

INTERIM JOINT COMMITTEE ON HEALTH, WELFARE, AND FAMILY SERVICES

Minutes of the Third Meeting of the 2019 Interim

July 19, 2019

Call to Order and Roll Call

The third meeting of the Interim Joint Committee on Health, Welfare, and Family Services was held on Friday, July 19, 2019, at 2:30 p.m., at the Kenton County Detention Center, 3000 Decker Crane Lane, Covington, Kentucky. Representative Kimberly Poore Moser, Co-Chair, called the meeting to order at 2:35 p.m., and the secretary called the roll.

Present were:

Members: Senator Ralph Alvarado, Co-Chair; Representative Kimberly Poore Moser, Co-Chair; Senators Danny Carroll, Morgan McGarvey, and Max Wise; Representatives Danny Bentley, Tina Bojanowski, Adam Bowling, Deanna Frazier, Robert Goforth, Scott Lewis, Melinda Gibbons Prunty, Josie Raymond, Steve Riley, Nancy Tate, and Lisa Willner.

Guests: Jason Merrick, Director of Addiction Services Kenton County Detention Center; Terry Carl, Jailer, Kenton County Jail; Van Ingram, Executive Director, Office of Drug Control Policy, Justice and Public Safety Cabinet; Carrie B. Oser, Ph.D., University of Kentucky; Alecia Webb-Edgington, President and CEO, Life Learning Center; Matt Brown, Chief of Staff to the CEO, Addiction Recovery Care (ARC); Jim Beiting, Chief Executive Officer, Transitions, Inc.; Michael E. Fletcher, MD, Anesthesiologist; Jennifer Shofner, Transitions, Inc.; Scott Majors, Ms. Keith Poynter, and Dan Martin, Kentucky Board of Physical Therapy; Erin Swift, YMCA; Denise Govan and Tami Wilson, Life Learning Center; Shannon White, Centerstone Kentucky; Amy Martin, Northern Kentucky Office of Drug Control Policy; Chris Crumrine, University of Kentucky; Urooj Nasim, Kentucky Voices for Health; Lynne Saddler, District Director of Health, Northern Kentucky Health Department; Jonathan Borden, Office for Children with Special Health Care Needs; Cassidy Lekan, Transitions, Inc.; Sarah John, Department of Corrections Addiction Services; Ashley McCarty, Kentucky Chamber of Commerce; John Francis, Redwood; Katie Marks, Department for Behavioral Health, Developmental and Intellectual Disabilities; Michelle Lyndenberg, Interact for Health; Ashley Graham, Department for Public Advocacy; Michele McCarthy and Marla Miller, Center for Behavioral Health; Olivia Spradlin, Kentucky Coalition Against Domestic Violence; Jaclyn McGranahan, American Civil Liberties Union; Rusty Cress, Dinsmore; Jade Flesch, United Way of Greater Cincinnati; Angela Morris, Kentucky Administrative Office of the

Courts; Kevin Newton, Legislative Research Commission; Lisa Galloway and Kristan Mowder, Humana CareSource.

LRC Staff: DeeAnn Wenk, Ben Payne, Chris Joffrion, Becky Lancaster, Sean Meloney, Dana Simmons, and Gina Rigsby.

Approval of the Minutes

A motion to approve the minutes of the June 3, 2019 meeting was made by Senator Alvarado, seconded by Representative Gibbons Prunty, and approved by voice vote.

Welcome and Overview of the Overdose Prevention and Pre-Arrest Diversion Project

Jason Merrick, Director of Addiction Services Kenton County Detention Center (KCDC), stated that the KCDC offers a comprehensive biopsychosocial and spiritual treatment program for substance abuse disorders (SUDs). KCDC utilizes medications that are approved by the Federal Drug Administration (FDA) to treatment opioid use disorder (OUD), methamphetamine disorder, cocaine disorder, and other drug disorders. Currently 150 of the 800 inmates are in-house clients that are in treatment. More people need help with OUPs, but there is not enough bed space to provide treatment. As part of the Kentucky Opioid Response Effort (KORE), the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) awarded a grant to KCDC to establish or expand the Quick Response Team (QRT) model in Kentucky. Funds are also received from the federal Department of Justice. Public safety officials often find themselves on the front lines of responding to behavioral health crises but have few resources available to address the needs of people with serious behavioral health conditions. A Quick Response Team provides a way for public safety officials to work with behavioral health providers to serve individuals who have experienced an opioid-related overdose or complication (e.g., blood-borne infection). QRTs can be composed of emergency response personnel, medical personnel, law enforcement officers, substance abuse treatment providers, public health providers, and peer support specialists. The goal of a QRT is to reduce the incidence of overdoses and overdose fatalities by increasing the number of people who receive Opioid Use Disorder (OUD) services, including harm reduction and treatment services. A QRT consists of a retired first responder, social worker, and peer support specialist that offers services to help prevent additional overdoses from occurring. The QRT can leave a Narcan kit and resources with the resident if they are willing to go through training at no cost to the resident. If the person wants to seek help, the QRT can assess and refer that person at the time of the visit. Medication assistance treatment (MAT) for individuals with an OUD is used to stabilize a person while in custody at KCDC, get them covered by health insurance, and then transition them back into the community. A person released into the community receives money to help with living expenses for seven weeks in order to give that person time to find a good job that has a living wage and benefits so they do not have to go back into the same environment where they got into trouble before. The biggest barrier to recovery for men and women is to go back into the same bad environment. The

University of Kentucky Center for Drug and Alcohol Research is conducting an in-depth study of KCDC's services and will be available on-line soon.

In response to questions by Representative Goforth, Mr. Merrick stated that through MAT, KCDC offers FDA-approved medications to stabilize someone who is addicted to opioids. The MAT process at KCDC includes screening by clinicians for eligibility, assessment from a medical team, and approval by the medical director. There are equal amounts of clients that will either receive medication, receive Vivitrol or receive buprenorphine. The treatment program at KCDC is only for clients who are at high risk for morbidity associated with OUD.

Addiction Treatment, Prevention Efforts, and Reentry Pilots in the Commonwealth

Van Ingram, Executive Director, Office of Drug Control Policy (ODCP), Justice and Public Safety Cabinet, stated that from 2017 to 2018, Kentucky had a 15 percent drop in overdose rates. Kentucky receives federal funds for the Kentucky Opioid Response Effort (KORE) to deal with the opioid epidemic. The ODCP purchases Narcan for law enforcement agencies. Local health departments conduct training and distributes Narcan in communities across Kentucky. The Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) works with Kentucky's hospital system to help pay for Narcan if a person does not have another payer source. Distribution of Narcan and increased accessibility to treatment have been huge contributing factors in reducing overdose deaths.

ODCP has partnered with the Kentucky Injury Prevention and Research Center (KIPRC), a program between the University of Kentucky and the Kentucky Department for Public Health, to establish findhelpnowky.org to help someone find an addiction treatment facility that is accepting new clients. Kentuckians struggling with a substance use disorder, either themselves or within their families, can call 1-833-8KY-HELP (1-833-859-4357) toll-free to speak with a specialist about treatment options and available resources. The specialist will conduct a brief screening assessment in order to connect callers with the most relevant treatment services as quickly as possible. Approximately 50 residential treatment programs accept Medicaid. Barriers are being removed to help individuals receive treatment as soon as possible instead of having to wait weeks to get into a facility.

SOAR (Supporting Others in Active Recovery), focuses on relapse prevention, education, and reentry skills based on the Therapeutic Community Model, a group-based, residential approach to treating substance abuse. The evidence-based strategy seeks to reduce recidivism and set the stage for long-term recovery before inmates return to communities. Participants live together in a single dormitory to provide a steady continuation of care as inmates complete their sentences along with other programs and curriculum. The program is funded in part by a grant from the Kentucky Office of Drug Control Policy made possible with opioid-response appropriations in the Kentucky state

budget. The SOAR program is currently available for up to 88 participants who have completed the DOC-approved substance abuse program or graduated from Moral Reconciliation Therapy (MRT). Participants must also have 60 days of clear conduct, meet the appropriate risk classifications, and maintain a job assignment in the program. While living in the SOAR dormitory, inmates can engage in other evidence-based programs to earn good time credits. Participants have the opportunity to earn at least 120 days good time credit by completing such programs as MRT Parenting, MRT Anger Management, Soft Skills Boot Camp, and New Directions, which provide valuable skills that help support a successful transition back into the community. Currently there are approximately 6,000 individuals in the SOAR program.

In March 2016, the Kentucky Department of Corrections (DOC) began offering eligible DOC-based substance abuse program (SAP) participants the opportunity to initiate Vivitrol, a long-acting (30-day) injectable medication-assisted treatment (MAT) for opioid use disorder and alcohol use disorder, prior to their release. A coordinator was hired to educate inmates and their families about the Vivitrol® program.

The biggest obstacle for someone to reoffend is not having transportation to get to a residential or outpatient treatment program. The ODCP is working with the Transportation Cabinet and the Kentucky Department for Medicaid Services (DMS) to provide parolees with a SUD that has transportation issues will be able to receive non-emergency transportation through the 1115 waiver. The goal is to remove obstacles for parolees to be successful in recovery and not reenter the justice system.

Through the KORE program, five parole officers were trained to become job specialists who work with employers to hire individuals on parole. After a recommendation from the Substance Abuse and Mental Health Services Administration (SAMHSA), Kentucky doubled the number of parole officers being trained to become a job specialist.

The Re-entry Division was created within the Kentucky Justice and Public Safety Cabinet to establish consistent re-entry services for everyone. In 2016, the Kentucky State Police (KSP) started the Angel Initiative as a pro-active approach offering an alternative escape to those battling addiction. Under this initiative, anyone battling addiction can come to any KSP post and get help finding a treatment center. No questions asked. The Justice and Public Safety Cabinet partners with the Kentucky Injury Prevention and Research Center to conduct prescriber training across the Commonwealth with a grant provided by the Center for Disease Control and Prevention (CDC).

Kentucky's Strategic Initiative for Transformational Employment (KYSITE) began in April 2019 and phase one of this program will last until June 30, 2020. This initiative will offer support to the business community by creating workforce driven solutions to help alleviate Kentucky's addiction epidemic and increase workforce participation. The initiative is a partnership between the Kentucky Chamber of Commerce, the Cabinet for

Health and Family Services, and the ODCP. The Chamber of Commerce can help facilitate a meeting between the Human Resources Department of a company and a parolee. The Chamber of Commerce, through the business community, matched a \$350,000 grant from the ODCP.

With funds from the ODCP and KORE, a recovery job specialist has been hired in all 12 career centers located throughout Kentucky to help connect individuals in recovery from SUDs with a job.

In response to questions by Representative Goforth, Mr. Ingram stated the 1-833-8KYHELP hotline started in January 2018, but he would have to get information on the number of incoming and outgoing calls and how many individuals have received treatment by calling the hotline.

In response to questions by Representative Willner, Mr. Ingram stated that there are approximately 5,900 individuals in prison, a halfway house, or in recovery. Approximately 40,000 individuals are on parole, and a large percentage are involved in an outpatient treatment program.

In response to questions by Representative Tate, Mr. Ingram stated that the largest driver of recidivism is not new crimes but failing a requirement of probation and parole. There are no statistics of recidivism for participants in the programs offered to parolees. A number of programs are being funded for peer support specialists who help individuals after being paroled.

In response to questions by Senator Danny Carroll, Mr. Ingram stated that it is difficult to award grants to faith-based treatment centers because federal funds come with significant restrictions. On November 6, 2019, there will be a faith-based conference to help work through these issues and try to find a way around the restrictions. The same Medicaid transportation providers will be used, and qualifications will be established for receiving transportation to appointments. If an individual is already receiving Medicaid services, it will be the first payer of non-emergency medical transportation if it is to a medical appointment.

In response to a question by Representative Moser, Mr. Merrick stated that 75 percent and 80 percent of KCDC's parolees do not re-enter jail. More than 84 percent of its parolees do not use drugs illicitly when released.

Syringe Exchange Program (SEP)

Lynne Saddler, District Director of Health, Northern Kentucky Health Department, stated that harm reduction in regard to SUDs is about trying to prevent death from overdoses and trying to prevent the spread of infectious diseases that occur associated with injection drug use. The syringe exchange programs (SEPs) operate throughout Kentucky.

Kentucky has been lauded nationally for how aggressive it has been in getting community support and approvals to be able to operate the SEPs. The CDC says research that has been conducted over the past 30 years shows that the SEPs reduce healthcare cost, prevent disease, and save lives. SEPs in Northern Kentucky are operated at the Grant County Health Center, a mobile units in Covington and Newport. Over 1,800 individuals have been helped and 650 are repeat participants. Almost 2,000 doses of Narcan have been given in Northern Kentucky that saved over 176 lives. Individuals can receive a Hepatitis A vaccination, Hepatitis C testing, and HIV testing are part of the SEP. CDC reports that individuals who are part of the SEP are five times more likely to enter treatment programs for a SUD and three times more likely to stop injecting drugs. The SEPs work.

University of Kentucky Center on Drug and Alcohol Research Opioid Grant and Helping to End Addiction Long-term (HEAL) Grant

Carrie B. Oser, Ph.D., University of Kentucky, stated that two years ago, the National Institutes of Health (NIH) launched the HEAL initiative. The HEALing Communities Study (HCS) is a partnership between the NIH, the National Institute on Drug Abuse (NIDA), and the Substance Abuse and Mental Health Services Administration (SAMHSA). The University of Kentucky was awarded \$87 million grant for the study. The project is being conducted in partnership with numerous federal, state, community, public health, criminal justice, behavioral health, and health care partners. The primary outcome of the HCS is to reduce opioid related overdose deaths by 40 percent over 3 years within 67 highly affected communities in Kentucky, Massachusetts, New York, and Ohio. Sixteen of the communities are in Kentucky. NIDA and SAMHSA provides oversight to the Healing Communities Study Advisory Board. The Cabinet for Health and Family Services and the Justice and Public Safety Cabinet has partnered with the HCS.

The HCS will test the impact of the Communities that Health (CTH) intervention on opioid related overdose deaths. The CTH is working with 16 local Kentucky Agency for Substance Abuse Policy, KY ASAP (ASAP) boards to develop and produce a comprehensive, data-drive community response plan to deploy evidence-based practices (EBPs) across multiple sectors to reduce opioid-related overdose deaths. There is a requirement that at least one-third of the counties be in rural areas.

Three primary ways to reach the target goal of reducing overdose related deaths are to improve opioid use disorder (OUD) cascade of care, expand overdose prevention, and reduce opioid supply. Kentucky will use health care navigator care teams comprised of a community coordinator who will work with the KY ASAP board, two prevention specialists, care navigator, and jail care navigator.

In response to a question by Representative Bowling, Dr. Oser stated that counties without suppressed data had to have greater than five overdose related deaths per 100,000 residents.

In response to questions by Senator Alvarado, Dr. Oser stated that the study will build upon telehealth services. There is a need to expand and increase the number of physicians who want to treat more clients. There will be educational sessions for physicians interested in helping individuals with opioid use disorder. Senator Alvarado recommended Dr. Oser to contact the Kentucky Board of Medical Licensure and the Kentucky Medical Association to find providers who would be willing to treat these patients.

In response to a question by Representative Bojanowski, Dr. Oser stated that the HCS looks at aggregate level outcome data to look at the overdose rates within the counties. The study can see cost savings will be to help sustainability.

Importance of Reentry Programs for Addiction Recovery

Alecia Webb-Edgington, President and CEO, Life Learning Center, stated that the center is a non-profit entity located in Covington. There is an education continuum that is built on five pillars of life: physical, financial, emotional, relational, and spiritual. There is also a care continuum that has wrap-around services that support the education continuum. The center addresses whatever is a barrier that holds an individual back from continuing their journey toward recovery and getting employment. The center does not take any public funding, so the \$1.2 million yearly budget is raised from private industry and private individuals. All the individuals that are served can get a job, the challenge is being able to keep the job because they do not have the support wrap-around services or the community support that is needed to continue their recovery.

Once a challenge identified when working with individuals released from KCDC, they are transported to Life Learning Center where a risk assessment is conducted. Form I-9, Employment Eligibility Verification from the Department of Homeland Security, U.S. Citizenship and Immigration Services, is used for verifying the identity and employment authorization of individuals hired for employment in the United States. All U.S. employers must ensure proper completion of Form I-9 for each individual they hire for employment in the United States. The form lists the documents that establish both identity and employment authorization. KRS 186.417(1) states that the Transportation Cabinet shall issue to any felony offender, if the felony offender is eligible, released from the Kentucky Department of Corrections or a Federal Bureau of Prisons facility located in Kentucky on home incarceration, parole, completed service of sentence, shock probation, or pardon, a personal identification card or, if the felony offender is eligible, an operator's license. An offender who wishes to obtain a personal identification card or operator's license shall provide proper documentation to comply with the provisions of this section. Currently, individuals are worried that the release letter from a facility will no longer satisfy the requirement of KRS 186.417(2)(d). KRS 17.180(3) states that the Commonwealth shall provide and maintain in every detention center the automated fingerprint identification system equipment and programs required by the Department of Kentucky State Police through administrative regulation. If a parolee cannot get an identification card upon release, that individual will face a huge barrier to employment. Another issue that needs to

be addressed by the General Assembly are the lack of accreditation for sober living housing facilities.

Matt Brown, Chief of Staff to the CEO, Addiction Recovery Care (ARC), stated that the Office of Drug Control Policy's annual report stated that for the first time since 2013, there was a statewide drop in overdose deaths. Fatal overdose rates dropped nearly 15 percent between 2017 and 2018. The drop has been credited to education, treatment programs, and other harm reduction initiatives. ARC operates a network of residential and outpatient treatment centers at 34 locations located in 12 counties. The full continuum of care at these locations include withdrawal management, crisis stabilization, residential treatment, sober living, outpatient services, and vocational training. Treatment for substance use disorder (SUD) requires a holistic approach that treats the entire person. ARC's program combines the best practices of medical care, clinical services, spirituality, and vocational training.

ARC's medical services are overseen by a board-certified Addictionologist. The clinical program consists of licensed clinicians and peer support specialists utilizing national best practices including Hazelden Betty Ford's COR-12 program. Targeted case managers provide wrap-around services and identifying and walking the client through removing barriers to recovery. Vocational training opportunities allow a client to discover a purpose for their life and the opportunity for meaningful employment.

ARC also has a facility dedicated to SUD treatment for pregnant and postpartum women at Karen's Place Maternity Center at any point during her pregnancy. She can stay at the facility through delivery and up to six months postpartum along with her child. Clients can learn to be mothers while also learning how to become and remain sober. ARC's proprietary "Invitation to Destiny" curriculum is an all-inclusive life skills program designed to dismantle a client's barriers to recovery. The curriculum teaches clients how to be successful in areas of exercise and nutrition, self-esteem, building identity, safe and stable housing, furthering education, vocational training, home economics, financial literacy, parenting, anger management, setting boundaries, overcoming codependency, and spirituality. ARC's innovative "Crisis to Career" approach combines world-class SUD treatment with vocational training to bring an almost unheard of level of success to those that complete the entire 12-month program.

ARC was chosen by the United States Department for Health and Human Services to become one of the first programs in the nation to be a part of the Building Evidence and Employment Strategies (BEES) study. The three-year study will follow clients through the vocational training piece of the program and follow up with them after graduation. Across the country, prison populations are steadily declining, but over the past three years, Kentucky's has risen. During the current fiscal year, Kentucky's Department of Corrections potentially could spend \$628 million on its prison population. ARC's Court Concierge Programs allows peer support specialists to be in a courtroom and on call for

the judge, jailer, and sheriff's office to assist those that have entered into the criminal justice system to enter treatment at the time of arrest or from jail. In ARC's first pilot program in Letcher County, 82 men and women were able to enter treatment rather than continue in jail saving the county money.

The recently published report by the federal Drug Enforcement Administration (DEA) shows that Kentucky has been hit incredibly hard by the opioid epidemic. No community, workplace, or family has remained untouched by this epidemic. It is imperative that we find a solution to the growing incarceration and recidivism rates. Addressing SUD as a disease instead of a criminal problem will stop recidivism and allow those with a SUD to step out of the cycle of addiction and incarceration. In addition to saving tremendous amounts of money, individual lives in our communities, workplaces, and families can be saved.

Jim Beiting, Chief Executive Officer, Transitions, Inc., stated Transitions is a non-profit that has been in business since 1969. Transitions has offered long-term quality drug and alcohol treatment. Transitions renovated a 180-bed residential facility in Northern Kentucky with immediate access to care. Whether a facility is hospital-based or community-based program like Transitions, up to 60 percent of referrals for treatment come from the criminal justice system. Drug and alcohol addiction and SUD is a legitimate biopsychosocial medical disease. The staff at Transitions is trained to administer Narcan. Sometimes when an individual is incarcerated, Medicaid services are stopped, and it is hard to restart the services after they are released. The 1115 waiver allows more individuals to receive treatment. Authorization for treatment by the managed care organizations (MCOs) can be a barrier to treatment once someone has been released from a detention facility.

In response to questions by Representative Willner, Mr. Beiting stated that Transitions has established a mobile assessment team that goes to detention facilities in Kenton, Boone, and Campbell counties. Assessing an individual once they are released from a facility might be too late to help them receive needed services. Ms. Webb-Edgington stated that Life Learning Center comes to the facility in advance of an individual's release to go through the enrollment process for its program. Life Learning Center is in a pilot program with the Kenton County Commonwealth Attorney's office to allow individuals to come to the center to do their work probation and parole. Once an individual completes the program and gets a job and remain employed, they will divert from the criminal justice system.

Representative Frazier stated that it would be helpful to have a jail concierge.

In response to questions by Representative Tate, Mr. Brown and Mr. Beiting both stated that 85 percent of their programs are funded by Medicaid, and 15 percent is private insurance, private pay, and KORE funding for individuals who do not have Medicaid.

Medication Assisted Treatment (MAT)

A. Overview

Michael E. Fletcher, MD, Chief Medical Officer, Addiction Recovery Care (ARC), stated that MAT has been around for 20 years. ARC prescribes medications in conjunction with behavioral health and case management on an outpatient basis. Via telemedicine, patients can be evaluated and started on therapy. Medical therapies for HIV have substantially improved since the early 1990s and the cure rate is high. House Bill 1, AN ACT relating to controlled substances and making an appropriation therefor, from the 2012 Extraordinary Session was a good bill, but there were a lot of unintentional negative consequences. Physicians should feel comfortable writing MAT prescriptions.

B. MAT in the Justice System

Jason Merrick, Director of Addiction Services, Kenton County Detention Center, stated that experiencing drug withdrawal is one of the most horrific experiences in someone's life. The criminal justice system deals with the most severe cases of SUD. The answer to help treat these men and women with opioid use disorder with medication assisted care immediately upon admittance. The individuals are engaged in their treatment and are grateful for the services received. KCDC has been awarded funds through KORE the state, and SAMHSA. At two weeks into an individual's buprenorphine treatment, they are given a time released suboxone injection over the course of 30 days then again 30 days later for another shot. KCDC is funded to provide the first three injections while the individual is in custody, and then transition them to community providers. The oral dosage is cheaper than the injectables, because KCDC is not allowed to bill Medicaid. There is a need to look at the barrier for individuals that need medical care but are not covered while in the custody of the criminal justice system. After individuals re-enter society, they need to be supported and there is funding for the after care programs. It costs approximately \$23,000 per year per inmate for incarceration. There needs to be services to help stop recidivism. Individuals need a job to give them resources and confidence and help them not reoffend and divert back into substance use.

In response to a question by Senator Alvarado, Mr. Fletcher stated that MAT is not a cure for everyone. Abstinence and forced withdrawal does not work. Mr. Merrick stated that the answer to MAT lies in more increased supervision and education. Eliminating someone's medication should not be used as a punishment.

In response to questions by Representative Bentley, Mr. Merrick stated that mismarketing from Indivior was due to the claim it was safer because it has Naloxone in it. That is not an attack on the reputable active ingredient in Suboxone which is Buprenorphine. Mr. Fletcher stated that he was not familiar with this particular case.

In response to questions by Representative Goforth, Senator Alvarado stated that Suboxone is prescribed more than Vivitrol because it is cheaper and covered by the MCOs. Injectables are higher and more difficult to get prior authorized and covered by insurance.

Mr. Merrick stated that Vivitrol does not treat the severe SUD specific to opioids as well as Buprenorphine (Suboxone). Buprenorphine will reduce the desire and keep a person engaged in recovery or treatment for a longer period of time. Vivitrol can treat a mild or moderate SUD successfully for opioids.

Consideration of Referred Administrative Regulations

The following administrative regulations were placed on the agenda for consideration: **201 KAR 22:135** – establishes the fees required to apply for a credential by application, reinstatement, or renewal; **902 KAR 20:111** – establishes standards for medically managed intensive inpatient withdrawal management provided by a chemical dependency treatment program or hospital; **902 KAR 50:101** – repeals 902 KAR 50:100 as the sanitation rating methods of Grade A milk producers, processors, and handlers are incorporated by reference in 902 KAR 50:110, which contains Grade A milk and milk products standards; **902 KAR 50:110** – incorporates materials related to permit requirements and sanitary standards for Grade A milk producers, processors, handlers and distributors, Grade A dry and condensed milk, Grade A dry and condensed whey, and the fabrication of single-service containers and closures for milk and milk products; **911 KAR 1:020** – establishes minimum monthly payments for cost of treatment and care, commensurate with ability to pay, procedures for the preparation and transmittal of patient statement of accounts, receipt of payments, clinic participation fess, services provided by contracted providers, authorizations of payment, procedures for failure to provide payments, provisions for discharge, criteria for reapplication, as well as a process for reconsideration of an adverse decision; **911 KAR 1:060** – establishes requirements relating to the Office of Children with Special Health Care Needs Medical Staff; and **911 KAR 1:071** – repeals 911 KAR 1:070 and 911 KAR 1:080. The provisions contained in 911 KAR 1070 are to be updated pursuant to KRS Chapter 13A and contained in separate administrative regulations in this chapter. The provisions of 911 KAR 1:080 refer to a program no longer operated by the Office for Children with Special Health Care Needs.

The Cabinet for Health and Family Services requested deferral of **911 KAR 1:010** – establishes application forms used for clinical programs, procedures for application and reapplication, eligibility criteria, assignment of pay category, and processes used to determine initial and continuing eligibility for services, as well as a process for reconsideration of an adverse decision.

Adjournment

There being no further business, the meeting was adjourned at 4:48 p.m.