

1 AN ACT relating to mental health services.

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

3 ➔Section 1. KRS 210.005 is amended to read as follows:

4 As used in this chapter, unless the context otherwise requires:

- 5 (1) "Individual with an intellectual disability" means a person with significantly
6 subaverage general intellectual functioning existing concurrently with deficits in
7 adaptive behavior and manifested during the developmental period;[]
- 8 (2) "Mental illness" means a diagnostic term that covers many clinical categories,
9 typically including behavioral or psychological symptoms, or both, along with
10 impairment of personal and social function, and specifically defined and clinically
11 interpreted through reference to criteria contained in the Diagnostic and Statistical
12 Manual of Mental Disorders (Third Edition) and any subsequent revision thereto, of
13 the American Psychiatric Association;[]
- 14 (3) "Chronic" means that clinically significant symptoms of mental illness have
15 persisted in the individual for a continuous period of at least two (2) years, or that
16 the individual has been hospitalized for mental illness more than once in the last
17 two (2) years, and that the individual is presently significantly impaired in his
18 ability to function socially or occupationally, or both;[]
- 19 (4) "Cabinet" means the Cabinet for Health and Family Services;[]
- 20 (5) "Deaf or hard-of-hearing" means having a hearing impairment so that a person
21 cannot hear and understand speech clearly through the ear alone, irrespective of the
22 use of any hearing aid device;[]
- 23 (6) "Secretary" means the secretary of the Cabinet for Health and Family Services; ***and***
- 24 ***(7) "Regional community services program" means a community services program***
25 ***for mental health or individuals with an intellectual disability established in***
26 ***accordance with this chapter, a community mental health center, a certified***
27 ***community behavioral health clinic, or a certified eligible community behavioral***

1 health clinic.

2 ➔Section 2. KRS 210.370 is amended to read as follows:

3 (1) The following fifteen (15) regional service areas for regional community services
4 programs are hereby created and established:

5 (a) Regional service area one (1), which shall include the counties of Ballard,
6 Carlisle, Hickman, Fulton, McCracken, Graves, Marshall, Livingston, and
7 Calloway;

8 (b) Regional service area two (2), which shall include the counties of
9 Crittenden, Lyon, Caldwell, Hopkins, Muhlenberg, Trigg, Christian, and
10 Todd;

11 (c) Regional service area three (3), which shall include the counties of Union,
12 Henderson, Webster, McLean, Daviess, Ohio, and Hancock;

13 (d) Regional service area four (4), which shall include the counties of Logan,
14 Simpson, Butler, Warren, Edmonson, Hart, Barren, Allen, Metcalfe, and
15 Monroe;

16 (e) Regional service area five (5), which shall include the counties of
17 Breckinridge, Meade, Grayson, Hardin, Larue, Nelson, Washington, and
18 Marion;

19 (f) Regional service area six (6), which shall include the counties of Bullitt,
20 Henry, Jefferson, Oldham, Shelby, Spencer, and Trimble;

21 (g) Regional service area seven (7), which shall include the counties of Boone,
22 Kenton, Campbell, Carroll, Gallatin, Owen, Grant, and Pendleton;

23 (h) Regional service area eight (8), which shall include the counties of
24 Bracken, Mason, Robertson, Fleming, and Lewis;

25 (i) Regional service area nine (9), which shall include the counties of Rowan,
26 Bath, Montgomery, Menifee, and Morgan;

27 (j) Regional service area ten (10), which shall include the counties of Greenup,

1 *Boyd, Carter, Elliott, and Lawrence;*

2 *(k) Regional service area eleven (11), which shall include the counties of*
 3 *Johnson, Magoffin, Martin, Floyd, and Pike;*

4 *(l) Regional service area twelve (12), which shall include the counties of Wolfe,*
 5 *Owsley, Lee, Breathitt, Leslie, Perry, Knott, and Letcher;*

6 *(m) Regional service area thirteen (13), which shall include the counties of*
 7 *Jackson, Rockcastle, Laurel, Clay, Knox, Whitley, Bell, and Harlan;*

8 *(n) Regional service area fourteen (14), which shall include the counties of*
 9 *Taylor, Adair, Green, Casey, Russell, Pulaski, Clinton, Cumberland,*
 10 *Wayne, and McCreary; and*

11 *(o) Regional service area fifteen (15), which shall include the counties of*
 12 *Anderson, Franklin, Woodford, Mercer, Boyle, Lincoln, Garrard,*
 13 *Jessamine, Fayette, Scott, Harrison, Bourbon, Nicholas, Clark, Madison,*
 14 *Powell, and Estill.*

15 *(2) Notwithstanding subsection (1) of this section,* any combination of cities or
 16 counties of over fifty thousand (50,000) population, and upon the consent of the
 17 secretary of the *cabinet*~~[Cabinet for Health and Family Services,]~~ any combination
 18 of cities or counties with less than fifty thousand (50,000) population, may establish
 19 a regional community services program~~[for mental health or individuals with an~~
 20 ~~intellectual disability]~~ and staff same with persons specially trained in psychiatry
 21 and related fields. Such programs and clinics may be administered by a community
 22 board for mental health or individuals with an intellectual disability established
 23 pursuant to KRS 210.370 to 210.460, or by a nonprofit corporation.

24 *(3) Notwithstanding any provision of law to the contrary and except as provided for*
 25 *in subsections (4) and (5) of this section:*

26 *(a) A regional community services program may provide services outside of its*
 27 *regional service area as established in subsection (1) of this section, but*

1 when doing so, the regional community services program shall be
2 considered, including by the cabinet, to be operating as a behavioral health
3 services organization and not a regional community services program.

4 (b) A regional community services program shall not be required to obtain
5 licensure or any other form of authorization from the cabinet to operate as
6 a behavioral health services organization outside of its regional service area
7 as established in subsection (1) of this section.

8 (c) When a regional community services program chooses to provide services
9 as a behavioral health services organization outside of its regional service
10 area as established in subsection (1) of this section, the regional community
11 services program shall:

12 1. Comply with all administrative regulations related to behavioral
13 health services organization promulgated by the cabinet; and

14 2. Be reimbursed by the Department for Medicaid Services or a managed
15 care organization with whom the department has contracted for the
16 delivery of Medicaid services in accordance with subsection (8)(b) of
17 Section 4 of this Act.

18 (4) (a) For any services being provided by a regional community services program
19 outside of its regional service area as established in subsection (1) of this
20 section prior to the effective date of this Act, the provisions of subsection (3)
21 of this section apply on or after January 1, 2025.

22 (b) Beginning on the effective date of this Act, the provisions of this subsection
23 shall apply to any expansion of current out-of-region services including the
24 provision of additional services in an out-of-region county in which the
25 regional community services program is providing services on the effective
26 date of this Act and any expansion of services into an out-of-region county
27 in which the regional community services program is not providing services

1 on the effective date of this Act.

2 (5) (a) If a regional community services program notifies the secretary in writing
3 that the regional community services program is unable to provide a service
4 that is included in its respective plan and budget for the current fiscal year:

5 1. The secretary shall contact the regional community services programs
6 in the regional service areas contiguous to the region that has notified
7 the secretary to assess their interest in and ability to provide the
8 service that the regional community service program indicated it is
9 unable to provide. If a regional community services program in a
10 contiguous regional service area is interested in and able to provide
11 the service, the secretary shall approve it to provide that service in the
12 regional service area of the regional community services program that
13 made notice to the secretary; and

14 2. If a regional community services program in a contiguous region is
15 not interested in or is unable to provide the service, the secretary shall
16 contact all other regional community services programs to assess their
17 interest in and ability to provide the service that the regional
18 community services program indicated it is unable to provide. If
19 another regional community services program in a noncontiguous
20 regional service area is interested in and able to provide the service,
21 the secretary shall approve it to provide that service in the regional
22 service area of the regional community services program that made
23 notice to the secretary.

24 (b) If the secretary receives joint notification from a regional community
25 services program assigned to serve a specific county pursuant to subsection
26 (1) of this section and a regional community services program whose region
27 as established in subsection (1) of this section is contiguous to the region in

1 which the county lies requesting that the regional community services
 2 program from the contiguous region be permitted to continue to provide an
 3 array of services that it was providing in the county in question on the
 4 effective date of this Act, the secretary shall approve and recognize the
 5 collaborative request.

6 (c) If a regional community services program is approved by the secretary
 7 pursuant to this subsection to provide services outside of its regional service
 8 area as established in subsection (1) of this section, the regional community
 9 services program shall be considered, including by the cabinet, to be
 10 operating as a regional community services program and shall be
 11 reimbursed by the Department for Medicaid Services or a managed care
 12 organization with whom the department has contracted for the delivery of
 13 Medicaid services accordingly.

14 ➔Section 3. KRS 210.410 is amended to read as follows:

- 15 (1) The secretary of the cabinet~~{Cabinet for Health and Family Services}~~ is hereby
 16 authorized to make state grants and other fund allocations from the cabinet~~{Cabinet~~
 17 ~~for Health and Family Services}~~ to assist any regional service area established in
 18 Section 2 of this Act, any combination of cities and counties, or nonprofit
 19 corporations in the establishment and operation of regional community mental
 20 health and intellectual disability programs which may provide primary care services
 21 and shall provide at least the following services:
- 22 (a) Inpatient services;
 - 23 (b) Outpatient services;
 - 24 (c) Partial hospitalization or psychosocial rehabilitation services;
 - 25 (d) Emergency services;
 - 26 (e) Consultation and education services; and
 - 27 (f) Services for individuals with an intellectual disability.

1 (2) The services required in subsection (1)(a), (b), (c), (d), and (e) of this section, in
2 addition to primary care services, if provided, shall be available to the mentally ill,
3 drug abusers and alcohol abusers, and all age groups including children and the
4 elderly. The services required in subsection (1)(a), (b), (c), (d), (e), and (f), in
5 addition to primary care services, if provided, shall be available to individuals with
6 an intellectual disability. The services required in subsection (1)(b) of this section
7 shall be available to any child age sixteen (16) or older upon request of such child
8 without the consent of a parent or legal guardian, if the matter for which the
9 services are sought involves alleged physical or sexual abuse by a parent or
10 guardian whose consent would otherwise be required.

11 ➔Section 4. KRS 205.560 is amended to read as follows:

12 (1) The scope of medical care for which the Cabinet for Health and Family Services
13 undertakes to pay shall be designated and limited by regulations promulgated by the
14 cabinet, pursuant to the provisions in this section. Within the limitations of any
15 appropriation therefor, the provision of complete upper and lower dentures to
16 recipients of Medical Assistance Program benefits who have their teeth removed by
17 a dentist resulting in the total absence of teeth shall be a mandatory class in the
18 scope of medical care. Payment to a dentist of any Medical Assistance Program
19 benefits for complete upper and lower dentures shall only be provided on the
20 condition of a preauthorized agreement between an authorized representative of the
21 Medical Assistance Program and the dentist prior to the removal of the teeth. The
22 selection of another class or other classes of medical care shall be recommended by
23 the council to the secretary for health and family services after taking into
24 consideration, among other things, the amount of federal and state funds available,
25 the most essential needs of recipients, and the meeting of such need on a basis
26 insuring the greatest amount of medical care as defined in KRS 205.510 consonant
27 with the funds available, including but not limited to the following categories,

1 except where the aid is for the purpose of obtaining an abortion:

- 2 (a) Hospital care, including drugs, and medical supplies and services during any
3 period of actual hospitalization;
- 4 (b) Nursing-home care, including medical supplies and services, and drugs during
5 confinement therein on prescription of a physician, dentist, or podiatrist;
- 6 (c) Drugs, nursing care, medical supplies, and services during the time when a
7 recipient is not in a hospital but is under treatment and on the prescription of a
8 physician, dentist, or podiatrist. For purposes of this paragraph, drugs shall
9 include products for the treatment of inborn errors of metabolism or genetic,
10 gastrointestinal, and food allergic conditions, consisting of therapeutic food,
11 formulas, supplements, amino acid-based elemental formula, or low-protein
12 modified food products that are medically indicated for therapeutic treatment
13 and are administered under the direction of a physician, and include but are
14 not limited to the following conditions:
- 15 1. Phenylketonuria;
 - 16 2. Hyperphenylalaninemia;
 - 17 3. Tyrosinemia (types I, II, and III);
 - 18 4. Maple syrup urine disease;
 - 19 5. A-ketoacid dehydrogenase deficiency;
 - 20 6. Isovaleryl-CoA dehydrogenase deficiency;
 - 21 7. 3-methylcrotonyl-CoA carboxylase deficiency;
 - 22 8. 3-methylglutaconyl-CoA hydratase deficiency;
 - 23 9. 3-hydroxy-3-methylglutaryl-CoA lyase deficiency (HMG-CoA lyase
24 deficiency);
 - 25 10. B-ketothiolase deficiency;
 - 26 11. Homocystinuria;
 - 27 12. Glutaric aciduria (types I and II);

- 1 13. Lysinuric protein intolerance;
- 2 14. Non-ketotic hyperglycinemia;
- 3 15. Propionic acidemia;
- 4 16. Gyrate atrophy;
- 5 17. Hyperornithinemia/hyperammonemia/homocitrullinuria syndrome;
- 6 18. Carbamoyl phosphate synthetase deficiency;
- 7 19. Ornithine carbamoyl transferase deficiency;
- 8 20. Citrullinemia;
- 9 21. Arginosuccinic aciduria;
- 10 22. Methylmalonic acidemia;
- 11 23. Argininemia;
- 12 24. Food protein allergies;
- 13 25. Food protein-induced enterocolitis syndrome;
- 14 26. Eosinophilic disorders; and
- 15 27. Short bowel syndrome;
- 16 (d) Physician, podiatric, and dental services;
- 17 (e) Optometric services for all age groups shall be limited to prescription
18 services, services to frames and lenses, and diagnostic services provided by an
19 optometrist, to the extent the optometrist is licensed to perform the services
20 and to the extent the services are covered in the ophthalmologist portion of the
21 physician's program. Eyeglasses shall be provided only to children under age
22 twenty-one (21);
- 23 (f) Drugs on the prescription of a physician used to prevent the rejection of
24 transplanted organs if the patient is indigent; and
- 25 (g) Nonprofit neighborhood health organizations or clinics where some or all of
26 the medical services are provided by licensed registered nurses or by
27 advanced medical students presently enrolled in a medical school accredited

1 by the Association of American Medical Colleges and where the students or
2 licensed registered nurses are under the direct supervision of a licensed
3 physician who rotates his services in this supervisory capacity between two
4 (2) or more of the nonprofit neighborhood health organizations or clinics
5 specified in this paragraph.

6 (2) Payments for hospital care, nursing-home care, and drugs or other medical,
7 ophthalmic, podiatric, and dental supplies shall be on bases which relate the amount
8 of the payment to the cost of providing the services or supplies. It shall be one (1)
9 of the functions of the council to make recommendations to the Cabinet for Health
10 and Family Services with respect to the bases for payment. In determining the rates
11 of reimbursement for long-term-care facilities participating in the Medical
12 Assistance Program, the Cabinet for Health and Family Services shall, to the extent
13 permitted by federal law, not allow the following items to be considered as a cost to
14 the facility for purposes of reimbursement:

15 (a) Motor vehicles that are not owned by the facility, including motor vehicles
16 that are registered or owned by the facility but used primarily by the owner or
17 family members thereof;

18 (b) The cost of motor vehicles, including vans or trucks, used for facility business
19 shall be allowed up to fifteen thousand dollars (\$15,000) per facility, adjusted
20 annually for inflation according to the increase in the consumer price index-u
21 for the most recent twelve (12) month period, as determined by the United
22 States Department of Labor. Medically equipped motor vehicles, vans, or
23 trucks shall be exempt from the fifteen thousand dollar (\$15,000) limitation.
24 Costs exceeding this limit shall not be reimbursable and shall be borne by the
25 facility. Costs for additional motor vehicles, not to exceed a total of three (3)
26 per facility, may be approved by the Cabinet for Health and Family Services if
27 the facility demonstrates that each additional vehicle is necessary for the

- 1 operation of the facility as required by regulations of the cabinet;
- 2 (c) Salaries paid to immediate family members of the owner or administrator, or
3 both, of a facility, to the extent that services are not actually performed and
4 are not a necessary function as required by regulation of the cabinet for the
5 operation of the facility. The facility shall keep a record of all work actually
6 performed by family members;
- 7 (d) The cost of contracts, loans, or other payments made by the facility to owners,
8 administrators, or both, unless the payments are for services which would
9 otherwise be necessary to the operation of the facility and the services are
10 required by regulations of the Cabinet for Health and Family Services. Any
11 other payments shall be deemed part of the owner's compensation in
12 accordance with maximum limits established by regulations of the Cabinet for
13 Health and Family Services. Interest paid to the facility for loans made to a
14 third party may be used to offset allowable interest claimed by the facility;
- 15 (e) Private club memberships for owners or administrators, travel expenses for
16 trips outside the state for owners or administrators, and other indirect
17 payments made to the owner, unless the payments are deemed part of the
18 owner's compensation in accordance with maximum limits established by
19 regulations of the Cabinet for Health and Family Services; and
- 20 (f) Payments made to related organizations supplying the facility with goods or
21 services shall be limited to the actual cost of the goods or services to the
22 related organization, unless it can be demonstrated that no relationship
23 between the facility and the supplier exists. A relationship shall be considered
24 to exist when an individual, including brothers, sisters, father, mother, aunts,
25 uncles, and in-laws, possesses a total of five percent (5%) or more of
26 ownership equity in the facility and the supplying business. An exception to
27 the relationship shall exist if fifty-one percent (51%) or more of the supplier's

1 business activity of the type carried on with the facility is transacted with
2 persons and organizations other than the facility and its related organizations.

3 (3) No vendor payment shall be made unless the class and type of medical care
4 rendered and the cost basis therefor has first been designated by regulation.

5 (4) The rules and regulations of the Cabinet for Health and Family Services shall
6 require that a written statement, including the required opinion of a physician, shall
7 accompany any claim for reimbursement for induced premature births. This
8 statement shall indicate the procedures used in providing the medical services.

9 (5) The range of medical care benefit standards provided and the quality and quantity
10 standards and the methods for determining cost formulae for vendor payments
11 within each category of public assistance and other recipients shall be uniform for
12 the entire state, and shall be designated by regulation promulgated within the
13 limitations established by the Social Security Act and federal regulations. It shall
14 not be necessary that the amount of payments for units of services be uniform for
15 the entire state but amounts may vary from county to county and from city to city,
16 as well as among hospitals, based on the prevailing cost of medical care in each
17 locale and other local economic and geographic conditions, except that insofar as
18 allowed by applicable federal law and regulation, the maximum amounts
19 reimbursable for similar services rendered by physicians within the same specialty
20 of medical practice shall not vary according to the physician's place of residence or
21 place of practice, as long as the place of practice is within the boundaries of the
22 state.

23 (6) Nothing in this section shall be deemed to deprive a woman of all appropriate
24 medical care necessary to prevent her physical death.

25 (7) To the extent permitted by federal law, no medical assistance recipient shall be
26 recertified as qualifying for a level of long-term care below the recipient's current
27 level, unless the recertification includes a physical examination conducted by a

1 physician licensed pursuant to KRS Chapter 311 or by an advanced practice
2 registered nurse licensed pursuant to KRS Chapter 314 and acting under the
3 physician's supervision.

4 (8) (a) If payments made to community mental health centers, established pursuant to
5 KRS Chapter 210, for services provided to the intellectually disabled exceed
6 the actual cost of providing the service, the balance of the payments shall be
7 used solely for the provision of other services to the intellectually disabled
8 through community mental health centers.

9 (b) Except as provided in subsections (4) and (5)(c) of Section 2 of this Act, if a
10 community mental health center, established pursuant to KRS Chapter 210,
11 provides services to a recipient of Medical Assistance Program benefits
12 outside of the community mental health center's regional service area, as
13 established in Section 2 of this Act, the community mental health center
14 shall not be reimbursed for such services in accordance with the
15 department's fee schedule for community mental health centers but shall
16 instead be reimbursed in accordance with the department's fee schedule for
17 behavioral health service organizations.

18 (c) As used in this subsection, "community mental health center" means a
19 regional community services program as defined in Section 1 of this Act.

20 (9) No long-term-care facility, as defined in KRS 216.510, providing inpatient care to
21 recipients of medical assistance under Title XIX of the Social Security Act on July
22 15, 1986, shall deny admission of a person to a bed certified for reimbursement
23 under the provisions of the Medical Assistance Program solely on the basis of the
24 person's paying status as a Medicaid recipient. No person shall be removed or
25 discharged from any facility solely because they became eligible for participation in
26 the Medical Assistance Program, unless the facility can demonstrate the resident or
27 the resident's responsible party was fully notified in writing that the resident was

1 being admitted to a bed not certified for Medicaid reimbursement. No facility may
2 decertify a bed occupied by a Medicaid recipient or may decertify a bed that is
3 occupied by a resident who has made application for medical assistance.

4 (10) Family-practice physicians practicing in geographic areas with no more than one
5 (1) primary-care physician per five thousand (5,000) population, as reported by the
6 United States Department of Health and Human Services, shall be reimbursed one
7 hundred twenty-five percent (125%) of the standard reimbursement rate for
8 physician services.

9 (11) The Cabinet for Health and Family Services shall make payments under the
10 Medical Assistance program for services which are within the lawful scope of
11 practice of a chiropractor licensed pursuant to KRS Chapter 312, to the extent the
12 Medical Assistance Program pays for the same services provided by a physician.

13 (12) (a) The Medical Assistance Program shall use the appropriate form and
14 guidelines for enrolling those providers applying for participation in the
15 Medical Assistance Program, including those licensed and regulated under
16 KRS Chapters 311, 312, 314, 315, and 320, any facility required to be
17 licensed pursuant to KRS Chapter 216B, and any other health care practitioner
18 or facility as determined by the Department for Medicaid Services through an
19 administrative regulation promulgated under KRS Chapter 13A. A Medicaid
20 managed care organization shall use the forms and guidelines established
21 under KRS 304.17A-545(5) to credential a provider. For any provider who
22 contracts with and is credentialed by a Medicaid managed care organization
23 prior to enrollment, the cabinet shall complete the enrollment process and
24 deny, or approve and issue a Provider Identification Number (PID) within
25 fifteen (15) business days from the time all necessary completed enrollment
26 forms have been submitted and all outstanding accounts receivable have been
27 satisfied.

- 1 (b) Within forty-five (45) days of receiving a correct and complete provider
2 application, the Department for Medicaid Services shall complete the
3 enrollment process by either denying or approving and issuing a Provider
4 Identification Number (PID) for a behavioral health provider who provides
5 substance use disorder services, unless the department notifies the provider
6 that additional time is needed to render a decision for resolution of an issue or
7 dispute.
- 8 (c) Within forty-five (45) days of receipt of a correct and complete application for
9 credentialing by a behavioral health provider providing substance use disorder
10 services, a Medicaid managed care organization shall complete its contracting
11 and credentialing process, unless the Medicaid managed care organization
12 notifies the provider that additional time is needed to render a decision. If
13 additional time is needed, the Medicaid managed care organization shall not
14 take any longer than ninety (90) days from receipt of the credentialing
15 application to deny or approve and contract with the provider.
- 16 (d) A Medicaid managed care organization shall adjudicate any clean claims
17 submitted for a substance use disorder service from an enrolled and
18 credentialed behavioral health provider who provides substance use disorder
19 services in accordance with KRS 304.17A-700 to 304.17A-730.
- 20 (e) The Department of Insurance may impose a civil penalty of one hundred
21 dollars (\$100) per violation when a Medicaid managed care organization fails
22 to comply with this section. Each day that a Medicaid managed care
23 organization fails to pay a claim may count as a separate violation.
- 24 (13) Dentists licensed under KRS Chapter 313 shall be excluded from the requirements
25 of subsection (12) of this section. The Department for Medicaid Services shall
26 develop a specific form and establish guidelines for assessing the credentials of
27 dentists applying for participation in the Medical Assistance Program.

1 ➔Section 5. KRS 95A.220 is amended to read as follows:

2 (1) *For the purposes of this section, "stress injury" means:*

3 *(a) Post-traumatic stress injury;*

4 *(b) Post-traumatic stress disorder;*

5 *(c) Acute stress disorder; or*

6 *(d) Other specified stress-related disorder, but shall not include complex post-*
7 *traumatic stress disorder;*

8 *as set out in the most recent edition of the American Psychiatric Association's*
9 *Diagnostic and Statistical Manual of Mental Disorders.*

10 (2) There is established the "Firefighters Foundation Program Fund" consisting of
11 appropriations from the general fund of the Commonwealth of Kentucky, and
12 insurance premium surcharge proceeds and earnings on the investments of those
13 proceeds which accrue to this fund pursuant to KRS 42.190 and 136.392. The fund
14 may also receive any other funds, gifts or grants made available to the state for
15 distribution to local governments and volunteer fire departments in accordance with
16 the provisions of KRS 95A.200 to 95A.300 and KRS 95A.262.

17 ~~(3)~~(2) All moneys remaining in this fund on July 1, 1982, and deposited thereafter,
18 including earnings from their investment, shall be deemed a trust and agency
19 account. Beginning with the fiscal year 1994-95, through June 30, 1999, moneys
20 remaining in the account at the end of the fiscal year in excess of three million
21 dollars (\$3,000,000) shall lapse, but moneys in the revolving loan fund established
22 in KRS 95A.262 shall not lapse. On and after July 1, 1999, moneys in this account
23 shall not lapse.

24 ~~(4)~~(3) Moneys in the fund are hereby appropriated by the General Assembly for the
25 purposes provided in KRS 95A.200 to 95A.300.

26 ~~(5)~~(4) (a) A ~~post-traumatic~~ stress injury that arises solely from a legitimate
27 personnel action such as transfer, promotion, demotion, or termination shall

1 not be considered a compensable injury.

2 (b) ~~[Post-traumatic stress injury and post-traumatic stress disorder shall be~~
3 ~~defined as set out by the American Psychiatric Association's Diagnostic and~~
4 ~~Statistical Manual of Mental Disorders.~~

5 (e) ~~]~~The firefighter shall be diagnosed, by a psychiatrist, psychologist, or
6 professional counselor credentialed under ~~[the provisions of]~~KRS 335.500 to
7 335.599, with a stress injury~~[post-traumatic stress injury or post-traumatic~~
8 ~~stress disorder]~~ that has been caused by an event or an accumulation of events
9 that have occurred in the course and scope of his or her~~[their]~~ employment as
10 a full-time~~[,]~~ career or volunteer firefighter, regardless of whether or not there
11 is an initial physical injury. The event or an accumulation of events that
12 have occurred in the course and scope of employment as a career or
13 volunteer firefighter shall extend from the firefighter's initial employment
14 or service to the date of a diagnosis with the stress injury.

15 (c)~~(d)~~ Once diagnosed, if a firefighter seeks mental health treatment, after in-
16 network health insurance has been utilized, he or she may submit
17 corresponding receipts for medical bills paid by the firefighter to the
18 commission for reimbursement to the firefighter of out-of-pocket costs
19 incurred from the funds specifically allocated in the commission's budget for
20 firefighter mental health treatment, if applicable. The firefighter shall pay his
21 or her out-of-pocket share for the mental health treatment before submitting
22 for reimbursement.

23 (d)~~(e)~~ From the time a firefighter seeks mental health treatment, there shall not
24 be a ~~[maximum]~~limit ~~[of twelve (12) months for]~~on the benefit described in
25 paragraph (c)~~(d)~~ of this subsection, except that a lifetime cap on the
26 benefits described in paragraph (c) of this subsection may be imposed.