATORY IMPACT ANALYSIS

Agency Contact Person: Roy Butler

(1) Type and number of entities affected: Perhaps as many as two (2) alternative birth centers (there are currently none participating in the Medicaid program).

(a) Direct and indirect costs or savings to those affected: None

1. First year:

2. Continuing costs or savings:

3. Additional factors increasing or decreasing costs (note any effects upon competition):

(b) Reporting and paperwork requirements: None

(2) Effects on the promulgating administrative body:

- (a) Direct and indirect costs or savings:
 - 1. First year: \$5,000 - \$5,500* (costs)
 - 2. Continuing costs or savings: \$5,000 - \$5,500* (costs)
 - 3. Additional factors increasing or decreasing costs: None
 - (b) Reporting and paperwork requirements: None
 - (3) Assessment of anticipated effect on state and local revenues: None
 - (4) Assessment of alternative methods; reasons why alternatives were rejected: N/A
 - (5) Identify any statute, administrative regulation or government policy which may be in conflict, overlapping, or duplication: None
 - (a) Necessity of proposed regulation if in conflict:
 - (b) If in conflict, was effort made to harmonize the proposed administrative regulation with conflicting provisions:
 - (6) Any additional information or comments: Assumes 50 births at an additional program cost of about \$100 to \$110 per recipient.

Tiering:

Was tiering applied? No. Not applicable for Medicaid regulations.

CABINET FOR HUMAN RESOURCES
Department for Social Insurance
Division of Management and Development
(Proposed Amendment)

904 KAR 1:190. Payments for alternative birth center services.

RELATES TO: KRS 205.520

PURSUANT TO: KRS [13.082,] 194.050

NECESSITY AND FUNCTION: The Cabinet 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 cabinet, 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 cabinet for alternative birth center services.

Section 1. General Requirements. The cabinet shall reimburse participating licensed alternative birth centers for covered services rendered eligible Title XIX recipients when such services are provided in accordance with the provisions of 904 KAR 20:150, Alternative birth centers.

Section 2. Payments. (1) Prenatal visits, standby services and postnatal visits billed by a birthing center will be paid at the lower of the billed charge or seventy-five (75) percent of the 75th percentile for the general practicing physician for the same services when services are provided by the medical professional (i.e., physician or nurse-midwife who is an appropriately licensed and certified advanced registered nurse practitioner). Laboratory services may be paid at the lower of the billed charges or the 75th percentile for the general practicing physician or the obstetrician whichever is lower. [Prenatal visits, standby services and postnatal visits

may be paid for an employee of the alternative birthing center only when such service is billed through the center. The rate paid to the medical professional (physician, or nurse-midwife who is an advanced registered nurse practitioner who is appropriately licensed and certified) shall be seventy-five (75) percent of the seventy-fifth (75th) percentile for the general practicing physician for the same services, or the actual billed charge if less.]

(2) The delivery fee payable to the center shall be the facility's usual and customary rate not to exceed \$365 per delivery. This fee is inclusive of all costs associated with the delivery, including the professional fee for the delivery, necessary supplies and materials, and the post delivery examination.

(3) Program payment is to be considered payment in full for all services, supplies, and devices provided during the visit billed, and no additional amounts may be requested from the recipient, the medicaid program, or any other source. This shall not, however, preclude the collection of appropriate amounts from liable third party sources which shall serve to reduce the liability of the cabinet.

[Section 3. Implementation. The provisions of Sections 1 and 2 of this regulation shall be effective July, 1983.]

JACK F. WADDELL, Commissioner

APPROVED BY AGENCY: November 14, 1984

FILED WITH LRC: November 15, 1984 at 11:30 a.m.

PUBLIC HEARING SCHEDULED: A public hearing on this regulation has been scheduled for December 21, 1984 at 9 a.m. in the Department for Health Services Auditorium, 275 East Main Street, Frankfort, Kentucky. However, this hearing will be cancelled unless interested persons notify the following office in writing by December 16, 1984 of their desire to appear and testify at the hearing: R. Hughes Walker, General Counsel, Cabinet for Human Resources, 275 East Main Street-4 West, Frankfort, Kentucky 40621.

REGULATORY IMPACT ANALYSIS

Agency Contact Person: Roy Butler

(1) Type and number of entities affected: Perhaps as many as two (2) alternative birth centers (there are currently none participating in the Medicaid Program)

(a) Direct and indirect costs or savings to those affected: None

1. First year:

2. Continuing costs or savings:

3. Additional factors increasing or decreasing costs (note any effects upon competition):

(b) Reporting and paperwork requirements: None

(2) Effects on the promulgating administrative body:

(a) Direct and indirect costs or savings:

1. First year: \$5,000-\$5,500* (Costs)

2. Continuing costs or savings: \$5,000 - \$5,500* (Costs)

3. Additional factors increasing or decreasing costs: None

(b) Reporting and paperwork requirements: None

(3) Assessment of anticipated effect on state and local revenues: None

(4) Assessment of alternative methods; reasons why alternatives were rejected: N/A

(5) Identify any statute, administrative

regulation or government policy which may be in conflict, overlapping, or duplication: None

(a) Necessity of proposed regulation if in conflict:

(b) If in conflict, was effort made to harmonize the proposed administrative regulation with conflicting provisions:

(6) Any additional information or comments:
*Assumes 50 births at an additional program cost of about \$100 to \$110 per recipient.

Tiering:

Was tiering applied? No. Not applicable for Medicaid regulations.

CABINET FOR HUMAN RESOURCES
Department for Social Insurance
Division of Management and Development
(Proposed Amendment)

904 KAR 2:110. Refugee assistance.

RELATES TO: KRS 194.050

PURSUANT TO: KRS [13.082,] 194.050

NECESSITY AND FUNCTION: The Cabinet for Human Resources is authorized by KRS 194.050 to administer programs to qualify for the receipt of federal funds providing cash and medical assistance to eligible Kentucky residents. This regulation sets forth the eligibility criteria and types and amounts of assistance for refugees residing in Kentucky.

Section 1. Definitions. Terms used in this regulation are defined as follows:

(1) "Refugee" is defined as any person of any nationality who:

(a) Because of persecution or fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion fled from their country or the country where such person habitually resided and cannot return there because of fear of persecution on account of race, religion, nationality, membership in particular social group, or political opinion; and

(b) Has been granted status by the United States Department for Immigration and Naturalization Service (INS) as refugee, asylee, parolee, voluntary departure, permanent resident alien, conditional entrant, or Cuban Haitian entrant.

(2) "Cuban Haitian Entrant Program (CHEP)" is the program for Cuban or Haitian persons who meet the status, documentation, and period of eligibility criteria as set forth in 45 CFR Parts 401.2 and 401.12(c).

(3) "Refugee Resettlement Program (RRP)" is that program for persons who meet the following criteria, excluding those persons who qualify for the Cuban Haitian Entrant Program:

(a) Have been United States residents for not more than eighteen (18) months beginning with the month a refugee entered the United States; and

(b) Meet one (1) of the following status criteria as determined by the Immigration and Naturalization Service (INS).

1. A person from any country who has parolee status as a refugee or asylee under Section 212(d)(5) of the Immigration and Nationality Act (INA).

2. A person admitted from any country with a conditional entrant status under Section 203(a)(7) of the INA.

3. A person from any country admitted as a refugee under Section 207 of the INA (as added by the Refugee Act of 1980).

4. A person from any country who has been granted asylum status under Section 208 of the INA (as added by the Refugee Act of 1980).

5. A person from any country who previously held one (1) of the statuses identified above whose status has subsequently been adjusted to that of permanent resident alien.

Section 2. Application. Each refugee household requesting assistance shall be required to complete an application and provide such information as may be deemed necessary to determine eligibility in accordance with the procedural requirements prescribed by the cabinet.

Section 3. Eligibility Criteria. The applicant shall meet the following conditions of eligibility for receipt of cash and/or medical assistance under the Refugee Resettlement Program or Cuban Haitian Entrant Program:

(1) The applicant shall meet the definition of a refugee as contained in Section 1 of this regulation, however, a child(ren) of a recipient of refugee assistance who is a United States Citizen by virtue of birth within the United States is eligible under this regulation for as long as the eligible refugee parent remains eligible for refugee assistance; and

(2) The applicant shall be ineligible for Aid to Families with Dependent Children (AFDC) and Medical Assistance Programs; and

(3) The applicant shall be a Kentucky resident as specified in 904 KAR 2:006, AFDC technical requirements; and

(4) The applicant shall meet the financial need and resource limitations criteria of Aid to Families with Dependent Children as set forth in 904 KAR 2:016, Standards for need and amount; AFDC, or if the application is for medical assistance only, the applicant shall meet the AFDC-related Medical Assistance Program financial eligibility standard, as set forth in 904 KAR 1:004, Resource and income standard of medically needy; and

(5) For receipt of cash assistance the applicant shall participate in any available and appropriate social service program providing job or language training in the area in which the refugee resides. In addition, the applicant shall register for employment with the state employment office, unless exempt under one (1) of the following criteria:

(a) A child under age sixteen (16);

(b) A child age sixteen (16) through seventeen (17), if enrolled as a full-time student at the high school level or the equivalent level of vocational or technical school;

(c) An individual who has a medically determined temporary illness or injury with recovery anticipated within ninety (90) days;

(d) An individual who has a medically determined physical or mental incapacity which is expected to exist longer than ninety (90) days;

(e) An individual sixty-five (65) or over;

(f) An individual whose presence is required in the home to care for another member of the

household who has been medically determined to be precluded from self-care and for whom alternate care arrangements are not feasible;

(g) A mother or other caretaker relative of a child under six (6); [and]

(h) A mother, if the father is required to register; and

(i) A woman who is medically verified to be in the third trimester of pregnancy.

(6) For receipt of cash assistance, the refugee must not refuse an appropriate offer of employment, terminate employment or refuse to participate in an available and appropriate social service program as referenced in subsection (5) of this section. Any refugee not meeting this requirement shall be ineligible for a period of three (3) payment months for the first such occurrence and for a period of six (6) payment months for the second and subsequent occurrence.

(7) For receipt of cash assistance, the refugee must not be a full-time student (defined as a student who is carrying a full time workload that is equal to or greater than those specified at 34 CFR 690.2(1)-(6)) in an institution of higher education (defined by 34 CFR 668.2(a)(4), 668.3(a)(5), and 668.4(a)(4)) other than a correspondence school.

(8) The applicant shall meet the period of eligibility and status criteria contained in the definition of the Cuban Haitian Entrant Program or the Refugee Resettlement Program in Section 1 of this regulation.

(9) A child(ren) born to a woman eligible for and receiving medical assistance under the Refugee Assistance Program is eligible for medical assistance so long as the child(ren) has not reached his/her first birthday, resides in the household of the woman, and the woman remains eligible for such assistance. In this situation, an application is deemed to have been made and the child found eligible for MA as of the date of birth.

Section 4. Benefit Levels. (1) Cash assistance shall be the same as for AFDC as set forth in 904 KAR 2:016, standards for need and amount; AFDC, except that the thirty (30) dollars plus one-third (1/3) disregard of earned income does not apply.

(2) Medical assistance benefits shall include all benefits available to [be the same as for] all other Medicaid recipients. In addition, children eligible for medical assistance under the refugee assistance program are deemed eligible for coverage of hepatitis B immune globulin (HBIG) and hepatitis B virus (HBV) vaccine inoculations. Costs incurred for these inoculations will be covered by the Refugee Assistance Program.

(3) Payment of benefits is subject to the availability of federal funds, i.e., payments may be reduced, suspended or terminated if federal funds are insufficient or are not provided to the state in a timely manner.

Section 5. Recoupment. Action shall be taken to recoup cash assistance overpayments in the manner set forth in 904 KAR 2:016, Section 10, Recoupment.

Section 6. Time and Manner of Payment. Time and manner of payment shall be in accordance with the standards for AFDC as shown in 904 KAR

2:050, Time and manner of payment.

Section 7. Right to a Fair Hearing. Any individual has a right to request and receive a fair hearing in accordance with 904 KAR 2:055, Hearings and appeals.

JACK F. WADDELL, Commissioner

E. AUSTIN, Jr., Secretary

ADOPTED BY AGENCY: November 14, 1984

FILED WITH LRC: November 14, 1984 at 11:30 a.m.

PUBLIC HEARING SCHEDULED: A public hearing on this regulation has been scheduled for December 21, 1984 at 9 a.m. in the Department for Health Services Auditorium, 275 East Main Street, Frankfort, Kentucky. However, this hearing will be cancelled unless interested persons notify the following office in writing by December 16, 1984 of their desire to appear and testify at the hearing: R. Hughes Walker, General Counsel, Cabinet for Human Resources, 275 East Main Street-4 West, Frankfort, Kentucky 40621.

REGULATORY IMPACT ANALYSIS

Agency Contact Person: Roy Butler

(1) Type and number of entities affected: Current total refugee population receiving assistance is less than 200 individuals. Therefore, an unknown but very small number of refugee women and children are affected by the revisions. Approximately 33% or 66 of the total adults are women. We estimate that less than 30 recipients are under one (1) year old.

(a) Direct and indirect costs or savings to those affected: Not applicable

1. First year:

2. Continuing costs or savings:

3. Additional factors increasing or decreasing costs (note any effects upon competition):

(b) Reporting and paperwork requirements: None

(2) Effects on the promulgating administrative body:

(a) Direct and indirect costs or savings: None. (All costs for medical assistance coverage of inoculations will be reimbursed by federal funds.)

1. First year:

2. Continuing costs or savings:

3. Additional factors increasing or decreasing costs:

(b) Reporting and paperwork requirements: Appropriate documentation in case record.

(3) Assessment of anticipated effect on state and local revenues: None

(4) Assessment of alternative methods; reasons why alternatives were rejected: Not applicable

(5) Identify any statute, administrative regulation or government policy which may be in conflict, overlapping, or duplication: None

(a) Necessity of proposed regulation if in conflict:

(b) If in conflict, was effort made to harmonize the proposed administrative regulation with conflicting provisions:

(6) Any additional information or comments: This implements a federally mandated policy.

Tiering:

Was tiering applied? No. Not applicable to refugee program regulations.

PROPOSED REGULATIONS RECEIVED THROUGH NOVEMBER 15

OFFICE OF THE ATTORNEY GENERAL

40 KAR 3:010. Payment schedule to hospitals/physicians for medical examination of victims of sexual offenses.

RELATES TO: KRS Chapter 216B

PURSUANT TO: KRS 216B.400

NECESSITY AND FUNCTION: KRS 216B.400 requires the Attorney General to promulgate regulations to determine the rate to be paid to hospitals and physicians for the examination of victims of sexual offenses. This proposed administrative regulation is to establish a standard payment rate for hospitals and physicians for performing the services mandated by KRS 216B.400.

Section 1. Definition. (1) Basic emergency room treatment includes:

- (a) Patient assessment;
 - (b) Maintenance of medical records in accordance with 902 KAR 20:016(11);
 - (c) Gathering and handling of physical evidence in accordance with the procedures of the Kentucky State Police, Central Crime Laboratory;
 - (d) Obtaining appropriate patient consent for examination (a minor may consent to examination);
 - (e) Hospital verification that appropriate law enforcement agencies have been notified of the reported sexual offense;
 - (f) Physician signature attesting to the performance of the examination and collection of evidence;
 - (g) Informing the victim of available services for treatment of venereal diseases, pregnancy and other medical and psychiatric problems.
- (2) Laboratory cultures and tests to test for venereal disease shall include but not be limited to a VDRL and/or RPR and GC culture.

Section 2. Schedule of payment*.

Physician	\$50.00
Emergency Room	\$35.00
Laboratory	\$35.00

*Maximum payment

DAVID L. ARMSTRONG, Attorney General

MARTHA LAYNE COLLINS, Governor

APPROVED BY AGENCY: October 24, 1984

FILED WITH LRC: October 24, 1984 at 3 p.m.

PUBLIC HEARING SCHEDULED: A public hearing on this regulation will be held on December 21, 1984 at 10 a.m. in the Conference Room of the Banking and Securities Building, 907 Leewood Drive, Frankfort, Kentucky. Those interested in attending this hearing shall contact: Pat Arnold or Denise Burton, Special Prosecutions Division, Office of the Attorney General, 909 Leewood Drive, Frankfort, KY 40601.

REGULATORY IMPACT ANALYSIS

Agency Contact Person: Raymond M. Larson

(1) Type and number of entities affected: Hospitals and physicians providing medical examinations of victims of sexual offenses.

(a) Direct and indirect costs or savings to

those affected:

1. First year: Any costs exceeding the scheduled payment of \$120 per examination.

2. Continuing costs or savings: Any costs exceeding the scheduled payment of \$120 per examination.

3. Additional factors increasing or decreasing costs (note any effects upon competition): Number of sexual offenses committed and cost of providing medical examinations.

(b) Reporting and paperwork requirements: Certification of Medical Examination and Report of Alleged Sexual Assault, Patient Consent Form, itemized statement.

(2) Effects on the promulgating administrative body:

(a) Direct and indirect costs or savings:

1. First year: \$120 per victim/24,000 maximum funding

2. Continuing costs or savings: +\$24,000 cost

3. Additional factors increasing or decreasing costs: Number of sexual offenses committed and cost of providing medical examinations.

(b) Reporting and paperwork requirements:

(3) Assessment of anticipated effect on state and local revenues: \$24,000 maximum funding.

(4) Assessment of alternative methods; reasons why alternatives were rejected: Mandated by House Bill 196.

(5) Identify any statute, administrative regulation or government policy which may be in conflict, overlapping, or duplication: Not applicable.

(a) Necessity of proposed regulation if in conflict:

(b) If in conflict, was effort made to harmonize the proposed administrative regulation with conflicting provisions:

(6) Any additional information or comments:

Tiering:

Was tiering applied? Yes.

DEPARTMENT OF AGRICULTURE

302 KAR 34:020. Bonding requirements.

RELATES TO: KRS 251.451, 251.720

PURSUANT TO: KRS 251.700

NECESSITY AND FUNCTION: To clarify KRS 251.720 relating to the bonding requirements for a grain dealer who is also in the business of storing grain and is a warehouseman.

Section 1. Any grain dealer who is also in the business of storing grain and is a warehouseman subject to KRS 251.720(10) shall:

(1) First compute his bond in principal amount pursuant to the formula for computing a grain dealer bond as set out in KRS 257.720(3). Such bond shall not be less than \$25,000 nor more than \$100,000 except as otherwise authorized by this regulation. A certificate of deposit payable to the commissioner, as trustee, may be filed with the department in lieu of a surety bond. The principal amount of the certificate of deposit shall be the same as that required for a surety bond under this regulation and the interest thereon shall be made payable to the purchaser thereof.

(2) Next compute his bond by multiplying the total maximum bushel capacity of his warehouse facility by twenty-five (25) cents which shall constitute the first step in considering storage capacity and storage obligations required by KRS 251.720(10). A certificate of deposit payable to the commissioner, as trustee, may be filed with the department in lieu of a surety bond. The principal amount of the certificate of deposit shall be the same as that required for a surety bond under this regulation and the interest thereon shall be made payable to the purchaser thereof.

Section 2. If the dollar amount computed pursuant to Section 1(1) of this regulation is larger than the dollar amount computed pursuant to Section 1(2) then the bond computation figured pursuant to Section 1(1) of this regulation shall be the dollar amount of the bond required pursuant to KRS 251.720(10). If the person whose bond amount is computed pursuant to Section 1(1) of this regulation and required pursuant to this section is of the opinion that his net worth and assets are sufficient to provide payment to producers for grain purchased or stored, that person may request the commissioner to be relieved of a portion of the bond in accordance with the formula for bond reduction set out in KRS 251.720(3). Such request for bond reduction shall include all information that is or may be required pursuant to KRS 251.720(3).

Section 3. If the dollar amount computed pursuant to Section 1(2) of this regulation is larger than the dollar amount computed pursuant to Section 1(1) then the bond computation figured pursuant to Section 1(2) of this regulation shall be the dollar amount of the bond required pursuant to KRS 251.720(10). Such bond computation shall constitute the second step in considering storage capacity and storage obligations pursuant to KRS 251.720(10) and shall be required if this section is used to compute the bond required by this regulation. If the person whose bond amount is computed pursuant to Section 1(2) of this regulation and required pursuant to this section is of the opinion that his net worth and assets are sufficient to provide payment to producers for grain purchased or stored, that person may request the commissioner to be relieved of a portion of \$100,000 of the bond required by this section, which represents the maximum amount of bond required by a grain dealer without consideration of storage capacity and storage obligations required by KRS 251.720(10). The maximum bond reduction allowed pursuant to this section shall be \$75,000. The formula for such bond reduction shall be in accordance with the bond reduction formula set out in KRS 251.720(3). Any request for bond reduction shall include all information that is or may be required pursuant to KRS 251.720(3).

Section 4. Any bond written or certificate of deposit prepared pursuant to this regulation must be written and executed so as to cover losses to claimants resulting from the failure of a grain warehouseman and/or the failure of a grain dealer as defined in Chapter 251 of the Kentucky Revised Statutes. Such bond must be written so as to cover loss for both stored

grain and all other grain which has been sold but for which payment has not been received at the time of the grain dealer and/or grain warehouse failure.

DAVID E. BOSWELL, Commissioner

APPROVED BY AGENCY: November 9, 1984

FILED WITH AGENCY: November 15, 1984 at Noon

PUBLIC HEARING SCHEDULED: A public hearing on this regulation will be held on December 21, 1984 at 2 p.m. in Room 713 of the Capital Plaza Tower, Frankfort, Kentucky. Those interested in attending this hearing shall contact: Thomas M. Troth, General Counsel, Department of Agriculture, Room 705, Capital Plaza Tower, Frankfort, Kentucky 40601.

REGULATORY IMPACT ANALYSIS

Agency Contact Person: Tom Dowler

(1) Type and number of entities affected: Approximately 106 licensed grain storage warehouses

(a) Direct and indirect costs or savings to those affected: Non-applicable

1. First year:

2. Continuing costs or savings:

3. Additional factors increasing or decreasing costs (note any effects upon competition):

(b) Reporting and paperwork requirements: Will not change.

(2) Effects on the promulgating administrative body: No changes will occur

(a) Direct and indirect costs or savings: None

1. First year:

2. Continuing costs or savings:

3. Additional factors increasing or decreasing costs:

(b) Reporting and paperwork requirements: Will remain the same

(3) Assessment of anticipated effect on state and local revenues: None

(4) Assessment of alternative methods; reasons why alternatives were rejected: No alternative methods available

(5) Identify any statute, administrative regulation or government policy which may be in conflict, overlapping, or duplication: None apparent

(a) Necessity of proposed regulation if in conflict:

(b) If in conflict, was effort made to harmonize the proposed administrative regulation with conflicting provisions:

(6) Any additional information or comments: None

Tiering:

Was tiering applied? No. Tiering did not appear to be applicable in promulgating this regulation

PUBLIC PROTECTION AND REGULATION CABINET
Department of Alcoholic Beverage Control

804 KAR 4:270. Substantial part/staple groceries defined.

RELATES TO: KRS 243.230(5)

PURSUANT TO: KRS 241.060

NECESSITY AND FUNCTION: KRS 243.230(5) precludes the issuance of retail package and drink liquor licenses to premises used "as or in connection with the operation of any business in

which a substantial part of the commercial transaction consists of selling at retail staple groceries or gasoline and lubricating oil." The statute does not define "substantial part of the commercial transaction" or "staple groceries." This regulation is adopted to eliminate the confusion that an absence of such definitions has caused.

Section 1. For the purpose of enforcing KRS 243.230(5) "substantial part of the commercial transaction" shall mean ten (10) percent or greater of the gross sales receipts as determined on a monthly basis.

Section 2. For the purpose of enforcing KRS 243.230(5) staple groceries shall be defined as any food or food product intended for human consumption except alcoholic beverages, tobacco, soft drinks, hot foods and food products prepared for immediate consumption.

EDWARD A. FARRIS, Commissioner
MELVIN WILSON, Secretary

APPROVED BY AGENCY: November 13, 1984

FILED WITH LRC: November 13, 1984 at 2:30 p.m.

PUBLIC HEARING SCHEDULED: A public hearing on the above proposed regulation will be held on Wednesday, December 26, 1984, at 10 a.m., EST, in the Hearing Room of the Department of Alcoholic Beverage Control, 123 Walnut, Frankfort, Kentucky. Unless requests for a public hearing are received, in writing, five (5) working days before the hearing date, the public hearing will be cancelled. Those who may be interested in attending, please contact: Bonnie H. Hall, Secretary to the Board, Alcoholic Beverage Control Board, 123 Walnut, Frankfort, Kentucky 40601.

REGULATORY IMPACT ANALYSIS

Agency Contact Person: Edward A. Farris

(1) Type and number of entities affected: N/A

(a) Direct and indirect costs or savings to those affected:

1. First year:

2. Continuing costs or savings:

3. Additional factors increasing or decreasing costs (note any effects upon competition):

(b) Reporting and paperwork requirements:

(2) Effects on the promulgating administrative body: N/A

(a) Direct and indirect costs or savings:

1. First year:

2. Continuing costs or savings:

3. Additional factors increasing or decreasing costs:

(b) Reporting and paperwork requirements:

(3) Assessment of anticipated effect on state and local revenues: N/A

(4) Assessment of alternative methods; reasons why alternatives were rejected: N/A

(5) Identify any statute, administrative regulation or government policy which may be in conflict, overlapping, or duplication: N/A

(a) Necessity of proposed regulation if in conflict:

(b) If in conflict, was effort made to harmonize the proposed administrative regulation with conflicting provisions:

(6) Any additional information or comments: N/A

Tiering:

Was tiering applied? No. N/A

PUBLIC PROTECTION AND REGULATION CABINET Kentucky Harness Racing Commission

811 KAR 1:210. Kentucky Standardbred Development Fund.

RELATES TO: KRS 230.770

PURSUANT TO: KRS 230.770(5),(6)

NECESSITY AND FUNCTION: To regulate the eligibility of horses participating in races for which a portion of the purse is provided by the Kentucky Standardbred Development Fund. The function of this regulation is to establish eligibility standards and administrative practices to enforce such standards and to establish mandatory criteria for these races and the administration of purses and payments in such races.

Section 1. The owner or lessee of any standard bred stallion desiring to use him for breeding purposes and to have him qualify under the Kentucky Standardbred Development Fund must register said stallion by November 15 preceding the breeding season with the Kentucky Harness Racing Commission. The registration shall be on forms provided by the commission with a payment of ten (10) percent of the stud fee or a minimum of \$100. A virgin standardbred stallion entering stud for the first time may be registered prior to his first breeding and must stand in the Commonwealth of Kentucky the remainder of the breeding season.

Section 2. Stallions remaining in the state for more than one (1) breeding season shall be renewed annually. A renewal form must be filed by November 15 preceding the breeding season on forms provided by the commission. The annual renewal fee for stallions to the Kentucky Standardbred Development Fund will be ten (10) percent of the stud fee with a minimum of \$100.

Section 3. Owners of standardbred stallions registered with the commission shall submit by October 1 a report of mares bred during the preceding twelve (12) months.

Section 4. If the commission finds a registration to be incorrect, such registration may be cancelled and notice thereof shall be sent to the owner of the horse.

Section 5. In order to qualify for the Kentucky Standardbred Development Fund, a foal must be the product of the mating of a mare with a Kentucky registered and resident stallion. The mare to be bred must either be a resident at the farm on which the stallion stands or be shipped to the farm on which the stallion stands to be impregnated. The transporting or mailing of a Kentucky registered stallion's semen to a broodmare is strictly prohibited.

Section 6. Upon failure of an owner or lessee of a registered stallion to furnish the commission requested information relative to the registration of a horse, the commission may suspend or cancel the registration.

Section 7. If the commission finds that an application for registration or transfer contains false or misleading information, the commission may summon the person who executed said application and any other person who has knowledge thereof. Failure to respond to such summons may cause the commission to suspend or cancel the registration of horses owned by such person. After a hearing, the commission may suspend, cancel, or bar from further registration, horses owned by the person who executed the false or misleading information.

Section 8. Any owner or lessee of a stallion eligible or the Kentucky Standardbred Development fund shall designate a resident of Kentucky as an authorized agent who shall be responsible for the registrations and records of the farm and for complying with the requirements of the Kentucky Standardbred Development Fund on behalf of the owner or lessee.

Section 9. The authorized agent application is provided by the Kentucky Harness Racing Commission and must be filed together with the stallion registration before November 15.

Section 10. Sires Stakes Races in which any part of the purse is provided by the Kentucky Standardbred Development Fund shall be subject to the rules and regulations of the Kentucky Harness Racing Commission.

Section 11. Each colt, gelding or filly participating in a Kentucky Sires Stakes race must have been sired by a stallion registered with the Kentucky Harness Racing Commission, and maintained eligibility to the Kentucky Standardbred Development Fund.

Section 12. Each race shall be a one (1) mile dash.

Section 13. The race will split if more than twelve (12) declare to start. In the case of a split the event will be raced as follows: The nominating, sustaining, stallion and starting fees shall be added to the purse and each division shall race for an equal part of that purse.

Section 14. Gait must be specified by the first two (2) year old payment. Change of gait may be made at the time of declaration at the track, but sustaining payments remain in the funds of the original gait specified.

Section 15. All races will be raced in separate colt-gelding and filly divisions.

Section 16. All declaration fees will be added to the purse and will be made payable to the racing association at the time of declaration.

Section 17. The purse will be distributed on the following percentage basis:

- (1) 50-25-12-8-5; five (5) starters or more;
- (2) 50-25-15-10; four (4) starters;
- (3) 60-30-10; three (3) starters;
- (4) 65-35; two (2) starters.

The nominating, sustaining, stallion, and starting fees shall be added to the purse and each division shall race for an equal part of that purse. In 1985, purses for three (3) and

two (2) year olds will be \$16,500 estimated. This will apply at each of the Kentucky pari-mutuel tracks.

Section 18. Should circumstances prevent the racing of any event, if the race is not drawn, added monies will be equally divided among horses eligible for the uncontested event at the time of declaring off. In the event the race is drawn, the monies will be equally divided among the horses entered to start. This will include stake payments, declaration fees and purses provided by the Kentucky Standardbred Development Fund.

Section 19. Starters will declare in at each track at the time specified by the association conducting the event.

Section 20. At the time of the declaration a started must show at least one (1) charted line with no breaks within the last six (6) starts and within thirty (30) days prior to the day of the race; a two (2) year old trotter must have been timed in 2:14 or faster; a two (2) year old pacer must have been timed in 2:12 or faster; a three (3) year old trotter must have been timed in 2:10 or faster and a three (3) year old pacer must have been timed in 2:08 or faster. A broken equipment break or an interference break will not be considered a break as stated in this section. An eligibility certificate or a clear photocopy of the eligibility certificate must be on deposit with the race secretary at the time of declaration or the declaration will be rejected. If the horse has a start subsequent to the eligibility certificate or photocopy being sent, the declarer must advise the race secretary of the commitment to race or the horse may be scratched from the race. This rule shall be in effect for wagering and non-wagering races.

Section 21. The Kentucky Standardbred Development Fund will be distributed by the Kentucky Harness Racing Commission on an equitable basis to promote the purposes expressed in KRS 230.770. The commission may authorize expenditures at any time; however, the commission may at its scheduled meeting each November, make provisions for the following year's distribution of funds for stake races. The Sires Stakes racing dates shall be issued after the tracks' race dates are set.

Section 22. The Kentucky Standardbred Development Fund will provide a trophy for each event. In the case of division races each division shall receive a trophy.

Section 23. After payment of the nomination fee, foals shall remain eligible for events each year by making the required sustaining and declaration payments for that year. The two (2) year old March 15 payment must be made in order to remain eligible as a three (3) year old.

Section 24. All nomination and sustaining payments shall be made to the Kentucky Standardbred Development Fund.

Section 25. Payments: All yearlings will be nominated on May 15 and fees will be twenty (20) dollars each. Fees are payable to the Kentucky Standardbred Development fund.

TWO-YEAR OLD PAYMENTS

March 15th	\$ 40
May 15th	\$200
Declaration Fee (for each track)	\$200

March 15th payment makes entry eligible as a 3-year old.

THREE-YEAR OLD PAYMENTS

February 15	\$ 80
March 15	\$200
Declaration Fee (for each track)	\$200

Section 26. 811 KAR 1:200 Administration of purses and payments, and 811 KAR 1:032, Eligibility standard; enforcement, are hereby repealed.

CARL B. LARSEN, Supervisor of Racing
MELVIN WILSON, Secretary

APPROVED BY AGENCY: September 28, 1984

FILED WITH LRC: November 2, 1984 at 2 p.m.

PUBLIC HEARING SCHEDULED: A public hearing has been scheduled on this regulation on December 21, 1984 at 10 a.m. at the office of the Kentucky Harness Racing Commission. Anyone interested in attending this hearing, shall notify in writing Carl B. Larsen, Supervisor of Racing, Kentucky Harness Racing Commission, 1051-H Newtown Road, Lexington, Kentucky 40511, at least five (5) days before the hearing.

REGULATORY IMPACT ANALYSIS

Agency Contact Person: Carl B. Larsen, Supervisor of Racing.

(1) Type and number of entities affected: Horsemen

(a) Direct and indirect costs or savings to those affected: None

1. First year:

2. Continuing costs or savings:

3. Additional factors increasing or decreasing costs (note any effects upon competition):

(b) Reporting and paperwork requirements: None additional

(2) Effects on the promulgating administrative body: None

(a) Direct and indirect costs or savings: None

1. First year:

2. Continuing costs or savings:

3. Additional factors increasing or decreasing costs:

(b) Reporting and paperwork requirements: None additional

(3) Assessment of anticipated effect on state and local revenues: None

(4) Assessment of alternative methods; reasons why alternatives were rejected: This proposed rule eliminates duplication and clarifies existing language.

(5) Identify any statute, administrative regulation or government policy which may be in conflict, overlapping, or duplication: None

(a) Necessity of proposed regulation if in conflict: Not applicable

(b) If in conflict, was effort made to harmonize the proposed administrative regulation with conflicting provisions: Not applicable

(6) Any additional information or comments: None

Tiering:

Was tiering applied? No. Regulation affects all horsemen.

CABINET FOR HUMAN RESOURCES
Department for Health Services

902 KAR 17:020. State health plan process.

RELATES TO: KRS 194.025(3), 194.050(1), 216B.015(23)

PURSUANT TO: KRS 194.050(1)

NECESSITY AND FUNCTION: KRS 194.050 requires the Secretary for Human Resources to adopt, administer and enforce all rules and regulations necessary to operate the programs and fulfill the responsibilities vested in the Cabinet for Human Resources. This regulation implements the agreement between the cabinet and the Secretary of the Department of Health and Human Services to carry out the provisions of the Health Planning and Resources Development Act of 1974 (Public Law 93-641) and its subsequent amendments.

Section 1. Purpose. The purpose of this regulation is to establish the process by which the state health plan is prepared, amended, and revised. The state health plan shall serve as a major health policy document which provides a coordinated approach for identifying statewide health needs and addressing major health issues.

Section 2. Definitions. (1) "Council" means the State Health Coordinating Council established pursuant to the cabinet's agreement with the Secretary of the Department of Health and Human Services, under the Health Planning and Resources Development Act, as amended, which for administrative purposes is attached to the Department for Health Services, Cabinet for Human Resources.

(2) "Cabinet" means the Cabinet for Human Resources acting as the State Health Planning and Development Agency pursuant to its contract with the Secretary of the Department for Health and Human Services under the Health Planning and Resources Development Act, as amended.

(3) "State health plan" means the document duly adopted by the State Health Planning Council and approved by the Governor.

Section 3. State Health Plan Development. (1) The cabinet shall determine the statewide health needs of the Commonwealth after consultation with the council and after providing reasonable opportunity for the submission of written recommendations respecting such needs from appropriate state agencies and other agencies designated by the Governor for the purpose of making such recommendations.

(2) The cabinet shall prepare, review at least triennially and, revise as necessary, a preliminary state health plan.

(3) The cabinet shall submit the preliminary state health plan to the council for approval or disapproval and for use in developing the state health plan.

(4) The council shall review the preliminary state health plan and direct the cabinet to make revisions and amendments as necessary.

(5) The preliminary state health plan shall become the proposed state health plan upon the

approval of its contents by the council.

(6) Upon approval of the preliminary state health plan by the council, the cabinet shall file a proposed regulation with the Legislative Research Commission which incorporates by reference those policies, planning criteria, and review standards which are utilized by the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board, pursuant to KRS Chapter 216B.040, in the board's consideration of proposal's consistency with the state health plan.

(7) Prior to submission of the proposed state health plan to the Governor, the council and the cabinet shall conduct a joint public hearing on the proposed plan to receive comments orally or in writing from interested parties. This hearing shall serve as the public hearing required by federal law for the entire plan, as well as the public hearing required by KRS Chapter 13A for those portions of the plan incorporated by reference into the proposed regulation filed by the cabinet pursuant to subsection (6) of this section.

(8) Not less than thirty (30) days prior to such hearing, the cabinet shall publish in at least two (2) newspapers of general circulation in the state, a notice of the council's consideration of the proposed plan, the time and place of the hearing, the place at which interested persons may consult the plan prior to the hearing and the place and period within which written comments on the proposed plan may be submitted.

(9) The council shall give written consideration to all comments received at the public hearing. The statement of consideration shall summarize the comments received at the hearing, specify what changes are being made in the plan in response to comments, and, if changes are not being made, specify the reasons for not changing the plan. A copy of the statement of consideration shall be available for public review and shall be provided to all persons who submitted comments on the plan.

(10) The cabinet shall prepare a statement of consideration and file it with the Legislative Research Commission pursuant to KRS Chapter 13A for those portions of the plan incorporated by reference into the proposed regulation filed by the cabinet pursuant to subsection (6) of this section. The cabinet's statement of consideration shall be based on the response of the council to the comments received.

(11) After approval of the proposed state health plan and any revisions or amendments made subsequent to the public hearing, the council shall submit the proposed plan to the Governor for approval or disapproval.

(12) If the Governor determines the proposed plan does not effectively meet statewide health needs as determined by the cabinet and disapproves the proposed plan, the Governor shall make public a detailed statement of the basis for the determination and shall specify the changes in the plan which the Governor determines are needed to meet such needs. The council shall review the changes in the plan which the Governor specifies and shall implement any such revisions within thirty (30) days. Such revisions shall not be subject to the provisions of subsections (7), (8), and (9) of this section.

(13) All revisions and amendments to the state health plan except those specified by the

Governor under subsection (10) of this section shall follow the procedures set forth in this regulation for development of the plan.

C. HERNANDEZ, Commissioner

E. AUSTIN, JR., Secretary

APPROVED BY AGENCY: November 11, 1984

FILED WITH LRC: November 15, 1984 at 11:30 a.m.

PUBLIC HEARING SCHEDULED: A public hearing on this regulation has been scheduled for December 21, 1984 at 9 a.m. in the Department for Health Services Auditorium, 275 East Main Street, Frankfort, Kentucky. However, this hearing will be cancelled unless interested persons notify the following office in writing by December 16, 1984 of their desire to appear and testify at the hearing: Hughes Walker, General Counsel, Cabinet for Human Resources, 275 East Main Street-4 West, Frankfort, Kentucky 40621.

REGULATORY IMPACT ANALYSIS

Agency Contact Person: Greg Lawther

(1) Type and number of entities affected: All citizens of the Commonwealth. This regulation puts the existing process for development of the State Health Plan in the form of a regulation.

(a) Direct and indirect costs or savings to those affected: None

1. First year:

2. Continuing costs or savings:

3. Additional factors increasing or decreasing costs (note any effects upon competition):

(b) Reporting and paperwork requirements: None

(2) Effects on the promulgating administrative body:

(a) Direct and indirect costs or savings: A small cost will be incurred to prepare the Statement of Consideration required by KRS Chapter 13A.

1. First year:

2. Continuing costs or savings:

3. Additional factors increasing or decreasing costs:

(b) Reporting and paperwork requirements: A Statement of Consideration will have to be prepared by the Cabinet.

(3) Assessment of anticipated effect on state and local revenues: None

(4) Assessment of alternative methods; reasons why alternatives were rejected: The only alternative is to continue to rely on the provisions of federal law to specify the process for development of the plan.

(5) Identify any statute, administrative regulation or government policy which may be in conflict, overlapping, or duplication: None

(a) Necessity of proposed regulation if in conflict:

(b) If in conflict, was effort made to harmonize the proposed administrative regulation with conflicting provisions:

(6) Any additional information or comments:

Tiering:

Was tiering applied? No. Not applicable.

**CABINET FOR HUMAN RESOURCES
Department for Social Insurance
Division of Management and Development**

904 KAR 1:270. Podiatry services.

RELATES TO: KRS 205.520
PURSUANT TO: KRS 194.050

NECESSITY AND FUNCTION: The Cabinet for Human Resources has responsibility to administer the program of Medical Assistance in accordance with requirements of Title XIX of the Social Security Act. KRS 205.520 empowers the cabinet, 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 coverage provisions relating to podiatry services for which payment shall be made by the Medical Assistance Program on behalf of both the categorically needy and the medically needy.

Section 1. Coverage. The Medical Assistance (Medicaid) Program will cover medical and/or surgical services provided to eligible Medicaid recipients by licensed, participating podiatrists when such services fall within the scope of the practice of podiatry except as otherwise provided for herein. The scope of coverage generally parallels the coverage available under the Medicare program with the addition of wart removal.

Section 2. Exclusions From Coverage; Exceptions. The following areas of care are not covered except as specified:

(1) Treatment of flatfoot. Services directed toward the care or correction of such a service are not covered.

(2) Treatment of subluxations of the foot. Surgical or nonsurgical treatments undertaken for the sole purpose of correcting a subluxated structure as an isolated entity within the foot are not covered; this exclusion of coverage does not apply to reasonable and necessary diagnosis and treatment of symptomatic conditions such as osteoarthritis, bursitis (including bunion), tendonitis, etc., that result from or are associated with partial displacement of foot structures, or to surgical correction that is an integral part of the treatment of a foot injury or that is undertaken to improve the function of the foot or to alleviate an induced or associated symptomatic condition.

(3) Orthopedic shoes and other supportive devices for the feet are not covered under any circumstances.

(4) Routine foot care. Services characterized as routine foot care are generally not covered; this includes such services as the cutting or removal of corns or calluses, the trimming of nails, and other hygienic and preventive maintenance care in the realm of self-care such as cleaning and soaking the feet, the use of skin creams to maintain skin tone of both ambulatory and bedfast patients, and any services performed in the absence of localized illness, injury or symptoms involving the foot. Notwithstanding the preceding, payment may be made for routine foot care such as cutting or removing corns, calluses or nails when the patient has a systematic disease of sufficient severity that unskilled performance of such

procedures would be hazardous; the patient's condition must have been the result of severe circulatory embarrassment or because of areas of desensitization in the legs or feet. Although not intended as a comprehensive list, the following metabolic, neurological, and peripheral vascular diseases (with synonyms in parentheses) most commonly represent the underlying systematic conditions contemplated and which would justify coverage; where the patient's condition is one (1) of those designated by an asterisk (*), routine procedures are reimbursable only if the patient is under the active care of a doctor of medicine or osteopathy for such a condition and this doctor's name must appear on the claim form:

- (a) *Diabetes mellitus;
- (b) Arteriosclerosis obliterans (A.S.O., arteriosclerosis of the extremities, occlusive peripheral arteriosclerosis);
- (c) Buerger's disease (thromboangitis obliterans);
- (d) Chronic thrombophlebitis;
- (e) Peripheral neuropathies involving the feet:
 - 1. *Associated with malnutrition and vitamin deficiency, such as: malnutrition (general, pellagra); alcoholism; malabsorption (celiac disease, tropical sprue); and pernicious anemia;
 - 2. *Associated with carcinoma;
 - 3. *Associated with diabetes mellitus;
 - 4. *Associated with drugs and toxins;
 - 5. *Associated with multiple sclerosis;
 - 6. *Associated with uremia (chronic renal disease);
 - 7. Associated with traumatic injury;
 - 8. Associated with leprosy or neurosyphilis; and
 - 9. Associated with hereditary disorders, such as: hereditary sensory radicular; neuropathy, angiokeratoma corporis; and diffusum (Fabry's), amyloid neuropathy.

Services ordinarily considered routine are also covered if they are performed as a necessary and integral part of otherwise covered services, such as the diagnosis and treatment of diabetic ulcers, wounds, and infections. Diagnostic and treatment services for foot infections are also covered as they are considered outside the scope of "routine."

Section 3. Provisions Relating to Special Diagnostic Services. Plethysmography is a recognized tool for the preoperative podiatric evaluation of the diabetic patient or one who has intermittent claudication or other signs or symptoms indicative of peripheral vascular disease which would have a bearing on the patient's candidacy for foot surgery. The method of plethysmography determines program coverage.

(1) Covered methods include:

(a) Segmental, including regional, differential, recording oscillometer, and pulse volume recorder;

(b) Electrical impedance; and

(c) Ultrasonic measure of blood flow (Doppler).

(2) Noncovered methods include:

(a) Inductance;

(b) Capacitance;

(c) Strain gauge;

(d) Photoelectric; and

(e) Mechanical oscillometry.

(3) Venous occlusive pneumoplethysmography would be appropriate only in the setting of a hospital vascular laboratory.

Section 4. Date of Implementation. Coverage of podiatry services will be effective for services performed on or after November 1, 1984.

JACK F. WADDELL, Commissioner
E. AUSTIN, JR., Secretary

APPROVED BY AGENCY: November 14, 1984

FILED WITH LRC: November 15, 1984 at 11:30 a.m.

PUBLIC HEARING SCHEDULED: A public hearing on this regulation will be held on December 21, 1984 at 9 a.m. in the Department for Health Services Auditorium, 275 East Main Street, Frankfort, Kentucky. However, this hearing will be cancelled unless interested persons notify the following office in writing by December 16, 1984 of their desire to appear and testify at the hearing: R. Hughes Walker, General Counsel, Cabinet for Human Resources, 275 East Main Street-4 West, Frankfort, Kentucky 40621.

REGULATORY IMPACT ANALYSIS

Agency Contact Person: Roy Butler

(1) Type and number of entities affected: 35-40 participating podiatrists; approximately 500 recipients who will receive covered podiatry services.

(a) Direct and indirect costs or savings to those affected: None

1. First year:

2. Continuing costs or savings:

3. Additional factors increasing or decreasing costs (note any effects upon competition):

(b) Reporting and paperwork requirements: None

(2) Effects on the promulgating administrative body:

(a) Direct and indirect costs or savings:

1. First year: \$80,000 (costs)

2. Continuing costs or savings: \$80,000 (costs)

3. Additional factors increasing or decreasing costs: None

(b) Reporting and paperwork requirements: None

(3) Assessment of anticipated effect on state and local revenues: None

(4) Assessment of alternative methods; reasons why alternatives were rejected: N/A

(5) Identify any statute, administrative regulation or government policy which may be in conflict, overlapping, or duplication: None

(a) Necessity of proposed regulation if in conflict:

(b) If in conflict, was effort made to harmonize the proposed administrative regulation with conflicting provisions:

(6) Any additional information or comments: None

Tiering:

Was tiering applied? No. Not applicable for Medicaid regulations.

CABINET FOR HUMAN RESOURCES
Department for Social Insurance
Division of Management and Development

904 KAR 1:280. Payments for podiatry services.

RELATES TO: KRS 205.520

PURSUANT TO: KRS 194.050

NECESSITY AND FUNCTION: The Cabinet 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 cabinet, 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 payments for podiatry services.

Section 1. Payments for Podiatry Services. The state agency will pay licensed, participating podiatrists for covered podiatry services rendered to eligible Medical Assistance recipients at the lesser of the actual billed charge or the area prevailing charge for physicians providing the same service under the same conditions.

Section 2. Date of Implementation. Payments shall be made pursuant to this regulation for covered services provided on and after November 1, 1984.

JACK F. WADDELL, Commissioner
E. AUSTIN, JR., Secretary

ADOPTED BY AGENCY: November 14, 1984

FILED WITH LRC: November 15, 1984 at 11:30 a.m.

PUBLIC HEARING SCHEDULED: A public hearing on this regulation has been scheduled for December 21, 1984 at 9 a.m. in the Department for Health Services Auditorium, 275 East Main Street, Frankfort, Kentucky. However, this hearing will be cancelled unless interested persons notify the following office in writing by December 16, 1984 of their desire to appear and testify at the hearing: R. Hughes Walker, General Counsel, Cabinet for Human Resources, 275 East Main Street-4 West, Frankfort, Kentucky 40621.

REGULATORY IMPACT ANALYSIS

Agency Contact Person: Roy Butler

(1) Type and number of entities affected: 35-40 participating podiatrists; approximately 500 recipients who will receive covered podiatry services

(a) Direct and indirect costs or savings to those affected: None

1. First year:

2. Continuing costs or savings:

3. Additional factors increasing or decreasing costs (note any effects upon competition):

(b) Reporting and paperwork requirements: None

(2) Effects on the promulgating administrative body:

(a) Direct and indirect costs or savings:

1. First year: \$80,000 (costs)

2. Continuing costs or savings: \$80,000 (costs)

3. Additional factors increasing or decreasing costs: None

(b) Reporting and paperwork requirements: None

(3) Assessment of anticipated effect on state and local revenues: None

(4) Assessment of alternative methods; reasons why alternatives were rejected: N/A

(5) Identify any statute, administrative regulation or government policy which may be in conflict, overlapping, or duplication: None

(a) Necessity of proposed regulation if in conflict:

(b) If in conflict, was effort made to harmonize the proposed administrative regulation with conflicting provisions:

(6) Any additional information or comments: None

Tiering:
Was tiering applied? No. Not applicable for
Medicaid regulations.

ADMINISTRATIVE REGULATION REVIEW SUBCOMMITTEE

Minutes of the November 12-13, 1984 Meeting

The November meeting of the Administrative Regulation Review Subcommittee was held on Monday, November 12, 1984 at 2 p.m. and on Tuesday, November 13, 1984 at 10 a.m. in Room 103. Representative Bill Brinkley, Chairman, called the meeting to order, and the secretary called the roll. On motion of Representative Robinson, seconded by Senator Quinlan, the minutes of the October 8-9, 1984 meeting were approved.

Present were:

Members: Representative Bill Brinkley, Chairman; Senators Pat McCuiston, Bill Quinlan, and Joe Lane Travis; and Representatives James Bruce and Albert Robinson.

Guests: Doyle Peaslee, David Terry, Edward C. Troutman, Agricultural Experiment Station, Division of Regulatory Services; Joe Hutchison, Pam Johnson, Kentucky Retirement Systems; Roger C. Green, Jr., Thomas E. Little, Brenda Moreland, Department of Military Affairs; Anne P. McBee, Sheila Tharpe, Kay Young, Crime Victims Compensation Board; Don McCormick, Marion C. Mattingly, Department of Fish & Wildlife Resources; Terry P. Anderson, James L. Dickinson, Eugene E. Reynolds, Robert W. Ware, Art Williams, Natural Resources and Environmental Protection Cabinet; Pat Foley, Nancy Miracle, Karen Powell, Sandra G. Pullen, Transportation Cabinet; Dorothy Archer, Gary Bale, Audrey T. Carr, Clara DeMoss, Department of Education; Edward A. Farris, Catherine Staib, Alcoholic Beverage Control Board; Patrick Watts, Department of Insurance; Chuck Corolla, Bradford L. Cowgill, William H. McCann, Jockey's Guild; Phyllis R. Chevront, Mike Fulkerson, George Geoghegan, Rick Norton, Kentucky State Racing Commission; Bob Benson, Horsemen's Benevolent and Protective Association; Gary S. Smith, Kentucky Thoroughbred Association; Martin Anderson, Barbara Coleman, John Cubine, Ked R. Fitzpatrick, Beth Harp, Greg Lawther, Patricia K. Nicol, M. D., Gene D. Simmons, Stan Smith, Sue Tutt, Larry Wilson, Cabinet for Human Resources; Etta Ruth Kepp, Governor's Office for Policy and Management; Ralph Ed Graves, Lobbyist Alert.

LRC Staff: Susan Harding, Joe Hood, Gregory Karambellas, Donna Valencia, June Mabry, John Downard, Mike Schillhahn, Peggy Hyland, Chris Lilly, Paula Payne and Carla Arnold.

Press: Marita Matray, WKED.

The Administrative Regulation Review Subcommittee met on November 12 and 13, 1984, and submits the following report:

The Subcommittee determined that the following regulations did not meet the requirements of KRS Chapter 13A.

State Racing Commission: Thoroughbred Racing Rules

810 KAR 1:009. (Jockeys and apprentices.) The Subcommittee directed that the following statement be attached to this regulation:

"In the 1982 Regular Session of the General Assembly, KRS 230.260(3) was amended to prohibit the regulation of jockey fees by the State Racing Commission. KRS 230.260(3) and KRS 13A.120(1)(c),(d),(g),(h), and (i) prohibit promulgation of an administrative regulation relating to jockey fees."

The Subcommittee directed staff to refer the regulation of jockey fees to the Interim Joint Committee on Business Organizations and Professions for study and recommendation for legislation during the 1986 Regular Session of the General Assembly.

The Subcommittee determined that the following regulations, as amended, complied with the requirements of KRS Chapter 13A:

Agricultural Experiment Station: Fertilizer

12 KAR 4:110 (Terms and definitions.) The regulation was amended to specify where the material incorporated by reference may be reviewed.

12 KAR 4:140 (Monetary penalties.) The regulation was amended to specify that monies received from penalty payments shall be set aside for purchase of equipment for sampling, handling, analyzing and reporting of results of analyses of official samples and for the education of the Kentucky fertilizer industry on the newest methods in manufacturing blended fertilizers.

12 KAR 4:170 (Maximum chlorine guarantee for tobacco fertilizers.) The regulation was amended to specify that the maximum chlorine guarantee is not to exceed 2.5 percent.

Agricultural Experiment Station: Milk and Cream

12 KAR 5:020 (Testing.) The regulation was amended to specify Edition 13 published in 1980 as the material incorporated by reference and to specify that the material may also be reviewed at the Agricultural Experiment Station in Lexington, Kentucky.

Department of Fish and Wildlife Resources: Game

301 KAR 2:180 (Hunter education training requirements.) Section 8 of this regulation was amended to include the words "or for other good cause shown" when an instructor is convicted of a fish and game violation or felony. Section 9 was amended to include as an appealable matter a denial of certification.

Transportation Cabinet: Administration

600 KAR 1:040 (Separations and disciplinary procedures.) The regulation was amended to

permit a maximum suspension or disciplinary fine of thirty working days, rather than restricting such a suspension to a maximum of thirty working days during any twelve month period.

600 KAR 1:050 (Employee conduct and working hours.) The regulation was amended to require a request for authorization to carry firearms on state properties be filed with the executive director of personnel, and deleted the requirement for a detailed report to the executive director whenever a firearm was discharged on state property.

Department of Insurance: Assets and Liabilities

806 KAR 6:070 (Valuation of life insurance reserves.) The regulation was amended to delete the word "mean" in the formula used for determining the reserve.

Motor Vehicle Reparatations

806 KAR 39:070 (Proof of motor vehicle insurance.) The regulation was amended to clarify that the procedure specified after the initial delivery of written proof of motor vehicle insurance were mandatory; to specify exceptions to the requirement of Section 4 that insurers submit information on motor vehicle insurance policy cancellations and nonrenewals on computer tape; and to require editing of insurers' lists of cancellations and nonrenewals of policyholders terminated and reinstated, where the technology exists to complete such editing, prior to submission of the lists to the Department of Vehicle Regulation.

The Subcommittee determined that the following regulations complied with KRS Chapter 13A.

AGRICULTURAL EXPERIMENT STATION: Division of Regulatory Services: Fertilizer

- 12 KAR 4:080. Plant nutrients.
- 12 KAR 4:090. Guaranteed analysis.
- 12 KAR 4:100. Slowly released nutrients.
- 12 KAR 4:120. Definition of "percentage."
- 12 KAR 4:130. Investigational allowances.
- 12 KAR 4:160. Guaranteed nutrients.

Milk and Cream

- 12 KAR 5:030. Test Samples.
- 12 KAR 5:040. Sampling and weighing.

Kentucky Retirement Systems: General Rules

105 KAR 1:080. Payment options for members and beneficiaries to conform with Section 401(a)(9) of the Internal Revenue Code.

Military Affairs: National Guard

- 106 KAR 1:020. Disaster and emergency fund.

Crime Victims Compensation Board: Claims and Awards

107 KAR 1:040. Cooperation with Kentucky Medical Assistance Act.

Tourism Cabinet: Department of Fish and Wildlife Resources: Fish

- 301 KAR 1:075. Giggling, hand grabbing or snagging, tickling and noodling.
- 301 KAR 1:140. Special commercial fishing permits.

Natural Resources and Environmental Protection Cabinet: Department for Environmental Protection: Division of Water Quality

401 KAR 5:026. Classification of waters.

Department of Natural Resources: Division of Forestry

402 KAR 3:010. Policies incorporated by reference.

Education and Humanities Cabinet: Department of Education: General Administration

702 KAR 1:120. School board member educational qualifications.

Office of Instruction: Teacher Certification

704 KAR 20:035. Out-of-state preparation.

704 KAR 20:045. Testing prerequisites for teachers certification; certificate application; beginning teacher internship program.

704 KAR 20:050. Time limit for applying for certification.

704 KAR 20:060. Renewals.

704 KAR 20:065. Standard high school certificate.

704 KAR 20:070. Provisional high school certificate.

704 KAR 20:080. Provisional middle grades certificate.

704 KAR 20:085. Standard elementary certificate.

704 KAR 20:090. Provisional elementary certificate.

704 KAR 20:145. Media librarians.

704 KAR 20:150. Media specialists.

704 KAR 20:159. Music, provisional certificate.

704 KAR 20:222. Industrial education teachers.

704 KAR 20:230. Hearing impaired, teacher's provisional certificate.

704 KAR 20:235. Learning and behavior disorders, teacher's provisional certificate.

704 KAR 20:240. Speech and communication disorders, teacher's provisional certificate.

704 KAR 20:245. Trainable mentally handicapped, teacher's provisional certificate.

704 KAR 20:270. Certification for teachers of exceptional children.

Office of Vocational Education: Instructional Programs

705 KAR 4:010. General standards.

Public Protection and Regulation Cabinet: Alcoholic Beverage Control: Licensing

804 KAR 4:260. Horse race track license.

Department of Insurance: Administration

806 KAR 2:090. Fee for collecting city or urban county government insurance tax.

806 KAR 2:096. Disclosure of municipal premium taxes, unfair discrimination.

Assets and Liabilities

806 KAR 6:060. Reserve liabilities, cash surrender values, and nonforfeiture benefits for plans of life insurance with separate rates for smokers and nonsmokers.

806 KAR 6:080. Reserve standards for individual health insurance policies.

Trade Practices and Frauds

806 KAR 12:110. Merged gender mortality tables for life insurance.

Prepaid Dental Plan Organization

806 KAR 43:010. Prepaid dental plan organization agent license.

Cabinet for Human Resources: Department for Health Services: Maternal and Child Health
902 KAR 4:030. Test for inborn errors of metabolism.

Local Health Departments

902 KAR 8:020. Policies and procedures for local health department operations.

902 KAR 8:030. Merit system for local health departments.

Hospitalization of Mentally Ill and Mentally Retarded

902 KAR 12:080. Policies and procedures for mental health/mental retardation facilities.

Department of Social Insurance: Medical Assistance

904 KAR 1:020. Payment for drugs.

904 KAR 1:039. Payments for hearing services.

Unemployment Insurance

904 KAR 5:030. Employer contributions.

904 KAR 5:260. Unemployment insurance procedures.

Employment Services

904 KAR 6:020. Weatherization assistance for low income persons.

904 KAR 6:050. Veterans' benefits.

The following regulations were deferred at the agency's request.

Department of Agriculture: Livestock Sanitation
302 KAR 20:160. Control of viral equine arteritis.

302 KAR 20:170. Movement of equine.

Education and Humanities Cabinet: General Administration

703 KAR 1:090. Competitive foods rule.

Teacher Certification

704 KAR 20:120. Emergency certification.

704 KAR 20:305. Written examination prerequisites for teacher certification.

Office of Vocational Education: Fiscal Management

705 KAR 2:030. Foundation program units.

Cabinet for Human Resources: Department for Health Services: Certificate of Need and Licensure

902 KAR 20:008. License procedure and fee schedule.

At the request of the promulgating agencies, the following regulations were withdrawn:

Legislative Research Commission: Capital Construction and Equipment Purchase Oversight

1 KAR 3:005. Capital Construction and Equipment Oversight.

Agricultural Experiment Station: Fertilizer

12 KAR 4:150. Scientific sampling procedures.

Transportation Cabinet: Administration

600 KAR 1:060. Safety hard hat procedure.

The subcommittee had no objections to emergency regulations which had been filed.

Other subcommittee recommendations:

The subcommittee had reviewed a number of administrative regulations promulgated by various agencies relating to personnel matters. While the subcommittee did not attach a

statement of objections to such administrative regulations, it felt that there was a question as to the authority of administrative bodies other than the Personnel Board to promulgate such regulations.

During the November meeting, representatives of the Transportation Cabinet requested assistance in resolving the questions relating to the authority of administrative bodies to promulgate administrative regulations relating to personnel matters.

The subcommittee approved the following motion: That subcommittee staff be directed to meet with the Commissioner of Personnel, staff members of the various agencies which have promulgated personnel regulations and the staff of the Personnel Subcommittee of the Interim Joint Committee on State Government and make recommendations concerning the regulation of personnel matters to the subcommittee.

The subcommittee adjourned at 12 noon until December 10, 1984.

CUMULATIVE SUPPLEMENT

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LOCATOR INDEX -- EFFECTIVE DATES

NOTE: Emergency regulations expire 90 days from publication or upon replacement or repeal.

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Regulation	10 Ky.R. Page No.	Effective Date
400 KAR 2:020	1206	8-7-84
405 KAR 1:015	1215	8-7-84
405 KAR 3:015	1216	8-7-84
405 KAR 7:015	1216	8-7-84
405 KAR 30:015	1218	8-7-84
705 KAR 2:030		
Amended	1181	
900 KAR 3:010	1226	8-7-84

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Emergency Regulation	11 Ky.R. Page No.	Effective Date	Emergency Regulation	11 Ky.R. Page No.	Effective Date
40 KAR 3:010E	923	10-24-84	405 KAR 16:020E	390	7-16-84
105 KAR 1:080E	535	8-31-84	Replaced	578	10-9-84
Replaced	616	11-13-84	405 KAR 30:015E	10	5-16-84
109 KAR 9:010E	1	6-15-84	Replaced		8-7-84
Replaced	93	8-7-84	501 KAR 6:010E	10	5-16-84
201 KAR 9:021E	123	7-12-84	Replaced		6-28-84
Replaced	553	10-9-84	600 KAR 1:030E	536	8-28-84
301 KAR 1:140E	692	10-2-84	Replaced	517	10-9-84
Replaced	620	11-13-84	601 KAR 1:015E	128	7-13-84
301 KAR 2:044E	387	8-1-84	Replaced	332	9-11-84
Replaced	422	10-9-84	601 KAR 1:130E	129	7-13-84
301 KAR 2:200E	693	10-9-84	Expired		10-30-84
302 KAR 16:010E	125	7-12-84	601 KAR 9:011E	130	7-13-84
Replaced	399	9-11-84	Replaced	335	9-11-84
302 KAR 16:020E	126	7-12-84	601 KAR 9:013E	130	7-13-84
Replaced	400	9-11-84	Replaced	240	9-11-84
302 KAR 16:030E	126	7-12-84	601 KAR 9:074E	131	7-13-84
Replaced	401	9-11-84	Replaced	581	10-9-84
302 KAR 16:040E	126	7-12-84	601 KAR 13:040E	134	7-13-84
Replaced	324	9-11-84	Replaced	335	9-11-84
302 KAR 16:050E	127	7-12-84	601 KAR 13:050E	135	7-13-84
Replaced	324	9-11-84	Replaced	699	10-9-84
302 KAR 20:150E	2	6-5-84	601 KAR 35:010E	136	7-13-84
Replaced	401	9-11-84	Expired		10-30-84
302 KAR 20:160E	3	6-5-84	601 KAR 35:020E	137	7-13-84
Expired		9-29-84	Replaced	585	10-9-84
302 KAR 20:170E	127	7-12-84	601 KAR 35:040E	139	7-13-84
Expired		10-30-84	Replaced	587	10-9-84
302 KAR 34:010E	128	7-12-84	601 KAR 35:050E	139	7-13-84
Replaced	402	10-9-84	Replaced	587	10-9-84
401 KAR 4:200E	3	5-16-84	602 KAR 15:020E	140	7-13-84
Replaced	176	8-7-84	Replaced	549	9-11-84
401 KAR 5:200E	4	5-16-84	603 KAR 5:130E	141	7-13-84
Replaced	177	8-7-84	Expired		10-30-84
401 KAR 6:200E	5	5-16-84	603 KAR 7:020E	142	7-13-84
Replaced	178	8-7-84	Replaced	346	9-11-84
401 KAR 30:070E	6	5-16-84	603 KAR 7:030E	142	7-13-84
Replaced	179	8-7-84	Replaced	347	9-11-84
401 KAR 50:016E	7	5-16-84	603 KAR 7:040E	143	7-13-84
Replaced	179	8-7-84	Replaced	348	9-11-84
402 KAR 3:010E	536	9-13-84	603 KAR 7:050E	143	7-13-84
Replaced	669	11-13-84	Replaced	349	9-11-84
405 KAR 1:015E	7	5-16-84	603 KAR 7:060E	144	7-13-84
Replaced		8-7-84	Replaced	349	9-11-84
405 KAR 3:015E	8	5-16-84	603 KAR 7:070E	144	7-13-84
Replaced		8-7-84	Replaced	350	9-11-84
405 KAR 7:015E	8	5-16-84	702 KAR 1:120E	697	9-21-84
Replaced		8-7-84	Replaced	671	11-13-84
405 KAR 10:035E	388	7-16-84	804 KAR 9:050E	144	7-11-84
Replaced	577	10-9-84	Replaced	361	9-11-84

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Emergency Regulation	11 Ky.R. Page No.	Effective Date	Emergency Regulation	11 Ky.R. Page No.	Effective Date
807 KAR 5:006E	924	10-23-84	904 KAR 2:016E	159	6-20-84
815 KAR 7:080E	145	7-13-84	Replaced	82	8-7-84
Replaced	372	9-11-84	Resubmitted	950	10-19-84
900 KAR 1:011E	15	5-21-84	904 KAR 2:020E	955	10-19-84
Replaced	102	8-7-84	904 KAR 2:115E	393	7-20-84
900 KAR 1:030E	16	5-16-84	Repealed	957	10-19-84
Replaced	103	8-7-84	904 KAR 2:116E	957	10-19-84
900 KAR 1:040E	17	5-16-84	904 KAR 2:140E	29	5-16-84
Replaced	103	8-7-84	Replaced		6-28-84
900 KAR 3:010E	17	5-16-84	Resubmitted	163	7-11-84
Replaced		8-7-84	Replaced	298	9-11-84
902 KAR 1:340E	18	5-16-84	Resubmitted	959	10-19-84
Expired		9-29-84	904 KAR 2:150E	29	5-16-84
902 KAR 4:050E	18	5-21-84	Replaced		6-28-84
Replaced		6-28-84	Resubmitted	960	10-19-84
902 KAR 4:060E	19	5-21-84	904 KAR 2:160E	30	5-16-84
Replaced	104	8-7-84	Replaced		6-28-84
902 KAR 4:070E	19	5-21-84	904 KAR 2:170E	30	5-16-84
Replaced	104	8-7-84	Replaced		6-28-84
902 KAR 4:080E	20	5-21-84	Resubmitted	961	10-19-84
Replaced	105	8-7-84	904 KAR 2:180E	31	5-16-84
902 KAR 4:090E	147	6-20-84	Replaced		6-28-84
Replaced	105	8-7-84	Resubmitted	962	10-19-84
902 KAR 6:060E	537	8-27-84	904 KAR 2:190E	31	5-16-84
Replaced	374	9-11-84	Replaced		6-28-84
902 KAR 8:020E	20	5-21-84	Resubmitted	962	10-19-84
Replaced		7-10-84	904 KAR 2:200E	32	5-16-84
Resubmitted	538	9-13-84	Replaced		6-28-84
Replaced	653	11-13-84	Resubmitted	963	10-19-84
902 KAR 8:030E	21	5-21-84	904 KAR 3:035E	163	6-20-84
Replaced	106	8-7-84	Replaced	89	8-7-84
902 KAR 10:110E	149	6-20-84	904 KAR 3:090E	32	5-16-84
Replaced	107	9-11-84	Replaced		6-28-84
902 KAR 12:060E	22	5-21-84	Resubmitted	165	7-11-84
Replaced	108	8-7-84	Replaced	302	9-11-84
902 KAR 12:070E	23	5-21-84	Resubmitted	963	10-19-84
Replaced	108	8-7-84	904 KAR 5:100E	33	5-21-84
902 KAR 12:080E	24	5-21-84	Replaced	196	7-10-84
Replaced		6-28-84	904 KAR 5:130E	34	5-21-84
902 KAR 13:100E	393	8-2-84	Replaced	197	7-10-84
Replaced	526	10-9-84	904 KAR 5:260E	36	5-21-84
902 KAR 20:006E	539	8-27-84	Replaced	304	7-10-84
Replaced	460	10-9-84	904 KAR 5:270E	165	7-6-84
902 KAR 45:130E	25	5-21-84	Replaced	375	9-11-84
Replaced	112	8-7-84	904 KAR 6:010E	36	5-21-84
902 KAR 45:140E	25	5-21-84	Replaced		6-28-84
Replaced	112	8-7-84	904 KAR 6:020E	37	5-21-84
902 KAR 50:090E	26	5-21-84	Replaced		6-28-84
Replaced	112	8-7-84	904 KAR 6:030E	37	5-21-84
902 KAR 50:100E	27	5-21-84	Replaced		6-28-84
Replaced	114	8-7-84	904 KAR 6:040E	38	5-21-84
904 KAR 1:004E	149	7-6-84	Replaced		6-28-84
Replaced	280	9-11-84	904 KAR 6:050E	38	5-21-84
Resubmitted	932	10-19-84	Replaced		6-28-84
904 KAR 1:011E	936	10-19-84	905 KAR 1:150E	39	5-17-84
904 KAR 1:020E	697	9-19-84	Replaced		7-10-84
Replaced	658	11-13-84	905 KAR 1:170E	166	6-20-84
904 KAR 1:036E	153	7-6-84	Replaced	115	8-7-84
Replaced	284	9-11-84	905 KAR 1:180E	39	5-17-84
Resubmitted	939	10-19-84	Replaced	116	8-7-84
904 KAR 1:045E	544	8-27-84	Resubmitted	544	8-27-84
Replaced	290	9-11-84	Replaced	504	10-9-84
904 KAR 1:055E	158	7-6-84	905 KAR 5:030E	166	6-20-84
Replaced	291	9-11-84	Replaced	116	8-7-84
904 KAR 1:061E	945	10-19-84	905 KAR 6:020E	40	5-17-84
904 KAR 1:250E	28	5-16-84	Replaced		6-28-84
Replaced		6-28-84	905 KAR 6:030E	40	5-17-84
Resubmitted	947	10-19-84	Replaced	117	8-7-84
904 KAR 2:006E	948	10-19-84	905 KAR 7:010E	41	5-21-84
			Replaced		6-28-84

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Emergency Regulation	11 Ky.R. Page No.	Effective Date	Regulation	11 Ky.R. Page No.	Effective Date
905 KAR 7:020E	41	5-17-84	12 KAR 4:060		
Replaced	117	8-7-84	Repealed	509	11-13-84
905 KAR 7:030E	42	5-17-84	12 KAR 4:070		
Replaced		6-28-84	Repealed	509	11-13-84
Resubmitted	964	10-19-84	12 KAR 4:080	509	11-13-84
905 KAR 7:040E	42	5-21-84	12 KAR 4:090	510	11-13-84
Replaced		6-28-84	12 KAR 4:100	510	11-13-84
905 KAR 7:050E	167	6-20-84	12 KAR 4:110	511	11-13-84
Replaced	117	8-7-84	12 KAR 4:120	512	11-13-84
905 KAR 7:060E	44	5-21-84	12 KAR 4:130	512	11-13-84
Replaced		6-28-84	12 KAR 4:140	514	11-13-84
905 KAR 7:070E	44	5-21-84	12 KAR 4:150	515	
Replaced		6-28-84	Withdrawn		11-12-84
905 KAR 7:080E	45	5-17-84	12 KAR 4:160	516	11-13-84
Replaced	118	8-7-84	12 KAR 4:170	516	
Resubmitted	545	8-27-84	Amended	970	11-13-84
Replaced	505	10-9-84	12 KAR 5:020		
Resubmitted	967	10-19-84	Amended	612	11-13-84
905 KAR 7:090E	167	6-20-84	12 KAR 5:030		
Replaced	118	8-7-84	Amended	613	11-13-84
905 KAR 7:100E	969	10-19-84	12 KAR 5:040		
905 KAR 8:010E	46	5-16-84	Amended	615	11-13-84
Replaced		6-28-84	40 KAR 2:010		
905 KAR 8:020E	546	8-27-84	Amended	52	7-1-84
Replaced	376	9-11-84	40 KAR 3:010	1006	
905 KAR 8:030E	46	5-16-84	105 KAR 1:010		
Replaced		6-28-84	Amended	53	8-7-84
905 KAR 8:040E	47	5-16-84	105 KAR 1:080		
Replaced		6-28-84	Amended	616	11-13-84
905 KAR 8:050E	47	5-16-84	106 KAR 1:020		
Replaced		6-28-84	Amended	617	11-13-84
905 KAR 8:060E	48	5-16-84	106 KAR 1:040	879	
Replaced	119	9-11-84	107 KAR 1:040	665	11-13-84
905 KAR 8:070E	548	8-27-84	109 KAR 9:010	93	8-7-84
Replaced	530	10-9-84	115 KAR 2:020	306	
905 KAR 8:080E	48	5-16-84	Amended	550	10-9-84
Replaced		6-28-84	200 KAR 5:308		
905 KAR 8:110E	49	5-16-84	Amended	201	9-11-84
Replaced		6-28-84	200 KAR 9:010		
905 KAR 8:120E	49	5-16-84	Repealed	1	6-15-84
Replaced	414	9-11-84	201 KAR 2:135		
905 KAR 8:130E	50	5-16-84	Amended	986	
Replaced		6-28-84	201 KAR 6:010		
906 KAR 1:010E	50	5-16-84	Amended	987	
Replaced	119	8-7-84	201 KAR 9:020		
906 KAR 1:020E	51	5-16-84	Repealed	123	7-12-84
Replaced	120	8-7-84	201 KAR 9:021	309	
			Amended	553	10-9-84
Regulation	11 Ky.R. Page No.	Effective Date	201 KAR 9:023	311	10-9-84
1 KAR 1:010			201 KAR 9:024	311	10-9-84
Amended	169		201 KAR 9:025	312	10-9-84
1 KAR 3:005			201 KAR 9:030		
Amended	609		Repealed	553	10-9-84
Withdrawn		11-13-84	201 KAR 9:031	313	10-9-84
Amended	983		201 KAR 9:040		
11 KAR 4:040	507	10-9-84	Repealed	553	10-9-84
11 KAR 6:010	508	10-9-84	201 KAR 9:041	314	
12 KAR 4:010			Amended	554	10-9-84
Repealed	509	11-13-84	201 KAR 9:050		
12 KAR 4:020			Repealed	553	10-9-84
Repealed	509	11-13-84	201 KAR 9:051	314	
12 KAR 4:030			Amended	555	10-9-84
Repealed	509	11-13-84	201 KAR 9:060		
12 KAR 4:040			Repealed	123	7-12-84
Repealed	509	11-13-84	201 KAR 9:061	315	
12 KAR 4:050			Amended	556	10-9-84
Repealed	509	11-13-84	201 KAR 9:070		
			Repealed	553	10-9-84
			201 KAR 9:071	316	10-9-84
			201 KAR 9:080		
			Repealed	123	7-12-84

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Regulation	11 Ky.R. Page No.	Effective Date	Regulation	11 Ky.R. Page No.	Effective Date
201 KAR 9:081	317		400 KAR 2:010		
Amended	557	10-9-84	Amended	171	8-7-84
201 KAR 9:082	320	10-9-84	400 KAR 2:030		
201 KAR 9:085			Amended	172	8-7-84
Repealed	123	7-12-84	400 KAR 2:040		
201 KAR 13:040			Amended	173	8-7-84
Amended	55	8-7-84	400 KAR 2:050		
Amended	732		Amended	176	8-7-84
201 KAR 13:050			401 KAR 4:200		
Amended	56	8-7-84	Amended	176	8-7-84
Amended	733		401 KAR 5:026		
201 KAR 20:210			Amended	424	
Amended	989		Amended	703	11-13-84
201 KAR 20:220			401 KAR 5:050		
Amended	990		Amended	737	
201 KAR 22:010			401 KAR 5:055		
Amended	734		Amended	740	
201 KAR 22:020			401 KAR 5:060		
Amended	735		Amended	756	
201 KAR 22:031			401 KAR 5:065		
Amended	415	10-9-84	Amended	765	
201 KAR 22:040			401 KAR 5:070		
Amended	417	10-9-84	Amended	773	
201 KAR 22:052			401 KAR 5:200		
Amended	417	10-9-84	Amended	177	8-7-84
201 KAR 22:070			401 KAR 6:200		
Amended	419	10-9-84	Amended	178	8-7-84
201 KAR 22:106			401 KAR 30:010		
Amended	420	10-9-84	Amended	202	10-9-84
201 KAR 22:110			401 KAR 30:070		
Amended	422	10-9-84	Amended	179	8-7-84
201 KAR 23:030			401 KAR 31:040		
Amended	201	9-11-84	Amended	210	
301 KAR 1:075			Amended	560	10-9-84
Amended	619	11-13-84	401 KAR 31:160		
301 KAR 1:140			Amended	220	10-9-84
Amended	620	11-13-84	401 KAR 31:170		
301 KAR 2:044			Amended	222	10-9-84
Amended	422	10-9-84	401 KAR 32:020		
301 KAR 2:050			Amended	226	10-9-84
Amended	735		401 KAR 32:050		
301 KAR 2:055			Amended	227	10-9-84
Repealed	693	10-9-84	401 KAR 32:100		
301 KAR 2:071			Amended	326	10-9-84
Repealed	321	9-11-84	401 KAR 49:010		
301 KAR 2:088			Amended	56	9-11-84
Repealed	693	10-9-84	401 KAR 49:020		
301 KAR 2:140			Amended	58	9-11-84
Amended	991		401 KAR 49:030		
301 KAR 2:180			Amended	61	
301 KAR 2:190		11-13-84	Amended	403	9-11-84
301 KAR 2:200		9-11-84	401 KAR 49:040		
301 KAR 3:070			401 KAR 50:015		
Repealed	693	10-9-84	Amended	776	
302 KAR 16:010	94		401 KAR 50:016		
Amended	399	9-11-84	Amended	179	8-7-84
302 KAR 16:020	94		401 KAR 57:011		
Amended	400	9-11-84	401 KAR 57:035		
302 KAR 16:030	95		401 KAR 57:040		
Amended	401	9-11-84	401 KAR 59:036		
302 KAR 16:040	324	9-11-84	401 KAR 59:049		
302 KAR 16:050	324	9-11-84	401 KAR 59:099		
302 KAR 20:150	95		401 KAR 59:131		
Amended	401	9-11-84	401 KAR 59:136		
302 KAR 20:160	95		401 KAR 59:141		
Amended	402		401 KAR 59:146		
302 KAR 20:170	325		401 KAR 59:171		
302 KAR 34:010	96		401 KAR 59:196		
Amended	402	10-9-84	401 KAR 59:201		
302 KAR 34:020	1006		401 KAR 59:212		
			Amended	779	

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Regulation	11 Ky.R. Page No.	Effective Date	Regulation	11 Ky.R. Page No.	Effective Date
401 KAR 59:213	901		603 KAR 7:020	346	9-11-84
401 KAR 59:216	902		603 KAR 7:030	347	9-11-84
401 KAR 59:221	903		603 KAR 7:040	348	9-11-84
401 KAR 59:275	905		603 KAR 7:050	349	9-11-84
401 KAR 59:280	906		603 KAR 7:060	349	9-11-84
401 KAR 59:300	907		603 KAR 7:070	350	9-11-84
401 KAR 59:305	908		605 KAR 1:150	524	10-9-84
401 KAR 61:165			702 KAR 1:005		
Amended	574	10-1-84	Amended	180	8-7-84
401 KAR 100:020	667		702 KAR 1:115	351	9-11-84
Withdrawn		11-13-84	702 KAR 1:120	671	11-13-84
402 KAR 3:010	669	11-13-84	702 KAR 3:100		
405 KAR 7:020			Amended	249	9-11-84
Amended	228	10-9-84	702 KAR 3:190	352	
405 KAR 7:030			Amended	591	10-9-84
Amended	235		702 KAR 4:030		
Amended	576	10-9-84	Amended	249	
405 KAR 10:035	331		Withdrawn		10-5-84
Amended	577	10-9-84	703 KAR 1:090	671	
405 KAR 16:020			703 KAR 2:010		
Amended	237		Amended	250	10-9-84
Amended	578	10-9-84	Recodified		10-9-84
501 KAR 6:010			703 KAR 2:050		
Amended	782		Amended	185	8-7-84
600 KAR 1:030	517	10-9-84	Recodified		10-5-84
600 KAR 1:040	518		704 KAR 3:005		
Amended	726		Amended	622	
Amended	970	11-13-84	Amended	977	
600 KAR 1:050	520		704 KAR 3:035		
Amended	728		Amended	251	9-11-84
Amended	973	11-13-84	704 KAR 3:304		
600 KAR 1:060	523		Amended	252	
Withdrawn		11-12-84	Amended	591	10-9-84
600 KAR 1:070	523	10-9-84	704 KAR 3:320	353	10-9-84
600 KAR 2:040	909		704 KAR 3:325	355	
601 KAR 1:015	332	9-11-84	Amended	591	10-9-84
601 KAR 1:130	334		704 KAR 10:022		
Withdrawn		9-5-84	Amended	253	10-9-84
601 KAR 9:011	335	9-11-84	704 KAR 20:005		
601 KAR 9:013			Amended	254	10-9-84
Amended	240	9-11-84	704 KAR 20:035		
601 KAR 9:074			Amended	624	11-13-84
Amended	241		704 KAR 20:045		
Amended	581	10-9-84	Amended	625	11-13-84
601 KAR 13:040	335	9-11-84	704 KAR 20:050		
601 KAR 13:050	337		Amended	627	11-13-84
Amended	584		704 KAR 20:051		
Amended	699	10-9-84	Repealed	625	11-13-84
601 KAR 35:010	338		704 KAR 20:060		
Withdrawn		9-5-84	Amended	628	11-13-84
601 KAR 35:020	339		704 KAR 20:065		
Amended	585	10-9-84	Amended	629	11-13-84
601 KAR 35:040	341		704 KAR 20:070		
Amended	587	10-9-84	Amended	255	9-11-84
601 KAR 35:050	343		Amended	630	11-13-84
Amended	587	10-9-84	704 KAR 20:076		
602 KAR 15:010			Amended	255	9-11-84
Amended	244	9-11-84	704 KAR 20:078		
602 KAR 15:020	344		Amended	256	9-11-84
Amended	549	9-11-84	704 KAR 20:080		
603 KAR 3:051			Amended	257	9-11-84
Amended	450	10-9-84	Amended	631	11-13-84
603 KAR 4:035			704 KAR 20:085		
Amended	246		Amended	632	11-13-84
Amended	588	10-9-84	704 KAR 20:090		
603 KAR 5:030			Amended	258	10-9-84
Amended	994		Amended	633	11-13-84
603 KAR 5:130	345		704 KAR 20:120		
Withdrawn		8-27-84	Amended	634	
603 KAR 5:140			704 KAR 20:145		
Withdrawn	670	11-14-84	Amended	635	11-13-84

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Regulation	11 Ky.R. Page No.	Effective Date	Regulation	11 Ky.R. Page No.	Effective Date
704 KAR 20:150			806 KAR 12:090	100	8-7-84
Amended	636	11-13-84	806 KAR 12:100	362	
704 KAR 20:159			Withdrawn		9-4-84
Amended	637	11-13-84	806 KAR 12:110	683	11-13-84
704 KAR 20:210			806 KAR 14:080		
Amended	637		Repealed	675	11-13-84
Amended	980		806 KAR 15:010		
704 KAR 20:222			Amended	261	
Amended	638	11-13-84	Amended	595	10-9-84
704 KAR 20:230			806 KAR 15:030	364	
Amended	640	11-13-84	Amended	600	10-9-84
704 KAR 20:235			806 KAR 39:070	685	
Amended	641	11-13-84	Amended	975	11-13-84
704 KAR 20:240			806 KAR 43:010		
Amended	643	11-13-84	Amended	650	11-13-84
704 KAR 20:245			807 KAR 5:006		
Amended	644	11-13-84	Amended	790	
704 KAR 20:270			807 KAR 5:011		
Amended	645	11-13-84	Amended	69	8-7-84
704 KAR 20:285			808 KAR 3:050		
Amended	259	9-11-84	Amended	266	9-11-84
704 KAR 20:290	356	9-11-84	808 KAR 11:010		
704 KAR 20:300	357	9-11-84	Amended	168	6-28-84
704 KAR 20:305	672		810 KAR 1:009		
705 KAR 4:010			Amended	452	11-13-84
Reprint	379	6-28-84	811 KAR 1:070		
Amended	646	11-13-84	Amended	798	
705 KAR 4:205	358	9-11-84	811 KAR 1:090		
705 KAR 7:070	359		Amended	455	10-9-84
Amended	593	10-9-84	811 KAR 1:105		
706 KAR 1:010			Amended	457	10-9-84
Amended	260		811 KAR 1:150		
Amended	594		Amended	458	10-9-84
Amended	700	10-9-84	Amended	800	
707 KAR 1:051			811 KAR 1:195		
Amended	186	8-7-84	Amended	801	
707 KAR 1:055			811 KAR 1:210	1008	
Amended	194	8-7-84	815 KAR 7:010		
803 KAR 2:020			Amended	268	9-11-84
Amended	64	8-7-84	815 KAR 7:020		
804 KAR 1:100			Amended	276	9-11-84
Amended	994		815 KAR 7:080	372	9-11-84
804 KAR 1:110	97	8-7-84	815 KAR 20:055	911	
804 KAR 1:120	910		815 KAR 20:070		
804 KAR 2:005			Amended	73	8-7-84
Amended	67	8-7-84	815 KAR 20:120		
804 KAR 4:240	98	8-7-84	Amended	74	8-7-84
804 KAR 4:250	360	9-11-84	Amended	802	
804 KAR 4:260	675	11-13-84	815 KAR 20:150		
804 KAR 4:270	1007		Amended	77	8-7-84
804 KAR 7:045			815 KAR 45:050		
Amended	68	8-7-84	Amended	805	
804 KAR 9:050	361	9-11-84	815 KAR 45:060	912	
805 KAR 1:110			900 KAR 1:011	102	8-7-84
Amended	406	9-1-84	900 KAR 1:030	103	8-7-84
805 KAR 4:087			900 KAR 1:040	103	8-7-84
Amended	788		901 KAR 5:050		
805 KAR 4:110			Amended	78	8-7-84
Amended	789		902 KAR 1:340		
806 KAR 2:090			Reprint	381	
Amended	648	11-13-84	Amended	608	10-9-84
806 KAR 2:095			Recodified		11-9-84
Amended	649		902 KAR 4:030		
Amended	981		Amended	652	11-13-84
806 KAR 2:096	675	11-13-84	902 KAR 4:060	104	8-7-84
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