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MEETING NOTICE: ARRS
The Administrative Regulation Review Subcommittee is tentatively scheduled to meet April 11, 2012 at 1:00 p.m. in room 149 Capitol Annex. See tentative agenda on pages 1693 -1695 of this Administrative Register.
The **ADMINISTRATIVE REGISTER OF KENTUCKY** is the monthly supplement for the 2011 Edition of **KENTUCKY ADMINISTRATIVE REGULATIONS SERVICE**.

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ADMINISTRATIVE REGULATION REVIEW SUBCOMMITTEE
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CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services
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921 KAR 2:015 & E. Supplemental programs for persons who are aged, blind, or have a disability. ("E" expires 7/24/2012)(Comments Received; SOC ext.)
Filing and Publication
Administrative bodies shall file with the Regulations Compiler all proposed administrative regulations, public hearing and comment period information, regulatory impact analysis and tiering statement, fiscal note, federal mandate comparison, and incorporated material information. Those administrative regulations received by the deadline established in KRS 13A.050 shall be published in the Administrative Register.

Public Hearing and Public Comment Period
The administrative body shall schedule a public hearing on proposed administrative regulations which shall not be held before the 21st day or later than the last workday of the month of publication. Written comments shall also be accepted until the end of the calendar month in which the administrative regulation was published.

The administrative regulation shall include: the place, time, and date of the hearing; the manner in which persons may submit notification to attend the hearing and written comments; that notification to attend the hearing shall be sent no later than 5 workdays prior to the hearing date; the deadline for submitting written comments; and the name, position, address, and telephone and fax numbers of the person to whom notification and written comments shall be sent.

The administrative body shall notify the Compiler, by phone and letter, whether the hearing was held or cancelled and whether written comments were received. If the hearing was held or written comments were received, the administrative body shall file a statement of consideration with the Compiler by the fifteenth day of the calendar month following the month of publication.

A transcript of the hearing is not required 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.

Review Procedure
After the public hearing and public comment period processes are completed, the administrative regulation shall be reviewed by the Administrative Regulation Review Subcommittee at its next meeting. After review by the Subcommittee, the administrative regulation shall be referred by the Legislative Research Commission to an appropriate jurisdictional committee for a second review. The administrative regulation shall be considered as adopted and in effect as of adjournment on the day the appropriate jurisdictional committee meets or 30 days after being referred by LRC, whichever occurs first.
EDUCATION PROFESSIONAL STANDARDS BOARD  
(As Amended at ARRS, March 12, 2012)

16 KAR 6:010. Examination prerequisites for teacher certification.

RELATES TO: KRS 161.020, 161.028(1), 161.030(3), (4) 
STATUTORY AUTHORITY: KRS 161.028(1)(a), 161.030(3), (4) 
NECESSITY, FUNCTION, AND CONFORMITY: KRS 161.028(1)(a) authorizes the Education Professional Standards Board to establish standards and requirements for obtaining and maintaining a teaching certificate. KRS 161.030(3) and (4) requires the Education Professional Standards Board to select the appropriate assessments required prior to teacher certification. This administrative regulation establishes the examination prerequisites for teacher certification.

Section 1. A teacher applicant for certification shall successfully complete the appropriate tests identified in this administrative regulation prior to Kentucky teacher certification.

Section 2. The Education Professional Standards Board shall require the test or tests and passing scores identified in this section for each new teacher applicant and each teacher seeking an additional content area.

(1) An applicant for Interdisciplinary Early Childhood Education certification (birth to primary) shall take “Interdisciplinary Early Childhood Education (0023)” with a passing score of 166.

(2) a. Until August 31, 2012, an applicant for Elementary certification (grades P-5) shall take “Elementary Education: Content Knowledge (0014)” with a passing score of 148; or

b. Beginning September 1, 2012, an applicant for Elementary certification (grades P-5) shall take “Elementary Education: Multi-Subjects Test (5031)” with the following passing scores on the corresponding test sections:

1. “Reading and Language Arts (5032)” – 165;
2. “Mathematics (5033)” – 164;
3. “Social Studies (5034)” – 155;

(3) An applicant for certification at the middle school level (grades five (5) through nine (9)) shall take the content test or tests based on the applicant's content area or areas with the corresponding passing scores as identified in this subsection:

(a) Middle School English and Communications: “Middle School English Language Arts (0049)” - 158;
(b) Middle School Mathematics: “Middle School Mathematics (0069)” - 148;
(c) Middle School Science: “Middle School Science (0439)” - 144; or
(d) Middle School Social Studies: “Middle School Social Studies (0089)” - 149.

(4) An applicant for certification at the secondary level (grades eight (8) through twelve (12)) shall take the content test or tests corresponding to the applicant's content area or areas with the passing scores identified in this subsection:

(a) Biology: “Biology: Content Knowledge (0235)” - 146;
(b) Chemistry: “Chemistry: Content Knowledge (0245)” - 147;
(c) Earth Science: “Earth and Space Sciences: Content Knowledge (0571)” - 147;
(d) English:
   1. Until August 31, 2012;[j]
   a. “English Language, Literature and Composition: Content Knowledge (0041)” - 160; and
   b. “English Language, Literature and Composition Essays (0042)” - 155; or
   2. Beginning September 1, 2012, “English Language, Litera-
test or tests based on the applicant's area or areas of specialization with the corresponding passing scores as identified in this subsection:

(a) Communication Disorders:
  1. Until August 31, 2012, "Education of Exceptional Students: Core Content Knowledge (0353)" - 157; or
  b. Beginning September 1, 2011, "Special Education: Core Content Knowledge and Applications (0354)" - 151; and
  2. "Speech-Language Pathology (0330)" - 600; or
(b) Hearing Impaired:
  1. Until August 31, 2012, "Education of Exceptional Students: Core Content Knowledge (0353)" - 157; or
  b. Beginning September 1, 2011, "Special Education: Core Knowledge and Applications (0354)" - 151; and
  2. "Education of Deaf and Hard of Hearing Students (0271)" - 167;
(c) Hearing Impaired With Sign Proficiency:
  1. Until August 31, 2012, "Education of Exceptional Students: Core Content Knowledge (0353)" - 157; or
  b. Beginning September 1, 2011, "Special Education: Core Knowledge and Applications (0354)" - 151;
  2. "Education of Deaf and Hard of Hearing Students (0271)" - 167; and
  3. One (1) of the following tests with a passing score of Intermediate Level:
   a. "Sign Communication Proficiency Interview (SCPI)"; or
   b. "Educational Sign Skills Evaluation (ESSE)";
(d) Learning and Behavior Disorders:
  1. Until August 31, 2012:
   a. "Education of Exceptional Students: Core Content Knowledge (0353)" - 157; and
   b. "Education of Exceptional Students: Mild to Moderate Disabilities (0542)" - 158; or
  2. Beginning September 1, 2011, "Special Education: Core Knowledge and Mild to Moderate Applications (0543)" - 158;
(e) Moderate and Severe Disabilities:
   1. Until August 31, 2012:
    a. "Education of Exceptional Students: Core Content Knowledge (0353)" - 157; and
    b. "Education of Exceptional Students: Moderate and Severe Disabilities (0544)" - 172; or
   2. Beginning September 1, 2011, "Special Education: Core Knowledge of Mild to Moderate Applications (0543)" - 158;
(f) Visually Impaired:
   1. Until August 31, 2012, "Education of Exceptional Students: Core Content Knowledge (0353)" - 157; and
   b. Beginning September 1, 2011, "Special Education: Core Knowledge of Mild to Moderate Applications (0543)" - 158;
  (f) Visually Impaired:
   1. Until August 31, 2012, "Education of Exceptional Students: Core Content Knowledge (0353)" - 157; and
   b. Beginning September 1, 2011, "Special Education: Core Knowledge of Mild to Moderate Applications (0543)" - 158; and
(a)1. Until August 31, 2012, "American Sign Language Proficiency Interview (ASLPI) administered by the Gallaudet University – SAI";
(b) English as a Second Language: "English to Speakers of Other Languages (0361)" - 157;
(c) Speech/Media Communications: "Speech Communication (0221)" - 146; or
(d) Theater: "Theatre (0640)" - 630.
(10) An applicant for an endorsement in the following content area or areas shall take the content test or tests based on the applicant's area or areas of specialization with the corresponding passing scores identified in this subsection:

(a) American Sign Language: "American Sign Language Proficiency Interview (ASLPI) administered by the Gallaudet University – SAI";
(b) English as a Second Language: "English to Speakers of Other Languages (0361)" - 157;
(c) Speech/Media Communications: "Speech Communication (0221)" - 146; or
(d) Theater: "Theatre (0640)" - 630.
(11) An applicant for a restricted base certificate in the following area or areas shall take the content test or tests based on the applicant's area or areas of specialization with the corresponding passing scores identified in this subsection:
(a) English as a Second Language: "English to Speakers of Other Languages (0361)" - 157;
(b) Speech/Media Communications: "Speech Communication (0221)" - 146; or
(c) Theater: "Theatre (0640)" - 630.
(12) An applicant for a restricted base certificate in the following area or areas shall take the content test or tests based on the applicant's area or areas of specialization with the corresponding passing scores identified in this subsection:
(a) American Sign Language: "American Sign Language Proficiency Interview (ASLPI) administered by the Gallaudet University – SAI";
(b) English as a Second Language: "English to Speakers of Other Languages (0361)" - 157;
(c) Speech/Media Communications: "Speech Communication (0221)" - 146; or
(d) Theater: "Theatre (0640)" - 630.
certification (grades primary – 5) shall take "Principles of Learning and Teaching: Grades kindergarten - six (6) (0622)" with a passing score of 160; or
(b)1. Until August 31, 2012, "Principles of Learning and Teaching: Grades five (5) - nine (9) (0523)" with a passing score of 161; or
2. Beginning September 1, 2012, an applicant for certification at the secondary level (grades eight (8) through twelve (12)) shall take "Principles of Learning and Teaching: Grades seven (7) - twelve (12) (0624)", with a passing score of 160; or
(c)1. Until August 31, 2012, "Principles of Learning and Teaching: Grades seven (7) - twelve (12) (0524)" with a passing score of 161; or
2. Beginning September 1, 2012, an applicant for certification at the secondary level (grades eight (8) through twelve (12)) shall take "Principles of Learning and Teaching: Grades seven (7) - twelve (12) (0624)", with a passing score of 160.

(5) An applicant applying only for certification for teacher of exceptional children shall be required to take the pedagogy test established in Section 2 of this administrative regulation shall fulfill the pedagogy test requirement for a teacher of exceptional children.

(6) An applicant for Career and Technical Education certification in grades five (5) through twelve (12) shall take either:
(a)1. Until August 31, 2012, "Principles of Learning and Teaching: Grades five (5) - nine (9) (0523)" with a passing score of 161; or
2. Beginning September 1, 2012, an applicant for certification at the middle school level (grades five (5) through nine (9)) shall take "Principles of Learning and Teaching: Grades five (5) - nine (9) (0623)" with a passing score of 160; or
(c)1. Until August 31, 2012, "Principles of Learning and Teaching: Grades five (5) - nine (9) (0523)" with a passing score of 161; or
2. Beginning September 1, 2012, an applicant for certification at the middle school level (grades five (5) through nine (9)) shall take "Principles of Learning and Teaching: Grades five (5) - nine (9) (0623)" with a passing score of 160.

(7) An applicant for a restricted base certificate shall take one (1) of the following pedagogy tests corresponding to the grade range of the specific restricted base certificate:
(a)1. Until August 31, 2012, "Principles of Learning and Teaching: Grades kindergarten - six (6) (0522)" with a passing score of 161; or
2. Beginning September 1, 2012, an applicant for certification at the secondary level (grades eight (8) through twelve (12)) shall take "Principles of Learning and Teaching: Grades seven (7) - twelve (12) (0624)", with a passing score of 160.

(3) The test administration date shall be established by the Educational Testing Service or other authorized test administrator.

Section 5. (1) An applicant for initial certification shall take the assessments on a date established:
(a) The Educational Testing Service; or
(b) The agency established by the Education Professional Standards Board as the authorized test administrator.

(2) An applicant shall authorize test results to be forwarded by the Educational Testing Service, or other authorized test administrator, to the Kentucky Education Professional Standards Board and to the appropriate teacher preparation institution where the applicant received the relevant training.

(3)(a) Public announcement of testing dates and locations shall be issued sufficiently in advance of testing dates to permit advance registration.

(b) An applicant shall seek information regarding the dates and location of the tests and make application for the appropriate examination prior to the deadline established, sufficiently in advance of anticipated employment to permit test results to be received by the Education Professional Standards Board and processed in the normal certification cycle.

Section 6. An applicant shall pay the appropriate examination fee established by the Educational Testing Service or other authorized test administrator for each relevant test required to be taken.

Section 7. An applicant who fails to achieve at least the minimum score on any of the appropriate examinations may retake the test or tests during one (1) of the scheduled test administrations.

Section 8. The Education Professional Standards Board shall collect and conduct analyses of the scores and institutional reports provided by the Educational Testing Service or other authorized test administrator to determine the impact of these tests.

CATHY GUNN, Chairperson
APPROVED BY AGENCY: January 10, 2012
FILED WITH LRC: January 12, 2012 at 11 a.m.
CONTACT PERSON: Alicia A. Sneed, Director of Legal Services

PERSONNEL CABINET
(As Amended at ARRS, March 12, 2012)


RELATES TO: KRS 18A.110
STATUTORY AUTHORITY: KRS 18A.110(1)(i), (7)(j)
NECESSITY, FUNCTION and CONFORMITY: KRS 18A.110(1)(i) and (7)(j) requires the Secretary of the Personnel Cabinet to promulgate comprehensive administrative regulations for classified service employees to establish a uniform system of annual employee evaluations for classified employees. This administrative regulation establishes the uniform employee performance evaluation system.

Section 1. General Provisions. (1)(a) Except as provided in paragraph (b) of this subsection, the annual performance period shall be one (1) calendar year beginning on January 1. (b) For calendar year 2001, the annual performance period shall be the effective date of this administrative regulation until the end of the calendar year.

(2) Except as provided in subsection (4)(d) of this section, performance evaluations shall be completed no later than thirty (30) calendar days after the end of the annual performance period.

(3) All agencies shall use the Annual Employee Performance Evaluation form.

(4)(a) Except as provided in paragraph (b) or (c) of this subsection, the first line supervisor of an employee at the time the evaluation is due shall be the evaluator.
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(b) If the first line supervisor has not supervised the employee for at least sixty (60)-calendar days during the performance year, the next line supervisor who meets the sixty (60)-calendar day requirement shall be the evaluator.

(c) If an employee changes jobs or reports to a different supervisor on or before November 1 of the performance year, the agency shall transfer all performance evaluation documentation for the performance year to the new supervisor for incorporation in the annual evaluation.

(d) If an employee changes jobs or reports to a different supervisor after November 1 (October 1) of the performance year, the annual evaluation shall be completed by the former supervisor prior to the job change.

(5) (a) Except as provided in paragraph (b) of this subsection, the evaluator shall establish a performance plan for each eligible employee no later than thirty (30) calendar days after the start of the performance period.

(b) If an employee's position or job title changes during the performance year, the evaluator shall establish a new performance plan no later than thirty (30) calendar days after the start of the new position or job title change. The new performance plan shall become a part of the original performance year evaluation documentation.

(6) The evaluator shall meet with the employee when completing the performance plan to discuss job duties and expectations.

(7) Performance evaluations shall be in writing. The evaluator shall:

(a) Present and explain all documentation relevant to an employee's performance evaluation;
(b) Discuss both the positive and negative aspects of performance with the employee at the annual evaluation;
(c) Elicit the employee's opinions and concerns; and
(d) Discuss measures to improve or enhance performance with the employee.

(8) The Personnel Cabinet or agency personnel shall provide supervisor evaluation training on the performance evaluation system.

(a) The appointing authority shall require that supervisor evaluation training is completed prior to completing performance planning, interim reviews, and annual evaluations of employees.

(b) The Personnel Cabinet shall monitor and validate compliance with supervisor evaluation training requirements.

(9) An employee shall complete orientation to the performance evaluation system prior to January 1 of the employee's initial performance evaluation period. No later than thirty (30) calendar days after completion of initial probation.

(5) (a) Except as provided by the appointing authority, an evaluator shall complete required performance planning, interim reviews, and annual evaluations for each eligible employee. If the appointing authority approves the exception, written justification for the decision shall be placed in the employee's personnel file.

Section 2. Employee Eligibility. Performance evaluations shall be completed for all full-time classified employees with status at the beginning of the performance year who have remained in continuous merit status throughout the performance year.

Section 3. Performance Planning. (1) The performance plan shall specify job responsibilities and expectations in the four (4) categories established in this subsection.

(a) Job tasks. 1. The job tasks category shall identify specific duties and expectations of the position held by the employee.
2. The employee's job duties shall be consistent with the position description.
3. Duties and expectations shall be in writing.
4. The evaluator shall assign points to identified duties and expectations [weighted by importance].

(b) Adaptability/initiative. 1. The adaptability/initiative category shall identify job requirements of the agency.
2. The evaluator shall place each requirement under this category in writing and assign points [weighted by importance].

(c) Communication/teamwork. 1. The communication/teamwork category shall identify requirements of the agency.
2. The evaluator shall place each requirement under this category in writing and assign points [weighted by importance].

(d) Self-management. 1. The self-management category shall identify requirements of the agency relating to workplace standards that shall include:
   a. Attendance;
   b. Punctuality;
   c. Career development;
   d. Responsibility; and
   e. Dependability.
2. The evaluator shall place each requirement under this category in writing and assign points [weighted by importance].

3. [Performance goals and objectives shall relate to the agency's mission.]

The evaluator shall develop the performance plan after consultation with the employee.

(a) The employee and evaluator shall certify in writing in the performance planning section of the evaluation form that the employee has met with the evaluator and is aware of the performance plan [at the start of the evaluation period].

(b) The next line supervisor shall certify that the employee has reviewed the duties and expectations of the employee and finds them to be reasonable and appropriate based upon the employee's classification.

(c) Any employee who changes jobs or reports to a different supervisor after November 1 (October 1) of the performance year shall be assessed in the employee's initial performance evaluation period.

(d) The first line supervisor shall certify that he or she has reviewed the duties and expectations of the employee and finds them to be reasonable and appropriate based upon the employee's classification.

(e) The employee and evaluator shall certify in writing in the performance planning section of the evaluation form that the employee has met with the evaluator and is aware of the performance plan [at the start of the evaluation period].

(f) Performance evaluations shall be completed for all full-time classified employees with status at the beginning of the performance year who have remained in continuous merit status throughout the performance year.

Section 4. Performance Coaching and Feedback. (1) Modification of the performance plan may occur during the performance evaluation period if the changes are consistent with the duties reflected on an employee's position description.

(a) The employee shall be given written notice of changes to the performance plan.

(b) Changes to the performance plan shall be indicated on the evaluation form or on a supplemental sheet attached to the form.

(c) Changes to the performance plan shall be initialed and dated by the evaluator and the employee when changes become effective.

(2) Three (3) interim reviews shall be required during a performance year.

(a) The evaluator shall document the interim reviews.
   1. Interim reviews shall not contain a rating.
   2. The interim meeting section of the evaluation form shall contain comments by the evaluator for each category established in Section 3(1) of this administrative regulation.

(b) The employee and evaluator shall sign the performance evaluation form to certify that the interim reviews occurred.

(c) For consideration in the annual year evaluation, the employee may attach pertinent comments relating to the interim review within five (5) working days of the interim review meeting.

(d) Except as requested by the appointing authority and authorized by the Secretary of Personnel, the evaluator shall schedule interim reviews to discuss performance January 1 through April 30, May 1 through August 31, and September 1 through December 31 during the months of April and August of each performance year.

(e) Interim reviews shall be completed no later than thirty (30) calendar days after the end of each interim review period.

(4) Performance evaluations shall be completed for all full-time classified employees with status at the beginning of the performance year who have remained in continuous merit status throughout the performance year.

Section 5. Performance Planning. (1) The performance plan shall specify job responsibilities and expectations in the four (4) categories established in this subsection.

(a) Job tasks. 1. The job tasks category shall identify specific duties and expectations of the position held by the employee.
2. The employee's job duties shall be consistent with the position description.
3. Duties and expectations shall be in writing.
4. The evaluator shall assign points to identified duties and expectations [weighted by importance].

(b) Adaptability/initiative. 1. The adaptability/initiative category shall identify job requirements of the agency.
2. The evaluator shall place each requirement under this category in writing and assign points [weighted by importance].

(c) Communication/teamwork. 1. The communication/teamwork category shall identify requirements of the agency.
2. The evaluator shall place each requirement under this category in writing and assign points [weighted by importance].

(d) Self-management. 1. The self-management category shall identify requirements of the agency relating to workplace standards that shall include:
   a. Attendance;
   b. Punctuality;
   c. Career development;
   d. Responsibility; and
   e. Dependability.
2. The evaluator shall place each requirement under this category in writing and assign points [weighted by importance].

3. [Performance goals and objectives shall relate to the agency's mission.]

The evaluator shall develop the performance plan after consultation with the employee.

(a) The employee and evaluator shall certify in writing in the performance planning section of the evaluation form that the employee has met with the evaluator and is aware of the performance plan [at the start of the evaluation period].

(b) The next line supervisor shall certify that the employee has reviewed the duties and expectations of the employee and finds them to be reasonable and appropriate based upon the employee's classification.

(c) Any employee who changes jobs or reports to a different supervisor after November 1 (October 1) of the performance year shall be assessed in the employee's initial performance evaluation period.

(d) The first line supervisor shall certify that the employee has reviewed the duties and expectations of the employee and finds them to be reasonable and appropriate based upon the employee's classification.

(e) The employee and evaluator shall certify in writing in the performance planning section of the evaluation form that the employee has met with the evaluator and is aware of the performance plan [at the start of the evaluation period].

(f) Performance evaluations shall be completed for all full-time classified employees with status at the beginning of the performance year who have remained in continuous merit status throughout the performance year.

Section 4. Performance Coaching and Feedback. (1) Modification of the performance plan may occur during the performance evaluation period if the changes are consistent with the duties reflected on an employee's position description.

(a) The employee shall be given written notice of changes to the performance plan.

(b) Changes to the performance plan shall be indicated on the evaluation form or on a supplemental sheet attached to the form.

(c) Changes to the performance plan shall be initialed and dated by the evaluator and the employee when changes become effective.

(2) Three (3) interim reviews shall be required during a performance year.

(a) The evaluator shall document the interim reviews.
   1. Interim reviews shall not contain a rating.
   2. The interim meeting section of the evaluation form shall contain comments by the evaluator for each category established in Section 3(1) of this administrative regulation.

(b) The employee and evaluator shall sign the performance evaluation form to certify that the interim reviews occurred.

(c) For consideration in the annual year evaluation, the employee may attach pertinent comments relating to the interim review within five (5) working days of the interim review meeting.

(d) Except as requested by the appointing authority and authorized by the Secretary of Personnel, the evaluator shall schedule interim reviews to discuss performance January 1 through April 30, May 1 through August 31, and September 1 through December 31 during the months of April and August of each performance year.

(e) Interim reviews shall be completed no later than thirty (30) calendar days after the end of each interim review period.
the annual performance rating.

Section 5. Performance Evaluations and Ratings. (1) Except as provided in Section 14(d) of this administrative regulation, the final evaluation and the employee shall meet no later than thirty (30) calendar days after the performance period ends to discuss the performance ratings.

(2) Eligible employees shall be evaluated in the four (4) categories described in Section 3 of this administrative regulation.

(3) All job duties identified within the categories shall be rated on a scale of one (1) to five (5), with five (5) representing superior performance.

(4) The final performance evaluation shall consist of a defined numerical rating. Point values for the overall performance rating shall be:

(a) Outstanding: 450 to 500 points;
(b) Highly effective: 350 to 449 points;
(c) Good: 250 to 349 points;
(d) Needs improvement: 150 to 249 points;
(e) Unacceptable: less than 150 points.

(5) Unresolved disagreements on ratings or any aspect of the performance evaluation shall be reviewed through the reconsideration process established in Section 7 of this administrative regulation.

(6) Signatures of the evaluator, employee and next line supervisor shall be required for the final evaluation:

(a) The next line supervisor shall sign the evaluation after it is completed, signed, and dated by the evaluator and the employee.
(b) For the purpose of evaluating or managing the performance of the evaluator, the next line supervisor’s signature shall certify that he or she is aware of the evaluation and has reviewed it.
(c) Exceptions to the requirements established in this subsection may be requested by the appointing authority and shall be subject to the approval of the Secretary of Personnel.

Section 6. Performance Incentives. Annual leave shall be awarded as a performance incentive at the following rates:

(1) Two (2) workdays, not to exceed sixteen (16) hours, for an “Outstanding” rating; or
(2) One (1) workday, not to exceed eight (8) hours, for a “Highly Effective” rating.

Section 7. Reconsideration and Appeal Process. (1) Within five (5) working days of a performance evaluation, an employee may request initial reconsideration of the performance evaluation by the evaluator.

(2) Within five (5) working days of the receipt of the request for reconsideration, the evaluator shall respond to the request in writing.

(3) If the employee refuses to sign the form in the employee response section, the evaluation shall not be eligible for reconsideration.

(4) Within five (5) working days after the initial reconsideration by the evaluator, an employee may submit a written request for reconsideration of the evaluation by the next line supervisor. If neither the evaluator nor the next line supervisor responds to the request for reconsideration in the designated time period, the employee may submit a written request to the appointing authority for response to the request for reconsideration and compliance with this section of administrative regulation.

(5) The next line supervisor shall:

(a) Obtain written statements from both the employee and the evaluator; or
(b) Meet individually with the employee and the evaluator.

(6) The next line supervisor shall inform both the employee and the evaluator in writing of the decision no later than fifteen (15) working days after receipt of the employee’s request.

(7) Within sixty (60) calendar days after an employee has received the written decision from the next line supervisor, the employee who has complied with this administrative regulation may appeal a final evaluation which has an overall rating in either of the two (2) lowest overall ratings to the Personnel Board.
shall:
(a) Complete an initial evaluation in compliance with Sections 2(2) and 5(1)(a)-(e) of [as] this administrative regulation; or
(b) Ensure the evaluation and plan of care from the other physical therapy service is current and appropriate, and document this in the medical record; or (b) Complete an evaluation
(c) Retain the evaluation and plan of care from the other physical therapy service in the medical record;

d[1] Comply with reassessment requirements based on the date of the most recent evaluation.
(4) Reassess each patient in accordance with the following:
(a) Reassessing inpatients in either a hospital or comprehensive rehabilitation facility every fourteen (14) days;
(b) Reassessing every ninety (90) days, with the physical therapist assistant present, patients in:
1. A facility defined in 902 KAR 20:086 as an intermediate care facility (ICF) for the mentally retarded (MR) and developmentally disabled (DD); or
2. A school system.
(c) A forty-five (45) day grace period shall be allowed upon transfer from another school district or from the start of the school year;
(d) During this grace period treatment may continue based upon the previous reassessment or initial evaluation;
(e) Reassessing each patient not otherwise noted every thirty (30) days following the initial evaluation or subsequent reassessment;
(f) Reassessing a patient whose medical condition has changed;
(5) Refer the patient to other professionals or services if the treatment or service is beyond the physical therapist’s scope of practice;
(6) Be responsible for the physical therapy record of each patient;
(7) Provide services that meet or exceed the generally accepted practice of the profession;
(8) Explain the plan of care to the patient, to others designated by the patient, and to appropriate professionals;
(9) Make it clear to the patient that the patient has the right to choose any qualified professional or equipment supplier if the physical therapist makes recommendations for those; and
(10) Disclose in writing to each patient any financial interest, compensation, or other value to be received by the referral source:
(a) For services provided by the physical therapist;
(b) For equipment rental or purchase;
(c) For other services the physical therapist may recommend for the patient.
(11) Unless prohibited by law, all [as] members of a business entity shall be allowed to pool or apportion fees received in accordance with a business agreement.

Section 3. Standards of Practice for the Physical Therapist Assistant. While engaged in the practice of physical therapy, the physical therapist assistant shall:
(1) Provide services only under the supervision and direction of a physical therapist;
(2) Refuse to carry out procedures that the assistant believes are not in the best interest of the patient or that the assistant is not competent to provide by training or skill level;
(3) Initiate treatment only after evaluation by the physical therapist;
(4) Upon direction from the physical therapist, gather data relating to the patient’s disability, but not determine the significance of the data as it pertains to the development of the plan of care;
(5) Refer to the physical therapist inquiries that require an interpretation of patient information related to rehabilitation potential;
(6) Comply with the plan of supervision established by the physical therapist;
(7) Communicate with the physical therapist any change or lack of change that occurs in the patient’s condition that may indicate the need for reassessment; and
(8) Discontinue physical therapy services if reassessments are not done in compliance with Section 2(4) of this administrative regulation, and communicate to the appropriate parties.

Section 4. Standards for Supervision. While supervising the physical therapist assistant and supportive personnel, the physical therapist shall:
(1) (a) At all times, including all work locations in all jurisdictions, be limited to:
1. Supervising not more than four (4) full-time physical therapist assistants or supportive personnel;
(2) The number of those persons providing part-time patient care for a period equivalent to that provided by four (4) full-time providers of patient care;
(b) Temporary failure to abide by the maximum staffing ratio of physical therapists to physical therapist assistants or supportive personnel required in this section for a period not to exceed seven (7) consecutive work days shall not constitute a violation of this standard;
(2) Not delegate procedures or techniques to the physical therapist assistant or supportive personnel if it is outside his or her scope of training, education or expertise.
(3) Be responsible for:
(a) Interpreting any referral;
(b) Conducting the initial physical therapy evaluation;
(c) Establishing reporting procedures to be followed by the physical therapist assistant and supportive personnel;
(d) Evaluating the competency of the physical therapist assistant and supportive personnel;
(e) Supervising the physical therapist assistant by being available and accessible by telecommunications during the working hours of the physical therapist assistant;
(f) Ensuring that if supportive personnel provide direct patient care that there is on-site supervision by a physical therapist or physical therapist assistant;
(g) Ensuring that a physical therapy student fulfilling clinical education requirements shall receive on-site supervision by a physical therapist;
(h) Ensuring that a physical therapist assistant fulfilling clinical education requirements shall receive on-site supervision of which eighty (80) percent may be by a credentialed physical therapist assistant; and
(i) Establishing discharge planning for patients who require continued physical therapy.

Section 5. Standards for Documentation. The physical therapist shall be responsible for the physical therapy record of a patient. The physical therapy record shall consist of:
(1) The initial evaluation, a written or typed report signed and dated by the physical therapist performing the evaluation that shall include:
(a) Pertinent medical and social history;
(b) Subjective information;
(c) Appropriate objective testing;
(d) Assessment, which may include problems, interpretation, and a physical therapy diagnosis identifying the nature and extent of the patient’s impairment; and
(e) Plan of care, including:
1. Treatment to be rendered;
2. Frequency and duration of treatment; and
3. Measurable goals;
(2) Progress notes, which shall be written or typed, signed, and dated by the person rendering treatment, and countersigned and dated by the physical therapist if written by supportive personnel, physical therapist students, physical therapist assistant students, or examination candidates. The progress notes shall include:
(a) A current record of treatment;
(b) Patient’s adverse response to treatment;
(c) Any factors affecting treatment; and
(d) Data obtained by all objective tests performed;
(e) Reassessment, which shall be written or typed, signed, and dated by a physical therapist. This reassessment shall be in compliance with Section 2(4) of this administrative regulation:
(a) If the physical therapist is treating the patient, these reports
may be incorporated into the progress notes.

(b) If a physical therapist assistant or supportive personnel are treating the patient, the report shall be a separate entry into the record.

(c) A reassessment shall include directly observed objective, subjective, and medical information completed by the physical therapist that is necessary for the revision or reaffirmation of the plan of care and measurable goals;

(4) Discharge summary, which shall be a written or typed, signed, and dated statement.

(a) A physical therapist assistant may write the discharge summary, which shall be countersigned by the responsible physical therapist.

(b) The discharge summary shall include:

1. The date of discharge;
2. The reason for discharge;
3. The physical therapy status upon discharge; and
4. A discharge plan, which shall include recommendations the physical therapist has regarding the need for continuing physical therapy.

5. A discharge summary shall be written within thirty (30) days of the termination of the current plan of care if a subsequent plan of care has not been established; and

(5) The correct designation following the signature of the person who has entered a statement into the patient record shall be as follows:

(a) If written by a physical therapist: "PT". Appropriate designations for advanced physical therapy degrees may follow "PT";
(b) If written by a physical therapist’s assistant: "PTA";
(c) If written by supportive personnel: "PT Aide", or "Physical Therapy Aide", or "PT Tech"; and
(d) If written by a student: "Physical Therapist Student" or "PT Student"; "Physical Therapist Assistant Student" or "PTA Student".

REBECCA KLUSCH, Executive Director
APPROVED BY AGENCY: January 11, 2012
FILED WITH LRC: January 12, 2012 at 10 a.m.
CONTACT PERSON: Becky Klusch, Executive Director, Board of Physical Therapy, 312 Whittington Parkway, Suite 102, Louisville, Kentucky 40222, phone (502) 429-7140, fax (502) 429-7142.

PUBLIC PROTECTION CABINET
Kentucky Boxing and Wrestling Authority
(As Amended at ARRS, March 12, 2012)

201 KAR 27:011. General requirements for boxing and kickboxing shows.

RELATES TO: KRS 229.021, 229.031, 229.071, 229.081, 229.091, 229.101, 229.131, 229.171, 15 U.S.C. 6304, 6305(a), (b) STATUTORY AUTHORITY: KRS 229.021, 229.071, 229.091(1), 229.171(1), 229.180(1), 15 U.S.C. 6304(229.150)[1] NECESSITY, FUNCTION, AND CONFORMITY: KRS 229.171(1) authorizes the Kentucky Boxing and Wrestling Authority to provide the sole direction, management, control, and jurisdiction over all professional boxing, sparring, and wrestling matches or exhibitions to be conducted, held, or given within the Commonwealth. KRS 229.180(1) authorizes the authority to promulgate administrative regulations necessary or expedient for the performance of its regulatory function. KRS 229.021 and 229.071(2) and (3) authorize the authority to grant annual licenses to applicants for participation in professional matches if the authority determines[judges] that the financial responsibility, experience, character, and general fitness of the applicant indicate[are such] that participation by the applicant is in the public interest. KRS 229.091(1) provides that every licensee shall be subject to administrative regulations promulgated by the authority. 15 U.S.C. 6304 requires a promoter to provide medical insurance for [35]injuries sustained in a match. This administrative regulation establishes the general requirements for boxing and kickboxing shows.

Section 1. (1) The authority shall license all persons approved to participate as contestants in a boxing or kickboxing show.

(a) A participant shall apply for a license at the show site after a prefight physical[prefight physicals have been performed].

(3) An application shall only be mailed to the authority if the applicant is over thirty-nine (39) years old and a comprehensive physical is required pursuant to Section 34[35] of this administrative regulation. An application shall be submitted on-site at the event after the prefight physical if the applicant is thirty-nine (39) years or less.

(4) A license shall expire on December 31 of the year in which it is issued.

Section 2. (1)(a) An applicant for a boxing license shall complete and submit to the authority the form [3][Application for License as a Boxer[BoxerApplication(2011)]]

(b) A copy of the applicant’s picture identification or birth certificate shall be submitted with the application.

(2) The license fee for each participant shall be as follows:

(a) For boxers and kickboxers: [ ] twenty (20) dollars
(b) For a boxer’s federal identification card, pursuant to 15 U.S.C. 6305(a) and (b): [ ] ten (10) dollars. This identification is valid for two (2) years from the date issued. To obtain a boxer’s federal identification card, an applicant shall complete and submit to the authority the form [3][Boxer’s Federal Identification Card Application[BoxerIDApplication2011]].

Section 3. (1) A promoter of a boxing or kickboxing show shall request a show date by completing and submitting to the authority the form [3][Boxing Show Notice Form[BoxingShowNotice2011]].

(2) The form shall be submitted to the authority for approval no less than thirty (30) calendar days before the requested show date.

(3) There shall not be [no] advertising of the event prior to the approval.

(4) Upon approval by the authority, all advertisements shall include the promoter’s license number.

Section 4. Before the commencement of the main event of any boxing or kickboxing show or exhibition, a promoter of a show or exhibition shall tender to the inspector or an employee of the authority a certified check or money order made payable to each official who will officiate the show or exhibition in the amount prescribed by the schedule of compensation for officials established in Section 5(3) of this administrative regulation.

Section 5. The schedule for compensation to be paid prior to the commencement of the main event to officials participating in a boxing or kickboxing show shall be as follows:

(1) Judges for boxing or kickboxing shows: seventy-five (75) dollars each;
(2) Timekeeper for boxing or kickboxing shows: seventy-five (75) dollars.
(3) Physician for boxing and kickboxing show:
(a) $300: up to ten (10) schedule bouts;
(b) $350: eleven (11) to fifteen (15) scheduled bouts; or
(c) $400: over fifteen (15) scheduled bouts [$250:]
(4) Referees for boxing and kickboxing shows: $150 each.

Section 6. If a show or exhibition is cancelled[ with less than twenty-four (24) hours’ notice to the authority, officials shall be paid one-half (1/2) the compensation required by Section 5 of this administrative regulation.

Section 7. (1) The proposed card for a show shall be filed with the authority at least five (5) business days prior to the date of the show. Notice of a change in a program or substitution in a show shall be immediately filed with the authority.

(2) If the authority determines, based on [after reviewing] a contestant’s fight history, that a proposed bout may not be reasonably competitive, the bout shall be denied.

Section 8. Each contestant’s compensation agreement[All contestants’ compensation agreements] shall be in writing and submitted to the authority for approval not less than five (5) calendar days prior to the date of the proposed show.
Section 9. (1) Before the commencement of a show, all changes or substitutions in the card shall be:
(a) Announced from the ring; and
(b) Posted in a conspicuous place at the ticket office.
(2) In the event of a change in the card, a purchaser of a ticket shall be entitled, upon request, to a refund of the purchase price of the tickets, provided the request is made before the commencement of the show.

Section 10. Within twenty-four (24) hours of the conclusion of a show, the promoter shall, pursuant to KRS 229.031(1), complete and submit to the authority the form, [Boxing Event Report] (2/06).

Section 11. (1) The area between the ring and the first row of spectators on all four (4) sides and the locker room area shall be under the exclusive control of the authority.
(a)(2) Alcohol or smoking shall be prohibited in the areas under the control of the authority.
(b)(3) Authority staff and licensees shall be the only people allowed inside the areas under the control of the authority.

(2) Any event held outdoors while the temperature is or exceeds a heat index of 100 degrees Fahrenheit shall be conducted under a roof.

(3) A ring shall have a canvas mat or similar material unless the event is held outdoors in which case only canvas shall be used. A boxing match may be held in a Mixed Martial Arts cage if the match is in conjunction with a Mixed Martial Arts event. The area between the ring and the first row of spectators on all four (4) sides shall be under the exclusive control of the authority. No alcohol or smoking shall be allowed in the area under the control of the authority.

Section 12. (1) There shall be an area of at least six (6) feet between the edge of the ring floor and the first row of spectator seats on all four (4) sides of the ring.
(2) A partition, barricade, or some type of divider shall be placed:
(a) Between the first row of the spectator seats and the six (6) foot area surrounding the ring; and
(b) Along the sides and rear of the entry lane for boxers and kickboxers to enter the ring and the spectator area.

Section 13. The ring specifications shall be as follows:
(1) A bout shall be held in a four (4) sided roped ring with the following specifications:
(a) The floor of the ring inside the ropes shall not be less than sixteen (16) feet square;
(b) The floor of the ring shall extend beyond the ropes for a distance of not less than one (1) foot;
(c) The floor of the ring shall be elevated not more than six (6) feet above the arena floor; and
(d) The ring shall have steps to enter the ring on two (2) sides.

(2) The ring shall be formed of ropes with the following specifications:
(a) There shall be a minimum of three (3) ropes extended in a triple line at the following heights above the ring floor:

1. Twenty-four (24) inches;
2. Thirty-six (36) inches; and
3. Forty-eight (48) inches.[4]
(b) A fourth rope may be used if it is approved by the inspector or employee of the authority prior to the commencement of the show.[5]
(c) The ropes shall be at least one (1) inch in diameter.[6]
(d) The ropes shall be wrapped in a clean, soft material and drawn taut.[7]
(e) The ropes shall be held in place with two (2) vertical straps on each of the four (4) sides of the ring.
(3) The ropes shall be supported by ring posts that shall be:
(a) Made of metal or other strong material;
(b) Not less than three (3) inches in diameter; and
(c) At least eighteen (18) inches from the ropes.
(4) The ring floor shall be padded or cushioned with a clean, soft material that:
(a) Is at least one (1) inch in thickness using thick slow recovery foam matting;
(b) Extends over the edge of the platform; and
(c) Is covered with a single canvas or a similar material stretched tightly. If the event is held outdoors, only canvas shall be used; and

2. Is clean, sanitary, dry, and free from:
(a) Grit;
(b) Dirt;
(c) Resin;
(d) Blood; and
(e) Any other foreign object or substance.
(5) A ring rope shall be attached to a ring post by turnbuckles made of the area between the ring and the six (6) inches in width.

Section 14. A bell or horn shall be used by the timekeeper to indicate the time.

Section 15. In addition to the ring and ring equipment, the promoter shall supply the items listed in this section, which shall include:
(1) A public address system in good working order;
(2) Judges and timekeepers;[7] Chairs for judges and timekeepers elevated sufficiently to provide an unobstructed view of the ring and the ring floor;
(3) Items for each contestant's corner, to include:

(a) A stool or chair;
(b) A clean bucket;
(c) Towels; and
(d) Rubber gloves;
(4) A complete set of numbered round-cards, if needed;
(5) A clean stretcher and a clean blanket, placed under or adjacent to the ring throughout each bout;
(6) First aid oxygen apparatus or equipment;[8]
(7) Gloves for each boxer or kickboxer.

Section 16. A scale used for any weigh-in shall be approved in advance by the inspector or employee of the authority.

Section 17. A promoter shall provide a minimum of two (2) security guards for the premises where contests or exhibitions are conducted and the locker rooms to ensure[9] to the satisfaction of the authority that adequate protection against disorderly conduct, [has been provided. Any] disorderly act, assault, or breach of decorum on the part of any licensee at the premises shall be prohibited.

Section 18. (1) Emergency medical personnel and portable medical equipment shall be stationed at ringside during the event.
(2) There shall be resuscitation equipment, oxygen, a stretcher, a certified ambulance, and an emergency medical technician on site for each contest.[10]
(3) If the ambulance is required to leave the event, for any reason, the boxing and kickboxing shall not be allowed to continue until an ambulance is once again present and medical personnel are at ringside.

Section 19. (1) There shall be at least one (1) physician licensed by the authority at ringside before a bout is allowed to begin.
(2) The physician shall have at ringside [has] medical supplies reasonably anticipated to provide first aid medical assistance for the type of injuries reasonably anticipated to occur in a boxing or kickboxing contest.

Section 20. (1) A promoter shall provide health insurance for the boxer or kickboxer for any injuries sustained in the boxing event.
(2) The minimum amount of coverage per boxer or kickboxer shall be $5,000 benefits.
(a) Payment of [has] deductible under the policy shall be the responsibility of the contestant not to exceed an expense of $1,000.

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Section 21. All judges, physicians, referees, and timekeepers shall be selected, licensed, and assigned to each show by the authority. For each show, the authority shall assign:

(1) Three (3) judges;
(2) One (1) timekeeper;
(3) One (1) physician. Two (2) physicians shall be assigned to [a][c]bout designated a championship bout by a national sanctioning body recognized by the authority; and
(4) One (1) referee, unless the card has more than thirty (30) rounds, in which case a minimum of two (2) referees shall be required.

Section 22. Decisions shall be rendered as follows:

(1) For boxing, the scheduled limit, the winner of the contest shall be decided by:
(a) A majority vote of the judges if three (3) judges are employed to judge the contest; or
(b) A majority vote of the judges and the referee if two (2) judges are employed to judge the contest.

(2) Decisions shall be based primarily on boxing or kickboxing effectiveness, with points awarded for display of the following attributes, and points deducted for an opposite showing:
(a) Clean, forceful hitting;
(b) Aggressiveness;
(c) Defensive work; and
(d) Ring generalship.

Section 23. Scoring shall be as follows:

(1) Each round in boxing or kickboxing shall be accounted for on the scorecard, using the ten (10) point must system. Scoring shall be expressed in ratio of merit and demerit.
(2) Score cards shall be:
(a) Signed;
(b) Handed to the referee in the ring; and
(c) Filed by the referee with the inspector or employee of the authority in attendance.
(3) The decision shall then be announced from the ring.

Section 24. Bouts and rounds shall be as follows:

(1) Boxing or kickboxing rounds shall:
(a) Be of either two (2) or three (3) minutes duration; and
(b) Have not less than one (1) minute rest period between rounds.
(2) A boxing or kickboxing bout shall consist of no less than four (4) and no more than twelve (12) rounds. A championship bout shall be twelve (12) rounds in length.

Section 25. Boxing gloves shall meet the requirements established in this section.

Exhibitions shall be new for main events and for contests and exhibitions scheduled for ten (10) or more rounds.

(4) Gloves shall be thumbless or thumb-attached gloves approved by the authority pursuant to this section.
(5) Kickboxing contestants shall wear padded kickboxing gloves. The padding shall be sufficient to protect the kickboxer and his competitor approved by the authority.
(6) Gloves for all main events shall be dry and free from defects and shall be put on in the ring or locker room and shall be supervised by KBWA staff, subject to the discretion of the inspector or employee of the authority.
(7) Breaking, roughing, or twisting of gloves shall not be permitted.
(8) The laces on gloves shall be tied on the back of the wrist and taped.

Section 26. Bandages shall meet the requirements established in this section.

(1) For boxing and kickboxing, only soft cotton or linen bandages shall be used for the protection of the boxer or kickboxer’s hands.
(2) Bandages shall not be more than two (2) inches in width and twelve (12) yards in length for each hand.
(3) Adhesive tape.
(a) If used, medical adhesive tape not more than one (1) inch in width shall be used to hold bandages in place.
(b) Adhesive tape shall not be lapped more than one-eighth (1/8) of one (1) inch.
(c) Adhesive tape not to exceed one (1) layer shall be crossed over the back of the hand for its protection.
(d) Three (3) strips of adhesive tape, lapping not to exceed one-eighth (1/8) of one (1) inch, may be used for protection of the knuckles.
(e) Hand wraps shall be applied in the dressing room in the presence of an inspector, official or employee of the authority. The inspector, official, or employee of the authority shall sign the hand wrap and the tape around the strings of the gloves.

Section 27. The requirements governing knockdowns shall be as follows:

(1) If a contestant is knocked to the floor by the contestant opponent, or falls from weakness or other causes, the opponent shall:
(a) Immediately retire to the farthest neutral corner of the ring; and
(b) Remain there until the referee completes his count or signals a resumption of action.
(2) The timekeeper shall commence counting off the seconds and indicating the count with a motion of the arm while the contestant is down.
(3) The referee shall pick up the count from the timekeeper.
(4) If a contestant fails to rise to his feet before the count of ten (10), the referee shall declare him the loser by waving both arms to indicate a knockout.
(5) If a contestant who is down rises to his feet during the count, the referee may, if he deems it necessary, step between the contestants long enough to assure that they are in condition to continue the bout.
(6) If a contestant who is down rises before the count of ten (10) is reached, and again goes down from weakness or the effects of a previous blow without being struck again, the referee shall resume the count where he left off.
(7) A standing eight (8) count shall be used by the referee.
(8) A standing eight (8) count shall be used by the referee.
(9) If a round ends before a champion who was knocked down rises, the count shall continue, and if the contestant fails to arise before the count of ten (10), the referee shall declare him knocked out.

Section 28. Failure to Resume a Bout. (1) If a contestant fails to resume the bout for any reason after a rest period, or leaves the ring during the rest period and fails to be in the ring when the bell

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rings to begin the next round, the referee shall count him out the same as if he were down in that round.

(2) If a contestant who has been knocked out of or has fallen out of the ring during a bout fails to return immediately to the ring and be on his feet before the expiration of ten (10) seconds, the referee shall count him out as if he were down.

Section 29. A contestant shall be considered "down" if [when]:
(1) Any part of his body other than his feet is on the ring floor;
(2) He is hanging helplessly over the ropes and in the judgment of the referee, he is unable to stand; or
(3) He is rising from the "down" position.

Section 30. (1) The following shall be considered fouls:
(a) Hitting below the belt;
(b) Hitting an opponent who is down or who is getting up after having been down;
(c) Holding an opponent and deliberately maintaining a clinch;
(d) Holding an opponent with one (1) hand and hitting with the other;
(e) Butting with head or shoulder or using the knee;
(f) Hitting with the inside, or butt, of the hand, the wrist, or the elbow, and all backhand blows except for those backhand blows allowable in kickboxing;
(g) Hitting, or flicking, with the glove open or thumbing;
(h) Wrestling, or roughing, against the ropes;
(i) Purposely going down without having been hit;
(j) Deliberately striking at the part of opponent's body over the kidneys;
(k) Use of the pivot blow, or rabbit punch;
(l) BITing of the opponent;
(m) Use of abusive or profane language; or
(n) Failure to obey the referee.

(2) A contestant who commits a foul may be disqualified and the decision awarded to his opponent by the referee.

(3) The referee may take one (1) or more points away from a contestant who commits an accidental foul.

Section 31. The following shall be prohibited:
(1) "Battle royal"; and
(2) Use of excessive grease or [any] other substance that may handicap an opponent.

Section 32. (1) A boxer or kickboxer who has been repeatedly knocked out and severely beaten shall be retired and not permitted to box again if, after subjecting him to a thorough examination by a physician licensed by the authority, the authority decides the action is necessary to protect the health and welfare of the boxer.

(2) A boxer or kickboxer who has suffered six (6) consecutive defeats by knockout shall not be allowed to box again until he has been investigated by the authority and examined by a physician licensed by the authority.

(3) A boxer or kickboxer whose license is under suspension in another [any] jurisdiction may be allowed to participate in [any] boxing or kickboxing only after review and approval of the case by the inspector or employee of the authority.

(4) A boxer or kickboxer who has been knocked out shall be prohibited from all physical contact for sixty (60) days.

(5) Any boxer or kickboxer who has suffered a technical knockout shall be prohibited from competition [physical contact] for up to thirty (30) days. In determining how many days to prohibit the contestant from competition [physical contact], the inspector shall consider the nature and severity of the injuries that resulted in the TKO.

(6) A boxer or kickboxer shall receive a mandatory seven (7) day rest period from competition after competing in an event. Day one (1) of the rest period shall commence on the first day following the event.

Section 33. A boxer [a boxer] or kickboxer shall not engage in [any] boxing or sparring with a member of the opposite sex.

Section 34. (1) Unless special permission otherwise is granted by the authority, a boxer or kickboxer:
(a) Under nineteen (19) years of age is permitted to box or kickbox no more than six (6) rounds;
(b) Nineteen (19) years of age is permitted to box or kickbox no more than eight (8) rounds; and
(c) Twenty (20) years of age is permitted to box or kickbox no more than ten (10) rounds.

(2) A contestant who has not fought within the last twelve (12) months shall not be scheduled to box or kickbox more than ten (10) rounds.

(3) Any person over the age of thirty-nine (39) shall not box or kickbox without first submitting to a comprehensive physical performed by a physician licensed by the authority. The results of the physical and a medical authorization or release shall then be completed and submitted to the authority no later than fifteen (15) business days prior to the scheduled board meeting [bout].

Section 35. A contestant shall submit HIV Antibody and Hepatitis B Antigen and Hepatitis C Antibody test results at or before prefight physical. The results of these tests shall be no more than 180 days old. A person with positive test results shall not be permitted to fight.

Section 36. A contestant shall report to and be under the general supervision of the inspector or employee of the authority in attendance at the show and shall be subject to [any] orders given by the inspector or employee of the authority.

Section 37. (1) A contestant shall produce one (1) form of picture identification.

(2) A contestant shall not assume or use the name of another and shall not change his ring name nor be announced by name other than that which appears on his license except upon approval of the inspector or employee of the authority.

(3) A contestant shall attend a pre-fight meeting as directed by a representative of the authority.

(4) A contestant shall check in with the authority not less than one (1) hour prior to the event start time.

(5) A contestant shall remain in the locker room area until it is time for them to compete.

Section 38. A contestant shall be clean and neatly attired in proper ring attire, and the trunks of opponents shall be of distinguishing colors.

Section 39. A contestant shall not use a belt that contains any metal substance during a bout. The belt shall not extend above the waistline of the contestant.

Section 40. A contestant shall wear shoes during a bout, and the shoes shall not be fitted with spikes, cleats, hard soles, or hard heels.

Section 41. A contestant shall wear a properly fitted:
(1) Groin protector;
(2) Kidney protector, if available; and
(3) Mouthpiece.

Section 42. If a contest is ended by reason of fouling or failure to give an honest exhibition of skill, as determined by the inspector, referee, or an employee of the authority, the compensation of the offending contestant shall be withheld by the promoter and shall be disposed of as may be ordered by the authority.

Section 43. (1) The authority may request that a contestant submit to a drug screen for controlled substances at the contestant's expense. If the drug screen indicates the presence within the contestant of controlled substances for which the contestant does not have a valid prescription, or if the contestant refuses to submit to the test, the authority shall suspend or revoke the license of the contestant, impose a fine upon the contestant, or both.

(c) Afrinol or any other product that is pharmaceutically similar to Afrinol.

(a) Metaproterenol (Alupent), Trimeton, Dimetane, Hismal, PBZ, Seldane, Tavist-1, Cromolyn, Nasalide, or Vanceril.

(b) Ear products, such as Auralgan, Cerumenex, Cortisporin, Debrox, or Vosol.

(b) Hemorrhoid products, such as Anusol-HC, Preparation H, or NuPrencainal.

(b) Laxatives, such as Correctol, Doidan, Dulcolax, Efferylrium, Ex-Lax, Metamucil, Modane, or Milk of Magnesia.

(b) Nasal products, such as AYR Saline, HuMist Saline, Ocean, or Salinex.

(b) The following decongestants:

(a) Afrin.

(b) Oxymetazoline HCL Nasal Spray.

(c) Any other decongestant that is pharmaceutically similar to a decongestant listed in clauses a. or b.

(2) The following types of drugs, injections, or stimulants shall be prohibited pursuant to paragraph (a) of this subsection:

1. Afrinol or another product that is pharmaceutically similar to Afrinol.

2. Co-Tylenol or another product that is pharmaceutically similar to Co-Tylenol.

3. A product containing an antihistamine and a decongestant.

4. A decongestant other than a decongestant listed in paragraph (c) of this subsection:

5. Any other drug identified on the most current edition of the Prohibited List published by the World Anti-Doping Agency, which is hereby adopted by reference. The most current edition of the Prohibited List may be obtained, free of charge, at the Internet address www.wada-ama.org.

6. Any drug identified on the most current edition of the Prohibited List, which is not permitted for any reason.

7. Any other drug identified on the most current edition of the Prohibited List, which is not permitted for any reason:

8. Antacids, such as Maalox.

9. Antibiotics, antifungals, or antivirals that have been prescribed by a physician.

10. Antidiarrheals, such as Imodium, Kapectate, or Pepto-Bismol.

11. Antihistamines for colds or allergies, such as Bromphen, Brompheniramine, Chlorpheniramine Maleate, Chlor-Trimeton, Dimetane, Hismal, PBZ, Seldane, Tavist-1, or Teldrin.

12. Antinauseants, such as Dramamine or Tigan.

13. Antivirals, such as Tyleanol.

14. Antitussives, such as Robitussin. If the antitussive does not contain codeine.

15. Antitussives, such as Carafate, Pepcid, Reglan, Tagamet, or Zantac.

16. Asthma products in aerosol form, such as Brethine, Metaproterenol (Alupent), or Salbutamol (Albuterol, Proventil, or Ventolin).

17. Asthma products in oral form, such as Aminophylline.
nearest hospital with an on-call neurosurgeon that a boxing or kickboxing bout is being held. The notice shall include the date, time, and location of the event. A copy of this notice shall be filed with the authority no less than two (2) business days before the event.

Section 49. The following requirements shall apply to all bouts between female contestants:
1. The maximum number of rounds shall be ten (10);
2. The length of each round shall be two (2) minutes;
3. The rest period between rounds shall be one (1) minute;
4. A contestant shall not wear facial cosmetics during the bout;
5. A contestant with long hair shall secure her hair with soft and nonabrasive material;

(5) A contestant with long hair shall secure her hair with soft and nonabrasive material;

(6) Weight classes shall be those established in Section 44(42) of this administrative regulation;

(7) A contestant shall wear a properly-fitted:
(a) Breast protector;
(b) Groin protector;
(c) Kidney protector if available, and
(d) Mouthpiece;

(8) The gloves shall be properly fitted and the sizes shall be as follows:
(a) Of equal weight, not to exceed twelve (12) ounces;
(b) A minimum of eight (8) ounce gloves shall be worn by a contestant weighing no more than 154 pounds;
(c) A minimum of ten (10) ounce gloves shall be worn by a contestant weighing over 154 pounds; and

9. A contestant shall provide the results of a pregnancy test indicating a negative finding that was taken within one (1) week prior to the bout.

10. A promoter shall provide separate locker rooms for males and[rooms for females].

Section 50. A promoter shall maintain an account with the recognized national database as identified by the authority[44] and submit contestants names to that database upon approval of the show date. The promoter shall be responsible for the costs associated with the use of this service.

Section 51. All shows shall be video[visibly] recorded and retained by the promoter at least for one (1) year. Upon request of the authority, the promoter shall provide the video[visual] recording of a show to the authority.

Section 52. All non-sanctioned activities such as[including but not limited to] concerts shall be completed prior to the scheduled start time of the event.

Section 53[50]. Incorporation by Reference. (1) The following material is incorporated by reference:
(a) "Application for License as a Boxer", 1/2012[5/06];
(b) "Boxer’s Federal Identification Card Application", 1/2012[5/06];
(c) "Boxing Show Notice Form", 1/2012[5/06]; and
(d) "Boxing Event Report", 1/2012[5/06].

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Boxing and Wrestling Authority office at 500 Mero Street, Capitol Plaza Tower, Room 509, Frankfort, Kentucky 40601[100 Airport Road, Frankfort, Kentucky 40601], Monday through Friday, 8 a.m. to 4:30 p.m.

GEORGE GINTER, Board Chair
ROBERT D. VANCE, Secretary
APPROVED BY AGENCY: November 14, 2011
FILED WITH LRC: November 15, 2011 at 10 a.m.
CONTACT PERSON: Angela Robertson, 500 Mero Street, Capitol Plaza Tower, Room 509, Frankfort, Kentucky 40601, phone (502) 564-0085, fax (502) 564-3989.

PUBLIC PROTECTION CABINET
Kentucky Boxing and Wrestling Authority
(As Amended at ARRS, March 12, 2012)

201 KAR 27:012. Wrestling show requirements.

RELATES TO: KRS 229.021, 229.071(1), 229.081, 229.091, 229.101, 229.131, 229.171(1), 229.180(1)
STATUTORY AUTHORITY: KRS 229.021, 229.071, 229.091(1), 229.101, 229.131, 229.171(1), 229.180(1)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 229.071(1) authorizes the authority to provide the sole direction, management, control, and jurisdiction over all professional boxing, sparring, and wrestling matches or exhibitions to be conducted, held, or given within the Commonwealth. KRS 229.180(1) authorizes the authority to promulgate administrative regulations necessary or expedient for the performance of its regulatory function. KRS 229.021 and 229.071(2) authorize the authority to grant annual licenses to applicants for participation in professional matches if the authority determines[judges] that the financial responsibility, experience, character, and general fitness of the applicant indicate[are such] that participation by the applicant is in the public interest. KRS 229.091(1) provides that every licensee shall be subject to the administrative regulations promulgated by the authority. This administrative regulation establishes the requirements for wrestling shows and for participants in wrestling matches.

Section 1. The authority shall license each person[all persons] approved to participate in wrestling. Each license[All licenses] shall expire on December 31 of the year in which it is issued.

Section 2. Application. (1) An applicant for a wrestling license shall complete and submit to the authority the form, ["Application for License as a Wrestler", along with a photo identification or birth certificate.

(2) ["Application for Renewal of License as a Wrestler",] An applicant desiring to renew a wrestling license shall complete and submit to the authority the form, ["Application for Renewal of License as a Wrestler",]

(3) ["Application for License as a Wrestler",] An applicant for a wrestling event staff or referee license shall complete and submit to the authority the form, ["Application for License as a Wrestler",]

(4) ["Application for License as a Wrestling Official", along with a photo identification or birth certificate",] A copy of the applicant’s picture ID or birth certificate shall be submitted with any new application.

Section 3. (1) The license fee for each participant shall be as follows:
(a) [44] Event staff: twenty (20) dollars;
(b) Referee: twenty (20) dollars; and
(c) Wrestler: twenty (20) dollars.

(2) [44] A wrestler certificate may be purchased for an additional ten (10) dollars.

Section 4. Requirements for the Wrestling Ring and the Immediately Surrounding Area. (1) Each match[All matches] shall be held in a four (4) sided roped ring with the following specifications:
(a) The minimum ring size shall be fourteen (14) feet by fourteen (14) feet;
(b) The floor of the ring shall extend beyond the ropes for a distance of not less than one (1) foot;
(c) The floor of the ring shall not be elevated[may be elevated not more than six (6) feet above the arena floor; and
(d) It may have steps to enter the ring on two (2) sides.

(2) The ring shall be formed of ropes with the following specifications:
(a) There shall be three (3) ropes extended in a triple line;
(b) The ropes shall be at least one (1) inch in diameter; and
(c) The ropes shall be clean, wrapped, ["[wrapped in a clean, soft material] and drawn taut.

(3) The ropes shall be supported by ring posts that shall be:
(a) Made of metal or other strong material;
(b) Not less than three (3) inches in diameter; and
(c) At least eighteen (18) inches from the rope.
Section 5. The promoter may request an alternate ring design consisting of more than four (4) equal sides if the square feet is not less than 196 square feet inside. This request shall be submitted in writing to the authority for approval no less than thirty (30) days before the show.

Section 6. (1) Before the beginning of a wrestling show, all changes or substitutions in the advertised program of wrestling shall be posted at the ticket window and at the entrance to the facility.

(2) Changes or substitutions shall also be announced in the ring before commencement of the first match along with the information that any ticket holder desiring a refund based on those announced changes or substitutions shall be entitled to receive a refund before commencement of the program.

(3) A ticket purchaser shall be entitled, upon request, to a refund of the purchase price of the ticket, if the request is made before the commencement of the first match.

Section 7. (1) A licensed wrestler who has made a commitment to participate in a professional match and is unable to participate, for any reason, shall notify the promoter of the inability to participate within at least six (6) hours of the scheduled start time as soon as possible.

(2) Failure to notify the promoter in accordance with subsection (1) of this section shall constitute grounds for possible disciplinary action by the authority.

Section 8. While participating in a professional match, a wrestler, referee, promoter, or wrestling event staff shall not:

(1) Use, or direct another person to use, any object or tactic to intentionally cut or cause bleeding to himself or another person. If a person accidentally bleeds while participating in an exhibition, show, or appearance, the individual bleeding shall cease participation in the match and may reinjoin the match once the bleeding has stopped. The authority shall be notified within twenty-four (24) hours if bleeding occurs.

(a) Himself;
(b) An opponent or
(c) Any other participant in the show.

(2) Use pyrotechnics on himself or another person; or any pyrotechnics during the show on:
(a) Another wrestler;
(b) The referee; or
(c) Wrestling event staff.

(3) Bleed while participating in an exhibition or appearing at the site of a show.

(a) If an individual accidentally bleeds while participating in an exhibition, show, or appearance, the match shall be immediately stopped. The KBWA shall be notified within twenty-four (24) hours. 

(3)[(4)] Use an object that is likely to injure an object or an individual not to be used during a wrestling show that may cause a person to bleed.

(4) Use unreasonable physical or verbal threat of aggression shall not be directed toward a member of the audience.

Section 9. In the event that a scheduled show involves a match where blood capsules are to be used or wrestling is to take place in a substance, the promoter shall inform the authority no less than three (3) business days before the match.

Section 10. A violation of this or any other administrative regulation in 20 T KAR Chapter 27 that results in injury to a contestant, or member of the audience shall result in suspension, fine, [revocation of a license or a combination of these penalties] at the discretion of the authority.

Section 11. All wrestling or entertainment shall take place either in the ring or within the partitioned-off portion of the gym or arena. Physical activity shall not be permitted between wrestlers, referee, or wrestling event staff in the audience or outside of the safety partition.

Section 12. Each promoter shall safeguard and provide a minimum of two (2) security guards for the premises where contests or exhibitions are conducted, including but not limited to the locker room, to ensure that adequate protection against disorderly conduct has been provided. Any disorderly act, assault, or breach of decorum on the part of any licensee at the premises shall be prohibited.

Section 13. (1) The promoter shall submit a request for a show date no less than five (5) calendar days before the requested date for approval by the authority.

(2) The request shall be made by completing and submitting to the authority the form, "Wrestling Show Notice Form", [2026].

(3) There shall be no advertising of the event prior to approval.

(4) Upon approval by the authority, all advertisements shall include the promoter's license number.

Section 14. Within twenty-four (24) hours of the conclusion of the wrestling show, the promoter shall, pursuant to KRS 229.031(1), complete and submit to the authority the form, [2026].

Section 15. (1) The authority may [at any time] request a contestant to submit to a drug test at the contestant's expense. The presence within a contestant of controlled substances, for which the contestant does not have a prescription, or refusal by the contestant to submit to the test shall result in suspension, fine, [revocation of a license or a combination of these penalties] at the discretion of the authority.

(2) From arrival to the conclusion of the event, a contestant shall not consume, possess, or participate under the influence of alcohol or another substance that may affect the contestant's ability to participate.

Section 16. (1) An initial applicant shall provide the authority with a copy of a sports physical conducted by a licensed physician licensed by the state medical board. This physical shall have been conducted no more than three (3) months prior to submission to the authority.

(2) Alicensee over the age of forty-nine (49) shall submit a sports physical yearly upon renewal. This physical shall have been conducted no more than three (3) months prior to submission to the authority.

Section 17. (1) Each show shall be video.
Section 18. A promotor shall provide separate locker rooms for males and females.

Section 19. A female shall not wrestle if she is pregnant.

Section 20. Incorporation by Reference. (1) The following material is incorporated by reference:
   (a) “Application for License as a Wrestler”, 1/2012;
   (b) “Application for Renewal of License as a Wrestler”, 1/2012;
   (c) “Application for License as a Wrestling Official”, 1/2012;
   (d) “Wrestling Show Notice Form”, 1/2012;
   and

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Boxing and Wrestling Authority office at 500 Mero Street, Capitol Plaza Tower, Room 509, Frankfort, Kentucky 40601.

Section 21. A foster child shall not wrestle if he is under fifteen (15) years of age.

Section 22. The schedule for compensation to be paid prior to the commencement of the main event to officials participating in a professional mixed martial arts show shall be as follows:
   (1) Judge for mixed martial arts: $150.
   (2) Timekeeper for mixed martial arts: $100.
   (3) Physician for mixed martial arts: $250.
   (4) Referee for mixed martial arts: $150.

Section 3. Before the commencement of the main event of a mixed martial arts show or exhibition, the promotor of the show or exhibition shall submitt to the inspector or an employee of the authority a certified check or money order made payable to each official who will officiate the show or exhibition in the amount prescribed by the schedule of compensation for officials established in Section 2 of this administrative regulation.

Section 4. If a show or exhibition is cancelled with less than twenty-four (24) hours' notice to the authority, officials shall be paid one-half (1/2) the compensation required by Section 2 of this administrative regulation.

Section 5. The promotor shall submit a request for a show date on the MMA Show Notice Form no less than thirty (30) calendar days before the requested date for approval by the authority.

Section 6. The proposed program for a show shall be filed with the authority at least five (5) business days prior to the date of the show. Notice of any change in a program or any substitutions in a show shall be filed immediately with the authority.

Section 7. Each contestant compensation agreement shall be in writing and submitted to the authority for approval not less than five (5) calendar days prior to the date of the proposed show.

Section 8. A contest or exhibition of a mixed martial art shall be conducted pursuant to the official rules for the particular art unless the official rules conflict with KRS Chapter 229 or 201 KAR Chapter 27.

Section 9. (1) Before the commencement of a show, all changes or substitutions shall be:
   (a) Announced from the cage[s]; and
   (b) Posted in a conspicuous place at the ticket office.

(2) A purchaser of tickets shall be entitled, upon request, to a refund of the purchase price of the ticket, provided the request is made before the commencement of the show.
Section 10. (1) The area between the cage and the first row of spectators on all sides and the locker room row nearest the ring on all four (4) sides shall be under the exclusive control of the authority.

(2) Alcohol or smoking shall not be allowed in the areas under the control of the authority.

(3) Authority staff and licensees shall be the only people allowed inside the areas under the control of the authority.

Section 11. (1) There shall be an area of at least six (6) feet between the edge of the cage [ring] floor and the first row of spectator seats on all sides of the cage [ring].

(2) A partition, barricade, or similar divider shall be placed:
   (a) Between the first row of the spectator seats and the six (6) foot area surrounding the cage [ring]; and
   (b) Along the sides of the entry lane for contestants to enter the cage [ring] and the spectator area.

Section 12. [The ring shall meet the following requirements:
(1) All bouts shall be held in a four (4) sided roped ring with the following specifications:
   (a) The minimum size of the ring shall be sixteen (16) feet by sixteen (16) feet, inside the ropes;
   (b) The floor of the ring shall extend beyond the ropes for a distance of not less than one (1) foot;
   (c) The floor of the ring shall be elevated not more than six (6) feet above the arena floor;
   (d) The ring shall have steps to enter the ring on two (2) sides.
(2) The ring shall be formed of ropes with the following specifications:
   (a) There shall be a minimum of three (3) ropes extended in a triple line at the following heights above the ring floor:
      1. Twenty-four (24) inches.
      2. Thirty-six (36) inches; and
      3. Forty-eight (48) inches;
   (b) A fourth rope may be used if approved by the inspector or employee of the authority prior to the commencement of the show;
   (c) A rope shall be at least one (1) inch in diameter;
   (d) A rope shall be wrapped in a clean, soft material and drawn taut;
   (e) A rope shall be held in place with vertical straps on each of the four (4) sides of the ring; and
   (3) A rope shall be supported by ring posts that shall be:
      (a) Made of metal or other strong material;
      (b) Not less than three (3) inches in diameter; and
      (c) At least eighteen (18) inches from the ropes.
   (4) The ring floor shall be padded or cushioned with a clean, soft material that:
      (a) Is at least one (1) inch in thickness using slow recovery foam matting;
      (b) Extends over the edge of the platform; and
      (c) Is covered with a single canvas or a similar material stretched tightly.
   (5) A rope ring shall be attached to the ring posts by turn-buckles that are padded with a soft vertical pad at least six (6) inches in width.
   (6)(a) A promoter may request an alternate ring design, including fenced area rings consisting of more than four (4) equal sides, provided that the area inside is no less than 256 square feet. This request shall be submitted to the executive director no less than thirty (30) days prior to the event.[b][A fenced area used in a contest or exhibition of mixed martial arts shall be held in a fenced area meeting all the following requirements:
      (1) The fenced area shall be circular or have equal sides and shall be no smaller than twenty (20) feet wide and no larger than thirty-two (32) feet wide.
      (2) The floor of the fenced area shall be padded with closed-cell foam, with at least a one (1) inch layer of foam padding, with at least one (1) inch layer of foam covering a single canvas or a synthetic material stretched tightly and laced to the platform of the fenced area, unless the event is held outdoors, in which case only canvas shall be used.
      (3) Duck or similar material tightly stretched and laced to the platform of the fenced area, material that tends to gather in laps or ridges shall not be used.
   3] The platform of the fenced area shall not be more than six (6) feet above the floor of the building and shall have steps suitable for the use of the contestants.
   (4) Fence posts shall be made of metal, shall not be more than six (6) inches in diameter, and shall extend from the floor of the building to between five (5) and seven (7) feet above the floor of the fenced area, and shall be properly padded.
   (5)[5] The fencing used to enclose the fenced area shall be made of a material that shall prevent any [an] opponent from falling out of the fenced area or breaking through the fenced area onto the floor of the building or onto the spectators, and the fencing shall be coated with vinyl or a similar covering to minimize injuries to a contestant.
   (6)[6] Any metal portion of the fenced area shall be properly covered and padded and shall not be abrasive to the unarmed combatants.
   (7)[7] The fenced area shall have at least one (1) entrance.
   (8)[8] There shall not be [a] protrusion or obstruction on any part of the fence surrounding the area in which the contestants are to be competing.
   (9)[9] Any event held outdoors while the temperature is or exceeds a heat index of 100 degrees Fahrenheit shall be conducted under a roof.
   (10)[10] A cage shall have a canvas mat or a synthetic material, unless the event is held outdoors, in which case only canvas shall be used.

Section 13. A bell or horn shall be used by the timekeeper to indicate the commencement of the show.

Section 14. In addition to the cage and ring (ring and ring) equipment, the promoter shall supply the following items, which shall be available for use as needed:
(1) A complete set of numbered round-cards.
(2)[Judges and timekeepers] Chairs for judges and timekeepers elevated sufficiently to provide an unobstructed view of the cage and ring (ring and ring) floor.
(3) Items for each contestant’s corner, to include:
   (a) A stool or chair;
   (b) A clean bucket;
   (c) Towels; and
   (d) Rubber gloves.
(4) A complete set of numbered round-cards.
(5) A clean stretcher and a clean blanket, placed under or adjacent to the cage (ring), throughout each program.
(6) First aid oxygen apparatus or equipment.

Section 15. A scales used for [any] weigh-in shall be approved in advance by the authority.

Section 16. A promoter shall provide a minimum of two (2) security guards for the premises where contests or exhibitions are conducted and the locker room or rooms to ensure that effective protection against disorderly conduct has been provided. Any disorderly act, assault, or breach of decorum on the part of a licensee at the premises shall be prohibited.

Section 17. All emergency medical personnel and portable medical equipment shall be stationed at cageside during the event.
(1) There shall be resuscitation equipment, oxygen, a stretcher, a certified ambulance, and an emergency medical technician on site for all contests.
(2) If the ambulance is required to leave the event for any reason, a contest shall not be allowed to continue until an ambulance is once again present and medical personnel are at cageside.

Section 18. (1) There shall be at least one (1) physician licensed by the authority at cageside before a bout shall begin.
(2) [is allowed to begin.] The physician shall have at cage-
Section 19. A promoter shall provide insurance for his contestant for any injuries sustained in the mixed martial arts event:
(1) The minimum amount of coverage per contestant shall be $5,000 health and $5,000 accidental death benefits.
(2) A certificate of insurance coverage shall be provided to the authority no less than two (2) business days before the event.
(3)(a) Payment of any deductible under the policy shall be the responsibility of the contestant not to exceed an expense of $1,000.
(b) A deductible expense above $1,000 shall be the responsibility of the promoter.

Section 20. A promoter shall submit written notice to a local hospital with an on-call neurosurgeon that a mixed martial arts show is being held:
(1) This notice shall include the date, time, and location of the event.
(2) A copy of this notice shall be filed with the authority no less than two (2) business days before the event.

Section 21. Judges, physicians, referees, and timekeepers shall be selected, licensed, and assigned to each show by the authority. For each show, the authority shall appoint:
(1) Three (3) judges;
(2) One (1) timekeeper;
(3) One (1) physician, unless more than eighteen (18) bouts are scheduled, in which case a minimum of two (2) physicians shall be required;
(4) One (1) referee, unless more than eighteen (18) bouts or thirty (30) rounds are scheduled, in which case a minimum of two (2) referees shall be required.

Section 22. Unless the authority approves an exception:
(1) A nonchampionship contest or exhibition of mixed martial arts shall not exceed five (5) rounds in duration;
(2) A championship contest of mixed martial arts shall not exceed five (5) rounds in duration; and
(3) A period of unarmed combat in a contest or exhibition of mixed martial arts shall be a maximum of five (5) minutes in duration, and a period of rest following a period of unarmed combat in a contest or exhibition of mixed martial arts shall be one (1) minute in duration.

Section 23. Weight Classes of Contestants; Weight Loss after Weigh-in.
(1) Except with the approval of the authority, the classes for contestants competing in contests or exhibitions of mixed martial arts shall be as follows:

<table>
<thead>
<tr>
<th>CLASS</th>
<th>WEIGHT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flyweight</td>
<td>Up to 125 lbs.</td>
</tr>
<tr>
<td>Bantamweight</td>
<td>Up to 135 lbs.</td>
</tr>
<tr>
<td>Featherweight</td>
<td>Up to 145 lbs.</td>
</tr>
<tr>
<td>Lightweight</td>
<td>Up to 155 lbs.</td>
</tr>
<tr>
<td>Welterweight</td>
<td>Up to 170 lbs.</td>
</tr>
<tr>
<td>Middleweight</td>
<td>Up to 185 lbs.</td>
</tr>
<tr>
<td>Light Heavyweight</td>
<td>Up to 205 lbs.</td>
</tr>
<tr>
<td>Heavyweight</td>
<td>Up to 265 lbs.</td>
</tr>
<tr>
<td>Super Heavyweight</td>
<td>Over 265 lbs.</td>
</tr>
</tbody>
</table>

(2) After the weigh-in of a contestant competing in a contest or exhibition of mixed martial arts:
(a) Change in weight in excess of three (3) pounds shall not be permitted for a contestant who weighed in at 145 pounds or less.
(b) Change in weight in excess of four (4) pounds shall not be permitted for a contestant who weighed in at over 145 pounds; and [ ]
(c) Change in weight above that established in paragraphs (a) and (b) of this subsection shall not occur later than two (2) hours after the initial weigh-in.

Section 24. The following shall be prohibited:
(1) "Battle royal"; and
(2) Use of excessive grease or any other substance that may handicap an opponent.

Section 25. Contestants Repeatedly Knocked Out or Otherwise Defeated. (1) A mixed martial arts contestant who has been repeatedly knocked out or severely beaten shall be retired and not permitted to compete again if, after examining him, a thorough examination by a physician, the authority decides the action is necessary in order to protect the health and welfare of the contestant.
(2) A mixed martial arts contestant who has suffered six (6) consecutive defeats by knockout shall not be allowed to compete again until he has been investigated by the authority and examined by a physician.
(3) A mixed martial arts contestant whose license is under suspension in another jurisdiction shall not participate in a contest until review and approval by any other jurisdiction may be allowed to participate in any contest only after review and approval of the case by an inspector or employee of the authority.
(4) Any mixed martial arts contestant who has been knocked out shall be prohibited from competing for sixty (60) days.
(5)(a) Any mixed martial arts contestant who has suffered a technical knockout may be prohibited from competing for up to thirty (30) days.
(b) In determining how many days to prohibit the contestant from competing, the inspector shall consider the nature and severity of the injuries that resulted in the TKO.

Section 26. A person over the age of thirty-nine (39) shall not participate as a contestant in a mixed-martial arts match without first submitting to a comprehensive physical performed by a physician licensed by the authority. The results of the physical and a medical authorization or release shall then be completed and submitted to the authority no later than fifteen (15) business days prior to the scheduled board meeting.

Section 27. A contestant shall report to and be under the general supervision of the inspector or employee of the authority in attendance at the show and shall be subjected to any orders given by the inspector or employee of the authority.

Section 28. A contestant shall produce one (1) form of picture identification. A contestant shall not assume or use the name of another, and shall not change his ring name nor be announced by any name other than that which appears on his license, except upon approval of the inspector or employee of the authority.

Section 29. A contestant shall submit HIV Antibody and Hepatitis B Antigen and Hepatitis C Antibody test results at or before pre-fight physical.
(1) The results of these tests shall be no more than 180 days old.
(2) A person with positive test results shall not be allowed to fight.

Section 30. A contestant shall not compete against a member of the opposite sex.

Section 31. (1) A contestant shall not use a belt that contains any metal substance during a bout.
(2) The belt shall not extend above the waistline of the contestant.

Section 32. Proper Attire for a Mixed Martial Arts Contestant. A mixed martial arts contestant shall:
(1) Be clean, neatly clothed in proper ring attire, and the trunks of opponents shall be of distinguishing colors.[c]
(2) Not wear shoes or any padding on his feet during the contest.[c]
(3) Wear a groin protector.[c]
(4) Wear a kidney protector if available; and
(5) Wear a mouthpiece.

Section 33. The authority may request that at any time a contestant submit to a drug screen for controlled substances at the contestant's expense.

(1) If the drug screen indicates the presence within the contestant of controlled substances for which the contestant does not have a valid prescription, or if the contestant refuses to submit to the test, the authority shall:
(a) suspend or revoke the license of the contestant;
(b) or the authority may impose a fine upon the contestant;
(c) impose both penalties established in paragraphs (a) and (b) of this subsection.

(2) The following types of drugs, injections, or stimulants shall be prohibited before or during a contest or exhibition, to or by any unarmed combatant:

1.
(a) Alcohol;
(b) Stimulant; or
(c) Drug or injection that has not been approved by the authority, including, but not limited to, the drugs or injections listed in subsection 3.

2.
(a) AfriN or a product any other product that is pharmaceutically similar to AfriN;
(b) Co-Tylenol or a product any other product that is pharmaceutically similar to Co-Tylenol;
(c) A product containing an antihistamine and a decongestant;
(d) Another decongestant other than a decongestant listed in paragraph (d) of this subsection.

3. An over-the-counter drug for colds, coughs, or sinususes other than those drugs listed in paragraph (d) of this subsection. This includes any other decongestant [that is] pharmacologically similar to AfriN or another
d. Another decongestant [that is] pharmacologically similar to a decongestant listed in clauses a. or b.

4. (a) Eye dropper;
(b) Nonsteroidal anti-inflammatories;
(c) Antidiarrheals, such as Imodium, Kaopectate, or Pepto-Bismol;
(d) Antihistamines for colds or allergies, such as Bromphen, Brompheniramine, Chlorpheniramine Maleate, Chlor Trimeton, Dimetane, Hisma, PBZ, Seldane, Tavist-1, or Teldrin;
(e) Antinauseants, such as Dramamine or Tigan;
(f) Antipyretics, such as Tylenol; and
(g) Antitussives, as such oral forms of products containing dextromethorphan hydrobromide.

5. (a) Antitussives, such as Carafate, Pecip, Reglan, Tagamet, or Zantac;
(b) Nasal products, such as AYR Saline, HuMist Saline, Ocean, or Saline;
(c) Ear products, such as Auralgan, Cerumenex, Cortisporin, Debrox, or Vosol;
(d) Hemorrhoid products, such as Anusol-HC, Preparation H, or Nupercainal;
(e) Enteric-coated aspirin;
(f) Pain relievers and products containing aspirin;
(g) Antiulcer products, such as Carafate, Pepcid, Reglan, Tagamet, or Zantac;
(h) Antifungal or antiviral products, such as Lamisil, Pimafucin, Zovirax, or Valtrex;
(i) Asthma products in aerosol form, such as Brethine, Metaproterenol (Alupent), or Salbutamol (Albuterol, Proventil, or Ventolin); and
(j) Asthma products in oral form, such as Aminophylline, Cromolyn, Nasalide, or Vancelit.

6. A drug or injection that has not been approved by the authority, including, but not limited to, the drugs or injections listed in subsection 3.

7. (a) The better contestant of a round shall receive ten points, and his opponent shall receive proportionately less.
(b) If the round is even, each contestant shall receive ten points.
(c) No fraction of points shall be given.
(d) Points for each round shall be awarded immediately after the end of the period of unarmed combat in the round.

8. A licensee who violates any provision of this section shall be subject to disciplinary action by the authority in addition to any other disciplinary action by the authority, if an unarmed combatant who won or drew a contest or exhibition is found to have violated the provisions of this section, the authority may, in its sole discretion, change the result of that contest or exhibition to a no decision.

Section 34. Method of Judging. (1) Each judge of a contest or exhibition of mixed martial arts shall score the contest or exhibition and determine the winner through the use of the following system:
(a) The better contestant of a round shall receive ten points, and his opponent shall receive proportionately less.
(b) If the round is even, each contestant shall receive ten points.
(c) No fraction of points shall be given.
(d) Points for each round shall be awarded immediately after the end of the period of unarmed combat in the round.

9. An unarmed combatant shall
(a) be clean, neatly clothed in proper ring attire, and the trunks of opponents shall be of distinguishing colors;
(b) not wear shoes or any padding on his feet during the contest;
(c) wear a groin protector;
(d) not wear any other form of protection or padding.

10. (a) Antitussives, such as Carafate, Pecip, Reglan, Tagamet, or Zantac;
(b) Nasal products, such as AYR Saline, HuMist Saline, Ocean, or Saline;
(c) Ear products, such as Auralgan, Cerumenex, Cortisporin, Debrox, or Vosol;
(d) Hemorrhoid products, such as Anusol-HC, Preparation H, or Nupercainal;
(e) Enteric-coated aspirin;
(f) Pain relievers and products containing aspirin;
(g) Antiulcer products, such as Carafate, Pepcid, Reglan, Tagamet, or Zantac;
(h) Asthma products in aerosol form, such as Brethine, Metaproterenol (Alupent), or Salbutamol (Albuterol, Proventil, or Ventolin); and
(i) Asthma products in oral form, such as Aminophylline, Cromolyn, Nasalide, or Vancelit.

11. (a) Antitussives, such as Carafate, Pecip, Reglan, Tagamet, or Zantac;
(b) Nasal products, such as AYR Saline, HuMist Saline, Ocean, or Saline;
(c) Ear products, such as Auralgan, Cerumenex, Cortisporin, Debrox, or Vosol;
(d) Hemorrhoid products, such as Anusol-HC, Preparation H, or Nupercainal;
(e) Enteric-coated aspirin;
(f) Pain relievers and products containing aspirin;
(g) Antiulcer products, such as Carafate, Pepcid, Reglan, Tagamet, or Zantac;
(h) Asthma products in aerosol form, such as Brethine, Metaproterenol (Alupent), or Salbutamol (Albuterol, Proventil, or Ventolin); and
(i) Asthma products in oral form, such as Aminophylline, Cromolyn, Nasalide, or Vancelit.
(21) Spitting at an opponent.
(22) Engaging in unsportsmanlike conduct that causes an injury to an opponent.
(23) Holding the ropes or the fence.
(24) Using abusive language in the fenced area.
(25) Attacking an opponent on or during the break.
(26) Attacking an opponent who is under the care of the referee.
(27) Attacking an opponent after the bell has sounded the end of the period of unarmed combat.
(28) Intentionally disregarding the instructions of the referee.
(29) Timidity, such as intentionally or consistently dropping the mouthpiece or taking an injury.
(30) Interference by the corner.
(31) The throwing by a contestant's corner staff of objects into the ring during competition.

Section 36. (1) If a contestant fouls his opponent during a contest or exhibition of mixed martial arts, the referee may penalize him by deducting points from his score, regardless of whether or not the foul was intentional. The referee shall determine the number of points to be deducted in each instance and shall base his determination on the severity of the foul and its effect upon the opponent.

(2) If the referee determines that a contest or exhibition of mixed martial arts is stopped because of an accidental foul, the referee shall determine the number of points to be deducted in the round in which the foul occurred and shall give the offender the penalty to be assessed.

(3) The referee shall, as soon as is practical after the foul, notify the judges and both contestants of the number of points, if any, to be deducted from the score of the offender.

(4) Any point or points to be deducted for any foul shall be deducted in the round in which the foul occurred and shall not be deducted from the score of any subsequent round.

Section 37. (1)(a) If a contest or exhibition of mixed martial arts is stopped because of an accidental foul, the referee shall determine whether the contestant who has been fouled is able to continue or not.

(b) If the contestant's chance of winning has not been seriously jeopardized as a result of the foul, and if the foul does not involve a concussive impact to the head of the contestant who has been fouled, the referee may order the contest or exhibition continued after a recuperative interval of not more than five (5) minutes.

(c) If the contestant's chance of winning has been seriously jeopardized as a result of the foul, and if the foul does not involve a concussive impact to the head of the contestant who has been fouled, the referee may order the contest or exhibition continued after a recuperative interval of not more than five (5) minutes.

Section 39. Within twenty-four (24) hours of the conclusion of a show, the promoter shall, pursuant to KRS 229.031(1), complete and submit to the authority executive director the form [2][MMA Event Report][2](2005).

Section 40. The following requirements apply to all bouts between female contestants:

(1) A contestant shall not wear facial cosmetics during the bout.

(2) A contestant with long hair shall secure her hair with soft nonabrasive material.

(3) Weight classes shall be those established in section 23 of this administrative regulation.

(4) A contestant shall wear a properly-fitted:
   (a) Breast protector.
   (b) Groin protector; and
   (c) Mouthpiece.

(5) A physician examining a female contestant shall be accompanied by a female authority representative when in the female locker room.

Section 41. (1) Each contestant must attend a pre-fight meeting as directed by a representative of the authority.

(2) Each contestant and official shall check in with a representative of the authority no less than one (1) hour prior to the starting time of the event.

(3) Each contestant shall stay in the locker room area until it is time for them to compete.

Section 42. (1) Each show shall be video recorded and retained by the promoter for at least one (1) year.

(2) Upon request of the authority, the promoter shall provide the visual recording of a show to the authority.

Section 43. A promoter shall maintain an account with the recognized national database as identified by the authority, and submit contestants' names to that database upon approval of the show date. The promoter shall be responsible for the costs associated with the use of this service.

Section 44. All nonsanctioned activities, such as [including but not limited to] concerts, shall be completed prior to the scheduled start time of the event.

Section 45. Incorporation by Reference. (1) The following material is incorporated by reference:
   (a) "Application for License as a Mixed Martial Arts Contestant", 0(5/06).
(b) "MMA Show Notice Form", 10/11(506); and
(c) "MMA Event Report", 10/11(506).]

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Boxing and Wrestling Authority office at 500 Mero Street, Capitol Plaza Tower, Room 509, Frankfort, Kentucky. 40601[140 Airport Road, Frankfort, Kentucky 40601], Monday through Friday, 8 a.m. to 4:30 pm.

GEORGE GINTER, Board Chair

ROBERT D. VANCE, Secretary

APPROVED BY AGENCY: February 15, 2012

FILED WITH LRC: February 15, 2012 at 11 a.m.

CONTACT PERSON: Angela Robertson, 500 Mero Street, Capitol Plaza Tower, Room 509, Frankfort, Kentucky 40601, phone (502) 564-0085, fax (502) 564-3969.

PUBLIC PROTECTION CABINET
Kentucky Boxing and Wrestling Authority
(As Amended at ARRS, March 12, 2012)

201 KAR 27:017. Requirements for elimination events.


STATUTORY AUTHORITY: KRS 229.151(1), 229.171(1), 229.180(4)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 229.171(1) authorizes the Kentucky Boxing and Wrestling Authority to provide the sole direction, management, control, and jurisdiction over all professional boxing, kickboxing, mixed martial arts, sparring, and wrestling shows or exhibitions to be conducted, held, or given within the Commonwealth. KRS 229.151(1) authorizes the Kentucky Boxing and Wrestling Authority to provide regulatory oversight over professional boxing, wrestling, and other professional full contact combat bouts within the Commonwealth. KRS 229.180(4) authorizes the authority to promulgate regulations necessary or expedient for the performance of its regulatory function. This administrative regulation establishes the rules of conduct governing elimination events.

Section 1. (1) In order to participate in an elimination event, a contestant shall be required to obtain a permit issued by the authority to participate in the event.

(2) A contestant shall complete and submit to the authority the form [Application for an Elimination Event Contestant Permit[162]]...

(3) The contestant shall also pay a fee of five (5) dollars to participate in an elimination event show.

(4) The permit and the payment of the fee to participate in an elimination event shall allow participation in that event only.

Section 2. Before the commencement of the main event of an elimination event or exhibition, the promoter of the show or exhibition shall tender to the inspector or employee of the authority a certified check or money order made payable to each official who will officiate the show or exhibition in the amount prescribed by the schedule of compensation for officials established in Section 3 of this administrative regulation.

Section 3. The schedule of compensation to be paid by the promoter to an official officiating in the elimination event shall be as follows:

(1) For a judge: $150 per day for shows of fifty (50) or fewer contestants or $175 per day for shows of over fifty (50) contestants.

(2) For a timekeeper: $150 per day for shows of fifty (50) or fewer contestants or $175 per day for shows of over fifty (50) contestants.

(3) For a physician: $300 plus five (5) dollars per contestant.

(4) For a referee: $150 dollars per day for shows of fifty (50) or fewer contestants or $175 dollars per day for shows of over fifty (50) contestants.

Section 4. If a show or exhibition is cancelled with less than twenty-four (24) hours notice to the authority, an official shall be paid one-half (1/2) of the compensation required by this administrative regulation.

Section 5. The promoter shall submit a request for a show date to the authority for approval no less than thirty (30) calendar days before the requested date. There shall not be an advertising of the event prior to approval by the authority. Once the show date has been approved, all advertisements shall include the promoter’s license number.

Section 6. (1) Before the commencement of a show, any change or substitution shall be:
(a) Announced from the ring; and
(b) Posted in a conspicuous place at the ticket office.

(2) A purchaser of a ticket shall be entitled, upon request, to a refund of the purchase price of the ticket, provided the request is made before the commencement of the show.

Section 7. The row nearest the ring on all four (4) sides shall be under the exclusive control of the authority.

Section 8. (1) The ring shall have an area of at least six (6) feet between the edge of the ring floor and the first row of spectator seats on all four (4) sides of the ring.

(2) A partition, barricade, or some type of divider shall be placed between:
(a) The first row of the spectator seats and the six (6) foot area surrounding the ring; and
(b) The entry lane for boxers to enter the ring and the spectator area.

Section 9. The ring specifications shall meet the requirements established in this section.

(1) All bouts shall be held in a four (4) sided roped ring with the following specifications:
(a) The ring shall be at least sixteen (16) feet by sixteen (16) feet inside the ropes;
(b) The floor of the ring shall extend beyond the ropes for a distance of at least one (1) foot;
(c) The floor of the ring shall be elevated not more than six (6) feet above the arena floor; and
(d) The ring shall have steps to enter the ring on two (2) sides.

(2) The ring shall be formed of ropes with the following specifications:
(a) There shall be a minimum of three (3) ropes extended in a triple line at the following heights above the ring floor:
   1. Thirty-four (34) inches; and
   2. Thirty-six (36) inches; and
   3. Forty-eight (48) inches;
(b) A fourth rope may be used. If used, the fourth rope shall be approved by the inspector or employee of the authority prior to the commencement of the show;
(c) The ropes shall be at least one (1) inch in diameter;
(d) The ropes shall be wrapped in a clean, soft material and drawn taut; and
(e) The ropes shall be held in place with vertical straps on each of the four (4) sides of the ring.

(3) The ropes shall be supported by ring posts that shall be:
(a) Made of metal or other strong material;
(b) Not less than three (3) inches in diameter; and
(c) At least eighteen (18) inches from the ropes.

(4) The ring floor shall be padded or cushioned with a clean, soft material that:
(a) Is at least one (1) inch in thickness using slow recovery foam matting;
(b) Extends over the edge of the platform; and
(c) Is covered with a single tightly stretched canvas or synthetic material. If the event is held outdoors, only canvas shall be used.

(5) The ring ropes shall be attached to the ring posts by turnbuckles padded with a soft vertical pad at least six (6) inches in width.
Section 10. A bell or horn shall be used by the timekeeper to indicate the time.

Section 11. In addition to the ring and ring equipment, the promoter shall supply the following items, which shall be available for use as needed:
   (1) A public address system in good working order;
   (2) Chairs for the judges and timekeepers, elevated sufficiently to provide an unobstructed view of the ring and the ring floor;
   (3) Items for each contestant’s corner including:
      (a) A stool or chair;
      (b) A clean bucket;
      (c) Towels; and
      (d) Rubber gloves;[L]
   (4) A clean stretcher and a clean blanket placed under or adjacent to the ring throughout each program; and
   (5) First aid oxygen apparatus or equipment.

Section 12. (1) A contestant shall wear boxing gloves that shall be:
   (a) Dry, clean, and sanitary;
   (b) Furnished by the promoter;
   (c) Clearly labeled with the promoter’s name;
   (d) Of equal weight;
   (e) Of not less than sixteen (16) ounces each; and
   (f) Thumbless or thumb-attached.
   (2) Bandaging of the hands shall not be allowed.
   (3) A contestant shall wear properly fitted headgear that shall be:
      (a) Clean and sanitary;
      (b) Furnished by the promoter; and
      (c) Clearly labeled with the promoter’s name.
   (4) A contestant shall not be allowed to provide substitute gloves or headgear.
   (5) An elimination event shall be divided into at least two (2) weight divisions. [No] Open shows shall not be permitted.
   (a) An elimination round shall:
      1. Not exceed sixty (60) seconds duration; and
      2. Have not less than a one (1) minute rest period between rounds.
   (b) Elimination event bouts shall not exceed three (3) rounds.
   (7) A person over the age of thirty-nine (39) shall not participate in an elimination event without first submitting to a comprehensive physical performed by a physician licensed by the authority. The results of the physical and a medical authorization or release shall then be completed and submitted to the authority no later than fifteen (15) business days prior to the scheduled bout.

Section 13. A contestant shall report to, and be under the general supervision of, the inspector or employee of the authority in attendance at the show and shall be subject to any orders given by the inspector or employee of the authority.

Section 14. The inspector or employee of the authority shall make all bouts in an elimination event.

Section 15. (1) A contestant shall produce one (1) form of picture identification.
   (2) A contestant shall not assume or use the name of another.
   (3) A contestant shall not change his ring name nor be announced by any name other than that appearing on his license, except upon approval of the inspector or employee of the authority.

Section 16. A contestant shall not compete against a member of the opposite sex.

Section 17. A contestant shall:
   (1) Be clean and neatly clothed in proper ring attire, and the trunks of opponents shall be of distinguishing colors;
   (2) Wear closed toe and heel shoes during the contest;
   (3) Wear a groin protector;
   (4) Wear a kidney protector if available; and
   (5) Wear a mouthpiece.

Section 18. In addition to other requirements in this administrative regulation, the following requirements apply to all bouts between female contestants:
   (1) A contestant shall not wear facial cosmetics during the bout;
   (2) A contestant with long hair shall secure her hair with soft and nonabrasive material; and
   (3) A contestant shall provide the results of a pregnancy test indicating a negative finding that was taken within one (1) week prior to the bout.

Section 19. Scales used for any weigh-in shall be approved in advance by the authority.

Section 20. (1) Each promoter[All promoters] shall provide a minimum of two (2) security guards for the premises where contests or exhibitions are conducted to ensure [to the satisfaction of the authority] that adequate protection against disorderly conduct has been provided.
   (2) Any disorderly act, assault, or breach of decorum on the part of any[licensee] licensees at the premises shall be prohibited.
   (3) A promoter shall provide security in the locker room area.

Section 21. (1) All emergency medical personnel and portable medical equipment shall be stationed at ringside during the event.
   (2) Resuscitation equipment, oxygen, a stretcher, a certified ambulance, and an emergency medical technician shall be on site at all contests.
   (3) If the ambulance or emergency medical technician is required to leave the event [for any reason, no] boxing shall not be allowed to continue until an ambulance is on site and the emergency medical technicians are once again at ringside.

Section 22. There shall be at least one (1) physician licensed by the authority at ringside before a bout shall be allowed to begin. The physician shall have at ringside any medical supplies reasonably anticipated to provide first aid medical assistance for the type of injuries reasonably anticipated to occur in an elimination event.

Section 23. (1) The promoter shall secure insurance for his contestants that provides medical coverage for injuries sustained in the boxing event.
   (2) The minimum amount of coverage per contestant shall be $5,000 health and $5,000 accidental death benefits.
   (3) A certificate of insurance coverage shall be provided to the authority no less than two (2) business days before the event.

Section 24. Judges, physicians, referees, and timekeepers shall be selected, licensed, and assigned to elimination events by the authority. The authority shall assign to each event:
   (1) Three (3) judges;
   (2) One (1) timekeeper;
   (3) One (1) physician; and
   (4) One (1) referee if fifty (50) or fewer contestants participate in the elimination event, or two (2) referees if more than fifty (50) contestants participate in the elimination event.

Section 25. If at any time during or between rounds a contestant begins to bleed so that blood may come into contact with the gloves of the other contestant, the ring, the officials, or the audience, the bout shall be terminated. The judge shall score the bout until the time the bout was halted and shall determine the winner. Either the referee or the ringside physician has the power to terminate the bout under this section.

Section 26. (1) The authority may request a contestant to submit to a drug screen for illegal drugs at the contestant’s expense. If the drug screen indicates the presence of illegal drugs in the contestant, or if the contestant refuses to submit to the test, the authority shall:
   (a) Suspend or revoke the license of the contestant;
   (b) or the authority may] Impose a fine upon the contestant; or
   (c) Impose both penalties established in paragraphs (a)
and (b) of this subsection, [or both]

(2) From arrival to the venue to the conclusion of the event, a contestant shall not consume, possess, or participate under the influence of alcohol or any other substance that may affect the contestant’s ability to participate.

Section 27. The promoter shall submit written notice to a local hospital with an on-call neurosurgeon that an elimination event is being held. This notice shall include the date, time and location of the event. A copy of this notice shall be filed with the authority no less than two (2) business days before the event.

Section 28. Any event held outdoors while the temperature is or exceeds a heat index of 100 degrees Fahrenheit shall be conducted under a roof.


(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Boxing and Wrestling Authority office at 100 Airport Road, Frankfort, Kentucky 40601, Monday through Friday, 8 a.m. to 4:30 p.m.

PUBLIC PROTECTION CABINET
Kentucky Boxing and Wrestling Authority
(As Amended at ARRS, March 12, 2012)

201 KAR 27:035. Seconds.

RELATES TO: KRS 229.021(2), 229.081, 229.171(1), 229.190, 229.200, 229.991

STATUTORY AUTHORITY: KRS 229.171(1), 229.180[44]

NECESSITY, FUNCTION, AND CONFORMITY: KRS 229.171(1) authorizes[45] the Kentucky Boxing and Wrestling Authority to provide the sole direction, management, control, and jurisdiction over all [professional]boxing, kickboxing, mixed martial arts, sparring, and wrestling shows[46] or exhibitions held in the Commonwealth. KRS 229.180[44] authorizes the authority to promulgate administrative regulations necessary to implement KRS Chapter 229. This administrative regulation establishes the guidelines that shall be followed by persons acting as seconds.

Section 1. (1) A second shall report to and be under the general supervision of the inspector or employee of the authority in attendance at the show.

(2) A second shall obey all orders of the inspector or employee of the authority.

Section 2. (1) A second shall be licensed by the authority and shall be governed by KRS Chapter 229 and 201 KAR Chapter 27.

(2) An applicant shall file a completed application as established in 201 KAR 27:008, Section 2, and pay the licensure fee established in 201 KAR 27:008, Section 3.

Section 3. A[47] violation by a second, of KRS Chapter 229 or 201 KAR Chapter 27[the law or administrative regulations of the authority], shall be sufficient cause for disqualification of the contestant, for whom the second acts, by the referee or judges.

Section 4. A second shall not act as a manager unless so licensed.

Section 5. A second shall not be more than three (3) in number, and only two (2) shall be allowed in the ring at the same time.

Section 6. A second shall be equipped with a first aid kit and the necessary supplies for proper attendance upon the second's contestant.

Section 7. A second shall leave the ring at the timekeeper's ten (10) seconds whistle before the beginning of each round of a bout and remove all equipment. None of this equipment shall be placed on the ring floor until after the bell has sounded at the end of the round or period.

Section 8. A second shall not throw a towel or other article into the ring.

Section 9. A second shall wear surgical gloves while carrying out his or her duties.

Section 10. If the inspector has reason to believe that a second has committed a violation of KRS Chapter 229 or 201 KAR Chapter 27, the inspector shall[48] take one (1) or more of the following actions:

(1) Issuance of a cease and desist order to the second;
(2) Issuance of a notice of violation to the second; or
(3) Ejection of the second from a bout or show.

Section 11. Upon the finding of a violation of KRS Chapter 229 or 201 KAR Chapter 27 by a second, the authority shall[49] impose one (1) or more of the following penalties:

(1) Suspension of the license of the second pursuant to KRS 229.200;
(2) Revocation of the license of the second pursuant to KRS 229.200;
(3) Reprimand of the second pursuant to KRS 229.200; or
(4) Assessment of a fine pursuant to KRS 229.991(5).

PUBLIC PROTECTION CABINET
Kentucky Boxing and Wrestling Authority
(As Amended at ARRS, March 12, 2012)


RELATES TO: KRS 229.091(1), 229.190, 229.200, 229.991, 311

STATUTORY AUTHORITY: KRS 229.081(5)[44], 229.180

NECESSITY, FUNCTION, AND CONFORMITY: KRS 229.180[44] authorizes the authority to promulgate administrative regulations necessary to implement KRS Chapter 229. KRS 229.081(5) authorizes[4] the licensing of physicians for professional bouts. [KRS 229.091(1) provides that every licensee shall be subject to the administrative regulations the authority promulgates.] This administrative regulation establishes the rules of conduct for physicians.

Section 1. (1) The physician officiating at a show shall be licensed by the authority and shall be governed by KRS Chapter 229 and 201 KAR Chapter 27.

(2) A physician shall be subject to[50] orders given by the inspector or employee of the authority.

(3) An applicant shall file a completed application as established in 201 KAR 27:008, Section 2, and pay the license fee established in 201 KAR 27:008, Section 3.

Section 2. (1) The physician shall have general supervision over the physical condition of each contestant, and it shall be the...
Section 3. The physician shall take a position near the ringside and shall carefully observe the physical condition of each contestant during each bout, and shall administer medical aid if the need arises [should any emergency arise requiring medical attention].

Section 4. The physician shall prohibit a contestant whom the physician reasonably believes is physically unfit for competition or impaired from alcohol or a controlled substance from entering the ring, and the physician shall order the referee to stop a bout or match if the physician deems it necessary to prevent serious physical injury to a contestant, official, second, manager, or spectator.

Section 5. The physician shall not enter the ring except in an emergency or unless authorized to do so by the referee, the inspector, or an employee of the authority.

Section 6. The physician shall be licensed pursuant to KRS Chapter 311 as a physician. The physician shall hold an M.D. or D.O. degree.

Section 7. The physician shall make a thorough physical examination of each contestant after each bout. The physician shall deliver a postbout physical report to the inspector or employee of the authority when completed on the [Postbout Examination form] [2/06].

Section 8. The physician shall remain at the event locker room until each competitor has left the locker room.

Section 9. If the inspector has reason to believe that a physician has committed a violation of KRS Chapter 229 or 201 KAR Chapter 27, the inspector shall take one (1) or more of the following actions:

(1) Issuance of a cease and desist order to the physician;
(2) Issuance of a notice of violation to the physician; or
(3) Ejection of the physician from a show.

Section 10. Upon the finding of a violation of KRS Chapter 229 or 201 KAR Chapter 27 by a physician, the authority shall impose one (1) or more of the following penalties:

(1) Suspension of the license of the physician pursuant to KRS 229.200;
(2) Revocation of the license of the physician pursuant to KRS 229.200; or
(3) Reprimand of the physician pursuant to KRS 229.991(5).

Section 11. Incorporation by Reference. (1) The following material is incorporated by reference:
(a) "Prebout Examination", (5/06); and
(b) "Postbout Examination", (5/06).

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Boxing and Wrestling Authority office at 100 Airport Road, Frankfort, Kentucky 40601, Monday through Friday, 8 a.m. to 4:30 p.m.

GEORGE GINTER, Board Chair
ROBERT D. VANCE, Secretary
APPROVED BY AGENCY: November 14, 2011
FILED WITH LRC: November 15, 2011 at 10 a.m.
CONTACT PERSON: Angela Robertson, 500 Mero Street, Capitol Plaza Tower, Room 509, Frankfort, Kentucky 40601, phone (502) 564-0085, fax (502) 564-3969.

PUBLIC PROTECTION CABINET
Kentucky Boxing and Wrestling Authority
(As Amended at ARRS, March 12, 2012)

201 KAR 27:100. General requirements for amateur mixed martial arts shows.

RELATES TO: KRS 229.011(4), 229.021, 229.031(1), 229.071(4), 229.091, 229.101, 229.131, 229.171, 229.991

STATUTORY AUTHORITY: KRS 229.071(3), 4(2), 229.081, 229.091(1), 229.101(3)(a), 229.151(1), 229.171(1), 229.180. NECESSITY, FUNCTION, AND COMFORMITY: Except as provided in KRS 229.011(4), KRS 229.171(1) authorizes the authority to maintain the sole direction, management, control, and jurisdiction over all boxing, sparring, kickboxing, mixed martial arts, and wrestling shows or exhibitions to be held or conducted in the Commonwealth. KRS 229.180 authorizes the authority to promulgate administrative regulations necessary to implement KRS Chapter 229. KRS 229.081 requires certain participants in exhibitions and shows to be licensed in accordance with eligibility requirements established by administrative regulation.

KRS 229.071(3) authorizes the authority to grant annual licenses to applicants for participation in shows and exhibitions if the authority judges that the financial responsibility, experience, character, and general fitness of the applicant are sufficient that participation by the applicant is in the public interest. KRS 229.071(4) requires the authority to establish annual license fees for licensed individuals. KRS 229.091(1) requires that every license [license] be subject to administrative regulations promulgated by the authority. This administrative regulation establishes [license] requirements and fees for certain participants in competitive contact sports such as boxing and mixed martial arts shows and exhibitions in the Commonwealth.

Section 1. (1) Each contestant shall attend a prefight meeting as directed by a representative of the authority.

(a) Each contestant and official shall check in with a representative of the authority no less than one (1) hour prior to the starting time of the event.

(b) Each contestant shall remain in the locker room area until time for that contestant to compete.

Section 2. The schedule for compensation to be paid to the following officials provided by the authority who are participating in an amateur mixed martial arts show shall be as follows and shall be paid prior to the commencement of the main event:

(1) Judge for mixed martial arts: fifty (50) dollars.
(2) Timekeeper for mixed martial arts: fifty (50) dollars.

(b) Judge for mixed martial arts: fifty (50) dollars.
(3) Physician for mixed martial arts:
(a) $300; up to ten (10) scheduled bouts;
(b) $350; eleven (11) to fifteen (15) scheduled bouts;
(c) $400; over fifteen (15) scheduled bouts;

(b) License renewal shall be ten (10) dollars.
(c) An amateur license shall expire on December 31 of the year in which the license is issued.

(d) Referee for mixed martial arts: seventy-five (75) dollars.
(b) Referee for mixed martial arts: seventy-five (75) dollars.

Section 3. If a show is cancelled with less than twenty-four (24)
hours notice to the authority, officials shall be paid one-half (1/2) the compensation required by this administrative regulation.

Section 4. (1) The promoter shall submit a request for a show date not less than thirty (30) calendar days before the requested date for approval by the authority using the [Amateur] MMA Show Notice Form.

(2) There shall not be advertising of the event prior to this approval.

(3) Upon approval by the authority, each advertisement[all advertisements] shall include the promoter’s license number.

Section 5. (1)(a) The proposed program for a show shall be filed with the authority at least five (5) business days prior to the date of the show.

(b) Notice of any change in a program or a substitution[any substitutions] in a show shall be filed immediately with the authority.

(c) The program shall not have more than two (2) fifteen (15) minute intermissions.

(2) If the Authority determines, after reviewing a contestant's fight history that a proposed bout may not be reasonably competitive, the bout shall be denied.

(3) Amateur mixed martial arts contestants age thirty-nine (39) and older shall be in the Masters Division and shall only compete against contestants within this division.

Section 6. (1) Before the commencement of a show, all changes or substitutions shall be:

(a) Announced from the cage[cage]; and

(b) Posted in a conspicuous place at the ticket office.

(2) A purchaser of tickets shall be entitled, upon request, to a refund of the purchase price of the ticket, if provided the request is made before the commencement of the show.

Section 7. (1) Each show shall be video[All shows shall be visibly] recorded and retained by the promoter for at least one (1) year.

(2) Upon request of the authority, the promoter shall provide the video[visual] recording of a show to the authority.

Section 8. (1) The area between the cage[cage] and the first row of spectators on all[four (4)] sides and the locker room area shall be under the exclusive control of the authority.

(2) Alcohol or smoking shall not be allowed in the areas under the control of the authority.

(3) Authority staff and licensees shall be the only people allowed inside the areas under the control of the authority.

Section 9. (1) There shall be an area of at least six (6) feet between the edge of the cage[cage] floor and the first row of spectators on all sides of the cage[cage].

(2) A partition, barricade, or similar divider shall be placed:

(a) Between the first row of the spectator seats and the six (6) foot area surrounding the cage[cage]; and

(b) Along the sides of the entry lane for contestants to enter the cage[cage] and the spectator area.

Section 10. The ring shall meet the following requirements:

(1) All bouts shall be held in a four (4) sided roped ring with the following specifications:

(a) The minimum size of the ring shall be 16 ft. x 16 ft., inside the ropes;

(b) The floor of the ring shall extend beyond the ropes for a distance of not less than one (1) foot;

(c) The floor of the ring shall be elevated not more than six (6) feet above the area floor; and

(d) The ring shall have steps to enter the ring on two (2) sides.

(e) The ring shall be formed of ropes with the following specifications:

(1) There shall be a minimum of three (3) ropes extended in a triple line at the following heights above the ring floor:

- Twenty-four (24) inches;

- Thirty-six (36) inches; and

- Forty-eight (48) inches;

(2) A fourth rope may be used if approved by the inspector or employee of the Authority prior to the commencement of the show;

(c) A rope shall be at least one (1) inch in diameter;

(d) A rope shall be wrapped in a clean, soft material and drawn taut;

(e) A rope shall be held in place with vertical straps on each of the four (4) sides of the ring; and

(3) A rope shall be supported by ring posts that shall be:

(a) Made of metal or other strong material;

(b) Not less than three (3) inches in diameter; and

(c) At least eighteen (18) inches from the ropes.

(f) The ring floor shall be padded or cushioned with a clean, soft material that:

(a) Shall be at least one (1) inch in thickness using slow recovery foam matting;

(b) Extends over the edge of the platform; and

(c) Shall be covered with a single canvas or a similar material stretched tightly.

(5) A ring rope shall be attached to the ring posts by turnbuckles that are padded with a soft vertical pad at least six (6) inches in width.

Section 11. A bell or horn shall be used by the timekeeper to indicate the time.

Section 12. In addition to the cage[cage] and ring[ring] equipment, the promoter shall supply the following items, which shall be available for use as needed:

(1) A public address system in good working order;
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(2) [Judges and timekeepers] Chairs for judges and timekeepers; elevated sufficiently to provide an unobstructed view of the cage and ringside; and
(3) Items for each contestant’s corner, to include:
(a) A stool or chair;
(b) A clean bucket;
(c) Towels; and
(d) Rubber gloves;
(4) A complete set of numbered round-cards, if needed;
(5) A clean stretcher and a clean blanket, placed under or adjacent to the ring, throughout each program; and
(6) First aid oxygen apparatus or equipment.

Section 13. A scale used for any weigh-in shall be approved in advance by the authority to determine accuracy.

Section 14. (1) A promoter shall provide a minimum of two (2) security guards for the premises where shows are conducted and the locker rooms to ensure to the satisfaction of the authority that adequate protection against disorderly conduct has been provided.
(2) A disorderly act, assault, or breach of decorum on the part of a licensee at the premises shall be prohibited.

Section 15. (1) All emergency medical personnel and portable medical equipment shall be stationed at cageside/ringside during the show.
(2) There shall be resuscitation equipment, oxygen, a stretcher, a certified ambulance, and an emergency medical technician on site for all contests.
(3) If the ambulance is required to leave the event for any reason, a contest shall not be allowed to continue until an ambulance shall be once again present and medical personnel shall be cageside/ringside.
(4) Proof of ambulance coverage being scheduled shall be provided to the authority not less than two (2) business days before the show.

Section 16. (1) There shall be at least one (1) physician licensed by the authority at cageside/ringside before a bout shall be allowed to begin.
(2) The physician shall have at cageside/ringside any medical supplies necessary to provide first aid medical assistance for the type of injuries reasonably anticipated to occur in a mixed martial arts show.

Section 17. (1) A promoter shall provide insurance for the promoter’s contestant for injuries sustained in the mixed martial arts show. Payment of all allowable deductible expense shall be the responsibility of the contestant not to exceed the deductible expense of $500. A deductible expense above $500 shall be the responsibility of the promoter.
(2) The minimum amount of coverage per contestant shall be $500 health and $5,000 accidental death benefits.
(3) A certificate of insurance coverage shall be provided to the authority not less than two (2) business days before the show.

Section 18. (1) A promoter shall submit written notice to a local hospital with an on-call neurosurgeon that a mixed martial arts show is being held.
(2) This notice shall include the date, time, and location of the show.
(3) A copy of this notice shall be filed with the authority not less than two (2) business days before the show.

Section 19. Judges, physicians, referees, and timekeepers shall be selected, licensed, and assigned to each show by the authority. For each show, the authority shall assign:
(1) Three (3) judges;
(2) One (1) timekeeper;
(3) One (1) physician, unless more than eighteen (18) bouts are scheduled, in which case a minimum of two (2) physicians shall be required;
(4) One (1) referee, unless more than eighteen (18) bouts are scheduled, in which case a minimum of two (2) referees shall be required; and
(5) One (1) bout assistant.

Section 20. Unless the authority approves an exception:
(1) A nonchampionship contest or exhibition of mixed martial arts shall not exceed three (3) rounds in duration;
(2) A championship contest of mixed martial arts shall not exceed five (5) rounds in duration;
(3) A period of unarmed combat in a contest or exhibition of mixed martial arts shall be a maximum of three (3) minutes in duration, and a period of rest following a period of unarmed combat in a contest or exhibition of mixed martial arts shall be ninety (90) seconds in duration.

Section 21. Weight Classes of Contestants; Weight Loss After Weigh-in. (1) [Except with the approval of the Authority] The classes for contestants competing in an amateur mixed martial arts show and the weights for each class shall be established in Table A.

<table>
<thead>
<tr>
<th>CLASS</th>
<th>WEIGHT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flyweight</td>
<td>Up to 125 lbs.</td>
</tr>
<tr>
<td>Bantamweight</td>
<td>Up to 135 lbs.</td>
</tr>
<tr>
<td>Featherweight</td>
<td>Up to 145 lbs.</td>
</tr>
<tr>
<td>Lightweight</td>
<td>Up to 155 lbs.</td>
</tr>
<tr>
<td>Welterweight</td>
<td>Up to 170 lbs.</td>
</tr>
<tr>
<td>Middleweight</td>
<td>Up to 185 lbs.</td>
</tr>
<tr>
<td>Light Heavyweight</td>
<td>Up to 205 lbs.</td>
</tr>
<tr>
<td>Heavyweight</td>
<td>Up to 265 lbs.</td>
</tr>
<tr>
<td>Super Heavyweight</td>
<td>Over 265 lbs.</td>
</tr>
</tbody>
</table>

(2) After the weigh-in of a contestant competing in an amateur mixed martial arts show:
(a) Weight gain in excess of six (6) pounds shall not be permitted for a contestant who weighed in at 145 pounds or less;
(b) Weight gain in excess of eight (8) pounds shall not be permitted for a contestant who weighed in at over 145 pounds.
(3) The change in weight described in subsection (2) of this section shall not occur later than two (2) hours after the initial weigh-in.
(4) A contestant shall not be allowed to fight more than one (1) weight class above his weight.

Section 22. Glove Specifications. (1) The promoter shall supply all gloves for the event.
(2) Each contestant who weighs [Contestants who weigh] 145 or less shall wear gloves that shall be of a maximum of four (4) ounces each.
(3) Each contestant who weighs 146 and above shall wear gloves that shall be of a maximum of six (6) ounces and a maximum of eight (8) ounces each.
(4) Each contestant in a match[Both contestants] shall wear the same glove weight.

Section 23. The following shall be prohibited:
(1) “Battle royal” as defined in 201 KAR 27:005, Section 1(2); and
(2) Use of excessive grease or another substance that may handicap an opponent.
Section 24. (1) A professional mixed martial arts contestant found to be competing during an amateur mixed martial arts show shall have his license suspended for a period not less than one (1) year.

(2) A promoter who allows a professional to compete against an amateur shall have his license suspended for period not less than one (1) year.

Section 25. Contests Repeatedly Knocked Out, Defeated, or Suspended. (1) A mixed martial arts contestant who has been repeatedly knocked out and severely beaten shall be retired and not permitted to compete again if, after thorough examination by a physician, the authority decides the action shall be necessary in order to protect the health and welfare of the contestant.

(2) A mixed martial arts contestant who has been knocked out six (6) consecutive defeats by knockout or technical knockout shall not be allowed to compete again until he has been investigated by the authority and examined by a physician licensed by the authority.

(3) A mixed martial arts contestant whose license is under administrative suspension in another jurisdiction resulting from a violation not established in this administrative regulation may be allowed to participate in a contest only after review and approval of the case by an inspector or employee of the authority.

(4) A mixed martial arts contestant who has been knocked out shall be prohibited from all mixed martial arts competition for sixty (60) days.

(5) A [Any] mixed martial arts contestant who has suffered a technical knockout (TKO) may, at the discretion of the inspector, be prohibited from mixed martial arts competition for up to thirty (30) days. In determining how many days to prohibit the contestant from mixed martial arts competition, the inspector shall consider the nature and severity of the injuries that resulted in the TKO.

(6) Each contestant shall be prohibited from all mixed martial arts competition for sixty (60) days. A contestant shall be prohibited for thirty (30) days. In determining how many days to prohibit the contestant from mixed martial arts competition, the inspector shall consider the nature and severity of the injuries that resulted in the TKO.

(a) Each contestant shall be prohibited from all mixed martial arts competition for sixty (60) days.

(b) Day one (1) of the rest period shall commence on the first day following the twenty-four (twenty-four) (24) hour period.

Section 26. (1) A person over the age of thirty-nine (39) shall not participate as a contestant in a mixed martial arts match without first submitting to a comprehensive physical performed by a physician licensed by the Authority as a ringside physician.

(2) The results of the physical and a medical authorization or release shall then be completed and submitted to the authority not later than fifteen (15) business days prior to the scheduled board meeting in a box.

Section 27. (1) A contestant shall produce one (1) form of picture identification. A contestant shall not assume or use the name of another and shall not change his ring name or be announced by a name other than that appearing on his license.

(2) Each contestant and official shall check in with the authority not less than one (1) hour prior to the commencement of the event.

Section 28. A contestant shall not compete against a member of the opposite sex.

Section 29. (1) A contestant shall not use a belt that contains a metal substance during a bout.

(2) The belt shall not extend above the waistline of the contestant.

Section 30. A mixed martial arts contestant shall:

(1) Be clean, neatly clothed in proper ring attire, and the shorts of opponents shall be of distinguishing colors;

(2) Not wear shoes or [any] padding on his feet during the contest;

(3) Wear a groin protector; and

(4) Wear a mouthpiece.

Section 31. The authority may request that a contestant submit to a drug screen for controlled substances at the contestant’s expense.

(2) If the drug screen indicates the presence within the contestant of controlled substances for which the contestant does not have a valid prescription, or if the contestant refuses to submit to the test, the authority shall suspend or revoke the license of the contestant, or the authority shall impose a fine upon the contestant, or both.

(3)[(a)] The administration of or use of any of the following shall be prohibited in any part of the body, either before or during a contest or exhibition:

(1) Alcohol;

(2) Stimulant; or

(3) Drug or injection that has not been approved by the authority, or that is not [but not limited to] the drugs or injections listed in paragraph (b) of this subsection.

(b) The following types of drugs, injections, or stimulants shall be prohibited:

(1) Stimulants are prohibited pursuant to subsection 1:

(a) A product containing an antihistamine and a decongestant other than a decongestant listed in paragraph (d) of this subsection;

(b) A product containing an antihistamine and a decongestant other than a decongestant listed in paragraph (d) of this subsection;

(2) A decongestant other than a decongestant listed in paragraph (d) of this subsection.

(3) A product containing an antihistamine and a decongestant other than a decongestant listed in paragraph (d) of this subsection.

(4) A decongestant other than a decongestant listed in paragraph (d) of this subsection.

(5) AnWords not number;

(a) Stimulants are prohibited pursuant to subsection 1:

(1) A product containing an antihistamine and a decongestant other than a decongestant listed in paragraph (d) of this subsection;

(b) A product containing an antihistamine and a decongestant other than a decongestant listed in paragraph (d) of this subsection;

(2) A decongestant other than a decongestant listed in paragraph (d) of this subsection;

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(5) AnWords not number;

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(1) A product containing an antihistamine and a decongestant other than a decongestant listed in paragraph (d) of this subsection;

(b) A product containing an antihistamine and a decongestant other than a decongestant listed in paragraph (d) of this subsection;

(2) A decongestant other than a decongestant listed in paragraph (d) of this subsection;

(3) AnWords not number;

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(b) A product containing an antihistamine and a decongestant other than a decongestant listed in paragraph (d) of this subsection;

(2) A decongestant other than a decongestant listed in paragraph (d) of this subsection;

(4) A decongestant other than a decongestant listed in paragraph (d) of this subsection.

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(1) A product containing an antihistamine and a decongestant other than a decongestant listed in paragraph (d) of this subsection;

(b) A product containing an antihistamine and a decongestant other than a decongestant listed in paragraph (d) of this subsection;

(2) A decongestant other than a decongestant listed in paragraph (d) of this subsection;
The following decongestants:

- Afrin (Oxymetazoline HCL Nasal Spray)
- Any decongestant that is pharmaceutically similar to a decongestant listed in clause b.

The completed third round of a bout that is scheduled for five (5) rounds.

- Attacking an opponent after the bell has sounded the end of the period of unarmed combat;
- Disregarding the instructions of the referee;
- Timidity, such as intentionally or consistently dropping the mouthpiece or faking an injury;
- Interference by the corner;
- The throwing by a contestant's corner staff of objects into the ring during competition.

Section 37. (1)(a) If a contestant fouls his opponent during an amateur mixed martial arts show, the referee may penalize him by deducting points from his score depending on the type and severity of the foul, regardless of whether or not the foul was intentional or not.

- The referee shall determine the number of points to be deducted in each instance and shall base the determination on the severity of the foul and its effect upon the opponent.
- If the referee determines that it is necessary to deduce a point or points because of a foul, the referee shall warn the offender of the penalty to be assessed.
- The referee shall, as soon as is practical after the foul, notify the judges and both contestants of the number of points, if any, to be deducted from the score of the offender.
- A point or points to be deducted for a foul shall be deducted in the round in which the foul occurred and shall not be deducted from the score of [any] subsequent round.

Section 38. (1)(a) If a bout of amateur mixed martial arts is stopped because of an accidental foul, the referee shall determine whether the contestant who has been fouled is able to continue or not.

- If the contestant's chance of winning has not been seriously jeopardized as a result of the foul, the foul does not involve a conclusive impact to the head of the contestant who has been fouled, the referee may order the bout continued after a recuperative interval of not more than five (5) minutes.
- Immediately after separating the contestants, the referee shall inform the authority's representative of the determination that the foul was accidental.

- If the referee determines that a bout of amateur mixed martial arts shall not continue because of an injury suffered as the result of an accidental foul, the bout shall be declared a "no contest" if the foul occurs during:
  - The first two (2) rounds of a bout that is scheduled for three (3) rounds or less;
  - The first three (3) rounds of a bout that is scheduled for five (5) rounds.
- If an accidental foul renders a contestant unable to continue the bout, the outcome shall be determined by scoring the completed rounds, including the round in which the foul occurs, if the foul occurs after:
  - The completed second round of a bout that is scheduled for three (3) rounds;
  - The completed third round of a bout that is scheduled for five (5) rounds.
(4) If an injury inflicted by an accidental foul later becomes aggravated by fair blows and the referee orders the bout stopped because of the injury, the outcome shall be determined by scoring the completed rounds and the round during which the referee stops the bout.

(5) A contestant committing a foul may be issued a violation by the inspector or employee of the authority, based on the seriousness of the foul.

Section 39. A contest of amateur mixed martial arts may end in the following ways:

(1) Submission by:
   (a) Physical tap out; or
   (b) Verbal tap out;

(2) Technical knockout by the referee or physician stopping the contest;

(3) Decision via the scorecards, including:
   (a) Unanimous decision;
   (b) Split decision;
   (c) Majority decision; or
   (d) Draw, including:
      1. Unanimous draw;
      2. Majority draw; or
      3. Split draw;

(4) Technical decision;

(5) Technical draw;

(6) Disqualification;

(7) Forfeit; or

(8) No contest.

Section 40. Within twenty-four (24) hours of the conclusion of an event, the promoter shall, pursuant to KRS 229.031(1), complete and submit to the authority the form [Amateur] MMA Event Report.

Section 41. In addition to the other requirements in this administrative regulation, the following requirements shall apply to bouts between female contestants:

(1) A contestant shall not wear facial cosmetics during the bout;

(2) A contestant with long hair shall secure her hair with soft and nonabrasive material;

(3) Weight classes shall be those established in Section 21 of this administrative regulation;

(4) A contestant shall wear a properly-fitted mouthpiece;

(5) A contestant shall wear a jersey top and shorts;

(6)(a) A contestant shall provide the results of a pregnancy test indicating a negative finding that was taken within one (1) week prior to the bout;

(b) These results shall be submitted to the authority not less than twenty-four (24) hours prior to the show; and

(7) A promoter shall provide a separate locker room[room(s)] for females.

Section 42. A contestant shall submit HIV Antibody and Hepatitis B Antigen and Hepatitis C Antibody test results at or before pre-fight physical upon request.

(1) The results of these tests shall be no more than 365 days old.

(2) A person with a positive test result[positive test result] shall not be allowed to fight.

Section 43. A promoter shall maintain an account with the recognized national database as identified by the authority[,] and shall submit contestants names to that database upon approval of the show date. The promoter shall be responsible for the costs associated with the use of this service.

Section 44. All non-sanctioned activities such as [including but not limited to] concerts, shall be completed prior to the scheduled start time of the event.

Section 45.[42] Incorporation by Reference. (1) The following material is incorporated by reference:

(a) "Application for Amateur Mixed Martial Arts Contestant License", 10/11(1)(b);

(b) "MMA Show Notice Form", 3/12(1)(1)(a); and

(c) "Amateur MMA Event Report", 10/11(1)(a).

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Boxing and Wrestling Authority office at 500 Meridian Street, Capitol Plaza Tower, Room 509, Frankfort, Kentucky 40601[100 Airport Road, Frankfort, Kentucky 40601], Monday through Friday, 8 a.m. to 4:30 p.m.

GEORGE GINTER, Board Chair
ROBERT D. VANCE, Secretary
APPROVED BY AGENCY: February 15, 2012
FILED WITH LRC: February 15, 2012 at 11 a.m.
CONTACT PERSON: Angela Robertson, 500 Meridian Street, Capitol Plaza Tower, Room 509, Frankfort, Kentucky, 40601, phone (502) 564-0085, fax (502) 564-3969.

GENERAL GOVERNMENT CABINET
Kentucky Real Estate Appraisers Board
(As Amended at ARRS, March 12, 2012)

201 KAR 30:040. Standards of practice.

STATUTORY AUTHORITY: KRS 324A.035(3)(d)
NECESSITY, FUNCTION, AND CONFORMITY: KRS 324A.035(3)(d) requires the board to establish by administrative regulation standards of professional appraisal practice. 12 U.S.C. 3331, 3336, and 3339 and 12 C.F.R. 225.64 and 225.65 require that real estate appraisals in connection with federally-related transactions be performed in accordance with appraisal standards promulgated by the Appraisal Standards Board of the Appraisal Foundation. This administrative regulation establishes the standards of professional practice.

Section 1. The following certificate holders or licensees shall comply with the "Uniform Standards of Professional Appraisal Practice" in effect at the time the services were performed:

(1) A certified general real property appraiser;

(2) A certified residential real property appraiser;

(3) A licensed real property appraiser;

(4) An associate real property appraiser; and

(5) A licensed nonfederal real property appraiser.

Section 2. [An appraisal report made with regard to a federally related transaction shall be in writing.

Section 3.]The standard for the calculation and reporting of above-grade square footage and below-grade square footage in single-family houses shall be the "American National Standard for Single-Family Residential Buildings; Square Footage-Measurement Calculating", ANSI Z765-2003, as approved by the American National Standards Institute, Inc.

Section 3.[4] Incorporation by Reference. (1) The following material is incorporated by reference:

(a) "Uniform Standards of Professional Appraisal Practice", 2012-2013 edition[2010-2011 edition]; and


(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Real Estate Appraisers Board, 135 W. Irvine Street, Suite 301, Richmond, Kentucky 40475, (859) 623-1658, Monday through Friday, 8 a.m. to 4:30 p.m.

(3) This material may also be obtained from the Appraisal Standards Board of the Appraisal Foundation, 1029 Vermont Avenue, N.W., Suite 900, Washington, D.C. 20005-3517, (202) 347-7722.

HAROLD BRANTLEY, Chair
TOURISM, ARTS AND HERITAGE CABINET
Kentucky Department of Fish and Wildlife Resources
(As Amended at ARRS, March 12, 2012)

301 KAR 1:152. Asian Carp and Scaled Rough Fish Harvest Program.

RELATES TO: KRS 150.010, 150.170, 150.175, 150.445, 150.450(2), (3), 150.990
STATUTORY AUTHORITY: KRS 150.025(1)
NECESSITY, FUNCTION, AND CONFORMITY: KRS 150.025(1) authorizes the department to promulgate administrative regulations to set seasons, establish bag or creel limits, to regulate the buying, selling, or transporting of fish and wildlife, and to make these requirements apply to a limited area. This administrative regulation establishes the requirements for the department’s Asian carp harvest program.

Section 1. Definitions. (1) “Asian carp” means silver carp, bighead carp, black carp, or grass carp.
(2) “By-catch” means any fish that is not an Asian carp or scaled rough fish.
(3) “Program participant” means a commercial fisherman who:
(a) Enrolled in the Asian Carp Harvest Program; and
(b) Fishing in restricted water.
(4) “Restricted water” means those areas, pursuant to 301 KAR 1:140, 1:150, and 1:155, where:
(a) Commercial fishing is prohibited; or
(b) Commercial fishing with gill or trammel nets is prohibited.
(5) “Scaled rough fish” means any scaled fish that is not an Asian carp or sport fish pursuant to 301 KAR 1:060.
(6) “Whip net set” means a gill or trammel net that is:
(a) Set to encircle and harvest Asian carp; and
(b) Always tended by a program participant while in the water.

Section 2. Qualifications. A commercial fisherman shall:
(1) Contact the department and request to be included in the program;
(2) Possess a valid Kentucky commercial fishing license;
(3) Have possessed a valid Kentucky commercial fishing license for at least three (3) consecutive years; and
(4) Have reported a harvest of at least 10,000 pounds of fish per year for a three (3) consecutive year period.

Section 3. Program Participant Requirements. A program participant shall:
(1) Obtain an agreement with a fish buyer to deliver a requested poundage of Asian carp;
(2) Call the department at 800-858-1549 at least forty-eight (48) hours in advance of the requested fishing date and provide the following information:
(a) The participant’s name;
(b) The fish buyer’s name and phone number;
(c) Date requested;
(d) The restricted water to be fished; and
(e) The total poundage of the Asian carp requested by the fish buyer.
(3) Only harvest Asian carp;
(4) Only fish:
(a) On dates approved by the department;
(b) At a location approved by the department; and
(c) When a department observer is present;
(5) Only use a whip net set with a minimum bar mesh size of three and one quarter (3.25) inches; and
(6) Sign a Daily Harvest and Release Summary Card immediately after each day’s fishing;
(7) Be allowed to sell all harvested Asian carp and scaled rough fish pursuant to Section 2 of this administrative regulation;
(8) Immediately release all by-catch;
(9) Report all harvest on a Monthly Report of Commercial Fish Harvest form, pursuant to the requirements of 301 KAR 1:155;
(10) Harvest a weight ratio of at least seventy-five (75) percent Asian carp to twenty-five (25) percent scaled rough fish over a one (1) month period; and
(11) Be suspended from the program:
(a) For a period of one (1) year beginning on the first day of the next month if the minimum requirements established in subsection (10) of this section are not met; and
(b) For a portion of one (1) year beginning on the first day of the next month if the requirements are not met a second time.

Section 4. Department Requirements. (1) The department shall:
(a) Maintain a list of program participants and their contact information which shall be:
1. Provided to known fish buyers; and
2. Updated at least weekly.
(b) Review all restricted water fishing requests pursuant to the requirements of Section 3 of this administrative regulation;
(2) The department shall approve a qualified fishing request by assigning:
(a) A department observer to each program participant;
(b) A fishing location for a program participant and department observer, except that no more than two (2) program participants shall be assigned to the same one-half (1/2) mile section of water; and
(c) The time period when fishing may occur, not to exceed a three (3) consecutive day period; and
(3) A department observer shall:
(a) Contact the program participant for an arranged meeting time and location;
(b) Be present during each approved fishing period by either:
1. Traveling in the participant’s boat, if allowed; or
2. Following the participant in a department boat;
(c) Monitor Asian carp harvest and release of by-catch during each approved fishing period; and
(d) Complete a Daily Harvest and Release Summary Card.
(4) The department shall not approve a fishing request for the following reasons:
(a) Higher than normal by-catch is likely to occur at that location and time;
(b) Two (2) program participants have already been approved for the same one-half (1/2) mile section of water at the same time;
(c) A requested date falls on:
1. Memorial Day;
2. Labor Day;
3. July 4; or
4. A Saturday or Sunday from April 1 through September 30; or
(d) A department observer is unavailable on the requested date.

Section 5. Program disqualification. A program participant whose commercial fishing license becomes revoked or suspended pursuant to 301 KAR 1:155 shall be disqualified from participating in the Asian carp harvest program while that license is revoked or suspended.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Department of Fish and Wildlife Resources, #1 Sportsman’s Lane, Frankfort, Kentucky, Monday through Friday, 8 a.m. to 4:30 p.m.

BENJY T. KINMAN, Deputy Commissioner,
TOURISM, ARTS AND HERITAGE CABINET
Kentucky Department of Fish and Wildlife Resources
(As Amended at ARRS, March 12, 2012)

301 KAR 2:172. Deer hunting seasons, zones, and requirements.

RELATES TO: KRS 150.010, 150.177, 150.180, 150.390, 150.411(3), 150.990, 237.110
STATUTORY AUTHORITY: KRS 150.025(1), 150.170, 150.175, 150.390(1)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 150.025(1) authorizes the department to establish hunting seasons, bag limits, methods of taking, and to promulgate administrative regulations establishing hunting seasons, bag limits of taking wildlife. KRS 150.170 exempts certain people from hunting license and permit requirements. KRS 150.175 authorizes the kinds of licenses and permits to be issued by the department. KRS 150.390(1) prohibits the taking of deer in any manner contrary to any provisions of KRS Chapter 150 or its administrative regulations. This administrative regulation establishes deer hunting seasons and zones, legal methods of taking, and checking and recording requirements for deer hunting.

Section 1. Definitions. (1) “Additional deer permit” means a permit that allows the holder to take up to two (2) additional deer beyond those allowed by the statewide permit in the following combinations:

(a) One (1) antlered deer and one (1) antlerless deer; or
(b) Two (2) antlerless deer.

(2) “Adult” means a person who is at least eighteen (18) years of age.

(3) “Antlered deer” means a deer with a visible antler protruding above the hairline.

(4) “Antlerless deer” means a deer with no visible antler protruding above the hairline, and includes:

(a) Female deer; and
(b) Male fawns or button bucks.

(5) “Archery equipment” means a long bow, recurve bow, or compound bow incapable of holding an arrow at full or partial draw without aid from the archer.

(6) “Arrow” means the projectile fired from a bow or crossbow.

(7) “Barbed breadth” means a point or portion of a blade projecting backward from a broadhead designed to hold an arrow within an animal. (7) “Bonus antlerless permit” means a permit that, in conjunction with appropriate licenses, permits, seasons, and methods, allows the holder to take two (2) additional antlerless deer.

(8) “Crossbow” means a bow designed or fitted with a device to hold an arrow at full or partial draw without aid from the archer.

(9) “Deer” means a member of the species Odocoileus virginianus.

(10) “Firearm” means a breech or muzzle-loading rifle, shotgun, or handgun.

(11) “Fully-automatic firearm” means a firearm that fires more than one (1) time with a single pull of the trigger.

(12) “License year” means the period from March 1 through the following last day of February.

(13) “Modern gun” means a rifle, handgun, or shotgun that is loaded from the rear of the barrel.

(14) “Muzzle-loading gun” means a rifle, handgun, or shotgun that is loaded from the discharging end of the barrel or discharging end of the cylinder.

(15) “Shotshell” means ammunition containing more than one (1) projectile.

(16) “Statewide deer permit” means a permit, which, in conjunction with appropriate licenses, seasons, and methods, allows the holder to take:

(a) One (1) antlered deer and one (1) antlerless deer; or
(b) Two (2) antlerless deer.

(17) “Statewide deer requirements” means the season dates, zone descriptions, bag limits, and other requirements and restrictions for deer hunting established in this administrative regulation.

(18) “Youth” means a person under the age of sixteen (16) by the date of the hunt.

Section 2. License and Deer Permit Requirements. (1) Unless exempted by KRS 150.170, a person shall carry proof of purchase of a valid Kentucky hunting license and valid deer permit while hunting.

(2) In lieu of a statewide deer permit, a person possessing a valid junior statewide hunting license shall not use more than two (2) junior deer hunting permits.

Section 3. Hunter Restrictions. (1) A deer hunter:

(a) Shall not take deer except during daylight hours;
(b) Shall not use dogs, except leashed tracking dogs to recover wounded deer;
(c) Shall not take a deer that is swimming; and
(d) Shall not take a deer from a vehicle, boat, or on horseback, except that a hunter with a disabled hunting exemption permit issued by the department may use a stationary vehicle as a hunting platform.

(e) Shall not possess or use a decoy or call powered by electricity from any source.

(2) A deer hunter shall not take a deer with any device except a firearm, crossbow, or archery equipment as authorized by Section 5 of this administrative regulation.

(3) A person shall not use any of the following items to take a deer:

(a) Rimfire ammunition;
(b) A fully-automatic firearm;
(c) A firearm with a magazine capacity greater than ten (10) rounds;
(d) Full metal jacketed ammunition;
(e) Tracer bullet ammunition;
(f) A shotshell containing larger than number two (2) size shot;
(g) A broadhead smaller than seven-eighths (7/8) inch wide;
(h) A barbed broadhead;
(i) A crossbow without a working safety device;
(j) A chemically-treated arrow;
(k) An arrow with a chemical attachment;
(l) Multiple projectile ammunition; or
(m) Any weapon that is not consistent with the appropriate season established in Section 5 of this administrative regulation.

Section 4. Hunter Orange Clothing Requirements. (1) During the modern gun deer season, muzzle-loader season and any youth firearm season, a person hunting any species during daylight hours and any person accompanying a hunter, shall display solid, unbroken hunter orange visible from all sides on the head, back, and chest except while hunting waterfowl.

(2) During an elk firearm season as established in 301 KAR 2:132, a person hunting any species and any person accompanying a hunter within the elk restoration zone, shall display solid, unbroken hunter orange visible from all sides on the head, back, and chest except while hunting waterfowl.

(3) The hunter orange portions of a garment worn to fulfill the requirements of this section:
(a) May display a small section of another color; and
(b) Shall not have mesh weave openings exceeding one-fourth (1/4) inch by any measurement.
(4) A camouflage-pattern hunter orange garment worn without additional solid hunter orange on the head, back and chest shall not meet the requirements of this section.

Section 5. Statewide Season Dates. (1) A deer hunter may use archery equipment to hunt deer statewide from the first Saturday in September through the third Monday in January.
(2) A deer hunter may take deer with a modern firearm statewide beginning the second Saturday in November:
(a) For sixteen (16) consecutive days in Zones 1 and 2; and
(b) For ten (10) consecutive days in Zones 3 and 4.
(3) A deer hunter may use a muzzle-loading gun to hunt deer statewide:
(a) For two (2) consecutive days beginning the third Saturday in October; and
(b) For nine (9) consecutive days beginning the second Saturday in December; and
(c) During any season when a modern gun may be used to take deer.
(4) A deer hunter may use a crossbow to hunt deer statewide:
(a) From October 1 through the end of the third full weekend in October;
(b) From the second Saturday in November through December 31; and
(c) During any season when a firearm may be used to take deer.
(5) Youth firearm season. For two (2) consecutive days beginning on the second Saturday in October, a youth deer hunter shall:
(a) Use any legal method to take antlered or antlerless deer; and
(b) Be required to follow all other statewide deer hunting requirements.
(6) There shall be a free youth weekend for two (2) consecutive days beginning on the Saturday after Christmas during which a youth shall:
(a) Not be required to have a hunting license or deer permit;
(b) Use any legal method to take antlered or antlerless deer; and
(c) Be required to follow all other statewide deer hunting requirements.

(2) Zone 2 shall consist of Allen, Bourbon, Boyd, Bullitt, Carter, Fayette, Fleming, Green, Greenup, Hardin, Hart, Henderson, Hopkins, Jessamine, Larue, Lawrence, Lewis, Logan, Mason, McLean, Mercer, Muhlenberg, Nelson, Nicholas, Todd, Union, and Webster Counties.
(3) Zone 3 shall consist of Adair, Barren, Bath, Boyle, Breckinridge, Butler, Casey, Clark, Cumberland, Daviess, Edmonson, Elliott, Estill, Grayson, Hancock, Johnson, Lincoln, Madison, Marion, Meade, Menifee, Metcalfe, Monroe, Montgomery, Morgan, Ohio, Powell, Rowan, Simpson, Taylor, Warren, and Wolfe Counties.
(4) Zone 4 shall consist of Bell, Breathitt, Clay, Clinton, Floyd, Garrard, Harlan, Jackson, Knott, Knox, Laurel, Lee, Leslie, Letcher, Magoffin, Martin, McCreary, Owings, Perry, Pike, Pulaski, Rockcastle, Russell, Wayne, and Whitley Counties.

Section 7. Season and Zone Limits. (1) A person shall not take more than four (4) deer statewide in a license year except:
(a) As authorized in 301 KAR 2:111, 2:176, 2:178, and 3:100; and
(b) A person may take an unlimited number of antlerless deer in Zone 1 provided the person has purchased the appropriate bonus permits.
(2) A person shall not take more than one (1) antlered deer per license year, regardless of the permit type used, except as established in 301 KAR 2:111, 2:176, and 3:100.
(3) In Zone 3, a person may take two (2) deer with a firearm.
(4) In Zone 4, a person may take:
(a) Only two (2) deer with a firearm; and
(b) Antlered deer only during:
   1. Modern firearm season;
   2. Early muzzleloader season; and
   3. The first six (6) days of the December muzzleloader season.
(5) The aggregate bag limit for Zones, 2, 3, and 4 shall be four (4) deer per hunter.

Section 8. Supervision of Youth Firearm Deer Hunters. (1) An adult shall:
(a) Accompany a person under sixteen (16) years old; and
(b) Remain in a position to take immediate control of the youth's firearm.
(2) An adult accompanying a youth hunter shall not be required to possess a hunting license or deer permit if the adult is not hunting.

Section 9. Harvest Recording. (1) Immediately after taking a deer, and prior to moving the carcass, a person shall record, in writing:
(a) The species taken;
(b) The date taken;
(c) The county[county] where taken; and
(d) The sex of the deer taken on one (1) of the following:
   1. The hunter's log section on the reverse side of a license or permit;
   2. The hunter's log produced in a hunting guide;
   3. A hunter's log printed from the Internet;
   4. A hunter's log available from any K DSS agent; or
   5. An index or similar card.
(2) The person shall retain and possess the completed hunter's log when the person is in the field during the current hunting season.

Section 10. Checking a Deer. (1) A person shall check a harvested deer by:
(a) Calling the toll free telecheck number at (800) 245-4263 or on the department's website at tw.ky.gov:
   1. Before midnight on the day the deer is recovered; and
   2. Prior number, (800) 245-4263, or completing the department's Web site at tw.ky.gov before midnight on the day the deer is recovered and prior to processing or removing the hide or head from the carcass;
(b) Providing the information requested by the automated check-in system; and
(c) Writing the confirmation number given by the system on the hunter's log authorized in Section 9 of this administrative regulation.
(2) If a hunter transfers possession of a harvested deer, the hunter shall attach to the carcass a hand-made tag that contains the following information:
   (a) The confirmation number;
   (b) The hunter's name; and
   (c) The hunter's telephone number.
(3) A person shall not provide false information while completing the hunter's log, checking a deer, or creating a carcass tag.

Section 11. Transporting and Processing Deer. (1) A person shall:
(a) Not transport an unchecked deer out of Kentucky;
(b) Have proof that a deer or parts of deer brought into Kentucky were legally taken;
(c) Not sell deer hides except to a licensed:
   1. Fur buyer;
   2. Fur processor; or
   3. Taxidermist.
(2) A taxidermist or an individual who commercially butchers deer shall:
(a) Not accept deer carcasses or any part of a deer without a
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valid disposal permit issued by the department pursuant to KRS 150.411(3) or a proper carcass tag as established in Section 10 of this administrative regulation.

(b) Keep accurate records of the hunter's name, address, confirmation number, and date received for each deer in possession and retain such records for a period of one (1) year.

BENJY KINMAN, Deputy Commissioner,
For DR. JONATHAN GASSETT, Commissioner
MARCHETA SPARROW, Secretary
APPROVED BY AGENCY: January 10, 2012
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CONTACT PERSON: Rose Mack, Department of Fish and Wildlife Resources, Arnold L. Mitchell Building, #1 Sportsman's Lane, Frankfort, Kentucky 40601, phone (502) 564-7109, ext. 4507, fax (502) 564-9136, email fwpubliccomments@ky.gov.

TOURISM, ARTS AND HERITAGE CABINET
Kentucky Department of Fish and Wildlife Resources
(As Amended at ARRS, March 12, 2012)

301 KAR 2:178. Deer hunting on Wildlife Management Areas, state parks, [and] other public lands, and federally controlled areas.

RELATES TO: KRS 150.010, 150.170, 150.340, 150.370(1),(2),(3), 150.390(1), 150.990
STATUTORY AUTHORITY: 148.029(5), 150.025(1), 150.390(1), 150.620
NECESSITY, FUNCTION, AND CONFORMITY: KRS 148.029(5) authorizes the Department of Parks, in cooperation with the Department of Fish and Wildlife Resources, to implement wildlife management plans on state parks. KRS 150.025(1) authorizes the department to promulgate administrative regulations to establish open season plans on state parks. KRS 150.025(1) authorizes the department to promulgate administrative regulations to establish open seasons for the taking of wildlife, to regulate bag limits, and to make these requirements apply to a limited area. KRS 150.390(1) prohibits the taking of deer in any manner contrary to any provisions of KRS Chapter 150 or its administrative regulations. KRS 150.620 authorizes the department to promulgate administrative regulations for the maintenance and operation of the lands it has acquired for public recreation. This administrative regulation establishes deer hunting seasons, application procedures, and other matters pertaining to deer hunting on Wildlife Management Areas, state parks, other public lands, and federally controlled areas that differ from statewide requirements [that differ from statewide requirements and on state parks.]

Section 1. Definitions. (1) "Bait" means a substance composed of grains, minerals, salt, fruits, vegetables, hay, or any other food materials, whether natural or manufactured, that may lure, entice, or attract wildlife.

(2) "Centerfire" means a type of firearm that detonates a cartridge by the firing pin striking a primer in the middle of the end of the cartridge casing.

(3) "In-line muzzleloading gun" means a firearm capable of being loaded only from the discharging end of the barrel or cylinder, that is also equipped with an enclosed ignition system located directly behind the powder charge.

(4) "Mobility-impaired" means an individual who meets the requirements of Section 2(1) of 301 KAR 3:026.

(5) "Modern firearm season" means the ten (10) or sixteen (16) consecutive day period beginning the second Saturday in November when breech-loading firearms may be used to take deer pursuant to 301 KAR 2:172.

(6) "Optical enhancement" means any sighting device other than open or "iron" sights.

(7) "Quota hunt" means a Wildlife Management Area or state park hunt where a participant is selected by a random drawing.

(8) "Statewide requirements" mean the season dates, zone descriptions, and other requirements for deer hunting established in 301 KAR 2:172.

(9) "Wildlife management area" or "WMA" means a tract of land:

(a) Controlled by the department through ownership, lease, license, or cooperative agreement; and
(b) That has "Wildlife Management Area" or "WMA" as part of its official name.

(10) "Youth" means a person under the age of sixteen (16) by the date of the hunt.

Section 2. General WMA Requirements. (1) Unless specified in this administrative regulation, statewide requirements shall apply to a WMA.

(2) A hunter shall not take more than one (1) deer per day on a WMA in Zones 2, 3, or 4, except:
(a) During a quota hunt;
(b) The Grayson Lake WMA open youth deer hunt

(3) Unless specified in Section 6 of this administrative regulation, if a WMA is in two (2) or more deer hunting zones as established in 301 KAR 2:172, then the WMA shall be regulated by the more liberal zone requirements of the zones in which it lies.

(4) Deer hunting on WMAs listed in Section 6 of this administrative regulation, shall be permitted only as stated, except archery hunting is allowed under the statewide archery requirements established in 301 KAR 2:172, unless otherwise noted.

(5) An open firearm deer hunt, beginning on the Wednesday following the third Monday in January for ten (10) consecutive days shall:
(a) Be limited to members of the United States Armed Forces and the National Guard and reserve component who:
1. Are residents of Kentucky or nonresidents stationed in Kentucky; and
2. Were deployed out-of-country during any portion of the most recent regular statewide deer season.

(b) Only be on a WMA designated as open for this special hunt, and
(c) Follow statewide requirements established in 301 KAR 2:172.

(6) On all WMAs and Otter Creek Outdoor Recreation Area [On a WMA.]
(a) Shall not use a nail, spike, screw-in device, wire, or tree climber for attaching a tree stand or climbing a tree;
(b) May use a portable stand or climbing device that does not injure a tree;
(c) Shall not place a portable stand in a tree more than two (2) weeks before opening day, and shall remove it within one (1) week following the last day, of each hunting period;
(d) Shall plainly mark the portable stand with the hunter's name and address;
(e) Shall not use an existing permanent tree stand; and
(f) Shall not place, distribute, or hunt over bait.

(7) A person without a valid quota hunt confirmation number shall not enter a WMA during a quota hunt on that area except:
(a) To travel through a WMA on an established road or to use an area designated open by a sign; or
(b) One (1) assistant [assistant] who shall not be required to have applied for the quota hunt, may accompany a mobility-impaired hunter who was drawn to hunt.

(8) Except for waterfowl or dove hunting, or legal hunting at night, a person who is hunting any species or a person who is accompanying a hunter, shall wear hunter orange clothing pursuant to 301 KAR 2:172 while:
(a) On a WMA when firearms deer hunting is allowed;
(b) Hunting within the sixteen (16) county elk zone when a firearms elk season is open. A person hunting any species except waterfowl hunting or hunting at night, or a person accompanying a hunter shall wear hunter orange clothing as specified in 301 KAR 2:172 while on a WMA when firearms are permitted for deer hunting or while hunting within the sixteen (16) county elk zone when firearms elk season is in progress.

Section 3. General Quota Hunt Procedures. (1) A quota hunt applicant who is not selected and applies to hunt the following year shall be given one (1) preference point for each year the applicant was not selected.

(2) If selected for a quota hunt other than the Taylorsville Lake
WMA antlerless-only hunt, a person shall lose all accumulated preference points.

(3) A random selection of hunters with preference points shall be made for each year’s quota hunts before those without preference points are chosen.

(4) A person shall forfeit all accumulated preference points if, in a given year, they do not apply for:

(a) A deer quota hunt; and
(b) The no-hunt option.

(5) A person who applies for the no-hunt option shall:

(a) Not be drawn for a quota hunt; and
(b) Be given one (1) preference point for each year the no-hunt option is selected.

(6) If applying as a party:

(a) Each applicant’s preference points are independent of each other; and
(b) The entire party is selected if one (1) member of the party is selected.

(7) If a person does not apply for a deer quota hunt in a given year, then all accumulated preference points shall be forfeited.

(8) Each applicant’s preference points are independent of each other. If applying as a party, the entire party is selected if one (1) member of the party is selected.

(9) The commissioner may extend the application deadline if technical difficulties with the automated application system prevent applications from being accepted for one (1) or more days during the application period.

(10) A hunter may take up to two (2) deer on a quota hunt in Zones 2, 3, and 4.** A hunter may take up to two (2) deer on a quota hunt, only one (1) of which may be an antlered deer, except as authorized in Section 6 of this administrative regulation.

(11) Provided a person has the appropriate permits, a hunter may take unlimited antlerless deer in:

(a) The West Kentucky WMA firearms season;
(b) WMA quota hunts in Zone 1; and
(c) Slate Park quota hunts in Zone 1, except as specified in section 7 of this administrative regulation.

(12) One (1) person shall be drawn from the eligible quota hunt applicants who were not selected in the original drawing, and shall receive:

(a) From the eligible quota hunt applicants who were not selected in the original drawing, and shall receive:

(1) There shall be one (1) preference point for each year the no-hunt option is selected.

(2) A hunter may take unlimited antlerless deer in:

(a) The West Kentucky WMA firearms season;
(b) WMA quota hunts in Zone 1; and
(c) Slate Park quota hunts in Zone 1, except as specified in section 7 of this administrative regulation.

(13) One (1) person shall be drawn from the eligible quota hunt applicants who were not selected in the original drawing, and shall receive:

(a) From the eligible quota hunt applicants who were not selected in the original drawing, and shall receive:

(1) There shall be one (1) preference point for each year the no-hunt option is selected.

(2) A hunter may take unlimited antlerless deer in:

(a) The West Kentucky WMA firearms season;
(b) WMA quota hunts in Zone 1; and
(c) Slate Park quota hunts in Zone 1, except as specified in section 7 of this administrative regulation.

(14) One (1) person shall be drawn from the eligible quota hunt applicants who were not selected in the original drawing, and shall receive:

(a) From the eligible quota hunt applicants who were not selected in the original drawing, and shall receive:

(1) There shall be one (1) preference point for each year the no-hunt option is selected.

(2) A hunter may take unlimited antlerless deer in:

(a) The West Kentucky WMA firearms season;
(b) WMA quota hunts in Zone 1; and
(c) Slate Park quota hunts in Zone 1, except as specified in section 7 of this administrative regulation.

(15) One (1) person shall be drawn from the eligible quota hunt applicants who were not selected in the original drawing, and shall receive:

(a) From the eligible quota hunt applicants who were not selected in the original drawing, and shall receive:

(1) There shall be one (1) preference point for each year the no-hunt option is selected.

(2) A hunter may take unlimited antlerless deer in:

(a) The West Kentucky WMA firearms season;
(b) WMA quota hunts in Zone 1; and
(c) Slate Park quota hunts in Zone 1, except as specified in section 7 of this administrative regulation.

(16) One (1) person shall be drawn from the eligible quota hunt applicants who were not selected in the original drawing, and shall receive:

(a) From the eligible quota hunt applicants who were not selected in the original drawing, and shall receive:

(1) There shall be one (1) preference point for each year the no-hunt option is selected.

(2) A hunter may take unlimited antlerless deer in:

(a) The West Kentucky WMA firearms season;
(b) WMA quota hunts in Zone 1; and
(c) Slate Park quota hunts in Zone 1, except as specified in section 7 of this administrative regulation.

(17) One (1) person shall be drawn from the eligible quota hunt applicants who were not selected in the original drawing, and shall receive:

(a) From the eligible quota hunt applicants who were not selected in the original drawing, and shall receive:

(1) There shall be one (1) preference point for each year the no-hunt option is selected.

(2) A hunter may take unlimited antlerless deer in:

(a) The West Kentucky WMA firearms season;
(b) WMA quota hunts in Zone 1; and
(c) Slate Park quota hunts in Zone 1, except as specified in section 7 of this administrative regulation.

(18) One (1) person shall be drawn from the eligible quota hunt applicants who were not selected in the original drawing, and shall receive:

(a) From the eligible quota hunt applicants who were not selected in the original drawing, and shall receive:

(1) There shall be one (1) preference point for each year the no-hunt option is selected.

(2) A hunter may take unlimited antlerless deer in:

(a) The West Kentucky WMA firearms season;
(b) WMA quota hunts in Zone 1; and
(c) Slate Park quota hunts in Zone 1, except as specified in section 7 of this administrative regulation.

Section 5. Quota Hunt Participant Requirements. Except as otherwise specified in this administrative regulation, a person selected to participate in a quota hunt shall:

(1) Possess an annual Kentucky hunting license, except as provided in KRS 150.170(3) and 150.170(6);

(2) Possess a deer permit that authorizes the taking of deer with the equipment being used and in accordance with the zone restrictions where the hunt will occur;

(3) Possess an additional deer permit if the person does not want a harvested antlerless deer to apply toward the statewide bag limit, pursuant to 301 KAR 2:172; (possess an unused bonus deer permit, if the person has one);

(4) Not be required to possess a deer permit if the person:

(a) Is under twelve (12) years old;

(b) Possesses and presents a senior/disabled combination hunting and fishing license at check-in; or

(c) Is on military furlough for more than three (3) days (person possesses and presents a senior/disabled combination hunting and fishing license at check-in, if on military furlough for more than three (3) days, or is under twelve (12) years of age).

(5) Hunt on assigned date and in assigned areas selected by a random drawing of applicants if necessary;

(6) Comply with hunting equipment restrictions specified by the type of hunt;

(7) Check in at the designated check station;

(a) Either:

1. On the day before the hunt, between noon and 8 p.m. local time; or
2. On the day of the hunt, between 5:30 a.m. and 8 p.m. Eastern time; and

(b) With documentation of the participant’s:

1. Social Security number or draw confirmation number; and
2. Purchase of a current statewide deer permit;

(8) Check out at the designated check station:

(a) If finished hunting;

(b) If the hunter’s bag limit is reached; or

(c) By 8 p.m. Eastern time on the final day of the hunt;

(9) Take a harvested deer to the designated check station by 8 p.m. Eastern time the day the deer was harvested;

(10) Be declared ineligible to apply for the next year’s drawing if the hunter fails to check out properly; and

(11) Comply with all waterfowl, pheasant, quail, and deer quota hunt requirements, including the fifteen (15) inch minimum outside antler spread harvest restriction for antlered deer when in effect, or be ineligible to apply for any quota hunt for these species the following year.

Section 6. Wildlife Management Area Requirements [Hunting Dates, Requirements and Restrictions.] (1) Adair WMA. The crossbow season shall be open under statewide requirements.

(2) Ballard WMA.

(a) On the main tract, the quota hunt shall be for two (2) consecutive days beginning on the first Saturday in November.

(b) On the main tract, the hunting archery, crossbow, and youth firearm seasons shall be open under statewide requirements through October 14, except that the two (2) mile driving loop marked by signs shall be closed to all hunting.

(c) The crossbow, modern firearm, youth firearm, and muzzleloader seasons shall be open under statewide requirements only on the 400 acre tract south of Sallie Crice Road.

(d) A hunter shall not take a deer with antlers that have an outside spread of less than fifteen (15) inches.

(3) Barren River WMA. The area shall be open under statewide requirements except that on the Peninsula Unit, including Narrows, Goose and Grass Islands, a person shall not hunt deer with a modern firearm.

(4) Beaver Creek WMA.

(a) The quota hunt shall be for two (2) consecutive days beginning the first Saturday in November.

(b) The limit shall be one (1) deer during the quota hunt.

(c) The crossbow season shall be open under statewide requirements.

(4) Beaver Creek WMA.

(a) The quota hunt shall be for two (2) consecutive days beginning the first Saturday in November.

(b) The limit shall be one (1) deer during the quota hunt.

(c) The crossbow season shall be open under statewide requirements.

(a) A deer hunter shall not take an antlered deer with antlers having an outside spread of less than fifteen (15) inches.

(b) The crossbow and youth firearms seasons shall be open under statewide requirements.

(a) The crossbow and youth firearms seasons shall be open under statewide requirements.

(b) There shall be a quota hunt for two (2) consecutive days beginning the second Saturday in November.

(6) Bluegrass Crossing WMA. The crossbow season shall be
open under statewide requirements.

(7) Boatwright WMA. The area shall be open under state-wide requirements, except that:
(a) On the Swan Lake Unit the archery and crossbow season shall be open under statewide requirements through October 14; and
(b) The October youth deer season shall be open under state-wide requirements.

(8) Cedar Creek Lake WMA. The crossbow season shall be open under statewide requirements.

(9) Clay WMA.

(a) On the main tract, crossbow and youth firearm seasons shall be open under statewide requirements, except archery hunting shall be prohibited during the quota fox hunting field trials as established in 301 KAR 2:049.
(b) The remainder of the WMA shall be open under statewide requirements for the archery, crossbow, and youth seasons, except during the quota deer hunt.

(c) The quota hunt shall be for two (2) consecutive days beginning the first Saturday in November.
(d) A quota hunt participant shall be given one (1) preference point for each female deer checked-in.
(e) Hunters drawn for the quota hunt may harvest up to four (4) deer, only one (1) of which may be antlered.

(10) Dewey Lake WMA.
(a) The crossbow and youth firearm seasons shall be open under statewide requirements.
(b) The use of firearms shall be prohibited for deer hunting on the portion of the area extending southward from the dam to Shoreline Campground Number One, and including all property from the WMA boundary downslope to the lake edge.
(c) A deer hunter shall not take a deer with antlers that have an outside spread of less than fifteen (15) inches.
(d) A deer hunter shall not take a deer with antlers that have an outside spread of less than fifteen (15) inches.
(e) Hunters drawn for the quota hunt may harvest up to four (4) deer, only one (1) of which may be antlered.

(11) Dix River WMA. The crossbow, youth firearm, and muzzleloader seasons shall be open under statewide requirements.

(12) Fishtrap Lake WMA.
(a) The quota hunt shall be for two (2) consecutive days beginning on the Saturday before Thanksgiving.
(b) The limit for the quota hunt shall be one (1) deer.
(c) The crossbow and youth firearm season shall be open under statewide requirements.

(13) Grayson Lake WMA.
(a) An open youth hunt shall:
1. Be the first Saturday in November for two (2) consecutive days;
2. Have a two (2) deer bag limit, only one (1) of which may be an antlered deer; and
3. Have bonus deer permits apply.
(b) A person who has not checked in shall not enter the Grayson Lake WMA during the open youth hunt, except to:
1. Travel through the WMA on an established public road; or
2. Use an area designated as open by signs.
(c) The property of Camp Webb shall be open for a mobility-impaired deer hunt event during the first weekend of October as established in 301 KAR 3:110.
(d) The crossbow hunt shall be from the first Saturday in September through the third Monday in January, except during the November open youth hunt.
(e) The statewide youth firearm season shall be open under statewide requirements.

(14) Green River Lake WMA and Dennis-Gray WMA.
(a) The crossbow season shall be open under statewide requirements.
(b) The quota hunt shall be for two (2) consecutive days beginning the first Saturday in November.
(c) Fifteen (15) openings shall be reserved in the quota hunt for mobility-impaired persons.
(d) A deer hunter shall not take a deer with antlers that have an outside spread less than fifteen (15) inches.
(e) The Green River Lake and Dennis-Gray WMAs shall be considered to be located in the Eastern Time Zone.

(15) Griffith Woods WMA. The crossbow and youth firearm seasons shall be open under statewide requirements.
(a) The youth firearm season shall be open under statewide requirements.
(b) A deer hunter shall not take a deer with antlers that have an outside spread of less than fifteen (15) inches.
(c) A hunter shall not take more than one (1) deer from the WMA per license year.

(16) Higgson-Henry WMA.
(a) The youth firearm season shall be open under statewide requirements.
(b)(c) A deer hunter shall not take a deer with antlers that have an outside spread of less than fifteen (15) inches.
(c) A hunter shall not take more than one (1) deer from the WMA per license year.

(17) J.C. Williams WMA. The crossbow season shall be open under statewide requirements.

(18) Kentucky River WMA. The crossbow and youth firearm seasons shall be open under statewide requirements.

(19) Kleber WMA.
(a) The crossbow season shall be open under statewide requirements, except during a quota hunt.
(b) The quota hunts shall be for:
1. Two (2) consecutive days beginning the first Saturday in November; and
2. Two (2) consecutive days beginning the first Saturday in December.
(c) The youth firearm season shall be open under statewide requirements.

(20) Knobs State Forest WMA. The crossbow season shall be open under statewide requirements.

(21) Lake Barkley WMA shall be open under statewide requirements except:
(a) The North Refuge is closed from November 1 to February 15; and
(b) Duck Island is closed from October 15 to March 15.

(22) Lewis County WMA.
(a) The modern firearm and youth firearm seasons shall be open under statewide requirements, except [b][c] the use of centerfire rifles and handguns shall be prohibited.
(b) The crossbow and muzzleloader seasons shall be open under statewide requirements.

(23) Livingston County WMA. The crossbow, youth firearm, muzzleloader, and modern firearm seasons shall be open under statewide requirements, except a person shall not hunt deer with a modern gun during the modern firearm season.

(24) Curtis Gates Lloyd WMA. The crossbow season shall be open under statewide requirements.

(25) Marion County WMA.
(a) The crossbow, muzzleloader, and youth firearm seasons shall be open under statewide requirements.
(b) There shall be a quota hunt for:
1. Five (5) consecutive days beginning the second Saturday in November; and
2. Five (5) consecutive days beginning the Thursday following the second Saturday in November.
(c) A quota hunt participant shall not be required to check in and out of the WMA, but shall telecheck or internet-check harvested deer as specified in 301 KAR 2:172.

(26) Mill Creek WMA.
(a) The crossbow season shall be open under statewide requirements.
(b) The quota hunt shall:
1. Be for two (2) consecutive days beginning the first Saturday in November; and
2. Have a one (1) deer bag limit.

(27) Miller Welch-Central Kentucky WMA. The archery hunt shall be:
(a) On Wednesdays, from the first Saturday in September through December 17, except during scheduled field trials as posted on the area bulletin board; and
(b) December 18 through the third Monday in January.

(28) Mud Creek WMA. The crossbow, youth firearm, and muzzleloader seasons shall be open under statewide requirements.

(29) Mullins WMA. The crossbow season shall be open under statewide deer requirements.

(30) Ohio River Islands WMA, Stewart Island Unit.
(a) The muzzleloader season shall be for two (2) consecutive days beginning the third Saturday in October.
(b) The archery season shall be from the first Saturday in September through October 14.
(c) The crossbow season shall be from October 1 through October 14.
(d) The October youth season shall be open under statewide requirements.
(e) The remainder of the WMA shall be open under statewide requirements.
(38) Otter Creek Outdoor Recreation Area.
(a) The archery and crossbow seasons shall be open under statewide requirements.
(b) There shall be a quota hunt for:
1. Two (2) consecutive days beginning the third Saturday in November;
2. Two (2) consecutive days beginning the second Saturday in December.
(39) Paintsville Lake WMA.
(a) The quota hunt shall be for two (2) consecutive days beginning the first Saturday in November.
(b) The crossbow and youth firearm seasons shall be open under statewide requirements.
(c) A person shall not use firearms for deer hunting on:
1. The area extending eastward from the drainage of Glade Branch, along the north edge of the lake, to the No Hunting Area surrounding Rocky Knob Recreation Area and enclosing all property from the WMA boundary downslope to the lake edge; and
2. The area extending north and that portion of the area extending eastward along the south edge of the lake from the drainage of Shoal Branch to the No Hunting Area surrounding the dam and ranger station, and extending downslope to the edge of the lake.
(d) A deer hunter shall not take a deer with antlers that have an outside spread of less than fifteen (15) inches.
(40) Peabody WMA.
(a) The crossbow, youth firearm, and muzzleloader seasons shall be open under statewide requirements.
(b) The modern firearm season shall be open under statewide requirements.
(c) Shall not use a scope or optical enhancement; and
(d) A deer hunter shall not take a deer with antlers that have an outside spread of less than fifteen (15) inches.
(41) T.N. Sullivan WMA. The crossbow season shall be open under statewide requirements.
(a) The area shall be closed to vehicle access from an hour after sunset to an hour before sunrise, except that a hunter may retrieve downed game.
(b) The quota hunt shall be on the second Saturday in December for mobility-impaired persons.
(42) R.F. Tarter WMA. The crossbow, youth firearm, and muzzleloader seasons shall be open under statewide requirements.
(a) The area shall be closed to vehicle access from an hour after sunset to an hour before sunrise, except that a hunter may retrieve downed game.
(b) The quota hunt shall be on the second Saturday in December for mobility-impaired persons.
(43) Dr. James R. Rich WMA.
(a) The crossbow season shall be open under statewide requirements, except during a quota hunt.
(b) The quota hunts shall be for:
1. Two (2) consecutive days beginning the first Saturday in November; and
2. Two (2) consecutive days beginning the first Saturday in December.
(c) The youth firearm season shall be open under statewide requirements.
(44) Robinson Forest WMA.
(a) A person shall not hunt deer on the main block of Robinson Forest.
(b) The remainder of the WMA shall be open under statewide requirements.
(45) Scott County WMA.
(a) The crossbow and youth firearms seasons shall be open under statewide requirements.
(b) There shall be a quota hunt for two (2) consecutive days beginning the third Saturday in November.
(46) Sloughs WMA.
(a) On the Sauerheber Unit, the archery, crossbow, muzzleloader, and youth firearm seasons shall be open under statewide requirements through October 31, except that the Crenshaw and Duncan II Tracts shall be open under statewide requirements through the end of modern firearm season.
(b) The remainder of the WMA shall be open under statewide requirements.
(47) South Shore WMA.
(a) The youth firearm, October muzzleloader, and modern firearm seasons shall be open under statewide requirements through November 14, except that the use of centerfire rifles and handguns shall be prohibited.
(b) The archery and crossbow seasons shall be open under statewide requirements, except the area shall be closed November 15 through January 15.
(48) Sturgis WMA.
(a) The crossbow and youth firearms seasons shall be open under statewide requirements, and the area shall be closed to the statewide archery season.
(b) There shall be a quota hunt for two (2) consecutive days beginning the second Saturday in November.
(49) Veteran’s Memorial WMA.
(a) There shall be a youth quota hunt for two (2) consecutive days beginning the fourth Saturday in October.
(b) There shall be a youth quota hunt for two (2) consecutive days beginning the second Saturday in October.
(c) A deer hunter shall not take a deer with antlers that have an outside spread of less than fifteen (15) inches.
(50) Taysville Lake WMA.
(a) There shall be a quota hunt for:
1. Two (2) consecutive days beginning the first Saturday in November for antlerless deer; and
2. Two (2) consecutive days beginning the first Saturday in December; and
3. Two (2) consecutive days beginning the first Saturday in January.
(b) Seven (7) openings shall be reserved in each quota hunt for mobility-impaired persons.
(c) The youth firearm season shall be open under statewide requirements.
(d) The crossbow season shall be open under statewide requirements.
(e) Applicants drawn for the antlerless-only quota hunt shall not lose any accumulated preference points.
(51) Twin Eagle WMA. The crossbow season shall be open under statewide requirements.
(a) The area shall be closed to vehicle access from an hour after sunset to an hour before sunrise, except that a hunter may retrieve downed game.
(b) The quota hunt shall be on the second Saturday in December for mobility-impaired persons.
(52) Paul Van Booven WMA.
(a) The area shall be closed to vehicle access from an hour after sunset to an hour before sunrise, except that a hunter may retrieve downed game.
the archery and crossbow seasons, except that all tracts shall be closed to archery and crossbow hunting during department administered quota and firearm deer hunts:(1) Tract 8A shall be closed to all deer hunting, and; (2) All tracts shall be closed to archery and crossbow hunting during quota and firearm deer hunts;)

(b) Tracts 1-6 shall be open to shotgun and muzzleloader hunters participating in the quota and open firearm deer hunts.

(c) Tract 7 and "A" Tracts shall not be open for department administered quota or firearm deer hunts.

(d) The quota hunt shall be for five (5) consecutive days beginning the Saturday prior to Thanksgiving.

(e) The firearms season shall: 1. Be for three (3) consecutive days beginning the third Monday in January; 2. Be limited to the first 200 hunters; 3. Require a hunter to check-in at a designated check station from 4 p.m. to 8 p.m. Central Time on the day before the hunt or between 4:30 a.m. and 7 p.m. Central Time on hunt days; 4. Shall require a hunter to check out at the designated check station: a. When finished hunting; or b. If the hunter's bag limit is reached; or c. By 7 p.m. Central Time on the final day of the hunt.

(f) Have the following additional requirements on the second Tuesday of January for three (3) consecutive days:

5. A deer hunter shall not take an antlered deer with antlers having an outside spread of less than fifteen (15) inches.

6. Have additional* bonus deer permits apply; and 7. Require every person to check in during a quota hunt** except for:

a. A person traveling on an established public road; or b. A person in an area designated as open by signs.

(l) Firearm hunters shall not use centerfire rifles or handguns; (m) All persons shall check-in daily at the designated check-in locations before entering the "A" Tracts. [a person shall not carry a firearm in posted zones pursuant to the agreement between the department and the U.S. Department of Energy.]

(h) Archery hunters shall check-in with U.S. Energy Corporation security personnel before hunting on the "A" Tracts.

(i) Crossbow hunting is prohibited on the "A" Tracts.

(j) A deer hunter shall not take a deer with antlers that have an outside spread of less than fifteen (15) inches.

(k) A Hunter shall: 1. Sign in for the hunting tract of his or her * Wish list choice at check-in prior to each day's hunt; and 2. Except after noon, not hunt outside of that tract.

(l) If a person is not checked in at the designated check-in prior to each day's hunt, the person does not check out as required in Section 4 of this administrative regulation.

(m) Not be eligible to apply for a quota hunt the following year if the person checks in after 7 p.m. Central Time on the final day of the hunt.

(n) A person traveling on an established public road; or (o) A person in an area designated as open by signs.

(p) All persons shall check-in daily at the designated check-in locations before entering the "A" Tracts. [A person shall not carry a firearm in posted zones pursuant to the agreement between the department and the U.S. Department of Energy.]

(q) Archery hunters shall check-in with U.S. Energy Corporation security personnel before hunting on the "A" Tracts.

(r) Crossbow hunting is prohibited on the "A" Tracts.

(s) A deer hunter shall not take a deer with antlers that have an outside spread of less than fifteen (15) inches.

(t) The crossbow and youth firearm deer seasons shall be open under statewide requirements, except a person shall not take antlerless deer with a firearm during the modern firearm deer season.

(u) Yellowbank WMA.

(v) The crossbow and youth firearm deer seasons shall be open under statewide requirements.

(w) A deer hunter shall not take a deer with antlers that have an outside spread of less than fifteen (15) inches.

(x) Zilpo Campground.

(y) The quota hunt shall be on the second Saturday in December for mobility impaired persons.

(z) The area shall be closed to the statewide archery season.

Section 7. State Park Deer Seasons. (1) A state park may allow archery and crossbow hunting from the first Saturday in September through the third Monday in January for antlered or antlerless deer.

(2) A state park may allow up to sixteen (16) days of firearm hunting and up to eleven (11) days of muzzleloader hunting from the first Saturday in September through the third Monday in January for antlered or antlerless deer.

(3) The following state parks shall be open to deer hunting as specified below and according to requirements in Section 8 of this administrative regulation:

(a) Lake Barkley State Resort Park. Deer hunting shall be permitted on the second Tuesday of January for two (2) consecutive days.

(b) Greenbo Lake State Resort Park. Deer hunting shall be permitted on the second Tuesday of January for two (2) consecutive days.

(c) Green River Lake State Park.

1. Archery and crossbow deer hunting shall be permitted beginning the second Thursday of December for four (4) consecutive days.

2. Archery and crossbow deer hunting shall be permitted beginning the third Thursday of December for four (4) consecutive days.

3. A deer hunter shall not take an antlered deer with antlers having an outside spread of less than fifteen (15) inches.

(d) Yatesville Lake State Park. Muzzleloading firearm, archery, and crossbow deer hunting shall be permitted under statewide deer requirements on the second Monday of December for three (3) consecutive days.

(e) Jenny Wiley State Resort Park.

1. Deer hunting shall be permitted on the first Saturday of January for two (2) consecutive days.

2. The bag limit shall be two (2) deer, only one (1) of which may be antlered.

3. The hunt shall be open to the first fifteen (15) mobility-impaired persons who check in at the park on the day before the hunt.

4. A person who participates in the hunt shall comply with the requirements established in 301 KAR 3:026.

5. A deer hunter shall not take an antlered deer with antlers having an outside spread of less than fifteen (15) inches.

Section 8. State Park Deer Hunt Requirements. (1) Except for the open hunts at Jenny Wiley State Resort Park and Yatesville Lake State Park, a person shall not hunt on a state park unless:

(a) Selected by a random drawing as described in Section 3 of this administrative regulation;

(b) The person is a member of a successful applicant's hunting party; or

(c) The person was selected as part of a process administered by the Department of Parks, pursuant to Section 7 of this administrative regulation.

(2) A person participating in a state park hunt, except for the quota hunts at Green River Lake State Park and the Yatesville Lake State Park open deer hunt, shall:

(a) Check in and check out as required in Section 5 of this administrative regulation;

(b) Furnish at check-in a driver's license or other form of government-issued identification; and

(c) Check in:

1. Between noon and 8 p.m. Eastern Time the day before the hunt at the state park campground, if hunting in the Yatesville Lake State Park open deer hunt; or 2. At the park the day before the hunt if hunting in the Jenny Wiley State Resort Park deer hunt; and

(d) Not be eligible to apply for a quota hunt the following year if the person does not check out as required in Section 5 of this administrative regulation.

(3) A person participating in a state park deer hunt shall:

(a) Comply with the provisions of 301 KAR 2:172; and

(b) Check harvested deer daily at the designated park check station, except that [the] deer taken in the Green River Lake State Park quota hunts and the open hunts at Jenny Wiley State Resort Park and Yatesville Lake State Park shall be telechecked or checked in on the department's website [Web site] at fw.ky.gov, pursuant to 301 KAR 2:172.

(4) A person participating in a state park deer hunt shall:

(a) Take more than two (2) deer in a quota hunt, only one (1) of which may be antlered;

(b) Hunt over bait;

(c) Injure a tree by using:

1. A tree stand except a portable stand;

2. Climbing devices that nail or screw to the tree; or

3. Climbing spikes;

(d) Leave a deer stand unattended for more than twenty-four (24) hours;
(a) Discharge a firearm within 100 yards of a maintained road or building; and
(l) Hunt:
   1. In an area posted as closed by signs; or
   2. Outside park boundaries.
   (5) A person participating in a state park deer hunt, other than the open hunts at Jenny Wiley State Resort Park and Yatesville Lake State Park and any department administered state park quota hunt, may take up to two (2) bonus deer that shall not count toward their statewide limit if the person:
      (a) Takes no more than one (1) bonus antlered deer; and
      (b) Obtains the valid bonus deer tag(s) from the state park hunt administrators.

Section 9. Other Public Lands. (1) On Daniel Boone National Forest, Jefferson National Forest and Land Between the Lakes, a person shall not use bait, feed, minerals, or other attractants.
   (2) The following areas may schedule a firearm, crossbow, or archery deer hunting season between September 1 and January 31:
      (a) Big South Fork National River and Recreation Area;
      (b) Clark’s River National Wildlife Refuge;
      (c) Daniel Boone National Forest;
      (d) Jefferson National Forest;
      (e) Land Between the Lakes National Recreation Area;
      (f) Ohio River Islands National Wildlife Refuge; and
      (g) Reelfoot National Wildlife Refuge.
   (3) An area listed in subsection (2) of this section may issue a bonus permit for antlered or antlerless deer which shall:
      (a) Not count against a hunter’s statewide bag limit; and
      (b) Only be issued for a hunt that is open to the general public.
   (4) At Land Between the Lakes, a person:
      (a) Shall not take more than:
         1. Two (2) deer during archery hunts; and
         2. One (1) deer during quota hunts.
      (b) Who is a quota deer hunter shall:
         1. Apply in advance at Land Between the Lakes; and
         2. Only hunt from one-half (1/2) hour before sunrise until one-half (1/2) hour after sunset.
      (c) A person who harvests a deer shall:
         1. Check in the carcass pursuant to U.S. Forest Service requirements.
         2. Affix a game check card pursuant to U.S. Forest Service requirements.
      (5) At Reelfoot National Wildlife Refuge:
         (a) Zone 1 bag limits apply during the open archery season;
         (b) A person shall not take more than:
            1. Two (2) deer during archery hunts; and
            2. Only one (1) of which shall be antlered;
         (c) A quota hunt participant shall:
            1. Tag deer with a tag issued by the Refuge; and
            2. Comply with the Refuge check-in requirements; and
         (d) A person who is archery hunting shall:
            1. Only take deer using the appropriate statewide or additional deer permit; and
            2. Check harvested deer through the department’s telephone or online check-in systems.
      (6) At Otter Creek Outdoor Recreation Area:
         (a) The archery and crossbow seasons shall be open under statewide requirements; and
         (b) There shall be a quota hunt for:
            1. Two (2) consecutive days beginning the third Saturday in November; and
            2. Two (2) consecutive days beginning the second Saturday in December.
      (7) At Twin Knobs Campground, the area shall be closed to all statewide seasons, except that there shall be a quota hunt on the second Saturday in December for mobility-impaired persons.
      (8) At Zilpo Campground, the area shall be closed to all statewide seasons, except that there shall be a quota hunt on the second Saturday in December for mobility-impaired persons.

Section 10. Special Areas under Federal Control. (1) The following areas may schedule a firearm, archery, or crossbow deer hunting season between September 1 and January 31:
      (a) Bluegrass Army Depot;
      (b) Fort Campbell;
      (c) Fort Knox;
      (d) Hidden Valley Training Center; and
      (e) Wendell Ford Regional Training Center.
   (2) An area listed in subsection (1) of this section may issue a bonus permit for antlered or antlerless deer which shall:
      (a) Not count against a hunter’s statewide bag limit; and
      (b) Only be issued for a hunt that is open to the general public.
   (3) Except on the Hidden Valley Training area, on the areas listed in subsection (1) of this section, a deer hunter shall:
      (a) Obtain a permit from the area before hunting;
      (b) Only hunt on assigned dates;
      (c) Remain in assigned areas;
      (d) Tag deer with tags issued on the area, unless otherwise specified in this section;
      (e) Keep the area tag attached to the deer until the carcass is processed; and
      (f) Check deer at a designated check station before leaving the area.
      (4) At Bluegrass Army Depot, a person shall not take an antlered deer whose outside antler spread is less than fifteen (15) inches.
      (5) At Fort Knox, a person shall not take an antlered deer whose outside antler spread is less than twelve (12) inches.
      (6) At Hidden Valley Training Area, a person shall not use a firearm to hunt deer.

BENJY KINMAN, Deputy Commissioner,
For DR. JONATHAN GASSETT, Commissioner
MARCHETA SPARROW, Secretary
APPROVED BY AGENCY: January 10, 2012
FILED WITH LRC: January 11, 2012 at 3 p.m.
CONTACT PERSON: Rose Mack, Department of Fish and Wildlife Resources, Arnold L. Mitchell Building, #1 Sportsman’s Lane, Frankfort, Kentucky 40601, phone (502) 564-7109, ext. 4507, fax (502) 564-9136, email fwpubliccomments@ky.gov

JUSTICE AND PUBLIC SAFETY CABINET
Department of Corrections
(As Amended at ARRS, March 12, 2012)

501 KAR 6:250. Graduated sanctions for technical violations of probation and compliance incentives system.

RELATES TO: KRS 196.030, 439.250, 439.3105-439.3108, 439.551, 439.553, 446.010

STATUTORY AUTHORITY: KRS 196.030, 439.3106, 439.3107, 439.470, 439.551, 439.553, 446.010

NECESSITY, FUNCTION, AND CONFORMITY: KRS 196.035, 439.3106, 439.3107, 439.470, and 439.551 authorize the Justice and Public Safety Cabinet and Department of Corrections to promulgate administrative regulations necessary and suitable for the proper administration of the department or any of its divisions and to establish a system of graduated sanctions for probation violations. This administrative regulation establishes graduated sanctions for responding to violations of probation.

Section 1. Definitions. (1) “Conditions of supervision” or “conditions of probation” means general and specific directives given to an offender placed on probation by the sentencing judge or the Division of Probation and Parole.
   (2) “Division” means the Kentucky Department of Corrections Division of Probation and Parole.
   (3) “Graduated sanctions” is defined in KRS 446.010.
   (4) “High risk behavior” means a lifestyle activity that places a person at risk of suffering a particular harmful condition.
   (5) “New criminal violation” means conduct constituting a violation of criminal law whether or not it has led to new criminal charge(s) and which occurred after the offender was placed on community supervision.}
Section 2. Application of Graduated Sanctions. If the sentencing court orders the offender to be subject to graduated sanctions as part of the conditions of his probation, then to the extent that this administration regulation is not in conflict with the orders of the court, graduated sanctions shall be applied as follows:

(a) The officer shall consider the:
   - Offender’s assessed risk and needs level;
   - Offender’s adjustment on supervision;
   - Severity of the current violation;
   - Seriousness of the offender’s previous criminal record;
   - Number and severity of any previous supervision violations; and
   - Extent to which graduated sanctions were imposed for previous violations.

(b) The officer shall review the circumstances of the offender and the violations at issue to determine if the violation behavior is appropriately responded to with graduated sanctions.

(c) If the officer determines that an informal response and graduated sanctions are not appropriate, then the officer shall report the violation to the releasing authority.

(d) If a determination is made by the officer to proceed with graduated sanctions, the officer shall:
   - Approve the recommendation; or
   - Reject the recommendation and refer the violation back to the releasing authority.

(e) Upon receiving a recommendation to submit violation proceedings to the releasing authority, the officer shall:
   - Approve the recommendation; or
   - Reject the recommendation and refer the violation back to the releasing authority.

(f) If the officer determines that the indicated response range or a lower response range contains an appropriate sanction for the circumstances of the violation, then the officer shall impose the sanction.

Section 3. Minor Violations. Minor violations shall include: [but are not limited to] the following:

(a) Failure to report a violation of supervision imposed in more than one case (i.e., multiple cases from a single jurisdiction, cases from multiple jurisdictions, or on supervision for probation and parole or other form of community supervision), the officer shall determine the criminal conviction in the case for which the graduated sanctions will be imposed. A graduated sanction shall not be imposed on more than one case at a time and cases shall not be sanctioned separately for individual violations arising from the same series of violations.

(b) The officer shall:
   - Determine the offender’s risk and needs level based on the offender’s most recent risk and needs assessment; and
   - Use the probation and parole violation matrix in Section 5 of this administrative regulation to cross reference the violation behavior category as determined in subsection (5) of this section with the offender’s risk and needs level to determine the sanctions available in the indicated response range.

(c) If the officer determines that the indicated response range or a lower response range contains an appropriate sanction for the circumstances of the violation, then the officer shall impose the sanction.

Section 4. Absconding supervision; New felony conviction;
3. New misdemeanor conviction of assault;
4. New misdemeanor conviction of violation of emergency protective or domestic violence order;
5. New misdemeanor conviction for sexual offense;
6. New misdemeanor conviction for driving under the influence;
7. Possession or use of a firearm;
8. Failure to complete sex offender treatment program;
9. Demonstrated pattern of failure to comply with conditions of supervision; or
10. Violations of an assaultive nature.

The officer shall seek approval from the supervisor, if the officer determines that:

(a) More than two sanctions from response range 3 or higher are appropriate for the circumstances of the violation;
(b) The sanctions from the indicated response range or a lower response range are insufficient for the circumstances of the violation and recommends imposing sanctions from a higher response range;

(c) The sanctions from the indicated response range or a lower response range are insufficient for the circumstances of the violation and recommends revocation; or
(d) Interventions not included in the matrix are appropriate for the circumstances of the violation.

Section 5. In order to determine the range of sanctions that may be imposed, the officer shall:

(a) Consider the following when reviewing and recommending revocation: or
(b) The officer shall document the action in the offender management system.

Section 6. If the officer determines that the offender has failed to comply with graduated sanctions and further implementation of graduated sanctions would be futile, the officer shall seek approval from the district supervisor or designee to submit violation documentation to the releasing authority for violation proceedings.

(a) The district supervisor or designee shall review the recommendation and:
   - Approve the recommendation; or
   - Reject the recommendation and refer the violation back to the officer for alternative sanctions or revocation; and

(b) The officer shall document the action in the offender management system.

Section 7. Violation of other special conditions unless ordered by releasing authority;
Section 4. Major Violations. Major violations shall include [but are not limited to] the following:

1. Misdemeanor conviction that does not require submission to the releasing authority pursuant to Section 2(b) of this administrative regulation; and
2. Absconding supervision;
3. Failure to comply with re-entry programming; and
4. Visiting a correctional facility without prior approval;
5. Change of residence without officer’s permission;
6. Violation of curfew;
7. Possession or use of a weapon other than a firearm by an offender;
8. Failure to comply with sex offender registry;
9. Over three (3) months behind on restitution;
10. Violation of a special condition ordered by the releasing authority;
11. Violation of travel restrictions to another state;
12. Violation of curfew with electronic monitoring device;
13. Change of residence without officer’s permission;
14. Failure to notify probation and parole officer about address change; and
15. Failure to participate in a required program or service; and
16. Other violations of similar magnitude.

Section 5. Probation and Parole Violation Matrix. The following matrix shall be used to determine allowable graduated sanctions for probation violations:

<table>
<thead>
<tr>
<th>PROBATION AND PAROLE VIOLATION MATRIX</th>
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<tbody>
<tr>
<td>OFFENDER RISK LEVEL</td>
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<td>VIOLATION</td>
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<tr>
<td>1st Minor</td>
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<td>2nd Major</td>
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<tr>
<td>3rd (or more) Major</td>
</tr>
</tbody>
</table>

Upon consideration of the totality of the circumstances and with supervisory approval, the officer may direct the offender into appropriate interventions not included in the violation matrix or seek to impose a high lever sanction, up to and including revocation.

Section 6. Documentation and Notice of Graduated Sanctions. Prior to imposing the graduated sanctions, the officer shall prepare a probation violation report. The report shall include:

a) A description of the violation behavior;

b) A description of the sanctions which will be imposed; and
c) Notice of the offender’s right to:
   1. A violation hearing before the court;
   2. Representation by an attorney at the hearing; and
   3. Have an attorney appointed for him at state expense if he cannot afford one.

The officer shall:

a) Provide a copy of the probation violation report to the offender prior to the imposition of sanctions;

b) Ask the offender if he can understand English. If the offender informs the officer that he cannot understand English, the officer shall provide the offender with a probation violation report in
the offender's language or a language interpreter, if available. If the report cannot be provided in the offender's language and a language interpreter is not available, then the officer shall report the violation behavior to the court for disposition in lieu of proceeding with the graduated sanctioning process.

(3) If the officer indicates to the officer that he does not understand his rights as stated in the probation violation report, the officer shall report the violation behavior to the court for disposition in lieu of proceeding with the graduated sanctioning process.

(4) If the officer chooses to waive his right to a violation hearing and elects to participate in the graduated sanctioning process, then:

(a) The officer shall note his choice and sign the probation violation report;
(b) The officer shall sign the probation violation report;
(c) The district supervisor or designee shall sign the probation violation report;
(d) The officer shall provide the probation violation report to the relevant authority; and
(e) The officer shall document the actions taken in the offender management system.

(5) If the offender contests the graduated sanction to be imposed for minor violations, the officer shall report the contest to the supervisor. The supervisor shall deny the offender's contest or grant an alternative sanction.

(b) The officer shall notify the offender (contests the sanction to be imposed or chooses not to waive his right to a violation hearing, the officer shall report the violation to the releasing authority for proceedings.

Section 7. Discretionary Detention Up to Ten Days. (1) If the officer recommends discretionary detention as a graduated sanction, the officer shall review the officer's record to determine if the recommended days of detention will cause the offender to serve more than thirty days in discretionary detention during the calendar year.

(2) The officer shall determine a period of detention, not to exceed ten days.

(3) The officer shall seek approval from the district supervisor for the detention. If the officer takes the offender into custody, the officer shall:

(a) Obtain approval from the District Supervisor within four (4) hours;
(b) If the detention is not approved, follow directives of the District Supervisor;
(c) Continue the detention if other legal process permits; or
(d) Release the offender from detention.

(4) Upon receiving a recommendation for detention:

(a) The district supervisor shall:
1. Approve the recommendation; or
2. Reject the recommendation and refer the violation back to the offender for alternative sanctions or revocation; and
(b) The officer shall document the action in the offender management system.

(5) The officer shall determine if the offender is employed and whether it is feasible for the offender to serve the approved detention at times that the offender is not scheduled to work.

(6) The officer shall document the violation and notice to the offender and the releasing authority pursuant to the provisions of Section 6 of this administrative regulation.

Section 8. Compliance Incentives. An officer may use proportionate incentives for compliance with conditions of supervision, including (but not limited to):

(1) Reduced reporting requirements;
(2) Lower levels of supervision as indicated by the offender's risk and needs assessment;
(3) Removal of supervision conditions, for example home detention or curfew;
(4) Eligibility for early termination of probation; and
(5) Awarding certificates of achievement;
(6) Deferring a monthly supervision fee payment;
(7) Asking the supervised individual to be a mentor to others; or
(8) Other similar incentives.

LADONNA H. THOMPSON, Commissioner
APPROVED BY AGENCY: December 12, 2011
FILED WITH LRC: December 16, 2011 at 4 p.m.
CONTACT PERSON: Amy V. Barker, Justice and Public Safety Cabinet, Office of Legal Services, 125 Holmes Street, Frankfort, Kentucky 40601, phone (502) 564-3279, fax (502) 564-6686.

JUSTICE AND PUBLIC SAFETY CABINET
Department of Corrections
(As Amended at ARRS, March 12, 2012)

501 KAR 6:270. Probation and parole policies and procedures.

RELATES TO: KRS Chapters 196, 197, 439

NECESSITY, FUNCTION, AND CONFORMITY: KRS 196.035, 197.020, 439.3105, 439.3107, 439.345, 439.470, and 439.551 authorize the Justice and Public Safety Cabinet and Department of Corrections to promulgate administrative regulations necessary and suitable for the proper administration of the department or any of its divisions. These policies and procedures are incorporated by reference in order to comply with the accreditation standards of the American Correctional Association. This administrative regulation establishes the policies and procedures for the Department of Corrections Division of Probation and Parole.

Section 1. Incorporation by Reference. (1) “Probation and Parole Policies and Procedures,” March 12, 2012 [December 16, 2011] [September 12, 2008], are incorporated by reference. Probation and Parole Policies and Procedures include:

27-06-02 Equal Access to Services (Added 1/12/05)
27-07-01 Cooperation with Law Enforcement Agencies (Added 1/12/05)
27-08-01 Critical Incident Planning and Reporting and Use of Force[and Critical Incident Reporting] (Amended 12/16/11 [12/9/08])
27-09-01 Kentucky Community Resources Directory (Added 1/12/05)
27-10-01 Pretrial Diversion (Amended 4/12/05)
27-10-02 Mandatory Re-Entry Supervision (Amended 3/12/12) [Added 12/16/11]
27-10-03 Postincarceration Supervision (Amended 3/12/12) [Added 12/16/11]
27-11-01 Citizen Complaints (Added 2/13/06)
27-11-02 Staff-Offender Interaction (Added 9/12/08)
27-12-01 Case Classification (Amended 3/12/12 [Amended 12/16/11] [12/9/08])
27-12-02 Risk Scale Assessment (Amended 4/12/05)
27-12-03 Initial Interview and Intake of New Case (Amended 3/12/12 [Added 12/16/11] [Added 12/9/08])
27-12-04 Conditions of Supervision Document and Request for Modification (Amended 12/16/11 [Added 12/9/08])
27-12-05 Releasee's Report Document (Added 12/12/05)
27-12-06 Grievance Procedures for Offenders (Amended 12/16/11 [Added 12/9/08])
27-12-07 Administrative Caseloads (Amended 3/12/12) [Added 12/16/11]
27-12-08 Supervision Planning (Amended 4/12/05)
27-12-11 Guidelines for Monitoring Financial Obligations (Amended 3/12/12 [Added 12/16/11] [4/12/05])
27-12-12 Community Service Work (Added 12/1/05)
27-12-14 Offender Travel (Amended 12/16/11 [9/12/08])
27-13-01 Drug and Alcohol Testing of Offenders (Amended 3/12/12 [Added 12/16/11] [4/12/05])
27-14-01 Interstate Compact (Amended 3/12/12 [Added 12/16/11] [4/12/05])
27-15-01 Investigating and Reporting Violations and Unusual Incidents (Amended 3/12/12 [Added 12/16/11]
[Supervision Reporting Documents, Violations and
27-15-03 Unusual Incidents (Added 1/12/05)

27-16-01 Search, Seizure, and Processing of Evidence (Amended 12/9/08)

27-17-01 Absconder Procedures (Amended 4/12/05)

27-18-01 Probation and Parole Issuance of Detainer or Warrant (Amended 4/12/05)

27-19-01 Preliminary Revocation Hearing (Amended 3/12/12)[Added 12/16/11]

27-20-02 Prisoner Intake Notification (Added 1/12/05)

27-20-03 Parole Compliance Credit (Amended 3/12/12)

27-21-01 Apprehension of Probation and Parole Violators (Amended 12/16/11)(4/12/08)

27-23-01 In-state Transfer (Added 1/12/05)

27-24-01 Releasing Offender from Active Supervision (Amended 12/16/11)(Added 1/12/05)

27-24-02 Reinstatement of Offenders to Active Supervision (Added 1/12/05)

27-26-01 Assistance to Former Offenders and Discharges (Amended 2/13/06)

27-30-01 Sex Offender Registration (Amended 12/16/11)(4/12/08)

27-30-02 Sex Offender Supervision (Amended 3/12/12)(Amended 12/16/11)(12/9/08)

27-32-01 Student Intern Program (Amended 12/14/05)

27-32-02 Community Based Volunteer Citizen Involvement (Amended 2/13/06)

28-01-01 Probation and Parole Investigation Reports (Amended 12/16/11)(4/12/05)

28-01-02 Probation and Parole Investigation Documents (Administrative Responsibilities) (Amended 12/16/11)(12/9/08)

28-01-03 Presentence, Postsentence, and Other Investigative Reports (Amended 3/12/12)(Amended 12/16/11)(Supplemental and Partial Investigations (Amended 11/12/05)

28-01-08 Calculation of Custody Time Credit (Amended 3/12/12)(Amended 12/16/11)(Probation and Parole Investigation Reports, Partial Investigation Reports and Submissions Schedule (Amended 4/12/05)

28-01-09 Release of Information of Factual Content on Presence or Postsentence Investigation Documents (Amended 1/12/05)

28-03-01 Parole Plan Investigation, Half-way Houses, and Sponsorship (Amended 3/12/12)[Amended 12/16/11][Parole Planning, investigation request, half-way houses, Parole Officer to monitor employment search and sponsorship (Amended 4/12/05)]

28-03-02 Release on Parole (Amended 12/16/11)[Amended 12/16/11](Expedient Release Parole Planning investigation request (Amended 12/16/11)

28-04-01 Furlough Verifications (Added 1/12/05)

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Justice and Public Safety Cabinet, Office of Legal Services, 125 Holmes Street, 2nd Floor, Frankfort, Kentucky 40601, phone (502) 564-3279, fax (502) 564-6866, Monday through Friday, 8 a.m. to 4:30 p.m.

LADONNA H. THOMPSON, Commissioner
APPROVED BY AGENCY: December 16, 2011
FILED WITH LRC: December 16, 2011 at 4 p.m.
CONTACT PERSON: Amy V. Barker, Justice and Public Safety Cabinet, Office of Legal Services, 125 Holmes Street, Frankfort, Kentucky 40601, phone (502) 564-3279, fax (502) 564-6866.

CABINET FOR HEALTH AND FAMILY SERVICES
Office of Health Policy
(As Amended at ARRS, March 12, 2012)

900 KAR 6:125. Certificate of Need annual surveys, and registration requirements for new Magnetic Resonance Imaging units.

RELATES TO: KRS 216B.010, 216B.020(2)(a), 216B.040
STATUTORY AUTHORITY: KRS 194A.030, 194A.050, 216B.040(2)(a)
NECESSITY, FUNCTION, AND CONFORMITY: KRS 216B.040(2)(a)1 requires the Cabinet for Health and Family Services to administer Kentucky's Certificate of Need Program and to promulgate administrative regulations as necessary for the program. This administrative regulation establishes the requirements for registration of Magnetic Resonance Imaging units and the requirements for submission of annual survey data that are used to produce annual reports necessary for the orderly administration of the Certificate of Need Program.

Section 1. Definitions. (1) "Cabinet" is defined by KRS 216B.015(5).

(2) "Days" means calendar days, unless otherwise specified.

(3) "Exempt physicians" means physicians that operate a Magnetic Resonance Imaging unit pursuant to the exemption allowed in KRS 216B.020(2)(a).

(4) "Long term care facility" means any entity with licensed long term care beds including nursing facility, nursing home, intermediate care, Alzheimer's, intermediate care facility for the mentally retarded, or personal care.

(5) "Office of Inspector General" means the office within the Cabinet for Health and Family Services that is responsible for licensing and regulatory functions of health facilities and services.

(6) "Owner" means a person as defined in KRS 216B.015(21) who is applying for the certificate of need and will become the licensee of the proposed health service or facility.

(7) "Year" means a calendar year from January 1 through December 31.

Section 2. Entities Completing Surveys. The following entities shall submit annual surveys:

(1) Licensed Ambulatory Surgery Centers;
(2) Licensed Hospitals performing ambulatory surgery services or performing outpatient surgical services;
(3) Licensed Home Health Agencies;
(4) Licensed Hospice Agencies;
(5) Licensed Hospitals;
(6) Licensed Private Duty Nursing Agencies;
(7) Facilities with licensed long term care beds;
(8) Entities that hold a certificate of need for MRI equipment;
(9) Facilities with Megavoltage Radiation equipment;
(10) Licensed Psychiatric Residential Treatment Facilities; and
(11) Facilities with Positron Emission Tomography equipment.

Section 3. Entities Completing Surveys on a Voluntary Basis. Exempt physicians that have MRI equipment may submit surveys on a voluntary basis.

Section 4. Annual Survey Submission. Entities Completing Surveys on a Voluntary Basis. Exempt physicians that have MRI equipment shall submit surveys on a voluntary basis. An annual survey shall be completed for the previous year and transmitted electronically by accessing the Office of Health Policy's Web site at http://chfs.ky.gov/ohp.

Section 5. Surveys shall be submitted annually as follows:

(1) Annual Survey of Licensed Ambulatory Surgical Services;
(2) Annual Survey of Licensed Home Health Services;
(3) Annual Survey of Hospice Providers;
(4) Annual Survey of Licensed Hospitals;
(5) Annual Survey of Licensed Private Duty Nursing Agencies;
(6) Annual Survey of Long Term Care Facilities;
(7) Annual Survey of Magnetic Resonance Imaging (MRI) Equipment and Services;
(8) Annual Survey of Megavoltage Radiation Services;
(9) Annual Survey of Psychiatric Residential Treatment Facilities; and
(10) Annual Survey of Positron Emission Tomography (PET) Services.

Section 6. Annual surveys shall be completed and submitted no later than March 15th of each year. If the 15th falls on a weekend or holiday, the submission due date shall be the next working day.

Section 7. Extensions for Survey Submission. (1) A request for an extension for submission of data shall be made in writing or via email to the administrator of the specific survey.
(2) The request for an extension shall state the facility name, survey log-in identification number, contact person, contact phone number, contact email address, and a detailed reason for the requested extension.
(3) One (1) extension per survey of up to ten (10) days shall be granted.
(4) An additional extension shall only be granted if circumstances beyond the entity’s control prevents timely completion of a survey.

Section 8. Data Corrections to Draft Annual Reports Utilizing Data Submitted in the Annual Surveys. (1)(a) Prior to the release of draft reports to facilities for their review, the Office of Health Policy shall review data for completeness and accuracy.
(b) If an error is identified, the facility shall be contacted by the Office of Health Policy and allowed fourteen (14) days to make corrections.
(2)(a) Prior to publication of the reports, the Office of Health Policy shall publish draft reports available only to the entities included in each individual report.
(b) The facilities shall be notified of a website and provided with a login identification and password required to access each applicable draft report and shall have fourteen (14) days to review their data for errors.
(c) Corrections shall be submitted in writing or via email to the Office of Health Policy before the expiration of the fourteen (14) day review period.
(3)(a) After publication of the reports, reports shall not be revised as a result of data reported to the Office of Health Policy incorrectly by the facility.
(b) Corrections received after the fourteen (14) day review period shall not be reflected in the published report.
(c) Facilities may provide a note in the comments section for the following year’s report, referencing the mistake from the previous year.

Section 9. Annual Reports. (1) Utilizing data submitted in the annual surveys, the Office of Health Policy shall publish reports annually as follows:
(a) Kentucky Annual Ambulatory Surgical Services Report;
(b) Kentucky Annual Home Health Services Report;
(c) Kentucky Annual Hospice Services Report;
(d) Kentucky Annual Hospital Utilization and Services Report;
(e) Kentucky Annual Private Duty Nursing Agency Report;
(f) Kentucky Annual Long Term Care Services Report;
(g) Kentucky Annual Magnetic Resonance Imaging Services Report;
(h) Kentucky Annual Megavoltage Radiation Services Report;
(i) Kentucky Annual Psychiatric Residential Treatment Facility Report; and
(j) Kentucky Annual Positron Emission Tomography Report.
(2) Electronic copies of annual reports may be obtained at no cost from the Office of Health Policy’s Web site at http://chfs.ky.gov/ohp. A paper copy may be obtained for a fee of twenty (20) dollars at the Cabinet for Health and Family Services, Office of Health Policy, 275 East Main Street 4WE, Frankfort, Kentucky 40621.

Section 10. Any facility, other than an exempt physician that has MRI equipment, that fails to complete a required annual survey shall be referred to the Office of Inspector General for further action which may impact the facility’s license renewal as provided for in 902 KAR 20:008, Section 2(6).

Section 11. Magnetic Resonance Imaging Equipment Registration on a Voluntary Basis by Exempt Physicians that have MRI Equipment.
(1) An exempt physician who uses a Magnetic Resonance Imaging unit (MRI) may register the MRI equipment by disclosing the following information by telephone contact and followed up in writing to the Cabinet for Health and Family Services:
(a) Name, address, and telephone number of the facility at which each unit is located or to be utilized;
(b) Identification of designated contact person or authorized agent of each facility;
(c) Make, model, and serial number of each unit;
(d) Date the unit became operational at each site; and
(e) Whether the unit is free-standing or mobile. If the unit is mobile, the submission shall also identify the number of days the unit is operational.
(2) Within thirty (30) days of a change in the facility’s address or the addition of another MRI unit as well as the discontinuation of any units, the designated contact person or authorized agent shall notify the Office of Health Policy in writing.

Section 12. Incorporation by Reference. (1) The following material is incorporated by reference:
(a) “2011 Annual Survey of Licensed Ambulatory Surgical Agencies”, revised January 2012;
(b) “2011 Annual Survey of Licensed Home Health Services”, revised January 2012;
(c) “2011 Annual Survey of Hospice Providers”, revised January 2012;
(d) “2011 Annual Survey of Licensed Hospitals”, revised January 2012;
(e) “2011 Annual Survey of Licensed Private Duty Nursing Agencies”, revised January 2012;
(f) “2011 Annual Survey of Long Term Care Facilities”, revised January 2012;
(g) “2011 Annual Survey of Magnetic Resonance Imaging (MRI) Equipment and Services”, revised January 2012;
(h) “2011 Annual Survey of Megavoltage Radiation Services”, revised January 2012;
(i) “2011 Annual Survey of Psychiatric Residential Treatment Facilities”, revised January 2012; and

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Cabinet for Health and Family Services, 275 East Main Street, Frankfort, Kentucky 40601, Monday through Friday, 8 a.m. to 4:30 p.m.

This is to certify that the Executive Director of the Office of Health Policy has reviewed and recommended this administrative regulation prior to its adoption, as required by KRS 156.070(4).

CARRIE BANAHAN, Executive Director
JANIE MILLER, Secretary
APPROVED BY AGENCY: December 14, 2011
FILED WITH LRC: December 15, 2011 at 9 a.m.
CONTACT PERSON: Jill Brown, Office of Legal Services, 275 East Main Street 5 W-B, Frankfort, Kentucky 40621, phone (502) 564-7905, fax (502) 564-7573.
907 KAR 17:005. Managed care organization requirements and policies.


NECESSITY, FUNCTION, AND CONFORMITY: The Cabinet for Health and Family Services, Department for Medicaid Services, has responsibility to administer the Medicaid Program. KRS 205.520(3) authorizes the cabinet, by administrative regulation, to comply with a requirement that may be imposed or opportunity presented by federal law to quality for federal Medicaid funds. 42 U.S.C. 1396n(b) and 42 C.F.R. Part 438 establish requirements relating to managed care. This administrative regulation establishes the policies and procedures relating to the provision of Medicaid services through contracted managed care organizations pursuant to, and in accordance with, 42 U.S.C. 1396n(b) and 42 C.F.R. Part 438.

Section 1. Definitions. (1) "1915(c) home and community based waiver program" means a Kentucky Medicaid program established pursuant to, and in accordance with, 42 U.S.C. 1396n(b) and 42 C.F.R. Part 438.

(2) "Advanced practice registered nurse" is defined by KRS 314.011(7).

(3) "Adverse action" means:
   (a) The denial or limited authorization of a requested service, including the type or level of service;
   (b) The reduction, suspension, or termination of a previously authorized service;
   (c) The denial, in whole or in part, of payment for a service;
   (d) The failure to provide services in a timely manner; or
   (e) The failure of a managed care organization to act within the timeframes provided in 42 C.F.R. 438.408(b).

(4) "Aged" means at least sixty-five (65) years of age.

(5) "Appeal" means a request for review of an adverse action or a decision by an MCO related to a covered service.

(6) "Behavioral health service" means a clinical, rehabilitative, or support service in an inpatient or outpatient setting to treat a mental illness, emotional disability, or substance abuse disorder.

(7) "Blind" is defined by 42 U.S.C. 1382c(a)(2).

(8) "Capitation payment" means the total per enrollee, per month payment amount the department pays an MCO.

(9) "Capitation rate" means the negotiated amount to be paid on a monthly basis by the department to an MCO:
   (a) Per enrollee; and
   (b) Based on the enrollee’s aid category, age, and gender.

(10) "Care coordination" means the integration of all processes in response to an enrollee’s needs and strengths to ensure the:
   (a) Achievement of desired outcomes; and
   (b) Effectiveness of services.

(11) "Case management" means a collaborative process that:
   (a) Assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an enrollee’s health and human service needs;
   (b) Is characterized by advocacy, communication, and resource management; and
   (c) Promotes quality and cost-effective interventions and outcomes;

(12) "Child" means a person who:
   (a) Is under the age of eighteen (18) years;
   b. Is a full-time student in a secondary school or the equivalent level of vocational or technical training; and
   (c) Is under the age of nineteen (19) years.

(13) "Childcare" means a diagnostic classification system that Medicaid programs use to make health-based, capped payments for TANF and Medicaid beneficiaries with a disability.

(14) "Commission for Children with Special Health Care Needs" or "CCSHCN" means the Title V agency which provides specialty medical services for children with specific diagnoses and health care needs that make them eligible to participate in programs sponsored by the CCSCHN, including the provision of medical care.

(15) "Community mental health center" means a facility which meets the community mental health center requirements established in 902 KAR 20:091.

(16) "Complex or chronic condition" means a physical, behavioral, or developmental condition which:
   (a) May have no known cure;
   (b) Is progressive; or
   (c) Can be debilitating or fatal if left untreated or undertreated.

(17) "Consumer Assessment of Healthcare Providers and Systems" or "CAHPS" means a program that develops standardized surveys that ask consumers and patients to report on and evaluate their experiences with health care.

(18) "Consumer Assessment of Healthcare Providers and Systems" or "CAHPS" means a program that develops standardized surveys that ask consumers and patients to report on and evaluate their experiences with health care.

(19) "Court-ordered commitment" means an involuntary commitment by an order of a court to a psychiatric facility for treatment pursuant to KRS Chapter 202a.

(20) "DAIL" means the Department for Aging and Independent Living.

(21) "DCBS" means the Department for Community Based Services.

(22) "Department" means the Department for Medicaid Services or its designee.

(23) "Disabled" is defined by 42 U.S.C. 1382c(a)(3).

(24) "Dual eligible" means an individual eligible for Medicare and Medicaid benefits.

(25) "Early and periodic screening, diagnosis and treatment" or "EPSDT" is defined by 42 C.F.R. 440.40(b).

(26) "Emergency service" means "emergency services" as defined by 42 U.S.C. 1396u-2(6).

(27) "Encounter" means a health care visit of any type by an enrollee to a provider of care, drugs, items, or services.

(28) "Enrollee" means a recipient who is enrolled with a Medicaid program for the purpose of receiving Medicaid or KCHIP covered services.

(29) "Family planning service" means a counseling service, medical service, or a pharmaceutical supply or device to prevent or delay pregnancy.

(30) "Federal or qualified health center" or "FQHC" is
defined by 42 C.F.R. 405.2401(b).

(33) (42) “Fee-for-service” means a reimbursement model in which a health insurer reimburses a provider for each service provided to a recipient.

(34) (33) “Foster care” is defined by KRS 620.020(5) as the DCBS program which provides temporary care for a child:

(a) Placed in the custody of the Commonwealth of Kentucky; and

(b) Who is waiting for a permanent home.

(35) (34) “Fraud” means any act that constitutes fraud under applicable federal law or KRS 205.8451(1) to KRS 205.8483.

(36) (35) “Grievance” is defined by 42 C.F.R. 438.400.

(37) (36) “Grievance system” means a system that includes a grievance process, an appeal process, and access to the Commonwealth of Kentucky’s fair hearing system.

(38) (37) “Healthcare Effectiveness Data and Information Set” or “HEDIS” means a tool used to measure performance regarding important dimensions of health care or services.

(39) (38) “Health maintenance organization” is defined by KRS 304.38-030(5).

(40) (39) “Health risk assessment” or “HRA” means a health questionnaire used to provide individuals with an evaluation of their health risks and quality of life.

(41) (40) “Healthcare Effectiveness Data and Information Set” or “HEDIS” means a tool used to measure performance regarding important dimensions of health care or services.

(a) “Homeless individual” means an individual who:

(1) Lacks a fixed, regular, or nighttime residence;

(2) Is at risk of becoming homeless in a rural or urban area because the residence is not safe, decent, sanitary, or secure;

(3) Has a primary nighttime residence at a:

1. Publicly or privately operated shelter designed to provide temporary living accommodations; or

2. Public or private place not designed as regular sleeping accommodations; or

(b) Is an individual who lacks access to normal accommodations due to violence or the threat of violence from a cohabitant.

(42) (41) “Individual with a special health care need” or “ISHCN” means an individual who:

(a) Has, or is at a high risk of having, a chronic physical, developmental, behavioral, neurological, or emotional condition; and

(b) May require a broad range of primary, specialized, medical, behavioral health, or related services.

(43) “Initial implementation” means the process of transitioning a current Medicaid or KCHIP recipient from fee-for-service into managed care.

(44) (43) “KCHIP” means the Kentucky Children’s Health Insurance Program administered in accordance with 42 U.S.C. 1397aa to j.

(45) “Kentucky Health Information Exchange” or “KHIE” means the name given to the system that will support the statewide exchange of health information among healthcare providers and organizations according to nationally-recognized standards.

(46) (45) “Knowingly” is defined by KRS 205.8451(5).

(47) (46) “Managed care organization” or “MCO” means an entity for which the Department for Medicaid Services has contracted to serve as a managed care organization in 42 C.F.R. 438.2.

(48) (47) “Maternity care” means prenatal, delivery and postpartum care and includes care related to complications from delivery.

(49) “Marketing” means any activity conducted by or on behalf of a MCO in which information regarding the services offered by the MCO is disseminated in order to educate enrollees or potential enrollees about the MCO’s services.

(50) “Maternity care” means prenatal, delivery, and postpartum care and includes care related to complications from delivery.

(51) (49) “Medicaid works individual” means an individual who:

(a) But for earning in excess of the income limit established under 42 U.S.C. 1396d(q)(2)(B), would be considered to be receiving SSI benefits;

(b) Is at least sixteen (16), but less than sixty-five (65), years of age;

(c) Is engaged in active employment verifiable with:

1. Paycheck stubs;

2. Tax returns;

3. 1099 forms; or

4. Proof of quarterly estimated tax;

(d) Meets the income standards established in 907 KAR 1:640; and

(e) Meets the resource standards established in 907 KAR 1:645.

(52) (50) “Medically necessary” means that a covered benefit is determined to be needed in accordance with 42 U.S.C. 1396d(p)(2); and

(53) (51) “Medical record” means a single, complete record that documents all of the treatment plans developed for, and medical services received by, an individual.

(54) “Medically necessary” means that a covered benefit is determined to be needed in accordance with 42 U.S.C. 1396d(p)(2).

(55) (52) “Medicare qualified individual group 1 (QI-1)” means an eligibility category, in [a] which pursuant to 42 U.S.C. 1396a(a)(10)(E)(iv), an individual who would be a Qualified Medicare beneficiary but for the fact that the individual’s income:

(a) Exceeds the income level established in accordance with 42 U.S.C. 1396d(p)(2); and

(b) Is at least 120 percent, but less than 135 percent, of the federal poverty level for a family involved and who are not otherwise eligible for Medicaid under the state plan.

(56) “National Practitioner Data Bank” means an electronic repository that collects:

(a) Information on adverse licensure activities, certain actions restricting clinical privileges, and professional society membership actions taken against physicians, dentists, and other practitioners; and

(b) Data on payments made on behalf of physicians in connection with liability settlements and judgments.

(57) “Nonqualified alien” means a resident of the United States of America who does not meet the qualified alien requirements established in 907 KAR 1:011, Section 5(12).

(58) “Nursing facility” means:

(a) A facility:

1. To which the state survey agency has granted a nursing facility license;

2. For which the state survey agency has recommended to the department certification as a Medicaid provider; and

3. To which the department has granted certification for Medicaid participation; or

(b) A hospital swing bed that provides services in accordance with 42 U.S.C. 1395tt and 1396l, if the swing bed is certified to the department as meeting requirements for the provision of swing bed services in accordance with 42 U.S.C. 1396r(b), (c), and (d) and 42 C.F.R. 447.280 and 482.66.

(59) “Olmstead decision” means the court decision of Olmstead v. L.C. and E.W., U.S. Supreme Court, No. 98–536, June 26, 1999 in which the U.S. Supreme Court ruled, “For the reasons stated, we conclude that, under Title II of the ADA, States are required to provide community-based treatment for persons with mental disabilities when the State's treatment professionals determine that such placement is appropriate, the affected persons do not oppose such treatment, and the placement can be reasonably accommodated, taking into account the resources available to the State and the needs of others with mental disabilities.”

(60) “Poststabilization services” means covered services related to an emergency medical condition that are provided to an enrollee:

(a) After an enrollee is stabilized in order to maintain the stabilized condition; or

(b) Under the circumstances described in 42 C.F.R. 438.114(e) to improve or resolve the enrollee’s condition.
“Prior authorization” means the advance approval by an enrollee of a service or item provided to an enrollee.

“Provider” means any person or entity under contract with an MCO of a service or item provided to an enrollee.

“Primary care provider” or “PCP” means a licensed or certified health care practitioner who meets the description as established in Section 7(6) of this administrative regulation.

“Primary care center” means an entity that meets the requirements established in 42 U.S.C. 1395x(b)(6).

“Quality improvement” or “QI” means the process of performance of key processes and outcomes of the healthcare delivery system is improved through the MCO’s policies and procedures.

“Qualified alien” means an alien who, at the time of applying for or receiving Medicaid benefits, meets the requirements established in 907 KAR 1:111. Section 5(12) individual who is lawfully admitted into the United States of America for temporary residence under Title II of the United States Code (The Immigration and Nationality Act) including:

(a) An asylee;
(b) A refugee;
(c) An individual who:
1. Has been paroled into the United States of America for a period of one (1) year;
2. Has had his or her deportation withheld;
3. Has been granted conditional entry into the United States of America;
4. Is a Cuban or Haitian entrant who was receiving Medicaid benefits on August 22, 1996; or
(d) A battered immigrant.

“Qualified disabled and working individual” is defined by 42 U.S.C. 1396d(s).

“Qualified Medicare beneficiary” or “QMB” is defined by 42 U.S.C. 1396d(p)(1).

“Quality improvement” or “QI” means the process of assuring that covered services provided to enrollees are appropriate, timely, accessible, available, and medically necessary and the level of performance of key processes and outcomes of the healthcare delivery system is improved through the MCO’s policies and procedures.

“Recipient” is defined in KRS 205.845(9).1

“Risk adjustment” means a corrective tool to reduce both the negative financial consequences for a managed care organization that enrolls high-risk users and the positive financial consequences for a managed care organization that enrolls low-risk users.

“Rural area” means an area not in an urban area.

“Rural health clinic” is defined by 42 C.F.R. 405.2401(b).

“Specialist” means a provider who provides specialty care.

“Specially care” means care or a service that is provided by a provider who is not:
(a) A primary care provider; or
(b) Acting in the capacity of a primary care provider while providing the service.

“Specified low-income Medicare beneficiary” means an individual who meets the requirements established in 42 U.S.C. 1396a(a)(10)(E)(iii).

“State fair hearing” means an administrative hearing provided by the Cabinet for Health and Family Services pursuant to KRS Chapter 13B and 907 KAR 1:563(907 KAR 1:560).

“State-funded adoption assistance” is defined by KRS 199.555(2).

“Subcontract” means an agreement entered into, directly or indirectly, by an MCO to arrange for the provision of covered services, or any administrative, support or other health service, but does not include an agreement with a provider.

“Supplemental security income benefits” or “SSI benefits” is defined by 20 C.F.R. 416.2101.

“Teaching hospital” means a hospital which has a teaching program approved as specified in 42 U.S.C. 1395x(b)(6).

“Temporary Assistance for Needy Families” or “TANF” means a block grant program which:
(a) Succeeded AFDC and
(b) is designed to:
1. Assisting needy families so that children can be cared for in their own homes;
2. Reduce the dependency of needy parents by promoting job preparation, work, and marriage;
3. Prevent out-of-wedlock pregnancies; and
4. Encourage the formation and maintenance of two-parent families.

“Third party liability resource” means a resource available to an enrollee for the payment of expenses:
(a) Associated with the provision of covered services; and
(b) That does not include amounts exempt under Title XIX of the Social Security Act, 42 U.S.C. 1396 to 1396v.

“Transport time” means travel time:
(a) Under normal driving conditions; and
(b) With no extenuating circumstances.

“Urban area” is defined by 42 C.F.R. 412.621(i)(1). (ii).

“Urgent care” means care for a condition not likely to cause death or lasting harm but for which treatment should not wait for a normally scheduled appointment.

“Women, Infants and Children program” means a federally-funded health and nutrition program for women, infants, and children.

Section 2. Enrollment of Medicaid or KCHIP Recipients into Managed Care. (1) Except as provided in subsection (3) of this section, enrollment into a managed care organization shall be mandatory for a Medicaid or [a]KCHIP recipient except as established in subsection (3) of this section.

(2) The provisions in this administrative regulation shall be applicable to a:
(a) Medicaid recipient; or
(b) KCHIP recipient.

(3) The following recipients shall not be required to enroll, and shall not enroll, into a managed care organization:
(a) A recipient who resides in:
1. A nursing facility for more than thirty (30) days; or
2. An intermediate care facility for individuals with mental retardation or a developmental disability for more than thirty (30) days; or
(b) A recipient who is:
1. Determined to be eligible for Medicaid benefits due to a nursing facility admission;
2. Enrolled in another managed care program in accordance with 907 KAR 1:705; or
3. Receiving:
   a. Services through the breast and cervical cancer program pursuant to 907 KAR 1:805;
   b. Medicaid benefits in accordance with the spend-down policies established in 907 KAR 1:640;
   c. Services through a 1915(c) home and community based services waiver program;
   d. Hospice services in a nursing facility or intermediate care facility.
facility for individuals with mental retardation or a developmental disability; or

   e. Medicaid benefits as a Medicaid Works individual;

   4. A Qualified Medicare beneficiary who is not otherwise eligible for Medicaid benefits;

   5. A specified low-income Medicare beneficiary who is not otherwise eligible for Medicaid benefits:

   6. A Medicaid qualified individual group 1 (QI-1) individual;

   7. A qualified disabled and working individual;

   8. A qualified alien eligible for Medicaid benefits for a limited period of time; or

   9. A nonqualified alien eligible for Medicaid benefits for a limited period of time.

(a) Except for a child in foster care, a recipient who is eligible for enrollment into managed care shall be enrolled with an MCO that provides services to an enrollee whose primary residence is within the MCO’s service area.

(b) A child in foster care shall be enrolled with an MCO in the county where the child’s DCBS case is located.

5(a) During the department’s initial implementation of managed care in accordance with this administrative regulation, the department shall assign a recipient to an MCO based upon an algorithm that considers:

   1. Continuity of care;

   2. Enrollee preference of MCO or of an MCO provider; and

   3. Cost.

(b) An assignment shall focus on a need of a child or an individual with a special health care need.

6(a) A recipient shall have fourteen (14) calendar days from the date of the written notification of the MCO assignment referenced in subsection (5) of this section to choose a different MCO.

7(a) A newly eligible recipient or a recipient who has had a break in eligibility of greater than two (2) months(1) shall have an opportunity to choose an MCO during the eligibility application process.

(b) If a recipient does not choose an MCO during the eligibility application process, the department shall assign the recipient to an MCO.

7(b) Each member of a household shall be assigned to the same MCO.

8(a) The effective date of enrollment for a recipient described in subsection (6)(b) of this section shall be:

   (a) The date of Medicaid eligibility; and

   (b) No earlier than November 1, 2011.

9(a) A recipient shall be given a choice of MCOs but not less than two (2). (10)

10(a) A recipient enrolled with an MCO who loses Medicaid eligibility for less than two (2) months shall be automatically reenrolled with the same MCO upon redetermination of Medicaid eligibility unless the recipient moves to a county in region three (3) as established in Section 28 of this administrative regulation.

11(a) A newborn who has been deemed eligible for Medicaid shall be automatically enrolled with the newborn’s mother’s MCO as an individual enrollee for up to sixty (60) days.

12(a) An enrollee may change an MCO for any reason, regardless of whether the MCO was selected by the enrollee or assigned by the department:

   1.(a) Within ninety (90) days of the effective date of enrollment; and

   2.(a) Annually during an open enrollment period that shall be at the time of an enrollee’s recertification for Medicaid eligibility; or

   b.(2) Annually during the month of birth for an enrollee who receives SSI benefits.

3(e) Upon automatic enrollment under subsection (10) of this section, if a temporary loss of Medicaid eligibility caused the recipient to miss the annual opportunity in subparagraph 2. of this paragraph; or (paragraph (b) of this subsection; and

4(a) When the Commonwealth of Kentucky imposes an intermediate sanction specified in 42 C.F.R. 438.702(a)(3).

(b) An MCO shall accept an enrollee who changes MCOs under this section of this administrative regulation.

13(a) Only the department shall have the authority to enroll a Medicaid recipient with an MCO in accordance with this section.

14(a)(b) Upon enrollment with an MCO, an enrollee shall receive two (2) identification cards:

   (a) A card shall be issued from the department that shall verify Medicaid eligibility.

   (b) A card shall be issued by the MCO that shall verify enrollment with the MCO.

15(a)(b) Within five (5) business days after receipt of notification of a new enrollee, an MCO shall send, by a method that shall not take more than three (3) days to reach the enrollee, a confirmation letter to an enrollee.

(b) The confirmation letter shall include at least the following information:

   1. The effective date of enrollment;

   2. The name, location and contact information of the PCP;

   3. How to obtain a referral;

   4. Care coordination;

   5. The benefits of preventive health care;

   6. The enrollee identification card;

   7. A member handbook; and

   8. A list of covered services.

16(a) Enrolment with an MCO shall be without restriction.

17(a) An MCO shall:

   (a) Have continuous open enrollment for new enrollees; and

   (b) Accept enrollees regardless of overall enrollment.

18(a) Except as provided in paragraph (b) of this subsection, a recipient eligible to enroll with an MCO shall be enrolled beginning with the first day of the month that the enrollee applied for Medicaid;

(b) with the exception of:

   1. A newborn who shall be enrolled beginning with the newborn’s date of birth; (11)

   2. An unemployed parent who shall be enrolled beginning with the date the unemployed parent met means the definition of unemployment in accordance with 45 C.F.R. 233.100.

   3. If an enrollee is an enrollee who shall be retroactively determined eligible for Medicaid, the retroactively determined eligible shall be for a period up to three (3) months prior to the month the enrollee applied for Medicaid.

a(2) The department shall be responsible for reimbursing for services provided to an individual determined to be retroactively eligible for any portion of the retroactive eligibility period which occurred prior to November 1, 2011, if the individual has a retroactive eligibility period prior to November 1, 2011.

b(3) A retroactive eligible individual’s MCO shall be responsible for reimbursing for services provided to an individual determined to be retroactively eligible for any portion of the retroactive eligibility period which occurred beginning on or after November 1, 2011.

19(a) For an enrollee whose eligibility resulted from a successful appeal of a denial of eligibility, the enrollment period shall begin:

   (a) On the first day of the month of the original application for eligibility; or

   (b) On the first day of the month of retroactive eligibility as referenced in subsection (7)(b) of this section, if applicable; and

b(2) No earlier than November 1, 2011.

20(a) A provider shall be responsible for verifying an individual’s eligibility for Medicaid and enrollment in a managed care organization when providing a service.

Section 3. Disenrollment. (1) The policies established in 42 C.F.R. 438.56 shall apply to an MCO.

(2) Only the department shall have the authority to disenroll a recipient from an MCO.

(3) A disenrollment of a recipient from an MCO shall:

   (a) Become effective on the first day of the month following disenrollment; and

   (b) Occur:

      1. If the enrollee:

         a. No longer resides in an area served by the MCO;

         b. Becomes incarcerated or deceased; or
Section 5. Enrollee Grievance System. (1) An MCO shall have an internal grievance system in place that allows an enrollee or a provider on behalf of an enrollee to challenge a denial of coverage of, or payment for, a service in accordance with 42 C.F.R. 438.400 through 438.424(424) and KRS 311.621 through 311.643.

(2) An enrollee shall have a right to a state fair hearing in accordance with KRS Chapter 13B without exhausting an MCO’s internal appeal process.

(3) An MCO shall have written policies and procedures describing how an enrollee shall submit a request for a:

(a) Grievance or an appeal with the MCO; or

(b) State fair hearing in accordance with KRS Chapter 13B.

(4) A legal guardian of an enrollee who is a minor or an incapacitated adult, a representative of an enrollee as designated in writing to an MCO, or a provider acting on behalf of an enrollee and with the enrollee’s written consent shall have the right to file a grievance on behalf of the enrollee.

(5) An enrollee shall have thirty (30) calendar days from the date of an event causing dissatisfaction to file a grievance orally or in writing with the MCO.

(6) Within five (5) working days of receipt of a grievance, an MCO shall provide the enrollee with written notice that the grievance has been received and the expected date of its resolution.

(7) An investigation and final resolution of a grievance shall:

(a) Be completed within thirty (30) calendar days of the date the grievance is received by the MCO; and

(b) Include a resolution letter to the enrollee that shall include:

1. All information considered in investigating the grievance;
2. Findings and conclusions based on the investigation; and
3. The disposition of the grievance.

(8) An enrollee shall have thirty (30) calendar days from the date of receiving a notice of adverse action from an MCO to file an appeal either orally or in writing with the MCO.

(9) A legal guardian of an enrollee who is a minor or an incapacitated adult, a representative of the enrollee as designated in writing to an MCO, or a provider acting on behalf of an enrollee with the enrollee’s written consent shall have the right to file an appeal of an adverse action on behalf of the enrollee.

(10) An MCO shall resolve an appeal within thirty (30) calendar days from the date the initial oral or written appeal is received by the MCO.

(11) An MCO shall have a process in place that ensures that an oral or written inquiry from an enrollee seeking to appeal an adverse action is treated as an appeal to establish the earliest possible filing date for the appeal.

(12) An oral appeal shall be followed by a written appeal that is signed by the enrollee within ten (10) calendar days.

(13) Within five (5) working days of receipt of an appeal, an MCO shall provide the enrollee with written notice that the appeal has been received and the expected date of its resolution, unless an expedited resolution has been requested.

(14) An MCO shall extend the thirty (30) day timeframe for resolution of an appeal established in subsection (10) to (14) of this section by fourteen (14) calendar days if:

(a) The[ tense] enrollee requests the extension; or

(b) The[ tense] MCO demonstrates to the department that there is need for additional information; and

2. The extension is in the enrollee’s interest.

(15) For an extension requested by an MCO, the MCO shall give the enrollee written notice of the extension and the reason for the extension within two (2) working days of the decision to extend.

(16) For an appeal, an MCO shall provide written notice of its decision within thirty (30) calendar days to an enrollee or a provider, if the provider filed the appeal. The provider shall:

(a) Give a copy of the notice to the enrollee; or

(b) Inform the enrollee of the provisions of the notice.

(17) An MCO shall:

(a) Continue to provide benefits to an enrollee, if the enrollee requested a continuation of benefits, until one of the following occurs:

1. The enrollee withdraws the appeal;
2. Fourteen (14) days have passed since the date of the resolution letter, [if provided] the resolution of the appeal was against the enrollee and the enrollee has not requested a state fair hearing;
or taken any further action; or
3. A state fair hearing decision adverse to the enrollee has been issued;
(b) Have an expedited review process for appeals [if applicable] the MCO determines that allowing the time for a standard resolution could seriously jeopardize an enrollee’s life or health or ability to attain, maintain, or regain maximum function;
(c) Resolve an expedited appeal within three (3) working days of receipt of the request; and
(d) Extend the timeframe for an expedited appeal established in paragraph (c) of this subsection by up to fourteen (14) calendar days if:
1. The enrollee requests the extension; or
2. a. The MCO demonstrates to the department that there is need for additional information; and
b. The extension is in the enrollee’s interest.
(18) For an extension requested by an MCO, the MCO shall give the enrollee written notice of the reason for the extension.
(19) If an MCO denies a request for an expedited resolution of an appeal, it shall:
(a) Transfer the appeal to the thirty (30) day timeframe for a standard resolution, in which the thirty (30) day period shall begin on the date the MCO received the original request for appeal;
(b) Give prompt oral notice of the denial; and
(c) Follow up with a written notice within two (2) calendar days of the denial.
(20) An MCO shall document in writing an oral request for an expedited resolution and shall maintain the documentation in the enrollee case file.
(21) The department shall provide an enrollee with a hearing process that shall adhere to 907 KAR 1:563, 42 C.F.R. 438 Subpart F and 42 C.F.R. 431 Subpart E.
(22) An enrollee shall be able to request a state fair hearing if dissatisfied with an adverse action that has been taken by an MCO:
(a) Within thirty (30) days of receiving notice of an adverse action; or
(b) Within thirty (30) days of the final decision of an MCO to an appeal filed by the enrollee.
(23) A document supporting an MCO’s adverse action shall be:
(a) Received by the department no later than five (5) days from the date the MCO receives a notice from the department that a request for a state fair hearing has been filed by an enrollee; and
(b) Made available to an enrollee upon request by either the enrollee or the enrollee’s legal counsel.
(24) An automatic ruling shall be made by the department in favor of an enrollee if an MCO fails to:
(a) Comply with the state fair hearing requirements established by the state and federal Medicaid law; or
(b) Appear in person and present evidence at the state fair hearing.
(25) An MCO shall:
(a) Provide information specified in 42 C.F.R. 438.10(g)(1) about the grievance system to a service provider and a subcontractor at the time they enter into a contract;
(b) Maintain a grievance or an appeal file in a secure and designated area;
(c) Make a grievance or an appeal file accessible to the department or its designee upon request;
(d) Retain a grievance or an appeal file for ten (10) years following a final decision by the MCO, the department, an administrative law judge, judicial appeal, or closure of a file, whichever occurs later;
(e) Have procedures for assisting in the file contains:
1. Information to identify the grievance or appeal;
2. The date a grievance or appeal was received;
3. The nature of the grievance or appeal;
4. A notice to the enrollee of receipt of the grievance or appeal;
5. Correspondence between the MCO and the enrollee;
6. The date the grievance or appeal is resolved;
7. The decision made by the MCO of the grievance or appeal;
8. The notice of a final decision to the enrollee; and
9. Information pertaining to the grievance or appeal; and
(f) Make available to an enrollee documentation regarding a grievance or an appeal.
(26) An MCO shall designate an individual to:
(a) Execute the policies and procedures for resolution of a grievance or appeal;
(b) Review patterns or trends in grievances or appeals; and
(c) Initiate a corrective action, if needed.
Section 6. Member Services. (1) An MCO shall have a member services function that includes a member call center and a behavioral health call center that shall:
(a) Be staffed Monday through Friday from 7:00 a.m. to 7:00 p.m. Eastern [Standard] Time; and
(b) Meet the call center standards, which shall:
1. Be approved by the [URAC] American Accreditation Health Care Commission or Utilization Review Accreditation Committee (URAC) and
2. Include provisions addressing the [designed Health Call Center Standard (HCC) for call center abandonment rate, blockage rate and average speed of answer.
(2)(a) An MCO shall provide access to medical advice to an enrollee through a toll-free call-in system, available twenty-four (24) hours a day, seven (7) days a week.
(b) The call-in system shall be staffed by medical professionals to include:
1. Physicians;
2. Physician assistants;
3. Licensed practical nurses; or
4. Registered nurses.
(3) An MCO shall:
[a][1]. Provide foreign language interpreter services, free of charge, for an enrollee;
[b] Interpreter services shall be available free of charge.
[.]
2. Respond to the special communication needs of the disabled, blind, deaf, or aged;
[c] Facilitate direct access to a specialty physician for an enrollee:
1. With a chronic or complex health condition;
2. Who is aged, blind, deaf, or disabled; or
3. Identified as having a special healthcare need and requiring a course of treatment or regular healthcare monitoring;
(d) Arrange for and assist with scheduling an EPSDT service in conformance with federal law governing EPSDT;
(e) Provide an enrollee with information or refer the enrollee to a support service;
(f) Facilitate direct access to a covered service in accordance with Section 29(4) of this administrative regulation.
2. [g]. Facilitate access to a:
1. Behavioral health service;
2. Pharmaceutical service; or
3. Service provided by a public health department, community mental health center, rural health clinic, federally qualified health center, the Commission for Children with Special Health Care Needs, or a charitable care provider;
(h) Assist an enrollee in:
1. Scheduling an appointment with a provider;
2. Obtaining transportation for an emergency or non-emergency service;
3. Completing a health risk assessment; or
4. Accessing an MCO health education program;
(i) Process, record, and track an enrollee grievance and appeal; or
(j) Refer an enrollee to case management or disease management.
Section 7. Enrollee Selection of Primary Care Provider. (1) Except for an enrollee described in subsection (2) of this section, an MCO shall have a process for enrollee selection and assignment of a primary care provider.
(2) The following shall not be required to have a primary care provider:
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(a) A dual eligible;
(b) A child in foster care;
(c) A child under the age of eighteen (18) years who is disabled; or
(d) A pregnant woman who is presumptively eligible pursuant to 907 KAR 1:810.

(3)(a) For an enrollee who is not receiving supplemental security income benefits:

1. An MCO shall notify the enrollee within ten (10) days of notification of enrollment by the department of the procedure for choosing a primary care provider; and
2. If the enrollee does not choose a primary care provider, an MCO shall assign to the enrollee a primary care provider who:
   a. Has historically provided services to the enrollee; and
   b. Meets the requirements of subsection (6) of this section.

(b) If no primary care provider meets the requirements of paragraph (a) of this subsection, an MCO shall assign the enrollee to a primary care provider who is:

1. Thirty (30) miles or thirty (30) minutes from the enrollee’s residence or place of employment if the enrollee is in an urban area; or
2. Forty-five (45) miles or forty-five (45) minutes from the enrollee’s residence or place of employment if the enrollee is in a rural area.

(4)(a) For an enrollee who is receiving supplemental security income benefits and is not a dual eligible, an MCO shall notify the enrollee of the procedure for choosing a primary care provider.

(b) If an enrollee has not chosen a primary care provider within thirty (30) days, an MCO shall send a second notice to the enrollee.

(c) If an enrollee has not chosen a primary care provider within thirty (30) days of the [paragraph (a) of this subsection, the MCO shall send a third notice to the enrollee.

(d) If an enrollee [and] has not chosen a primary care provider after the third notice, the MCO shall assign a primary care provider.

(e) Except for an enrollee who was previously enrolled with the MCO, an MCO shall not automatically assign a primary care provider within ninety (90) days of the enrollee’s initial enrollment.

(5)(a) An enrollee shall be allowed to select from at least two (2) primary care providers within an MCO’s provider network.

(b) At least one (1) of the two (2) primary care providers referenced in paragraph (a) of this subsection shall be a physician.

(6) A primary care provider shall:

(a) Be a licensed or certified health care practitioner who functions within [the provider’s scope of licensure or certification, including:
   1. A physician;
   2. An advanced practice registered nurse;
   3. A physician assistant; or
   4. A clinic, including a primary care center, federally qualified health center, or rural health clinic;
(b) Have admitting privileges at a hospital or a formal referral agreement with a provider possessing admitting privileges;
(c) Agree to provide twenty-four (24) hours a day, seven (7) days a week primary health care services to enrollees; and
(d) For an enrollee who has a gynecological or obstetrical health care need, a disability, or chronic illness, be a specialist who agrees to provide or arrange for primary and preventive care directly or through linkage with a primary care provider.

(7) Upon enrollment in an MCO, an enrollee shall have the right to change primary care providers:

(a) Within the first ninety (90) days of assignment;
(b) Once a year regardless of reason;
(c) At any time for a reason approved by the MCO;
(d) If during a temporary loss of eligibility, an enrollee loses the opportunity provided by this paragraph (b) of this subsection;
(e) If Medicare or Medicaid imposes a sanction on the PCP; or
(f) If the PCP is no longer in the MCO provider network; or
(g) At any time with cause which shall include the enrollee;

1. Receiving poor quality of care; or
2. Lacking access to providers qualified to treat the enrollee’s medical condition;
3. Being denied access to needed medical services.

3. Being denied access to needed medical services:

(a) A PCP shall not be able to request the reassignment of an enrollee to a different PCP for the following reasons:

   (1) A change in the enrollee’s health status or treatment needs;
   (2) An enrollee’s utilization of health services;
   (3) An enrollee’s diminished mental capacity; or
   (4) Disruptive behavior of an enrollee due to the enrollee’s special health care needs unless the behavior impairs the PCP’s ability to provide services to the enrollee or others.

(b) A PCP change request shall not be based on race, color, national origin, disability, age, or gender.

(10) An MCO shall have the authority to approve or deny a primary care provider change.

(11) An enrollee shall be able to obtain the following services outside of an MCO’s provider network:

(a) A family planning service in accordance with 42 C.F.R. 431.51;
(b) An emergency service in accordance with 42 C.F.R. 438.114;
(c) A poststabilization service in accordance with 42 C.F.R. 438.114 and 42 C.F.R. 422.113(c); or
(d) An out-of-network service that an MCO is unable to provide within its network to meet the medical need of the enrollee in accordance with 42 C.F.R. 438.206(b)(4).

(12) An MCO shall:

(a) Notify an enrollee within:
   1. Thirty (30) days of the effective date of a voluntary termination of the enrollee’s primary care provider; or
   2. Fifteen (15) days of an involuntary termination of the enrollee’s primary care provider; and
(b) Assist the enrollee in selecting a new primary care provider.

Section 8. Primary Care Provider Responsibilities. (1) A PCP shall:

(a) Maintain:

1. Continuity of an enrollee’s health care;
2. A current medical record for an enrollee in accordance with Section 24 of this administrative regulation; and
3. Formalized relationships with other PCPs to refer enrollees for after hours care, during certain days, for certain services, or other reasons to extend their practice;

(b) Refer an enrollee for specialty care or other medical necessary services, both in and out of network, if the services are not available within the MCO’s network;

(c) Discuss advance medical directives with an enrollee;

(d) Provide primary and preventive care, including EPSDT services;

(e) Refer an enrollee for a behavioral health service if clinically indicated; and

(f) Have an after-hours phone arrangement that ensures that a PCP or a designated medical practitioner returns the call within thirty (30) minutes;

(2) An MCO shall monitor a PCP to ensure compliance with the requirements established in this section.

Section 9. Member Handbook. (1) An MCO shall:

(a) Send a member handbook to an enrollee, by a method that shall not take more than three (3) days to reach the enrollee, within five (5) business days of enrollment;
(b) Review the [member handbook at least annually;
(c) Communicate a change to the [member handbook to an enrollee in writing; and
(d) Add a revision date to the [member handbook after revising the member handbook.

(2) A member handbook shall:

(a) Be available:

1. In hardcopy in English, Spanish, and any other language spoken by at least five (5) percent of the potential enrollee population; and
2. In hardcopy and on the MCO’s Web site;
(b) Be written at no higher than a sixth grade reading comprehension level; and
(c) Include at a minimum the following information:
1. The MCO’s network of primary care providers, including the names, telephone numbers, and service site addresses of available primary care providers, and, if desired by the MCO, the names and contact information for other providers included in the MCO’s network.

2. The procedures for:
   a. Selecting a PCP and scheduling an initial health appointment;
   b. Obtaining:
      (i) Emergency or non-emergency care after hours;
      (ii) Transportation for emergency or non-emergency care;
      (iii) An EPSDT service;
      (iv) A covered service from an out-of-network provider; or
      (v) A long term care service;
   c. Notifying DCBS of a change in family size or address, a birth, or a death of an enrollee;
   d.(i) Selecting or requesting to change a PCP;
      (ii) A reason a request for a change may be denied by the MCO;
   (iii) A reason a provider may request to transfer an enrollee to a different PCP; and
   e. Filing a grievance or appeal, including the title, address and telephone number of the person responsible for processing and resolving a grievance or appeal;
   3. The name of the MCO, address, and telephone number from which it conducts its business;
   4. The MCO’s:
      a. Business hours; and
      b. Member service and toll-free medical call-in telephone numbers;
   5. Covered services, an explanation of any service limitation or exclusion from coverage, and a notice stating that the MCO shall or will be liable only for those services authorized by the MCO, except for the services excluded in Section 7(11) of this administrative regulation;
   6. Member rights and responsibilities;
   7. For a life-threatening situation, instructions to use the emergency medical services available or to activate emergency medical services by dialing 911;
   8. Information on:
      a. The availability of maternity and family planning services, and for the prevention and treatment of sexually transmitted diseases;
      b. Accessing the services referenced in clause a. of this paragraph;
      c. Accessing care before a primary care provider is assigned or chosen;
      d. The Cabinet for Health and Family Services’ independent ombudsman program; and
      e. The availability of, and procedures for, obtaining:
         (i) A behavioral health or substance abuse service;
         (ii) A health education service; and
      (iii) Care coordination, case management, and disease management services;
   9. Direct access services that may be accessed without a referral; and
   10. An enrollee’s right to obtain a second opinion and information on obtaining a second opinion; and
   (c) Meet the information requirements established in Section 12 of this administrative regulation.

(3) Changes to the member handbook shall be approved by the department prior to the publication of the handbook.

Section 10. Member Education and Outreach. (1) An MCO shall:
   (a) Have an enrollee and community education and outreach program throughout the MCO’s service area;
   (b) Submit an annual outreach plan to the department for approval;
   (c) Assess the homeless population within its service area by implementing and maintaining an outreach plan for homeless individuals, including victims of domestic violence; and
   (d) Not differentiate between a service provided to an enrollee who is homeless and an enrollee who is not homeless.

(2) An MCO’s outreach plan shall include:
   (a) Utilizing existing community resources including shelters and clinics; and
   (b) Face-to-face encounters.

Section 11. Enrollee Non-Liability for Payment. (1) Except as specified in Section 58 or Section 7(11) of this administrative regulation, an enrollee shall not be required to pay for a medically necessary covered service provided by the enrollee’s MCO.

(2) An MCO shall not impose cost sharing on an enrollee greater than the limits established by the department in 907 KAR 1:680.

(3) If an enrollee agrees, in advance and in writing, to pay for a non-Medicaid covered service, the provider of the service (enrollee’s MCO) shall be authorized to bill the enrollee for the service.

Section 12. Provision of Information Requirements. (1) An MCO shall:
   (a) Comply with the requirements established in 42 U.S.C. 1396u-2(a)(5) and 42 C.F.R. 438.10; and
   (b) Provide translation services to an enrollee on site or via telephone.

(2) Written material provided by an MCO to an enrollee or potential enrollee shall:
   (a) Be written at a sixth grade reading comprehension level;
   (b) Be published in at least a twelve (12) point font;
   (c) Comply with the requirements established in 42 U.S.C. Chapter 126, and 47 U.S.C. Chapter 5 (the Americans with Disabilities Act);
   (d) Be updated as necessary to maintain accuracy; and
   (e) Be available in Braille or in an audio format for an individual who is partially blind or blind; and
   (f) Be provided and printed in each language spoken by five (5) percent or more of the enrollees in each county.

(3) All written material intended for an enrollee, unless unique to an individual enrollee or exempted by the department, shall be submitted to the department for review and approval prior to publication or distribution to the enrollee.

Section 13. Provider Services. (1) An MCO shall have a provider services function responsible for:
   (a) Enrolling, credentialing, recredentialing, and evaluating a provider;
   (b) Assisting a provider with an inquiry regarding enrollee status, prior authorization, referral, claim submission, or payment;
   (c) Informing a provider of the provider’s rights and responsibilities;
   (d) Handling, recording, and tracking a provider grievance and appeal;
   (e) Developing, distributing, and maintaining a provider manual;
   (f) Provider orientation and training, including:
      1. Medicaid covered services;
      2. EPSDT coverage;
      3. Medicaid policies and procedures;
      4. MCO policies and procedures; and
      5. Fraud, waste, and abuse;
   (g) Assisting in coordinating care for a child or adult with a complex or chronic condition;
   (h) Assisting a provider with enrolling in the Vaccines for Children Program in accordance with 907 KAR 1:680; and
   (i) Providing technical support to a provider regarding the provision of a service.

(2) An MCO’s provider services staff shall:
   (a) Be available at a minimum Monday through Friday from 8:00 a.m. to 6:00 p.m. Eastern Standard Time; and
   (b) Operate a provider call center.

Section 14. Provider Network. (1) An MCO shall:
   (a) Enroll providers of sufficient types, numbers, and specialties in its network to satisfy the:
      1. Access and capacity requirements established in Section 15 of this administrative regulation; and
2. Quality requirements established in Section 48 of this administrative regulation;
   (b) Attempt to enroll the following providers in its network:
   1. A teaching hospital;
   2. A rural health clinic;
   3. The Kentucky Commission for Children with Special Health Care Needs;
   4. A local health department; and
   5. A community mental health center;
   (c) Demonstrate to the department the extent to which it has enrolled providers in its network who have traditionally provided services to Medicaid recipients;
   (d) Have at least one (1) FQHC in a region where the MCO operates in accordance with Section 28 of this administrative regulation, if there is an FQHC that is appropriately licensed to provide services in the region; and
   (e) Exclude, terminate, or suspend from its network a provider or subcontractor who engages in an activity that results in suspension, termination, or exclusion from the Medicare or a Medicaid program.

(2) The length of an exclusion, termination, or suspension referenced in subsection (1)(e) of this section shall equal the length of the exclusion, termination, or suspension imposed by the Medicare or a Medicaid program.

(3) If an MCO is unable to enroll a provider specified in subsection (1)(b) or (4)(c) of this section, the MCO shall submit to the department for approval, documentation which supports the MCO's conclusion that adequate services and service sites as required in Section 15 of this administrative regulation shall be provided without enrolling the specified provider.

(4) If an MCO determines that its provider network is inadequate to comply with the access standards established in Section 15 of this administrative regulation, the MCO shall:
   (a) Notify the department; and
   (b) Submit a corrective action plan to the department.

(5) A corrective action plan referenced in subsection (4)(b) of this section shall:
   (a) Describe the deficiency in detail; and
   (b) Identify a specific action to be taken by the MCO to correct the deficiency, including a time frame.

Section 15. Provider Access Requirements. (1) The access standards requirements established in 42 C.F.R. 438.206 through 438.210(2)(10) shall apply to an MCO.

(2) An MCO shall make available and accessible to an enrollee:
   (a) Facilities, service locations, and personnel sufficient to provide covered services consistent with the requirements specified in this section;
   (b) Emergency medical services twenty-four (24) hours a day, seven (7) days a week; and
   (c) Urgent care services within 48 hours of request.

(3)(a) An MCO's primary care provider delivery site shall be no more than:
   1. Thirty (30) miles or thirty (30) minutes from an enrollee's residence or place of employment in an urban area; or
   2. Forty-five (45) miles or forty-five (45) minutes from an enrollee's residence or place of employment in a non-urban area.

(b) An MCO's primary care provider shall not have an enrollee to primary care provider ratio greater than 1,500:1.

(c) An appointment wait time at an MCO's primary care delivery site shall not exceed:
   1. Thirty (30) days from the date of an enrollee's request for a routine or preventive service; or
   2. Forty-eight (48) hours from an enrollee's request for urgent care.

4. A behavioral health service appointment not included in subparagraph 1, 2, or 3 of this paragraph shall occur within sixty (60) days of the referral.

5. An MCO shall have:
   1. Specialists available for the subpopulations designated in Section 30 of this administrative regulation; and
   2. Sufficient pediatric specialists to meet the needs of enrollees who are less than twenty-one (21) years of age.

6. An emergency service shall be provided at a health care facility most suitable for the type of injury, illness, or condition, whether or not the facility is in the MCO network.

7.(a) Except as provided in paragraph (b) of this subsection, an enrollee's transport time to a hospital shall not exceed thirty (30) minutes from an enrollee's residence.

(b) Transport time to a hospital shall not exceed sixty (60) minutes from an enrollee's residence:
   1. In a rural area; or
   2. For a behavioral or physical rehabilitation service.

8.(a) Transport time for a dental service shall not exceed one (1) hour from an enrollee's residence.

(b) A dental appointment wait time shall not exceed:
   1. Three (3) weeks for a regular appointment; or
   2. Forty-eight (48) hours for urgent care.

9.(a) Transport time to a general vision, laboratory, or radiological service shall not exceed one (1) hour from an enrollee's residence.

(b) A pharmacy delivery site, except for a mail-order pharmacy, shall not be further than fifty (50) miles from an enrollee's residence.

10.(a) Transport time to a pharmacy service shall not exceed one (1) hour from an enrollee's residence.

(b) A pharmacy delivery site, except for a mail-order pharmacy, shall not be further than fifty (50) miles from an enrollee's residence;

11.(a) Prior authorization shall not be required for a physical emergency service or a behavioral health emergency service.

(b) In order to be covered, an emergency service shall be:
   1. Medically necessary;
   2. Authorized after being provided if the service was not prior authorized; and
   3. Covered in accordance with Section 29(1) of this administrative regulation.

Section 16. Provider Manual. (1) An MCO shall provide a provider manual to a provider within five (5) working days of enrollment with the MCO.

(2) Prior to distributing a provider manual or update to a provider manual, an MCO shall procure the department's approval, documentation which supports the MCO's conclusion that adequate services and service sites as required in paragraph (b) of this subsection shall equal the length of the exclusion, termination, or suspension imposed by the Medicare or a Medicaid program.

(3) The provider manual shall be available in hard copy and on the MCO's website.

Section 17. Provider Orientation and Education. An MCO shall:
(1) Conduct an initial orientation for a provider within thirty (30) days of enrollment with the MCO to include:
   (a) Medicaid coverage policies and procedures;
   (b) Reporting fraud and abuse;
   (c) Medicaid eligibility groups;
   (d) The standards for preventive health services;
   (e) The special needs of enrollees;
   (f) Advance medical directives;
   (g) EPSDT services;
   (h) Claims submission;
(i) Care management or disease management programs available to enrollees;

(j) Cultural sensitivity;

(k) The needs of enrollees with mental, developmental, or physical disabilities;

(l) The reporting of communicable diseases;

(m) The MCO’s QAPI program as referenced in Section 48 of this administrative regulation;

(n) Medical records;

(o) The external quality review organization; and

(p) The rights and responsibilities of enrollees and providers; and

(2) Ensure that a provider:

(a) Is informed of an update on a federal, state, or contractual requirement;

(b) Receives education on a finding from its QAPI program if[what] deemed necessary by the MCO or department; and

(c) Makes available to the department training attendance rosters that shall be dated and signed by the attendees.

Section 18. Provider Credentialing and Recredentialing. (1) An MCO shall:

(a) Have policies and procedures that comply with 907 KAR 1.672, KRS 205.560, and 42 C.F.R. 455 Subpart E, 455.400 to 455.470, regarding the credentialing and recredentialing of a provider;

(b) Have a process for verifying a provider’s credentials and malpractice insurance that shall include:

1. Written policies and procedures for credentialing and recredentialing of a provider;

2. A governing body, or a group of individuals to whom the governing body has formally delegated the credentialing function; and

3. A review of the credentialing policies and procedures by the governing body or its delegate;

(c) Have a credentialing committee that makes recommendations regarding credentialing;

(d) If a provider requires a review by the credentialing committee, based on the MCO’s quality criteria, notify the department of the facts and outcomes of the review;

(e) Have written policies and procedures for:

1. Excluding, terminating, or suspending a provider; and

2. Reporting a quality deficiency that results in an exclusion, suspension, or termination of a provider;

(f) Document its monitoring of a provider;

(g) Verify a provider’s qualifications through a primary source that includes:

1. A current valid license or certificate to practice in the Commonwealth of Kentucky;

2. A Drug Enforcement Administration certificate and number, if applicable;

3. A provider is not board certified, proof of graduation from a medical school and completion of a residency program;

4. Proof of completion of an accredited nursing, dental, physician assistant, or vision program, if applicable;

5. If a provider states on an application that the provider is board certified in a specialty, a professional board certification;

6. A previous five (5) year work history;

7. A professional liability claims history;

8. If a provider requires access to a hospital to practice, proof that the provider has clinical privileges and is in good standing at the hospital designated by the provider as the primary admitting hospital;

9. Malpractice insurance;

10. Documentation, if applicable, of a:

a. Revocation, suspension, or probation of a state license or Drug Enforcement Agency certificate and number;

b. Curtailment or suspension of a medical staff privilege;

c. Sanction or penalty imposed by the United States Department of Health and Human Services or a state Medicaid agency;

or[and]

d. Censure by a state or county professional association; and

(2) An MCO shall:

(a) Obtain access to the National Practitioner Data Bank as part of its credentialing process;

(b) Have:

1. A process to recredential a provider at least once every three (3) years that shall be in accordance with subsection (3) of this section; and

2. Procedures for monitoring a provider sanction, a complaint, or a quality issue between a recredentialing cycle; [and]

(i) Have or obtain National Committee for Quality Assurance (NCQA) accreditation for its Medicaid product line within four (4) years of implementation of this administrative regulation; and

(ii) Continuously maintain NCQA accreditation for its Medicaid product line after obtaining the accreditation[NCQA certification for credentialing by April 1, 2012];

(2) If an MCO subcontracts a credentialing or recredentialing function, the MCO and the subcontractor shall have written policies and procedures for credentialing and recredentialing.

(3) A provider shall complete a credentialing application, in accordance with 907 KAR 1.672, that includes a statement by the provider regarding:

(a) The provider’s ability to perform essential functions of a position, with or without accommodation;

(b) The provider’s lack of current illegal drug use;

(c) The provider’s history of a:

1. Loss of license or a felony conviction;

2. Loss or limitation of a privilege; or

3. Disciplinary action;

(d) A sanction, suspension, or termination by the United States Department of Health and Human Services or a state Medicaid agency;

(e) Clinical privileges and standing at a hospital designated as the primary admitting hospital of the provider;

(f) Malpractice insurance maintained by the provider; and

(g) The correctness and completeness of the application.

(4) The department shall be responsible for credentialing and recredentialing a:

[a] hospital-based provider[; and]

[b] Provider enrolled with an MCO for a six (6) month period that begins on November 1, 2011 and ends on April 30, 2012.

Section 19. MCO Provider Enrollment. (1) A provider enrolled with an MCO shall:

(a) Be credentialed by the MCO in accordance with the standards established in Section 18 of this administrative regulation; and

(b) Be eligible to enroll with the Kentucky Medicaid Program in accordance with 907 KAR 1.672.

(2) An MCO shall:

(a) Not enroll a provider in its network if:

1. The provider has an active sanction imposed by the Centers for Medicare and Medicaid Services or a state Medicaid agency;

2. A required provider license or a certification is[a] not current;

3. Based on information or records available to the MCO:

[a. The provider owes money to the Kentucky Medicaid program; or]

[b. The Kentucky Office of the Attorney General has a fraudulent investigation of the provider; or]

[c. The provider is not credentialed;]

(d) Have and maintain documentation regarding a provider’s qualifications; and

(c) Make the documentation referenced in paragraph (b) of this subsection available for review by the department.

(3)[a] A provider shall not be required to participate in Kentucky Medicaid fee-for-service to enroll with an MCO.

[b] If a provider is not a participant in Kentucky Medicaid fee-for-service, the provider shall obtain a Medicaid provider number from the department in accordance with 907 KAR 1.672.

Section 20. Provider Discrimination. An MCO shall:

(1) Comply with the antidiscrimination requirements established in:

(a) 42 U.S.C. 1396u-2(b)(7);
(b) 42 C.F.R. 438.12; and
(c) KRS 304.17A-270; and
(2) Provide written notice to a provider denied participation in the MCO’s network stating the reason for the denial.

Section 21. Release for Ethical Reasons. An MCO shall:

(1) Not [(a)] require a provider to perform a treatment or procedure that is contrary to the provider’s conscience, religious beliefs, or ethical principles in accordance with 42 C.F.R. 438.102; and
(b) Enrollee identification information on each page;

(2) Not [(b)] prohibit or restrict a provider from advising an enrollee about health status, medical care, or a care, or treatment:
(a) [A] Whether or not coverage is provided by the MCO; and
(b) [B] If the provider is acting within the lawful scope of practice;

(3) Have a referral process in place [[for a situation where]] a provider declines to perform a service because of an ethical reason.

Section 22. Provider Grievances and Appeals. (1) An MCO shall have written policies and procedures for the filing of a provider grievance or appeal.
(2) A provider shall have the right to:
(a) A grievance or an appeal with an MCO; or
(b) An appeal with an MCO regarding:
1. A provider payment issue; or
2. A contractual issue.
(3)(a) A provider grievance or appeal shall be resolved within thirty (30) calendar days.
(b) If a grievance or appeal is not resolved within thirty (30) days, an MCO shall request a fourteen (14) day extension from the provider.

The provider shall approve the extension request from the MCO.
(c) If a provider requests an extension, the MCO shall approve the extension.

Section 23. Cost Reporting Information. The department shall provide to the MCO the calculation of Medicaid allowable costs as used in the Medicaid Program.

Section 24. Medical Records. (1) An MCO shall:
(a) Require a provider to maintain an enrollee medical record on paper or in an electronic format; and
(b) Have a process to systematically review provider medical records to ensure compliance with the medical records standards established in this section.
(2) An enrollee medical record shall:
(a) Be legible, current, detailed, organized, and signed by the service provider;
(b)1. Be kept for at least five (5) years from the date of service unless a federal statute[wa] regulation requires a longer retention period; and
2. If a federal statute[wa] regulation requires a retention period longer than five (5) years, an enrollee medical record shall be kept for at least as long as the federally-required retention period;
(c) Include the following minimal detail for an individual clinical encounter:
1. The history and physical examination for the presenting complaint;
2. A psychological or social factor affecting the patient’s physical or behavioral health;
3. An unresolved problem, referral, or result from a diagnostic test; and
4. The plan of treatment including:
   a. Medication history, medications prescribed, including the strength, amount, and directions for use and refills;
   b. Therapy or other prescribed regimen; and
   c. Follow-up plans, including consultation, referrals, and return appointment;
(3) A medical chart organization and documentation shall, at a minimum, contain the following:
(a) Enrollee identification information on each page;
(b) Enrollee date of birth, age, gender, marital status, race[wa] or ethnicity, mailing address, home and work addresses, and telephone numbers (if applicable), employer (if applicable), school (if applicable), name and telephone number of an emergency contact, consent form, language spoken and guardianship information (if applicable);
(c) Date of data entry and of the encounter;
(d) Provider’s name;
(e) Any known allergies or adverse reactions of the enrollee;
(f) Enrollee’s past medical history;
(g) Identification of any current problem;
(h) If a consultation, laboratory, or radiology report is filed in the medical record, there shall contain the ordering provider’s initials or other documentation indicating review;
(i) Documentation of immunizations;
(j) Identification and history of nicotine, alcohol use, or substance abuse;
(k) Documentation of notification of reportable diseases and conditions to the local health department serving the jurisdiction in which the enrollee resides or to the Department for Public Health pursuant to 902 KAR 2:020;
(l) Follow-up visits provided secondary to reports of emergency room care;
(m) Hospital discharge summaries;
(n) Advance medical directives for adults; and
(o) All written denials of service and the reason for each[the] denial.

Section 25. Confidentiality of Medical Information. (1) An MCO shall:
(a) Maintain confidentiality of all enrollee eligibility information and medical records;
(b) Prevent unauthorized disclosure of the information referenced in this subsection[11] of this section in accordance with KRS 194A.060, KRS 214.185, KRS 434.840 to 434.860, and 42 C.F.R. 431[1]; and
(c) If a provider requests an extension, the MCO shall approve the extension.
(2) An enrollee medical record shall:
(a) Be kept for at least five (5) years from the date of service unless a federal statute[wa] regulation requires a longer retention period; and
(b) If a federal statute[wa] regulation requires a retention period longer than five (5) years, an enrollee medical record shall be kept for at least as long as the federally-required retention period.
(c) Include the following minimal detail for an individual clinical encounter:
1. The history and physical examination for the presenting complaint;
2. A psychological or social factor affecting the patient’s physical or behavioral health;
3. An unresolved problem, referral, or result from a diagnostic test; and
4. The plan of treatment including:
   a. Medication history, medications prescribed, including the strength, amount, and directions for use and refills;
   b. Therapy or other prescribed regimen; and
   c. Follow-up plans, including consultation, referrals, and return appointment;
(3) A medical chart organization and documentation shall, at a minimum, contain the following:
(a) Enrollee identification information on each page;
(b) Enrollee date of birth, age, gender, marital status, race[wa] or ethnicity, mailing address, home and work addresses, and telephone numbers (if applicable), employer (if applicable), school (if applicable), name and telephone number of an emergency contact, consent form, language spoken and guardianship information (if applicable);
(c) Date of data entry and of the encounter;
(d) Provider’s name;
(e) Any known allergies or adverse reactions of the enrollee;
(f) Enrollee’s past medical history;
(g) Identification of any current problem;
(h) If a consultation, laboratory, or radiology report is filed in the medical record, there shall contain the ordering provider’s initials or other documentation indicating review;
(i) Documentation of immunizations;
(j) Identification and history of nicotine, alcohol use, or substance abuse;
(k) Documentation of notification of reportable diseases and conditions to the local health department serving the jurisdiction in which the enrollee resides or to the Department for Public Health pursuant to 902 KAR 2:020;
(l) Follow-up visits provided secondary to reports of emergency room care;
(m) Hospital discharge summaries;
(n) Advance medical directives for adults; and
(o) All written denials of service and the reason for each[the] denial.

Section 26. Americans with Disabilities Act and Cabinet Ombudsman. (1) An MCO shall:
(a) Require by contract with its network providers and subcontractors that a service location meets:
   1. The requirements established in 42 U.S.C. Chapter 126, [and 47 U.S.C. Chapter 5] or [the Americans with Disabilities Act[]]; and
   2. All local requirements which apply to health facilities pertaining to adequate space, supplies, sanitation, and fire and safety procedures;
(b) Fully cooperate with the Cabinet for Health and Family Services independent ombudsman; and
(c) Provide immediate access, to the Cabinet for Health and
Family Services independent ombudsman, to an enrollee’s records if the enrollee has given consent.

(2) An MCO’s member handbook shall contain information regarding the Cabinet for Health and Family Services independent ombudsman program.

Section 27. Marketing. (1) An MCO shall:
(a) Comply with the requirements established in 42 C.F.R. 438.104 regarding marketing activities;
(b) Have a system of control over the content, form, and method of dissemination of its marketing and information materials;
(c) Submit a marketing plan and marketing materials to the department for written approval prior to implementation or distribution; and
(d) If conducting mass media marketing, direct the marketing activities to enrollees in the entire service area pursuant to the marketing plan.
(e) Not conduct face-to-face marketing;
(f) Not use fraudulent, misleading, or misrepresentative information in its marketing materials;
(g) Not offer material or financial gain to a:
1. Person for the purpose of soliciting, referring, or otherwise facilitating the enrollment of an enrollee;
2. Direct telephone marketing to enrollees or potential enrollees who do not reside in the MCO service area;
3. Direct or indirect door-to-door, telephone, or other cold-call marketing activity; and
4. Include in its marketing materials an assertion or statement that CMS, the federal government, the Commonwealth, or another entity endorses the MCO.

(2) An MCO’s marketing material shall meet the information requirements established in Section 12 of this administrative regulation.

Section 28. MCO Service Areas. (1)(a) An MCO’s service areas shall include regions one (1), two (2), four (4), five (5), six (6), seven (7), and eight (8).
(b) An MCO’s service areas shall not include region three (3).
(2) A recipient who is eligible for enrollment with a managed care organization and who resides in region three (3) shall receive services in accordance with 907 KAR 1:705.
(3) Region one (1) shall include the following counties:
(a) Ballard;
(b) Caldwell;
(c) Calloway;
(d) Carlisle;
(e) Crittenden;
(f) Fulton;
(g) Graves;
(h) Hickman;
(i) Livingston;
(j) Lyon;
(k) Marshall; and
(l) McCracken.
(4) Region two (2) shall include the following counties:
(a) Christian;
(b) Daviess;
(c) Hancock;
(d) Henderson;
(e) Hopkins;
(f) McLean;
(g) Muhlenberg;
(h) Ohio;
(i) Trigg;
(j) Todd;
(k) Union; and
(l) Webster.
(5) Region three (3) shall include the following counties:
(a) Breckenridge;
(b) Bullitt;
(c) Carroll; and
(d) Grayson;
(e) Hardin;
(f) Henry;
(g) Jefferson;
(h) Larue;
(i) Marion;
(j) Meade;
(k) Nelson;
(l) Oldham;
(m) Shelby;
(n) Spencer;
(o) Trimble; and
(p) Washington.
(6) Region four (4) shall include the following counties:
(a) Adair;
(b) Allen;
(c) Barren;
(d) Butler;
(e) Casey;
(f) Clinton;
(g) Cumberland;
(h) Edmonson;
(i) Green;
(j) Hart;
(k) Logan;
(l) McCreary;
(m) Metcalfe;
(n) Monroe;
(o) Pulaski;
(p) Russell;
(q) Simpson;
(r) Taylor;
(s) Warren; and
(t) Wayne.
(7) Region five (5) shall include the following counties:
(a) Anderson;
(b) Bourbon;
(c) Boyle;
(d) Clark;
(e) Estill;
(f) Fayette;
(g) Franklin;
(h) Garrard;
(i) Harrison;
(j) Jackson;
(k) Jessamine;
(l) Lincoln;
(m) Madison;
(n) Mercer;
(o) Montgomery;
(p) Nicholas;
(q) Owen;
(r) Powell;
(s) Rockcastle;
(t) Scott; and
(u) Woodford.
(8) Region six (6) shall include the following counties:
(a) Boone;
(b) Campbell;
(c) Gallatin;
(d) Grant;
(e) Kenton; and
(f) Pendleton.
(9) Region seven (7) shall include the following counties:
(a) Bath;
(b) Boyd;
(c) Bracken;
(d) Carter;
(e) Elliott;
(f) Fleming;
(g) Greenup;
(h) Lawrence;
(i) Lewis; and
(j) Mason.
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(k) Menifee;
(l) Morgan;
(m) Rowan; and
(n) Robertson.
(10) Region eight (8) shall include the following counties:
(a) Bell;
(b) Breathitt;
(c) Clay;
(d) Floyd;
(e) Harlan;
(f) Johnson;
(g) Knott;
(h) Knox;
(i) Laurel;
(j) Lee;
(k) Leslie;
(l) Letcher;
(m) Magoffin;
(n) Martin;
o) Owsley;
p) Perry;
(q) Pike;
r) Wolfe; and
(s) Whitley.

Section 29. Covered Services. (1) Except as established in subsection (2) of this section, an MCO shall be responsible for the provision and costs of a covered health service:
(a) Established in Title 907 of the Kentucky Administrative Regulations;
(b) In the amount, duration, and scope that the services are covered for recipients pursuant to the department’s administrative regulations located in Title 907 of the Kentucky Administrative Regulations; and
(c) Beginning on the date of enrollment of a recipient into the MCO.
(2) Other than a nursing facility cost referenced in subsection (3)(g) of this section, an MCO shall be responsible for the cost of a non-nursing facility covered service provided to an enrollee during the first thirty (30) days of a nursing facility admission in accordance with this administrative regulation.
(3) An MCO shall not be responsible for the provision or costs of the following:
(a) A service provided to a recipient in an intermediate care facility for individuals with mental retardation or a developmental disability;
(b) A service provided to a recipient in a 1915(c) home and community based waiver program;
(c) A hospice service provided to a recipient in an institution;
(d) A nonemergency transportation service provided in accordance with 907 KAR 3:066;
(e) Except as established in Section 35 of this administration regulation, a school-based health service;
(f) A service not covered by the Kentucky Medicaid program;
(g) A health access nurturing developing service pursuant to 907 KAR 3:140;
(h) An early intervention program pursuant to 907 KAR 3:720; or
(i) A nursing facility service for an enrollee during the first thirty (30) days of a nursing facility admission.
(4) The following covered services provided by an MCO shall be accessible to an enrollee without a referral from the enrollee’s primary care provider:
(a) A primary care vision service;
(b) A primary dental or oral surgery service;
(c) An evaluation by an orthodontist or a prosthodontist;
(d) A service provided by a women’s health specialist;
(e) A family planning service;
(f) An emergency service;
(g) Maternity care for an enrollee under age eighteen (18);
(h) An immunization for an enrollee under twenty-one (21);
(i) A screening, evaluation, or treatment service for a sexually transmitted disease or tuberculosis;
(j) Testing for HIV, HIV-related condition, or other communica-

ble disease; and
(k) A chiropractic service.
(5) An MCO shall:
(a) Not require the use of a network provider for a family planning service;
(b) In accordance with 42 C.F.R. 431.51(b), reimburse for a family planning service provided within or outside of the MCO’s provider network;
(c) Cover an emergency service:
   1. In accordance with 42 U.S.C. 1396u-2(b)(2)(A)(i); and
   2. Provided within or outside of the MCO’s provider network; or
   3. Out-of-state in accordance with 42 C.F.R. 431.52;
(d) Comply with 42 U.S.C. 1396u-2(b)(A)(ii); and
(e) Be responsible for the provision and costs of a covered service as described in this section beginning on or after the beginning date of enrollment of a recipient with an MCO as established in Section 2 of this administrative regulation.
(6) An enrollee is receiving a medically necessary covered service one day before enrollment with an MCO, the MCO shall be responsible for the costs of continuation of the medically necessary covered service without prior approval and without regard to whether services are provided within or outside the MCO’s network until the MCO can reasonably transfer the enrollee to a network provider.
(b) An MCO shall comply with paragraph (a) of this subsection without impeding service delivery or jeopardizing the enrollee’s health.

Section 30. Enrollees with Special Health Care Needs. (1) In accordance with 42 C.F.R. 438.208:
(a) The following shall be considered an individual with a special health care need:
   1. A child in or receiving foster care or adoption assistance;
   2. A homeless individual;
   3. An individual with a chronic physical or behavioral illness;
   4. A blind or disabled child [under the age of nineteen (19) years];
   5. An individual who is eligible for SSI benefits; or
   6. An adult who is a ward of the Commonwealth in accordance with 910 KAR Chapter 2; and
(b) An MCO shall:
   1. Have a process to target enrollees for the purpose of screening and identifying those with special health care needs;
   2. Assess each enrollee identified by the department as having a special health care need to determine if the enrollee needs case management or regular care monitoring;
   3. Include the use of appropriate health care professionals to perform an assessment; and
   4. Have a treatment plan for an enrollee with a special health care need who has been determined, through an assessment, to need a course of treatment or regular care monitoring.
(2) A treatment plan referenced in subsection (1)(b)4 of this section shall be developed:
[a] [by an enrollee’s primary care provider] With participation from the enrollee or the enrollee’s legal guardian as referenced in Section 43 of this administrative regulation; and
(b) By the enrollee’s primary care provider [with participation from the enrollee or enrollee’s legal guardian.] If the enrollee has a primary care provider.
(3) An MCO shall:
(a) 1. Develop materials specific to the needs of an enrollee with a special health care need; and
   2. Provide the materials referenced in subparagraph 1 of paragraph (a) of this paragraph [subsection] to the enrollee, caregiver, parent, or legal guardian;
   (b) Have a mechanism to allow an enrollee identified as having a special health care need to directly access a specialist, as appropriate, for the enrollee’s condition and identified need; and
   (c) [Distribute to an enrollee with a special health care need or a caregiver, parent, or legal guardian of an enrollee with a special health care need, information and materials specific to the needs of the enrollee; and (d) Be responsible for the ongoing care coordination for an enrollee with a special health care need.
(4) The information referenced in subsection (3)(b)(i) of this
section shall include health educational material to assist the enrollee with a special health care need or the enrollee's caregiver, parent, or legal guardian in understanding the enrollee's special need.

(5)(a) An enrollee who is a child in foster care or receiving adoption assistance shall be enrolled with an MCO through a service plan that shall be completed for the enrollee by DCBS prior to being enrolled with the MCO.

(b) The service plan referenced in paragraph (a) of this subsection shall be used by DCBS and the MCO to determine the enrollee's medical needs and identify the need for case management.

(c) The MCO shall be available to meet with DCBS at least once a month, the MCO shall meet with DCBS to discuss the health care needs of the child as identified in the service plan.

(d) If a service plan identifies the need for case management or DCBS requests case management for an enrollee, the foster parent of the child or DCBS shall work with the MCO to develop a case management plan of care.

(e) The MCO shall consult with DCBS prior to developing or modifying a case management plan of care.

(6)(a) An enrollee who is a ward of the Commonwealth shall be enrolled with an MCO through a service plan that shall be completed for the enrollee by DAIL prior to being enrolled with the MCO.

(b) If the service plan referenced in paragraph (a) of this subsection identifies the need for case management, the MCO shall work with DAIL or the enrollee to develop a case management plan of care.

Section 31. Second Opinion. An enrollee shall have the right to a second opinion within the MCO's provider network for a surgical procedure or diagnosis and treatment of a complex or chronic condition.

Section 32. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services. (1) An MCO shall provide an enrollee under the age of twenty-one (21) years with EPSDT services in compliance with:

(a) 907 KAR 11:034; and

(b) 42 U.S.C. 1396d(fr); and

(c) The Early and Periodic Screening, Diagnosis and Treatment Program Periodicity Schedule.

(2) A provider of an EPSDT service shall meet the requirements established in 907 KAR 11:034.

Section 33. Emergency Care, Urgent Care, and Poststabilization Care. (1) An MCO shall provide to an enrollee:

(a) Emergency care twenty-four (24) hours a day, seven (7) days a week; and

(b) Urgent care within forty-eight (48) hours.

(2) Poststabilization services shall be provided and reimbursed in accordance with 42 C.F.R. 422.113(c) and 438.114(e).

Section 34. Maternity Care. An MCO shall:

(1) Have procedures to assure:

(a) Prompt initiation of prenatal care; or

(b) Continuation of prenatal care without interruption for a woman who is pregnant at the time of enrollment;

(2) Provide maternity care that includes:

(a) Prenatal;

(b) Delivery;

(c) Postpartum care; and

(d) Care for a condition that complicates a pregnancy; and

(3) Perform all the newborn screenings referenced in 902 KAR 4:030.

Section 35. Pediatric Interface. (1) An MCO shall:

(a) Have procedures to coordinate care for a child receiving a school-based health service or an early intervention service; and

(b) Monitor the continuity and coordination of care for the child receiving a service referenced in paragraph (a) of this subsection as part of its quality assessment and performance improvement (QAPI) program established (referred to) in Section 48 of this administrative regulation.

(2) Except when a child's course of treatment is interrupted by a school break, after-school hours, or summer break, an MCO shall not be responsible for a service referenced in subsection (1)(a) of this section.

(3) A school-based health service provided by a school district shall not be covered by an MCO.

(4) A school-based health service provided by a local health department shall be covered by an MCO.

Section 36. Pediatric Sexual Abuse Examination. (1) An MCO shall enroll at least one [1][a] provider in its network who has the capacity to perform a forensic pediatric sexual abuse examination.

(2) A forensic pediatric sexual abuse examination shall be conducted for an enrollee at the request of the DCBS.

Section 37. Lock-in Program. (1) An MCO shall have a program to control utilization of:

(a) Drugs and other pharmacy benefits; and

(b) Non-emergency care provided in an emergency setting.

(2) The program referenced in subsection (1) of this section shall be:

(a) Approved by the department; and

(b) In accordance with 907 KAR 1:677.

Section 38. Pharmacy Benefit Program. (1) An MCO shall:

(a) Have a pharmacy benefit program that shall have:

1. A point-of-sale claims processing service;

2. Prospective drug utilization review;

3. An accounts receivable process;

4. Retrospective utilization review services;

5. Formulary and non-formulary drugs;

6. A prior authorization process for drugs;

7. Pharmacy provider relations;

8. A toll-free call center that shall respond to a pharmacy or a physician prescriber twenty-four (24) hours a day, seven (7) days a week; and

9. A seamless interface with the department's management information system;

(b) Maintain a preferred drug list (PDL);

(c) Provide the following to an enrollee or a provider:

1. PDL information; and

2. Pharmacy cost sharing information; and

(d) Have a Pharmacy and Therapeutics Committee (P&T Committee), which shall:

1. Meet periodically throughout the calendar year as necessary; and

2. Make recommendations to the MCO for changes to the drug formulary.

(2)(a) The department shall comply with the drug rebate collection requirement established in 42 U.S.C. 1396b(m)(2)(A)(xiii).

(b) An MCO shall:

1. Cooperate with the department in complying with 42 U.S.C. 1396b(m)(2)(A)(xiii);

2. Assist the department in resolving a drug rebate dispute with a manufacturer; and

3. Be responsible for drug rebate administration in a non-pharmacy setting.

(3) An MCO's P&T committee shall meet and make recommendations to the MCO for changes to the drug formulary.

(4) If a prescription for an enrollee is for a non-preferred drug and the pharmacist cannot reach the enrollee's primary care provider or the MCO for approval and the pharmacist determines it necessary to provide the prescribed drug, the pharmacist shall:

(a) Provide a seventy-two (72) hour supply of the prescribed drug; or

(b) Provide less than a seventy-two (72) hour supply of the prescribed drug, if the request is for less than a seventy-two (72) hour supply.

(5) Cost sharing imposed by an MCO shall not exceed the cost sharing limits established in 907 KAR 1:604.
Section 39. MCO Interface with the Department Regarding Behavioral Health [State Mental Health Agency]. An MCO shall:

(1) Meet with the department monthly to discuss:
   (a) Serious mental illness and serious emotional disturbance operating definitions;
   (b) Priority populations;
   (c) Targeted case management and peer support provider certification training and processes[processes];
   (d) IMPACT Plus program operations;
   (e) Satisfaction survey requirements;
   (f) Priority training topics;
   (g) Behavioral health services hotline; or
   (h) Behavioral health crisis services;

(2) Coordinate:
   (a) An IMPACT Plus covered service provided to an enrollee in accordance with 907 KAR 3:030;
   (b) With the department:
      1. An enrollee education process for:
         a. Individuals with a serious mental illness; and
         b. Children or youth with a serious emotional disturbance; and
      2. On establishing a collaborative agreement with a:
         a. State-operated or state-contracted psychiatric hospital; and
         b. Facility that provides a service to an individual with a co-occurring behavioral health and developmental and intellectual disabilities; and
      (c) With the department and community mental health centers a process for integrating a behavioral health service hotline; and
   (3) Provide the department with proposed materials and protocols for the enrollee education referenced in subsection (2)(b)[29] of this section.

Section 40. Behavioral Health Services. (1) An MCO shall:

(a) Provide a medically necessary behavioral health service to an enrollee in accordance with the access standards established[described] in Section 15 of this administrative regulation;

(b) Use the DSM-IV multi-axial classification system to assess an enrollee for a behavioral service;

(c) Have an emergency or crisis behavioral health toll-free hotline staffed by trained personnel twenty-four (24) hours a day, seven (7) days a week[and];

(d) Not impose a maximum call duration limit.

(2) Staff of a hotline referenced in subsection (1)(c) of this section shall:

(a) Communicate in a culturally competent and linguistically accessible manner to an enrollee; and
(b) Include or have access to a qualified behavioral health professional to assess and triage a behavioral health emergency.

(3) A face-to-face emergency service shall be available:

(a) Twenty-four (24) hours a day; and
(b) Seven (7) days a week.

Section 41. Coordination Between a Behavioral Health Provider and a Primary Care Provider. (1) An MCO shall:

(a) Require a PCP to have a screening and evaluation procedure for the detection and treatment of, or referral for, a known or suspected behavioral health problem or disorder[.]

(b) Provide training to a PCP in its network on:
   1. Screening and evaluating[evaluate] a behavioral health disorder;
   2. The MCO's referral process for a behavioral health service;
   3. Coordination requirements for a behavioral health service; and
   4. Quality of care standards;

(c) Have policies and procedures that shall be approved by the department regarding clinical coordination between a behavioral health service provider and a PCP;

(d) Establish guidelines and procedures to ensure accessibility, availability, referral, and triage to physical and behavioral health care;

(e) Facilitate the exchange of information among providers to reduce inappropriate or excessive use of psychopharmacological medications and adverse drug reactions;

(f) Identify a method to evaluate continuity and coordination of care; and

(g) Include the monitoring and evaluation of the MCO's compliance with the requirements established in paragraphs (a) to (e), (f), and (g) of this subsection in the MCO's quality improvement plan.

(2) With consent from an enrollee or the enrollee’s legal guardian, an MCO shall require a behavioral health service provider to:

(a) Refer an enrollee with a known or suspected and untreated physical health problem or disorder to their PCP for examination and treatment; and

(b) Send an initial and quarterly summary report of an enrollee's behavioral health status to the enrollee’s PCP.

Section 42. Court-Ordered Psychiatric Services. (1) An MCO shall:

(a) Provide an inpatient psychiatric service to an enrollee under the age of twenty-one (21) and over the age of sixty-five (65)[up to the annual limit], who has been ordered to receive the service by a court of competent jurisdiction under the provisions of KRS Chapters[Chapter] 202A and 645;

(b) Not deny, reduce, or negate the medical necessity of an inpatient psychiatric service provided pursuant to a court-ordered commitment for an enrollee under the age of twenty-one (21) or over the age of sixty-five (65);

(c) Coordinate with a provider of a behavioral health service the treatment objectives and projected length of stay for an enrollee committed by a court of law to a state psychiatric hospital; and

(d) Enter into a collaborative agreement with the state-operated or state-contracted psychiatric hospital assigned to the enrollee's region in accordance with 908 KAR 3:040 and in accordance with the Olmstead decision.

(3) An MCO behavioral health service provider shall:

1. Participate in a quarterly continuity of care meeting with a state-operated or state-contracted psychiatric hospital;

2. Assign a case manager prior to or on the date of discharge of an enrollee from a state-operated or state-contracted psychiatric hospital[facility referenced in subsection (3)(a) of this section];

3. Provide case management services to an enrollee with a severe mental illness and co-occurring developmental disability who is discharged from a:

   a. State-operated or state-contracted psychiatric hospital[facility referenced in subsection (2)(a) of this section]; and

   b. State-operated nursing facility for individuals with severe mental illness.

(b) A case manager and a behavioral health service provider shall participate in discharge planning to ensure compliance with the Olmstead decision.

Section 43. Legal Guardians. (1) A parent, custodial parent, person exercising custodial control or supervision, or an agency with a legal responsibility for a child by virtue of a voluntary commitment or of an emergency or temporary custody order shall be authorized to act on behalf of an enrollee who is under the age of eighteen (18) years, a potential enrollee, or a former enrollee for the purpose of:

(a) Selecting a primary care provider;

(b) Filing a grievance or appeal; or

(c) Taking an action on behalf of the[a] child regarding an interaction with an MCO.

(2) An legal guardian who has been appointed pursuant to KRS 387.500 to 387.800 shall be allowed to act on behalf of an enrollee who is a ward of the commonwealth.

(b) A person authorized to make a health care decision pursuant to KRS 311.621 to 311.643 shall be allowed to act on behalf of an enrollee, potential enrollee, or former enrollee.

(c) An enrollee shall have the right to:

1. Represent the enrollee; or

2. Use legal counsel, a relative, a friend, or other spokesperson.
Section 44. Utilization Management or UM. (1) An MCO shall:
(a) Have a utilization management program that shall:
2. [and]
2. Shall:
   a. Identify, define, and specify the amount, duration, and scope of each service that the MCO is required to offer;
   b. Review, monitor, and evaluate the appropriateness and medical necessity of care and services;
   c. Identify and describe the UM mechanisms used to:
      a. Detect the under or over utilization of services; and
      b. Act after identifying under utilization or over utilization of services;
   d. Have a written UM program description in accordance with subsection (2) of this section; and
   e. Be evaluated annually by the:
      a. MCO, including an evaluation of clinical and service outcomes; and
      b. Department;
   f. Adopt nationally-recognized standards of care and written criteria that shall be:
      1. Based upon sound clinical evidence, if available, for making utilization decisions; and
      2. Approved by the department;
   g. Include physicians and other health care professionals in the MCO network in reviewing and adopting medical necessity criteria;
   h. Have:
      1. A process to review, evaluate, and ensure the consistency with which physicians and other health care professionals involved in UM apply review criteria for authorization decisions;
      2. A medical director who:
         a. Is licensed to practice medicine or osteopathy in Kentucky;
         b. Is [a licensed physician] and responsible for treatment policies, protocols, and decisions; and
   i. Supervises the UM program; and
3. Written policies and procedures that explain how prior authorization data will be incorporated into the MCO’s Quality Improvement Plan;
   e. Submit a request for a change in review criteria for authorization decisions to the department for approval prior to implementation;
   f. Administer or use a CAHPS survey to evaluate and report enrollee and provider satisfaction with the quality of, and access to, care and services in accordance with Section 55 of this administrative regulation;
   g. Provide written confirmation of an approval of a request for a service within two (2) business days of providing notification of a decision if:
      1. The initial decision was not in writing; and
      2. Requested by an enrollee or provider;
   h. If the MCO uses a subcontractor to perform UM, require the subcontractor to have
      written policies, procedures, and a process to review, evaluate, and ensure consistency with which physicians and other health care professionals involved in UM apply review criteria for authorization decisions; and
   i. Not provide a financial or other type of incentive to an individual or entity that conducts UM activities to deny, limit, or discontinue a medically necessary service to an enrollee pursuant to 42 C.F.R. 422.208, 42 C.F.R. 438.6(h), and 42 C.F.R. 438.210(e).
(2) A UM program description referenced in subsection (1)(b)(1) of this section shall:
(a) Outline the UM program’s structure;
(b) Define the authority and accountability for UM activities, including activities delegated to another party; and
(c) Include the:
   1. Scope of the program;
   2. Processes and information sources used to determine service coverage, clinical necessity, and appropriateness and effectiveness;
   3. Policies and procedures to evaluate:
      a. Care coordination;
      b. Discharge criteria;
      c. Site of services;
      d. Levels of care;
      e. Triage decisions; and
   f. Cultural competence of care delivery; and
   4. Processes to review, approve, and deny services as needed.
(3) Only a physician with clinical expertise in treating an enrollee’s medical condition or disease shall be authorized to make a decision to deny a service authorization request or authorize a service in an amount, duration, or scope that is less than requested by the enrollee or the enrollee’s treating physician.
(4) A medical necessity review process shall be in accordance with Section 45 of this administrative regulation.

Section 45. Service Authorization and Notice. (1) For the processing of a request for initial [and] continuing authorization of a service, an MCO shall identify what constitutes medical necessity and establish a written policy and procedure, which includes a timeframe for:
(a) Making an authorization decision; and
(b) If the service is denied or authorized in an amount, duration, or scope which is less than requested, providing a notice to an enrollee and provider acting on behalf of and with the consent of an enrollee.
(2) For an authorization of a service, an MCO shall make a decision:
(a) As expeditiously as the enrollee’s health condition requires; and
(b) [Within two (2) business days following receipt of a request for service.]
(3) The timeframe for making an authorization decision referenced in subsection (2) of this section may be extended:
(a) By the:
   1. Enrollee, or the provider acting on behalf of and with consent of an enrollee, if the enrollee requests an extension; or
   2. MCO, if the MCO:
      a. Justifies to the department, upon request, a need for additional information and how the extension is in the enrollee’s interest;
      b. Gives the enrollee written notice of the extension, including the reason for extending the authorization decision timeframe and the right of the enrollee to file a grievance if the enrollee disagrees with that decision; and
      c. Makes and carries out the authorization decision as expeditiously as the enrollee’s health condition requires and no later than the date the extension expires; and
   [Up to fourteen (14) additional calendar days.]
   (4) If an MCO denies a service authorization or authorizes a service in an amount, duration, or scope which is less than requested, the MCO shall provide:
   (a) A notice:
      a) To the:
         1. Enrollee, in writing, as expeditiously as the enrollee’s condition requires and within two (2) business days of receipt of the request for service; and
         2. Requesting provider, if applicable;
      b) For an adverse action relating to medical necessity and a coverage denial, a notice to the enrollee. Which shall:
         1. Meet the language and formatting requirements established in 42 C.F.R. 438.404[438.404];
      2. Include the:
         a. Action the MCO or its subcontractor, if applicable, has taken or intends to take;
         b. Reason for the action;
         c. Right of the enrollee or provider who is acting on behalf of the enrollee to file an MCO appeal;
         d. Right of the enrollee to request a state fair hearing;
         e. Procedure for filing an appeal and requesting a state fair hearing;
         f. Circumstance under which an expedited resolution is availa-
ble and how to request it; and
g. Right to have benefits continue pending resolution of the appeal, how to request that benefits be continued, and the circumstance under which the enrollee may be required to pay the costs of these services; and

3. Be provided:
a. At least ten (10) days before the date of action if the action is a termination, suspension, or reduction of a covered service authorized by the department, department designee, or enrollee’s MCO, except the department may shorten the period of advance notice to five (5) days before the date of action because of probable fraud by the enrollee;
b. By the date of action for the following:
   (i) The death of a member;
   (ii) A signed written enrollee statement requesting service termination or giving information requiring termination or reduction of services in which the enrollee understands this will be the result of supplying the information;
   (iii) The enrollee’s address is unknown and mail directed to the enrollee has no forwarding address;
   (iv) The enrollee has been accepted for Medicaid services by another local jurisdiction;
   (v) The enrollee’s admission to an institution results in the enrollee’s ineligibility for more services;
   (vi) The enrollee’s physician prescribes a change in the level of medical care;
   (vii) An adverse decision has been made regarding the preadmission screening requirements for a nursing facility admission, pursuant to 907 KAR 1:755 and 42 U.S.C. 1396r(b)(3)(F), on or after January 1, 1989; or
   (viii) The safety or health of individuals in a facility would be endangered, if the enrollee’s health improves sufficiently to allow a more immediate transfer or discharge, an immediate transfer or discharge is required by the enrollee’s urgent medical needs, or the enrollee has not resided in the nursing facility for thirty (30) days;
   c. On the date of action, if the action is a denial of payment;
   d. As expeditiously as the enrollee’s health condition requires and within two (2) business days following receipt of a request;
   e. When the MCO carries out its authorization decision, as expeditiously as the enrollee’s health condition requires and no later than the date the extension as identified in subsection (3) of this section expires;
   f. If a provider indicates or the MCO determines that following the standard timeframe could seriously jeopardize the enrollee’s life or health, or ability to attain, maintain or regain maximum function, as expeditiously as the enrollee’s health condition requires and no later than two (2) business days after receipt of the request for service; and
   g. For an authorization decision not made within the timeframe identified in subsection (2) of this section, on the date the timeframe expires as this shall constitute a denial.

Section 46. Health Risk Assessment. An MCO shall:

(1) [Conduct an initial health risk assessment of an enrollee at the implementation of the MCO program within 180 days from enrolling the individual];

(2) After the initial implementation of the MCO program, conduct an initial health risk assessment of each enrollee within ninety (90) days of enrolling the individual if the individual has not been enrolled with the MCO in a prior twelve (12) month period;

(3) Use health care professionals in the health risk assessment process;

(4) Screen an enrollee who it believes to be pregnant within thirty (30) days of enrollment;

(5) If an enrollee is pregnant, refer the enrollee for prenatal care;

(6) Use a health risk assessment to determine an enrollee’s need for:
   (a) Care management;
   (b) Disease management;
   (c) A behavioral health service;
   (d) A physical health service or procedure; or
   (e) A community service.

Section 47. Care Coordination and Management. An MCO shall:

(1) Have a care coordinator and a case manager who shall:
   (a) Arrange, assure delivery of, monitor, and evaluate care, treatment, and services for an enrollee; and
   (b) Not duplicate or supplant services provided by a targeted case manager to:
      1. Adults with a chronic mental illness pursuant to 907 KAR 1:515; or
      2. Children with a severe[serious] emotional disability pursuant to 907 KAR 1:525;

   (2) Have guidelines for care coordination that shall be approved by the department prior to implementation;

   (3) Develop a plan of care for an enrollee in accordance with 42 C.F.R. 438.208;

   (4) Have policies and procedures to ensure access to care coordination for a DCBS client or a DAIL client;

   (5) Provide information on and coordinate services with the Women, Infants and Children program;

   (6) Provide information to an enrollee and a provider regarding:
      (a) An available care management service; and
      (b) How to obtain a care management service.

Section 48. Quality Assessment and Performance Improvement (QAPI) Program. An MCO shall:

(1) Have a quality assessment and performance improvement (QAPI) program that shall:
   (a) Conform to the requirements of 42 C.F.R. 438[4] Subpart D, 438.200 to 438.242;

   (b) Assess, monitor, evaluate, and improve the quality of care provided to an enrollee;

   (c) Provide for the evaluation of:
      1. Access to care;
      2. Continuity of care;
      3. Health care outcomes; and
      4. Services provided or arranged for by the MCO;

   (d) Demonstrate the linkage of Quality Improvement (QI) activities to findings from a quality evaluation; and

   (e) Be developed in collaboration with input from enrollees;

   (2) Submit annually to the department a description of its QAPI program;

   (3) Conduct and submit to the department an annual review of the program;

   (4) Maintain documentation of:
      (a) Enrollee input;
      (b) The MCO’s response to the enrollee input;
      (c) A performance improvement activity; and
      (d) MCO feedback to an enrollee;

   (5) Have or obtain within four (4) years of initial implementation National Committee for Quality Assurance (NCQA) accreditation for its Medicaid product line;

   (6) After obtaining NCQA accreditation, maintain the accreditation;

   (7) Integrate behavioral health service indicators into its QAPI program;

   (8) Include a systematic, on-going process for monitoring, evaluating, and improving the quality and appropriateness of a behavioral health service provided to an enrollee;

   (9) Collect data, monitor, and evaluate for evidence of improvement to a physical health outcome resulting from integration of behavioral health into an enrollee’s care; and

   (10) Annually review and evaluate the effectiveness of the QAPI program.

Section 49. Quality Assessment and Performance Improvement Plan. (1) An MCO shall:

   (a) Have a written QAPI work plan that:
      1. Outlines the scope of activities;
2. Is submitted quarterly to the department; and
3. Sets goals, objectives, and timelines for the QAPI program;
   (b) Set new goals and objectives:
      1. At least annually; and
   2. Based on a finding from:
      a. A quality improvement activity or study;
      b. A survey result;
      c. A grievance or appeal;
      d. A performance measure; or
   e. The External Quality Review Organization;
   (c) Be accountable to the department for the quality of care
provided to an enrollee;
   (d) Obtain approval from the department for its QAPI program
and annual QAPI work plan;
   (e) Have an accountable entity within the MCO:
      1. To provide direct oversight of its QAPI program; and
   2. To review its QAPI program annually;
   (g) Modify its QAPI program to accommodate a review finding
or concern of the MCO if a review finding or concern occurs;
   (h) Have a quality improvement committee that shall:
      1. Be responsible for the QAPI program;
      2. Be interdisciplinary;
      3. Include:
         a. Providers and administrative staff; and
         b. Health professionals with knowledge of and experience with
individuals with special health care needs;
   4. Meet on a regular basis;
   5. Document activities of the committee;
   6. Make committee minutes and a committee report available
   to the department upon request; and
   7. Submit a report to the accountable entity referenced in para-
graph (h) of this subsection that shall include:
      a. A description of the QAPI activities;
      b. Progress on objectives; and
      c. Improvements made;
   (i) Require a provider to participate in QAPI activities in the
provider agreement or subcontract; and
   (j) Provide feedback to a provider or a subcontractor regarding
the final auditor's report issued by the NCQA certified audit
organization;
(2) If an adverse finding or deficiency is identified by an EQRO
conducting an external quality review, an MCO shall:
   (a) Conduct an investigation to determine the root cause of
the adverse finding or deficiency;
   (b) Correct the adverse finding or deficiency; and
   (c) Submit a report of the corrective action taken.
(3) The department shall have the option of using information
from a Medicare or private accreditation review of an MCO in ac-
cordance with 42 C.F.R. 438.360.
(4) If an adverse finding or deficiency is identified by an EQRO
conducting an external quality review, an MCO shall correct the
finding or deficiency.
Section 53. Health Care Outcomes. An MCO shall:
(1) Comply with the requirements established in 42 C.F.R.
438.240 relating to quality assessment and performance improve-
mant;
(2) Collaborate with the department to establish a set of unique
Kentucky Medicaid managed care performance measures which
shall:
   (a) Be aligned with national and state preventive initiatives; and
   (b) Focus on improving health;
(3) In collaboration with the department and the EQRO, develop
a performance measure specific to an enrollee that is unique to
Kentucky Medicaid managed care;
(4) Report activities on performance measures in the QAPI
work plan established in Section 49 of this administrative regu-
lation;
(5) Submit an annual report to the department after collecting
performance data which shall be stratified by:
   (a) Medicaid eligibility category;
   (b) Race;
   (c) Ethnicity;
   (d) Gender; and
   (e) Age;
   (f) Collect and report HEDIS data annually; and
(7) Submit to the department:
   (a) The final auditor's report issued by the NCQA certified audit
organization;
   (b) A copy of the interactive data submission system tool used
by the MCO; and
Section 54. Performance Improvement Projects (PIPs). (1) An MCO shall:
(a) Implement PIPs to address aspects of clinical care and non-clinical services;
(b) Collaborate with local health departments, behavioral health agencies, and other community-based health or social service agencies to achieve improvements in priority areas;
(c) Initiate a minimum of two (2) PIPs each year at least one (1) PIP relating to physical health and at least one (1) PIP relating to behavioral health;
(d) Report on a PIP using standardized indicators;
(e) Specify a minimum performance level for a PIP; and
(f) Include the following for a PIP:
   1. The topic and its importance to enrolled members;
   2. Methodology for topic selection;
   3. Goals of the PIP;
   4. Data sources and collection methods;
   5. An intervention; and
   6. Results and interpretations.
(2) A clinical PIP shall address preventive and chronic healthcare needs of enrollees including:
   (a) The enrollee population;
   (b) A subpopulation of the enrollee population; and
   (c) Specific clinical need of enrollees with conditions and illnesses that have a higher prevalence in the enrolled population.
(3) A non-clinical PIP shall address improving the quality, availability, and accessibility of services provided by an MCO to enrollees and providers.
(4) The department may require an MCO to implement a PIP specific to the MCO if:
   (a) A finding from an EQRO review referenced in Section 52 of this administrative regulation or an audit indicates a need for a PIP; or
   (b) Directed by CMS.
(5) The department shall be authorized to require an MCO to assist in a statewide PIP which shall be limited to providing the department with data from the MCO’s service area.

Section 55. Enrollee and Provider Surveys. (1) An MCO shall:
(a) Conduct an annual survey of enrollee and provider satisfaction of the quality and accessibility to a service provided by an MCO;
(b) Satisfy a member satisfaction survey requirement by participating in the Agency for Health Research and Quality’s current Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS) for Medicaid Adults and Children, which shall be administered by an NCQA-certified survey vendor;
(c) Provide a copy of the current CAHPS survey referenced in paragraph (b) of this subsection to the department;
(d) Annually assess the need for conducting other surveys to support quality and performance improvement initiatives;
(e) Submit to the department for approval the survey tool used to conduct the survey referenced in paragraph (a) of this subsection; and
(f) Provide to the department:
   1. A copy of the results of the enrollee and provider surveys referenced in paragraph (a) of this subsection;
   2. A description of a methodology to be used to conduct surveys;
   3. The number and percentage of enrollees and providers surveyed;
   4. Enrollee and provider survey response rates;
   5. Enrollee and provider survey findings; and
   6. Interventions conducted or planned by the MCO related to activities in this section.
(2) The department shall:
(a) Approve enrollee and provider survey instruments prior to implementation; and
(b) Approve or disapprove an MCO’s provider survey tool within fifteen (15) days of receipt of the survey tool.
(3) If an MCO conducts a survey that targets a subpopulation’s perspective or experience with access, treatment, or resultant service, the MCO shall comply with the requirements established in subsection (1)(e) and (f) of this section.

Section 56. Prompt Payment of Claims. (1) In accordance with 42 U.S.C. 1396a(a)(37), an MCO shall:
(a) Implement claims payment procedures that ensure that:
   1. Ninety (90) percent of all provider claims for which no further written information or substantiation is required in order to make payment are paid or denied within thirty (30) days of the date of receipt of the claims; and
   2. Ninety-nine (99) percent of all claims are processed within ninety-eight (98) days of the date of receipt of the claims; and
(b) Have prepayment and postpayment claims review procedures that ensure the proper and efficient payment of claims and management of the program.
(2) An MCO shall:
(a) Comply with the prompt payment provisions established in:
   1. 42 C.F.R. 447.45; and
   2. KRS 205.593, KRS 304.14-135, and KRS 304.17A-700 to 304.17A-730[304.17A-700 to 304.17A-730]; and
(b) Notify a requesting provider of a decision to:
   1. Deny a claim; or
   2. Authorize a service in an amount, duration, or scope that is less than requested.
(3) The payment provisions in this section shall apply to a payment to:
(a) A provider within the MCO network; and
(b) An out-of-network provider.

Section 57. Payments to an MCO. (1) The department shall provide an MCO a per enrollee, per month capitation payment whether or not the enrollee receives a service during the period covered by the payment except for an enrollee whose eligibility is determined due to being unemployed in accordance with 45 C.F.R. 233.100.
(2) The monthly capitation payment for an enrollee whose eligibility is determined due to being unemployed shall be prorated from the date of eligibility.
(3) A capitation rate referenced in subsection (1) of this section shall:
   (a) Meet the requirements of 42 C.F.R. 438.6(c); and
   (b) Be approved by the Centers for Medicare and Medicaid Services.
(4) A capitation rate referenced in subsection (1) of this section shall:
   (a) Be responsible for following up regarding a contract inquiry pertaining to a contract between the MCO and the department;
   (b) Have decision making authority; and
   (c) Be approved by the Centers for Medicare and Medicaid Services.
(5) The department shall apply a risk adjustment to a capitation rate [referenced in subsection (4) of this section] in an amount that shall be budget neutral to the department.
(6) The department shall use the latest version of the Chronic Illness and Disability Payment System to determine the risk adjustment referenced in paragraph (a) of this subsection.

Section 58. Recoupment of Payment from an Enrollee for Fraud, Waste, or Abuse. (1) If an enrollee is determined to be ineligible for Medicaid through an administrative hearing or adjudication of fraud by the CHFS OIG, the department shall recoup a capitation payment it has made to an MCO on behalf of the enrollee.
(2) An MCO shall request a refund from the enrollee referenced in subsection (1) of this section of a payment the MCO has made to a provider for the service provided to the enrollee.
(3) An MCO shall request a refund referenced in subsection (2) of this section within six (6) months, the Commonwealth shall have the right to recover the refund from the enrollee.

Section 59. MCO Administration. An MCO shall have executive management responsible for operations and functions of the MCO that shall include:
(1) An executive director who shall:
   (a) Act as a liaison to the department regarding a contract between the MCO and the department; and
   (b) Be authorized to represent the MCO regarding an inquiry pertaining to a contract between the MCO and the department;
   (c) Have decision making authority; and
   (d) Be responsible for following up regarding a contract inquiry...
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or issue;
(2) A medical director who shall be:
   (a) A physician licensed to practice medicine in Kentucky;
   (b) Actively involved in all major clinical programs and quality improvement components of the MCO; and
   (c) Available for after-hours consultation;
(3) A dental director who shall be:
   (a) Licensed by a dental board of licensure in any state;
   (b) Actively involved in all oral health programs of the MCO; and
   (c) Available for after-hours consultation;
(4) A financial officer who shall oversee the MCO’s budget and accounting systems; and
(5) An internal auditor who shall ensure compliance with adopted standards and review expenditures for reasonableness and necessity;
(6) A quality improvement director who shall be responsible for the operation of:
   (a) The MCO’s quality improvement program; and
   (b) A subcontractor’s quality improvement program;
(7) A case management coordinator who shall be responsible for coordinating and overseeing case management services and continuity of care for MCO enrollees;
(8) An early and periodic screening, diagnosis, and treatment (EPSDT) coordinator who shall coordinate and arrange for the provision of EPSDT services and EPSDT special services for MCO enrollees;
(9) A foster care and subsidized adoption care liaison who shall serve as the MCO’s primary liaison for meeting the needs of an enrollee who is:
   (a) A child in foster care; or
   (b) A child receiving state-funded adoption assistance;
(10) A guardianship liaison who shall serve as the MCO’s primary liaison for meeting the needs of an enrollee who is a ward of the Commonwealth;
(11) A management information systems director who shall oversee, manage, and maintain the MCO’s management information system;
(12) A program integrity coordinator who shall coordinate, manage, and oversee the MCO’s program integrity functions;
(13) A pharmacy director who shall coordinate, manage, and oversee the MCO’s pharmacy program;
(14) A compliance director who shall be responsible for the MCO’s:
   (a) Financial and programmatic accountability, transparency, and integrity; and
   (b) Compliance with:
      1. All applicable federal and state law;
      2. Any administrative regulation promulgated by the department relating to the MCO; and
      3. The requirements established in the contract between the MCO and the department;
(15) A member services director who shall:
   (a) Coordinate communication with MCO enrollees; and
   (b) Respond in a timely manner to an enrollee seeking a resolution of a problem or inquiry;
(16) A provider services director who shall:
   (a) Coordinate communication with MCO providers and subcontractors; and
   (b) Respond in a timely manner to a provider seeking a resolution of a problem or inquiry; and
(17) A claims processing director who shall ensure the timely and accurate processing of claims.

Section 60. MCO Reporting Requirements. An MCO shall:
(1) Submit to the department a report as required by MCO Reporting Requirements;
(2) Verify the accuracy of data and information on a report submitted to the department;
(3) Analyze a required report to identify an early pattern of change, a trend, or an outlier before submitting the report to the department; and
(4) Submit the analysis required in subsection (3) of this section with a required report.

Section 61. Health Care Data Submission and Penalties. (1)(a) An MCO shall submit an original encounter record and denial encounter record, if any, to the department weekly.
(b) An original encounter record or a denial encounter record shall be considered late if not received by the department within four (4) calendar days from the weekly due date.
(c) Beginning on the fifth calendar day late, the department shall withhold $500 per day for each day late from the MCO’s total capitation payments for the month following non-submission of an original encounter record and denial encounter record.
(2)(a) If an MCO fails to submit health care data derived from processed claims or encounter data in a form or format established in the MCO Reporting Requirements for one (1) calendar month, the department shall withhold an amount equal to five percent (5) percent of the MCO’s capitation payment for the month following non-submission.
(b) The department shall retain the amount referenced in paragraph (a) of this subsection until the MCO is in compliance with the terms of the MCO’s capitation payment agreement with the department.
(c) The department shall disclose to the MCO the withholding amount and notify it of the amount and the basis for the withholding.

Section 62. Program Integrity. An MCO shall comply with:
(1) 42 C.F.R. 438.608;
(2) 42 U.S.C. 1396a(a)(68); and
(3) The requirements established in the MCO Program Integrity Requirements.

Section 63. Third Party Liability and Coordination of Benefits. (1) Medicaid shall be the payer of last resort for a service provided to an enrollee.
(2) An MCO shall:
   (a) Exhaust a payment by a third party prior to payment for a service provided to an enrollee;
   (b) Be responsible for determining a legal liability of a third party for a medical service provided to an enrollee;
   (c) Actively seek and identify a third party liability resource to pay for a service provided to an enrollee in accordance with 42 C.F.R. 433.138; and
   (d) Ensure that Medicaid shall be the payer of last resort for a service provided to an enrollee.
(3) In accordance with 907 KAR 1:011 and KRS 205.624, an enrollee shall:
   (a) Assign, in writing, the enrollee’s rights to an MCO for a medical support or payment from a third party for a medical service provided by the MCO; and
   (b) Cooperate with an MCO in identifying and providing information to assist the MCO in pursuing a third party that shall be liable to pay for a service provided by the MCO.
(4) If an MCO becomes aware of a third party liability resource, the MCO shall serve notice of the third party resource to the enrollee.
(5) An MCO shall have a process for third party liability and coordination of benefits in accordance with Third Party Liability and Coordination of Benefits.

Section 64. Management Information System. (1) An MCO...
shall:
(a) Have a management information system that shall:
1. Provide support to the MCO operations; and
2. Except as provided[allowed] in subsection (2) of this section include a:
   a. Member subsystem;
   b. Third party liability subsystem;
   c. Provider subsystem;
   d. Reference subsystem;
   e. Claim processing subsystem;
   f. Financial subsystem;
   g. Utilization and quality improvement subsystem; and
   h. Surveillance utilization review subsystem; and
(b) Transmit data to the department; and
   i. in accordance with 42 C.F.R. 438.242(439); and [2. the Management Information System Requirements.
(2) An MCO's management information system shall not be required to have the subsystems listed in subsection (1)(a)2. of this section if the MCO's management information system:
(a) Has the capacity to:
   1. Capture and provide the required data captured by the subsystems listed in subsection (1)(a)2. of this section; and
   2. Provide the data in formats and files that shall be consistent with the subsystems listed in subsection (1)(a)2. of this section[which the department operates]; and
(b) Meets the requirements established in paragraph (a) of this subsection in a way which shall be mapped to the subsystem concept established in subsection (1)(a)2. of this section;
(3) If an MCO subcontracts for services, the MCO shall provide guidelines for its subcontractor to the department for approval.

Section 65. Kentucky Health Information Exchange (KHIE). (1) An MCO shall:
(a) Submit to the KHIE:
1. An adjudicated claim within twenty-four (24) hours of the final claim adjudication; and
2. Clinical data as soon as it is available;
(b) Make an attempt to have a PCP in the MCO's network connect to KHIE within:
   1. One (1) year of enrollment in the MCO's network; or
   2. A timeframe approved by the department if greater than one (1) year; and
(c) Encourage a provider in its network to establish connectivity with the KHIE.
(2) The department shall:
(a) Administer an electronic health record incentive payment program; and
(b) Inform an MCO of a provider that has received an electronic health record incentive payment.

Section 66. MCO Qualifications and Maintenance of Records. (1) An MCO shall:
(a) Be licensed by the Department of Insurance as a health maintenance organization or an insurer;
(b) Have a governing body;
(c) Have protection against insolvency in accordance with:
   1. 806 KAR 3:190; and
   2. 42 C.F.R. 438.116;
(d) Maintain all books, records, and information related to MCO providers, recipients, or recipient services, and financial transactions for:
   1. A minimum of five (5) years in accordance with 907 KAR 1:672; and
   2. Any additional time period as required by federal or state law; and
(e) Submit a request for disclosure of information subject to open records laws, [3]KRS 61.870 to 61.884, [4]9831-9852 received from the public to the department within twenty-four (24) hours.
(2) [If]Information shall not be disclosed by an MCO pursuant to a request it received pursuant to subsection (1)(e) of this section without prior written authorization from the department.
(3) The books, records, and information referenced in subsection (1)(d) of this section[3] shall be available upon request of a reviewer or auditor during routine business hours at the MCO's place of operations.
(4) MCO staff shall be available upon request of a reviewer or auditor during routine business hours at the MCO’s place of operations.

Section 67. Prohibited Affiliations. The policies or requirements:
(1) Imposed on a managed care entity in 42 U.S.C. 1396u-2(d)(1) shall apply to an MCO; and
(2) Established in 42 C.F.R. 438.610 shall apply to an MCO.

Section 68. Termination of MCO Participation in the Medicaid Program. If necessary, a contract with an MCO shall be terminated and the termination shall be[2] The department shall terminate an MCO Participation in accordance with KRS Chapter 45A.

Section 69. Incorporation by Reference. (1) The following material is incorporated by reference into this administrative regulation:
(a) [The] “MCO Reporting Requirements”, July 2011 edition;
(b) [The] “MCO Program Integrity Requirements”, July 2011 edition;
(c) [The] “Early and Periodic Screening, Diagnosis and Treatment Program Periodicity Schedule”, July 2011 edition;
(d) [The] “Third Party Liability and Coordination of Benefits”, July 2011 edition; and
(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Department for Medicaid Services, 275 East Main Street, Frankfort, Kentucky 40621, Monday through Friday, 8 a.m. to 4:30 p.m., or from its Web site at http://www.chfs.ky.gov/dms/incorporated.htm.[The material referenced in subsection (1) of this section shall be available at:
(a) http://www.chfs.ky.gov/dms/incorporated.htm; or
(b) The Department for Medicaid Services, 275 East Main Street, Frankfort, Kentucky 40621, Monday through Friday, 8 a.m. to 4:30 p.m.]

NEVILLE WISE, Acting Commissioner
JANIE MILLER, Secretary
APPROVED BY AGENCY: February 14, 2012
FILED WITH LRC: February 15, 2012 at 10 a.m.
CONTACT PERSON: Jill Brown, Office of Legal Services, 275 East Main Street 5 W-B, Frankfort, Kentucky 40601, phone (502) 564-7905, fax (502) 564-7573.

CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services
Division of Child Care
(As Amended by ARRS, March 12, 2012)

922 KAR 2:240. Kentucky Early Care and Education Trainer’s Credential and training approval.

STATUTORY AUTHORITY: KRS 194A.050(1), 199.896(17), 199.898(3), 200.703(3), EO 2011-534
NECESSITY, FUNCTION, AND CONFORMITY: KRS 194A.050(1) requires the secretary to promulgate administrative regulations necessary to cooperate with other state and federal agencies for the proper administration of the cabinet and its programs. KRS 200.703(3) requires the cabinet to implement programs funded by the Early Childhood Advisory Council established by Executive Order 2011-534[Early Childhood Development Authority]. KRS 199.896(17) and 199.898(3) require the cabinet to make available training for child care providers through the development or approval of a model training curriculum and training materials, including video instruction material. This administrative regulation establishes the requirements for an individual to obtain a
Kentucky Early Care and Education Trainer's Credential and identifies whom the credentialed individual may train.

Section 1. Definitions. (1) "Adult learning theory" means the concepts and principles that explain how adults gain knowledge and skills that result in relatively long-term changes in attitude and behavior. (2) "Childcare health consultant" is defined in 902 KAR 4:130.1-10.

(2)(3) "Child Development Associate[development associate]" or "CDA" means the nationally recognized credential approved by the Council for Professional Recognition.

(3) "Clock hour" means a sixty (60) minute period of instruction.

(4) "Full-time, paid experience" means working at least thirty (30) hours per week or the equivalent in an early care and education setting.

(5) "Introduction to Kentucky Resources for Early Care and Education Trainers[trainer resource orientation]" means a cabinet-approved training for a potential trainer as specified in Section 2(1)(c)(3) of this administrative regulation.

(6) "Trainer's seminar" means a cabinet-approved educational seminar which includes training as specified in Section 4 of this administrative regulation.

Section 2. Eligibility Criteria for the Kentucky Early Care and Education Trainer's Credential. (1) An individual shall:

(a)(4a) Be at least twenty-one (21) years of age;

(b)(2a) Have a high school diploma, or equivalent;

(c)(4a) Complete the two (2) clock hour Introduction to Kentucy Resources for Early Care and Education Trainers[trainer resource orientation] that provides an overview of:

1. Early care and education systems in Kentucky; and

2. Resources available to assist early care and education professionals;

(d)(4a) Complete the two (2) clock hours of cabinet-approved training on the cabinet-designated data system; and

(e)(4a) Have training or experience in the following topics of early care and education:

1. Child growth and development;

2. Health, safety, and nutrition;

3. Professional development;

4. Learning environments and curriculum;

5. Child assessments;

6. Family and community partnerships; and

7. Program management and evaluation.

(2) A credentialed trainer approved prior to the effective date of this administrative regulation shall provide one (1) time verification that the trainer has received the cabinet-approved training on the cabinet-designated data system as a condition of renewal in accordance with Section 13 of this administrative regulation.

Section 3. Application and Approval for a Kentucky Early Care and Education Trainer's Credential. (1) An individual applying for a Kentucky Early Care and Education Trainer's Credential shall:

(a) Complete a [IDCC-200, Kentucky Early Care and Education Trainer's Credential Application][], which includes documentation that the individual meets the education and work experience requirements for a training level as specified in Sections 5 through 10 of this administrative regulation; and

(b) Submit the required documents of paragraph (a) of this subsection to the cabinet or its designee.

(2) Upon approval of the application described in subsection (1) of this section, the cabinet or its designee shall award the individual a:

(a) Letter of approval; and

(b) Kentucky Early Care and Education Trainer's Credential for a training level specified in Sections 5 through 10 of this administrative regulation. (3) Until the renewal of a credential, a creden-
tiated trainer shall maintain the same level of credential as the trainer held prior to the adoption of this administrative regulation.

Section 4. Trainer's Seminar. An individual applying for[requesting] a Level 2 through 5 Kentucky Early Care and Education Trainer's Credential[for levels two (2) through five (5)] shall complete a seventeen (17) clock[fifteen (15)] hour trainer's seminar, also known as Fundamentals of Effective Training, consisting of the following areas:

1. Core content and training levels;

2. Principles of adult learning;

3. Supporting transfer of learning;

4. Ethics and professionalism;

5. Needs assessment and evaluation;

6. Training design and methods; and

7. Conductive learning environments and organizational strategies.

Section 5. Level 1 Kentucky Early Care and Education Trainer's Credential Requirements. For a Level 1 Kentucky Early Care and Education Trainer's Credential, an individual:

(1) Shall have three (3) years of full-time, paid experience in the early care and education field; and

(2) May only train as a cotrainer on a single topic of early care and education, as specified in Section 2(1)(g)(4) of this administrative regulation, with a credentialed trainer at a higher level.

Section 6. Level 2 Kentucky Early Care and Education Trainer's Credential Requirements. (1) For a Level 2 Kentucky Early Care and Education Trainer's Credential, an individual shall:

(a) Have:

1.a. A CDA or director's credential as specified in 922 KAR 2:230; and

b. Three (3) years of full-time, paid experience, or equivalent, as approved by the cabinet in the early care and education field; or

2. Ten (10) years of full-time, paid experience in a field related to early care and education as approved by the cabinet and the equivalent of forty-five (45) clock hours of formal early care and education training[consisting of at least:

a. Forty-five (45) clock hours;

b. Four and one-half (4.5) continuing education units; or

c. Three (3) college credit hours];

(b) Cotrain at least twelve (12) clock hours with a Level 4 or 5 Kentucky Early Care and Education[level four (4) or five (5)] trainer before training solo; and

(2) An individual who is awarded a [Level 2][level two (2)] Kentucky Early Care and Education Trainer's Credential may provide training to an individual who is training to meet the:

(a) Requirements as specified in KRS 199.896(15) and (16), 199.8982(1)(a)6 and (2), 922 KAR 2:100, 2:110, 2:170, 2:180, 2:210, or 2:250;

(b) Final sixty (60) hours required for the CDA if cotraining with a Level 4 or Level 5 credentialed trainer; or

(c) Level 1 or Level 2 Kentucky Early Care and Education Trainer's Credential.

Section 7. Level 3 Kentucky Early Care and Education Trainer's Credential Requirements. (1) For a Level 3 Kentucky Early Care and Education Trainer's Credential, an individual shall:

(a) Have:

1. Three (3) years of full-time, paid experience in the early care and education field and:

a. An associate degree in early care and education; or

b. The equivalent of thirty (30) credit hours in early care and education coursework;

2. One (1) year of full-time, paid experience in the early care and education field and a bachelor's degree in a field related to early care and education; or

3. Ten (10) years of full-time, paid experience in the early care and education field; and:

4. Four (4) years of full-time, paid experience in the early care and education field as an early care and education professional; or

(b) Have:

1. Four (4) years of full-time, paid experience in the early care and education field as an early care and education professional; and

2. One (1) year of full-time, paid experience in the early care and education field; and:

3. Three (3) years of full-time, paid experience in the early care and education field; and:

4. Two (2) years of full-time, paid experience in the early care and education field; and:

5. One (1) year of full-time, paid experience in the early care and education field; and:

(2) An individual who is awarded a [Level 3][level three (3)] Kentucky Early Care and Education Trainer's Credential may provide training to an individual who is training to meet the:

(a) Requirements as specified in KRS 199.896(15) and (16), 199.8982(1)(a)6 and (2), 922 KAR 2:100, 2:110, 2:170, 2:180, 2:210, or 2:250;

(b) Sixty (60) hours required for the CDA if cotraining with a Level 4 or Level 5 credentialed trainer; or

(c) Level 1, 2 or Level 3 Kentucky Early Care and Education Trainer's Credential.

Section 8. Level 4 Kentucky Early Care and Education Trainer's Credential Requirements. (1) For a Level 4 Kentucky Early Care and Education Trainer's Credential, an individual shall:

(a) Have:

1. Four (4) years of full-time, paid experience in the early care and education field and:

a. An associate degree in early care and education; or

b. The equivalent of thirty (30) credit hours in early care and education coursework;

2. One (1) year of full-time, paid experience in the early care and education field; and:

3. Three (3) years of full-time, paid experience in the early care and education field; and:

4. Two (2) years of full-time, paid experience in the early care and education field; and:

(2) An individual who is awarded a [Level 4][level four (4)] Kentucky Early Care and Education Trainer's Credential may provide training to an individual who is training to meet the:

(a) Requirements as specified in KRS 199.896(15) and (16), 199.8982(1)(a)6 and (2), 922 KAR 2:100, 2:110, 2:170, 2:180, 2:210, or 2:250;

(b) Sixty (60) hours required for the CDA if cotraining with a Level 4 or Level 5 credentialed trainer; or

(c) Level 1, 2 or Level 3 Kentucky Early Care and Education Trainer's Credential.

Section 9. Level 5 Kentucky Early Care and Education Trainer's Credential Requirements. (1) For a Level 5 Kentucky Early Care and Education Trainer's Credential, an individual shall:

(a) Have:

1. Five (5) years of full-time, paid experience in the early care and education field and:

a. An associate degree in early care and education; or

b. The equivalent of thirty (30) credit hours in early care and education coursework;
Section 8. Level 4 Kentucky Early Care and Education Trainers’ Requirements. (1) For a Level 4 Kentucky Early Care and Education Trainer’s Credential, an individual shall:
(a) Have:
   1. One (1) year of full-time, paid experience in the early care and education field and a bachelor’s degree in early care and education;
   2. One (1) year of full-time, paid experience in the early care and education field and:
      a. A bachelor’s degree in a field related to early care and education; and
      b. The equivalent of three (3) credit hours in child development; or
   3. At least ten (10) years of full-time, paid experience in the early care and education field and:
      a. A bachelor’s degree in a field not related to early care and education; and
      b. The equivalent of three (3) credit hours in child development; and/or
   4. A bachelor’s degree in nursing, dietetics, or other cabinet-approved related field; if a childcare health consultant; and
(b) Complete the trainer’s seminar requirements as specified in Section 4 of this administrative regulation, or equivalent, as approved by the cabinet or its designee.
(2) An individual who is awarded a Level 3 individual (3) Kentucky Early Care and Education Trainer’s Credential may provide training to an individual (who is training) to meet the:
(a) Training requirements as specified by KRS 199.896(15) and (16), 199.8992(1)(a)6 and (2), 922 KAR 2:100, 2:110, 2:170, 2:180, 2:210, or 2:250;
(b) Requirements of the CDA; or
(c) Requirements of a level one (1) through three (3) Kentucky Early Care and Education Trainer’s Credential.

Section 9. Level 5 Kentucky Early Care and Education Trainer’s Credential Requirements. (1) For a Level 5 Kentucky Early Care and Education Trainer’s Credential, an individual shall:
(a) Have:
   1. One (1) year of full-time, paid experience in the early care and education field and a bachelor’s degree in early care and education;
   2. Master’s degree or higher in early care and education; or
   3. Master’s degree in a field related to early care and education with three (3) credit hours in child development or the equivalent; and/or
   4. A bachelor’s degree in nursing, dietetics, or other cabinet-approved related field; if a childcare health consultant; and
(b) Complete the trainer’s seminar requirements as specified in Section 4 of this administrative regulation, or equivalent, as approved by the cabinet or its designee.
(2) An individual who is awarded a Level 5 Kentucky Early Care and Education Trainer’s Credential may provide training to an individual (who is training) to meet the:
(a) Training requirements as specified in KRS 199.896(15) and (16), 199.8992(1)(a)6 and (2), 922 KAR 2:100, 2:110, 2:170, 2:180, 2:210, or 2:250;
(b) Requirements of the CDA; or
(c) Requirements for a Level 1 through Level 5 Kentucky Early Care and Education Trainer’s Credential.

Section 10. Specialty Level Kentucky Early Care and Education Trainer’s Requirements. (1) To receive a Specialty Level Kentucky Early Care and Education Trainer’s Credential, an individual shall have in the individual’s field of expertise:
(a) A license, certification, or equivalent; and
(b) Three (3) years of related experience.
(2) A Specialty Level Kentucky Early Care and Education Trainer may provide training in the individual’s (specialty) approved area of expertise to an individual who is training to meet the:
(a) Training requirements as specified in KRS 199.896(15) and (16), 199.8992(1)(a)6 and (2), 922 KAR 2:100, 2:110, 2:170, 2:180, 2:210, or 2:250; (b) Requirements of the CDA; or
(c) Requirements for a Level 1 through Level 5 Kentucky Early Care and Education Trainer’s Credential.

Section 11. General Training Requirements. (1) Except for an employee of a child care center program authorized by 42 U.S.C. 9831-9852, no owner or employee holding a Kentucky Early Care and Education Trainer’s Credential shall train an employee of the same child care center or family care home to meet the training requirements:
(a) In KRS 199.896(15) and (16), 199.8992(1)(a)6 and (2), 922 KAR 2:100, 2:110, 2:170, 2:180, 2:210 or 2:250;
(b) The CDA; or
(c) Of A Level 1 through Level 5 Kentucky Early Care and Education Trainer’s Credential.
(2) The cabinet may monitor training events for compliance with this administrative regulation.
(3) A trainer shall have a current Kentucky Early Care and Education Trainer’s Credential to be eligible to train individuals to meet the:
(a) Training requirements as specified in KRS 199.896(15) and (16), 199.8992(1)(a)6 and (2), 922 KAR 2:100, 2:110, 2:170, 2:180, 2:210 or 2:250;
(b) Requirements of the CDA; or
(c) Requirements of a Level 1 through Level 5 Kentucky Early Care and Education Trainer’s Credential.
(4) Post-secondary early care and education coursework sponsored by an accredited() educational institution of higher learning shall meet the training requirements as specified in:
   (a) KRS 199.896(15) and (16), 199.8992(1)(a)6 and (2), 922 KAR 2:100, 2:110, 2:170, 2:180, 2:210 or 2:250;
   (b) The CDA; or
   (c) A Level 1 through Level 5 Kentucky Early Care and Education Trainer’s Credential.
(5) A training shall consist of a minimum of one (1) clock hour and may increase in fifteen (15) minute intervals.
(6) A training that is not conducted face-to-face between a trainer and trainee shall:
   (a) Consist of a combination of alternative modes of delivery; and
   (b) Not consist solely of:
      1. Reading an article;
      2. Reading an article and answering questions;
      3. Watching a video; or
      4. Watching a video and answering questions.
(7) A training shall be consistent with the principles of the trainer’s seminar as specified in Section 4 of this administrative regulation.

Section 12. Maintenance of Records for Kentucky Early Care and Education Credential. (1) Credentialed Trainers shall:
(a) Enter records of training attendance and trainees into the cabinet-designated data system within ten (10) days of the training;
(b) Maintain records of training and trainees for three (3) years; and
(c) Submit records of training provided and trainees to the cabinet upon request.
(2) All certificates issued by a credentialed trainer or an approved sponsor shall include the:
(a) Name of the training;
(b) Name of the sponsoring organization;
(c) Name of the trainee;
(d) Number of training clock hours completed;
(e) Training start and end date;
(f) Trainer:
   1. Signature;
   2. Credential number; and
   3. Credential number expiration date; and
(g) Core content subject areas.

(3) Cabinet staff shall maintain a database of credentialed trainers that is authorized to award various degrees, such as, bachelors, masters, or doctors, is not required to possess a Kentucky Early Care and Education Trainer’s Credential.

Section 13 [14]. Renewal of a Kentucky Early Care and Education Trainer’s Credential. (1) A Level 1 Kentucky Early Care and Education Trainer’s Credential shall:
(a) Be valid for three (3) years; and
(b) Not be renewable.
(2) A Level 2 through Level 5 Kentucky Early Care and Education Trainer’s Credential and Specialty Level Kentucky Early Care and Education Trainer’s Credential shall be renewed every three (3) years.
(3) A trainer renewing a Level 2 through Level 4 Kentucky Early Care and Education Trainer’s Credential shall submit to the cabinet or its designee:
(a) A completed DCC-200;[and
(b) Documentation of thirty (30) clock[forty-five (45)] hours of continuing education since the previous issue date of the credential to include:
   1. A minimum of seven (7) clock hours of training on how to train other adults to include:
      a. Adult learning theory;
      b. Affecting change in behavior; or
      c. Organization of training;[Fifteen (15) hours in adult learning theory; and]
   2. A minimum of eight (8) clock[Thirty (30)] hours in early care and education; and
3. Any remaining clock hours in training:
   a. As required for other related professional licensure, certification, or credential; or
   b. In accordance with subparagraph 1 or 2 of this paragraph; and
(c) Verification of cabinet-approved training on the cabinet-designated data system, as specified in Section 2 of this administrative regulation, if verification has not been previously provided.
(4) A trainer renewing a Level 5 Kentucky Early Care and Education Trainer’s Credential shall submit to the cabinet or its designee:
(a) A completed DCC-200; and
(b) Verification of cabinet-approved training on the cabinet-designated data system, as specified in Section 2 of this administrative regulation, if verification of the training has not been previously provided.
(5) A trainer renewing a Specialty Level Kentucky Early Care and Education Trainer’s Credential shall:
(a) Be renewed every three (3) years; and
(b) Submit to the cabinet or its designee:
1. (a) A completed DCC-200;[and
2. (b) Proof of current license, certification, or credential in the trainer’s area of expertise; and
3. Verification of cabinet-approved training on the cabinet-designated data system, as specified in Section 2 of this administrative regulation, if verification has not been previously provided.
(6) Upon receipt and approval of the required documentation of subsections (3) through (5) of this section, the cabinet or its designee shall award the individual a:
(a) Letter of approval; and
(b) Renewed Kentucky Early Care and Education Trainer’s Credential for the appropriate level.

Section 14 [15]. Denial of Application or Renewal. (1) The cabinet shall deny a Kentucky Early Care and Education Trainer’s Credential, if the individual fails to comply with:
(a) Sections 2 through 4 of this administrative regulation; and
(b) Section 5, 6, 7, 8, 9, or 10 of this administrative regulation.
(2) The cabinet shall not renew a Kentucky Early Care and Education Trainer’s Credential for an individual who fails to comply with Section 13 [16] of this administrative regulation.
(3) Individuals denied a Kentucky Early Care and Education Trainer’s Credential the have the right to request a review of the denial by the Commissioner of the Department for Community Based Services or designee.
(b) A request for review shall be submitted to the commissioner or designee within ten (10) days of the denial.
(c) Upon completion of the review, the commissioner or designee shall issue a written order regarding the complaint within thirty (30) days unless:
1. Extenuating circumstances prolong the review of the complaint beyond
2. The commissioner or designee notifies the complaining individual of the need for an extension to the timeframe specified in this paragraph.
(d) The individual shall abide by the order.

Section 15 [14]. Revocation of Credential. (1) The cabinet shall revoke a Kentucky Early Care and Education Trainer’s Credential from a trainer who:
(a) Falsifies a record;
(b) Fails to comply with the requirements as specified in Section 11 or 12 of this administrative regulation; or
(c) Does not preserve the confidentiality of training and trainee records.[falsifies a record.]
(2) An individual whose credential has been revoked may:
(a) Request a hearing as specified in 922 KAR 1:320; or
(b) Reapply after a two (2) year period for a Kentucky Early Care and Education Trainer’s Credential.[or]
(b) A request for a hearing as specified in 922 KAR 1:320.

Section 16 [15]. Preapproval[Approval] of Conferences, Seminars, and Institutes, Workshops, and Online Early Care and Education Training. (1) A conference, seminar, institute, workshop, or online early care and education training[Conferences, seminars, and institutes] using a presenter[an individual] not holding a current Kentucky Early Care and Education Trainer’s Credential shall apply to be registered through the cabinet for preapproval[approval] to offer training to meet requirements as specified in[train for]
[a] Training requirements as specified in KRS 199.896(15)
and (16), 199.8982(2), 922 KAR 2:100, 2:110, 2:170, 2:180, 2:210, and 2:250;
(b) [Requirements of The CDA; or
(c) Requirements of A Level 1 through Level 5 Kentucky Early Care and Education Trainer’s Credential.
(2) Each training event using a presenter[trainer] not holding[approved for][a current Kentucky Early Care and Education Trainer’s Credential shall apply thirty (30) days prior to the date of the training event. The cabinet shall make a determination within ten (10) working days of receipt of a complete application.
3. An individual applying for[a preapproval of a conference, seminar,[an] institute, workshop, or online training shall submit a completed:
(a) A description of the event including:
   1. Agenda;
   2. Training topics; and
   3. Overall objectives;
(b) Event’s relevance to early care and education as described in Section 2(4) of this administrative regulation; and
(c) A completed[ ] DCC-201, Application for Registration of Conference, Seminar,[an] Institute, or Workshop or DCC-201a, Application for Registration of Online Training,[or]
(d) A completed[ ] DCC-201a, Application for Registration of Online Training,[or]
(e) [A completed[ ] DCC-201a, Application for Registration of Online Training,[or]
(f) [A presenter not holding a Kentucky Early Care and Education Trainer’s Credential[Trainers] shall be identified[are identified], and
(g) A resume or vita for the presenter shall be attached to the application described in subsection (3)[a](ii) of this section.
(5) Approval for each presenter not holding a Kentucky Early Care and Education Trainer’s Credential shall apply only to the training event approved by the cabinet.

(6) An individual not holding a Kentucky Early Care and Education Trainer’s Credential may apply for a maximum of five (5) cabinet-approved training events per calendar year.

(7) Approval for each online training shall expire two (2) years from date of approval.

(8) A sponsor of an in-state approved conference, seminar, institute, workshop, or online early care and education training shall comply with Section 17 of this administrative regulation.

(9) If preapproval is denied, the decision may be reviewed, upon request, by the Commissioner of the Department for Community Based Services or designee, in accordance with Sections 14(3)(a) through (c) of this administrative regulation.

(10) If a sponsor of an in-state approved conference, seminar, institute, workshop, or online early care and education training fails to comply with Section 17 of this administrative regulation, the cabinet shall deny preapproval of future training for two (2) years. If a nationally recognized organization holds a conference, seminar, or institute related to early care and education as described in Section 2(4) of this administrative regulation, the cabinet may:

(a) Issue preapproval; and

(b) Make a list of pre-approved conferences, seminars, and institutes available to the public.

Section 17[14]. Maintenance of Records for Approved Conferences, Seminars, Institutes, Workshops, and Online Early Care and Education Training. (1) A sponsor of an approved conference, seminar, institute, workshop, or online training shall:

(a) Maintain records of each training provided and trainees to include:

a. A copy of the DCC-201 or the DCC-201a; and

b. The employer at the time of training for each trainee; and

2. Provide records on the training provided and trainees to the cabinet upon request; or

(b) Submit information from records required in paragraph (a) of this subsection into the cabinet-designated data system.

(2) Certificates issued for a conference, seminar, institute, workshop, or online early care and education training shall be in accordance with Section 12(2) of this administrative regulation.

(3) To the extent funds are available, the cabinet shall:

(a) Maintain a list of pre-approved conferences, seminars, institutes, workshops, and online trainings or other early care and education trainings from a nationally recognized organization; and

(b) Make the list available to the public.

(4) Credentialed trainers shall:

(a) Maintain records of training provided and trainees; and

(b) Provide records of training provided and trainees to the cabinet upon request; or

2. Enter information from records required in paragraph (a) of this subsection into the database provided by the cabinet.

(2) Cabinet staff shall maintain a database of credentialed trainers.

Section 18[17]. Incorporation by Reference. (1) The following material is incorporated by reference:

(a) “DCC-200, Kentucky Early Care and Education Trainer’s Credential Application”, edition 2012[01/06]; and

(b) “DCC-201, Application for Registration of Conference, Seminar, Institute, or Workshop”, edition 2012; and

(c) “DCC-201a, Application for Registration of Online Training”, edition 2012[01/06].

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Department for Community Based Services, 275 East Main Street, Frankfort, Kentucky 40621, Monday through Friday, 8 a.m. to 4:30 p.m.

PATRICIA R. WILSON, Commissioner
For JANIE MILLER, Secretary
APPROVED BY AGENCY: December 19, 2011
FILED WITH LRC: December 22, 2011 at noon
CONTACT PERSON: Jill Brown, Office of Legal Services, 275

East Main Street 5 W-B, Frankfort, Kentucky 40601, phone 502-564-7905, fax 502-564-7573.

RELATES TO: KRS 161.020, 161.028, 161.030, 161.124, 161.126

STATUTORY AUTHORITY: KRS 161.020, 161.028, 161.030

NECESSITY, FUNCTION, AND CONFORMITY: KRS 161.020 and 161.030 require that a teacher and other professional school personnel hold a certificate of legal qualifications for the respective position to be issued upon completion of a program of preparation prescribed by the Education Professional Standards Board. KRS 161.028 requires the Education Professional Standards Board to establish the standards for obtaining and maintaining a teaching certificate. KRS 161.124 enacts into law the Interstate Agreement on Qualifications of Educational Personnel. KRS 161.126 designates the Executive Director of the Education Professional Standards Board as the state official responsible for signing contracts under this agreement. This administrative regulation establishes the certification provisions for applicants with out-of-state preparation.

Section 1. (1) An applicant for Kentucky teacher or administrative certification whose professional preparation was completed at an educator preparation [institution located outside the Commonwealth of Kentucky] shall:
(a) Possess a teacher license or certificate equivalent to the Kentucky statement of eligibility from the state, territory, or province where the applicant completed his or her preparation program;
(b) Satisfy the degree, academic preparation, and grade point requirements in 16 KAR 2:010;
(c) Provide evidence that the out-of-state license or certificate was obtained by completion of an approved educator preparation program and not based on the completion of a written or verbal assessment; and
(d) Follow the procedures for certificate application established in 16 KAR Chapter 3.

(2) An applicant for Kentucky teacher certification whose professional preparation was completed at an educator preparation institution located outside the Commonwealth of Kentucky who meets the requirements of subsection (1) of this section shall:
(a) Possess a teacher license or certificate equivalent to the Kentucky statement of eligibility from the state, territory, or province where the applicant completed his or her preparation program;
(b) Satisfy the degree, academic preparation, and grade point requirements in 16 KAR 2:010;
(c) Provide evidence that the out-of-state license or certificate was obtained by completion of an approved educator preparation program consisting of a minimum of thirty (30) post Masters’ graduate-level hours in school administration; and
(d) Follow the procedures for certificate application established in 16 KAR Chapter 3.

(3) An applicant for Kentucky principal certification who was admitted to a principal preparation program located outside the Commonwealth of Kentucky prior to January 1, 2012 and who completes the program prior to January 31, 2014 shall be exempt from subsection (1)(c) of this section.

Section 4: (1) An out-of-state applicant shall be subject to the testing and internship requirements of KRS Chapter 161 and implementing administrative regulations of the Education Professional Standard Board in KAR Title 16.

Contact Person: Alicia A. Sneed

APPROVED BY AGENCY: March 5, 2012

PUBLIC HEARING AND PUBLIC COMMENT PERIOD: A public hearing on this administrative regulation shall be held on April 30, 2012 at 9:00 a.m. at the offices of the Education Professional Standards Board, 100 Airport Road, 3rd Floor, Conference Room A, Frankfort, Kentucky 40601. Any person interested in being heard at this hearing shall notify this agency in writing five working days prior to the hearing of their intention to attend. If no notification of intent to attend the hearing is received by that date, the hearing may be canceled. This hearing is open to the public. Any person who wishes to be heard will be given an opportunity to comment on the proposed administrative regulation. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted until April 30, 2012. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person.

CONTACT PERSON: Alicia A. Sneed, Director of Legal Services, Education Professional Standards Board, 100 Airport Road, Third Floor, Frankfort, Kentucky 40601, phone (502) 564-4606, fax (502) 564-7099.

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Contact Person: Alicia A. Sneed

(1) Provide a brief summary of:
(a) What this administrative regulation does: This administrative regulation establishes the certification provisions for applicants with out-of-state preparation.
(b) The necessity of this administrative regulation: This administrative regulation is necessary to provide notice to out of state applicants for educator certification on the Kentucky requirements for certification.
(c) How this administrative regulation conforms to the content of the authorizing statutes: KRS 161.020 and 161.030 require that a teacher and other professional school personnel hold a certificate of legal qualifications for the respective position to be issued upon completion of a program of preparation prescribed by the Education Professional Standards Board. KRS 161.028 requires the Education Professional Standards Board to establish the standards for obtaining and maintaining a teaching certificate.
(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation states the requirements for applicants who were...
prepared out of state or who are certified by another state to get a Kentucky teacher or administrative certificate.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation: This amendment specifies what an out of state applicant for teacher certification needs to become certified in the state of Kentucky. This amendment also implements a grace period for principals who are prepared out of state and who entered the out of state program prior to December 31, 2011 to receive a certificate without completing a post-master's principal program so that out of state applicants are treated the same as in state applicants. Any other changes are to clarify the regulation in accordance with KRS Chapter 13A.

(b) The necessity of the amendment to this administrative regulation: This administrative regulation is necessary to provide notice to out of state applicants for educator certification on the Kentucky requirements for certification.

(c) How the amendment conforms to the content of the authorizing statutes: KRS 161.020 and 161.030 require that a teacher and other professional school personnel hold a certificate of legal qualifications for the respective position to be issued upon completion of a program of preparation prescribed by the Education Professional Standards Board. KRS 161.028 requires the Education Professional Standards Board to establish the standards for obtaining and maintaining a teaching certificate.

(d) How the amendment will assist in the effective implementation of the regulations: This administrative regulation states the requirements for applicants who were prepared out of state or who are certified by another state to get a Kentucky teacher or administrative certificate.

(3) List the type and number of individuals, businesses, organizations, or state or local governments affected by this administrative regulation: 174 Kentucky school districts and out of state educators seeking certification in Kentucky.

(4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment: The school districts will not be required to take any additional action. Applicants will need to review this regulation prior to applying for certification in Kentucky.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3)?: There should be none.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): The districts will be positively affected by an additional supply of out of state teachers.

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

(a) Initially: None

(b) On a continuing basis: None

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): The districts will be positively affected by an additional supply of out of state teachers.

(d) How much will it cost to administer this program for subsequent years? There should be no revenue generated.

(e) How will it cost to administer this program for subsequent years? There should be no revenue generated.

(6) Estimate the effect of this administrative regulation on the expenditures and revenues of a state or local government agency (including cities, counties, fire departments, or school districts) for the first year? There should be no revenue generated.

(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation: No increase in fees or funding will be necessary to implement this administrative regulation.

(8) State whether or not this administrative regulation established any fees or directly or indirectly increased any fees: This administrative regulation does not establish any fees, or directly or indirectly increase fees.

(9) TIERING: Is tiering applied? (Explain why or why not) No, tiering does not apply since all applicants will be held to the same standard.

FISCAL NOTE ON STATE OR LOCAL GOVERNMENT

1. Does this administrative regulation relate to any program, service, or requirements of a state or local government (including cities, counties, fire departments, or school districts)? Yes.

2. What units, parts or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation? School districts and the Education Professional Standards Board.

3. Identify each state or federal statute or federal regulation that requires or authorizes the action taken by the administrative regulation. KRS 161.028(1), KRS 161.030, and KRS 161.124

4. Estimate the effect of this administrative regulation on the expenditures and revenues of a state or local government agency (including cities, counties, fire departments, or school districts) for the first full year the administrative regulation is to be in effect. There should be none.

(a) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year? There should be no revenue generated.

(b) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for subsequent years? There should be no revenue generated.

(c) How much will it cost to administer this program for the first year? There should be no revenue generated.

(d) How much will it cost to administer this program for subsequent years? There should be no revenue generated.

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

Revenues (+/-):

Expenditures (+/-):

Other Explanation: This is not a fee generating or a revenue costing regulation, but merely establishes the requirements for certification.

201 KAR 20:490. Licensed practical nurse intravenous therapy scope of practice.

RELATES TO: KRS 314.011(10)(a), (c)
STATUTORY AUTHORITY: KRS 314.011(10)(c), 314.131(1), 314.011(10)(c)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 314.011(10)(c) authorizes the Board of Nursing to promulgate administrative regulations as may be necessary to enable it to carry into effect the provisions of KRS Chapter 314. KRS 314.011(10)(c) authorizes the board to promulgate an administrative regulation to establish the scope of practice for administering medicine or treatment by a licensed practical nurse. KRS 314.011(10)(a) requires that licensed practical nurses practice under the direction of a registered nurse, physician, or dentist. This administrative regulation establishes the scope of that practice as it relates to intravenous therapy.

Section 1. Definitions. (1) "Administration" means to initiate and infuse intravenous therapy.

(2) "Antineoplastic agent" means a medication that prevents the development, growth, or proliferation of malignant cells.

(3) "Bolus" means a concentrated medication or solution given rapidly over a short period of time.

(4) "Central venous access device" means a device that permits access to the central vascular system and is inserted with the tip residing in the lower one-third of the superior vena cava or above the level of the diaphragm in the inferior vena cava [catheter that is inserted in such a manner that the distal tip is located in the superior vena cava, inferior vena cava, or heart, including a peripherally inserted central catheter and an implanted port].

(5) "Direction" means a communication of a plan of care that is based upon assessment of a patient by an advanced practice registered nurse, a registered nurse, physician, or dentist that estab-
lishes the parameters for the provision of care or for the performance of a procedure.

(6) "Discontinuance" means to stop the infusion of the medication or fluid and does not include removal of the intravenous access device.

(7) "Fibrinolytic agent" means a pharmaceutical agent capable of dissolving blood clots.

(8) "Intravenous access device" means either a peripheral access device or a central venous access device.

(9) "Mix" or "mixing" means to combine two (2) or more medications or solutions, and includes reconstituting a powder into a liquid, and diluting a medication or solution.

(10) "Moderate sedation" means the administration of intravenous medications to produce a state that intentionally results in a depressed level of consciousness in a patient.

(11) "Peripheral access device" means a peripherally-inserted intravenous catheter or needle that is less than or equal to three (3) inches in length.

(12) "Pharmacology" means information on the classification of intravenous drugs, indications for use, pharmaceutical properties, monitoring parameters, contraindications, dosing, clinical mathematics, anticipated side effects, potential complications, antidotal therapy, compatibilities, stabilities, specific considerations for select intravenous drugs, and administration of intravenous medications to pediatric, adult, and geriatric populations.

(13) "Procedural sedation" means the administration of intravenous medications to produce a state that allows a patient to tolerate unpleasant procedures and results in a depressed level of consciousness.

(14) "Push" means administration of medication under pressure via a syringe.

(15) "Supervision" means the provision of guidance by a registered nurse, advanced practice registered nurse, physician or dentist for the accomplishment of a nursing task with periodic observation and evaluation of the performance of the task including validation that the nursing task has been performed in a safe manner.

(16) "Supervisor" means the registered nurse, advanced practice registered nurse, physician or dentist who provides supervision of the licensed practical nurse’s practice as defined in subsection (15) of this section.

(17) "Therapeutic phlebotomy" means a clinical procedure whereby blood volume is reduced to achieve a therapeutic outcome.

(18) "Titration" means adjustment of a medication dosage or rate of solution infusion as prescribed within a therapeutic range that is based on the assessment of a patient.

(19) "Vesicant" means an agent capable of causing injury if it escapes from the intended vascular pathway into surrounding tissue.

Section 2. Education and Training Standards. (1) Prior to performing intravenous (IV) therapy, the licensed practical nurse (LPN) shall have completed education and training related to the scope of IV therapy for an LPN. This education and training shall be obtained through:

(a) A prelicensure program of nursing for individuals admitted to the program after September 15, 2004; or
(b) An institution, practice setting, or continuing education provider that has in place a written instructional program and a competency validation mechanism that includes a process for evaluation and documentation of an LPN’s demonstration of the knowledge, skills, and abilities related to the safe administration of IV therapy. The LPN shall receive and maintain written documentation of completion of the instructional program and competency validation.

(2) The education and training programs recognized in subsection (1) of this section shall be based on "Policies and Procedures for Infusion Nursing" and "Infusion Nursing Standards of Practice" and shall include the following components:

(a) Technology and clinical applications;
(b) Fluid and electrolyte balance;
(c) Pharmacology and vesicants;
(d) Infection control;
(e) Transfusion therapy;

(f) Parenteral nutrition; and
(g) Legal aspects based on KRS Chapter 314 and this administrative regulation.

Section 3. Supervision Requirements. (1) An LPN performing IV therapy procedures shall be under the direction and supervision of a registered nurse (RN), advanced practice registered nurse (APRN), physician, or dentist.

(2) For a patient whose condition is determined by the LPN’s supervisor to be stable and predictable, and rapid change is not anticipated, the supervisor may provide supervision of the LPN’s provision of IV therapy without being physically present in the immediate vicinity of the LPN, but shall be readily available.

(3) In the following cases, for the LPN to provide IV therapy, the LPN’s supervisor shall be physically present in the immediate vicinity of the LPN and immediately available to intervene in the care of the patient:

(a) If a patient’s condition is or becomes critical, fluctuating, unstable, or unpredictable;
(b) If IV medications or fluids are administered by push or bolus administration, except for saline or heparinized saline to maintain patency of an IV access device;
(c) If a patient has developed signs and symptoms of an IV catheter-related infection, venous thrombosis, or central line catheter occlusion;
(d) If a patient is receiving blood, blood components, or plasma volume expanders; or
(e) If a patient is receiving peritoneal dialysis or hemodialysis.

Section 4. Standards of Practice. (1) An LPN shall perform only those IV therapy acts for which the LPN possesses the knowledge, skill, and ability to perform in a safe manner, except as limited by Section 6 of this administrative regulation and under supervision as required by Section 3 of this administrative regulation.

(2) An LPN shall consult with an RN or physician, physician assistant, dentist, or advanced practice registered nurse and seek guidance as needed if:

(a) The patient’s care needs exceed the licensed practical nursing scope of practice;
(b) The patient’s care needs surpass the LPN’s knowledge, skill, or ability; or
(c) The patient’s condition becomes unstable or imminent assistance is needed.

(3) An LPN shall obtain instruction and supervision as necessary if implementing new or unfamiliar nursing practices or procedures.

(4) An LPN shall follow the written, established policies and procedures of the facility that are consistent with KRS Chapter 314.

Section 5. Functions That May Be Performed. An LPN who has met the education and training requirements of Section 2 of this administrative regulation may perform the following IV therapy functions, except as limited by Section 6 of this administrative regulation and under supervision as required by Section 3 of this administrative regulation:

(1) Calculation and adjustment of the flow rate on all IV infusions;
(2) Observation and reporting of subjective and objective signs of adverse reactions to any IV administration and initiate appropriate interventions;
(3) For all IV access devices:
(a) Administration of IV fluids and medications via central venous and peripheral access devices as permitted by this section and not prohibited by Section 6 of this administrative regulation;
(b) Performance of site care and maintenance that includes:
(i) Monitoring access site and infusion equipment;
(ii) Change administration set, including add-on device and tubing;
(iii) Flushing;
(iv) Change site dressing;
(v) Discontinuance of a medication or fluid infusion; and
(vi) Conversion of a continuous infusion to an intermittent infusion;
(4) Insertion or removal of a peripheral access device;
(5) Administration, monitoring, and discontinuance of blood, blood components, and plasma volume expanders;
(6) Administration of IV medications and fluids that are mixed and labeled by an RN, APRN, physician, dentist, or pharmacist or are commercially prepared;
(7) Mixing and administration via push or bolus route of any of the following classifications of medications:
   (a) Analgesics;
   (b) Antiemetics;
   (c) The antagonistic agents for analgesics;
   (d) Diuretics;
   (e) Corticosteroids; and
   (f) Saline, heparinized saline, or Heplock solution to maintain patency of an IV access device;
(8) Administration of glucose to patients fourteen (14) years of age or older via direct push or bolus route;
(9) Administration, monitoring, and discontinuance of IV medications and fluids given via a patient controlled administration system;
(10) Administration, monitoring, and discontinuance of parenteral nutrition and fat emulsion solutions;
(11) Performance of dialysis treatment, including:
   (a) Administering Heparin 1:1000 units or less concentration either to prime the pump, initiate treatment, or for administration throughout the treatment, in an amount prescribed by a physician, physician’s assistant, or advanced practice registered nurse. The licensed practical nurse shall not administer Heparin in concentrations greater than 1:1000; and
   (b) Administering normal saline via the dialysis machine to correct dialysis-induced hypotension based on the facility’s medical protocol. Amounts beyond that established in the facility’s medical protocol shall not be administered without direction from a registered nurse or a physician;
(12) Collection of blood specimens from a peripheral IV access device only at the time of initial insertion;
(13) Removal of a noncoring needle from an implanted venous port;
(14) Titration of intravenous analgesic medications for hospice patients;
(15) Administration of peripheral intravenous medications via a volumetric control device;
(16) Administration of intravenous medications or solutions via a ready-to-mix intravenous solution infusion system; and
(17) Aspiration of a central venous catheter to confirm patency via positive blood return; and
(18) Administration of medications or fluids via:
   (a) peripherally inserted central catheters; or
   (b) implanted or tunneled central venous catheters.

Section 6. Functions that Shall Not Be Performed. An LPN shall not perform the following IV therapy functions:
(1) Administration of tissue plasminogen activators, immunoglobulins, antineoplastic agents, or investigational drugs;
(2) Accessing of a central venous access device used for hemodynamic monitoring;
(3) Administration of medications or fluids via arterial lines or implanted arterial ports;
(4) Administration of medications via push or bolus route except as permitted by Section 5(7) or (8) of this administrative regulation;
(5) Administration of a fibrinolytic agent to declot any IV access device;
(6) Administration of medications requiring titration, except as permitted by Section 5(14) of this administrative regulation;
(7) Insertion or removal of any IV access device, except as permitted by Section 5(4) or (13) of this administrative regulation;
(8) Accessing or programming an implanted IV infusion pump;
(9) Administration of IV medications for the purpose of procedural sedation, moderate sedation, or anesthesia;
(10) Administration of fluids or medications via an epidural, intrathecal, intraosseous, or umbilical route, or via a ventricular reservoir;
(11) Administration of medications or fluids via an arteriovenous fistula or graft, except for dialysis;
(12) Performance of the repair of a central venous access device;
(13) Mixing of any medications other than those listed in Section 5(7) of this administrative regulation;
(14) Insertion of noncoring needles into an implanted port;
(15) Performance of therapeutic phlebotomy;
(16) Administration of medications or fluids via [percutaneously or surgically inserted] nontunneled, nonimplanted central venous catheter;
(17) Aspiration of an arterial line;
(18) Withdrawal of blood specimens via a central venous catheter; or
(19) Initiation and removal of a peripherally inserted central, midclavicular, or midline catheter.


CAROL KOMARA, President
APPROVED BY AGENCY: February 10, 2012.
FILED WITH LRC: February 16, 2012 at 11 a.m.
PUBLIC HEARING AND PUBLIC COMMENT PERIOD A public hearing on this administrative regulation shall be held on April 23, 2012 at 9:00 a.m. (EST) in the office of the Kentucky Board of Nursing, 312 Whittington Parkway, Suite 300, Louisville, Kentucky. Individuals interested in being heard at this hearing shall notify this agency in writing by April 16, 2012, five workdays prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing is received by that date, the hearing may be canceled. This hearing is open to the public. Any person who wishes to be heard will be given an opportunity to comment on the proposed administrative regulation. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted until close of business April 30, 2012. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person.

CONTACT PERSON: Nathan Goldman, General Counsel, Kentucky Board of Nursing, 312 Whittington Parkway, Suite 300, Louisville, Kentucky 40222, phone (502) 429-3309, fax (502) 564-4251, email nathan.goldman@ky.gov.

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Contact Person: Nathan Goldman, General Counsel
(1) Provide a brief summary of:
   (a) What this administrative regulation does: It sets the scope of practice for Licensed Practical Nurses (LPN) to do IV therapy.
   (b) The necessity of this administrative regulation: The Board is required by statute to promulgate this regulation.
   (c) How this administrative regulation conforms to the content of the authorizing statutes: By setting standards.
   (d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: By setting standards.
(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:
   (a) How the amendment will change this existing administrative regulation: The amendment revises some of the acts that an LPN can and cannot do. It also incorporates a new scope of practice document.
   (b) The necessity of the amendment to this administrative regulation: LPN IV therapy practice evolves with time and changes are necessary. Also, it had been pointed out to the Board that there were some interpretive issues with the regulation’s language con-

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Section 1. (1) A temporary permit to engage in the practice of social work shall be granted, if requested, to an applicant who has completed all of the requirements for licensure except the examination and has applied for licensure under the provisions of KRS 335.080, 335.090, or 335.100.

(2) A person practicing under a temporary permit as a certified social worker shall not accumulate hours towards the supervision requirements of KRS 335.100(1)(b).

(3) Certified social workers and licensed clinical social workers practicing clinical social work under a temporary permit shall be under the supervision of a licensed clinical social worker, or equivalent.

(4) The request for a temporary permit shall be accompanied by a letter from the proposed supervisor acknowledging the responsibility for supervision and for the practice of the person holding the temporary permit.

(5) A licensee may not serve as the supervisor for more than two (2) persons holding a temporary permit at any one (1) time.

(6) Supervision during the period of temporary permission to practice shall be a minimum of one (1) hour of individual, face-to-face supervision per week.

(7) The temporary permit shall be valid until the applicant for licensure is issued or denied licensure under the provisions of KRS 335.080, 335.090, or 335.100, but the temporary permit shall not extend for more than 240(120) days after the applicant has applied for licensure.

(8) More than one (1) temporary permit shall not be granted for any applicant for licensure.

SHARON SANDERS, Chair
APPROVED BY AGENCY: March 5, 2012
FILED WITH LRC: March 15, 2012 at 11 a.m.

PUBLIC HEARING AND PUBLIC COMMENT PERIOD: A public hearing on this administrative regulation shall be held on April 24, 2012 at 2:00 p.m., local time, at the Kentucky Board of Social Work, 44 Fountain Place, Frankfort, Kentucky. Individuals interested in being heard at this hearing shall notify this agency in writing five (5) workdays prior to the hearing of their intent to attend. If no notification of intent to attend the hearing is received by that date, the hearing may be canceled. This hearing is open to the public. Any person who wishes to be heard will be given an opportunity to comment on the proposed administrative regulation. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted until April 30, 2012. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person.

CONTACT PERSON: Margaret Hazlette, Executive Director, Kentucky Board of Social Work, 44 Fountain Place, Frankfort, Kentucky 40601, phone (502) 564-2350; fax (502) 696-8030.

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Contact Person: Margaret Hazlette, Executive Director

(1) Provide a brief summary of:
(a) What this administrative regulation does: This administrative regulation establishes the standards for obtaining a temporary permit from the board to allow an applicant to practice social work while taking the requisite examination for licensure.

(b) The necessity of this administrative regulation: This administrative regulation is necessary to set the requirements for a temporary permit.

(c) How this administrative regulation conforms to the content of the authorizing statutes: The statutes provide authority for the board to issue and regulate temporary permits.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation concisely identifies the requirements and terms of a temporary permit.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation: This amendment will extend that an applicant can practice under a temporary permit from 120 days to 240 days.

(b) The necessity of the amendment to this administrative regulation: This administrative regulation is necessary to clarify how long a temporary permit is effective.

(c) How the amendment conforms to the content of the authorizing statutes: KRS 335.070 authorizes the board to promulgate regulations for temporary permits.

(d) How the amendment will assist in the effective administration of the statutes: This amendment will ensure that an applicant has sufficient opportunity to take the examination more than one time should not pass it on the first attempt.

(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: The administrative regulation affect persons who apply for a license but have not taken the examination. It allows them to practice under a temporary permit while they take the examination. The board issues thirty per year.

(4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment: None

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): An applicant pays a fee to submit an application, but no additional fee is required to obtain a temporary permit.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): This administrative regulation will aid the board by allowing an applicant to continue to practice while taking the examination.

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

(a) Initially: None

(b) On a continuing basis: None

(c) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: The board’s operation is funded by fees paid by the licensees and applicants.

(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new or by the change if it is an amendment: This administrative regulation amendment does not directly establish or increase fees, nor will it require an increase in funding.

(8) State whether or not this administrative regulation established any fees or directly or indirectly increased any fees: This administrative regulation amendment does not directly establish or increase fees.

(9) TIERING: Is tiering applied? No. The definition established by this administrative regulation will apply to any applicant for a license to practice of social work.

**FISCAL NOTE ON STATE OR LOCAL GOVERNMENT**

1. Does this administrative regulation relate to any program, service, or requirements of a state or local government (including cities, counties, fire departments, or school districts)? Yes.

2. What units, parts or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation? Kentucky Board of Social Work.

3. Identify each state or federal statute or federal regulation that requires or authorizes the action taken by the administrative regulation. KRS 335.070.

4. Estimate the effect of this administrative regulation on the expenditures and revenues of a state or local government agency (including cities, counties, fire departments, or school districts) for the current year? None

(a) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the current year? None

(b) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for subsequent years? None

(c) How much will it cost to administer this program for the first year? None

(d) How much will it cost to administer this program for subsequent years? None

Note: If specific dollar estimates cannot be determined, provide a short narrative to explain the fiscal impact of the administrative regulation.

**OTHER EXPLANATION**

**GENERAL GOVERNMENT CABINET**

**Kentucky Real Estate Appraisers Board**

(1) An applicant for certification as a certified general real property appraiser, certified residential real property appraiser, or licensed real property appraiser shall pass an examination specific for the certification or license applied for and approved by:

(a) The board; and

(b) The Appraiser Qualifications Board of the Appraisal Foundation.

(2) A score from an examination shall no longer be acceptable for licensure after two (2) years from the date on which the applicant takes and passes the examination.

(3) An applicant shall complete all the education and experience requirements for the credential which the individual is seeking prior to being approved to sit for the national appraisal examination.

(4) An individual shall submit a complete Appraiser Licensing/Certification Application, incorporated by reference in 201 KAR 30:030, which documents the completed education and experience to the board prior to being approved to sit for the national appraisal examination.
(b) The applicant shall submit the following information with the application:

1. Proof of completion of the education required by 201 KAR 30:030.
2. Proof of completion of the required experience as specified in Section 2 of this administrative regulation including any reports identified by the board; and
3. The fee required by 201 KAR 30:060.

(5)(a) An applicant shall verify experience credit on the Appraiser Assignment Log.
(b) An applicant shall submit satisfactory reports, file memorandum, and other documentation as required by the board to confirm the applicant’s appraisal experience.

Section 2. Required Experience. (1)(a) Prior to certification as a general real property appraiser, an applicant shall have acquired 3,000 hours of appraisal experience. This experience shall not be acquired in a period of fewer than thirty (30) calendar months.
1. No more than fifty (50) percent of the residential experience shall be claimed for appraisal of residential properties.
2. No more than fifty (50) percent of the residential experience shall be claimed for appraisal of vacant land.
3. At least fifty (50) percent of the residential experience claimed shall include development of the cost approach, sales comparison approach, and income approach.
4. No more than fifty (50) percent of the residential experience shall be claimed for restricted use appraisal reports.
(c) Prior to licensure as a licensed real property appraiser, an applicant shall have acquired 2,000 hours of appraisal experience. This experience shall not be acquired in a period of fewer than twenty-four (24) calendar months.
1. No more than fifty (50) percent of the residential experience shall be claimed for appraisal review or appraisal consulting assignments.
2. No more than fifty (50) percent of the residential experience claimed shall include development of the cost approach, sales comparison approach, and income approach.

(6)(a) No more than fifty (50) percent of the general experience shall be claimed for appraisal of residential properties.
(b) No more than fifty (50) percent of the general experience claimed shall include development of the cost approach, sales comparison approach, and income approach.
(c) No more than fifty (50) percent of the general experience shall be claimed for restricted use appraisal reports.
(d) The appraisal experience required by this section may have been acquired in any calendar years, whether or not the calendar years are consecutive. Hours may be treated as cumulative in order to achieve the necessary hours of appraisal experience.
(e) Real property appraisal assignments completed for experience credit shall be completed:
1. In compliance with the requirements of USPAP as incorporated in 201 KAR 30:040 and defined in KRS 324.010(7);
2. Under the supervision of a certified residential real property appraiser for experience of one (1) to four (4) unit residential properties; and
3. Under the supervision of a certified general real property appraiser for experience of all property uses other than residential properties.

(g) To count towards the requirements of this section, the experience shall be acquired while the applicant is licensed or certificated by the board as one (1) of the types of appraisers identified in 201 KAR 30:030 Section 1(2), (3), or (4).

(7)(a) The requirements of USPAP shall not apply to the board, its agents, and employees when conducting an appraisal review for purposes of confirming an applicant’s experience under this administrative regulation.

Section 3. Incorporation by Reference. (1) "Appraiser Assignment Log", 8/09, is incorporated by reference.
(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Real Estate Appraisers Board, 135 W. Irvine Street, Suite 301, Richmond, Kentucky 40475, (859) 623-1658, Monday through Friday, 8 a.m. to 4:30 p.m.

HAROLD BRANTLEY, Chair
APPROVED BY AGENCY: March 15, 2012
FILED WITH LRC: March 15, 2012 at 11 a.m.
PUBLIC HEARING AND PUBLIC COMMENT PERIOD: A public hearing on this administrative regulation shall be held on April 23, 2012 at 1:00 p.m., in the office of the Kentucky Board of Real Estate Appraisers; 135 W. Irvine Street, Suite 301, Richmond, Kentucky 40475, (859) 623-1658. Individuals interested in attending this hearing shall notify this agency in writing five workdays prior to the hearing and state their intent to attend. If no notification of intent to attend the hearing is received by that date, the hearing may be canceled. This hearing is open to the public. Any person who attends will be given an opportunity to comment on the proposed administrative regulation. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to attend the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted until close of business on April 30, 2012. Send written notification of intent to attend the public hearing or written comments on the proposed administrative regulation to:
CONTACT PERSON: Larry Disney, Executive Director, Kentucky Board of Real Estate Appraisers, 135 W. Irvine Street, Suite 301, Richmond, Kentucky 40475, phone (859) 623-1658; fax (859) 623-2598.

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT
Contact person: James J. Grawe
(1) Provide a brief summary of:
(a) What this administrative regulation does: This administrative regulation establishes the examination and experience requirements for certification.
(b) The necessity of this administrative regulation: This regulation is necessary to comply with Title XI of the Financial Institutions Reform, Recovery and Enforcement Act of 1989 and to identify the examination and experience requirements for certified and licensed appraisers.

(c) How this administrative regulation conforms to the content of the authorizing statute: The regulation is in conformity as the authorizing statute gives the board the ability to promulgate regulations regarding the examination and experience requirements.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This regulation will assist the board in administering this program by identifying the examination and experience requirements for applicants.
(e) If this is an amendment to an existing administrative regulation, provide a brief summary of:
(a) How the amendment will change this existing administrative regulation: The amendment corrects a reference from residential requirements to general.
(b) The necessity of the amendment to this administrative regulation: The necessity of the amendment is to correct a reference from residential requirements to general.
(c) How the amendment conforms to the content of the authorizing statute: The regulation is in conformity as the authorizing statute gives the board the ability to promulgate regulations necessary for certification.
(d) How the amendment will assist in the effective administr--
tion of the statutes: The amendment will assist by clearly identifying the experience and educational requirements for person to be eligible to obtain a general certificate.

(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: There are approximately three hundred persons currently training for certification by the board.

(4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment: The applicants will be required to meet the experience requirements.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3)? There are no additional costs for complying with the amendment.

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

(a) Initially: No new costs will be incurred by the changes.

(b) On a continuing basis: No new costs will be incurred by the changes.

(6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: The board’s operations are funded by fees paid by certificate holders.

(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: No increase in fees or funding will be required to implement the changes made by this regulation.

(8) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees: This administrative regulation does not establish fees or directly or indirectly increase any fees.

(9) TIERING: Is tiering applied? Tiering was not applied as the administrative regulation does not establish fees or directly or indirectly increases any fees.

FISCAL NOTE ON STATE OR LOCAL GOVERNMENT

1. Does this administrative regulation relate to any program, service, or requirements of a state or local government (including cities, counties, fire departments, or school districts)? Yes

2. What units, parts or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation? Kentucky Real Estate Appraisers Board.

3. Identify each state or federal statute or federal regulation that requires or authorizes the action taken by the administrative regulation: KRS 324A.035(1), (3), 324A.040(2), 12 U.S.C. 3331-3351.

4. Estimate the effect of this administrative regulation on the expenditures and revenues of a state or local government agency (including cities, counties, fire departments, or school districts) for the first full year the administrative regulation is to be in effect.

(a) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year? None

(b) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for subsequent years? None

(c) How much will it cost to administer this program for the first year? None

(d) How much will it cost to administer this program for subsequent years? None

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

FISCAL NOTE ON STATE OR LOCAL GOVERNMENT

(a) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year? None

(b) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for subsequent years? None

(c) How much will it cost to administer this program for the first year? None

(d) How much will it cost to administer this program for subsequent years? None

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

FISCAL NOTE ON STATE OR LOCAL GOVERNMENT

(a) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year? None

(b) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for subsequent years? None

(c) How much will it cost to administer this program for the first year? None

(d) How much will it cost to administer this program for subsequent years? None

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

KENTUCKY COMMUNITY AND TECHNICAL COLLEGE SYSTEM

Kentucky Board of Emergency Medical Services

( Amendment)


RELATES TO: KRS 311A.110, 311A.115, 311A.120, 311A.130

STATUTORY AUTHORITY: KRS 311A.020, 311A.030, 311A.110, 311A.115, 311A.120, 311A.125

NECESSITY, FUNCTION, AND CONFORMITY: KRS 311A.110, 311A.115, 311A.120 and 311A.125 require the Board to promulgate administrative regulations establishing standards related to the training and education of emergency medical services personnel. KRS 311A.130 relates to the provision of proper in-service and in-house in-service training and education. This administrative regulation establishes requirements for an organization to be approved by the Board as an Emergency Medical Service Training and Education Institute (EMS-TEI) and also sets standards for the certification and recertification of EMS educators.

Section 1. Education Committee. (1) The Board shall create and recognize a standing committee on EMS Education.

(2) The Education Committee shall consist of seven (7) voting members representative of EMS Educators in the state of Kentucky. At least one voting member of the Education Committee shall also be a member of the Kentucky Board of Emergency Medical Services.

(3) A quorum shall be a majority of the seven (7) members of the Education Committee.

(4) As a standing committee, the Education Committee shall report directly to the Board, with the Chair of the Education Committee tasked to deliver a written as well as verbal report at each regular meeting of the Board.

(5) The Education Committee shall schedule an annual basis at least six (6) regular meetings of the Committee.

(6) The Chair of the Kentucky Board of EMS shall appoint the membership and the officers of the Education Committee as required under 202 KAR 7:020.

(7) The Chair of the Kentucky Board of EMS may also, at his discretion, appoint ex officio members to the Education Committee who shall have no authority to raise issues, move the Committee, or vote upon Motions under consideration.

(8) The Director of Education for the Kentucky Board of EMS shall serve as an ex officio member with the purpose and intent to provide guidance and act as a resource to the Education Committee and to the full Board.

(9) The purpose and charge of the Education Committee shall be to:

(a) Assist the Board in developing a strategic plan for EMS education in the state of Kentucky;
Section 2. EMS-TEI Certification. (1) Only an entity certified by the Board as an EMS-TEI shall be authorized to conduct training and education programs that lead to certification or licensure by the Kentucky Board of Emergency Medical Services (KBEMS).

(2) An applicant for certification as an EMS-TEI in Kentucky may be certified at the following levels:

(a) EMS-TEI 1 which includes EMR
(b) EMS-TEI 2 which includes EMR and EMT
(c) EMS-TEI 3 which includes EMR, EMT and AEMT
(d) EMS-TEI 4 which include EMR, EMT, AEMT and EMT-P.
(e) EMS-TEI CE which includes continuing education only.

(3) An applicant may seek one or multiple levels of certification at any time during the five (5) year certification term.

(4) An applicant for any level of EMS-TEI certification shall meet all requirements of that level.

(5) An applicant for certification at any level of EMS-TEI in Kentucky shall submit a completed Board-approved initial application with the Kentucky Board of Emergency Medical Services (KBEMS).

(6) An applicant shall submit fees as required by 202 KAR 7:030 with the Board-approved application for certification as an EMS-TEI.

Section 3. Initial Certification Requirements for EMS-TEIs. (1) If an applicant is organized as a business entity required under Kentucky law to file with Kentucky’s Secretary of State, the applicant for EMS-TEI certification shall provide proof of registration with the Kentucky Secretary of State that the EMS-TEI is legally able to conduct business in the state.

(2) An applicant shall provide the Board with an organizational chart indicating, at a minimum,

(a) The names and addresses of the owner, operator, chief administrative officer, and any other personnel necessary for operation of the entity as an EMS-TEI;
(b) The names and addresses of the EMS-TEI’s designated agent for receiving service;
(c) The name and address of the EMS-TEI’s medical director, proof that the medical director is qualified under 202 KAR 7:801, and documentation that the medical director certifies the EMS-TEI and the medical director outlining the relationship, duties, and requirements of a medical director for an EMS-TEI; and
(d) The name and address of the EMS-TEI’s program coordinator.

(3) If the EMS-TEI will be offering courses leading to certification or licensure for EMS personnel in Kentucky that is dependent on EMS-TEI accreditation, the applicant for EMS-TEI shall submit proof of accreditation effective December 31, 2012.

Section 4. Certification Periods and Inspections. (1) Certification of an EMS-TEI shall be valid for a period of five (5) years except when limited by imposition of disciplinary action.

(2) Prior to expiration of the five (5) year certification period, an EMS-TEI may apply for recertification for a subsequent five (5) year period.

(3) Upon application for recertification, an applicant shall re-submit an application form and all documents required by the Board.

(4) An EMS-TEI seeking recertification shall pay all applicable fees at the time of application. Failure to pay fees or subsequent rejection of any payment method shall result in denial of the EMS-TEI application.

(5) A newly certified EMS-TEI shall undergo an inspection prior to offering the EMS-TEI’s first class. Failure to submit to the inspection shall result in immediate revocation of the application.

(6) Inspections shall ensure that the EMS-TEI has met all applicable requirements in Section 5 of this administrative regulation. If the Board’s inspection finds that the EMS-TEI has failed to meet any requirement, the EMS-TEI shall correct all deficiencies prior to offering any classes.

(7) The Board shall inspect an EMS-TEI when the EMS-TEI submits notice of intent to upgrade the level of courses offered.

(8) The Board may inspect an EMS-TEI upon submission of application to renew certification as an EMS-TEI.

(9) The Board shall conduct the inspection of an EMS-TEI no more than ninety (90) days following KBEMS’ receipt of notice of intent to upgrade.

(10) Approval of notice of intent to upgrade shall not extend the five (5) year EMS-TEI certification period.

Section 5. EMS-TEI Operating Requirements. (1) EMS-TEIs shall maintain files for a period of seven (7) years beyond the end date of each EMS Course program that contain the following documentation:

(a) The master file of course materials for any course or program file.
(b) A master copy of each set of written examinations administered and answer keys for the exams;
(c) A master copy of practical skills examination forms;
(d) A master copy of each course syllabus;
(e) Current, written affiliation agreements executed between hospitals or EMS agencies and the EMS-TEI;
(f) Health records for students as may be required by the EMS-TEI or as expressly required in written affiliation agreements and determined necessary for students to complete clinical assignments, field-internships, or summative field evaluations;

(h) Records of all disciplinary actions taken against any student; records shall include notification to students of the complaint, any responses made by or on behalf of the student, and actions taken as a result of a complaint or other documented incident, grievance, or deficiency;

(i) For students requiring remediation, documentation of specific activities or procedures requiring remediation and actions taken in response to deficiencies, including how the specific remediation was accomplished and if the success or failure of remediation;

(j) A master file of the objectives and competencies to be achieved by students during each educational program; and

(k) Documentation of any other requirements that the EMS-TEI has established as part of the offered courses.

(2) Failure of an EMS-TEI to maintain records required by the Board may result in disciplinary action against an EMS-TEI.

(3) KBEMS may require an EMS-TEI to submit a copy of the EMS-TEI’s annual accreditation report when accreditation is necessary for licensure or certification of the students taking the EMS-TEI’s offered courses.

(4) EMS-TEIs shall conduct an annual review and revision of all courses and programs to ensure the EMS-TEI has complied with necessary updates to courses, programs, and accepted educational standards.

(5) An EMS-TEI shall document in writing the required annual review and any updates resulting from the annual assessment.

(6) Documentation of the annual review shall be in writing, signed by the owner or program coordinator, and maintained in the course or program file.

(7) An EMS-TEI shall assure all physical resources required by the curriculum, including classrooms, skill practice areas, notice of where to purchase or access textbooks, instructional aids, equipment, and supplies are

(a) Available at each class session where skills are taught or practiced;
(b) Adequate in number to allow for practice by students enrolled; and
(c) In good working order and well-maintained.

(8) An EMS-TEI shall maintain and protect the privacy of all
records pertaining to the health and safety of patients, students, and faculty members that are obtained or developed through or as a result of participation in training and educational activities with the EMS-TEIs.

(7) The EMS-TEI is responsible for knowing and following all federal and state laws relevant to safeguarding privacy of records, including educational and health records.

(8) The EMS-TEI shall develop and make available to all prospective students a clearly defined admissions policy and procedure.

(9) An EMS-TEI’s admission policy shall include specific requirements for students to gain admission, maintain enrollment, and all academic requirements necessary to successfully complete the offered course or program. Admissions policies and procedures shall include at a minimum

(a) Tuition rates and any fees associated with the training and education program;
(b) Fees and other costs associated with remediation;
(c) A descriptive synopsis of the curriculum for each type of course taught;
(d) Course educational objectives;
(e) Classroom lecture and skills practice schedules;
(f) Clinical or field rotation locations with tentative beginning and ending dates;
(g) Participation requirements for each clinical or field rotation site and
(h) Citations to and language of prohibited actions under KRS Chapter 311A.050 that provide grounds for sanctions against or denial of individuals making application for certification or licensure by the Board.

(10) EMS-TEIs shall establish written policies that provide for
(a) the creation and use of course or program advertising that accurately portrays the course or program content as offered by the EMS-TEI;
(b) A uniform process for filing, investigating, and resolving complaints or grievances by applicants, students, preceptor sites, patients, members of the general public, or faculty members;
(c) A procedure for a student to withdraw from courses, and
(d) Faculty to develop examinations for each course offered; and

(e) The establishment of and adherence to examination procedures and policies;
(f) The requirements for students to take and pass examinations in courses the EMS-TEI offers; and
(g) Notification to all students and prospective students of their right to ask for and obtain the pass/fail rates of past students who have taken the National Registry Exam or other Board approved certification exam. The pass/fail rate shall be calculated for courses given within the last two (2) years.

(11) An EMS-TEI shall assure each student, while participating in a clinical or field rotation, is clearly identified as a student and by first and last name. Identification shall be accomplished by use of

(a) A nameplate;
(b) A uniform; or
(c) Other publicly apparent means.

(12) EMS-TEIs shall include a chief administrative officer (CAO) or designee who shall
(a) Administer and oversee the EMS-TEI;
(b) Assure the quality and credentials of the program coordinator, EMS educators, EMS educator adjuncts, and students accepted into any of the EMS-TEI’s programs or courses;
(c) Assure the security of examination results and materials;
(d) Monitor the activities of the EMS-TEI’s faculty and students; and
(e) Maintain records and documents and submit reports as required by the Board.

(13) When applicable, an EMS-TEI shall have a Paramedic Course Coordinator for paramedic training and education courses. The Paramedic Course Coordinator shall maintain a Level III EMS Educator status in the Commonwealth of Kentucky.

(14) A certified EMS-TEI shall maintain an ongoing level of competence, evidenced by a minimum pass rate of thirty (30) percent based upon a measurement of students who have taken the Board approved exam for the first time within the twenty-four (24) months immediately preceding the EMS-TEI’s renewal date.

(15) An EMS-TEI’s competency shall also be demonstrated by compliance with statutory and regulatory requirements, adherence to established educational standards, and the EMS-TEI’s process for remediation of students who take but fail to pass the Board’s approved test.

(16) When an EMS-TEI fails to meet an ongoing level of competence determined according to this section, the EMS-TEI shall be subject to a plan of correction mediated through the Office of the Board.

(17) An EMS-TEI that cannot maintain an ongoing level of competence may be subject to discipline pursuant to KRS 311A.

Section 6. Disciplinary Action Against an EMS-TEI. (1) An EMS-TEI shall submit to KBEMS the required documents for all EMS courses that lead to licensure or certification by the Board.

(2) A list of documents required in this section shall be made available to EMS-TEIs on the Board’s Web site.

(3) Upon submission of all required documents for courses that lead to licensure or certification, the Office of the Board shall assign a number or other identifier to the course.

(4) An EMS-TEI shall notify the Board Office thirty (30) days prior to the start of any course. Failure to notify KBEMS shall violate this section of the administrative regulation and may subject the EMS-TEI to disciplinary action under KRS 311A.

(5) No class shall commence unless the EMS-TEI has obtained an identification code and notified the Board as required in this section.

(6) Any course that does not meet all requirements of this administrative regulation shall not lead to certification or licensure for the EMS students enrolled in the course.

Section 7. Reporting Requirements for EMS-TEI. (1) An EMS-TEI shall notify the Board Office thirty (30) days prior to the start of any course. Failure to notify KBEMS shall violate this section of the administrative regulation and may subject the EMS-TEI to disciplinary action under KRS 311A.

(2) A list of documents required in this section shall be made available to EMS-TEIs on the Board’s Web site.

(3) Upon submission of all required documents for courses that lead to licensure or certification, the Office of the Board shall assign a number or other identifier to the course.

(4) An EMS-TEI shall notify the Board Office thirty (30) days prior to the start of any course. Failure to notify KBEMS shall violate this section of the administrative regulation and may subject the EMS-TEI to disciplinary action under KRS 311A.

(5) No class shall commence unless the EMS-TEI has obtained an identification code and notified the Board as required in this section.

(6) Any course that does not meet all requirements of this administrative regulation shall not lead to certification or licensure for the EMS students enrolled in the course.

Section 8. Requirements For All Training and Education Courses. (1) All EMS training and education courses that lead to certification or licensure by KBEMS shall:

(a) Be approved by Board established procedures;
(b) Not commence until the EMS-TEI has filed all documents required under those procedures, including course notification and other documents required under Section 7 of this administrative regulation;
(c) Not begin until the EMS-TEI has paid all fees required under 202 KAR 7:030;
(d) Use the National Education Guidelines current at the time the course is offered;
(e) Teach students the Board approved Scope of Practice;
(f) Reflect EMS-TEI compliance with any changes to the National Education Guidelines or Scope of Practice no later than one (1) year following the change; EMS-TEIs are presumed to know the changes and may be subject to disciplinary action if not in compliance within one (1) year of any changes;
(g) Meet the course administrative and faculty requirements in this administrative regulation and as established by the Board approved accrediting agency; and
(h) Use lead instructors certified by KBEMS as EMS educators who are minimally certified or licensed at the level of the offered course.

(2) The EMS-TEI may use adjunct faculty for initial certification or recertification courses who

(a) Meet one (1) of the requirements of Section 13 of this administrative regulation; and
(b) Teach for no more than five (5) percent of the classroom education time for each EMS course without the supervision of the Program Coordinator or certified instructor present and available in
the classroom.

(3) The EMS-TEI shall have additional skills educators for classroom sessions where skills are practiced. These sessions shall not proceed without the presence of
(a) A certified educator for the first ten (10) students; and
(b) An additional educator or adjunct faculty for each one (1) to ten (10) additional students. Additional adjunct faculty used shall not be required to be certified as an EMS educator but shall be certified by the Board as an EMS provider at or above the level for the course being taught and shall meet at least one (1) requirement of Section 13 of this administrative regulation;

(4) The EMS-TEI shall have a medical director who
(a) Is employed by or under written contract with the EMS-TEI to serve as the medical director of the program;
(b) Is routinely available to the EMS-TEI to provide consultation regarding issues related to the training and education program;
(c) Participates in the approval of the didactic clinical and evaluation material and student progress review;
(d) Meets the accrediting agency standards, policies and guidelines as approved by the KREMS; and
(e) Provides medical consultation and guidance to the course faculty.

(5) An EMS-TEI shall maintain a written contractual affiliation agreement or memorandum of agreement with each clinical rotation site that outlines, at a minimum, the responsibilities of each entity and reporting requirements for students involved in clinical and field training and education.

(6) An EMS-TEI shall provide faculty from the EMS-TEI training and education program, clinical coordinators, or designees under contract with the EMS-TEI to oversee student activity while in the clinical setting.

Section 9. Emergency Medical Responder Training and Education Course Requirements. (1) Each Emergency Medical Responder (EMR) training and education course shall:
(a) Follow all training and education requirements under KRS 311A and 202 KAR 7:201; and
(b) Follow the current national education standards for duration of course and individual class segments.

Section 10. Emergency Medical Technician Training and Education Course Requirements. (1) Each Emergency Medical Technician (EMT) training and education course shall:
(a) Include all training and education requirements under KRS 311A and 202 KAR 7:301; and
(b) Follow the current national education standards for duration of course and individual class segments.

(2) To be eligible for certification as A-EMTs, students shall complete a clinical or field rotation that meets the requirements for EMT education as determined by this administrative regulation and the National Medical Standards Scope of Practice for an EMT student as approved by the accrediting agency’s minimum requirements.

(3) The minimum requirements of clinical or field rotations for EMTs shall include minimally:
(a) A clinical or field rotation consisting of at least twenty-four (24) hours conducted in a hospital emergency department, public health department, urgent treatment center, physician’s office, licensed ambulance service, or other health care facility;
(b) Interviews and assessments of a minimum of ten (10) patients with at least five (5) interviews and assessments conducted in a pre-hospital ambulance service setting; and
(c) Recording patient history and completing assessment on a prehospital care report form for each of the ten (10) patients required in (2)(b) of this section.

(4) If a student fails to achieve any goal established for the EMT education program, the EMS-TEI Chief Administrative Officer or Program Director may require the student to repeat any portion of a clinical or field rotation experience.

(5) When a student is required to repeat any portion of a clinical or field rotation experience, the CAO or Program Director may require the student to complete a written procedure for remediation that ensures the student is provided with adequate due process protections.

(6) When additional time is required, the notification to the student shall be signed and dated by the student.

Section 11. Advanced-Emergency Medical Technician Training and Education Programs. (1) Advanced-Emergency Medical Technician (A-EMT) Training and Education Course Requirements. Each A-EMT training and education course shall:
(a) Include all training and education as required under KRS 311A;
(b) Follow the current national education standards.

(2) To be eligible for certification as A-EMTs, students shall complete a clinical or field rotation that meets the requirements for A-EMT education as determined by this administrative regulation and the National Medical Standards Scope of Practice for an A-EMT as approved by the Board or the appropriate accrediting agency.

(3) The minimum requirements of clinical and field rotations for A-EMTs shall include
(a) Clinicals or field rotations that occur in a hospital emergency department, public health department, urgent treatment center, physician’s office, licensed advanced life support ambulance service, or other advanced health care facility;
(b) Interviews and assessments of a minimum of thirty-five (35) patients, including at least fifteen (15) interviews and assessments while the student is actively in the role of team leader with a licensed ambulance service; and
(c) Record of patient history and assessment on a prehospital care report form for each of the thirty-five (35) patients required in (2)(b) of this section.

(4) If a student fails to achieve any goal established for the A-EMT education program, the EMS-TEI Chief Administrative Officer or Program Director may require the student to repeat any portion of a clinical or field rotation experience.

(5) When a student is required to repeat any portion of a clinical or field rotation experience, the CAO or Program Director shall have a written procedure for remediation that ensures the student is provided with adequate due process protections.

(6) When the EMS-TEI requires the student to complete additional ride-time, the EMS-TEI shall give the student written notification for the student to sign and date.

Section 12. Paramedic Training and Education Programs. Paramedic Training and Education Course Requirements. (1) Each Paramedic training and education course shall:
(a) Include all training and education as required by this administrative regulation, KRS 311A, and any other Kentucky statutes that place mandates upon paramedic students; and
(b) Follow the current national education standards.

(2) To be eligible for licensure as a Paramedic, a student shall complete a clinical or field rotation that meets the requirements for Paramedic education as determined by this administrative regulation and the National Medical Standards Scope of Practice for a Paramedic as approved by the accrediting agency’s minimum requirements.

(3) The minimum requirements of clinical or field rotations for Paramedics shall include
(a) Clinicals or field rotations that are conducted in a hospital emergency department, public health department, urgent treatment center, physician’s office, licensed advanced life support ambulance service, or other advanced health care facilities;
(b) Interviews and assessments of a minimum of seventy-five (75) patients, including at least fifty (50) interviews and assessments while the student is actively in the role of team leader with a licensed ambulance service; and
(c) Record of patient history and assessment on a prehospital care report form for each of the seventy-five (75) patients required in (3)(b) of this section.

(4) If a student fails to achieve any goal established for the Paramedic education program, the EMS-TEI Chief Administrative Officer or Program Director may require the student to repeat any portion of a clinical or field rotation experience.

(5) When a student is required to repeat any portion of a clinical or field rotation experience, the CAO or Program Director shall have a written procedure for remediation that ensures the student is provided with adequate due process protections.

(6) When additional time is required to be completed for remediation, the EMS-TEI shall provide written notification of the
additional time required and shall obtain a dated signature from the student.

Section 13. Continuing Education. (1) Training and education courses provided to individuals outside the roster of a licensed service and that fulfill the continuing education requirements necessary to recertify or renew a certification or licensure shall be provided by

(a) An entity certified by KBEMS as an EMS-TEI;
(b) An agency or department having contractual agreements with a KBEMS certified EMS-TEI that is in good standing and not subject to disciplinary action;
(c) Any KBEMS approved symposia, state, national, or international school;
(d) A KBEMS approved or nationally accredited on-line or distance education provider but which shall not provide more than fifty (50) percent of the total continuing education hours to fulfill the CE requirements for renewal under KRS 311A or any administrative regulation of the Board;
(e) Any course that has been accredited by the Board approved accrediting agency for continuing education.

(2) Continuing education offerings shall
(a) Contain material relevant to the job specifications and professional development of EMS personnel; and
(b) Be conducted at an EMS level appropriate for the discipline of the participants.

Section 14. Continuing Education Instructor Requirements. (1) The following persons shall be qualified to conduct continuing education courses for persons certified or licensed by KBEMS:

(a) A paramedic licensed by the Board or licensed or certified in another state;
(b) A physician licensed in Kentucky or another state, who has specific expertise in an area of a prehospital discipline;
(c) A registered nurse licensed in Kentucky or another state, who has specific expertise in an area of a prehospital discipline;
(d) An EMS Educator certified in Kentucky; or
(e) An individual who is at least one (1) of the following:
1. Certified by a state or federal agency to teach or perform subject matter relevant to the National Emergency Medical Services Education Standards-Instructional Guidelines and National EMS Scope of Practice for a prehospital discipline;
2. Certified by a nationally-recognized entity to provide EMS related training and education;
3. A presenter at a National or State Symposium accredited by an agency or other KBEMS approved entity; or
4. A presenter approved by an EMS medical director as uniquely qualified by experience or education; or
5. A presenter approved as being uniquely qualified by an emergency response agency’s chief administrative officer;

(2) The EMS-TEI or other approved contractual departments or agencies providing continuing education shall be required to
(a) Maintain a roster, objectives, and outline for every continuing education course taught on file for a period of seven (7) years beyond the end date of each EMS Course; and
(b) Maintain all documentation to have met the accreditation agency standards, policies and guidelines approved by KBEMS.

(3) The EMS-TEI may be required to submit to KBEMS the required documents for EMS continuing education courses taught within the preceding seven (7) years that lead to re-certification or re-licensure by the KBEMS, including
(a) Contractual agreements;
(b) The continuing education educator’s curriculum vitae;
(c) A completed “Student Course Roster”;
(d) Objectives and outline for each continuing education course.

Section 15. Pilot Programs. (1) A licensed EMS provider agency may apply to KBEMS for authorization to perform a pilot program.

(2) A pilot program involves specialized training and education as well as associated procedures not otherwise provided for in administrative regulations.

(3) Any licensed EMS provider agency seeking authorization for a pilot program shall submit a written request to the Board.

(4) The request shall not be approved unless the applicant agency completes all parts of the pilot program packet provided by the office of the Board.

(5) An authorized entity approved by the Board to conduct a pilot program shall agree in writing
(a) To submit periodic reports related to the progress of the pilot program; and
(b) To abide by the Board established requirements for the pilot program.

(6) An individual otherwise certified or licensed by the Board who successfully completes an approved pilot program may perform the procedures relevant to the training and education received in the pilot program subject to protocols established by the medical director for the pilot program.

(7) The Board may establish pilot program limitations on
(a) the geographic area or service location where the procedure may be performed; and
(b) the performance of the procedure subject to
1. a specific and defined event;
2. a disaster; or
3. a designated directive.

(8) The Board may authorize the use of physicians or other medical professionals to supervise and monitor the training and education of students involved in a pilot program.

(9) The Board may restrict or limit actions that involve the performance of an invasive procedure or the administration of medication subject to
(a) Required physician or medical director oversight; or
(b) The use of protocols that have been submitted to the Board for review and approved by the state medical advisor and the Board.

Section 16. EMS Educators. (1) An EMS Educator may be certified at the following levels:

(a) Level I – EMR Educator, which qualifies the individual to teach EMR courses or EMR continuing education;
(b) Level II – EMT Educator, which certifies the individual to teach EMT and EMR courses or EMT and EMR continuing education;
(c) Level III – Advanced Educator, which certifies the individual to teach EMR, EMT, A-EMT and Paramedic courses or continuing education. Registered nurses and physicians who are not currently certified as an EMT, A-EMT or Paramedic may only be certified as Level III instructors who teach A-EMTs or Paramedics,

(2) An applicant for certification as a Kentucky EMS educator shall:
(a) Already hold a certificate or license in Kentucky as an Emergency Medical Responder (EMR), an Emergency Medical Technician (EMT), an Advanced Emergency Medical Technician (A-EMT) or a Paramedic;
(b) Not be issued a certificate as an EMS educator for a level of instruction higher than their EMS provider certification or license;
(c) Have successfully completed,
1. The National Association of EMS Educators National Guidelines for Educating EMS Educators Course;
2. A KBEMS approved EMS educator course that meets the objectives of the National Highway Traffic Safety Administration (NHTSA) and designed to represent a common core for teaching knowledge and skills to assist the education of adult learners; or
3. A Bachelor’s Degree or higher in education;
(d) Have been certified or licensed for a minimum of four (4) years as an EMS provider at the same level or at a higher level for which the applicant seeks to become an EMS educator;
(e) Provide documentation that two (2) years of the four (4) years’ experience required in this section is experience providing care with
1. An ambulance service;
2. A medical first response agency such as a fire department or rescue squad;
3. A hospital emergency department or urgent care facility;
4. An industrial emergency response team or service in an industrial first-aid station; or
5. Another environment determined by the KBEMS to have met
b. The applicant demonstrated skills from at least five (5) sub-
certification or licensure.
2. Assistance with the course has been under the supervision of a certified EMS educator who has served as a course coordina-
tor or lead educator for at least three (3) separate courses and who has not been subject to disciplinary action or reprimand by the Board under KRS 311A within the past thirty-six (36) months; and
3. The course in which the applicant will assist is at the same level of EMS educator the applicant is seeking.

(g) Provide evidence of completion of a Board sponsored curri-

(i) If applying to become a Level I or II Educator the applicant shall
1. Be certified minimally as an EMT;
2. Submit documented proof that
   a. The applicant completed a minimum of five (5) presentations
      meeting the objectives of the current National Emergency Medical
      Services Education Standards-Instructional Guidelines and Na-
      tional Scope of Practice National Education for EMT;
   b. The applicant demonstrated skills from at least five (5) sub-
      jects meeting the objectives of the current National Emergency
      Medical Services Education Standards-Instructional Guidelines
      and National Scope of Practice National Education for EMT;
   c. The applicant completed all presentations and all skills dem-
      onstrations on different topics for a total of ten (10) separate topics;
   d. The applicant attended a minimum of fifty (50) percent of
      clock hours of the course;
(i) If applying to become a Level III Educator the applicant shall
1. Be certified as a paramedic or higher; and
2. Present documented proof of instruction in a minimum of
   fifty (50) classroom clock hours in a minimum of five (5) different
   subject areas which shall include instruction in pharmacology,
   cardiac emergencies, and traumatic injuries, meeting the objec-
   tives of the current National Emergency Medical Services Educa-
   tion Standards-Instructional Guidelines and National Scope of Practice
   for Paramedic Education.
(6) The expiration date of an EMS educator certification shall
 correspond to those set in KRS 311A and any other administrative
 regulation relevant to the certification period.

Section 17. Renewal of EMS Educator Certification. (1) An EMS
educator shall be eligible to renew the EMS educator certifi-
cation. The application for renewal shall:
(a) Has maintained state certification or licensure as a provider
at a level equal to or greater than the level at which they are certi-
fied as an EMS educator;
(b) Has submitted to the Board written evidence of completion
of all training and education as required by KRS 311A;
(c) During the preceding two (2) years, has been actively en-
gaged in instruction and obtained a minimum of fifty-two (52) con-
 tact hours that include at least eight (8) contact hours on topics
related to methods of instruction (MOI). The eight (8) relevant to
MOI
1. May include any Board approved and required educator
updates; and
2. Shall be certified in writing by the Chief Administrative Offi-
cer of the EMS-TEI employing the instructor;
(d) Is not subject to discipline under KRS 311A;
(e) Has paid any fee required by 202 KAR 7:030; and
(f) Has submitted to the Board a completed and signed appli-
cation for EMS educator renewal.
(2) The EMS educator shall maintain all training and education
documentation outlined in this administrative regulation for four (4)
years from the date of completion.
(3) The KBEMS office may audit an EMS educator’s continuing
education and continuing education records.

Section 18. EMS Educator reinstatement. (1) An EMS Educa-
tor whose certification has lapsed for a period not exceeding five
(5) years may reinstate his certificate by submitting
(a) A completed EMS Educator application;
(b) Evidence of sixteen (16) hours of training in methodology
of instruction (MOI);
(c) Written evidence of completion of a Board sponsored EMS
Educator orientation course; and
(d) Payment of the reinstatement fee as set forth in 202 KAR
7:030.
(2) An EMS Educator whose certification has lapsed for a pe-
riod exceeding five (5) years shall seek certification as an initial
applicant.

Section 19. Transition for Currently-certified educators. (1) Educa-
tors certified on the effective date of this administrative regu-
lation shall be transitioned as follows:
(a) Level I EMS instructors shall be certified as Level I educa-
tors;
(b) Level I and Level II shall be certified as Level I and Level II
educators; and
(c) Level III instructors currently licensed as Paramedics shall
be certified as Level I, Level II and Level III educators
(d) Level III instructors currently licensed as RNs or physicians
shall be certified as Level III educators.

Section 20. EMS Educator Reciprocity. (1) A person certified
as an EMS instructor in another state or US territory shall be eligi-
ble for Kentucky EMS instructor certification upon demonstrating
(a) Evidence of certification or licensure as an EMS provider
for a minimum of four (4) years at the same level or at a higher
level for which they are applying to be a Kentucky EMS educator;
(b) Proof of four (4) years’ educational experience in another
state or territory;
(c) Submission of a completed EMS Educator application;
(d) Evidence of Board approved sixteen (16) hours of training
in methodology of instruction (MOI);
(e) Written evidence of completion of a Board sponsored EMS
Educator orientation course;
(f) Payment of the Educator fee as set forth in 202 KAR 7:030.

Section 21. EMS Educator Temporary Certification. (1) An EMS
educator applicant holding EMS educator certification or li-
censure from another state or US territory may be granted a tem-
porary certification in Kentucky upon submission of the educator
application.
(2) No temporary card shall be valid for more than one (1)
year.
(3) At the end of one (1) year, an applicant for reciprocity who
have not completed the requirements appearing in Section 18 of
this administrative regulation shall not be eligible for an extension
or renewal of the temporary certification period.
(4) An Applicant failing to meet the time limit for obtaining certi-
fication through reciprocity shall seek certification as a Kentucky
EMS Educator by completing all requirements for initial certifica-
tion.

Section 22. EMS Evaluator. (1) An applicant for certification as
an EMS evaluator shall
(a) Be currently certified as a Level I, Level II or Level III EMS
educator; or
(b) Hold current unrestricted licensure in any state as a physi-
cian; and
(c) Have completed a Board-approved evaluator training pro-
gram;
(d) A completed EMS Educator application;
(e) Submit a completed “Application for EMS Educator”;
(f) Have paid all fees required by 202 KAR 7:030 or approved
by the Board; and
(g) Not be subject to discipline pursuant to KRS 311A.
(2) The certification period of an EMS evaluator shall be con-
temporaneous with the expiration date of a certificate or license
issued by the Board, the KBN or KBML or the state that issues
their licenses.
(3) An EMS evaluator shall be certified as
(a) Level I, which qualifies the evaluator to assess EMR candidates for certification;
(b) Level II, which certifies the evaluator to assess EMT and EMS candidates for certification; or
(c) Level III, which certifies the individual to evaluate paramedic, EMT, AEMT and EMR candidates for certification or licensure. A licensed physician or registered nurse who are not also licensed or certified EMS providers may evaluate paramedics only. Persons certified as A-EMTs are allowed to evaluate A-EMTs, EMTs, and EMRs.
(4) An individual shall not be endorsed as an EMS evaluator at any level greater than the level at which certified or licensed as an EMS educator.

Section 23. Renewal of EMS Educator Endorsement. (1) A person who holds an endorsement as an EMS educator shall be eligible to renew the EMS educator endorsement if the individual
(a) Maintains current state certification or licensure as a provider;
(b) During the certification period, participates in a minimum of two (2) separate evaluations on two (2) separate dates or attends a Board-sponsored evaluation class;
(c) Is not subject to discipline pursuant to KRS 311A;
(d) Submits to the Board a completed Application for Renewal of EMS Educator Endorsement; and
(e) Pays all fees required by 202 KAR 7:030 or approved by the Board.

Section 24. Educator and Evaluator Oversight. (1) KBEMS may conduct scheduled or, if part of an official investigation, unscheduled visits to an EMS educator’s classroom or to an EMS evaluation site to verify compliance with the administrative regulations, instructional quality, and evaluative standards required in this administrative regulation.

Section 25. Incorporation by reference. (1) The following material is incorporated by reference:
(a) “EMS Responder Application” KBEMS E1 (9/2010);
(b) “Proof of Lecture Form” KBEMS 04-2004; and
(c) “Instructor Certification Packet” (5/2010)
(2) This material may be inspected, copied, or obtained, subject to applicable copyright law at the Kentucky Community and Technical College, Office for the Kentucky Board of Emergency Medical Services, 300 North Main Street, Versailles, Kentucky 40383, Monday through Friday, 8:30 a.m. to 4:30 p.m. [Section 1. EMS-TEI Requirements. (1) Only an entity approved by the Board as an EMS-TEI shall be authorized to conduct training and education programs that lead to certification or licensure by the Board. (2) An entity that previously was certified as an EMS-TEI and had that certification revoked may be eligible to apply for certification as an EMS-TEI one (1) year after the expiration date of revocation. (3) An applicant shall file a completed Board-approved application with the KBEMS office for certification as an EMS-TEI. (4) Each EMS-TEI shall have:
(a) A chief administrative officer or designee who shall:
1. Be responsible for the planning, administration, and oversight of the EMS-TEI;
2. Assure the quality and security of student examinations;
3. Monitor the activities of the faculty and students; and
5. Serve as a member of the course faculty, if appropriately credentialled.
(b) A program coordinator for paramedic training courses or lead instructor for first responder or EMT training courses who shall:
1. Assure the quality of content and presentation of course material to the student body;
2. Assure the quality and credentials of the instructional staff, adjunct faculty, examiners, and proctors;
3. Serve as a member of the course faculty, if appropriately credentialled; and
4. Monitor the activities of the faculty and students accepted into any of the EMS training programs that lead to certification or licensure by the Board. (5) The chief administrative officer may also simultaneously serve as the program coordinator or lead instructor.
(6) An EMS-TEI may require competency evaluations of technical skills performance, knowledge base, or presentation skills of any staff member or potential staff member.

Section 26. EMS-TEI Certification Periods. (1) The approval of an EMS-TEI shall be valid for a period of five (5) years, notwithstanding disciplinary action as discussed in this administrative regulation. (2) At the end of the initial five (5) year approval period, an EMS-TEI may apply for recertification for a subsequent five (5) year approval period. (3) An EMS-TEI may choose to surrender its certification prior to the end of a certification period by notifying the Board in writing of the intent to do so and the intended effective date of the surrender.

Section 27. EMS-TEI Responsibilities. (1) The EMS-TEI shall maintain on file for a period of five (5) years beyond the ending date of the program:
(a) A complete curriculum vitae that was current at the beginning date of the EMS course. The curriculum vitae shall include a listing of academic preparation, clinical experience, current certifications and licenses for each faculty member. The EMS-TEI shall be responsible for verifying information contained on an instructor’s curriculum vitae; (b) Health records for students that may be required by an EMS-TEI or through written clinical, field, internship, or summative field evaluation agreements; (c) Records of all disciplinary actions taken against a faculty member, which shall include each response or action taken as a result of a complaint or grievance; and (d) Documentation of any other requirements as may be established by the EMS-TEI. (2) An EMS-TEI shall assure that physical resources as required by the curriculum, including classrooms, skill practice areas, textbooks, instructional aids, equipment, and supplies are:
(a) In good working condition;
(b) Available at each class session where skills are taught or practiced; and
(c) Adequate in number for the number of students enrolled in the program to have sufficient opportunity for skills practice.
(3) The health and safety of patients, students, and faculty members shall be protected while participating in educational activities.
(4) A student or a faculty member shall maintain proper personal and professional conduct during classroom, clinical or field internship or summative field evaluation activities.
(5) An EMS-TEI shall develop and make available to all prospective students a clearly-defined admission policy and procedure, which shall include specific requirements for admission, including:
(a) Academic requirements;
(b) Health-related requirements; and
(c) Admission prerequisites.
(6) An EMS-TEI shall disclose to an applicant for admission:
(a) Accurate information regarding program requirements;
(b) Tuition and fees including remediation fees or other costs associated with the training and education program;
(c) A descriptive synopsis of the curriculum for each type of course taught;
(d) Course educational objectives;
(e) Classroom lecture and skill practice schedules; and
(f) Clinical or field rotation locations, with tentative beginning and ending dates and participation requirements for each site.
(7) Board certification or licensure requirements for the level of training and education being offered; and
(h) Prohibited actions described in KRS Chapter 311A that
section 2. Disciplinary Action Against an EMS-TEI—(1) The Board shall notify the chief administrative officer of an EMS-TEI by certified mail, of any intent to pursue disciplinary action against the EMS-TEI.

(2) The Board may take disciplinary action against an EMS-TEI if:
   a. During a twenty-four (24) month period, an EMS-TEI’s cumulative pass rate for initial training and the education programs offered falls below sixty-seven (67) percent. The pass rate percentage shall be determined by dividing the number of students that complete the certification or licensure testing process within the required time frame by the number of students who apply to participate in the certification or licensure exams;
   b. An inspection or investigation by the KBEMS office determines the EMS-TEI has not met the requirements of any section of this administrative regulation;
   c. An EMS-TEI is on probationary status and fails to meet requirements established by the Board;
   d. The faculty member or a staff member reproduces or reconstructs, or attempts to reproduce or reconstruct, any portion of an examination for the purpose of assisting a student to cheat or create an unfair advantage for one (1) student over another student on the examination;
   e. The faculty or a staff member disseminates information for purposes of reproduction or reconstruction of any portion of an examination in order to assist a student to cheat or create an unfair advantage for one (1) student over another student on the examination;
   f. The faculty member or a staff member cheats, or assists students to cheat or create an unfair advantage for one (1) student over another student on an examination;
   g. The EMS-TEI falsifies a record of education, training, or continuing education;
   h. The EMS-TEI fails to pay a fee or issues a check for any fee required by administrative regulation on an invalid account or an account that does not have sufficient funds;
   i. The EMS-TEI fails to file reports required by this administrative regulation;
   j. The EMS-TEI fails to meet the requirements of the "EMS-TEI Affidavit".

(3) A recommendation to take disciplinary action against an EMS-TEI shall be considered in executive session of the Board and shall include the opportunity for the Chief Administrative Officer or designee to be present and make a presentation on behalf of the EMS-TEI.

(4) After consideration of information presented during the executive session, the Board may take any of the following actions:
   a. Take no action;
   b. Restrict the certificate of the EMS-TEI;
   c. Establish a probationary period for the certificate of the EMS-TEI;
   d. Suspend the certificate of the EMS-TEI;
   e. Revoke the certificate of the EMS-TEI.

(5) The KBEMS office shall notify the chief administrative officer of the EMS-TEI by certified mail of the decision to take no action, restrict, probate, suspend, or revoke the certification of the EMS-TEI.

(6) The Board may direct an EMS-TEI against whom disciplinary action has been taken to:
   a. Not begin new courses at that level of training or education during the term of the disciplinary action and to notify students who are currently enrolled in an affected program of the action of the Board;
   b. Conduct an internal evaluation of the programs offered by the EMS-TEI. If an EMS-TEI is required to conduct an internal evaluation, it shall include a review of:
      1. The qualifications, responsibilities, and performance of the program coordinator, medical director, and course faculty;
      2. Student admission practices;
      3. Syllabi and objectives of all courses offered;
      4. Graduation requirements for all courses offered by the EMS-TEI;
      5. Faculty involvement in program and course planning, serving as a liaison for clinical and field internship sites and classroom participation;
      6. Clinical or field rotation requirements and activities;
      7. Quality and adequacy of clinical or field rotation opportunities;
      8. Textbooks, equipment, supplies and ancillary learning aids used by the EMS-TEI; and
   c. Require an EMS-TEI to provide a written report to the Executive Director of KBEMS that shall include a list of problems identified during the review process conducted pursuant to this section and a detailed corrective action plan, including a time frame for the completion of the plan.

(7) If a corrective action plan is required, the executive director, within sixty (60) days of receipt shall review the plan and notify the chief administrative officer, by certified mail, of the planned action, which may include:
   a. Approving the entire plan;
   b. Approving a portion of the plan;
   c. Requiring additional or alternative corrective actions; or
   d. Foraying the report to the Board with or without a recommendation for action by the Board.

(8) The executive director of the Board or a designee shall monitor compliance and may conduct announced or unannounced
site visits to determine if all requirements established for any level of disciplinary action are being met.

(9) The Board, upon recommendation of the executive director may:
   (a) Terminate disciplinary action and reinstate an EMS-TEI; or
   (b) Take action to pursue additional disciplinary action against an EMS-TEI.

(10) Any EMS-TEI against whom the Board takes disciplinary action may file an appeal pursuant to KRS Chapter 13B.

(11) Any disciplinary action taken against an EMS-TEI may also be commensurate with their status as an EMS-TEI.

Section 6. Public Notice of Negative Action. The KEMS office shall cause to be published in the EMS Newsletter, or similar publication of the Board, or otherwise disseminate the name of an EMS-TEI that:

(1) Has had no action taken based on the results of an investigation conducted as a result of a complaint;
(2) Is placed on probationary status;
(3) Is placed on restrictive status;
(4) Is suspended;
(5) Has had certification revoked.

Section 7. Reporting Requirements for EMS-TEI. (1) Approved EMS-TEIs shall submit an "EMS Course Notification Report" for all courses that lead to licensure or certification by the Board to the KEMS office within ten (10) working days of the commencement of each course, which report shall contain:

(a) The type of course to be offered;
(b) The location for the course;
(c) The tentative starting and ending dates of each course;
(d) A nine (9) digit number and alpha indicator for each EMS course conducted, which shall be assigned in the following manner:
   1. The first three (3) digits shall correspond to the EMS-TEI approval number assigned by the Board;
   2. The fourth and fifth digits shall correspond to the fiscal (July 1 - June 30) academic year. For example, if a course is taught between July 1, 2000 through June 30, 2001, the academic year number assigned shall be zero (01);
   3. The sixth and seventh digits shall correspond to the sequential number of courses begun between July 1 and June 30 of each year; and
   4. An alpha designator that shall follow the seventh digit shall be:
      a. FR for first responder courses;
      b. B for EMT-Basic courses;
      c. P for paramedic courses;
      d. EI for EMS instructor courses;
      e. CE for continuing education offerings;
      f. Z for other educational offerings;
      g. The maximum number of students to be accepted into the program; and
      h. Contact information for:
         1. The chief administrative officer of the EMS-TEI;
         2. The medical director, if required, for the training and education program; and
         3. The lead program coordinator for the training and education program.

(2) Approved EMS-TEIs shall:

(a) Within two (2) weeks following an EMS course completion date, submit to the Board a Student Testing Eligibility Form; and

(b) Submit to the Board by no later than July 31, of each year an "EMS-TEI Annual Summary Report". If courses were not taught during the last reporting period an EMS-TEI shall file an annual report with the Board stating that no courses were taught during the reporting period.

Section 8. First-responder Training and Education Course Requirements. (1) Each first-responder training and education course shall utilize the United States Department of Transportation, National Highway Traffic Safety Administration, 1995 EMT-First Responder National Standard Curriculum and the "Emergency Medical Technician First Responder Instructor Manual Initial Training Curricula – Kentucky Required Mandatory Supplemental Curriculum for the Emergency Medical Technician First Responder", and include training and education in:

(a) Acquired immune deficiency syndrome, as required by KRS 314.610 and 311A.110;
(b) The appropriate use of:
   1. AEDs;
   2. Oxygen therapy delivery devices, including bag-valve mask;
   3. Conventional collar and long spine Board immobilization; and
   4. The sphygmomanometer and stethoscope for obtaining blood pressure.

(2) Each first-responder training and education program shall be a minimum of forty-seven and one-half (47 1/2) hours in duration.

Section 9. EMT Training and Education Course Requirements. (1) Each EMT training and education course shall:

(a) Be a minimum of 119 hours in duration;
(b) Utilize the "Kentucky Required Mandatory Supplemental Curriculum for Emergency Medical Technician Basic (EMT-B)" for:
   1. Initial training in the monitoring, maintaining, and discontinuing of preestablished patient intravenous infusions in prehospital, interfacility and facility to home encounters; and
   2. Initial training in advanced airway management to provide assistance to those licensed to perform advanced airway procedures.

(2) Each student shall, in order to be eligible for certification in Kentucky, be required to complete a clinical or field rotation that meets the following minimum requirements:

(a) A clinical or field internship, which shall consist of at least ten (10) hours;
(b) A clinical or field internship, which shall be conducted in a hospital emergency department of a licensed ambulance service or ALS medical first response agency.
(c) Interviews and assessments of a minimum of five (5) patients; and
(d) Record of patient history and assessment on a prehospital care report form for each of the five (5) patients required in (2)(c) of
this section.

(3) The EMS-TEI Chief Administrative Officer may require the student to repeat clinical or field rotation experiences, as necessary, until the EMS instructor deems the student to have achieved the goals established for the EMS education program.

(4) If, in an extreme circumstance, an EMS-TEI is unable to obtain clinical or field rotation experiences for their students, the EMS-TEI will file with the KBEMS office a request for approval for a variance from the requirement. The written request shall include:

(a) Written evidence of a good faith effort to obtain a clinical or field rotation site, within forty (40) miles from the location of the EMS-TEI office site, by contacting at least three (3) Board-licensed ambulance services, ALS medical first response agencies, or hospital emergency departments; and

(b) A description of proposed alternatives to the clinical or field rotation.

Section 10. Paramedic Training and Education Programs. (1) Each paramedic training and education program shall:

(a) Utilize the 1998 version of the United States Department of Transportation, National Highway Traffic Administration, Paramedic National Standard Curriculum, incorporated by reference in this administrative regulation requiring as a minimum, the number of hours for didactic, clinical laboratory, and summative field evaluation hours as recommended by the curriculum;

(b) Provide training and education in AIDS as required by KRS 311A.110, for which the printed curriculum has been reviewed, approved and assigned an approval number by the HIV and AIDS Branch of the Cabinet for Health Services unless all students are credentialed curricula established in this administrative regulation;

(c) Provide training and education in determination of death and preservation of evidence as required by administrative regulation;

(d) Have a medical director who conducts or supervises a minimum of three (3) oral examinations with each student;

1. One (1) during the didactic portion of the course;
2. One (1) during the clinical portion of the course; and
3. One (1) during the final 100 hours of the field summative evaluation.

(2) As a part of each paramedic program, the EMS-TEI shall provide sufficient opportunities and locations for students to complete clinical rotations that shall:

(a) Be conducted at hospitals, clinics, physician offices, or other health care facilities. The EMS-TEI shall have a written contract, affiliation agreement, or memorandum of agreement with each clinical rotation site, which at a minimum, outlines the responsibilities of each entity and reporting requirements for students while involved in clinical training and education;

(b) Be supervised by faculty from the paramedic training and education program or by clinical coordinators or supervisors employed by or under contract with the EMS-TEI to monitor student activity while in the clinical setting; and

(c) Require that a specified number of the following procedures be accomplished under supervision during the clinical rotation:

1. ALS patient assessments;
2. Intubations and other airway management techniques;
3. Placement of I.V., I.O., and I.P. lines;
4. Administration of medications using I.V., I.M., I.O., endotracheal, subcutaneous, inhalation, oral and rectal routes;
5. Mixing, if applicable, and administration of I.V. piggyback medications;
6. Electrocardiographic monitoring and dysrhythmia interpretation; and
7. Other procedures as may be required by the program medical director.

(3) As a part of each paramedic program, the EMS-TEI shall provide sufficient opportunities and locations for students to complete a field internship and summative field evaluation that shall be:

(a) Conducted at Class I, Class III, or Class VII locations licensed as ALS providers by the Board. An EMS-TEI may apply to the Board for consideration of other field internship or summative field evaluation sites where a portion of the field internship or summative field evaluation requirement may be obtained. The EMS-TEI shall have a written contract, affiliation agreement or memorandum of agreement with each field internship or summative field evaluation site which as a minimum, outlines the responsibilities of each entity and reporting requirements for students while involved in field internship or summative field evaluation training;

(b) Monitored by preceptors; and

(c) A minimum of seventy-five (75) ALS patient contacts.

Section 11. Continuing Education. (1) Continuing education offerings shall:

(a) Contain material relevant to the job duties and professional development of EMS personnel; and

(b) Be conducted at a level appropriate for the discipline of the participants.

(2) Continuing education offerings may consist of:

(a) Those provided by an EMS-TEI or EMS provider;

(b) National or international programs;

(c) Symposia or national or international special schools;

(d) On-line or distance education, which shall not exceed fifty (50) percent of the total required continuing education as established by the Board; or

(e) Other education approved by the ambulance service’s medical director.

(3) Organizations other than EMS-TEIs that provide emergency medical services continuing education to the general public shall complete a Board approved application.

(4) Organizations certified to provide continuing education may utilize the Kentucky “Optional Training Curriculum” for use in service specific continuing education for its employees or other EMTs requiring such training and education. The organization shall complete training and education and competency-based evaluations for each of the following procedures prior to being authorized to perform each respective procedure:

(a) “Application of End Tidal CO2 Monitoring”;

(b) “Use of an Automated Blood Glucose Analysis Device”;

(c) “EMT Application of Pulse Oximetry”; and

(d) “Application of Electrocardiogram Electrodes and Monitor.”

An organization certified to provide continuing education that desires to conduct training and education for EMTs who were initially certified before the implementation of the Kentucky supplemental curricula established in this administrative regulation may:

(a) Use the printed documents available from the Board; or

(b) Use service-developed printed curricula documents that have been reviewed, approved and assigned an approval number by the Board.

Section 12. Continuing Education Instructor Requirements. (1) The following persons shall be qualified to conduct continuing education courses for persons certified or licensed by the Board:

(a) A physician licensed in Kentucky or another state, who has specific expertise in an area of a prehospital discipline;

(b) A registered nurse licensed in Kentucky or another state, who has specific expertise in an area of a prehospital discipline;

(c) A paramedic licensed by the Board or licensed or certified in another state;

(d) An EMSI certified in Kentucky; or

(e) An individual who:

1. Is certified by a state or federal agency to teach or perform subject matter relevant to the National Standard Curriculum for a prehospital discipline;

2. Is certified by a nationally-recognized entity to provide EMS related training and education;

3. Is a presenter at a National Symposium which has been accredited by the Continuing Education Coordinating Board for EMS; or

4. Is a presenter approved by EMS medical director or EMS-TEI who is uniquely qualified by experience or education.

(2) Individuals shall not hold themselves out as being an approved continuing education instructor if they do not meet the qualifications of this section.

Section 13. Pilot Programs. (1) An EMS-TEI, Class I, Class III,
or Class VII provider may apply to the KBEMS office for authorization to perform field pilot testing of specialized training and education and associated procedures not otherwise provided for in administrative regulations.

An entity seeking authorization to execute a field pilot test shall submit a written request to the Board with a written description of:

(a) How the pilot program shall be implemented and monitored;
(b) The proposed training and education curriculum;
(c) A list of instructors and their qualifications;
(d) The beginning and ending dates of the field pilot testing program;
(e) How the procedure shall benefit or improve the quality of patient care; and
(f) The methods to be used to evaluate the proposed training and education and procedure;

(2) An authorized entity approved by the Board to conduct a pilot program shall agree, in writing:

(a) To submit periodic reports related to the progress of the pilot program, as required by the Board and
(b) To abide by the requirements established by the Board for the pilot program;

(4) An individual otherwise certified or licensed by the Board who successfully completes an approved program may perform the procedures relevant to the training and education received in the pilot program subject to protocols established by the medical director.

(5) The Board may establish pilot program limitations on:

(a) The geographic area or service location where the procedure may be performed;
(b) The performance of the procedure related to:
   1. A specific event;
   2. A disaster;
   3. A designated directive.

(6) The Board may authorize and utilize physicians, other than EMS medical directors to supervise and monitor training and education and students involved in a pilot program.

(7) The Board may restrict or limit actions that involve the performance of an invasive procedure or the administration of medication subject to:

(a) A required physician or medical director oversight; or
(b) The establishment of protocols that have been reviewed and approved by the state medical advisor and the Board.

Section 14. EMS Instructors. (1) An applicant for certification as a Kentucky certified EMS instructor shall be certified or licensed as a first responder, an EMT, or a paramedic. Unless certified as a first responder, an RN or an RN-EMT or a medical director who has completed an approved program of study and has an active certification as a Level III EMS instructor, may also be certified as a Level III EMS instructor.

(2) An individual seeking certification as an EMS instructor shall:

(a) Complete a United States Department of Transportation National Standard Curriculum for EMS instructor course or other Board-approved methods of instruction program conducted by an entity approved by the Board;

(b) Have been certified at the level for which they are applying for a minimum of two (2) years and shall provide documentation of a minimum of two (2) years experience with:
   1. An ambulance service;
   2. A medical first response agency such as a fire department or rescue squad;
   3. A hospital emergency department as a caregiver;
   4. An industrial emergency response team or service in an industrial first-aid station; or
   4. Another environment determined by the Executive Director to have met this requirement;

(c) If teaching a first responder or EMT course, applicants shall provide documentation that they have assisted with a basic training course at the level for which they are making application during which they have made a minimum of five (5) lectures and have a minimum of five (5) skill presentations under the supervision of a certified instructor.

The certified instructor of the basic training course shall have served as a course coordinator or lead instructor for at least three (3) separate basic training courses and shall not have been subject to disciplinary action or reprimand by the Board within the previous thirty-six (36) months;

(d) Provide evidence of completion of a Board-sponsored curriculum orientation program for the appropriate level of certification;

(3) The Board may establish pilot program limitations on:

(a) How the pilot program shall be implemented and monitored;
(b) The proposed training and education curriculum;
(c) A list of instructors and their qualifications;
(d) The beginning and ending dates of the field pilot testing program;
(e) How the procedure shall benefit or improve the quality of patient care; and
(f) The methods to be used to evaluate the proposed training and education and procedure;

(2) An authorized entity approved by the Board to conduct a pilot program shall agree, in writing:

(a) To submit periodic reports related to the progress of the pilot program, as required by the Board and
(b) To abide by the requirements established by the Board for the pilot program;

(4) An individual otherwise certified or licensed by the Board who successfully completes an approved program may perform the procedures relevant to the training and education received in the pilot program subject to protocols established by the medical director.

(5) The Board may establish pilot program limitations on:

(a) The geographic area or service location where the procedure may be performed;
(b) The performance of the procedure related to:
   1. A specific event;
   2. A disaster;
   3. A designated directive.

(6) The Board may authorize and utilize physicians, other than EMS medical directors to supervise and monitor training and education and students involved in a pilot program.

(7) The Board may restrict or limit actions that involve the performance of an invasive procedure or the administration of medication subject to:

(a) A required physician or medical director oversight; or
(b) The establishment of protocols that have been reviewed and approved by the state medical advisor and the Board.

Section 15. Renewal of EMS Instructor Certification. (1) A person certified by the Board as an EMS instructor shall be eligible to renew the EMS instructor certification if the person:

(a) Maintains state certification or licensure as a provider, which as a minimum is at the level at which they are certified to instruct;

(b) Presents written evidence of completion of current HIV/AIDS training and education required by KRS 311A.110;

(c) During the preceding two (2) years, obtains a minimum of fifty-two (52) contact hours, providing documented evidence of completion for each hour, in the following categories:
   1. A minimum of four (4) contact hours on topics related to methods of instruction (M.O.);
   2. Conducts a minimum of twenty-four (24) hours, or one (1) hour per each full month of certification if a certificate has been in effect for less than twenty-four (24) months, of instruction on at least three (3) different topics that are within the training and education requirements and the scope of practice for a level at which they are authorized to instruct and
   3. Present evidence of participatory involvement in a minimum of twenty-four (24) hours, or one (1) hour per each full month of certification if a certificate has been in effect for less than twenty-four (24) months, of patient care experience with an ambulance service or other organization having an EMS mission, fire department, rescue squad, mining or other industrial health setting providing emergency medical services to their employees or members of the general public in any of the following roles of participation:
      a. Actual patient emergency responses;
      b. Agency quality assurance activities related to EMS;
      c. Enrolled as a participant or instructor for continuing education or agency-specific in service training and education sponsored by the agency. Any hours obtained by participation as the instructor of this in-service training and education shall be in addition to the twenty-four (24) hours of instruction referenced in this administrative regulation;
      d. Is not an individual who has been convicted of, entered a guilty plea or Alford plea to a felony offense, or has completed a diversion program for a felony offense;
      e. Has not been disciplined pursuant to KRS Chapter 311A that would prevent renewal certification, or has action pending against or had a certificate or license in the field of health care denied, limited, suspended, or probated by a certifying or licensing entity in Kentucky or other state or territory under the jurisdiction of the United States;
      f. Pays any fee required by 202 KAR 7.030; and
      g. Submits to the Board a completed application for EMS
Section 16. Transition for Currently-certified Instructors. Instructors certified on the effective date of this administrative regulation shall be transitioned as follows:

1. First responder instructors shall be certified as Level I EMS instructors;
2. EMT instructors shall be certified as Level I and Level II EMS instructors; and
3. Licensed paramedics, RNs or EMS medical directors who can provide documentation no later than December 31, 2004, from a Kentucky approved EMS-TEI of having served as a paramedic course coordinator or as an instructor for a paramedic program, during the period between January 1, 1999, and December 31, 2004 during which they can document instruction in a minimum of fifty (50) classroom hours in a minimum of five (5) different subject areas which shall include instruction in pharmacology, cardiac emergencies, and traumatic injuries shall be certified as Level III EMS instructors.

Section 17. EMS Instructor Reciprocity. A person certified in another state as an EMS instructor shall be eligible for Kentucky certification as an EMS instructor after the person meets the requirements established in this administrative regulation.

Section 18. EMS Evaluator. (1) An applicant for endorsement as an EMS evaluator shall:

(a) Be responsible for the accuracy of the information supplied.
(b) Be an individual who has been convicted of, entered a guilty plea or Alford plea to a felony offense, or has completed a diversion program for a felony offense.
(c) Have at least five (5) years experience in the discipline in which they are serving as an evaluator.
(d) Have a minimum of two (2) years patient care experience prior to serving as an evaluator.
(e) Submit a completed “Application for EMS Evaluator”.
(f) Not be an individual who has been convicted of, entered a guilty plea or Alford plea to a felony offense, or has completed a diversion program for a felony offense.
(g) Not have been disciplined or subject to discipline pursuant to KRS Chapter 311A that would prevent endorsement, or have an action pending against or had a certificate or license in the field of health care denied, limited, suspended, or probated by a certifying or licensing entity in Kentucky or other state or territory under the jurisdiction of the United States; and
(h) Hold current unrestricted licensure in Kentucky as:

1. A registered nurse who has specific expertise for the discipline in which they are serving as an evaluator; or
2. A physician who has specific expertise for the discipline in which they are serving as an evaluator.
(c) Have completed a Board-approved evaluator training program or certification as an EMS instructor after the person meets the requirements established in this administrative regulation.

(2) An applicant shall file a completed application for certification as an EMS instructor recertification that shall:

1. Be signed by the EMS instructor; and
2. Include a statement in which the EMS instructor certifies the truth of the information supplied.

(3) Upon expiration of certification as an EMS instructor, the person may not perform any authorized function restricted by KRS or KAR to a Kentucky EMS instructor.

Section 19. Renewal of EMS Evaluator Endorsement. (1) A person who holds an endorsement as an EMS evaluator shall be eligible to renew the EMS evaluator endorsement if the person:

(a) Maintains state certification or licensure as a provider, whenever a minimum is set for the level at which they are certified to instruct. This includes certification or licensure by the Board, licensure as a RN by the KBN, or licensure as a physician by the KBML;
(b) Attends Board-required update training;
(c) Is not an individual who has been convicted of, entered a guilty plea or Alford plea to a felony offense, or has completed a diversion program for a felony offense;
(d) Has not been disciplined pursuant to KRS Chapter 311A that would prevent a renewal endorsement, or does not have an action pending against or had a certificate or license in the field of healthcare denied, limited, suspended, or probated by a certifying or licensing entity in Kentucky or other state or territory under the jurisdiction of the United States; and
(e) Submits to the Board a completed Application for Renewal of EMS Evaluator Endorsement that shall:

1. Be signed by the EMS evaluator; and
2. Include a statement in which the EMS evaluator certifies the truth of the information supplied.

(2) An Application for Renewal of Endorsement as an EMS evaluator shall not be considered if:

(a) Maintains state certification or licensure as a provider, whenever a minimum is set for the level at which they are certified to instruct. This includes certification or licensure by the Board, licensure as a RN by the KBN, or licensure as a physician by the KBML;
(b) Attends Board-required update training;
(c) Is not an individual who has been convicted of, entered a guilty plea or Alford plea to a felony offense, or has completed a diversion program for a felony offense;
(d) Has not been disciplined pursuant to KRS Chapter 311A that would prevent a renewal endorsement, or does not have an action pending against or had a certificate or license in the field of healthcare denied, limited, suspended, or probated by a certifying or licensing entity in Kentucky or other state or territory under the jurisdiction of the United States; and
(e) Submits to the Board a completed Application for Renewal of EMS Evaluator Endorsement that shall:

1. Be signed by the EMS evaluator; and
2. Include a statement in which the EMS evaluator certifies the truth of the information supplied.

(3) An individual shall not be given an endorsement as an EMS evaluator unless the individual:

(a) Maintains state certification or licensure as a provider, whenever a minimum is set for the level at which they are certified to instruct. This includes certification or licensure by the Board, licensure as a RN by the KBN, or licensure as a physician by the KBML;
(b) Attends Board-required update training;
(c) Is not an individual who has been convicted of, entered a guilty plea or Alford plea to a felony offense, or has completed a diversion program for a felony offense;
(d) Has not been disciplined pursuant to KRS Chapter 311A that would prevent a renewal endorsement, or does not have an action pending against or had a certificate or license in the field of healthcare denied, limited, suspended, or probated by a certifying or licensing entity in Kentucky or other state or territory under the jurisdiction of the United States; and
(e) Submits to the Board a completed Application for Renewal of EMS Evaluator Endorsement that shall:

1. Be signed by the EMS evaluator; and
2. Include a statement in which the EMS evaluator certifies the truth of the information supplied.

(f) Is an individual who has been convicted of, entered a guilty plea or Alford plea to a felony offense, or has completed a diversion program for a felony offense;
(g) Has not been disciplined pursuant to KRS Chapter 311A that would prevent a renewal endorsement, or does not have an action pending against or had a certificate or license in the field of healthcare denied, limited, suspended, or probated by a certifying or licensing entity in Kentucky or other state or territory under the jurisdiction of the United States; and
(h) Submits to the Board a completed Application for Renewal of EMS Evaluator Endorsement that shall:

1. Be signed by the EMS evaluator; and
2. Include a statement in which the EMS evaluator certifies the truth of the information supplied.

(4) An individual shall not be given an endorsement as an EMS evaluator unless the individual:

(a) Maintains state certification or licensure as a provider, whenever a minimum is set for the level at which they are certified to instruct. This includes certification or licensure by the Board, licensure as a RN by the KBN, or licensure as a physician by the KBML;
(b) Attends Board-required update training;
(c) Is not an individual who has been convicted of, entered a guilty plea or Alford plea to a felony offense, or has completed a diversion program for a felony offense;
(d) Has not been disciplined pursuant to KRS Chapter 311A that would prevent a renewal endorsement, or does not have an action pending against or had a certificate or license in the field of healthcare denied, limited, suspended, or probated by a certifying or licensing entity in Kentucky or other state or territory under the jurisdiction of the United States; and
(e) Submits to the Board a completed Application for Renewal of EMS Evaluator Endorsement that shall:

1. Be signed by the EMS evaluator; and
2. Include a statement in which the EMS evaluator certifies the truth of the information supplied.

(f) Is an individual who has been convicted of, entered a guilty plea or Alford plea to a felony offense, or has completed a diversion program for a felony offense;
(g) Has not been disciplined pursuant to KRS Chapter 311A that would prevent a renewal endorsement, or does not have an action pending against or had a certificate or license in the field of healthcare denied, limited, suspended, or probated by a certifying or licensing entity in Kentucky or other state or territory under the jurisdiction of the United States; and
(h) Submits to the Board a completed Application for Renewal of EMS Evaluator Endorsement that shall:

1. Be signed by the EMS evaluator; and
2. Include a statement in which the EMS evaluator certifies the truth of the information supplied.

(f) Is an individual who has been convicted of, entered a guilty plea or Alford plea to a felony offense, or has completed a diversion program for a felony offense;
(g) Has not been disciplined pursuant to KRS Chapter 311A that would prevent a renewal endorsement, or does not have an action pending against or had a certificate or license in the field of healthcare denied, limited, suspended, or probated by a certifying or licensing entity in Kentucky or other state or territory under the jurisdiction of the United States; and
(h) Submits to the Board a completed Application for Renewal of EMS Evaluator Endorsement that shall:

1. Be signed by the EMS evaluator; and
2. Include a statement in which the EMS evaluator certifies the truth of the information supplied.

(f) Is an individual who has been convicted of, entered a guilty plea or Alford plea to a felony offense, or has completed a diversion program for a felony offense;
(g) Has not been disciplined pursuant to KRS Chapter 311A that would prevent a renewal endorsement, or does not have an action pending against or had a certificate or license in the field of healthcare denied, limited, suspended, or probated by a certifying or licensing entity in Kentucky or other state or territory under the jurisdiction of the United States; and
(h) Submits to the Board a completed Application for Renewal of EMS Evaluator Endorsement that shall:

1. Be signed by the EMS evaluator; and
2. Include a statement in which the EMS evaluator certifies the truth of the information supplied.
(6) The EMS TA shall:
(a) Prior to January 1, 2005, be responsible for securing examination for the practical skill portion of the certification examination who shall:
1. Have current certification or licensure from the Board to perform the skills at or above the level of training and education at which the candidate being tested is a physician or RN that has specific expertise for the discipline in which they are serving as an evaluator;
2. Have completed a Board approved evaluator orientation program prior to serving as an evaluator;
3. Meet other requirements of the NREMT; and
4. Have a minimum of two (2) years patient care experience prior to serving as an examiner.
(b) After January 1, 2005, be responsible for securing examiners for the practical skill portion of the certification examination who shall be certified pursuant to Section 18 of this administrative regulation;
(c) Notify the KBEMS office at least forty-five (45) days prior to conducting a practical exam; and
(d) Verify the eligibility of a candidate applying to initially test or retest for the practical skills portion of the certification examination. Eligibility for testing or retesting shall follow the guidelines of the National Registry of Emergency Medical Technicians.
1. A representative designated by the Board may attend practical test sites.
2. The KBEMS office shall schedule and conduct all written examinations and may conduct practical examinations at any level certified or licensed by the Board. The Board shall exempt from maintaining certification as an EMS-TEI or EMS-TA in order to conduct written testing.
3. The Board may require retesting of any candidate participating in an examination process if the examination site or examiners utilized are found to be noncompliant with administrative regulations.

Section 22 - EMS-TA Certification Periods. (1) An EMS-TA certification shall be valid for a period of five (5) years, unless modified by a disciplinary action.
(2) An EMS-TA may surrender certification prior to the end of a certification period by written notification, which shall include providing the intended effective date of such surrender.

Section 23 - Disciplinary Action Against an EMS-TA The Board may take disciplinary action against an EMS-TA if:
(1) An inspection or investigation by the KBEMS office determines the EMS-TA has not met the requirements of any section of this administrative regulation;
(2) An EMS-TA is on probationary status and fails to meet requirements established by the Board;
(3) An agent of EMS-TA reproduces or reconstructs, or attempts to reproduce or reconstruct, any portion of an examination for the purpose of assisting another to cheat on the examination;
(4) An agent of EMS-TA disseminates information for purposes of reproduction or reconstruction of any portion of an examination in order to assist another to cheat on the examination;
(5) An agent of EMS-TA cheats, or assists another to cheat, on an examination;
(6) The EMS-TA or agent falsifies a record or document;
(7) The EMS-TA or agent fails to pay a fee or issues a check for any fee required by administrative regulation on an invalid account or an account that does not have sufficient funds;
(8) The EMS-TA or agent fails to file reports required by this administrative regulation;
or
(9) The EMS-TA or agent fails to meet the requirements of the "EMS-TA Affidavit".

Section 24 - Incorporated by Reference. (1) The following documents are incorporated by reference:
(a) The "EMS-TEI Affidavit" (June 2003);
(b) The "EMS-TEI Annual Summary Report" (June 2003);
(c) The "Application of End Tidal CO2 Monitoring" (June 2003);
(d) The "Use of an Automated Blood Glucose" (June 2003);
e) The "Application of Pulse Oximetry" (June 2003);
(f) The "Application of Electrocardiogram Electrodes and Monitor" (June 2003);
(g) The "Application of EMS Instructor Initial Certification" (June 2003);
(h) The "Application for EMS Evaluator" (June 2003); and
(i) The "Student Eligibility Form" (June 2003).

LEWIS PREWITT, Acting Executive
APPROVED BY AGENCY: March 15, 2012
FILED WITH LRC: March 15, 2012 at 11 a.m.
PUBLIC HEARING AND PUBLIC COMMENT PERIOD: A public hearing on this administrative regulation shall be held on April 24, 2012 at 10:00 a.m. Eastern Time at the Kentucky Board of Emergency Medical Services, 2545 Lawrenceburg Road, Frankfort, Kentucky 40621, Monday through Friday, 8 a.m. to 4:30 p.m.
(20 Ky.R. 167, Am. 935, 1233, 1495; eff. 11 1 2003.)
This is to certify that the Acting Executive Director for the Kentucky Board of Emergency Medical Services has reviewed and recommended this administrative regulation prior to its adoption, as required by KRS 156.070(4).

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Contact Person: Pamela Duncan

(1) Brief Summary of 202 KAR 7:601 –
(a) What this administrative regulation does: 202 KAR 7:601 sets the standards for Emergency Medical Services Personnel training and education. The regulation provides the requirements for certified Education and Training Institutions, Educators, and Evaluators. Additionally, it provides the curricula requirements for the programs and courses for each of the certification and licensure levels for EMS providers in Kentucky.

(b) The necessity of the regulations: The regulation provides requirements for instruction and training of EMS personnel, thereby assuring quality education and quality provision of EMS in Kentucky.

(c) Conformity with authorizing statute: This regulation conforms with the authorizing statute because KRS 311A grants the Board jurisdiction over EMS in Kentucky, specifically the task of promulgating regulations that set the requirements for certification, licensure, training and education of all EMS providers and their instructors in the Commonwealth.

(d) Effective Administration of the statute: Without this regulation, KRS 311A’s mandate to set standards for training and education of EMS personnel in Kentucky would have no specifics nor any ability to properly place parameters on what is necessary to train and educate EMS providers in the state.

(2) Brief summary of Amendment to Regulation –
(a) Change of Existing Regulation: The current amendment is revision made necessary due to the long lapse in intervening revisions. Because this regulation has not been amended in years, the
standards of care in EMS have changed and the training requirements have not kept pace. This amendment essentially updates all the training requirements to reflect the best practices of today.

(b) Necessity of the Regulation Amendment: Without this amendment, the current regulation will reflect woefully out-of-date training standards.

(c) Amendment Conformity with Statute: The authorizing statute – KRS 311A – grants power to KBEMS to set the standards for education, certification, licensure, and training of all EMS providers in Kentucky. This regulation outlines all educational standards and requirements for EMS providers and their instructors.

(d) Effective Administration of the Statutes: 202 KAR 7:601 provides the foundation for educating EMS providers and helping them move into certification and licensure status in order to provide Kentucky’s residents and citizens quality EMS care.

(3) List of Individuals Affected by the Regulation:

a. All EMS Personnel in Kentucky
b. All EMS Ambulance Providers in Kentucky
c. All EMS Training Institutions in Kentucky, including public and private colleges, universities, medical institutions, and other types of training providers
d. County and City Governments who fund EMS within their governmental boundaries
e. All residents and citizens who receive EMS in Kentucky

(4) Impact on Individuals in Paragraph (3): EMS Personnel, EMS Ambulance Providers, and EMS Training Institutions will all be required to ensure that they comply with the educational and training requirements in order to continue to provide the services for which they are certified or licensed.

(a) Actions Necessary by Regulated Entities: The regulated entities – personnel, services, and training institutions – shall all meet applicable educational standards or requirements to continue providing EMS in Kentucky.

(b) Cost of Compliance: The cost of compliance should be essentially equal for personnel and services. For training institutions, because accreditation is now necessary for paramedic programs, an initial outlay to prepare for and receive accreditation will be necessary. However, the benefit to the training institute and to the students will far outweigh the initial cost.

(c) Benefits to Individuals: Personnel will receive better quality training. Services will be able to hire better prepared personnel with a higher level, more current skill set. Counties and Cities will benefit by having better run EMS and therefore a reduction in potential liability (for those cities and counties that run their own services rather than rely on private ones). For the residents and citizens of Kentucky, this regulation will help improve the quality of care they receive in the pre-hospital setting.

(d) Cost of Non-compliance: The cost to the Administrative Body if EMS-BEMS will incur no additional costs in implementing this amendment. In fact, the cost of certifying EMS Educational and Training Institutions may actually decrease because the ones that are currently approved and not performing well will potentially drop out of being EMS-TEIs due to the increased standards necessary to continue to be in the business of training EMS professionals.

(a) Initially: The above paragraph is accurate for initial and continuing costs.

(b) On a continuing basis: The above paragraph is accurate for initial and continuing costs.

(5) KBEMS is a state agency that receives its annual budget from the state government.

(b) Increase in fees or funds: No increase in fees or funds will be necessary except that a reciprocity fee will need to be developed for instructors. Until this amendment, instructors, unlike other EMS personnel, have had no opportunity to seek reciprocity. However, for now, the language of the regulation would permit treating this as an "initial certification" for an instructor and to use the fee already associated with that certification.

(8) Direct or Indirect Fees: This regulation did not establish any fees.

(9) Tiering: Tiering was not used as all individuals involved shall meet mandatory requirements to safely provide emergency medical care to hurt or injured individuals. The curricula, the educational requirements, and the training standards cannot be changed based upon the impact it would have on different groups affected by the regulation.

FISCAL NOTE ON STATE OR LOCAL GOVERNMENT

1. Does this administrative regulation relate to any program, service, or requirements of a state or local government (including cities, counties, fire departments, or school districts)? Yes.

2. What units, parts or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation? The regulation may relate to County or City Run Ambulance Services but only if those Ambulance Services also maintain and run. Emergency Medical Services Training and Educational Institutions. Only a few county/city run EMS are in this situation. Any city or county run EMS Service that also runs an EMS-TEI will be affected. They will need to comply with the updated standards to ensure they may also train for certification and licensure purposes. These regulations will not affect their ability to provide continuing education for their personnel whether they run an EMS-TEI or they don’t.

3. Identify each state or federal statute or federal regulation that requires or authorizes the action taken by the administrative regulation. KRS 311A.020, 311A.030, 311A.110, 311A.115, 311A.120, 311A.125, 311A.1304. No federal statutes necessitate this amendment.

4. Estimate the effect of this administrative regulation on the expenses and revenues of the following governmental units (including cities, counties, fire departments, or school districts) for the first full year the administrative regulation is being in effect. For the few county/city run EMS-TEIs in Kentucky who run paramedic programs, the cost will not increase since their programs are tuition based.

(a) No increase in the number of people requiring certification or recertification in the first year.

(b) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year? The regulation will generate no direct revenue for state or local government in the first year.

(c) How much will it cost to administer this program for the first year? In the first year, the amendment will not cost any revenues above and beyond what is currently being expended to ensure the regulatory requirements are being met.

(d) How much will it cost to administer this program for subsequent years? In subsequent years, the amendment will not cost any revenues above and beyond what is currently being expended to ensure the regulatory requirements are being met.

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

Revenues (+/-):

Expenditures (+/-):

Other Explanation:

TOURISM, ARTS AND HERITAGE CABINET

Kentucky Department of Fish and Wildlife Resources

(301 KAR 1:201. Recreational fishing limits.)

RELATES TO: KRS 150.010, 150.170, 150.175, 150.340, 150.620, 150.990

STATUTORY AUTHORITY: KRS 150.025(1), 150.470

NECESSITY, FUNCTION, AND CONFORMITY: KRS 150.025(1) authorizes the department to promulgate administrative regulations to establish seasons for the taking of fish and wildlife, to regulate creel limits and methods of take, and to make such requirements apply to a limited area. KRS 150.470 authorizes the department to promulgate administrative regulations for creel and size limits for fish.
Section 1. Definitions. (1) "Artificial bait" means a lure, bare hook [ljure] or fly made of wood, metal, plastic, feathers, preserved pork rind, or a similar inert material. (2) "Chumming" means placing substances in the water for the purpose of attracting fish to a particular area. (3) "Cult" means to release a previously caught fish that an angler has kept as a part of a daily creel limit and replace it with another fish of the same species. (4) "Daily creel limit" means the maximum number of a particular species or group of species a person may legally take in one (1) calendar day while fishing. (5) "Daylight hours" are defined by KRS 150.010(6). (6) "Lake" means impounded waters from the dam upstream to the first riffle on the main stem river and tributary streams. (7) "Possession limit" means the maximum number of unprocessed fish a person may hold after two (2) or more days of fishing. (8) "Processed fish" means a fish that has been gutted and head removed. (9) "Recreational fishing" means the act of taking or attempting to take for personal use, and not for sale, any freshwater fish species by traditional fishing methods, including a line that is held in the hand or is attached to a rod that is held in the hand or closely attended, and to which one or more hooks are attached. (10) "Release" means to return a fish to the water from which it was taken immediately after removing the hook. (11) "Single hook" means a hook with no more than one (1) point. (12) "Size limit" means the minimum legal length of a fish that is measured by laying the fish flat on a ruler with the mouth closed and tail lobes squeezed together. (13) "Slot limit" means a minimum and maximum size limit that requires a fish of that size range to be released. (14) "Unprocessed fish" means the whole fish prior to being processed. Section 2. Statewide Size Limits, Daily Creel Limits, and Possession Limits. (1) A person fishing in public or private waters shall observe the following daily creel limits and size limits, except as specified in Section 3 of this administrative regulation or by 301 KAR 1:180. (a) Black bass: daily creel limit, six (6). 1. Largemouth bass and smallmouth bass: size limit, twelve (12) inches. 2. Kentucky bass and Coosa bass: no size limit. (b) Rock bass: daily creel limit, fifteen (15). (c) Sauger, walleye, and their hybrids: daily creel limit, singly or in combination, six (6); size limit, walleye and their hybrids, fifteen (15) inches; no size limit for sauger. (d) Muskellunge: daily creel limit, one (1); size limit, thirty (30) inches. (e) Chain pickerel: daily creel limit, five (5); no size limit. (f) White bass and hybrid striped bass singly or in combination: daily creel limit, fifteen (15); size limit, no more than five (5) fish in a daily creel limit or ten (10) fish in a possession limit shall be fifteen (15) inches or longer. (g) Striped bass: daily creel limit, five (5); size limit, fifteen (15) inches. (h) Crappie: daily creel limit, thirty (30); no size limit. (i) Rainbow trout and brown trout, singly or in combination: daily limit, eight (8), no more than three (3) of which shall be brown trout; no size limit on rainbow trout; twelve (12) inch size limit on brown trout. (j) Redear sunfish: daily creel limit, twenty (20); no size limit. (k) Yellow bass: daily creel limit, thirty (30); no size limit. (2) The possession limit shall be two (2) times the daily creel limit, except as specified in Section 3 of this administrative regulation. (3) The fishing season shall be open year round. Section 3. Exceptions to Statewide Administrative Regulations. All other provisions of this administrative regulation shall apply to the bodies of water listed in this section, with the following exceptions: (1) AJ Jolly Lake. A person shall release all flathead catfish. (2) Bad Branch, Letcher County. A person shall only fish with artificial bait with a single hook. (3) Barkley Lake. (a) Large mouth bass and smallmouth bass: size limit, fifteen (15) inches. (b) Crappie: size limit, ten (10) inches; daily creel limit, twenty (20).
(c) Sauger: size limit, fourteen (14) inches.
(4) Barren River Lake.
(a) Crappie: size limit, nine (9) inches.
(b) Largemouth and smallmouth bass: size limit, fifteen (15) inches, except that a person may keep one (1) bass under fifteen (15) inches within a daily creel limit.
(c) Barren River Lake shall extend up:
1. Barren River to the Highway 100 bridge;
2. Long Creek to the Highway 100 bridge;
3. Beaver Creek to the Highway 1297 bridge;
4. Skaggs Creek to the Mathews Mill Road bridge; and
5. Peter Creek to the Peter Creek Bridge.
(5) Beaver Lake, Anderson County.
(a) Largemouth bass: size limit, fifteen (15) inches.
(b) Channel catfish: size limit, twelve (12) inches.
(c) A person shall not possess shad or use shad as bait.
(6) Bert Combs Lake, Clay County. A person shall not possess shad or use shad as bait.
(7) Beshears Lake, Caldwell County. Channel catfish: size limit, twelve (12) inches.
(8) Boltz Lake, Grant County.
(a) A person shall not possess shad or use shad as bait.
(b) Channel catfish: size limit, twelve (12) inches.
(9) Briggs Lake, Logan County. A person shall not possess shad or use shad as bait.
(10) Buckhorn Lake.
(a) Largemouth bass and smallmouth bass: size limit, fifteen (15) inches.
(b) Muskellunge: size limit, thirty-six (36) inches.
(c) Crappie size limit, nine (9) inches.
(11) Bullock Pen Lake, Grant County. Channel catfish: size limit, twelve (12) inches.
(12) Carnico Lake, Nicholas County. Largemouth bass: size limit, fifteen (15) inches.
(13) Carpenter Lake, Daviess County. A person shall not possess shad or use shad as bait.
(14) Carr Creek Lake.
(a) Largemouth and smallmouth bass: size limit, fifteen (15) inches.
(b) Crappie: size limit, nine (9) inches.
(15) Carter Caves State Park Lake, Carter County.
(a) Fishing shall be during daylight hours only.
(b) Largemouth bass: no size limit.
(c) A person shall not possess shad or use shad as bait.
(16) Cave Run Lake.
(a) Largemouth bass: slot limit - a person shall release fish between thirteen (13) and sixteen (16) inches.
(b) Smallmouth bass: size limit, eighteen (18) inches.
(c) Muskellunge: size limit, thirty-six (36) inches.
(17) Cedar Creek Lake, Lincoln County.
(a) Largemouth bass: size limit, twenty (20) inches; daily creel limit, one (1).
(b) Channel catfish: size limit, twelve (12) inches.
(c) A person shall not possess shad or use shad as bait.
(18) Chimney Top Creek, Wolfe County. Brown trout: size limit, sixteen (16) inches; daily creel limit, one (1); artificial bait only.
(19) Corinth Lake, Grant County.
(a) A person shall not possess shad or use shad as bait.
(b) Channel catfish: size limit, twelve (12) inches.
(20) Cumberland Lake shall extend up:
(a) The Cumberland River to Cumberland Falls;
(b) The Big South Fork to Devils Jump;
(c) The Rockcastle River to The Narrows; and
(d) The Laurel River to Laurel River Dam:
1. Largemouth bass: size limit, fifteen (15) inches.
2. Smallmouth bass: size limit, eighteen (18) inches.
3. Striped bass: size limit, twenty-two (22) inches; daily creel limit, two (2).
(21) Cumberland River downstream from Barkley Lake Dam.
Sauger: size limit, fourteen (14) inches.
(22) Cumberland River from Wolf Creek Dam downstream to the Kentucky-Tennessee state line and tributaries.
(a) Brown trout: size limit, twenty (20) inches; daily creel limit (no cull), one (1).
(b) Brook trout: size limit, fifteen (15) inches; daily creel limit one (1), with no culling.
(c) Rainbow trout: slot limit - a person shall release fish between fifteen (15) and twenty (20) inches. Daily creel limit with no cull, five (5), which shall not include more than one (1) fish greater than twenty (20) inches.
(d) A trout permit shall be required to fish the Cumberland River below Wolf Creek Dam to the Tennessee state line including the Hatchery Creek and all other tributaries upstream to the first riffle.
(e) Chumming shall not be permitted in the Cumberland River below Wolf Creek Dam to the Tennessee state line including the Hatchery Creek and all other tributaries upstream to the first riffle.
(23) Dale Hollow Lake.
(a) Smallmouth bass: slot limit - a person shall release fish between sixteen (16) and twenty-one (21) inches. The daily creel limits shall not include more than one (1) fish less than sixteen (16) inches long and one (1) fish greater than twenty-one (21) inches long.
(b) Walleye and its hybrids: daily creel limit, five (5); size limit, sixteen (16) inches.
(c) Sauger: daily creel limit, ten (10); size limit, fourteen (14) inches.
(d) Rainbow trout and brown trout: no size limit; daily creel limit, seven (7), singly or in combination.
(e) Largemouth bass: size limit, fifteen (15) inches.
(f) Black bass: aggregate daily creel limit, five (5), no more than two (2) of which shall be smallmouth bass.
(g) Crappie: size limit, ten (10) inches; daily creel limit, fifteen (15).
(25) Dix River for two (2) miles downstream from Herrington Lake Dam. A person shall not fish except with an artificial bait.
(26) Doe Run Lake, Kenton County.
(a) Largemouth bass: size limit, fifteen (15) inches; daily creel limit, three (3).
(b) Channel catfish: daily creel limit, four (4).
(c) A person shall not possess shad or use shad as bait.
(27) Dog Fork, Wolfe County. A person shall:
(a) Not fish except with an artificial bait with a single hook; and
(b) Release brook trout.
(28) Elkhorn Creek downstream from the confluence of the North and South forks to the first shoal located 3,400 feet above its confluence with the Kentucky River, as posted with signs. Large-mouth bass and smallmouth bass: slot limit - a person shall release fish between twelve (12) and sixteen (16) inches. The daily creel limit shall not include more than two (2) fish greater than sixteen (16) inches.
(29) Elmer Davis Lake, Owen County.
(a) Largemouth bass: slot limit - a person shall release fish between twelve (12) and fifteen (15) inches.
(b) Channel catfish: size limit, twelve (12) inches.
(c) A person shall not possess shad or use shad as bait.
(30) Fishtrap Lake.
(a) Largemouth bass and smallmouth bass: size limit, fifteen (15) inches.
(b) Crappie: size limit, nine (9) inches.
(31) Golden Pond at the Visitors’ Center at Land Between the Lakes. Channel catfish: daily limit, five (5); size limit, fifteen (15) inches.
(32) General Butler State Park Lake, Carroll County.
(a) Largemouth bass: size limit, fifteen (15) inches; daily creel limit, three (3).
(b) Channel catfish: daily creel limit, four (4).
(c) A person shall not possess shad or use shad as bait.
(33) Grayson Lake. Largemouth bass and smallmouth bass: size limit, fifteen (15) inches.
(34) Greenbo Lake, Greenup County.
(a) A person shall not possess shad or use shad as bait.
(b) Bluegill and sunfish: daily and possession limit, fifteen (15) fish.
(35) Green River Lake.
(a) Crappie: size limit, nine (9) inches.
(b) Muskellunge: size limit, thirty-six (36) inches.
(36) Guist Creek Lake, Shelby County. Channel catfish: size limit twelve (12) inches.
(37) Jenrico Lake, Henry County.
(a) Largemouth bass: size limit, fifteen (15) inches.
(b) A person shall not possess shad or use shad as bait.
(38) Kentucky Lake and the canal connecting Kentucky and Barkley lakes.
(a) Largemouth bass and smallmouth bass: size limit, fifteen (15) inches.
(b) Crappie: size limit, ten (10) inches; daily limit, twenty (20).
(c) Sauger: size limit, fourteen (14) inches.
(39) Kincaid Lake, Pendleton County. Channel catfish: size limit, twelve (12) inches.
(40) Lake Blythe, Christian County. Largemouth bass: slot limit - a person shall release fish between twelve (12) and fifteen (15) inches.
(41) Lake Malone, Muhlenburg and Logan County.
(a) Largemouth bass: slot limit - a person shall release fish between twelve (12) and fifteen (15) inches.
(b) Channel catfish: size limit, twelve (12) inches.
(42) Lake Mingo, Jessamine County.
(a) Largemouth bass: size limit, fifteen (15) inches; daily creel limit, three (3).
(b) Channel catfish: daily creel limit, four (4).
(c) A person shall not possess shad or use shad as bait.
(43) Lake Pollywoog, Grant County.
(a) Largemouth bass: size limit, fourteen (14) inches.
(b) Channel catfish: size limit, twelve (12) inches.
(c) A person shall not possess shad or use shad as bait.
(44) Lake Reba, Madison County.
(a) Largemouth bass and smallmouth bass: size limit, fifteen (15) inches; daily creel limit three (3).
(b) Channel and blue catfish: size limit, twelve (12) inches.
(c) A person shall not possess shad or use shad as bait.
(45) Lake Shelby, Shelby County.
(a) Largemouth bass: size limit, fifteen (15) inches; daily creel limit, three (3).
(b) Channel catfish: daily creel limit, four (4).
(c) A person shall not possess shad or use shad as bait.
(46) Laurel River Lake.
(a) Largemouth bass: size limit, fifteen (15) inches.
(b) Smallmouth bass: size limit, eighteen (18) inches; daily creel limit, two (2).
(c) Crappie: size limit, nine (9) inches; daily creel limit, fifteen (15).
(47) Lebanon City Lake (Fagan Branch), Marion County. Largemouth bass and smallmouth bass: slot limit - a person shall release fish between twelve (12) and fifteen (15) inches.
(48) Leary Lake, Grant County.
(a) A person shall not fish except during daylight hours.
(b) Largemouth bass: size limit, fifteen (15) inches; daily creel limit, three (3).
(c) Channel catfish: daily limit, four (4).
(49) Lincoln Homestead Lake, Washington County.
(a) A person shall not fish except during daylight hours.
(b) Largemouth bass: size limit, fifteen (15) inches; daily creel limit, three (3).
(c) Channel catfish: daily creel limit, four (4).
(d) A person shall not possess shad or use shad as bait.
(50) Marion County Lake.
(a) Largemouth bass: size limit, fifteen (15) inches.
(b) A person shall not possess shad or use shad as bait.
(51) McNeely Lake, Jefferson County.
(a) Channel and blue catfish: size limit, twelve (12) inches.
(b) A person shall not possess shad or use shad as bait.
(52) Mill Creek Lake, Powell County.
(a) Largemouth bass: size limit, fifteen (15) inches; daily creel limit, three (3).
(b) A person shall not possess shad or use shad as bait.
(53) New Haven Optimist Lake, Nelson County.
(a) Largemouth bass: size limit, fifteen (15) inches; daily creel limit, three (3).
(b) Channel catfish: daily creel limit, four (4).
(c) A person shall not possess shad or use shad as bait.
(54) Nolin River Lake shall extend up Bacon Creek to Highway 178 and to Wheelers Mill Road Bridge on the Nolin River.
(a) Largemouth bass and smallmouth bass: size limit, fifteen (15) inches except that the daily creel limit may contain one (1) bass under fifteen (15) inches.
(b) Crappie: size limit, nine (9) inches.
(55) Ohio River.
(a) Walleye, sauger, and their hybrids: no size limit; daily creel limit, ten (10), singly or in combination.
(b) White bass, striped bass and their hybrids: daily creel limit, thirty (30), no more than four (4) in the daily creel limit shall be fifteen (15) inches or greater.
(56) Otter Creek, Meade County.
(a) Smallmouth and largemouth bass: slot limit - a person shall release fish between twelve (12) and sixteen (16) inches.
(b) Daily limit shall not include more than one (1) smallmouth or largemouth bass over sixteen (16) inches.
(57) Paint Creek between upper Highway 460 Bridge and Highway 40 Bridge, Johnson County. Trout: size limit, sixteen (16) inches; daily creel limit, one (1); artificial bait only.
(58)[(57)] Paintsville Lake.
(a) Largemouth bass: size limit, fifteen (15) inches.
(b) Smallmouth bass: size limit, eighteen (18) inches.
(59) Parcker Creek Creek, Wolfe County. A person shall:
(a) Not fish except with an artificial bait with a single hook; and
(b) Release brook trout.
(60)[(59)] Pennyville Lake, Christian County. Largemouth bass: slot limit - a person shall release fish between twelve (12) and fifteen (15) inches.
(61)[(60)] Pikeville City Lake, Pike County. Catch and release largemouth bass fishing (no harvest).
(62)[(61)] Poor Fork and its tributaries in Letcher County downstream to the first crossing of Highway 932. A person shall:
(a) Not fish except with an artificial bait with a single hook; and
(b) Release brook trout.
(63)[(62)] Reformation Lake, Oldham County. Channel and blue catfish: size limit, twelve (12) inches.
(64)[(63)] Rough River Lake.
(a) Crappie: size limit, nine (9) inches.
(b) Largemouth bass and smallmouth bass: size limit, fifteen (15) inches, except that the daily creel limit may contain one (1) bass under fifteen (15) inches.
(65)[(64)] Shanty Hollow Lake, Warren County.
(a) Largemouth bass: size limit, fifteen (15) inches.
(b) Channel catfish: size limit, twelve (12) inches.
(c) A person shall not possess shad or use shad as bait.
(66)[(65)] Shillalah Creek, Bell County, outside the Cumberland Gap National Park. A person shall:
(a) Not fish except with an artificial bait with a single hook; and
(b) Release brook trout.
(67)[(66)] Sportsman’s Lakes, Franklin County. A person shall not possess or use shad as bait.
(68)[(67)] A person shall not possess shad or use shad as bait for fish.
(b) Largemouth bass and smallmouth bass: size limit, fifteen (15) inches; daily creel limit, three (3).
(c) Channel catfish: daily creel limit, four (4).
(69)[(68)] Spurlington Lake, Taylor County. A person shall not possess shad or use shad as bait.
(70)[(69)] Taylorsville Lake, including the impounded waters of the lake to Dry Dock Road Bridge on the Salt River.
(a) Largemouth bass and smallmouth bass: size limit, fifteen (15) inches.
(b) Blue and channel catfish:
1. Aggregate daily creel limit of fifteen (15); and
2. Only one (1) fish of either species in the aggregate daily creel limit shall be longer than twenty-five (25) inches.
(c) Crappie: size limit, nine (9) inches; daily creel limit, fifteen (15).
(71)[(70)] Tennessee River downstream from Kentucky Lake Dam. Sauger: size limit, fourteen (14) inches.
Section 5. Seasonal Catch and Release for Trout. (1) There shall be a catch and release trout season from October 1 - March 31 for the bodies of water listed in subsection 3 of this section.
   (2) A person shall:
   (a) Only use artificial bait; and
   (b) Release all caught trout.
   (3) The following streams shall be open for the catch and release trout season:
   (a) Bark Camp Creek in Whitley County;
   (b) Beaver Creek from Highway 99 Bridge upstream to Highway 200 Bridge in Wayne County;
   (c) Big Bone Creek within Big Bone Lick State Park in Boone County;
   (d) Cane Creek in Laurel County;
   (e) Casey Creek in Trigg County;
   (f) Clear Creek from mouth upstream to 190 Bridge in Bell County;
   (g) East Fork of Indian Creek in Menifee County;
   (h) Elk Spring Creek in Wayne County;
   (i) Left Fork of Beaver Creek in Floyd County from Highway 122 to the headwater;
   (j) Middle Fork of Red River in Natural Bridge State Park in Powell County;
   (k) Otter Creek in Meade County on the Fort Knox Reservation and Otter Creek Park; and
   (l) Rock Creek from the Bell Farm Bridge to the Tennessee state line in McCreary County.
   (4) The seasonal catch and release for trout season for Swift Camp Creek in Wolf County shall be October 1 through May 31.

Section 6. Special Limits for Fishing Events. (1) The commissioner may establish special limits for fishing events including:
   (a) Size limits for selected species;
   (b) Daily creel limits for selected species;
   (c) Eligible participants; and
   (d) Dates and times of special limits.
   (2) Event sponsors shall post signs informing anglers of the special limits a minimum of twenty-four (24) hours before the event.

Section 7. Creel and Size Limits for Special Lakes and Ponds.
(1) The following requirements shall apply to all bodies of water listed in subsection (2) of this section:
   (a) Largemouth bass: size limit, fifteen (15) inches; daily creel limit, one (1);
   (b) Channel catfish; daily creel limit, four (4);
   (c) Sunfish or bream: daily creel limit, fifteen (15); and
   (d) Rainbow trout: daily creel limit, five (5).
   (2) Special lakes and ponds:
   (a) Anderson County Community Park Lake, Anderson County;
   (b) Bloomfield Park Lake, Nelson County;
   (c) Bob Noble Park Lake, Nelson County;
   (d) Brickyard Pond, Knox County;
   (e) Camp Ernst, Boone County;
   (f) Carlson Pond, Meade County in Fort Knox;
   (g) Cherokee Park Lake, Jefferson County;
   (h) Dickenson Lake, Meade County in Fort Knox;
   (i) Easy Walk Park Pond, Montgomery County;
   (j) Fisherman's Park lakes, Jefferson County;
   (k) Jack C Fisher Park Lake, Daviess County;
   (l) Kingdom Come State Park Lake, Harlan County;
   (m) Lake Mingus, Jessamine County;
   (n) Lake Pollywog, Grant County;
   (o) Lower Sportsman's Lake, Franklin County;
   (p) Madisonville City Park lakes, Hopkins County;
   (q) Martin County Lake, Martin County;
   (r) Middleton Mills Long Pond, Kenton County;
   (s) Middleton Mills Shelterhouse Pond, Kenton County;
   (t) Mike Miller Park Lake, Marshall County;
   (u) Miles Park lakes, Jefferson County;
   (v) Millennium Park Pond, Boyle County;
   (w) Panther Creek Park Lake, Daviess County;
   (x) Prisoners Lake, Kenton County;
   (y) Scott County Park Lake, Scott County;
   (z) Southgate Lake, Campbell County;
   (aa) Stein Community Park Lake, Campbell County;
   (bb) Three Springs Lake, Warren County;
   (cc) Tom Wallace Park Lake, Jefferson County;
   (dd) Upper Sportsman's Lake, Franklin County;
   (ee) Waterson Park Lake, Jefferson County;
   (ff) Waverly Park Lake, Jefferson County;
   (gg) Waymond Morris Park Lake, Daviess County;
   (hh) Whitehall Park Lake, Madison County; and
   (ii) Yellow Creek Park Lake, Daviess County.

**REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT**

Contact Person: Rose Mack
(1) Provide a brief summary of:
   (a) What this administrative regulation does: This administrative regulation establishes size limits, daily creel limits, and possession limits for sport fish that may be taken from Kentucky waters.
   (b) The necessity of this administrative regulation: This administrative regulation is necessary to effectively manage the sport fish populations of Kentucky.
   (c) How this administrative regulation conforms to the content of the authorizing statutes: KRS 150.025 authorizes the Department to promulgate administrative regulations to establish seasons for the taking of fish and wildlife, to regulate creel limits and methods of take, and to make such requirements apply to a limited area. KRS 150.470 authorizes the Department to establish creel and size limits for fish.
   (d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation will assist in the effective administration of the statutes by limiting the number and size of fish that may be taken from Kentucky’s waters. This will ensure that Kentucky’s valuable sport fish populations are maintained at high levels.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:
   (a) How the amendment will change this existing administrative regulation: This amendment will change the minimum size limit on striped bass in Lake Cumberland from 24 to 22 inches. Two lakes were added to the special lakes and ponds section (Fish in the
1. Does this administrative regulation relate to any program, service, or requirements of a state or local government (including cities, counties, fire departments, or school districts)? Yes.

2. What units, parts or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation? The department’s Divisions of Fisheries and Law Enforcement will be impacted by this administrative regulation.

3. Identify each state or federal statute or federal regulation that requires or authorizes the action taken by the administrative regulation. KRS 150.025 authorizes the Department to promulgate administrative regulations to regulate bag, creel, and possession limits of game and fish. KRS 150.470 authorizes the department to promulgate creel and size limits for fish.

4. Estimate the effect of this administrative regulation on the expenditures and revenues of a state or local government agency (including cities, counties, fire departments, or school districts) for the first full year the administrative regulation is to be in effect.

(a) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year? There will be no initial cost to implement this administrative regulation:

(b) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for subsequent years? There will be no cost in subsequent years.

(c) How much will it cost to administer this program for the first year? There will be no initial cost to implement this administrative regulation for the first year.

(d) How much will it cost to administer this program for subsequent years? There will be no cost in subsequent years.

5. Identify each state or federal statute or federal regulation that relates to this administrative regulation.

6. What units, parts or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation? The department’s Divisions of Fisheries and Law Enforcement will be impacted by this administrative regulation.

7. Identify each state or federal statute or federal regulation that relates to this administrative regulation.

8. How will this administrative regulation be implemented, if new, or by the change if it is an amendment: It will not be implemented in the first year.

9. TIERING: Is tiering applied? Tiering was not applied because all individuals fishing in Kentucky are treated equally with these amendments.

FISCAL NOTE ON STATE OR LOCAL GOVERNMENT

1. Does this administrative regulation relate to any program, service, or requirements of a state or local government (including cities, counties, fire departments, or school districts)? Yes.

2. What units, parts or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation? The department’s Divisions of Fisheries and Law Enforcement will be impacted by this administrative regulation.

3. Identify each state or federal statute or federal regulation that requires or authorizes the action taken by the administrative regulation. KRS 150.025 authorizes the Department to promulgate administrative regulations to regulate bag, creel, and possession limits of game and fish. KRS 150.470 authorizes the department to promulgate creel and size limits for fish.

4. Estimate the effect of this administrative regulation on the expenditures and revenues of a state or local government agency (including cities, counties, fire departments, or school districts) for the first full year the administrative regulation is to be in effect.

(a) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year? There will be no initial cost to implement this administrative regulation:

(b) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for subsequent years? There will be no cost in subsequent years. It is unknown how much revenue will be indirectly generated by this administrative regulation through potential increased license sales or potential increases in local economic impact near these lakes or streams due to more people using these resources.

(c) How much will it cost to administer this program for the first year? There will be no initial cost to implement this administrative regulation for the first year.

(d) How much will it cost to administer this program for subsequent years? There will be no cost in subsequent years.

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

Revenues (+/-): Unknown

Expenditures (+/-): Unknown

Other Explanation:

TOURISM, ARTS AND HERITAGE CABINET
Kentucky Department of Fish and Wildlife Resources

(Amendment)

301 KAR 1:410. Taking of fish by nontraditional fishing methods.

RELATES TO: KRS 150.010 [150.025(1), 150.120] 150.170, 150.175, 150.235 [150.360, 150.370, 150.440] 150.445, 150.620, 150.990

STATUTORY AUTHORITY: KRS 150.025(1), 150.440, 150.470 [150.470]

NECESSITY, FUNCTION, AND CONFORMITY: KRS 150.025(1) authorizes the department to promulgate administrative regulations to establish seasons for the taking of fish and wildlife, to regulate bag limits, creel limits, and methods of take, and to make such modifications apply to a limited area, [wildlife and to regulate bag or creel limits.] KRS 150.440 authorizes the department to promulgate administrative regulations for establishing open seasons and creel limits for rough fish by gigging, grabbing, snaring, and snagging. KRS 150.470 authorizes the department to promulgate administrative regulations for bag or creel limits for fish. This administrative regulation establishes the procedures for taking sport and rough fish by nontraditional fishing methods including underwater spearing, scuba diving, sport fishing trotlines, jugging, settling, gigging, [jugging and settling, gigging and] snagging, grabbing, bow fishing, and the taking of rough fish from backwaters.

Section 1. Definitions. (1) “Archery equipment” means a long bow, recurve bow, or compound bow incapable of holding an arrow
at full or partial draw without aid from the archer.

(2) "Asian carp" means bighead carp, silver carp, black carp, and grass carp.

(3) "Bowfishing" means shooting rough fish with an arrow with a barbed or retrievable style point that has a line attached to it for retrieval with archery equipment or a crossbow.

(4) "Crossbow" means a bow designed or fitted with a device to hold an arrow at full or partial draw without the aid from an archer.

(5) "Cull" means to release a previously caught fish that an angler has kept as a part of a daily creel limit and replace it with another fish of the same species.

(6) "Sport fisherman" means a person holding a valid resident or nonresident fishing license and includes those persons who are license exempt pursuant to KRS 150.170.

(7) "Temporary aquatic area" means an area temporarily inundated from, but still connected to a stream, river, or reservoir and that persists only for the duration of the elevated water levels.

(8) "Temporary pool" means an area temporarily inundated from, but not connected to a stream, river, or reservoir.

Section 2. Skin Diving, Scuba Diving, and Underwater Spear Fishing. (1) Skin diving or scuba diving is prohibited in all lakes owned by the department, except as established in subsections (2), (3), and (4) of this section.

(2) Skin diving and scuba diving shall be allowed in salvage operations if the diver receives prior written permission from:

(a) The department's Division of Law Enforcement; or

(b) The local conservation officer who is assigned to the particular department-owned lake, permitted in salvage operations upon receipt of written permission by the diver from the Division of Law Enforcementolve or the local Conservation Officer assigned to the specific body of water in which the diving is to take place.

(3) Skin diving or scuba diving shall be permitted anytime without prior authorization in cases of emergency involving the possibility of saving human life or in the recovery of a drowning victim.

(4) Skin diving and scuba diving shall be allowed in Greenbo Lake:

(a) In a designated cove marked with signage and buoys.

(b) From April 1 through October 31.

(c) From 10:00 a.m. to 6:00 p.m. daily.

(5) Recreational boating and angling shall be prohibited in the designated cove marked with signage and buoys during the times open to skin diving and scuba diving as established in subsection (4) of this section.

(6) Underwater spearing of fish with a hand held spear or mechanically-propelled spear shall be legal throughout the year in lakes 1,000 acres in size or larger as measured at the normal summer pool level, with the following provisions:

(a) A participant who is spearing fish shall be completely submerged in the water wherein the underwater spearing of fish shall be completely submerged in the water in which the spearing takes place.

(b) A person shall possess a valid Kentucky fishing license or be license exempt pursuant to KRS 150.170.

(c) A person shall only spear rough fish; and

(d) Only rough fish shall be taken, and an appropriate fishing license shall be required.

The daily limit shall be fifteen (15) rough fish, not more than five (5) of which shall be catfish.

Section 3. Sport Fishing Trotlines, Jugging, and Setlines. (1) Each sport fishing trotline, jug line, or setline shall be permanently labeled or tagged with the name and address of the person using it.

(2) Each trotline, jug line, and setline shall be checked by the owner at least once every twenty-four (24) hours, at which time the owner shall:

(a) Bait all hooks; and

(b) Remove all caught fish.

(3) A trotline, jug line, or setline shall be confiscated if:

(a) It is not properly labeled or tagged; or

(b) It is not checked or baited at least once every twenty-four (24) hours.

(4) A sport fisherman shall not use more than:

(a) Two (2) sport fishing trotlines;

(b) Twenty-five (25) setlines; or

(c) Fifty (50) jug lines.

(5) Multiple sport fisherman in one (1) boat shall not use more than fifty (50) jug lines per boat.

(6) A person using a sport fishing trotline shall:

(a) Set the trotline at least three (3) feet below the water's surface;

(b) Not have more than fifty (50) single or multi-barbed hooks; and

(c) Have all hooks at least eighteen (18) inches apart on the trotline.

(7) A person shall not use a jug line or setline with more than one (1) single or multi-barbed hook.

(8) Sport fishing trotlines, jugs, or setlines shall not be used in the following waters:

(a) In the Tennessee River within 700 yards of Kentucky Dam;

(b) In the Cumberland River below Barkley Dam to the Highway 62 bridge;

(c) In any lake less than 500 surface acres owned or managed by the department, except:

1. Ballard Wildlife Management Area lakes;

2. Peal Wildlife Management Area lakes;

3. Swan Lake Lake;

4. McAlpine Dam downstream to the K&I railroad bridge;

5. Markland Dam downstream to a line perpendicular to the end of the outer lock wall;

6. Meldahl Dam downstream to a line perpendicular to the end of the outer lock wall; or

7. Newburgh Dam downstream to a line perpendicular to the end of the outer lock wall.

Section 4. Temporary Aquatic Areas and Temporary Pools. (1) The department, with consent of the landowner, may delineate temporary aquatic areas and temporary pools where rough fish may be taken by any method except:

(a) Poison;

(b) Electrical devices;

(c) Firearms; and

(d) Explosives.

(2) The department shall be authorized to establish the exact dates and times when rough fish may be taken in temporary aquatic areas and temporary pools.

(3) A person shall be required to possess a valid Kentucky fishing license or be license exempt pursuant to KRS 150.170.

(4) A person with a valid commercial fishing license may use nets and seine as long as the nets and seines are appropriately tagged, pursuant to 301 KAR 1:146.

(5) A person shall first obtain the permission of the landowner before taking rough fish from a temporary pool.
A person may snag sport fish or rough fish year round in that section of the Tennessee River from the Interstate 24 bridge at night from a boat; 500 acres; (d) Gig from a boat in a lake with a surface area of less than (1/2) feet in length, including the handle; (3) A snagging rod shall be equipped with; (a) Line; (b) Guides; (c) A reel; and (d) One (1) single hook or treble hook attached to the line, except that (5) hooks, either single or treble, may be used when snagging in: 1. The Green River and its tributaries; or 2. The Rolling Fork River and its tributaries. (4) A person who accidentally gigs or snags a sport fish shall immediately return the fish to the water, except as provided in subsections (7) and (9) of this section. (5) A person shall not gig or snag in the following areas or bodies of water: (a) The Cumberland River below Wolf Creek Dam downstream to the Tennessee line, including Hatchery Creek; (b) Any tributary of the Cumberland River below Wolf Creek Dam to the Tennessee line from the junction of the tributary with the Cumberland River to one-half (1/2) mile upstream; (c) The Middle Fork of the Kentucky River, from Buckhorn Lake Dam downstream to the Breathitt County line in Perry County; (d) The Rough River, below Rough River Lake Dam downstream to the State Highway 54 bridge in Breckinridge and Grayson Counties; (e) Cave Run Lake; (f) Within 200 yards of any dam on a river or stream, except as specified in subsection (7) of this section. (6) A person shall not gig in the Tennessee River below Kentucky Lake Dam. (7) A person may snag sport fish or rough fish in the Tennessee River below the Kentucky Lake Dam to the new U.S. 62 bridge; (a) For twenty-four (24) hours a day from January 1 through May 31; and (b) From sunset to sunrise from June 1 through December 31. (8) A person shall not snag in that section of the Tennessee River below the new U.S. 62 bridge to the Interstate 24[Interstate 24] bridge. (9) A person may snag sport fish or rough fish year round in that section of the Tennessee River from the Interstate 24[Interstate 24] bridge to the Ohio River. (10) A person shall not snag on the Tennessee River: (a) Under the U.S. 62 bridge; (b) Under the P & L Railroad bridge; and (c) From the fishing piers located below the U.S. 62 bridge. (11) There shall not be a daily creel limit for rough fish except: (a) The daily creel limit for rough fish in the Cumberland River below Barkley Lake Dam shall be eight (8) except there shall not be a creel limit on Asian Carp; (b) The daily aggregate creel limit for snagging of rough and sport fish in the Tennessee River below Kentucky Lake Dam shall be eight (8) except there shall not be a creel limit on Asian Carp; and (c) The statewide daily creel limit for paddlefish shall be two (2), in all areas outside those described in paragraphs (a) and (b) of this subsection, where up to eight (8) paddlefish may be taken. (12) A person shall immediately retain, and not release or cull, any gigged or snagged paddlefish. (13) All snagged fish in the Tennessee River below Kentucky Lake Dam shall be immediately retained, and not released or culled, except for Asian carp, shad, or herring. (14) All gigged or snagged rough fish in the Cumberland River below Barkley Lake Dam shall be immediately retained, and not released or culled, except for Asian carp, shad, or herring. (15) A person shall immediately cease snagging if: (a) A daily limit of paddlefish is reached; or (b) A daily limit of sport fish has been caught in the Tennessee River below Kentucky Lake Dam, even if the creel limit for that sport fish is less than eight (8).
requirements apply to a limited area. KRS 150.440 authorizes the Department to set seasons and creel limits for rough fish. KRS 150.470 authorizes the department to set size, creel, and possession limits.

(c) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation will assist in the administration of the statutes by authorizing the methods used to take fish, the areas open for such take, and the seasons and limits to be used when taking fish by nontraditional methods.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:
(a) How the amendment will change this existing administrative regulation: This amendment will establish a designated scuba and skin diving area at Greenbo Lake, and regulate the times and conditions when such activity is allowed.
(b) The necessity of the amendment to this administrative regulation: This amendment is necessary to cooperate with the Department of Parks in allowing regulated skin and scuba diving in Greenbo Lake to provide a reasonable amount of recreational activity that will not significantly conflict with recreational boating and fishing.
(c) How the amendment conforms to the content of the authorizing statutes: See (1)(c) above.
(d) How the amendment will assist in the effective administration of the statutes: See (1)(d) above.
(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: All individuals who want to scuba or skin dive at Greenbo Lake will be affected. It is unknown how many people this will impact. Recreational boaters and anglers will also be affected.
(4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:
(a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment: Scuba and skin divers will be able to use a designated area of Greenbo Lake to pursue their activity at certain periods of the year and times of the day. Recreational boaters and anglers will need to avoid using this designated area at certain times and periods.
(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): There will be no cost to scuba divers, skin divers, recreational boaters, or anglers as a result of this amendment.
(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): Scuba and skin divers will benefit by having a designated area to pursue their activity at certain times and periods.
(5) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:
(a) Initially: This administrative regulation change will result in no initial change in cost.
(b) On a continuing basis: There will be no additional cost on a continuing basis.
(6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: The source of funding is the State Game and Fish Fund.
(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: It will not be necessary to increase any other fees or to increase funding to implement this administrative regulation.
(8) State whether or not this administrative regulation established any fees or directly or indirectly increased any fees: No new fees will be established.
(9) TIERING: Is tiering applied? Tiering was not applied because all people will need to comply equally.

FISCAL NOTE ON STATE OR LOCAL GOVERNMENT

1. Does this administrative regulation relate to any program, service, or requirements of a state or local government (including cities, counties, fire departments, or school districts)? Yes.
2. What units, parts or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation? The Department of Fish and Wildlife Resources Divisions of Fisheries Law Enforcement will be impacted by this administrative regulation.
3. Identify each state or federal statute or federal regulation that requires or authorizes the action taken by the administrative regulation: KRS 150.025 authorizes the Department to promulgate administrative regulations to regulate creel limits and possession limits of fish, to fix open seasons, to regulate the type of any device and methods used, and areas that are open to take fish. KRS 150.440 authorizes the department to establish open seasons and creel limits for rough fish by gigging, grabbing, snagging, and snagging. KRS 150.470 authorizes the department to set size, season, and possession limits.
4. Estimate the effect of this administrative regulation on the expenditures and revenues of a state or local government agency (including cities, counties, fire departments, or school districts) for the first full year the administrative regulation is to be in effect:
(a) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year? Revenue will be generated by this administrative regulation during the first year.
(b) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for subsequent years? No revenue will be generated by this administrative regulation during subsequent years.
(c) How much will it cost to administer this program for the first year? There will be no additional costs incurred for the first year.
(d) How much will it cost to administer this program for subsequent years? There will be no additional costs incurred in subsequent years.

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

Revenues (+/-): 
Expenditures (+/-):
Other Explanation:

JUSTICE AND PUBLIC SAFETY CABINET
Department of Corrections
Sex Offender Risk Assessment Advisory Board
(Amendment)


RELATES TO: KRS 17.550-17.991
STATUTORY AUTHORITY: KRS 17.554(2), 17.564
NECESSITY, FUNCTION, AND CONFORMITY: KRS 17.554(2) authorizes the Sex Offender Risk Assessment Advisory Board to establish a comprehensive sex offender presentence evaluation procedure for court-ordered evaluations of sex offenders. KRS 17.564(1) authorizes the board to promulgate administrative regulations necessary to carry into effect the purposes of KRS 17.500 to 17.580 and 17.991. This administrative regulation establishes the evaluation procedure to assure the quality of court-order comprehensive sex offender presentence evaluations.

Section 1. Definitions. (1) "Amenability to treatment" means the offender is free from organic or psychological impairment that shall prevent the offender from engaging meaningfully in sex offender treatment and he is, at least minimally, receptive to the treatment
(2) "Appropriate setting" means a secure institutional setting or a community-based setting.
(3) "Approved provider" is defined by KRS 17.550(3).
(4) "Board" is defined by KRS 17.550(1).
(5) "Clinically adjusted" means a change in the risk level recommendation based on facts or evidence which indicate to an
approved provider that the probability of recidivism ranges are inappropriate for a sex offender.

(6) “Comprehensive sex offender presentence evaluation” means a comprehensive mental health evaluation by an approved provider that includes a focus on the clinical data necessary to address the four (4) areas of assessment listed in KRS 17.554(2).

(7) “Nature of required sex offender treatment” means the treatment management issues including recommendations for the focus of treatment, special treatment considerations, further evaluation, and restrictions to minimize the risk of recidivism.

(8) “Risk of recommitting a sex crime” means a designation of high or not high risk based on the finding of the instrument used or other clinically relevant data that suggests sexual reoffense is more likely than not.

(9) “Sex offender” is defined by KRS 17.550(2).

Section 2. Comprehensive Sex Offender Presentence Evaluation Procedures. (1)(a) An approved provider shall conduct a comprehensive mental health evaluation following the professional standards of care in the area of his certification or licensure.

(b) The evaluation shall include a face-to-face interview and a review of collateral information. The face-to-face interview may be conducted by videoconferencing if it allows the approved provider to see the offender at all times during the interview.

(c) If the results of initial mental health screening procedure dictate, additional appropriate psychological testing addressing cognitive functioning, mental illness, and severe characterological impairment shall be employed as circumstances allow.

(2) Risk of recommitting a sex crime shall be determined in the following manner:

(a) If applicable, an actuarial instrument shall be used which is appropriate to the sex offender. An actuarial instrument shall be appropriate for use if:

1. The instrument’s developmental sample or subsequent study samples contained individuals with characteristics similar to the offender being evaluated; and

2. The instrument’s reliability and validity has been demonstrated through research. The results of the instrument may be clinically adjusted at the discretion of the approved provider.

(b) If an actuarial instrument is not appropriate, an empirically guided approach shall be used. An empirically-guided approach shall mean that the approved provider shall consider risk factors that research has demonstrated to be associated with risk for recidivism.

(3) The threat to public safety shall be determined in the following manner:

(a) The approved provider shall consider the following domains in assessing the sex offender’s immediate threat to public safety and in arriving at a recommendation regarding an appropriate treatment setting:

1. The sex offender’s amenability to treatment;

2. The degree of threat of harm or actual force employed in the index offense and in prior offenses;

3. The nature and duration of the offending;

4. The sex offender’s psychological adjustment;

5. The sex offender’s social and occupational adjustment; and

6. The sex offender’s statements or indications of harm directed to another.

(b) The approved provider shall make a recommendation as to the appropriate setting in which treatment, if indicated, shall be provided for the sex offender.

(4) To assess amenability, the approved provider shall address the following factors. The sex offender shall:

(a) Not exhibit symptoms of a psychological disturbance that may significantly inhibit treatment participation;

(b) Exhibit a level of intellectual functioning sufficient to complete the task assigned in the treatment program to which he shall be referred;

(c) Acknowledge involvement in the sex offense for which he is charged;

(d) Consider his involvement in the sex offense to be a problematic behavior that he does not want to repeat; and

(e) Verbalize a willingness to enter and fully participate in treatment.

(5) In assessing the nature of required sex offender treatment, the approved provider shall address management issues including:

(a) Recommendations for the focus of treatment;

(b) Special treatment considerations;

(c) Further evaluation; and

(d) Restrictions to minimize the risk of recidivism.

Section 3. Evaluation Report. (1) An approved provider shall prepare a comprehensive sex offender presentence evaluation report to the court in the form of a bifurcated document.

(2) The first section of the report shall consist of information prepared specifically for the court and shall contain the following headings:

(a) Identifying information including:

1. Name;

2. Social Security number;

3. Date of birth;

4. Age; and

5. Indictment number or county;

(b) Referral information, including reason for referral, informed consent, and procedures;

(c) Information sources; and

(d) Summary, conclusions, and recommendations.

(3) The second section shall include the following information from which the summary and conclusions were reached:

(a) Criminal justice information, including index offense, prior sex offense, or other legal history;

(b) Psychosocial history including:

1. Family of origin;

2. Education;

3. Military;

4. Occupational;

5. Financial;

6. Sexual;

7. Relationship;

8. Mental health; and

9. Medical;

(c) Behavioral observations and mental status;

(d) Psychological testing;

(e) Diagnosis impressions;

(f) Treatment considerations; and

(g) The statutory factors found in KRS 17.554(2).

(4) The report shall be entitled “Comprehensive Sex Offender Presentence Evaluation.”

(5) An approved provider shall place his signature at the end of the recommendation report if he:

(a) Conducted the comprehensive sex offender presentence evaluation; or

(b) Reviewed and approved the evaluation.

(6) If the approved provider previously provided treatment to the sex offender, he shall not perform a sex offender presentence evaluation for the offender.[7] If an approved provider has performed a sex offender presentence evaluation for the offender, he shall not provide sex offender treatment for that individual.

Section 4. Recordkeeping. (1) An approved provider shall:

(a) Transmit all comprehensive sex offender presentence evaluation information to the board; or

(b) Maintain the information for a period of fifteen (15) years.

(2) The original or a copy of all comprehensive sex offender presentence evaluation information shall be provided to the board:

(a) Upon request; or

(b) At the death of the approved provider.

This is to certify that the Sex Offender Risk Assessment Advisory Board approved this administrative regulation prior to its filing by the Department of Corrections with the Legislative Research Commission as required by KRS 13A.120(3) and 13A.220(6)(a) as reflected by the signature below.

LADONNA H. THOMPSON, Commissioner
JAMES J. VAN NORT, Chairperson
APPROVED BY AGENCY: March 6, 2012
FILED WITH LRC: March 15, 2012 at 10 a.m.
VOLUME 38, NUMBER 10 – APRIL 1, 2012

PUBLIC HEARING AND PUBLIC COMMENT PERIOD: A public hearing on this proposed administrative regulation shall be held on April 25, 2012 at 10:00 a.m. at the Justice and Public Safety Cabinet, Office of Legal Services, 125 Holmes Street, 2nd Floor, Frankfort, Kentucky 40601. Individuals interested in being heard at this hearing shall notify this agency in writing five working days prior to the hearing of their intent to attend. If no notification of intent to attend the hearing is received by that date, the hearing may be cancelled. This hearing is open to the public. Any person who wishes to be heard will be given an opportunity to comment on this proposed administrative regulation. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Send written notification of intent to be heard at the public hearing five working days prior to the hearing or send written comments on the proposed administrative regulation by the close of business April 30, 2012 to:

CONTACT PERSON: Amy Barker, Justice & Public Safety Cabinet, Office of Legal Services, 125 Holmes Street, 2nd Floor, Frankfort, Kentucky 40601, phone (502) 564-3279, fax (502) 564-6686.

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Contact Person: Amy Barker (502-564-3279)
(1) Provide a brief summary of:
(a) What this administrative regulation does: This regulation provides the requirements for conducting court-ordered comprehensive sex offender presentence evaluations.
(b) The necessity of this administrative regulation: To conform to the requirements of KRS 17.550, et.seq.
(c) How this administrative regulation conforms to the content of the authorizing statutes: The regulation states the evaluation process that the board is required to determine.
(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: By providing direction to mental health professionals who desire to conduct court-ordered comprehensive sex offender presentence evaluations.
(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:
(a) How the amendment will change this existing administrative regulation: The amendment deletes a conflicting limitation on approved providers performing evaluations.
(b) The necessity of the amendment to this administrative regulation: To provide more efficient administration of the evaluation process and to remove a conflicting limitation on approved providers.
(c) How the amendment conforms to the content of the authorizing statutes: The statutes give the board regulatory authority concerning the evaluation process.
(d) How the amendment will assist in the effective administration of the statutes: To provide more efficient administration of the regulations regarding evaluations and to conform to the purpose of the statutes.
(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: This affects 54 approved providers and the sex offenders that approved providers evaluate.
(4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:
(a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment: No action is required.
(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3)? No cost is expected.
(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): The change will assist approved providers by removing a conflicting provision and clarifying the regulation.
(5) Provide an estimate of how much it will cost to implement this administrative regulation:
(a) Initially: No cost
(b) On a continuing basis: No cost
(c) What is the source of funding to be used for the implementation and enforcement of this administrative regulation: No funding is provided. The Board is attached administratively to the Department of Corrections.
(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change, if it is an amendment: No fees are included in the regulation and no funding is needed for the amendment.
(8) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees: No fees are established.
(9) TIERING: Is tiering applied? No. Tiering was not appropriate in this administrative regulation because the administrative regulation applies equally to all those individuals or entities regulated by it.

FISCAL NOTE ON STATE OR LOCAL GOVERNMENT

1. Does this administrative regulation relate to any program, service, or requirements of a state or local government (including cities, counties, fire departments, or school districts)? Yes.
2. What units, parts or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation? This regulation may impact approved providers that work for the Department of Corrections, the Department of Juvenile Justice, and private providers who perform evaluations.
3. Identify each state or federal statute or federal regulation that requires or authorizes the action taken by the administrative regulation. KRS 17.550 et seq.
4. Estimate the effect of this administrative regulation on the expenditures and revenues of a state or local government (including cities, counties, fire departments, or school districts) for the first full year the administrative regulation is to be in effect.
(a) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year? None.
(b) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for subsequent years? None.
(c) How much will it cost to administer this program for the first year? None.
(d) How much will it cost to administer this program for subsequent years? None.

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

Revenues (+/-):
Expenditures (+/-):
Other Explanation:

JUSTICE AND PUBLIC SAFETY CABINET
Department of Corrections
(AMENDMENT)


NECESSITY, FUNCTION, AND CONFORMITY: KRS 196.035, 197.020, 439.470, and 532.260 authorize the Justice and Public Safety Cabinet and Department of Corrections to promulgate administrative regulations concerning the use of approved monitoring devices for inmate release to home incarceration and for the su-
Section 1. Incorporation by Reference. (1) “Department of Corrections policies and procedures for home incarceration using an approved monitoring device,” March 15, 2012, are incorporated by reference.

(c) How the amendment conforms to the content of the authorizing statutes: The amendment promulgates regulations required by HB 463. The Department is authorized to implement or amend practices or procedures to manage home incarceration with electronic monitoring.

(d) How the amendment will assist in the effective administration of the statutes: The amendment provides staff and inmates information concerning changes in procedures given the statutory change in the time remaining to be served to be considered for home incarceration with electronic monitoring.

(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: This regulation may affect approximately 350 employees of the Department of Corrections, 850 inmates committed to the Department of Corrections, and 80 jails.

(4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment: DOC staff will follow the updated policy and procedures to transfer eligible offenders to home incarceration.

The DOC anticipates an increase in the number of offenders that will be released because of the expansion from 180 days to nine months that offenders may serve in home incarceration from the statutory amendment. The Department of Corrections retains nine (9) Classification and Treatment Officers to conduct the eligibility reviews.

Approximately 700 inmates are expected to be released approximately 3 months early from jails/halfway house facilities and approximately 150 inmates from state and private prisons enabling additional bed space for new inmates.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): The costs are based on the increased number of inmates likely to be eligible for the home incarceration given the increase in time remaining to be served by the amendment to the statute. It is expected to cost the DOC approximately $1,119,672 to implement the changes to the statute and the DOC expects to save $639,828 by reducing the per diem cost of housing these inmates in a DOC institution. Each inmate released pays a monitoring fee and the amount will vary depending on the number of days early that the inmate is released. It is expected that the DOC will pay approximately $1,759,500 less to the jails because of fewer inmate days from early release.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): Additional bed space will be available in both jails and prisons helping to reduce overcrowding, allowing new commitments to be transferred to prison or Class C or D jail housing more quickly, and reducing the need for the controlled intake process.

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

(4) Provide an analysis of how the entities identified in question (3) will have to take to comply with this administrative regulation or amendment, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment: DOC staff will follow the updated policy and procedures to transfer eligible offenders to home incarceration.

The DOC anticipates an increase in the number of offenders that will be released because of the expansion from 180 days to nine months that offenders may serve in home incarceration from the statutory amendment. The Department of Corrections retains nine (9) Classification and Treatment Officers to conduct the eligibility reviews. Approximately 700 inmates are expected to be released approximately 3 months early from jails/halfway house facilities and approximately 150 inmates from state and private prisons enabling additional bed space for new inmates.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): The costs are based on the increased number of inmates likely to be eligible for the home incarceration given the increase in time remaining to be served by the amendment to the statute. It is expected to cost the DOC approximately $1,119,672 to implement the changes to the statute and the DOC expects to save $639,828 by reducing the per diem cost of housing these inmates in a DOC institution. Each inmate released pays a monitoring fee and the amount will vary depending on the number of days early that the inmate is released. It is expected that the DOC will pay approximately $1,759,500 less to the jails because of fewer inmate days from early release.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): Additional bed space will be available in both jails and prisons helping to reduce overcrowding, allowing new commitments to be transferred to prison or Class C or D jail housing more quickly, and reducing the need for the controlled intake process.

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

(a) Initially: $1,119,672

(b) On a continuing basis: $1,065,672

(6) What is the source of funding to be used for the implementation and enforcement of this administrative regulation: Kentucky Department of Corrections budgeted funds are the expected source of funding.

An increase in funding to implement this regulation will not be necessary due to the savings by the DOC from releasing inmates up to nine months before their serve out date. The DOC will incur a savings through reduced per diem expenses to local jail facilities and halfway houses.

(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change, if it is an amendment: An increase in fees will not be necessary. An increase in funding to implement this regulation will not be necessary due to the savings by the DOC from releasing inmates up to nine months before their serve out date. The DOC will incur a savings through reduced per diem expenses to local jail facilities and halfway houses.

(8) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees: The previous and current version required the inmates to pay the cost
of monitoring. This cost to the inmate is not being increased. 

(9) TIERING: Is tiering applied? No. Tiering was not appropri ate in this administrative regulation because the administrative regulation applies equally to all those individuals or entities regu lated by it.

FISCAL NOTE ON STATE OR LOCAL GOVERNMENT

1. Does this administrative regulation relate to any program, service, or requirements of a state or local government (including cities, counties, fire departments, or school districts)? Yes

2. What units, parts or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation? The amendment to this regulation impacts the Kentucky Department of Corrections and county jails.

3. Identify each state or federal statute or federal regulation that requires or authorizes the action taken by the administrative regulation. KRS 196.035, 197.020, 532.200, and 532.220 – 532.262.

4. Estimate the effect of this administrative regulation on the expenditures and revenues of a state or local government (including cities, counties, fire departments, or school districts) for the first full year the administrative regulation is to be in effect.

(a) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year? The program is designed to save the state revenue by releasing inmates up to nine months prior to their serve out date. The savings to the Department of Corrections is estimated to be $639,828 in the first year by reducing the per diem cost of housing inmates in a facility. In addition, the inmates may further reduce the cost of the program by paying the monitoring fee while they are on the program. It is expected that the DOC will pay approximately $1,759,500 less to operate for the state or local government (including cities, counties, fire departments, or school districts) for the first year.

(b) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for subsequent years? It is expected that the DOC will pay approximately $1,759,500 less to operate for the state or local government (including cities, counties, fire departments, or school districts) for the first year.

5. One and five-tenths (1.5) mile run.

6. One minute and fifteen seconds (1:15)

7. Sit-ups:

(a) Twenty times (20) sit-ups

(b) Thirty times (30) sit-ups

(c) Forty times (40) sit-ups

(d) Fifty times (50) sit-ups

8. Push-ups; and

9. Sit-up with hand behind neck:

(a) Ten times (10)

(b) Twenty times (20)

(c) Thirty times (30)

(d) Forty times (40)

(e) Fifty times (50)

10. Push-up with hand behind neck:

(a) Ten times (10)

(b) Twenty times (20)

(c) Thirty times (30)

(d) Forty times (40)

(e) Fifty times (50)

11. Sit-up with hand behind neck and head between legs:

(a) Ten times (10)

(b) Twenty times (20)

(c) Thirty times (30)

(d) Forty times (40)

(e) Fifty times (50)

12. Push-up with hand behind neck and head between legs:

(a) Ten times (10)

(b) Twenty times (20)

(c) Thirty times (30)

(d) Forty times (40)

(e) Fifty times (50)

13. Sit-up with hand behind neck and head between legs and knees:

(a) Ten times (10)

(b) Twenty times (20)

(c) Thirty times (30)

(d) Forty times (40)

(e) Fifty times (50)

14. Push-up with hand behind neck and head between legs and knees:

(a) Ten times (10)

(b) Twenty times (20)

(c) Thirty times (30)

(d) Forty times (40)

(e) Fifty times (50)

15. Running:

(a) One mile (1)

(b) Two miles (2)

(c) Three miles (3)

(d) Four miles (4)

(e) Five miles (5)

16. Wrestling:

(a) Two minutes (2)

(b) Three minutes (3)

(c) Four minutes (4)

(d) Five minutes (5)

17. Horseback riding:

(a) One mile (1)

(b) Two miles (2)

(c) Three miles (3)

(d) Four miles (4)

(e) Five miles (5)

18. Other physical training area:

(a) Articulation

(b) Throwing

19. Physical training area:

(a) Running

(b) Wrestling

(c) Horseback riding

20. Physical training area:

(a) Running

(b) Wrestling

(c) Horseback riding

21. Physical training entry requirements.

(a) Physical training entry requirements.

(b) Physical training entry requirements.

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(100) Physical training entry requirements.
3. 300 meter run in sixty-five (65) seconds;
2. Sit-ups. Eighteen (18) sit ups in one (1) minute;
   press equal to seventy-three (73) percent of the recruit's body
1. Bench press. One (1) repetition of maximum (RM) bench
   press equal to seventy-three (73) percent of the recruit's body
4. Push-ups:  
   a. 9 points - Recruit shall complete at least fourteen (14) repeti-
      tions in two (2) minutes;  
   b. 9.5 points - Recruit shall complete at least seventeen (17) repeti-
      tions in two (2) minutes;  
   c. 10 points - Recruit shall complete at least twenty (20) repeti-
      tions in two (2) minutes;  
   d. 10.5 points - Recruit shall complete at least twenty-three (23) repeti-
      tions in two (2) minutes;  
   e. 11 points - Recruit shall complete twenty-five (25) repetitions
      or more in two (2) minutes; and
5. One and five-tenths (1.5) mile run:
   a. 9 points - Recruit shall complete in 1,076 seconds (17:56) or
      less;  
   b. 9.5 points - Recruit shall complete in 1,054 seconds (17:34) or
      less;  
   c. 10 points - Recruit shall complete in 1,032 seconds (17:12) or
      less;  
   d. 10.5 points - Recruit shall complete in 1,004 seconds
      (16:44) or less; and
   e. 11 points - Recruit shall complete in 975 seconds (16:15) or
      less.
(c) A recruit shall:
   1. Not be awarded more than eleven (11) points or less than
      nine (9) points in any one (1) of the five (5) physical ability events;
   2. Be deemed to have failed the physical ability test if he or she fails to achieve at least:
      a. A total score of fifty (50) points; or
      b. Nine (9) points on any one (1) physical training event.
(d) Retest.
   1. A recruit that fails to meet the lowest performance level in a test event, thus earning a zero point value for that event, shall be
      granted a retest opportunity in that event without having to retest in the other events for which a point value was obtained, except that a
      retest shall not be granted unless the maximum value of eleven (11) points would allow the applicant to meet the required overall
      fifty (50) point minimum.
   2. A recruit that obtains a point value for each event, but does not obtain an overall score of fifty (50), shall be retested on the
      physical training entry test again, in its entirety.
   3. A retest shall not occur any sooner than forty-eight (48) hours or any later than seventy-two (72) hours from the date of the
      initial test attempt.
   4. All failed events shall be retested on the same date.
   5. If the recruit passes all previously failed events on the date of the retest, the recruit shall have met the physical training entry
      requirements.
6. If the recruit does not pass all previously failed events on the date of the retest, the recruit shall be unqualified to participate in the
   department's basic training course for which he is currently enrolled, and may reapply to participate in a future department basic
   training course. The recruit shall receive no credit for the part of the basic training course which he has completed.
   (2) Physical training graduation requirements.
   (a) In order to graduate, the recruit shall successfully complete each of the following physical ability requirements within five (5)
      days of graduation from law enforcement basic training, which, except for the entry test score requirements in subsection (1)(b) of this
      administrative regulation, shall be administered in the same order and in conformity with the KLEC Physical Fitness Testing Protocols, incorporated by reference in 503 KAR 1:140:
      1. Bench press: One (1) repetition of maximum (RM) bench press equal to seventy-three (73) percent of the recruit's body
         weight;
      2. Sit-ups. Eighteen (18) sit ups in one (1) minute;
      3. 300 meter run in sixty-five (65) seconds;
      4. Push-ups. Twenty-five (25) push-ups; and
      5. One and five-tenths (1.5) mile run in sixteen (16) minutes, fifteen (15) seconds.
   (b) If a recruit passes all events when participating in the physical training graduation test, the recruit shall have met the physical
      training graduation requirements.
   (c) Retest. If a recruit fails to pass all events when participating in the physical training graduation test:
      1. The recruit shall retest in the failed events no earlier than forty-eight (48) hours after the date of the graduation test, but not
         later than the last scheduled date of the basic training course;  
      2. All failed events shall be retested on the same date;  
      3. If the recruit passes all previously failed events on the date of the retest, the recruit shall have met the physical training gradu-
         ation requirements; and
      4. If the recruit does not pass all previously failed events on the date of the retest, the recruit shall fail basic training.
(3) Physical training midpoint test. During week ten (10) of basic training, the recruits shall be administered the events of the
   physical training requirements for purposes of reporting their progress to their respective law enforcement agencies.

Section 3. Failure and Repetition of Basic Training. (1) Failure of Training.
   (a) A recruit that is removed from basic training due to a training
      segment or area failure prior to the successful completion of
      DUI Detection shall:
      1. Be required to repeat the entire basic training course; and
      2. Pay all applicable fees for the repeated basic training course
         in accordance with 503 KAR 3:030.
   (b) If a recruit fails a segment or area after the completion of
   (1) Basic Training.
      1. Be removed from the basic training class;
      2. Reenter basic training in a subsequent class that has the
         first available vacancy; and
      3. Start the training at the beginning of the training area or
         segment that the recruit did not successfully complete.
   (c) Upon the recruit's return, the recruit shall attend and partici-
      pate in the area or segment, but shall not be retested in the training
      area or segment that was previously passed.
      1. In accordance with Section 6(2) of 503 KAR 3:030, the re-
         cruit's hiring agency shall prepay to the departmen
t the full tuition, 
         room, and board costs of repeating the training area which
         was failed. The hiring agency may recover these costs of repeating the
         training area from its recruit; and
      2. If the training area is successfully completed, the recruit
         shall continue with the remainder of the basic training course.
   (2) Failure of the physical training graduation requirements. A
   recruit who fails the physical training graduation requirement in
   Section 2(2) of this administrative regulation:
   a. Shall not graduate with the recruit's basic training class;
   b. Shall be permitted to retest with the very next basic training
      class; and
   c. Upon successful completion, may graduate with that class.
   (a) A recruit who is permitted to return to basic training in ac-
      cordance with this section and is removed due to failure a second
      time shall:
      1. Be required to repeat basic training in its entirety; and
      2. Pay all costs of repeating the entire basic training course
         in accordance with 503 KAR 3:030.

Section 4. Basic Training Curriculum. The Basic training curri-
   culum shall include the following areas:
   (1) Administration and testing;
   (2) Telecommunications (MDT);
   (3) Legal subjects;
   (4) Physical training;
   (5) Defensive tactics;
   (6) Patrol;
   (7) Vehicle operations;
   (8) Firearms;
   (9) Criminal investigation;
   (10) D.U.I./Field sobriety testing;
   (11) Breath testing;
Section 5. Examinations. (1) A recruit shall be examined in the following six (6) areas of basic training:
(a) Area I:
1. Academic Examination 1;
2. Vehicle Operations: Day Range;
3. Work Zone Safety;
4. Criminal Justice Information System: Mobile Data Terminal (CJIS:MDT); and
5. Academic Examination 2;
(b) Area II:
1. Breath Test Operator: Practical;
2. Breath Test Operator: Written;
3. DUI: Practical; and
4. DUI: Written;
(c) Area III:
1. First Aid/Cardiopulmonary Resuscitation/Automated External Defibrillation: Written [Cardiopulmonary Resuscitation (CPR): Practical];
2. Cardiopulmonary Resuscitation/Automated External Defibrillation: Practical [Written];
3. Automated External Defibrillation (AED): Written [Practical];
4. 3. First Aid: Practical; (f) Area VI:
5. [First Aid: Written, and B] Practice Examination 1;
(d) Area IV:
1. Academic Examination 3;
2. Handgun: Day; and
3. Handgun: Low Level Light; and
4. Academic Examination 4;
(e) Area V:
1. Long Gun: Shotgun Day; and
2. Long Gun: Shotgun Low Level Light;
3. Long Gun: Rifle Day; and
4. Long Gun: Rifle Low Level Light; and
(f) Area VI:
1. Defensive Tactics: Written;
2. Law Enforcement Prevention and Deterrence of Terrorist Acts;
3. Defensive Tactics: Practical;
4.[3] Academic Examination 5: Final Exam; and
5.[4] Practical Examination 2.
(2) A recruit shall be permitted one (1) reexamination in each of the six (6) areas of basic training.
(3) A recruit who fails an examination, other than defensive tactics or the Practical Examinations, shall not be reexamined:
(a) Earlier than forty-eight (48) hours from the original examination; or
(b) Later than:
1. Ten (10) days after the original examination. A recruit may submit a written request to the branch manager for an additional five (5) days in which to take the reexamination; and
2. The last scheduled day of the basic training course.
(4) Failure of a defensive tactics examination or Practical Examination 2.
  (a) If the failure occurs prior to the last scheduled day of defensive tactics training, the recruit shall not be reexamined earlier than the last scheduled day of defensive tactics training.
  (b) If the failure occurs on the last scheduled day of defensive tactics training, the recruit shall not be reexamined:
    1. Earlier than twenty-four (24) hours from the original examination; or
    2. Later than the last scheduled day of the basic training course.
  (c) If a recruit fails Practical Examination 2, the recruit may be reexamined:
    1. Immediately; or
    2. No later than the last scheduled day of the basic training course.
(5) A recruit shall fail basic training if the recruit:
(a) Fails a reexamination in accordance with subsection (2) of this section; or
(b) Fails two (2) examinations in the same area of basic training.

Section 6. Absence. (1) A recruit may have excused absences from the course with approval of the director of the certified school or his designee.
(2) An excused absence from the course which causes a recruit to miss any of the 768 hours of basic training shall be made up through an additional training assignment.

Section 7. Circumstances Preventing Completion of Basic Training. (1) If a recruit is prevented from completing the basic training course due to extenuating circumstances beyond the control of the recruit, including injury, illness, personal tragedy, or agency emergency, he shall be permitted to complete the unfinished areas of the course within 180 days immediately following the termination of the extenuating circumstance, if the:
(a) Extenuating circumstance preventing completion of basic training does not last for a period longer than one (1) year; and
(b) Failure to complete is not caused by a preexisting physical injury or preexisting physiological condition.
(2) If a recruit is prevented from completing the basic training course due to being called for active duty in the Kentucky National Guard or other branches of the United States Armed Forces, the recruit shall be permitted to complete the unfinished areas of the course within 180 days immediately following his or her return from active duty service.

Section 8. Termination of Employment while Enrolled. If, while enrolled in the basic training course, a recruit's employment as a police officer is terminated by dismissal, and the recruit is unable to complete the course, the recruit shall complete the remaining training within one (1) year of reemployment as an officer. The recruit shall repeat basic training in its entirety if:
1. The break in employment exceeds one (1) year; or
2. The termination of employment is a result, directly or indirectly, of disciplinary action taken by the department against the recruit while enrolled in the basic training course.

Section 9. Maintenance of Records. (1) At the conclusion of each basic training course, the department shall forward a final roster indicating the pass or fail status of each recruit to the council.
(2) All training records required for fund purposes shall be retained by the department, but a copy of pertinent facts shall be sent to the fund administrator upon written request.
(3) All training records shall be:
(a) Available to the council, the secretary, and the fund administrator for inspection or other appropriate purposes; and
(b) Maintained in accordance with applicable provisions of KRS Chapter 171.
(a) Provide a brief summary of:

(1) What this administrative regulation does: Establishes the curriculum and training requirements for those attending the Department of Criminal Justice Training Law Enforcement Basic Training academy.

(b) The necessity of this administrative regulation: This administrative regulation is necessary so that the Kentucky Law Enforcement Council may fulfill its responsibility, as established in KRS 15.330, to approve law enforcement officers as having met the requirements for completion of law enforcement training, specifically basic training which is necessary for participation in the Kentucky Law Enforcement Foundation Program Fund (KLEFPF), and peace officer certification pursuant to KRS 15.380 through 15.402.

(c) How this administrative regulation conforms to the content of the authorizing statutes: KRS 15.330(1)(h) authorizes the Kentucky Law Enforcement Council to promulgate reasonable rules and administrative regulations to accomplish the purposes of KRS 15.310 to 15.510 and KRS 15.990 to 15.992. This administrative regulation is required to establish training standards for DOCJT basic training, which is necessary for the administration of KLEFPF (KRS 15.410 through 15.510), and peace officer certification (KRS 15.310, and 15.380 through 15.402).

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This regulation sets clear, reasonable and consistent rules and procedures for graduation from DOCJT basic training, the successful completion of which is necessary before an officer may achieve active peace officer certification, or participate in KLEFPF.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation: This amendment does the following: 1. Amends the passing exam score for the First Aid/CPR/AED examination; 2. Updates language regarding basic training exams; 3. Amends language regarding the First Aid/Cardiopulmonary Resuscitation/Automated External Defibrillation examination; and 4. Includes the course "Law Enforcement Prevention and Deterrance of Terrorist Acts."

(b) The necessity of the amendment to this administrative regulation: These amendments are necessary to update training subjects and testing in basic training.

(c) How the amendment conforms to the content of the authorizing statutes: KRS 15.330(1)(h) authorizes the Kentucky Law Enforcement Council to promulgate reasonable rules and administrative regulations to accomplish the purposes of KRS 15.310 to 15.510 and KRS 15.990 to 15.992. This administrative regulation is required to establish training standards for DOCJT basic training, which is necessary for the administration of KLEFPF (KRS 15.410 through 15.510), and peace officer certification (KRS 15.310, and 15.380 through 15.402).

(d) How the amendment will assist in the effective administration of the statutes: This regulation sets clear, reasonable and consistent rules and procedures for graduation from DOCJT basic training, the successful completion of which is necessary before an officer may achieve activepeace officer certification, or participate in KLEFPF.

(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: All law enforcement agencies in the Commonwealth that utilize DOCJT basic training, which is approximately 400 agencies, including most state, county and local agencies, but excluding the Kentucky State Police, the Lexington-Fayette Urban County Division of Police, and the Louisville Metro Police Department.

(4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment: The agencies should not experience any detrimental impact. They should be benefited by receiving an officer or graduate who is better trained.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): Compliance with the amendments should not cost anything more than what it costs presently. The hours of training in the eighteen week course have not been increased.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): They will receive a better trained officer upon graduation.

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

(a) Initially: No additional costs.

(b) On a continuing basis: No additional costs.

(6) What is the source of funding to be used for the implementation and enforcement of this administrative regulation: The restricted Kentucky Law Enforcement Foundation Program Fund (KLEFPF).

(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change, if it is an amendment: No increase should be necessary.

(8) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees: The amendment of this administrative regulation does not establish any new fees or increase any fees, directly or indirectly.

(9) TIERING: Is tiering applied? No. Tiering was not appropriate in this administrative regulation because the administrative regulation applies equally to all those individuals or entities regulated by it. Disparate treatment of any person or entity subject to this administrative regulation could raise questions of arbitrary action on the part of the agency. The "equal protection" and "due process" clauses of the Fourteenth Amendment of the U.S. Constitution may be implicated as well as Sections 2 and 3 of the Kentucky Constitution.

FISCAL NOTE ON STATE OR LOCAL GOVERNMENT

1. Does this administrative regulation relate to any aspect of a local government, including any service provided by that local government? Yes.

2. What units, parts or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation? This administrative regulation will affect all divisions of state or local government that employ peace officers who are required by KRS 15.380 to be certified, including city and county police departments, and county sheriff's offices. All new city, county, and state law enforcement are required to attend and complete law enforcement basic training.

3. Identify each state or federal statute or federal regulation that requires or authorizes the action taken by the administrative regulation: KRS 15A.070(1), KRS 15.330(1)(a) and (h), and KRS 15.380.

4. Estimate the effect of this administrative regulation on the expenditures and revenues of a state or local government agency (including cities, counties, fire departments, or school districts) for the first full year the administrative regulation is to be in effect.

(a) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year? None.

(b) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for subsequent years? None.

(c) How much will it cost to administer this program for the first year? There should be no additional costs to the KLEC, DOCJT, or the agencies that are affected by this administrative regulation.

(d) How much will it cost to administer this program for subsequent years? Costs are expected to remain the same.

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.
A local board of education shall require all school personnel exhibiting symptoms of chronic respiratory disease to undergo a TB [tuberculosis] risk assessment and examinations as indicated.

The evaluation and any recommended treatment for TB [tuberculosis] infection shall be based upon the directives of the local board of health and the Kentucky Department for Public Health.

(b) An employee exposed to infectious TB [tuberculosis] shall be tested and, if necessary, treated for TB [tuberculosis] infection according to the directives of the local board of health.

(c) In a county with an incidence of cases of active TB [tuberculosis] that is equal to or greater than the national average as established by the Department for Public Health, Division of Epidemiology, Tuberculosis Control Program, the local board of health may, with the approval of the Kentucky Department for Public Health, require more extensive testing of school district employees for TB [tuberculosis].

Section 2. Preventative Health Care Examinations. (1) A local board of education shall require a preventative health care examination of each child within one (1) year prior to the child's initial admission to school.

(b) A second examination shall be required within one (1) year prior to entry into the sixth grade.

(c) A third examination may be required by policy of the local board of education within one (1) year prior to entry into the ninth grade.

(2) An out-of-state transfer student shall be required to submit documentation of a preventative health care examination.

(3) A local school board may extend the deadline by which to obtain a preventative health care examination, not to exceed two (2) months.

(4) A preventative health care examination shall be performed and signed for by a physician, an advanced practice registered nurse [practitioner], a physician’s assistant, or a registered nurse.

(5) A preventative health care examination shall be performed and signed for by a physician, an advanced practice registered nurse [practitioner], a physician’s assistant, or a registered nurse.

(6) A record of immunization shall be submitted on an Immunization Certificate Form, EPID 230.

(7) A record of immunization shall be submitted on an Immunization Certificate Form, KDESHE002 and shall include:

(a) A medical history;

(b) An assessment of growth and development and general appearance;

(c) A physical assessment including hearing and vision screening and

(d) Recommendations to the school regarding health problems that may require special attention in classroom or personal health care activities.

(8) A vision examination shall be reported on the Kentucky Eye Examination Form for School Entry, KDESHE004.

(9) A current valid Immunization Certificate Form, EPID 230, shall be on file within two (2) weeks of the child’s enrollment in school.

(10) A board of education shall adopt a program of continuous health supervision for all school enrollees.

(b) Supervision shall include scheduled, appropriate screening tests for vision[2] and hearing, and scoliosis. [(11) A local spinal screening program for scoliosis, pursuant to subsection (10)(b) of this section, shall include: (a) Training sessions for teachers or lay volunteers who will be doing the screening; (b) Obtaining parental permission for scoliosis screening; (c) Established screening times, at least in grades six (6) and eight (8) and appropriate procedures and referral criteria; (d) Mandated education of students regarding scoliosis screening and; (e) Required referral of all children with abnormal screening results for appropriate diagnosis and treatment and follow-up on these referrals. Local referral and follow-up procedures shall include: 1. Notification of parents of students who need further evaluation by a physician;]
2. Tracking referrals to determine whether all children with abnormal screening results receive appropriate diagnosis and treatment; and
3. Reporting of data on screening, referral, and follow up tracking to the Department of Education.

(12) The Department of Education shall:
(a) Monitor the spinal screening and referral programs provided by local boards of education;
(b) Provide consultation and technical assistance to local school districts concerning spinal screening, referral, and follow up for appropriate diagnosis and treatment; and
(c) Encourage local school districts to work cooperatively with local health departments and local Commission for Children with Special Health Care Needs offices to plan, promote, and implement scoliosis screening programs.

(13) Referral and appropriate follow-up of any abnormality noted by a screening assessment or teacher observation shall be recorded on school health records.

(14) A school shall have emergency care procedures, which shall include:
(a) First aid facilities, including provisions for designated areas for the child to recline;
(b) A requirement that whenever children are present during school hours, there shall be at least one (1) adult present in the school who is certified in a standard first aid course which includes CPR for infants and children;
(c) A number at which parents can be reached;
(d) The name of a family physician.

(15) A local board of education shall require immunizations as required by KRS 214.034.

Section 3. Cumulative Health Records. (1) A school shall initiate a cumulative health record for each pupil entering its school;
(a) The record shall be maintained throughout the pupil's attendance;
(b) The record shall be uniform and shall be in the form "Pupil's Cumulative Health Record KDESHS006" or the record shall be maintained electronically in the student information system.
(c) The record shall include screening tests related to growth and development, vision, hearing, dental, and scoliosis, and findings and recommendations of a physician and a dentist.
(d) A follow-up by the proper health or school authorities shall be made on each abnormality noted, and the result shall be recorded.
(e) A local school authority shall report all known or suspected cases of communicable disease immediately to the local health department.

Section 4. Physical Environment. (1) A board of education shall provide and maintain a physical environment that is conducive to the health and safety of school children in each school under its jurisdiction.

(2) A local board of education shall comply with current laws and administrative regulations applicable to all public buildings pertinent to health, sanitation, and safety.

(3) A local board of education shall establish and maintain:
(a) An adequate supply of water of safe, potable, sanitary quality;
(b) A state-approved sanitary disposal of sewage, other water carried waste, and solid waste;
(c) Adequate toilet and lavatory facilities, including soap or detergent as well as towels or other methods for drying hands, and other sanitary fixtures;
(d) Adequate heating, lighting, and ventilation in all school buildings;
(e) Adequate facilities and equipment for cafeterias and lunchrooms;
(f) Supervision of general sanitation and safety of the school building, grounds, and playground equipment;
(g) Beginning with the 2010-2011 school year, proof that all unlicensed school personnel who have accepted delegation to perform medication administration in school have completed a training course provided by the Kentucky Department of Education. This course shall be developed in consultation with the Kentucky Board of Nursing to ensure compliance with 201 KAR 20:400;
(h) Adequate control of air pollutants; and
(i) Universal precautions guidelines compatible with Occupational Safety and Health Administration requirements established in 803 KAR 2:320 and 29 C.F.R. 1910.1030.

Section 5. A superintendent shall designate a person to serve as local district health coordinator.

(1) The person designated shall meet the minimum qualifications required of this position as determined by the Educational Professional Standards Boards in 16 KAR 4:010 or by the Kentucky Department of Education in the Local District Classification Plan for Class Code: 7271.
(2) Class Title: Local District Health Coordinator. The local district health coordinator shall work in cooperation with all school personnel, the local board of education, the State Department of Education, the local health department, family resource and youth services centers, and parents in planning, promoting, and implementing a school health services program.

Section 6. Incorporation by Reference. (1) The following material is incorporated by reference:
(a) "Medical Examination of School Employees", KDESHS001, February 2012 [October 2007];
(b) "Preventative Health Care Examination Form", KDESHS002, February 2012 [December 1999];
(c) "Pupil’s Cumulative Health Record", KDESHS006, March 2012 [January 1993];
(d) "Setting Up Employee Classification Codex, March 2012 [Local District Classification Plan, "Class Code: 7271, Class Title: Local District Health Coordinator", December 1999];
(e) "Kentucky Eye Examination Form for School Entry", KDESHS003, March 2012 [August 2000];
(f) "Immunization Certificate Form", EPID 230, October 2007; and
(g) "Kentucky Dental Screening/Examination For School Entry", KDESHS005, March 2012 [August 2010].

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Division of District Support [Nutrition and Health Services], Department of Education, 500 Mero Street [2545 Lawrenceburg Road], Frankfort, Kentucky 40601, Monday through Friday, 8 a.m. to 4:30 p.m.

This is to certify that the chief state school officer has reviewed and recommended this administrative regulation prior to its adoption by the Kentucky Board of Education, as required by KRS 156.070(4).

Terry Holliday, Ph.D., Commissioner of Education

DAVID KAREM, Chairperson, Board of Education

APPROVED BY AGENCY: March 14, 2012
FILED WITH LRC: March 15, 2012 at noon
PUBLIC HEARING AND PUBLIC COMMENT PERIOD: A public hearing on this proposed administrative regulation shall be held on April 26, 2012, at 10 a.m., State Board Room, 1st Floor, Capital Plaza Tower, 500 Mero Street, Frankfort, Kentucky. Individuals interested in being heard at this meeting shall notify this agency in writing five working days prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing is received by that date, the hearing may be canceled. This hearing is open to the public. Any person who wishes to be heard will be given an opportunity to comment on the proposed administrative regulation. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted until April 30, 2012. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to Kevin C. Brown, General Counsel, Kentucky Department of Education, First Floor, Capital Plaza Tower, 500 Mero Street, Frankfort, Kentucky 40601, phone 502-564-4474, fax 502-564-9321 or email at kevin.brown@education.ky.gov.
REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Contact Person: Kay Kennedy

(1) Provide a brief summary of:
(a) What this administrative regulation does: This regulation implements several statutory provisions dealing with school health and safety. The regulation describes, for both school district employees and students the necessary forms that are to be completed and the data that should be maintained for each individual.
(b) The necessity of this administrative regulation: This administrative regulation was necessary to implement provisions of 156.180(1) (g), (h), (i), 156.501, 156.502, 161.145, 214.036 and 29 C.F.R. 1910.1030 that set forth the state and federal health data requirements dealing with school health and safety.
(c) How this administrative regulation conforms to the content of the authorizing statute: This administrative regulation provides specifics for establishing the process and procedures for implementing the required health data collections by local school districts.
(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation provides specifics for establishing the process and procedures for implementing the required health data collections by local school districts.
(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:
(a) How the amendment will change this existing administrative regulation: The proposed amendments include the following changes: Changes include updates to required health forms for students and district employees, updates to language regarding school health practitioners, removes the requirement for in school scoliosis screening and allows student health data to be kept electronically in the Student Information System.
(b) The necessity of the amendment to this administrative regulation: This amendment is necessary to align the regulation and the forms incorporated by reference with state and federal requirements.
(c) How the amendment conforms to the content of the authorizing statute: This regulation governs medical examinations necessary and advisable for the protection of physical welfare and safety of public school children and public school employees.
(d) How the amendment will assist in the effective administration of the statutes: The forms incorporated by reference will standardize and streamline health data collection processes used by local public school districts.
(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: All public school districts in Kentucky and health care providers who will use the forms incorporated by reference.
(4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including: The proposed regulation will impact schools districts and health care providers by standardizing and streamlining the health data collection process.
(a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment: Health care providers will continue to provide local school districts with health data utilizing the forms incorporated by reference. –While physicians are not ‘regulated entities’ under this regulation and they use this form by choice, physicians can also provide another form as long as it has the same information.
(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): There will be no additional cost to School Districts or the Department of Education other than minimal administrative costs to update referenced documents for recording health data in the student information system.
(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): The health data collected by local school districts will be in alignment with state and federal requirements and will inform districts about the health conditions and needs of their students.
(d) How much will it cost to administer this program for the first year? None
(e) How much will it cost to administer this program for subsequent years? No additional costs.
(f) TIERING: Is tiering applied? No. Tiering was not appropriate in this administrative regulation because the administrative regulation applies equally to all school districts.

FISCAL NOTE ON STATE OR LOCAL GOVERNMENT

1. Does this administrative regulation relate to any program, service, or requirements of a state or local government (including cities, counties, fire departments, or school districts)? Yes
2. What units, parts or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation? School districts.
3. Identify each state or federal statute or federal regulation that requires or authorizes the action taken by the administrative regulation. KRS 156.180(1) (g), (h), (i), 156.501, 156.502, KRS 161.145, 214.036 and 29 C.F.R. 1910.1030
4. Estimate the effect of this administrative regulation on the expenditures and revenues of a state or local government agency (including cities, counties, fire departments, or school districts) for the first year? None
(b) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year? None
(c) How much will it cost to administer this program for the first year? No additional costs.
(d) How much will it cost to administer this program for subsequent years? No additional costs.

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

EDUCATION CABINET
Kentucky Board of Education
Department of Education
(Amendment)

702 KAR 7:065. Designation of agent to manage high school interscholastic athletics.

RELATES TO: KRS 156.070(2)
STATUTORY AUTHORITY: KRS 156.070(2)
NESCCESSITY, FUNCTION, AND CONFORMITY: KRS 156.070(2) requires the Kentucky Board of Education (KBE) to manage and control the common schools, including interscholastic athletics in the schools, and authorizes the KBE to designate an agency to manage athletics. This administrative regulation desig-
nates an agent for high school athletics; establishes the financial planning and review processes for the agent; and incorporates by reference the bylaws, procedures and rules of the agent.

Section 1. The Kentucky High School Athletic Association (KHSAA) shall be the Kentucky Board of Education's agent to manage interscholastic athletics at the high school level in the common schools, including a private school desiring to associate with KHSAA and to compete with a common school.

Section 2. To remain eligible to maintain the designation as the agent to manage interscholastic athletics, the KHSAA shall: (1) Accept four (4) at-large members appointed by the Kentucky Board of Education to its governing body; (2) Sponsor an annual meeting of its member schools; (3) Provide for each member school to have a vote on constitution and bylaw changes submitted for consideration; (4) Provide for regional postseason tournament net revenues to be distributed to the member schools in that region participating in that sport, utilizing a share approach determined by the schools within that region playing that sport; (5) Require its governing body to annually establish goals and objectives for its commissioner and perform a self-assessment and submit the results annually to the KBE by October 31; (6) Advise the Department of Education of all legal action brought against the KHSAA by October 31; (7) Permit a board of control member to serve a maximum of two (2) consecutive four (4) year terms with no region represented for more than eight (8) consecutive years; (8) Employ a commissioner and evaluate that person's performance annually by October 31, and establish all staff positions upon recommendation of the commissioner; (9) Permit the commissioner to employ other personnel necessary to perform the staff responsibilities; (10) Permit the Board of Control to assess fines on a member school; (11) Utilize a trained independent hearing officer instead of an eligibility committee for an appeal; (12) Establish a philosophical statement of principles to use as a guide in an eligibility case; (13) Conduct field audits of the association's entire membership over a five (5) year period regarding each school's compliance with 20 U.S.C. Section 1681 (Title IX) and submit summary reports including the heightening of any deficiencies in compliance on a regular (not less than three (3) times annually) basis to the Kentucky Board of Education as requested; (14) As a condition precedent to membership, require each member school and superintendent to annually submit a written certification of compliance with 20 U.S.C. Section 1681 (Title IX); (15) Conduct all meetings in accordance with KRS 61.805 through 61.850; (16) Provide written reports of any investigations into possible violations of statute, administrative regulation, KHSAA Constitution, bylaws, and other rules governing the conduct of interscholastic athletics conducted by KHSAA or their designees to the superintendent and principal of the involved school district and school prior to being made public; and (17) Not punish or sanction, in any manner, a school, student, coach, or administrator for allowing a student to play in an athletic contest or practice with the team during a time when an order of a court of competent jurisdiction permits the student to participate or otherwise stays or enjoins enforcement of a KHSAA final decision on eligibility.

Section 3. Financial Planning and Review Requirements. (1) KHSAA shall annually submit the following documents to the KBE by October 31: (a) Draft budget for the next two (2) fiscal years, including the current year; (b) End-of-year budget status report for the previous fiscal year; (c) Revisions to the KHSAA Strategic Plan as a result of an annual review of the plan by the KHSAA governing body; (d) A summary report of operations including summaries of financial, legal, and administrative actions taken and other items ongoing within KHSAA. This report shall also include a summary of items affecting: 1. Athletic appeals and their disposition including the name of the individual, grade, school, and the action taken by KHSAA; 2. Eligibility rules; 3. Duties of school officials; 4. Contests and contest limitations; 5. Requirements for officials and coaches; and 6. Results of a biennial review of its bylaws that results in a recommendation for a change, directing any proposals for change in association rules to be considered for vote by the member schools at the next legislative opportunity; and (e) A review of all items which have been submitted to the membership for approval through the processes established in the KHSAA Constitution and the result of the voting on those issues. (2) The KHSAA shall annually submit by December 31, audited financial statements with the KHSAA Commissioner’s letter addressing exceptions or notes contained in management correspondence, if any.

Section 4. The materials incorporated by reference in Section 5 shall apply to high school interscholastic athletics in Kentucky.

Contact Person: Kevin Brown
(1) Provide a brief summary of:

(a) What this administrative regulation does: KRS 156.070 requires the Kentucky Board of Education (KBE) to manage and control the common schools, including interscholastic athletics in the schools, and authorizes the KBE to designate an agency to manage athletics. This regulation designates the Kentucky High School Athletic Association (KHSAA) as the agent to manage high school interscholastic athletics, and incorporates by reference the bylaws, procedures and rules governing interscholastic sports.

(b) The necessity of this administrative regulation: This regulation is necessary to designate the agency to provide the day-to-day management activities of interscholastic athletics in Kentucky; to set forth the financial, planning and review processes governing the agency; and to incorporate by reference the bylaws, procedures and rules of the agent.

(c) How this administrative regulation conforms to the content of the authorizing statutes: The regulation designates the agency to manage interscholastic athletics, as authorized by the authorizing statute, and outlines the conditions under which this authority is granted.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: It designates the KHSAA as the agent to manage interscholastic athletics in the schools and districts, and publishes changes in bylaws, procedures and rules for affected schools and districts.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation: These amendments make changes to the KHSAA Bylaws 6, 7, 9, 10, 25, and 27, incorporated by reference, as adopted by the KHSAA Delegate Assembly. These amendments also make various changes in the KHSAA Due Process Procedures, as incorporated by reference, to conform to the changes approved to the KHSAA Bylaws by the KHSAA Delegate Assembly. Finally, the changes make various technical changes and updates to the KHSAA Board of Control Policies, the KHSAA Officials Division Guidebook, and several KHSAA forms, all incorporated by reference.

(b) The necessity of the amendment to this administrative regulation: Pursuant to the KHSAA Constitution, which is incorporated by reference in this regulation, the members are required to have an annual meeting to discuss and recommend any needed changes to the Constitution and Bylaws. While they are not required to make changes to the Constitution and Bylaws, changes must be made through this process. This amendment incorporates changes approved at the annual meeting of the Delegate Assembly.

(c) How the amendment conforms to the content of the authorizing statutes: The statute authorizes the KBE to designate an agency to manage high school interscholastic athletics. The regulation designates the KHSAA as that agent, and incorporates by reference the KHSAA Constitution, Bylaws, Due Process Procedures, Board of Control Policies, Officials Division Guidebook, and various forms to provide rules and guidance to the member schools and districts governing sporting events. The amendments in the Bylaws are made annually, according to the process outlined in the Constitution, and reflect input from member schools and districts on changes that need to be made to provide a more sound structure of governance.

(d) How the amendment will assist in the effective administration of the statutes: See (c) above.

(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: 174 School Districts

(4) Provide an assessment of how the above group or groups will be impacted by either the implementation of this administrative regulation, if new, or by the change if it is an amendment: There will be little impact because of the nature of the changes to the regulation.

(5) Provide an estimate of how much it will cost to implement this applicable administrative regulation:

(a) Initially: None
(b) On a continuing basis: None

(6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation:
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KHAAA is funded through membership fees and dues, as well as from gate receipts from sporting events.

(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by change if it is an amendment: None

(8) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees: None

(9) TIERING: Is tiering applied? Tiering was not appropriate in this administrative regulation because the administrative regulation applies equally to all school districts.

FISCAL NOTE ON STATE OR LOCAL GOVERNMENT

1. Does this administrative regulation relate to any program, service, or requirements of a state or local government (including cities, counties, fire departments, or school districts)? Yes.

2. What units, parts or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation? School districts

3. Identify each state or federal statute or federal regulation that requires or authorizes the action taken by the administrative regulation. KRS 156.070 and 702 KAR 7:065.

4. Estimate the effect of this administrative regulation on the expenditures and revenues of a state or local government agency (including cities, counties, fire departments, or school districts) for the first full year the administrative regulation is to be in effect. No additional expense to school districts

(a) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year? None

(b) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for subsequent years? None

(c) How much will it cost to administer this program for the first year? The proposed amendment will require no additional cost

(d) How much will it cost to administer this program for subsequent years? The proposed amendment will require no additional cost

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

Revenues (+/-):
Expenditures (+/-):
Other Explanation:

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

(2) Certification criteria shall be applicable to all households.

(3) Certain households shall require special or additional certification procedures as specified in Section 5 of this administrative regulation.

Section 2. Certification Periods. (1) In accordance with 7 C.F.R. 273.10(f), the cabinet shall establish a definite period of time within which a household shall be eligible to receive benefits.

(2) Except as provided in subsection (3) of this section, a household shall be certified for at least twelve (12) months.

(3)(a) A household shall be certified for one (1) or two (2) months if the household meets criteria to:

1. Expedite benefits in accordance with 7 C.F.R. 273.2(i)(1); and

2. Postpone verification.

(b) At the end of a one (1) or two (2) month certification, a household may be recertified for a twelve (12) month certification as specified in subsection (2) of this section.

(c) In accordance with 7 C.F.R. 273.12, a household shall complete an interim report using Form FS-2, SNAP 6-Month Report, during the sixth (6) month of the household’s certification period unless all household members:

1. Are elderly or have a disability as defined in 921 KAR 3:010; and

2. Have no earned income.

(b) If a household fails to return a completed FS-2, SNAP 6-Month Report, or the required income verification, the cabinet shall take action in accordance with 7 C.F.R. 273.12(a)(5).

Section 3. Certification Notices to Households. In accordance with 7 C.F.R. 273.10(g), the cabinet shall provide an applicant with one (1) of the following written notices as soon as a determination is made, but no later than thirty (30) days after the date of the initial application:

(1) Notice of eligibility;

(2) Notice of denial; or

(3) Notice of pending status.

Section 4. Application for Recertification. The cabinet shall process an application for recertification as specified in 921 KAR 3:030, Section 1, as follows:

(a) By the 15th day of the last month of the certification, the cabinet shall:

1. Allow the household to return verification or complete a required action through the last calendar day of the application month; and

2. Provide uninterrupted benefits, if the household is otherwise eligible;

(b) After the 15th day, but prior to the last day of the last month of the certification, the cabinet shall allow the household thirty (30) days to return verification or complete a required action; or

(2) If the household fails to provide information required for the cabinet to process the application for recertification within a time period established in subsection (1) of this section, the cabinet shall take action in accordance with 7 C.F.R. 273.14(e)(2).

Section 5. Certification Process for Specific Households. Pursuant to 7 C.F.R. 273.11, certain households have circumstances that are substantially different from other households and therefore shall require special or additional certification procedures.

(1) A household with a self-employed member shall have its case processed as follows:

(a) Income is annualized over a twelve (12) month period, if self-employment income:

1. Represents a household's annual income; or

2. Is received on a monthly basis which represents a household's annual support.

(b) Self-employment income, which is intended to meet the household's needs for only part of the income for the year, shall be averaged over the period of time the income is intended to cover.

(c) Income from a household's self-employment enterprise that has been in existence for less than one (1) year shall be averaged over the period of time the business has been in operation and a monthly amount projected over the coming year.
(d) The cabinet shall calculate the self-employment income on anticipated earnings if the:
  1. Averaged annualized amount does not accurately reflect the household's actual circumstances; and
  2. Household has experienced a substantial increase or decrease in business.

(2) A household with a boarder shall have its case processed as follows:
   (a) Income from the boarder shall:
       1. Be treated as self-employment income; and
       2. Include all direct payments to the household for:
          a. Room;
          b. Meals; and
          c. Shelter expenses.
   (b) Deductible expenses shall include:
       1. Cost of doing business;
       2. Twenty (20) percent of the earned income; and
       3. Shelter costs.

(b) If the sponsor is financially responsible for more than one each sponsored alien.

(c) A portion of income, as specified in paragraph (a) of this subsection, of the sponsor and of the sponsor's spouse shall be processed as follows:
   (a) Income of a sponsored alien, as defined in 7 C.F.R. 273.11(g), shall be:
       1. Averaged annualized amount does not accurately reflect the household's actual circumstances; and
       2. Subject to appropriate income exclusions as specified in 921 KAR 3:020, Section 3.

(d) The cabinet shall calculate the self-employment income on anticipated earnings if the:
  1. Averaged annualized amount does not accurately reflect the household's actual circumstances; and
  2. Household has experienced a substantial increase or decrease in business.

(2) A household with a boarder shall have its case processed as follows:
   (a) Income from the boarder shall:
       1. Be treated as self-employment income; and
       2. Include all direct payments to the household for:
          a. Room;
          b. Meals; and
          c. Shelter expenses.
   (b) Deductible expenses shall include:
       1. Cost of doing business;
       2. Twenty (20) percent of the earned income; and
       3. Shelter costs.

(b) If the sponsor is financially responsible for more than one each sponsored alien.

(c) A portion of income, as specified in paragraph (a) of this subsection, of the sponsor and of the sponsor's spouse shall be processed as follows:
   (a) Income of a sponsored alien, as defined in 7 C.F.R. 273.11(g), shall be:
       1. Averaged annualized amount does not accurately reflect the household's actual circumstances; and
       2. Subject to appropriate income exclusions as specified in 921 KAR 3:020, Section 3.

(d) The cabinet shall calculate the self-employment income on anticipated earnings if the:
  1. Averaged annualized amount does not accurately reflect the household's actual circumstances; and
  2. Household has experienced a substantial increase or decrease in business.

(2) A household with a boarder shall have its case processed as follows:
   (a) Income from the boarder shall:
       1. Be treated as self-employment income; and
       2. Include all direct payments to the household for:
          a. Room;
          b. Meals; and
          c. Shelter expenses.
   (b) Deductible expenses shall include:
       1. Cost of doing business;
       2. Twenty (20) percent of the earned income; and
       3. Shelter costs.

(b) If the sponsor is financially responsible for more than one each sponsored alien.

(c) A portion of income, as specified in paragraph (a) of this subsection, of the sponsor and of the sponsor's spouse shall be processed as follows:
   (a) Income of a sponsored alien, as defined in 7 C.F.R. 273.11(g), shall be:
       1. Averaged annualized amount does not accurately reflect the household's actual circumstances; and
       2. Subject to appropriate income exclusions as specified in 921 KAR 3:020, Section 3.

(d) The cabinet shall calculate the self-employment income on anticipated earnings if the:
  1. Averaged annualized amount does not accurately reflect the household's actual circumstances; and
  2. Household has experienced a substantial increase or decrease in business.

(2) A household with a boarder shall have its case processed as follows:
   (a) Income from the boarder shall:
       1. Be treated as self-employment income; and
       2. Include all direct payments to the household for:
          a. Room;
          b. Meals; and
          c. Shelter expenses.
   (b) Deductible expenses shall include:
       1. Cost of doing business;
       2. Twenty (20) percent of the earned income; and
       3. Shelter costs.

(b) If the sponsor is financially responsible for more than one each sponsored alien.

(c) A portion of income, as specified in paragraph (a) of this subsection, of the sponsor and of the sponsor's spouse shall be processed as follows:
   (a) Income of a sponsored alien, as defined in 7 C.F.R. 273.11(g), shall be:
       1. Averaged annualized amount does not accurately reflect the household's actual circumstances; and
       2. Subject to appropriate income exclusions as specified in 921 KAR 3:020, Section 3.

(d) The cabinet shall calculate the self-employment income on anticipated earnings if the:
  1. Averaged annualized amount does not accurately reflect the household's actual circumstances; and
  2. Household has experienced a substantial increase or decrease in business.

(2) A household with a boarder shall have its case processed as follows:
   (a) Income from the boarder shall:
       1. Be treated as self-employment income; and
       2. Include all direct payments to the household for:
          a. Room;
          b. Meals; and
          c. Shelter expenses.
   (b) Deductible expenses shall include:
       1. Cost of doing business;
       2. Twenty (20) percent of the earned income; and
       3. Shelter costs.

(b) If the sponsor is financially responsible for more than one each sponsored alien.

(c) A portion of income, as specified in paragraph (a) of this subsection, of the sponsor and of the sponsor's spouse shall be processed as follows:
   (a) Income of a sponsored alien, as defined in 7 C.F.R. 273.11(g), shall be:
       1. Averaged annualized amount does not accurately reflect the household's actual circumstances; and
       2. Subject to appropriate income exclusions as specified in 921 KAR 3:020, Section 3.

(d) The cabinet shall calculate the self-employment income on anticipated earnings if the:
  1. Averaged annualized amount does not accurately reflect the household's actual circumstances; and
  2. Household has experienced a substantial increase or decrease in business.

(2) A household with a boarder shall have its case processed as follows:
   (a) Income from the boarder shall:
       1. Be treated as self-employment income; and
       2. Include all direct payments to the household for:
          a. Room;
          b. Meals; and
          c. Shelter expenses.
   (b) Deductible expenses shall include:
       1. Cost of doing business;
       2. Twenty (20) percent of the earned income; and
       3. Shelter costs.
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deemed unearned income until the sponsored alien:
1. Becomes a naturalized citizen;
2. Is credited with forty (40) qualifying quarters of work;
3. Meets criteria to be exempt from deeming, in accordance with 7 C.F.R. 273.4(c)(3);
4. Is no longer considered lawfully admitted for permanent residence and leaves the United States; or
5. Dies, or the sponsor dies.
(d) Effective October 1, 2003, deeming requirements shall no longer apply to sponsored alien children under eighteen (18) years of age, in accordance with 7 U.S.C. 2014.

Section 6. Disaster Certification. The cabinet shall distribute emergency SNAP benefits, pursuant to 42 U.S.C. 5122, to a household residing in a county determined to be a disaster area in accordance with 42 U.S.C. 5179 and 7 C.F.R. 280.1.

Section 7. Reporting Changes. (1) Within ten (10) days of the end of the month in which the change occurs, a household shall report a change which causes:
(a) The household’s gross monthly income to exceed 130 percent of poverty level based on household size; or
(b) A household member, who does not have an exemption from work requirements, as specified in 921 KAR 3:025, Section 3(8)(b), to work less than twenty (20) hours per week.
(2) An applying household shall report a change related to its SNAP eligibility and benefits:
(a) At the certification interview; or
(b) Within ten (10) days of the date of the notice of eligibility, if the change occurs after the interview, but prior to receipt of the notice.

Section 8. Incorporation by Reference. (1) The “FS-2, SNAP 6-Month Review”, edition 7/12[541], is incorporated by reference.
(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Department for Community Based Services, 275 East Main Street, Frankfort, Kentucky 40621, Monday through Friday, 9 a.m. to 5 p.m.

TERESA C. JAMES, Acting Commissioner
ERIC FRIEDLANDER, Acting Secretary
APPROVED BY AGENCY: March 12, 2012
FILED WITH LRC: March 14, 2012 at 1 p.m.
PUBLIC HEARING AND PUBLIC COMMENT PERIOD: A public hearing on this administrative regulation shall, if requested, be held on April 23, 2012 at 9:00 a.m. in the Health Services Auditorium, Health Services Building, First Floor, 275 East Main Street, Frankfort, Kentucky. Individuals interested in attending this hearing shall notify this agency in writing by April 16, 2012, five (5) workdays prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing is received by that date, the hearing may be canceled. The hearing is open to the public. Any person who attends will be given an opportunity to comment on the proposed administrative regulation. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to attend the public hearing, you may submit written comments on the proposed administrative regulation. You may submit written comments regarding this proposed administrative regulation until close of business April 30, 2012. Send written notification of intent to attend the public hearing or written comments on the proposed administrative regulation to:
CONTACT PERSON: Jill Brown, Office of Legal Services, 275 East Main Street 5 W-B, Frankfort, Kentucky 40601, phone 502-564-7905, fax 502-564-7573.

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Contact Person: Justin Dearinger
(1) Provide a brief summary of:
(a) What this administrative regulation does: This administrative regulation establishes the certification process used in the administration of the Supplemental Nutrition Assistance Program (SNAP).
(b) The necessity of this administrative regulation: This admin-
indirectly increases any fees.

(9) TIERING: Is tiering applied? Tiering is not applied, as this administrative regulation will be applied in a like manner statewide.

FEDERAL MANDATE ANALYSIS COMPARISON

1. Federal statute or regulation constituting the federal mandate. 7 C.F.R. 271.4
2. State compliance standards. KRS 194.050(1)
3. Minimum or uniform standards contained in the federal mandate. The provisions of the administrative regulation comply with the federal mandate.
4. Will this administrative regulation impose stricter requirements, or additional or different responsibilities or requirements, than those required by the federal mandate? This administrative regulation does not impose stricter, additional or different responsibilities or requirements than those required by the federal mandate.
5. Justification for the imposition of the stricter standard, or additional or different responsibilities or requirements. This administrative regulation does not impose stricter, additional or different responsibilities or requirements.

FISCAL NOTE ON STATE OR LOCAL GOVERNMENT

1. Does this administrative regulation relate to any program, service, or requirements of a state or local government (including cities, counties, fire departments, or school districts)? Yes.
2. What units, parts or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation? The Department for Community Based Services will be impacted by this administrative regulation.
3. Identify each state or federal statute or federal regulation that requires or authorizes the action taken by the administrative regulation. KRS 194A.050(1) 7 C.F.R. 271.4, 273.10, 273.12
4. Estimate the effect of this administrative regulation on the expenditures and revenues of a state or local government agency (including cities, counties, fire departments, or school districts) for the first full year the administrative regulation is to be in effect.
   (a) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year? SNAP does not directly generate any revenue. This amendment will not generate revenue in the first year.
   (b) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for subsequent years? SNAP does not directly generate any revenue. This amendment will not generate revenue in subsequent years.
   (c) How much will it cost to administer this program for the first year? This amendment will not require any additional cost in the first year.
   (d) How much will it cost to administer this program for subsequent years? This amendment will not require any additional costs in subsequent years.

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

Revenues (+/-):
Expenditures (+/-):
Other Explanation:
Section 1. 501 KAR 6:090, Frankfort Career Development Center, is hereby repealed.

LADONNA THOMPSON, Commissioner
APPROVED BY AGENCY: March 6, 2012
FILED WITH AGENCY: March 6, 2012
FILED WITH LRC: March 15, 2012 at 10 a.m.

PUBLIC HEARING AND PUBLIC COMMENT PERIOD: A public hearing on this proposed administrative regulation shall be held on April 25, 2012 at 9:00 a.m., at the Justice and Public Safety Cabinet, Office of Legal Services, 125 Holmes Street, 2nd Floor, Frankfort, Kentucky 40601. Individuals interested in being heard at this hearing shall notify this agency in writing five working days prior to the hearing of their intent to attend. If no notification of intent to attend the hearing is received by that date, the hearing may be cancelled. This hearing is open to the public. Any person who wishes to be heard will be given an opportunity to comment on this proposed administrative regulation. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Send written notification of intent to be heard at the public hearing five working days prior to the hearing or send written comments on the proposed administrative regulation by the close of business April 30, 2012 to:

CONTACT PERSON: Amy Barker, Justice & Public Safety Cabinet, Office of Legal Services, 125 Holmes Street, 2nd Floor, Frankfort, Kentucky 40601, phone (502) 564-3279, fax (502) 564-6686.

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Contact Person: Amy Barker
(1) Provide a brief summary of:
(a) What this administrative regulation does: This regulation repeals the regulation that pertained to the Frankfort Career Development Center since the facility has been closed.
(b) The necessity of this administrative regulation: The administrative regulation is necessary to repeal the administrative regulation for the closed institution.
(c) How this administrative regulation conforms to the content of the authorizing statutes: The Department of Corrections is authorized promulgate and repeal administrative regulations pertaining to its operations.
(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation repeals an administrative regulation which is no longer needed due to the closure of the Frankfort Career Development Center.
(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:
(a) How the amendment will change this existing administrative regulation: Not applicable
(b) The necessity of the amendment to this administrative regulation: Not applicable
(c) How the amendment conforms to the content of the authorizing statutes: Not applicable
(d) How the amendment will assist in the effective administration of the statutes: Not applicable
(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: There is no effect on individuals, businesses, organizations, or state and local governments since the institution no longer exists.
(4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:
(a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment: No entities will be impacted since the institution no longer exists.
(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): No cost.
(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): No benefits will accrue since the institution no longer exists.
(5) Provide an estimate of how much it will cost to implement this administrative regulation:
(a) Initially: None
(b) On a continuing basis: None
(6) What is the source of funding to be used for the implementation and enforcement of this administrative regulation: No source of funding is required.
(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change, if it is an amendment:
(a) No fees are created and no funds are necessary to repeal the administrative regulation.
(b) In complying with this administrative regulation or amendment, how much will it cost each of the regulated entities identified in question (3): No cost.
(c) If required or authorized, the action taken by the administrative regulation does not create any fees or directly or indirectly increase any fees:
(8) Tiering: Is tiering applied? No. Tiering is not appropriate in this administrative regulation because the administrative regulation since a regulation is being repealed as to all.

FISCAL NOTE ON STATE OR LOCAL GOVERNMENT

1. Does this administrative regulation relate to any program, service, or requirements of a state or local government (including cities, counties, fire departments, or school districts)? Yes.
2. What units, parts or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation? The administrative regulation being repealed impacted the Department of Corrections which closed the Frankfort Career Development Center.
3. Identify each state or federal statute or federal regulation that requires or authorizes the action taken by the administrative regulation. KRS 196.035, 197.020
4. Estimate the effect of this administrative regulation on the expenditures and revenues of a state or local government (including cities, counties, fire departments, or school districts) for the first full year the administrative regulation is to be in effect:
(a) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year? Repealing the regulation does not create any revenue.
(b) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for subsequent years?
(c) How much will it cost to administer this program for the first year? No costs will be incurred.
(d) How much will it cost to administer this program for subsequent years? No costs will be incurred.
Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

Revenues (+/-):
Expenditures (+/-):
Other Explanation:
Call to Order and Roll Call
The March meeting of the Administrative Regulation Review Subcommittee was held on Monday, March 12, 2012, at 1:00 p.m., in Room 149 of the Capitol Annex. Representative Johnny Bell, Co-Chair, called the meeting to order, the roll call was taken. The minutes of the February 2012 meeting were approved.

Present were:

Members: Senators David Givens and Joey Pendleton, and Representatives Johnny Bell, Robert Damron, Danny Ford, and Jimmie Lee.

LRC Staff: Dave Nicholas, Donna Little, Emily Caudill, Sarah Amburgey, Emily Harkenrider, Karen Howard, Betsy Cupp, and Laura Napier.

Guests: Robert Brown, Alicia Sneed Education Professional Standards Board; Gilda Hill, Dennis Shepherd, Kentucky Department of Military Affairs; Dinah Bevington, Mary Elizabeth Harrod, Personnel Cabinet; Becky Klusch, Board of Physical Therapy; Peter Ervin, Angela Robertson, Michael West, Kentucky Boxing and Wrestling Authority; Larry Disney, Jim Grawe, Real Estate Appraisers Board; Ron Brooks, David Hise, Benjy Kinman, Mark Mangeot, Department of Fish and Wildlife; Amy Barker, J. Todd Henning; Justice and Public Safety Cabinet; Wayne Orskst, Barbara Teague, Kentucky Department of Libraries and Archives; Elizabeth Caywood, Michelle DeJohn, Robin Henning, Marybeth Jackson, Stuart Owen, Chandra VenetoZZoi, and Neville Wise, Cabinet for Health and Family Services.

The Administrative Regulation Review Subcommittee met on Monday, March 12, 2012, and submits this report:

Administrative Regulations Reviewed by the Subcommittee:

EDUCATION PROFESSIONAL STANDARDS BOARD: Assessment
16 KAR 6:010. Examination prerequisites for teacher certification. Robert Brown, director, Professional Learning and Assessment, and Alicia A. Sneed, director of legal services, represented the board.

A motion was made and seconded to approve the following amendments: to amend Section 2 to comply with the drafting and formatting requirements of KRS Chapter 13A. Without objection, and with agreement of the agency, the amendments were approved.

OFFICE OF THE GOVERNOR: Department of Veterans’ Affairs: State Veterans’ Nursing Homes
17 KAR 3:020. Maximum charge for room and care at state veterans’ nursing homes. Gilda Hill, executive director, and Dennis W. Shepherd, staff attorney, represented the department.

In response to a question by Co-Chair Bell, Ms. Hill stated that veterans were charged based on their ability to pay. A veteran would not be denied care because the veteran could not pay.

In response to a question by Representative Damron, Ms. Hill stated that calculations regarding ability to pay took into consideration financial assets and liabilities, including the financial needs of a spouse or family.

PERSONNEL CABINET: Personnel Cabinet, Classified
101 KAR 2:180 & E. Employee performance evaluation system. Dinah Bevington, general counsel, and Mary Elizabeth Harrod, director, Division of Employee Management, represented the cabinet.

A motion was made and seconded to approve the following amendments: to amend Sections 3, 5, and 7 to comply with the drafting requirements of KRS Chapter 13A. Without objection, and with agreement of the agency, the amendments were approved.

GENERAL GOVERNMENT CABINET: Board of Physical Therapy: Board

A motion was made and seconded to approve the following amendments: to amend Sections 2 and 4 to comply with the drafting and formatting requirements of KRS Chapter 13A. Without objection, and with agreement of the agency, the amendments were approved.

Kentucky Boxing and Wrestling Authority: Athletic Commission
201 KAR 27:011. General requirements for boxing and kickboxing shows. Peter Ervin, cabinet general counsel and acting executive director of the authority, and Michael West, assistant attorney general, represented the authority.

A motion was made and seconded to approve the following amendments: (1) to amend Section 2 to make conforming amendments to correct inconsistencies between the currently effective administrative regulation and the administrative regulation as amended after comments; and (2) to amend Section 4 for clarification. Without objection, and with agreement of the agency, the amendments were approved.

201 KAR 27:012. Wrestling show requirements.

A motion was made and seconded to approve the following amendments: (1) to amend Section 2 to make conforming amendments to correct inconsistencies between the currently effective administrative regulation and the administrative regulation as amended after comments; and (2) to amend Section 4 for clarification. Without objection, and with agreement of the agency, the amendments were approved.

201 KAR 27:016. General requirements for mixed martial arts matches, shows, or exhibitions.

A motion was made and seconded to approve the following amendments: (1) to amend Sections 2 and 37 to make conforming amendments to correct inconsistencies between the currently effective administrative regulation and the administrative regulation as amended after comments; and (2) to amend Section 4 for clarification. Without objection, and with agreement of the agency, the amendments were approved.

201 KAR 27:017. Requirements for elimination events.

A motion was made and seconded to approve the following amendments: (1) to amend the RELATES TO; STATUTORY AUTHORITY; and NECESSITY, FUNCTION, AND CONFORMITY paragraphs to correct citations; (2) to amend the NECESSITY, FUNCTION, AND CONFORMITY paragraph to clearly state the necessity for and function served by this administrative regulation, as required by KRS 13A.220; (3) to amend Sections 1 through 8, 10, 11, 13, 15, 17 through 21, 23, 25 through 38, 40, 42 through 45, 47, and 49 through 52 to comply with the drafting and formatting requirements of KRS Chapter 13A; (4) to amend Section 53 to revise material incorporated by reference; and (5) to amend Section 20 to raise the maximum limit of the health insurance deductible for competitors from $300 to $1,000. Without objection, and with agreement of the agency, the amendments were approved.

201 KAR 27:018. & E. Employee performance evaluation system.
A motion was made and seconded to approve the following amendments: (1) to amend the STATUTORY AUTHORITY and NECESSITY, FUNCTION, AND CONFORMITY paragraphs to correct statutory citation; (2) to amend the NECESSITY, FUNCTION, AND CONFORMITY paragraph to clarify the necessity for and function served by this administrative regulation, as required by KRS 13A.220; and (3) to amend Sections 2, 3, 4, 7, 9, 10, and 11 to comply with the drafting and formatting requirements of KRS Chapter 13A. Without objection, and with agreement of the agency, the amendments were approved.

A motion was made and seconded to approve the following amendments: (1) to amend the title to include "Scaled Rough Fish;" (2) to amend Section 3(7) to include the ability to sell the harvested scaled rough fish; (3) to amend Section 3(7) to include the harvest ratio of seven-ty-five (75) percent Asian carp to twenty-five (25) percent scaled rough fish over a one (1) month period; and (b) provide for suspension of a license if there is a failure to follow regulatory requirements; and (5) to amend section 6 to correct a minor drafting error. Without objection, and with agreement of the agency, the amendments were approved.
MCO has to pay interest on any overdue payments to providers.

The department is looking at consumer protection legislation and consumer protection provisions to this administrative regulation.

The department does not need additional time to consider adding definitions for the following terms: “complex or chronic condition”, “QAPI”, and “state survey agency”; (4) to amend Section 5 to require the provider to give a copy of the notice of decision for an appeal to the enrollee or to inform the enrollee of its provisions; (5) to amend Section 7 to authorize an enrollee to change primary care providers if the enrollee is denied access to needed medical services; (6) to amend Section 9 to authorize an MCO to include in the member handbook the names and contact information for non-primary care providers in the MCO’s network; (7) to amend Section 38 to specify the duties of the Pharmacy and Therapeutics Committee; (8) to amend Section 51 to specify that the Quality and Member Access Committee shall provide the results of its reviews to the MCO; (9) to amend Section 66 to clarify that an MCO shall not disclose information related to an Open Records request without prior written authorization from the department; and (10) to amend Sections 1 to 9, 11 to 19, 21 to 30, 32, 33, 35 to 59, 64, 66, 68, and 69 to: (a) comply with the drafting and formatting requirements of KRS Chapter 13A; and (b) correct citations and cross-references. Without objection, and with agreement of the agency, the amendments were approved.

Department for Medicaid Services: Commissioner’s Office: Managed Care

In response to questions by Senator Givens, Mr. Wise stated that because this administrative regulation was drafted after the managed care contracts were entered, the department based the regulatory requirements on the existing contracts and the federal waiver from the Centers for Medicaid and Medicare Services. The department also amended this administrative regulation after comments to ensure that its procedures for resolving provider grievances and appeals complied with the contractual provisions. While the department has some limited ability to address provider concerns with the MCOs, contract enforcement would be a legal matter. Subcommittee staff stated that the governing statute requires payment of claims within thirty (30) days.

In response to questions by Representative Lee, Mr. Wise stated that the department currently has twelve (12) employees dedicated to compliance issues, with many other departmental employees temporarily assisting in that effort. Long term, the department will transition to a fifteen (15) to twenty (20) person compliance branch. The department has frequent direct contact with the MCOs and the subcontractors. Representative Lee stated that at this point in the process, claim submission and prior authorizations should be electronic. A long wait for paper processing is unacceptable.

In response to a question by Senator Givens, Mr. Owen stated that by statute and under the terms of the contracts, the Finance and Administration Cabinet has the authority to terminate an MCO contract for noncompliance. As a preliminary step, the department could institute a corrective action plan.

In response to questions by Co-Chair Bell, Mr. Wise stated that the MCO determines what qualifies as a medical necessity. A member wishing to contest that determination can appeal to the MCO or through the department’s administrative law judge. An MCO has to pay interest on any overdue payments to providers. The department does not need additional time to consider adding consumer protection provisions to this administrative regulation.

The department is looking at consumer protection legislation and needs to have this general regulatory structure in place before the emergency administrative regulation expires. Subcommittee staff stated that the department could alternatively withdraw the current administrative regulation and file a new emergency administrative regulation.

Representative Lee stated that this administrative regulation should not be deferred until the next meeting of the subcommittee. It is needed as soon as possible to govern the MCOs. Once effective, the subcommittee can recall the administrative regulation if needed to address any deficiencies. Additionally, Mr. Wise stated that the department would not agree to a deferral.

Co-Chair Bell stated that he has concerns regarding this administrative regulation. It lacks sufficient consumer protection and is too long to be promulgated as a single administrative regulation.

In response to questions from Senator Pendleton, Mr. Wise stated that the contracts require the MCOs to determine prior authorization within forty-eight (48) hours but that deadline is not always met. Senator Pendleton stated that the treating physician should be able to determine what is medically necessary with less red tape. The wait for authorization can be very long for a sick person needing a diagnostic test.

A motion was made and seconded to approve the following amendments: (1) to amend the RELATES TO and STATUTORY AUTHORITY paragraphs to correct citations; (2) to amend the NECESSITY, FUNCTION, AND CONFORMITY paragraph to clearly state the necessity for and function served by this administrative regulation, as required by KRS 13A.220; (3) to amend Section 1 to add definitions for the following terms: “complex or chronic condition”, “QAPI”, and “state survey agency”; (4) to amend Section 5 to require the provider to give a copy of the notice of decision for an appeal to the enrollee or to inform the enrollee of its provisions; (5) to amend Section 7 to authorize an enrollee to change primary care providers if the enrollee is denied access to needed medical services; (6) to amend Section 9 to authorize an MCO to include in the member handbook the names and contact information for non-primary care providers in the MCO’s network; (7) to amend Section 38 to specify the duties of the Pharmacy and Therapeutics Committee; (8) to amend Section 51 to specify that the Quality and Member Access Committee shall provide the results of its reviews to the MCO; (9) to amend Section 66 to clarify that an MCO shall not disclose information related to an Open Records request without prior written authorization from the department; and (10) to amend Sections 1 to 9, 11 to 19, 21 to 30, 32, 33, 35 to 59, 64, 66, 68, and 69 to: (a) comply with the drafting and formatting requirements of KRS Chapter 13A; and (b) correct citations and cross-references. Without objection, and with agreement of the agency, the amendments were approved.

Department for Community Based Services: Division of Child Care: Day Care

A motion was made and seconded to approve the following amendments: to amend Sections 11, 12, 16, and 17 to comply with the drafting and formatting requirements of KRS Chapter 13A and for technical corrections. Without objection, and with agreement of the agency, the amendments were approved.

The following administrative regulations were deferred to the April 11, 2012, meeting of the Subcommittee:

PERSONNEL CABINET: Personnel Cabinet, Classified

Personnel Cabinet, Unclassified

GENERAL GOVERNMENT CABINET: Board of Accountancy: Board

201 KAR 1:081. Initial firm license, renewal, and reinstatement.
TRANSPORTATION CABINET: Department of Vehicle Regulation: Division of Motor Carriers: Division
601 KAR 1:019. Overweight or overdimensional farm equipment.

EDUCATION AND WORKFORCE DEVELOPMENT CABINET:
Board of Education: Department of Education: Kindergartens and Nursery Schools
704 KAR 5:070. Common Kindergarten entry screener.

The Subcommittee adjourned at 3:30 p.m. until April 11, 2012.
COMPILER’S NOTE: In accordance with KRS 13A.290(9), the following reports were forwarded to the Legislative Research Commission by the appropriate jurisdictional committees and are hereby printed in the Administrative Register. The administrative regulations listed in each report became effective upon adjournment of the committee meeting at which they were considered.

SENATE STANDING COMMITTEE ON TRANSPORTATION
Meeting on February 15, 2012

The following administrative regulations were available for consideration and placed on the agenda of the Senate Standing Committee on Transportation for its meeting of February 15, 2012, having been referred to the Committee on February 1, 2012, pursuant to KRS 13A.290(6):

603 KAR 4:035

The following administrative regulations were found to be deficient pursuant to KRS 13A.290(7) and 13A.030(2):

NONE

The Committee rationale for each finding of deficiency is attached to and made a part of this memorandum.

The following administrative regulations were approved as amended at the Committee meeting pursuant to KRS 13A.320:

NONE

The wording of the amendment of each such administrative regulation is attached to and made a part of this memorandum.

The following administrative regulations were deferred pursuant to KRS 13A.300:

NONE

Committee activity in regard to review of the above-referenced administrative regulations is reflected in the minutes of the February 15, 2012 meeting, which are hereby incorporated by reference. Additional committee findings, recommendations, or comments, if any, are attached hereto.

HOUSE STANDING COMMITTEE ON TRANSPORTATION
Meeting on March 13, 2012

The following administrative regulations were available for consideration and placed on the agenda of the House Standing Committee on Transportation for its meeting of March 13, 2012, having been referred to the Committee on March 1, 2012, pursuant to KRS 13A.290(6):

601 KAR 9:160

The following administrative regulations were found to be deficient pursuant to KRS 13A.290(7) and 13A.030(2):

NONE

The Committee rationale for each finding of deficiency is attached to and made a part of this memorandum.

The following administrative regulations were deferred pursuant to KRS 13A.300:

NONE

Committee activity in regard to review of the above-referenced administrative regulations is reflected in the minutes of the March 13, 2012 meeting, which are hereby incorporated by reference. Additional committee findings, recommendations, or comments, if any, are attached hereto.

SENATE STANDING COMMITTEE ON TRANSPORTATION
Meeting on March 14, 2012

The following administrative regulations were available for consideration and placed on the agenda of the Senate Standing Committee on Transportation for its meeting of March 14, 2012, having been referred to the Committee on March 1, 2012, pursuant to KRS 13A.290(6):

601 KAR 9:160

The following administrative regulations were found to be deficient pursuant to KRS 13A.290(7) and 13A.030(2):

NONE

The Committee rationale for each finding of deficiency is attached to and made a part of this memorandum.

The following administrative regulations were approved as amended at the Committee meeting pursuant to KRS 13A.320:

NONE

The wording of the amendment of each such administrative regulation is attached to and made a part of this memorandum.

The following administrative regulations were deferred pursuant to KRS 13A.300:

NONE

Committee activity in regard to review of the above-referenced administrative regulations is reflected in the minutes of the March 14, 2012 meeting, which are hereby incorporated by reference. Additional committee findings, recommendations, or comments, if any, are attached hereto.

HOUSE STANDING COMMITTEE ON HEALTH AND WELFARE
Meeting on March 15, 2012

The following administrative regulations were available for consideration and placed on the agenda of the House Standing Committee on Health and Welfare for its meeting of March 15, 2012, having been referred to the Committee on March 7, 2012, pursuant to KRS 13A.290(6):

NONE
Committee activity in regard to review of the above-referenced administrative regulations is reflected in the minutes of the March 15, 2012 meeting, which are hereby incorporated by reference. Additional committee findings, recommendations, or comments, if any, are attached hereto.
Locator Index - Effective Dates

The Locator Index lists all administrative regulations published in VOLUME 38 of the Administrative Register from July 2011 through June 2012. It also lists the page number on which each administrative regulation is published, the effective date of the administrative regulation after it has completed the review process, and other action which may affect the administrative regulation. NOTE: The administrative regulations listed under VOLUME 37 are those administrative regulations that were originally published in VOLUME 37 (last year's) issues of the Administrative Register but had not yet gone into effect when the 2011 bound Volumes were published.

KRS Index

The KRS Index is a cross-reference of statutes to which administrative regulations relate. These statute numbers are derived from the RELATES TO line of each administrative regulation submitted for publication in VOLUME 38 of the Administrative Register.

Technical Amendment Index

The Technical Amendment Index is a list of administrative regulations which have had technical, nonsubstantive amendments entered since being published in the 2011 bound Volumes. These technical changes have been made by the Regulations Compiler pursuant to KRS 13A.040(9) and (10) or 13A.312(2). Since these changes were not substantive in nature, administrative regulations appearing in this index will NOT be published in the Administrative Register. NOTE: Copies of the technically amended administrative regulations are available for viewing on the Legislative Research Commission Web site at http://www.lrc.ky.gov/home.htm.

Subject Index

The Subject Index is a general index of administrative regulations published in VOLUME 38 of the Administrative Register, and is mainly broken down by agency.
### LOCATOR INDEX - EFFECTIVE DATES

**VOLUME 37**

The administrative regulations listed under VOLUME 37 are those administrative regulations that were originally published in Volume 37 (last year's) issues of the Administrative Register but had not yet gone into effect when the 2011 bound Volumes were published.

**SYMBOL KEY:**

- * Statement of Consideration not filed by deadline
- ** Withdrawn, not in effect within 1 year of publication
- *** Withdrawn before being printed in Register
- **** Emergency expired after 180 days
- (r) Repealer regulation: KRS 13A.310-on the effective date of an administrative regulation that repeals another, the regulations compiler shall delete the repealed administrative regulation and the repealing administrative regulation.

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**EMERGENCY ADMINISTRATIVE REGULATIONS:**

(Note: Emergency regulations expire 180 days from the date filed; or 180 days from the date filed plus number of days of requested extension, or upon replacement or repeal, whichever occurs first.)

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### SYMBOL KEY:

* Statement of Consideration not filed by deadline
** Withdrawn, not in effect within 1 year of publication
*** Withdrawn before being printed in Register
(r) Repealer regulation: KRS 13A.310-on the effective date of an administrative regulation that repeals another, the regulations compiler shall delete the repealed administrative regulation and the repealing administrative regulation

### EMERGENCY ADMINISTRATIVE REGULATIONS:

(Note: Emergency regulations expire 180 days from the date filed; or 180 days from the date filed plus number of days of requested extension, or upon replacement or repeal, whichever occurs first.)

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The Technical Amendment Index is a list of administrative regulations which have had technical, nonsubstantive amendments entered since being published in the 2011 bound Volumes. These technical changes have been made by the Regulations Compiler pursuant to KRS 13A.040(9) and (10) or 13A.312(2). Since these changes were not substantive in nature, administrative regulations appearing in this index will NOT be published in the Administrative Register. NOTE: Finalized copies of the technically amended administrative regulations are available for viewing on the Legislative Research Commission Web site at http://www.lrc.ky.gov/home.htm.

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