

1 AN ACT relating to the Medicaid program and declaring an emergency.

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

3 ➔Section 1. KRS 205.5372 is amended to read as follows:

4 **(1)** Notwithstanding any provision of law to the contrary, **including but not limited to**
5 **Sections 2 and 3 of this Act,** the cabinet shall not, **unless required by federal law,**
6 exercise the state's option to develop a basic health program as permitted under 42
7 U.S.C. sec. 18051 **or make any change to eligibility, coverage, or benefits in the**
8 **Medicaid program, including by pursuing or applying for a waiver of federal**
9 **Medicaid law under Title 42 of the United States Code, seeking to amend or**
10 **renew an existing waiver granted under Title 42 of the United States Code, or**
11 **pursuing a state plan amendment,** without first obtaining specific authorization
12 from the General Assembly to do so.

13 **(2)** **If the cabinet seeks authorization from the General Assembly to establish a basic**
14 **health program, apply for a waiver under Title 42 of the United States Code,**
15 **amend an existing waiver granted under Title 42 of the United States Code,**
16 **submit a state plan amendment, or make any other change to eligibility, coverage,**
17 **or benefits in the Medicaid program, the cabinet shall submit a detailed**
18 **assessment of the potential fiscal impact of the change for which it is seeking**
19 **authorization to the Legislative Research Commission for referral to the Interim**
20 **Joint Committee on Appropriations and Revenue, the Interim Joint Committee on**
21 **Families and Children, the Interim Joint Committee on Health Services, and the**
22 **Office of Budget Review. The fiscal impact assessment required by this subsection**
23 **shall include a review of any anticipated expenditures related to the change and**
24 **any projected savings that may be generated by the change for at least two (2)**
25 **consecutive state fiscal years.**

26 **(3)** **If the cabinet seeks authorization from the General Assembly to renew an**
27 **existing waiver granted under Title 42 of the United States Code, the cabinet shall**

1 be required to submit a fiscal impact assessment as described in subsection (2) of
2 this section and an assessment of the efficacy and necessity of the existing waiver.
3 The assessments required by this subsection shall be submitted to the Legislative
4 Research Commission for referral to the Interim Joint Committee on
5 Appropriations and Revenue, the Interim Joint Committee on Families and
6 Children, the Interim Joint Committee on Health Services, and the Office of
7 Budget Review at least twelve (12) calendar months prior to the date on which the
8 existing waiver is set to expire.

9 (4) (a) This section shall not be interpreted as limiting the General Assembly's
10 ability to direct the cabinet to make changes to the Medicaid program,
11 including but not limited to changes to existing waivers, eligibility,
12 coverage, or benefits.

13 (b) Any act of the General Assembly directing the Cabinet for Health and
14 Family Services or the Department for Medicaid Services to make a change
15 to the Medicaid program shall constitute authorization for that change as
16 required by subsection (1) of this section.

17 (5) (a) This section shall not be interpreted as limiting the cabinet's ability to make
18 changes to the Medicaid program that it determines are necessary:

- 19 1. To comply with any requirements that may be imposed by federal law;
- 20 2. In response to a national emergency declaration issued by the
21 President of the United States;
- 22 3. In response to a federal disaster declaration issued by the President of
23 the United States; or
- 24 4. In response to a state of emergency declared by the Governor of the
25 Commonwealth.

26 (b) If the cabinet determines that a change to the Medicaid program is
27 necessary to comply with requirements imposed by federal law, the cabinet

1 shall, at least ninety (90) days prior to implementing the necessary changes,
2 submit an assessment of the potential fiscal impact, as described in
3 subsection (2) of this section, of those changes to the Legislative Research
4 Commission for referral to the Interim Joint Committee on Appropriations
5 and Revenue, the Interim Joint Committee on Families and Children, the
6 Interim Joint Committee on Health Services, and the Office of Budget
7 Review.

8 (c) If the cabinet determines that a change to the Medicaid program is
9 necessary to respond to a national emergency declaration or federal disaster
10 declaration issued by the President of the United States or a state of
11 emergency declared by the Governor of the Commonwealth, any such
12 change shall be temporary in nature and shall only be in effect for the
13 duration of the emergency or disaster declaration.

14 (6) Subsection (1) of this section shall not apply to:

15 (a) Medicaid directed or supplemental payment programs initially approved by
16 the federal Centers for Medicare and Medicaid Services prior to the
17 effective date of this Act, including but not limited to those directed payment
18 programs established in KRS 205.5601 to 205.5603, 205.6405 to 205.6408,
19 and 205.6411 and 205.6412; or

20 (b) The Medicaid preferred drug list established by the Department for
21 Medicaid Services as required under KRS 205.5514.

22 (7) As used in this section, the term "Medicaid program" includes the Kentucky
23 Medical Assistance Program established in KRS 205.510 to 205.5630 and the
24 Kentucky Children's Health Insurance Program established in KRS 205.6483.

25 ➔ Section 2. KRS 205.460 is amended to read as follows:

26 (1) The cabinet shall fund, directly or through a contracting entity or entities, in each
27 district, a program of essential services which shall have as its primary purpose the

1 prevention of unnecessary institutionalization of functionally impaired elderly
2 persons. The cabinet may use funds appropriated under this section to contract with
3 public and private agencies, long-term care facilities, local governments, and other
4 providers to provide core and essential services. The cabinet may provide core and
5 essential services when such services cannot otherwise be purchased.

6 (2) In providing essential services, all existing community resources available to
7 functionally impaired elderly persons shall be utilized. Additional services may be
8 provided, but shall not be funded from funds appropriated under this section.
9 Volunteers may be used where practicable to provide essential services to
10 functionally impaired elderly persons. The cabinet or contracting entity shall
11 provide or arrange for the provision of training and supervision of volunteers to
12 ensure the delivery of quality services. The cabinet or contracting entity shall
13 provide or arrange for appropriate insurance coverage to protect volunteers from
14 personal liability while acting within the scope of their volunteer duties. In
15 providing essential services under this section, the cabinet shall provide services to
16 meet the needs of the minority elderly as identified by the cabinet pursuant to KRS
17 205.201.

18 (3) Entities contracting with the cabinet to provide essential services under KRS
19 205.455 and this section shall provide a minimum of fifteen percent (15%) of the
20 funding necessary for the support of program operations. No local match is required
21 for assessment and case management. Local contributions, whether materials,
22 commodities, transportation, office space, personal services, or other types of
23 facilities services, or funds may be evaluated and counted toward the fifteen percent
24 (15%) local funding requirements.

25 (4) When possible, funding for core services may be obtained under:

26 (a) The Comprehensive Annual Social Services Program plan under Title XX of
27 the Social Security Act;

- 1 (b) The Medical Assistance Plan under Titles XVIII and XIX of the Social
2 Security Act;
- 3 (c) The State Plan on Aging under the Older Americans Act; or
- 4 (d) Veteran's benefit programs under the provisions of 38 U.S.C. secs. 1 et seq.,
5 as amended.

6 The cabinet may, except as provided in Section 1 of this Act, seek federal waivers
7 if necessary to enable the use of funds provided through Titles XVIII and XIX of
8 the Social Security Act for the provision of essential services.

9 (5) Providers contracting with the cabinet to provide essential services shall be
10 responsible for the collection of fees and contributions for services in accordance
11 with administrative regulations promulgated by the cabinet. Providers are
12 authorized to assess and collect fees for services rendered in accordance with those
13 administrative regulations. To help pay for essential services received, a
14 functionally impaired elderly person shall pay an amount of money based on an
15 overall ability to pay in accordance with a schedule of fees established by the
16 cabinet. Fees shall reflect the degree to which the cabinet or contracting entity uses
17 volunteers in the provision of services. Where essential services are provided by
18 volunteers, fees shall only be assessed in an amount that will cover the cost of
19 materials and other goods used in the provision of services. The cost of materials
20 and other goods used by volunteers shall be reasonably similar to the cost of goods
21 when paid personnel are used. Fees shall not be required of any person who is
22 "needy aged" as defined in KRS 205.010; however, voluntary contributions may be
23 encouraged. This subsection shall not apply to programs utilizing federal funds
24 when administrative regulations require contributions to revert to the original
25 funding source.

26 ➔Section 3. KRS 205.520 is amended to read as follows:

27 (1) KRS 205.510 to 205.630 shall be known as the "Medical Assistance Act."

- 1 (2) The General Assembly of the Commonwealth of Kentucky recognizes and declares
2 that it is an essential function, duty, and responsibility of the state government to
3 provide medical care to its indigent citizenry; and it is the purpose of KRS 205.510
4 to 205.630 to provide such care.
- 5 (3) Further, it is the policy of the Commonwealth to take advantage of all federal funds
6 that may be available for medical assistance. To qualify for federal funds the
7 secretary for health and family services may, except as provided in Section 1 of
8 this Act, by regulation comply with any requirement that may be imposed or
9 opportunity that may be presented by federal law. Nothing in KRS 205.510 to
10 205.630 is intended to limit the secretary's power in this respect.
- 11 (4) It is the intention of the General Assembly to comply with the provisions of Title
12 XIX of the Social Security Act which require that the Kentucky Medical Assistance
13 Program recover from third parties which have a legal liability to pay for care and
14 services paid by the Kentucky Medical Assistance Program.
- 15 (5) The Kentucky Medical Assistance Program shall be the payor of last resort and its
16 right to recover under KRS 205.622 to 205.630 shall be superior to any right of
17 reimbursement, subrogation, or indemnity of any liable third party.
- 18 ➔Section 4. KRS 205.5371 is amended to read as follows:
- 19 (1) The cabinet, to the extent permitted under federal law, shall ~~no later than April 15,~~
20 ~~2023,~~ implement a community engagement program for able-bodied adults without
21 dependents who have been enrolled in the state's medical assistance program for
22 more than twelve (12) months.
- 23 (2) If the federal Centers for Medicare and Medicaid Services approves the
24 implementation of a community engagement program pursuant to subsection (1) of
25 this section:
- 26 (a) The program may, for the purpose of defining qualifying community
27 engagement activities, utilize the same requirements established in 7 C.F.R.

1 sec. 273.24;

2 (b) Participation in the job placement assistance program established in KRS
3 151B.420 shall constitute qualifying community engagement activities; and

4 (c) The cabinet shall, on a monthly basis, provide the Education and Labor
5 Cabinet with the name and contact information of each individual
6 participating in the community engagement program.

7 (3) (a) The cabinet is hereby authorized, as is required under Section 1 of this Act,
8 and is directed to submit a waiver application to the Centers for Medicare
9 and Medicaid Services requesting approval to establish the community
10 engagement program for able-bodied adults without dependents described
11 in subsections (1) and (2) of this section within ninety (90) days after the
12 effective date of this Act.

13 (b) As required in Section 6 of this Act, the cabinet shall provide a copy and
14 summary of the waiver application submitted pursuant to this section to the
15 Legislative Research Commission for referral to the Interim Joint
16 Committee on Appropriations and Revenue and the Interim Joint
17 Committee on Health Services concurrent with submitting the application to
18 the Centers for Medicare and Medicaid Services and shall provide an
19 update on the status of the application at least quarterly.

20 (4) As used in this section, "able-bodied adult without dependents" means an individual
21 who is:

22 (a) Over eighteen (18) years of age but under sixty (60) years of age;

23 (b) Physically and mentally able to work as determined by the cabinet; and

24 (c) Not primarily responsible for the care of a dependent child under the age of
25 eighteen (18) or a dependent disabled adult relative.

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

1 (1) There is hereby established within the Finance and Administration Cabinet a
2 restricted fund to be known as the Kentucky Medicaid pharmaceutical rebate
3 fund. All moneys received by the Cabinet for Health and Family Services or the
4 Department for Medicaid Services as compensation or rebate, including
5 supplemental rebates, from a pharmaceutical drug manufacturer, the state
6 pharmacy benefit manager contracted by the department pursuant to KRS
7 205.5512, or any other third-party entity contracted to administer or assist in
8 administering any aspect of the Medicaid program, minus any remittance that
9 may be owed to the federal government, shall be deposited into the fund.

10 (2) KRS 45.229 notwithstanding, moneys in the Kentucky Medicaid pharmaceutical
11 rebate fund at the close of state fiscal year 2024-2025 and state fiscal year 2025-
12 2026 shall not lapse but shall be carried forward into the next fiscal year.

13 ➔Section 6. KRS 205.525 is amended to read as follows:

14 (1) Concurrent with submitting an application for a waiver,~~or~~ waiver amendment,
15 waiver renewal, or a request for a state plan amendment to any federal agency that
16 approves waivers, waiver amendments, waiver renewals, ~~or~~ state plan
17 amendments, the cabinet shall provide to the Interim Joint Committee on Health
18 Services~~,~~ and to the Interim Joint Committee on Appropriations and Revenue a
19 copy, summary, and statement of benefits of the application for a waiver,~~or~~
20 waiver amendment, waiver renewal, or request for a state plan amendment.

21 (2) The cabinet shall provide an update on the status of the application for a waiver,~~or~~
22 ~~or~~ waiver amendment, waiver renewal, or request for a state plan amendment to
23 the Legislative Research Commission upon request.

24 (3) If the cabinet is expressly directed by the General Assembly to submit an
25 application for a waiver,~~or~~ waiver amendment, waiver renewal, or a request for a
26 state plan amendment to any federal agency that approves waivers, waiver
27 amendments, waiver renewals, or state plan amendments for public assistance

1 programs administered under this chapter and that application or request is denied
2 by the federal agency, the cabinet shall notify the Legislative Research Commission
3 of the reasons for the denial. If instructed by the General Assembly through
4 legislative action during the next legislative session, the cabinet shall resubmit, with
5 or without modifications based on instructions from the General Assembly, the
6 application for a waiver, ~~or~~ waiver amendment, waiver renewal, or request for a
7 state plan amendment.

8 ➔Section 7. KRS 205.6328 is repealed, reenacted, and amended to read as
9 follows:

10 (1) (a) No Medicaid managed care contract shall be valid, and no payment to a
11 Medicaid managed care vendor by the Finance and Administration Cabinet
12 or the Cabinet for Health and Family Services shall be made, unless the
13 Medicaid managed care contract contains a provision that the contractor
14 shall collect Medicaid expenditure data by the categories of services paid for
15 by the Medicaid Program. Actual statewide Medicaid expenditure data by
16 all categories of Medicaid services, including mandated and optional
17 Medicaid services, special expenditures and offsets, recoupments and
18 clawbacks, and disproportionate share hospital payments by type of
19 hospital, shall be compiled by the Department for Medicaid Services for all
20 Medicaid providers and forwarded to the Legislative Research Commission
21 for referral to the Interim Joint Committee on Appropriations and Revenue,
22 the Interim Joint Committee on Families and Children, the Interim Joint
23 Committee on Health Services, and the Office of Budget Review on a
24 quarterly basis. Projections of Medicaid expenditures by categories of
25 Medicaid services shall be provided to the Interim Joint Committee on
26 Appropriations and Revenue, the Interim Joint Committee on Families and
27 Children, the Interim Joint Committee on Health Services, and the Office of

1 Budget Review upon request.

2 (b) Medicaid expenditure data required to be collected and reported pursuant to
3 paragraph (a) of this subsection shall include expenditures made by any
4 third-party administrator contracted by a managed care organization to
5 assist in providing services and benefits to Medicaid beneficiaries, including
6 but not limited to any dental benefit administrator, vision benefit
7 administrator, hearing benefit administrator, or transportation benefit
8 administrator.

9 (2) The Department for Medicaid Services shall submit a quarterly budget analysis
10 report to the Legislative Research Commission for referral to the Interim Joint
11 Committee on Appropriations and Revenue, the Interim Joint Committee on
12 Families and Children, the Interim Joint Committee on Health Services, and the
13 Office of Budget Review no later than seventy-five (75) days after the end of each
14 quarter. The report shall provide monthly detail of actual expenditures, eligibles,
15 and average monthly cost per eligible by eligibility category along with current
16 trailing twelve (12) month averages for each of these figures. The report shall
17 also provide actual figures for all categories of noneligible-specific expenditures
18 such as supplemental medical insurance premiums, Kentucky patient access to
19 care, nonemergency transportation, drug rebates, cost settlements, and
20 disproportionate share hospital payments by type of hospital. The report shall
21 compare the actual expenditure experience with those underlying the enacted or
22 revised enacted budget and explain any significant variances which may occur.

23 (3) (a) Except as provided in KRS 61.878, all records and correspondence relating
24 to Kentucky Medicaid, revenues derived from Kentucky Medicaid funds,
25 and expenditures utilizing Kentucky Medicaid funds of a Medicaid
26 managed care company operating within the Commonwealth shall be
27 subject to the Kentucky Open Records Act, KRS 61.870 to 61.884. This

1 subsection shall not apply to any records and correspondence relating to
2 Medicaid specifically prohibited from disclosure by the federal Health
3 Insurance Portability and Accountability Act privacy rules.

4 (b) No later than sixty (60) days after the end of each quarter, each Medicaid
5 managed care company operating within the Commonwealth shall prepare
6 and submit to the Department for Medicaid Services sufficient information
7 to allow the department to meet the following requirements ninety (90) days
8 after the end of each quarter. The department shall forward to the
9 Legislative Research Commission for referral to the Interim Joint
10 Committee on Appropriations and Revenue, the Interim Joint Committee on
11 Families and Children, the Interim Joint Committee on Health Services,
12 and the Office of Budget Review a quarterly report detailing monthly actual
13 expenditures by service category, monthly eligibles, and average monthly
14 cost per eligible for Medicaid and the Kentucky Children's Health
15 Insurance Program (KCHIP) along with current trailing twelve (12) month
16 averages for each of these figures. The report shall also provide actual
17 figures for other categories such as pharmacy rebates and reinsurance.
18 Finally, the department shall include in this report the most recent
19 information or report available regarding the amount withheld to meet
20 Department of Insurance reserve requirements, and any distribution of
21 moneys received or retained in excess of these reserve requirements.

22 (4) The Cabinet for Health and Family Services shall submit a quarterly enrollee
23 demographics report to the Legislative Research Commission for referral to the
24 Interim Joint Committee on Appropriations and Revenue, the Interim Joint
25 Committee on Families and Children, the Interim Joint Committee on Health
26 Services, and the Office of Budget Review no later than seventy-five (75) days
27 after the end of each quarter. The enrollee demographics report shall provide a

1 summary of enrollee demographics and shall include data on at least the
2 following demographic characteristics for enrollees by county:

3 (a) The total number of individuals enrolled in the Medicaid program during
4 each month of the previous quarter by eligibility category;

5 (b) The number of individuals enrolled in the Medicaid program during the
6 previous quarter with fewer than four (4) months of continuous Medicaid
7 program coverage at the end of the previous quarter by eligibility category;

8 (c) 1. The number of individuals described in paragraph (b) of this
9 subsection, by eligibility category, who had previously been disenrolled
10 or otherwise removed from the Medicaid program for any reason
11 during the previous seven (7) years;

12 2. The average number of times the individuals described in
13 subparagraph 1. of this paragraph had been disenrolled or otherwise
14 removed from the Medicaid program prior to the previous quarter;
15 and

16 3. The average length of time in months the individuals described in
17 subparagraph 1. of this paragraph were without Medicaid program
18 coverage prior to their most recent enrollment into the program;

19 (d) The total number of individuals who were disenrolled or otherwise removed
20 from the Medicaid program for any reason during each month of the
21 previous quarter by eligibility category;

22 (e) 1. The number of individuals described in paragraph (d) of this
23 subsection, by eligibility category, who at the time of disenrollment or
24 removal had fewer than twelve (12) months of continuous Medicaid
25 program coverage; and

26 2. The average number of times, by eligibility category, the individuals
27 described in subparagraph 1. of this paragraph had been disenrolled

- 1 or removed from the Medicaid program during the previous seven (7)
2 years;
- 3 (f) The number of individuals enrolled in the Medicaid program by
4 employment status, including full-time employment, part-time employment,
5 and unemployed;
- 6 (g) The number of individuals enrolled in the Medicaid program by race and
7 ethnicity;
- 8 (h) The number of individuals enrolled in the Medicaid program by citizenship
9 status, refugee status, legal immigration status, illegal or undocumented
10 immigration status, or other status under which an individual is present in
11 the United States;
- 12 (i) The number of beneficiaries enrolled in the Medicaid program with
13 dependents;
- 14 (j) The total number of dependents enrolled in the Medicaid program; and
15 (k) Any other information or data related to Medicaid beneficiaries requested
16 by the Legislative Research Commission.
- 17 (5) The Department for Medicaid Services shall submit a quarterly health care
18 provider tax and assessment report to the Legislative Research Commission for
19 referral to the Interim Joint Committee on Appropriations and Revenue, the
20 Interim Joint Committee on Families and Children, the Interim Joint Committee
21 on Health Services, and the Office of Budget Review no later than seventy-five
22 (75) days after the end of each quarter. The health care provider tax report shall
23 include the total amount of revenue generated during the previous quarter and
24 the corresponding federal funding match generated during the previous quarter
25 under:
- 26 (a) KRS 142.303;
27 (b) KRS 142.307;

- 1 (c) KRS 142.314;
2 (d) KRS 142.315;
3 (e) KRS 142.316;
4 (f) KRS 142.318;
5 (g) KRS 142.361;
6 (h) KRS 142.363;
7 (i) KRS 205.6406(3)(h);
8 (j) KRS 205.6406(3)(j);
9 (k) KRS 205.6412; and
10 (l) Any other provider tax or assessment on healthcare providers.
11 (6) All reports required to be submitted to the Legislative Research Commission
12 under this section shall be submitted in a form and manner prescribed by the
13 Legislative Research Commission.
14 (7) As used in this section, the term "Medicaid program" includes the Kentucky
15 Medical Assistance Program established in KRS 205.510 to 205.5630 and the
16 Kentucky Children's Health Insurance Program established in KRS 205.6483.
17 ~~The Cabinet for Human Resources shall establish a system for the reporting to the~~
18 ~~General Assembly, on a quarterly basis, through December 31, 1996, as to the~~
19 ~~progress in implementing the provisions of KRS 205.6310 to 205.6332, the findings~~
20 ~~of any reports or studies authorized by KRS 205.6310 to 205.6332, and~~
21 ~~recommendations regarding the reports or studies.~~
22 ~~(2) As each item identified in subsection (1) of this section has been completed, that~~
23 ~~item shall not be included on the next quarterly report, but shall be identified as~~
24 ~~having been completed.~~
25 ~~(3) This section expires on January 1, 1997].~~
26 ➔ SECTION 8. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO
27 READ AS FOLLOWS:

1 Notwithstanding 42 C.F.R. sec. 431.17(c), all records required to be retained by 42
2 C.F.R. sec. 431.17(b) shall be retained by the Department for Medicaid Services for a
3 period of not less than seven (7) years following the beneficiary's most recent
4 disenrollment from the Medicaid program.

5 ➔SECTION 9. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO
6 READ AS FOLLOWS:

7 (1) The Department for Medicaid Services and any managed care organization with
8 whom the department contracts for the delivery of Medicaid service shall provide
9 coverage and reimbursement for up to four hundred (400) units or one hundred
10 (100) hours of psychoeducational services per member on an annual basis, except
11 that the department and managed care organizations shall not be required to
12 cover or provide reimbursement for more than four (4) units or one (1) hour of
13 psychoeducational services per day.

14 (2) Notwithstanding the limitations established in subsection (1) of this section, a
15 managed care organization may approve, cover, and provide reimbursement for
16 more than four hundred (400) units or one hundred (100) hours of
17 psychoeducational services per year for a Medicaid beneficiary if the managed
18 care organization believes that the Medicaid beneficiary will receive therapeutic
19 benefit for additional services.

20 (3) As used in this section, "psychoeducational services":

21 (a) Means direct, planned, and structured interventions that involve presenting
22 or demonstrating information; and

23 (b) Includes:

24 1. Instruction and training services designed to increase a patient or
25 client's knowledge and understanding of his or her psychiatric
26 diagnosis, prognosis, treatment, and rehabilitation in order to enhance
27 acceptance and increase cooperation and collaboration with treatment

1 and rehabilitation; and

2 2. Services billed, on or before the effective date of this Act, under
3 HCPCS code H2027.

4 ➔SECTION 10. A NEW SECTION OF KRS CHAPTER 194A IS CREATED
5 TO READ AS FOLLOWS:

6 (1) If the Cabinet for Health and Family Services believes there to be any barrier to
7 implementing a Medicaid-related bill or resolution under consideration by the
8 General Assembly, the cabinet shall notify the Legislative Research Commission
9 in writing of any anticipated implementation barriers within seven (7) calendar
10 days following a standing committee's report that the bill or resolution should
11 pass.

12 (2) When the Legislative Research Commission receives written notification from the
13 Cabinet for Health and Family Services as required by subsection (1) of this
14 section, the written notification shall be referred to the sponsor of the bill or
15 resolution, the committee that considered the bill or resolution, and the
16 corresponding standing committee in the other chamber of the General Assembly.

17 ➔Section 11. The Cabinet for Health and Family Services, Department for
18 Medicaid Services is hereby directed to, within 90 days after the effective date of this
19 Act, reinstate all prior authorization requirements for behavioral health services in the
20 Medicaid program that were in place and required for behavioral health services on
21 January 1, 2020. The Cabinet for Health and Family Services may promulgate
22 administrative regulations necessary to comply with this section.

23 ➔Section 12. Notwithstanding any provision of law to the contrary, the Cabinet
24 for Health and Family Services, Department for Medicaid Services shall procure new
25 Medicaid managed care contracts in accordance with KRS Chapter 45A. Medicaid
26 managed care contracts procured under this section shall have an effective date of no later
27 than January 1, 2027.

1 ➔Section 13. The managed care organizations with whom the Department for
2 Medicaid Services has contracted for the delivery of Medicaid services are hereby
3 directed to collaborate with one another on the development of a scorecard for behavioral
4 health and substance use disorder treatment services and providers to be used by all
5 contacted managed care organizations. The scorecard collaboratively developed by the
6 managed care organizations in accordance with this section shall be publicly available on
7 each managed care organization's website no later than December 31, 2025.

8 ➔Section 14. 2024 Ky. Acts ch. 173, sec. 1(186) and 2024 Ky Acts ch. 175, Part
9 I, G., 3., b. shall serve as authorization, as required under Section 1 of this Act, for any
10 change to eligibility, coverage, or benefits in the Medicaid program provided for in 2024
11 Ky. Acts ch. 173, sec. 1(186) and 2024 Ky Acts ch. 175, Part I, G., 3., b.

12 ➔Section 15. Whereas ongoing budget negotiations at the federal level, including
13 over federal financial support for the Medicaid program, combined with significant
14 expansion of the Commonwealth's Medicaid budget over the last decade creates an
15 urgent need to bolster legislative oversight of the program, an emergency is declared to
16 exist, and this Act takes effect upon its passage and approval by the Governor or upon its
17 otherwise becoming a law.