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*Ange Dainell*

REGULATIONS COMPILER

1 CABINET FOR HEALTH AND FAMILY SERVICES

2 DEPARTMENT FOR PUBLIC HEALTH

3 Office for Children with Special Health Care Needs

4 (Amendment)

5 911 KAR 1:010. Application for Clinical Programs.

6 RELATES TO: KRS 200.460, 200.470, 200.654(13), Chapters 311, 319, 334A,

7 42 U.S.C.9902(2), 42 C.F.R. 435.603

8 STATUTORY AUTHORITY: KRS 194A.030(5)

9 NECESSITY, FUNCTION, AND CONFORMITY: KRS 194A.030(5) authorizes

10 the Office for Children with Special Health Care Needs to promulgate administrative  
11 regulations to implement and administer its responsibilities. This administrative regulation  
12 establishes application forms used for clinical programs, procedures for application and  
13 reapplication, eligibility criteria, assignment of pay category, and processes used to  
14 determine initial and continuing eligibility for services, as well as a process for  
15 reconsideration of an adverse Decision.

16 Section 1. Definitions. (1) "Affordable Care Act" is defined by 42 U.S.C. 9902(2).

17 (2) "Applicant" means a person in need of services offered by the Office for Children with Special  
18 Health Care Needs clinical program.

19 (3) "Clinical program" means an established clinical service by which OCSHCN delivers care to  
20 treat conditions listed on the OCSHCN-10g, Medical Eligibility List for Clinical and Case Management  
21 Services, through a provider:

1 (a) Contracted in accordance with 911 KAR 1:060; or

2 (b) Employed by OCSHCN as an audiologist.

3 (4) "Eligibility Committee" means an OCSHCN committee that is charged with:

4 (a) Clarifying financial eligibility questions that arise during:

5 1. The application review process; and

6 2. Ongoing eligibility reviews;

7 (b) Evaluating appeal requests for reconsideration pursuant to Section 13 of this administrative  
8 regulation;

9 (c) Clarifying medical eligibility questions that arise during the application review process; and

10 (d) Determining if a diagnosis qualifies for inclusion in the clinical program.

11 (5) "Income" means money received from:

12 (a) Statutory benefits (for example, Social Security, Veterans Administration pension, black lung  
13 benefits, or railroad retirement benefits);

14 (b) Military housing;

15 (c) Clerical housing;

16 (d) Farm or business operations;

17 (e) Pensions;

18 (f) Wages for labor or services;

19 (g) Royalties;

20 (h) Alimony, maintenance, or child support

21 (i) Miscellaneous income as defined by the Internal Revenue Service at [https://www.irs.gov/forms-  
22 pubs/about-form-1099-misc](https://www.irs.gov/forms-<br/>22 pubs/about-form-1099-misc) [[www.irs.gov/form1099misc](https://www.irs.gov/form1099misc)];

23 (j) Retirement Survivors Disability Insurance;

1 (k) Disability benefits;

2 (l) Unemployment benefits;

3 (m) Supplemental Security Income;

4 (n) Workers' compensation;

5 (o) Annuities; or

6 (p) Interest and dividends.

7 (6) "OCSHCN" means Office for Children with Special Health Care Needs.

8 (7) "Responsible adult" means a person who is:

9 (a) Responsible for making decisions about an OCSHCN clinical program applicant or recipient  
10 of services; or

11 (b) Required to provide financial support for an OCSHCN clinical program applicant or recipient  
12 of services.

13 Section 2. Criteria for Application to an OCSHCN Clinical Program. (1) In order to be eligible to  
14 apply to an OCSHCN clinical program, an applicant shall:

15 (a) Be under twenty-one (21) years of age;

16 (b) Live in Kentucky;

17 (c) Provide a Kentucky physical mailing address at which the applicant receives mail; and

18 (d) Declare Kentucky as permanent domicile and residency.

19 (2) An applicant to the OCSHCN Autism [~~Spectrum Disorder~~] Diagnostic Service shall be referred  
20 by:

21 (a) A physician, licensed in accordance with KRS Chapter 311;

22 (b) An advanced practice registered nurse, licensed in accordance with KRS Chapter 314;

23 (c) A licensed behavioral analyst, licensed in accordance with KRS Chapter 319;

1 (d) A therapist, licensed in accordance with KRS Chapter 334A;

2 (e) A qualified service provider with the Kentucky Early Intervention System, as defined by KRS

3 200.654(13); or

4 (f) School personnel, based on testing results.

5 (3) An applicant to the OCSHCN Autism [~~Spectrum Disorder~~] Medical Service shall be:

6 (a) Referred by a:

7 1. Physician, licensed in accordance with KRS Chapter 311;

8 2. Psychologist, licensed in accordance with KRS Chapter 319; or

9 3. Speech-language pathologist, licensed in accordance with KRS Chapter 334A, if an Autism

10 Diagnostic Observation Schedule assessment tool was used; and

11 (b) Diagnosed with [an] autism [~~spectrum disorder~~].

12 (4) An applicant to the OCSHCN Hearing Aid Only Service shall be:

13 (a) Diagnosed to have a permanent childhood hearing loss; and

14 (b) Under the care of a licensed otorhinolaryngologist.

15 (5) An applicant to clinical services not established in subsections (2), (3), or (4) of this section  
16 may be referred by any person or provider.

17 (6) An individual shall be ineligible for application to clinical programs if a write off balance or  
18 services is owed to OCSHCN for clinical services delivered to the individual.

19 (7) Any balances owed pursuant to subsection (6) of this section shall be paid in accordance with  
20 the:

21 (a) Individual's pay category status; and

22 (b) Provisions of 911 KAR 1:020.

1 (8) OCSHCN may consider reapplication [~~shall allow up to three (3) reapplications~~] for an  
2 applicant if the applicant has been discharged for failure to:

3 (a) Complete financial update in accordance with Section 12 of this administrative regulation;

4 (b) Cooperate with medical care;

5 (c) Make payments on a past due account balance;

6 (d) Pay OCSHCN for services received; or

7 (e) Reimburse OCSHCN if an insurance payment has been received by the applicant.

8 (9) Exceptions to subsections (7) and (8) this section shall be determined by the OCSHCN request  
9 for reconsideration process in accordance with Section 13 of this administrative regulation.

10 Section 3. Initial Application. (1) If an individual who meets the criteria established in Section 2  
11 of this administrative regulation expresses interest in submitting an application to OCSHCN's clinical  
12 program, designated staff shall provide the application packet indicated for the individual's situation, in  
13 accordance with Section 4 of this administrative regulation:

14 (a) At a scheduled intake appointment with the individual;

15 (b) By postal mail; or

16 (c) Electronically.

17 (2) An application shall be made by:

18 (a) The parent or other legally appointed guardian, if the individual is:

19 1. A minor who is not legally emancipated; or

20 2. An adult who is in custodial care; or

21 (b) The individual, if the individual is:

22 1. An adult; and

23 2. Not in the custodial care of another person or entity.

1 (3) OCSHCN may require the signature of both the applicant and responsible adult if:

2 (a) The applicant is over the age of eighteen (18); and

3 (b) There is a question of the applicant's competence to make decisions regarding self-care.

4 Section 4. Application Forms. (1) An applicant to an OCSHCN clinical program shall provide to  
5 the agency within thirty (30) days:

6 (a) A copy of the applicant's insurance card, or documentation thereof, if the applicant is not  
7 receiving Medicaid or K-CHIP;

8 (b) OCSHCN-10b, Consent for Care Agreement;

9 (c) OCSHCN-10c, Guaranty of Payment Agreement;

10 (d) OCSHCN-10d~~1~~, Coordination of Benefits Agreement;

11 (e) OCSHCN-10a~~1~~, Application for Service Legal Guardian (Medicaid), if the application is made  
12 by a legal guardian on behalf of a child or adult who is:

13 1. Under the age of twenty-one (21); and

14 2. Not legally emancipated;

15 (f) OCSHCN-10a~~2~~, Application for Service Legal Guardian (private insurance), if the application  
16 is made by a legal guardian on behalf of a child or adult who is:

17 1. Under the age of twenty-one (21); and

18 2. Not legally emancipated;

19 (g) OCSHCN-10e~~1~~, Application for Service Young Adult, if the application is made  
20 by an individual who is:

21 1. Not legally emancipated; or

22 2.a. Between the ages of eighteen (18) and twenty-one (21); and

23 b. A full-time student; and

1            ~~(h)~~(g) OCSHCN-10f1, Application for Service Head of Household, if the application is made by  
2 an individual who is:

- 3            1. Under the age of eighteen (18) and legally emancipated; or
- 4            2. Between the ages of eighteen (18) and twenty-one (21) and financially emancipated.

5            (2) OCSHCN may request that the applicant submit additional information or documentation  
6 concerning medical history within thirty (30) days, based on:

- 7            (a) Medical staff request; and
- 8            (b) Specific medical need

9            Section 5. Limited English Proficiency. (1) OCSHCN shall ensure the availability of foreign  
10 language interpretation services in order to assure that families, staff, and providers have an opportunity  
11 to communicate effectively.

12            (2) OCSHCN shall arrange sign language interpreter services for persons who are deaf or hard of  
13 hearing, pursuant to 920 KAR 1:070.

14            Section 6. Proof of Custody for Applicants. (1) OCSHCN shall require a signed and dated legal  
15 court filing establishing custody rights of a minor if:

- 16            (a) The parents of a minor are divorced;
- 17            (b) The minor is adopted or in the legal custody of the commonwealth; or
- 18            (c) The legal guardianship of the minor is in question.

19            (2) OCSHCN shall require a signed and dated legal court filing establishing custody right of an  
20 adult if the adult is said to be in custodial care of another individual.

21            (3) OCSHCN may require that the application be signed by the responsible adult if:

- 22            (a) The applicant is his or her own legal guardian; and
- 23            (b) There is a legitimate concern as to the applicant's ability to make decisions regarding self-care.

1 Section 7. Application Review Process. (1) Upon receipt of an application for the OCSHCN  
2 clinical program, designated staff shall review the packet to ensure all materials have been completed in  
3 accordance with Sections 3 and 4 of this administrative regulation.

4 (2) Designated staff shall notify the applicant of:

5 (a) Missing information or clarification needed; and

6 (b) The timeframe for submitting requested information.

7 (3) Complete applications shall be processed in accordance with Sections 8, 9, and 10 of this  
8 administrative regulation.

9 (4) Failure to submit requested information to OCSHCN within the specified timeframe shall result  
10 in the application process being closed.

11 Section 8. Medical Eligibility Determination. (1) In order to be eligible for an OCSHCN clinical  
12 program, the applicant shall have a documented condition that is treated by OCSHCN.

13 (2) An application shall be eligible for expedited review if designated OCSHCN staff determine  
14 that recent medical records exist documenting that a contracted provider staffing an OCSHCN clinical  
15 program has:

16 (a) Diagnosed the applicant with a condition on the OCSHCN-10g, Medical Eligibility List for  
17 Clinical and Case Management Services; and

18 (b) Agreed to a treatment plan for the child's condition that is supported by the OCSHCN services  
19 offered.

20 (3) If records established in subsection (2) of this section are not available for OCSHCN review,  
21 designated OCSHCN staff shall schedule an onsite clinical evaluation:

22 (a) By:

23 1. A contracted provider staffing an OCSHCN clinical program; or

1 2. An OCSHCN clinic employee; and

2 (b) To obtain documentation needed to confirm medical eligibility.

3 (4) Upon receipt of documentation pursuant to this section, designated staff shall determine an  
4 applicant's medical eligibility for the OCSHCN clinical program.

5 Section 9. Financial Eligibility Determination and Pay Category Assignment. (1) Each applicant  
6 shall undergo a financial review process upon:

7 (a) Application;

8 (b) Confirmation of medical eligibility;

9 (c) Change in income or household size prior to annual financial review; and

10 (d) Annual financial review.

11 (2) The OCSHCN process to determine pay category assignment shall:

12 (a) Be based on the household income of the responsible adult requesting services; and

13 (b) Include income of:

14 1. The applicant, if the applicant is:

15 a. An adult; or

16 b. Not in the custodial care of another person or entity;

17 2. Parents, step-parents, or legal guardians, if the applicant is:

18 a. A minor who is not legally emancipated; or

19 b. An adult who is in custodial care; and

20 3. Spouse of the applicant, if the applicant is married.

21 (3) Designated OCSHCN staff shall establish a household size based on family composition,  
22 including:

23 (a) The applicant;

1 (b) If the applicant is a minor:

2 1. Parents;

3 2. Step-parents;

4 3. Siblings, including:

5 a. Half siblings; and

6 b. Step-siblings; and

7 4. Any other dependent child claimed by the applicant on a federal tax return; and

8 (c) If the applicant is an emancipated minor or adult:

9 1. Spouse;

10 2. Children, including:

11 a. Half children; and

12 b. Step-children; and

13 3. Any other dependent child claimed by the applicant on a federal tax return.

14 (4) The documents required for income verification shall be the most recent:

15 (a) Federal tax return of the applicant or the responsible adult; and

16 (b) Paycheck statement with year-to-date gross earnings for each currently held job.

17 (5) An applicant or responsible adult without a paycheck containing the criteria established in  
18 subsection (4)(b) of this section shall provide two (2) consecutive and the most recent pay stubs or a  
19 written statement from the employer that shows:

20 (a) Gross amount earned; and

21 (b) Frequency of pay.

22 (6) An applicant who is covered by Kentucky Medicaid shall be:

23 (a) Exempt from income verification;

1 (b) Considered financially eligible; and

2 (c) Placed in the zero percent pay category.

3 (7) If household income suggests that an applicant is possibly Medicaid- eligible, a Medicaid  
4 application shall be completed within thirty (30) days.

5 (8) If a Medicaid application completed pursuant to subsection (7) of this section is denied for a  
6 reason other than being over income, the applicant shall:

7 (a) Be considered financially eligible;

8 (b) Meet medical eligibility criteria pursuant to Section 8 of this administrative regulation; and

9 (c) Be assigned a pay category in accordance with Section 10 of this administrative regulation.

10 (9) If a Medicaid application completed pursuant to subsection (7) of this section is denied for  
11 being over income, the applicant shall be:

12 (a) Considered financially eligible; and

13 (b) Assigned a pay category in accordance with Section 10 of this administrative regulation.

14 (10) If an application for Medicaid is not completed as requested within the specified timeframe,  
15 the application process shall be closed.

16 Section 10. Family Participation Scale. (1) An eligible applicant shall be assigned a pay category,  
17 which is determined based on:

18 (a) Annual gross income; and

19 (b) Household size.

20 (2) OCSHCN shall:

21 (a) Calculate minimum and maximum annual gross income limits annually, utilizing:

22 1. The federal poverty level established annually by the United States Department of Health and  
23 Human Services pursuant to 42 U.S.C. 9902(2); and

1 2. Modified adjusted gross income-based methods established in 42 C.F.R.

2 (b) Post the current Family Participation Scale at <https://www.chfs.ky.gov/agencies/ocshcn>  
3 [<https://chfs.ky.gov/agencies/ccshcn>]

4 (3) Except as established in subsection (5) of this section, pay categories shall:

5 (a) Represent eligibility requirements at income levels for Kentucky Children's Health Insurance  
6 program established in 907 KAR 4:030; and

7 (b) Be established at:

8 1. Zero Percent;

9 2. Twenty (20) percent;

10 3. Forty (40) percent;

11 4. Sixty (60) percent;

12 5. Eighty (80) percent; and

13 6. 100 percent.

14 (4) In accordance with KRS 200.470(1), an applicant who is placed in the 100 percent pay category  
15 shall be eligible for acceptance only if access to adequate care and treatment is limited as evidenced by:

16 (a) Service needed is not otherwise available within a fifty (50) mile radius of where the patient  
17 resides;

18 (b) Treatment requires a multi-disciplinary team, which may include a physician, RN care  
19 coordinator, social worker, nutritionist, and therapist;

20 (c) Service is needed for the purchase of hearing aids;

21 (d) The patient is:

22 1. Uninsured; and

1           2. A member of a religious sect that is exempt from the requirement to maintain minimum essential  
2 coverage as required by the Affordable Care Act;

3           (e) The patient is:

4           1. Uninsured;

5           2. Not eligible for Medicaid or the Kentucky Children’s Health Insurance Program (KCHIP); and

6           3. Is exempt from the requirements to maintain minimum essential coverage as required by the  
7 Affordable Care Act; or

8           (f) The medical care or service ordered by an OCSHCN-contracted specialist as treatment for a  
9 qualifying condition:

10          1. Is a non-covered benefit or excluded under the patient’s insurance policy; and

11          2. The patient would benefit from the OCSHCN negotiated rate.

12          (5) An exception to subsection (3) of this section shall be determined by the OCSHCN request for  
13 reconsideration process in accordance with Section 13 of this administrative regulation.

14          Section 11. Notice of Eligibility Determination. (1) If an applicant is determined to be eligible in  
15 accordance with Sections 8 and 9 of this administrative regulation, designated staff shall notify the  
16 applicant in writing of the:

17          (a) Acceptance into the OCSHCN clinical program;

18          (b) Effective date of eligibility;

19          (c) Pay category assigned and a description of family participation fees and responsibilities;

20          (d) Annual review date;

21          (e) Name of the OCSHCN contact person assigned to:

22           1. Manage medical care;

23           2. Schedule appointments; and

1 3. Discuss services available; and

2 (f) Right to request reconsideration of pay category assignment, in accordance with Section 13 of  
3 this administrative regulation.

4 (2) If an applicant is determined to be ineligible for acceptance into the OCSHCN clinical program,  
5 designated staff shall notify the following individuals, in writing, of the reason for denial:

6 (a) The applicant, enumerating a right to request reconsideration of the adverse decision; and

7 (b) The applicant's primary care or referring physician, if applicable.

8 Section 12. Continuing Eligibility and Reapplication. (1) A responsible adult shall advise  
9 OCSHCN if there is a change in:

10 (a) Employment;

11 (b) Contact information;

12 (c) Insurance coverage; or

13 (d) Family composition.

14 (2) A financial recertification shall be completed annually.

15 (3) During the financial recertification, designated OCSHCN staff shall:

16 (a) Verify continued Medicaid enrollment; or

17 (b) If the recipient of services is not enrolled in Kentucky Medicaid, send the responsible adult  
18 written notice pursuant to Section 4 of this administrative regulation, requesting completion of:

19 1. The financial portion of the application form; and

20 2. The OCSHCN-10c, Guaranty of Payment Agreement form.

21 (4) If the forms requested pursuant to subsection (3)(b) of this section are not returned in  
22 accordance with the requested timeframe, designated staff shall follow up in writing.

1 (5) If the requested forms are not returned subsequent to a written follow up pursuant to subsection

2 (4) of this section, designated staff shall:

3 (a) Initiate discharge of the recipient from the OCSHCN clinical program; and

4 (b) Notify the responsible adult or person receiving services, providing the:

5 1. Date of discharge;

6 2. Referral to primary care physician;

7 3. Option to reapply for OCSHCN services, and contact phone number; and

8 4. Courtesy copies of notifications of discharge sent to:

9 a. Primary care physician;

10 b. Dental provider, if applicable; and

11 c. Pharmacy provider, if applicable.

12 (6) Financial recertification shall occur if there is:

13 (a) A loss of Medicaid;

14 (b) Change in circumstances, such as income or household size; or

15 (c) Change in guardianship.

16 (7) Upon receipt of documentation related to this section's continuing eligibility and reapplication,  
17 designated staff shall notify the responsible adult in writing of the:

18 (a) Acceptance into the OCSHCN clinical program;

19 (b) Effective date of eligibility;

20 (c) Pay category assigned and a description of family participation fees and responsibilities;

21 (d) Annual review date;

22 (e) Name of OCSHCN contact person assigned to:

23 1. Manage medical care;

1           2. Schedule appointments; and

2           3. Discuss services available; and

3           (f) Right to request reconsideration of pay category assignment, pursuant to Section 13 of this  
4 administrative regulation.

5           Section 13. Request for Reconsideration. (1) An individual who is aggrieved by an adverse  
6 decision regarding initial eligibility, termination of services, or pay category assignment in accordance  
7 with the procedures established in Section 10 of this administrative regulation may request a  
8 reconsideration. A request for reconsideration shall be filed within thirty (30) days of receipt of the adverse  
9 decision.

10           (2) A request for reconsideration of pay category assignment shall be directed to the Eligibility  
11 Committee for resolution.

12           (3) Once a request for reconsideration of the pay category assigned is received, the applicant shall  
13 be provided with an OCSHCN-10h, Medical Expense Worksheet, which shall be completed and returned  
14 to OCSHCN within thirty (30) days

15           (4) An applicant shall submit with the OCSHCN-10h, Medical Expense Worksheet, and written  
16 proof of out of pocket payment for allowable medical expenses as established in subsection (5) of this  
17 section and paid for:

18           (a) By the applicant or a member of the applicant's household; and

19           (b) Within the last twelve (12) months from the date of the letter of the pay category assignment.

20           (5) Allowable medical expenses shall include:

21           (a) Insurance premiums;

22           (b) Medical office or clinic visits;

23           (c) Medical supplies;

- 1 (d) Nutritional supplies;
- 2 (e) Prescription medications;
- 3 (f) Over the counter medications;
- 4 (g) Durable medical equipment;
- 5 (h) Hearing aids;
- 6 (i) Dental or orthodontia;
- 7 (j) Vision or Eye;
- 8 (k) Hospitalizations;
- 9 (l) Additional expenses for consideration; and
- 10 (m) OCSHCN payments in accordance with 911 KAR 1:020.

11 (6) Upon receipt of the OCSHCN-10h, Medical Expense Worksheet, and documentation  
12 established in subsection (4) of this section, OCSHCN staff shall:

- 13 (a) Verify expenses;
- 14 (b) Present to the OCSHCN Eligibility Committee for review; and
- 15 (c) Notify the applicant in writing of the determination.

16 Section 14. Request for Hearing. An individual who has received a notice of adverse action  
17 following a reconsideration may request an administrative hearing from the Office of Administrative  
18 Hearings within the Department of law in accordance with KRS 15.111(2)(g) and KRS 13B. ~~[A request~~  
19 ~~for an administrative hearing shall be:~~

- 20 ~~(1) In accordance with KRS Chapter 13B; and~~
- 21 ~~(2) Received by OCSHCN within thirty (30) days of the notice of adverse action.]~~

22 Section 15. Incorporation by Reference. (1) The following material is incorporated by reference:

- 23 (a) OCSHCN-10a<sub>1</sub>, "Application for Service Legal Guardian (Medicaid)", 01/2025[01/2019];

1 (b) OCSHCN-10a2, "Application for Service Legal Guardian (Private Insurance)", 01/2025;

2 (c) OCSHCN-10b, "Consent for Care Agreement", 01/2019;

3 (d) OCSHCN-10c, "Guaranty of Payment Agreement", 01/2019;

4 (e) OCSHCN-10d~~1~~, "Coordination of Benefits Agreement", 01/2025~~[01/2019]~~;

5 (f) OCSHCN-10e~~1~~, "Application for Service Young Adult", 01/2025~~[01/2019]~~;

6 (g) OCSHCN-10f~~1~~, "Application for Service Head of Household", 01/2025~~[01/2019]~~;

7 (h) OCSHCN-10g, "Medical Eligibility List for Clinical and Case Management Services",  
8 08/2019; and

9 (i) OCSHCN-10h, "Medical Expense Worksheet", 01/2019~~;~~ and

10 ~~(j) "Family Participation Scale," 04/01/2019].~~

11 (2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the  
12 Office for Children with Special Health Care Needs, 310 Whittington Parkway, Suite 200, Louisville,  
13 Kentucky 40222, Monday through Friday, 8 a.m. to 4:30 p.m. or online at the agency's Web site at  
14 <https://chfs.ky.gov/agencies/ocshcn> [~~<https://chfs.gov/agencies/eeshcn>~~].

911 KAR 1:010

REVIEWED:

9/15/2025

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Signed by:  
*John Langefeld*  
5ABFA28882D04D1

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Date

John R. Langefeld, MD, Commissioner  
Department for Public Health

APPROVED:

9/16/2025

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Signed by:  
*Steven Stack*  
A6C077BE09A2471

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Date

Steven J. Stack, MD, MBA, Secretary  
Cabinet for Health and Family Services

**PUBLIC HEARING AND PUBLIC COMMENT PERIOD:**

A public hearing on this administrative regulation shall, if requested, be held on April 27, 2026, at 9:00 a.m. using the CHFS Office of Legislative and Regulatory Affairs Zoom meeting room. The Zoom invitation will be emailed to each requestor the week prior to the scheduled hearing. Individuals interested in attending this virtual hearing shall notify this agency in writing by April 20 2026, 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 attends virtually 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 this proposed administrative regulation through April 30, 2026. Send written notification of intent to attend the public hearing or written comments on the proposed administrative regulation to the contact person. Pursuant to KRS 13A.280(8), copies of the statement of consideration and, if applicable, the amended after comments version of the administrative regulation shall be made available upon request.

**CONTACT PERSON:** Krista Quarles, Policy Analyst, Office of Legislative and Regulatory Affairs, 275 East Main Street 5 W-A, Frankfort, KY 40621; Phone: 502-564-7476; Fax: 502-564-7091; CHFSregs@ky.gov.

## REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

911 KAR 1:010

Agency Contact: Emily Allen

Phone Number: 502-564-3568

Email: Emily.allen@ky.gov

Contact Person: Krista Quarles

Phone Number: (502) 564-7476

Email: CHFSregs@ky.gov

Subject Headings: Children and Minors, Disability and Disabilities, Medical Disability,

(1) Provide a brief summary of:

(a) What this administrative regulation does: This administrative regulation establishes the requirements for application to OCSHCN clinical programs, the required forms and documentation, the procedure for application, reapplication and eligibility criteria.

(b) The necessity of this administrative regulation: The administrative regulation is necessary to provide the details of requirements to admission to OCSHCN clinical programs and the criteria for acceptance.

(c) How this administrative regulation conforms to the content of the authorizing statutes: This administrative regulation conforms to the content of the authorizing statutes by establishing the Office for Children with Special Health Care Needs to provide specialized direct clinical services and the requirements to the application of services in an OCSHCN clinic.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation assists with the effective administrative statutes to determine the requirements to apply for and receive services in an OCSHCN clinic.

(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 updates language referring to Autism, allows for edits to web links, and updates to required programmatic forms.

(b) The necessity of the amendment to this administrative regulation: To allow for the necessary updates to programmatic forms.

(c) How the amendment conforms to the content of the authorizing statutes: This amendment conforms to the content of the authorizing statute to clarify by ensuring that all required forms are updated to meet the needs of applicants.

(d) How the amendment will assist in the effective administration of the statutes: This amendment assists with the effective administration ensuring there is a policy in place regarding admission to OCSHCN clinics and the required documents to apply to OCSHCN programs.

- (3) Does this administrative regulation or amendment implement legislation from the previous five years? {If yes, provide the year of the legislation and either the bill number or Ky Acts chapter number being implemented.} Yes, RS2023 Senate Bill 48
- (4) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: Patients and families that utilize services provided by the Office for Children with Special Health Care Needs (OCSHCN) and clinical providers in OCSHCN clinics.
- (5) Provide an analysis of how the entities identified in question (4) 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 (4) will have to take to comply with this administrative regulation or amendment: New applicants to OCSHCN services will be required to apply with updated forms.
  - (b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (4): OCSHCN does not anticipate additional costs as a result of this amendment.
  - (c) As a result of compliance, what benefits will accrue to the entities identified in question (4): The updated forms in this amendment will aid patients and families through the application process in addition, updated website references will ensure ease of access to web resources.
- (6) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:
- (a) Initially: None, services are currently in place and there is no additional cost
  - (b) On a continuing basis: None, services are currently in place and there is no additional cost
- (7) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation or this amendment: State and federal funding through the Office for Children with Special Health Care Needs will be used to continue to provide services with the use of the amendments within this administrative regulation.
- (8) 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: if new, or by the change if it is an amendment: There will not be a need for an increase of funding request to implement proposed changes.
- (9) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees: No fees will be increased based on this amended administrative regulation.
- (10) TIERING: Is tiering applied? {Explain why or why not} Tiering is not applied, the requirements of the regulation are equally applied to all applicants.

## FISCAL IMPACT STATEMENT

911 KAR 1:010 Application to Clinical Programs

Contact Person: Emily Allen

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Contact Person: Krista Quarles

Phone Number: (502) 564-7476

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(1) Identify each state statute, federal statute, or federal regulation that requires or authorizes the action taken by the administrative regulation. KRS 200.460, 200.470, 200.654(13), Chapters 311, 319, 334A, 42 U.S.C.9902(2), 42 C.F.R. 435.603, KRS 194A.030(5)

(2) Identify the promulgating agency and any other affected state units, parts, or divisions: The Office for Children with Special Health Care Needs within the Cabinet for Health and Family Services and the Kentucky Department of Medicaid Services.

(a) Estimate the following for the first year:

Expenditures: This administrative regulation will not impact expenditures for the Office for Children with Special Health Care Needs

Revenues: This administrative regulation will not impact revenues for the Office for Children with Special Health Care Needs

Cost Savings: This administrative regulation will not impact cost saving for the Office for Children with Special Health Care Needs

(b) How will expenditures, revenues, or cost savings differ in subsequent years? There will be no difference as this administrative regulation does not change funding.

(3) Identify affected local entities (for example: cities, counties, fire departments, school districts): The 11 statewide clinics operated by the Office for Children with Special Health Care Needs will be affected by the implementation of the regulation amendment

(4) Identify additional regulated entities not listed in questions (2) or (3): none

(a) Estimate the following for the first year:

Expenditures: Not applicable

Revenues: Not applicable

Cost Savings: Not applicable

(b) How will expenditures, revenues, or cost savings differ in subsequent years? This amendment will not influence funding

(5) Provide a narrative to explain the:

(a) Fiscal impact of this administrative regulation: The programs outlined in this administrative regulation are already in existence and there will be no additional fiscal impact on the proposed amendments.

(b) Methodology and resources used to determine the fiscal impact: The programs outlined in this administrative regulation are already in existence and there will be no additional fiscal impact on the proposed amendments.

(6) Explain:

(a) Whether this administrative regulation will have an overall negative or adverse major economic impact to the entities identified in questions (2) - (4). (\$500,000 or more, in aggregate) The programs outlined in this administrative regulation are already in existence and there will be no additional fiscal impact on the proposed amendments.

(b) The methodology and resources used to reach this conclusion: The programs outlined in this administrative regulation are already in existence and there will be no additional fiscal impact on the proposed amendments.

COMMONWEALTH OF KENTUCKY  
CABINET FOR HEALTH AND FAMILY SERVICES  
OFFICE FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS  
911 KAR 1:010

Summary of Material Incorporated by Reference

1. "OCSHCN-10a1, Office for Children with Special Health Care Needs Application for Service Legal Guardian (Medicaid)", 01/2025. This form is the application for services to be used by a Legal Guardian for application to OCSHCN services. This form contains three (3) pages.
2. "OCSHCN-10a2, Application for Service Legal Guardian (Private Insurance)", 01/2025. This form is the application for services to be used by a Legal Guardian with the use of private insurance for application to OCSHCN services. This form contains four (4) pages.
3. "OCSHCN-10d1, Coordination of Benefits Agreement", 01/2025. This form establishes the consent to bill the responsible party for payment. This form contains one (1) page.
4. "OCSHCN-10e1, Application for Service Young Adult", 01/2025. This form is the application for services to be used young adult 18-21 years old who is not legally emancipated. This form contains three (3) pages.
5. "OCSHCN-10f1, Application for Service Head of Household", 01/2025. This form is the application for services to be used by a young adult under the age of 18 who is legally emancipated or a young adult between 18-21 years old who is financially emancipated. This form contains three (3) pages.

A total of fourteen (14) new pages are incorporated by reference into this administrative regulation.