AN ACT relating to public welfare.

Be it enacted by the General Assembly of the Commonwealth of Kentucky:

SECTION 1. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO READ AS FOLLOWS:

1) Within ninety (90) days of the effective date of this Act, the cabinet shall:
   (a) Begin utilizing a single electronic benefit transfer card for each beneficiary
       of cash assistance programs administered by the cabinet regardless of
       which cash assistance programs the individual qualifies for; and
   (b) Promulgate administrative regulations necessary to carry out this section.

2) Subsection (1)(a) of this section shall not apply to any foster care, kinship care,
   fictive kin care, or relative placement payments made by the cabinet.

SECTION 2. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO READ AS FOLLOWS:

1) As used in this section:
   (a) "Alcoholic beverage" has the same meaning as in KRS 241.010;
   (b) "Cash recipient of public assistance benefits" means any individual who
       receives cash assistance via an electronic benefit transfer card or any other
       form of cash assistance under Title IV of the federal Social Security Act, the
       Supplemental Nutrition Assistance Program, or any other public assistance
       program administered by the cabinet;
   (c) "Tobacco product" has the same meaning as in KRS 438.305; and
   (d) "Vapor product" has the same meaning as in KRS 438.305.

2) A cash recipient of public assistance benefits shall not use any portion of the
   benefits to purchase alcoholic beverages, tobacco products, vapor products, or
   lottery tickets, or to purchase any goods or services in a casino, an establishment
   that provides adult-oriented entertainment in which performers disrobe or
   perform in an unclothed state, a tattoo or body piercing facility, or a retail
establishment the primary purpose of which is the sale of alcoholic beverages or tobacco products.

(3) If a cash recipient of public assistance benefits uses an automatic teller machine, or any other means or device, to withdraw cash using an electronic benefit transfer card issued by the cabinet, that cash may only be used for goods and services necessary for the welfare of the family, including food, clothing, housing, utilities, childcare, transportation, medicines, and medical supplies.

(4) Any person who violates subsection (2) or (3) of this section shall be subject to the following sanctions:

(a) Upon the first violation, the recipient shall be disqualified from receiving public assistance benefits by means of a direct cash payment or an electronic benefits transfer access card for one (1) month;

(b) Upon the second violation, the recipient shall be disqualified from receiving public assistance benefits by means of a direct cash payment or an electronic benefits transfer access card for three (3) months; and

(c) Upon the third violation, the recipient shall be permanently disqualified from receiving public assistance benefits by means of a direct cash payment or an electronic benefits transfer access card.

(5) The cabinet shall:

(a) Through any means practical, inform all applicants for and recipients of public assistance benefits of the restrictions and sanctions contained in this section;

(b) Monitor the use of electronic benefit transfer cards to withdraw cash and investigate cases in which it believes cash benefits may be being used in violation of subsection (3) of this section; and

(c) Promulgate administrative regulations necessary to implement this section.
READ AS FOLLOWS:

(1) The General Assembly hereby affirms the mission of the Supplemental Nutrition Assistance Program to supplement the food budgets of needy families so that they can purchase healthy food and move toward self-sufficiency. To that end, the General Assembly recommends that Supplemental Nutrition Assistance Program beneficiaries use at least seventy-five percent (75%) of their monthly benefits to purchase healthy foods, including fresh fruits, fresh vegetables, and whole grains, and that beneficiaries utilize the Kentucky Double Dollars program to enhance the purchasing power of their Supplemental Nutrition Assistance Program benefits by purchasing fresh produce from local farmers' markets.

(2) In order to improve access to Supplemental Nutrition Assistance Program benefits and reduce administrative costs, within ninety (90) days after the effective date of this Act, the cabinet shall:

(a) Establish a transitional benefit alternative as described in 7 C.F.R. secs. 273.26 to 273.32;

(b) Request an Elderly Simplified Application Project demonstration waiver from the United States Department of Agriculture Food and Nutrition Service;

(c) Request a Standard Medical Deduction waiver from the United States Department of Agriculture Food and Nutrition Service;

(d) Establish procedures to allow Supplemental Nutrition Assistance Program beneficiaries to recertify eligibility online;

(e) Join and fully participate in the Supplemental Nutrition Assistance Program's National Accuracy Clearinghouse as established in 7 U.S.C. sec. 2020(x); and

(f) Prepare and pursue federal approval of a waiver from the United States Department of Agriculture Food and Nutrition Service relating to
Supplemental Nutrition Assistance Program requirements established in 7 C.F.R. sec. 273.24(c)(4).

(3) To the extent that surplus Supplemental Nutrition Assistance Program Education funds are available at the end of each federal fiscal year, the cabinet shall coordinate with the Department of Agriculture to provide support to expand access to farmers' markets across the Commonwealth.

SECTION 4. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO READ AS FOLLOWS:

(1) If at any time after the effective date of this Act, fifty percent (50%) of the general fund budget request for the provision of Medicaid services is needed to provide the state match required to support the expanded Medicaid population, the cabinet shall implement a community engagement program that requires individuals in the expanded Medicaid population, who have been in the expanded Medicaid population for one (1) year or more, to participate in at least eighty (80) hours qualifying activities each month.

(2) If the cabinet implements a community engagement program pursuant to subsection (1) of this section, the program shall utilize the requirements established in 7 C.F.R. sec. 273.7.

(3) As used in this section, "expanded Medicaid population" means individuals made eligible for Medicaid pursuant to Pub. L. No. 111-148.

SECTION 5. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO READ AS FOLLOWS:

(1) Within one hundred twenty (120) days of the effective date of this Act, the cabinet shall design and develop a health insurance option for individuals who become ineligible to participate in Medicaid due to an increase in income.

(2) An individual shall be eligible to participate in the health insurance option designed and developed pursuant to this section for not more than twelve (12)
months from the date of original eligibility if he or she:

(a) Was eligible for Medicaid at any time on or after July 1, 2019;

(b) Earns between one hundred thirty-eight percent (138%) and two hundred percent (200%) of the federal poverty level; and

(c) Meets all other Medicaid eligibility guidelines.

(3) (a) To the extent permitted under 42 U.S.C. sec. 18051, the health insurance option designed and developed by the cabinet pursuant to this section shall include monthly premiums and cost-sharing, as defined in KRS 304.17A-164. The premiums and cost sharing requirements shall be established on a sliding scale and shall increase by twenty-five percent (25%) with each fifteen percent (15%) increase in income above one hundred thirty-eight percent (138%) of the federal poverty level.

(b) The cabinet shall verify the income of an individual participating in the health insurance option designed and developed pursuant to this section on a quarterly basis and adjust premiums and cost sharing accordingly.

(4) (a) Notwithstanding the twelve (12) month eligibility limit established in subsection (2) of this section, the cabinet may, on a case-by-case basis, extend an individual's eligibility to participate in the health insurance option for a period of not more than twelve (12) additional months.

(b) The cabinet shall, through the promulgation of administrative regulations, establish the criteria for the extension of an individual's eligibility.

(5) The cabinet shall consult with the Department of Insurance to design and develop the health insurance option required by this section.

SECTION 6. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO READ AS FOLLOWS:

(1) Within ninety (90) days of the effective date of this Act and in each biennium thereafter, the cabinet shall conduct an analysis of state expenditures to provide
services, support, and assistance under 42 U.S.C. secs. 601 et seq. The analysis conducted pursuant to this section shall include identification of unobligated funds and any actions necessary to access those funds.

(2) If the cabinet, through the analysis required by this section, identifies any unobligated funds, allocation of those funds shall prioritize:

(a) The provision of prevention services for families at risk of entering the child welfare system; and

(b) Additional work supports and supportive services as permitted under 42 U.S.C. secs. 601 et seq.

SECTION 7. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO READ AS FOLLOWS:

The cabinet shall report to the Public Assistance Oversight and Advisory Committee on efforts to implement Sections 1, 2, 3, 4, 5, 6, 10, 11, 12, 13, 14, and 15 of this Act no later than December 1, 2020, within one (1) year after the effective date of this Act, and at any time thereafter upon request from the Public Assistance Oversight and Advisory Committee.

SECTION 8. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO READ AS FOLLOWS:

The Attorney General may, on behalf of the Commonwealth of Kentucky, have jurisdiction to enforce this chapter. The Attorney General shall bring an action against the cabinet if all of the provisions of Sections 1, 2, 3, 4, 5, 6, 7, 10, 11, 12, 13, and 15 of this Act are not fully implemented as required.

Section 9. KRS 6.940 is amended to read as follows:

(1) There is hereby established a [Public Assistance] Medicaid Oversight and Advisory Committee, consisting of ten (10) members appointed as follows: four (4) members of the Senate appointed by the President of the Senate; one (1) member of the minority party in the Senate appointed by the Minority Floor Leader in the Senate;
four (4) members of the House of Representatives appointed by the Speaker of the
House of Representatives; and one (1) member of the minority party in the House of
Representatives appointed by the Minority Floor Leader in the House of
Representatives.

(2) Members appointed from each chamber shall elect one (1) member from their
chamber to serve as co-chair. The co-chairs shall have joint responsibilities for
committee meeting agendas and presiding at committee meetings.

(3) The committee shall meet at least four (4) times annually.

(4) The committee shall provide oversight on the implementation and
administration of all public assistance programs within the
Commonwealth, including access to services, utilization of services,
quality of services, and cost containment, and examine strategies to
promote participation in the workforce by public assistance beneficiaries.

(5) A majority of the entire membership of the Oversight and Advisory Committee shall constitute a quorum, and all actions of the committee shall be by vote of a majority of its entire membership.

Section 10. KRS 205.200 is amended to read as follows:

(1) A needy aged person, a needy blind person, a needy child, a needy permanently and
totally disabled person, or a person with whom a needy child lives shall be eligible
to receive a public assistance grant only if he has made a proper application or an
application has been made on his behalf in the manner and form prescribed by
administrative regulation. No individual shall be eligible to receive public
assistance under more than one (1) category of public assistance for the same period
of time.

(2) The secretary shall, by administrative regulations, prescribe the conditions of
eligibility for public assistance in conformity with the public assistance titles of the
Social Security Act, its amendments, and other federal acts and regulations. The
secretary shall also promulgate administrative regulations to allow for between a forty percent (40%) and a forty-five percent (45%) ratable reduction in the method of calculating eligibility and benefits for public assistance under Title IV-A of the federal Social Security Act. In no instance shall grants to families with no income be less than the appropriate grant maximum used for public assistance under Title IV-A of the federal Social Security Act. As used in this section, "ratable reduction" means the percentage reduction applied to the deficit between the family's countable income and the standard of need for the appropriate family size.

(3) The secretary may by administrative regulation prescribe as a condition of eligibility that a needy child regularly attend school, and may further by administrative regulation prescribe the degree of relationship of the person or persons in whose home such needy child must reside.

(4) The secretary may by administrative regulation prescribe conditions for bringing paternity proceedings or actions for support in cases of out of wedlock birth or nonsupport by a parent in the public assistance under Title IV-A of the federal Social Security Act program.

(5) Public assistance shall not be payable to or in behalf of any individual who has taken any legal action in his own behalf or in the behalf of others with the intent and purpose of creating eligibility for the assistance.

(6) The cabinet shall promptly notify the appropriate law enforcement officials of the furnishing of public assistance under Title IV-A of the federal Social Security Act in respect to a child who has been deserted or abandoned by a parent.

(7) No person shall be eligible for public assistance payments if, after having been determined to be potentially responsible, and afforded notice and opportunity for hearing, he refuses without good cause:

(a) To register for employment with the state employment service,

(b) To accept suitable training, or
(c) To accept suitable employment.

The secretary may prescribe by administrative regulation, subject to the provisions of KRS Chapter 13A, standards of suitability for training and employment.

(8) To the extent permitted by federal law, scholarships, grants, or other types of financial assistance for education shall not be considered as income for the purpose of determining eligibility for public assistance.

(9) To the extent permitted by federal law, any money received because of a settlement or judgment in a lawsuit brought against a manufacturer or distributor of "Agent Orange" for damages resulting from exposure to "Agent Orange" by a member or veteran of the Armed Forces of the United States or any dependent of such person who served in Vietnam shall not be considered as income for the purpose of determining eligibility or continuing eligibility for public assistance and shall not be subject to a lien or be available for repayment to the Commonwealth for public assistance received by the recipient.

(10) For the purpose of determining eligibility for public assistance through the Kentucky Transition Assistance Program under Title IV of the federal Social Security Act, the asset limit shall be two thousand five hundred dollars ($2,500).

(11) When determining whether an applicant for services or assistance provided under this chapter meets the applicable income eligibility guidelines, the cabinet shall only use the most recent income verification data available.

(12) If an individual traffics, sells, distributes, gives, or otherwise transfers an electronic benefit transfer card issued by the department for money, service, or other valuable consideration, the individual may be deemed ineligible for all public assistance programs administered by the cabinet for a period of not more than six (6) months for a first offense and may be deemed permanently ineligible for all public assistance programs administered by the cabinet for subsequent offenses.
(a) Notwithstanding any other provision of Kentucky law, the following shall be disregarded for the purposes of determining an individual's eligibility for a means-tested public assistance program, and the amount of assistance or benefits the individual is eligible to receive under the program:

1. Any amount in an ABLE account;
2. Any contributions to an ABLE account; and
3. Any distribution from an ABLE account for qualified disability expenses.

(b) For purposes of this subsection:

1. "ABLE account" means an account established within any state having a qualified ABLE program as provided in 26 U.S.C. sec. 529A, as amended;
2. "Kentucky law" includes:
   a. All provisions of the Kentucky Revised Statutes;
   b. Any contract to provide Medicaid managed care established pursuant to this chapter;
   c. Any agreement to operate a Medicaid program established pursuant to this chapter; and
   d. Any administrative regulation promulgated pursuant to this chapter; and
3. "Qualified disability expenses" means expenses described in 26 U.S.C. sec. 529A of a person who is the beneficiary of an ABLE account.

Section 11. KRS 205.2005 is amended to read as follows:

Pursuant to 21 U.S.C. sec. 862a(d)(1), all individuals residing in Kentucky shall be exempt from the application of 21 U.S.C. sec. 862a(a) if they are (1) Any public assistance recipient under Title IV of the Federal Social Security Act and any federal food stamp program recipient who has been convicted of a drug felony after August 22,
1996, may remain eligible for the program benefits if the recipient has been assessed as chemically dependent and is participating in or has successfully completed a chemical dependency treatment program or is pregnant, and the recipient is otherwise eligible.

(2) If a federal waiver or authorization from the federal government is obtained, the cost of treatment for substance abuse or patient navigation by a social worker shall be a covered Medicaid benefit for incarcerated individuals.

Section 12. KRS 205.231 is amended to read as follows:

(1) The secretary shall appoint one (1) or more impartial hearing officers to hear and decide upon appealed decisions.

(2) Any applicant or recipient who is dissatisfied with the decision or delay in action on his or her application for public assistance or the amount granted to him or her, or who is deemed ineligible for public assistance benefits under Section 2, 4, 11, or 13 of this Act may appeal to a hearing officer, except that an appeal and a hearing need not be granted if the sole issue is a federal or state law requiring an automatic change adversely affecting some or all recipients of the Kentucky medical assistance program so long as advance notice of the change, with an explanation of appeal rights, is provided to all affected recipients. However, a recipient may appeal whether the cabinet is accurately interpreting a change in federal or state law which may adversely affect the recipient. On receipt of an appeal, an administrative hearing shall be conducted in accordance with KRS Chapter 13B.

(3) The secretary may appoint an Appeal Board for Public Assistance composed of the secretary and two (2) other members. The secretary shall be chairman, and he and one (1) other member constitute a quorum.

(4) Any applicant or recipient who is dissatisfied with the decision of a hearing officer may appeal to the appeal board in the manner and form prescribed by administrative regulation. The board may on its own motion affirm, modify, or set aside any
decision of a hearing officer on the basis of the evidence previously submitted in the
case, or direct the taking of additional evidence, or may permit any of the parties to
the decision to initiate further appeals before it. The board may remove itself or
transfer to another hearing officer the proceedings on any appeal pending before a
hearing officer. The board shall promptly notify the parties to any proceedings of its
findings and decisions.

(5) The manner in which appeals are presented and hearings and appeals conducted
under subsection (4) of this section shall be in accordance with administrative
regulations promulgated by the secretary.

(6) After a decision by the appeal board, any party aggrieved by the decision may seek
judicial review of the decision by filing a petition in the Circuit Court of the county
in which the petitioner resides, in accordance with KRS 13B.140, 13B.150, and
13B.160.

Section 13. KRS 205.725 is amended to read as follows:

(1) Whenever the cabinet receives an application for public assistance on behalf of a
needy dependent child or reviews the records of those currently receiving public
assistance on behalf of a needy dependent child and it appears to the satisfaction of
the cabinet that either or both parents have failed to provide support to the child, the
cabinet shall take appropriate action under this chapter, or any other
appropriate state and federal laws and regulations, to assure that the responsible
parent or parents provide support to the child.

(2) In order to remain eligible for public assistance, the custodial parent of a needy
dependent child shall, upon request, provide the cabinet with the name of the
needy dependent child's noncustodial parent and any other known information
that may assist the cabinet in fulfilling its obligations under subsection (1) of this
section and KRS 205.730.

(3) Subsections (1) and (2) of this section shall not apply if:
(a) The cabinet has reason to believe allegations of child abuse or domestic violence and that the disclosure of information required by subsection (2) of this section could be harmful to the custodial parent or the child;

(b) The cabinet believes that enforcing the provisions of subsections (1) and (2) of this section may not be in the best interest of the child; or

(c) The custodial parent is the child's mother and she did not identify a father on the child's birth certificate at the time of birth.

(4) As used in KRS 205.730, 205.735, 205.765, and 205.785, the term "child" includes a child of an individual who is not receiving public assistance and who is eligible to receive child support services in accordance with Title IV-D of the Social Security Act.

SECTION 14. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO READ AS FOLLOWS:

If a custodial parent of a dependent child is disqualified from receiving public assistance benefits pursuant to this Section 2, 3, 4, 10, or 11 of this Act, the dependent child's or other adult family member's eligibility for public assistance shall not be affected, and the custodial parent may choose to designate another person as a protective payee to receive benefits for the minor child. The designated person shall be an adult immediate family member of the dependent child, if such a person is available. The designated person shall be approved by the cabinet.

SECTION 15. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO READ AS FOLLOWS:

For the purposes of Sections 1 to 8, 9, 10, 11, 12, 13, and 14 of this Act, public assistance shall not be interpreted or construed to include foster care payments, kinship care payments, fictive kin care payments, or relative placement payments made by the cabinet.

Section 16. KRS 441.045 is amended to read as follows:
(1) The county governing body shall prescribe rules for the government, security, safety, and cleanliness of the jail and the comfort and treatment of prisoners, provided such rules are consistent with state law. The county judge/executive may inspect the jail at any reasonable time.

(2) Willful violation of the rules promulgated pursuant to subsection (1) of this section shall be deemed a violation.

(3) Except as provided in subsections (4) and (5) of this section, the cost of providing necessary medical, dental, and psychological care for indigent prisoners in the jail shall be paid from the jail budget.

(4) The cost of providing necessary medical, dental, or psychological care for prisoners of the United States government shall be paid as provided by contract between the United States government and the county or as may otherwise be provided by federal law.

(5) (a) The cost of providing necessary medical, dental, or psychological care, beyond routine care and diagnostic services, for prisoners held pursuant to a contractual agreement with the state shall be paid as provided by contract between the state and county. The costs of necessary medical, dental, or psychological care, beyond routine care and diagnostic services, of prisoners held in the jail for which the county receives a per diem payment shall be paid by the state.

(b) To the extent that federal law allows and federal financial participation is available, for the limited purpose of implementing this section, the jail, the department, or the department's designee is authorized to act on behalf of an inmate for purposes of applying for Medicaid eligibility.

(6) The cost of providing necessary medical, dental, or psychological care for prisoners held pursuant to a contractual agreement with another county or a city shall be paid as provided by contract between the county or city and county.
(7) (a) When the cost of necessary medical, dental, or psychological care for a prisoner exceeds one thousand dollars ($1,000), as calculated by using the maximum allowable costs to similar persons or facilities for the same or similar services under the Kentucky Medical Assistance Program, the state shall reimburse the county for that portion of the costs that exceeds one thousand dollars ($1,000). The reimbursement shall be subject to the following terms and conditions:

1. The care is necessary as defined in subsection (10) of this section;
2. The prisoner is indigent as defined in subsection (8) of this section, or is uninsured; and
3. No state reimbursement to the county for care provided by physicians, hospitals, laboratories, or other health care providers shall exceed the maximum payments allowed to similar persons or facilities for the same or similar services under the Kentucky Medical Assistance Program, except as provided in subsection (11) of this section.

(b) A county may assign its ability to receive payment from the state under this subsection to the person providing the medical, dental, or psychological care to the prisoner, which assignment shall be accepted by the provider for the purposes of submitting billing directly to the state. The state shall pay or deny a claim submitted to it within ninety (90) days of receiving the claim. The county shall include with the assignment the information required by subsection (8) of this section necessary to qualify the prisoner as indigent. The provider shall bill for any other public or private health benefit plan or health insurance benefits available to the prisoner prior to billing the state under this subsection, and shall bill the state prior to billing the county. The county shall retain ultimate payment responsibility as established under subsection (3) of this section, and the provider may bill the county for payment after the
expiration of ninety (90) days from the date the provider submitted the claim
to the state for payment if the claim remains unpaid at that time.

(8) (a) The determination of whether a prisoner is indigent shall be made pursuant to
KRS 31.120, and may be evidenced by the affidavit of indigency required by
that statute or the appointment of a public defender under that statute. The
prisoner shall not be considered indigent, in the case of prisoner medical care,
if:

1. The prisoner has funds on his inmate account to cover all or a portion of
his medical expenses;

2. The prisoner's medical expenses are covered on a medical insurance
policy; or

3. The prisoner has the private resources to pay for the use of the medical
facilities.

(b) Prisoners who are later determined not to have been indigent, or who at a time
following treatment are no longer indigent, shall be required to repay the costs
of payments made pursuant to this section to the unit of government which
made the payment.

(9) The terms and conditions relating to any determination of nonindigency and
demands for repayment shall be under the same terms and conditions as are
provided under KRS Chapters 31 and 431 relating to similar circumstances in the
program for defense of indigents by the public advocate.

(10) For the purposes of this section, "necessary care" means care of a nonelective nature
that cannot be postponed until after the period of confinement without hazard to the
life or health of the prisoner.

(11) Any money appropriated for a given fiscal year to fund the state's obligation under
subsection (7) of this section which remains unspent at the end of the year shall not
lapse but shall be made available to satisfy, to the maximum extent possible, that
portion of each catastrophic claim made during said year above the threshold amount for which the county did not receive state assistance pursuant to subsection (7) of this section. In the event there is an insufficient surplus to satisfy said balance of all such catastrophic claims which are made during that year, the state shall pay to those qualified counties, on a per claim basis, an amount equal to each claim's percentage of the total surplus. Should the surplus be sufficient to satisfy all such catastrophic claims, the amount remaining, if any, shall not lapse but shall be carried forward to the next fiscal year to be made available for future catastrophic claims.

(12) Notwithstanding other provisions of this section to the contrary, a jail may impose a reasonable fee for the use of jail medical facilities by a prisoner who has the ability to pay for the medical care. These funds may be deducted from the prisoner's inmate account. A prisoner shall not be denied medical treatment because he has insufficient funds on his inmate account. This subsection shall not preclude other recovery of funds as provided in this section.

(13) (a) Notwithstanding any other provision of this section to the contrary, a jail may impose a reasonable fee for the use of jail medical facilities by a state prisoner who has been placed in a local jail pursuant to a contract with the Department of Corrections under KRS 532.100 or other statute, and who has the ability to pay for medical care.

(b) Funds may be deducted from the state prisoner's inmate account at the jail.

(c) A state prisoner shall not be denied medical treatment because he or she has insufficient funds in his or her inmate account.

(d) This subsection shall not preclude other recovery of funds as provided in this section.

(e) This subsection does not authorize recovery of funds from a prisoner for medical care which has been paid or reimbursed by the state pursuant to this
section.

(14) Except as provided in subsection (4) of this section, all payments for necessary medical, dental, or psychological care for jail, regional jail, or holdover prisoners shall be made at a rate not to exceed the Medicaid rate for the same or similar services, which shall be paid within thirty (30) days under the provisions of KRS 65.140 of receiving a claim from the health facility or provider for the item or service. This subsection shall not obligate the Medicaid program to pay for services provided to a prisoner.

(15) (a) A peace officer or correctional officer having custody of a person shall not release the person from custody so that the person may receive treatment from a health care facility or health care provider, except pursuant to an order issued by a court of competent jurisdiction which specifically names the person to receive treatment.

(b) A peace officer or correctional officer having custody of a person may take the person to a health care facility or health care provider for the purpose of receiving treatment if a correctional officer remains with the person during the time the person is on the premises of the health care facility or health care provider, unless the facility or provider consents to the absence of the officer.

(c) A county, urban-county, consolidated local government, charter county, unified local government, jail, regional jail, holdover, local detention center, or other local correctional facility shall not be responsible for paying for the medical or other health care costs of a person who is released by a court of competent jurisdiction, except where the release is for the purpose of receiving medical or other health care services as evidenced by an order requiring the person to return to custody upon completion of treatment.

(d) When a county, urban-county, consolidated local government, charter county, unified local government, jail, regional jail, holdover, local detention center,
or other local correctional facility is responsible for paying for medical or
other health care costs under paragraph (c) of this subsection, payment shall
be made only at the Medicaid rate for same or similar services.

(e) For the purposes of this subsection, "correctional officer" includes a:

1. Jailer or deputy jailer;
2. Director or other person in charge of a local detention center, local
correctional facility, or regional jail; and
3. Correctional officer employed by a local detention center, local
correctional facility, or regional jail.

(16) (a) The jailer shall notify the Cabinet for Health and Family Services,
Department for Community Based Services:

1. When a county prisoner, if not released within forty-eight (48) hours
   of arrest, is incarcerated; and
2. At least forty-eight (48) hours prior to a county prisoner's release from
   incarceration unless the county prisoner is ordered to be released in
   fewer than forty-eight (48) hours, in which case the county jailer shall
   immediately notify the Department for Community Based Services.

(b) For the purposes of this subsection, "county prisoner" means any prisoner
not held pursuant to a contractual agreement with the state or the United
States government.

⇒ Section 17. If the cabinet determines that a waiver or any other authorization
from a federal agency is necessary prior to the implementation of any provision of Section
1, 2, 3, 4, 5, 6, 11, 12, or 15 of this Act, the cabinet shall, within 90 days after the
effective date of this Act, request the waiver or authorization and shall only delay full
implementation of those provisions for which a waiver or authorization was deemed
necessary until the waiver or authorization is granted.

⇒ Section 18. The Program Review and Investigations Committee shall conduct
an in-depth analysis of Temporary Assistance for Needy Families (TANF) and Kentucky Transition Assistance Program (K-TAP) spending by the Cabinet for Health and Family Services and seek to identify alternative sources of funding for child welfare programs and services currently funded by the federal TANF block grant and state maintenance-of-effort dollars, including possible strategies for securing additional Title IV-E funds, so that future K-TAP expenditures may be allocated in a manner that prioritizes assisting recipients of public assistance in transitioning off of public assistance by finding and maintaining stable employment.

Section 19. Within 90 days of the effective date of this Act, the Cabinet for Health and Family Services shall provide the following information to the Public Assistance Oversight and Advisory Committee:

(1) An estimate of what the cost to the state would be to increase eligibility for the Child Care Assistance Program to 200% of the federal poverty level; and

(2) An assessment of what the fiscal impact of discontinuing multiple copayments for families with more than one child in the Child Care Assistance Program would be.

Section 20. The Legislative Research Commission shall establish the Substance Use Recovery Task Force to review all substance use recovery grants and efforts underway in the Commonwealth.

Section 21. The duties of the Substance Use Recovery Task Force shall include but are not limited to:

(1) Examining the University of Kentucky HEALing grant, the Kentucky Opioid Response Efforts, and any other substance use recovery grants or efforts in the Commonwealth; and

(2) Making recommendations to the Legislative Research Commission, the Cabinet for Health and Family Services, the Justice and Public Safety Cabinet, and the Education Workforce Development Cabinet to establish pathways for reentry of substance-involved individuals that may include engagement by social workers,
Section 22. The Substance Use Recovery Task Force shall be composed of the following members with final membership of the task force being subject to the consideration and approval of the Legislative Research Commission:

(1) Four members of the House of Representatives appointed by the Speaker of the House of Representatives, one of whom shall be designated by the Speaker of the House of Representatives as a co-chair of the task force; and

(2) Four members of the Senate appointed by the President of the Senate, one of whom shall be designated by the President of the Senate as a co-chair of the task force.

Section 23. The Substance Use Recovery Task Force shall meet monthly during the 2020 Interim of the General Assembly. The task force shall submit findings and recommendations to the Legislative Research Commission for referral to the appropriate committee or committees by December 1, 2020.

Section 24. Provisions of Sections 16, 18, 19, 20, and 21 of this Act to the contrary notwithstanding, the Legislative Research Commission shall have the authority to alternatively assign the issues identified herein to an interim joint committee or a subcommittee thereof, and to designate a study completion date.

Section 25. Sections 16 to 22 of this Act shall have the same legal status as a House Concurrent Resolution.

Section 26. If any section, any subsection, or any provision of this Act is found by a court of competent jurisdiction in a final, unappealable order to be invalid or unconstitutional, the decision of the court shall not affect or impair any of the remaining sections, subsections, or provisions of this Act.